Chapter 9 - Trauma and Policy & procedures

Trauma and children: An introduction for parents

It happened suddenly. Sarah and her 10-year-old foster daughter, April, were walking into the grocery store. Out of the blue April shouted, "That's him!" Sarah looked and saw April staring at a man entering the store just ahead of them. The man, who seemed perfectly ordinary to Sarah, took no notice of them.

Yet April's body was rigid with fear. She refused to go any further. In a quavering voice she asked if they could please leave. In the car on the way home she cried quietly to herself, unable to explain what had happened.

It was only later, after she had learned about trauma and its effects, that Sarah understood what went on that day.

April was having a trauma reaction.

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All children enter foster care with a variety of memories: some happy, some sad, some worse than sad.

Some foster children, like April, have had experiences so terrifying and disturbing that the memories of these events are problems in and of themselves. After the event has ended, the experience plays itself out repeatedly in their minds. The thoughts, emotions, and feelings of being out of control and threatened are re-experienced, as is the fear, anxiety, and pain associated with the event

These intrusive memories are so awful and overwhelming that children struggle mightily to defeat them, to avoid them, to make them go away.

As parents you may see these struggles reflected in a host of challenging behaviors: nightmares, regressive behaviors, depression, acting out—the list goes on. To provide proper care for these children, and to make sure that they respond in an appropriate way, foster parents need to understand trauma: what it is, how it impacts child behavior, and how to respond.

Definition, Causes, and Impact
Trauma is a psychologically distressing event that is outside the range of usual human experience, one that induces an abnormally intense and prolonged stress response.

Despite the fact that they are outside the range of usual human experience, traumatic events are fairly common, even among children. A study of children and adolescents in Western North Carolina found that 25% had experienced at least one potentially traumatic event.
Events that can induce trauma include the sudden death of a loved one, assaultive violence (combat, domestic violence, rape, torture, mugging), serious accidents, natural disasters, witnessing someone being injured or killed, or discovering a dead body.

Among foster/adopted children physical and sexual abuse are common sources of trauma. Other causes of childhood trauma can include animal attacks (e.g., dog bites), life-threatening illnesses, and prolonged separation from caretakers.

Adversities experienced for an extended period after the trauma (such as a series of different placements or separation from a caregiver) and the supports available to children can influence the severity of their trauma reactions.

With informal support, the majority of trauma survivors recover on their own within a few weeks, though some need longer to heal. For a small minority, however, traumatic events trigger various mental disorders, including posttraumatic stress disorder (PTSD), a particularly serious reaction to trauma.

Left untreated, PTSD can put children at risk for school difficulties, attachment problems, additional psychological disorders, substance abuse, and physical illness. Even if they do develop PTSD, however, timely and appropriate treatment often helps to reduce the severity of stress reactions, or to eliminate them altogether.

Typical Reactions to Trauma
Though trauma reactions may last for weeks or months after the traumatic event they usually show a swift decrease after the direct impact subsides

Foster parents should be able to spot the following reactions; though these are typical responses to trauma, these behaviors may have causes other than trauma

Ages 5 and younger: may fear being separated from parent, crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial expressions, and excessive clinging. May regress—return to behaviors exhibited at earlier ages (e.g., bed-wetting, fear of darkness). Children of this age are strongly affected by the parents' reactions to the traumatic event.

Ages 6 to 11: may show extreme withdrawal, disruptive behavior, and/or inability to pay attention. Regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, angry outbursts, and fighting are common. Child may complain of stomachaches or other bodily symptoms that have no medical basis. Schoolwork often suffers. Depression, anxiety, feelings of guilt, and emotional numbing or "flatness" are often present as well.

Ages 12 to 17: may exhibit responses similar to those of adults, including flashbacks, nightmares, emotional numbing, avoidance of reminders of traumatic event, depression, substance abuse, problems with peers, and antisocial behavior. Also common are withdrawal and isolation, physical complaints, suicidal thoughts, school avoidance, academic decline, sleep disturbances, and confusion. May feel extreme guilt over his or her failure to prevent injury or loss of life, and may harbor revenge fantasies that interfere with recovery.

What You Can Do
First of all, proceed cautiously. If you observe one or more of the reactions described in the previous section, do not assume that your child is definitely having a trauma reaction. Unless you are a medical doctor, psychiatrist, psychologist, social worker, or other qualified healthcare professional, you cannot make a diagnosis.

If you have concerns, share them with the child's social worker. If he or she has not already done so and thinks it is warranted, the social worker will be able to have the child assessed by a qualified professional.
However, if you already know your child has been traumatized, consider following these basic guidelines for parents of traumatized children. These suggestions are excerpted from the Child Trauma Academy's free online course "Surviving Childhood: An Introduction to the Impact of Trauma," which teaches about the physiological and psychological aspects of trauma, the effects of this trauma on our society, and how you can help.

1. Don't be afraid to talk about the traumatic event. Children do not benefit from "not thinking about it" or "putting it out of their minds." If children sense that caretakers are upset about the event, they will not bring it up. In the long run, this only makes the child's recovery more difficult. Don't bring it up on your own, but when the child brings it up, don't avoid discussion. Listen to the child, answer questions, and provide comfort and support. We may not have good verbal explanations, but listening and not avoiding or overreacting to the subject, and then comforting the child, will have a critical and long-lasting positive effect.

2. Provide a consistent, predictable pattern for the day. Make sure the child has a structure to the day and knows the pattern. Try to have consistent times for meals, school, homework, quiet time, playtime, dinner, and chores. When the day includes new or different activities, tell the child beforehand and explain why this day's pattern is different. Don't underestimate how important it is for children to know that their caretakers are in control. It is frightening for traumatized children (who are sensitive to control) to sense that the people caring for them are, themselves, disorganized, confused, and anxious. Adults are not expected to be perfect; caregivers themselves have often been affected by the trauma and may be overwhelmed, irritable, or anxious. If you find yourself feeling this way, simply help the child understand why, and explain that these reactions are normal and will pass.

3. Be nurturing, comforting, and affectionate, but be sure that this is in an appropriate context. For children traumatized by physical or sexual abuse, intimacy is often associated with confusion, pain, fear, and abandonment. Providing hugs, kisses, and other physical comfort to younger children is very important. A good working principle for this is to be physically affectionate when the child seeks it. If the child walks over and touches you, return it in kind.

Try not to interrupt the child's play or other free activities by grabbing them and holding them, and be aware that many children from chronically distressed settings may have what we call attachment problems. They will have unusual and often inappropriate styles of interacting. Do not tell or command them to "give me a kiss" or "give me a hug." Abused children often take words very seriously, and commands reinforce a very malignant association linking

intimacy/physical comfort with power (which is inherent in a caregiving adult's command to "hug me").

4. Discuss your expectations for behavior and your style of discipline with the child. Make sure that the rules and the consequences for breaking the rules are clear. Make sure that both you and the child understand beforehand the specific consequences for compliant and non-compliant behaviors. Be consistent when applying consequences. Use flexibility in consequences to illustrate reason and understanding. Utilize positive reinforcement and rewards. Physical discipline is not an option for North Carolina foster parents.

5. Talk with the child. Give them age appropriate information. The more the child knows about who, what, where, why, and how the adult world works, the easier it is to make sense of it. Unpredictability and the unknown are two things that will make a traumatized child more anxious, fearful, and, therefore, more symptomatic. They may become more hyperactive, impulsive, anxious, and aggressive, and have more sleep and mood problems. Without factual information, children (and adults) speculate and fill in the empty spaces to make a complete story or explanation. In most cases, the child's fears and fantasies are much more frightening and disturbing than the truth. Tell the child the truth, even when it is emotionally difficult. If you don't know the answer yourself, tell the child you don't know. Honesty and openness will help the child develop trust.

6. Watch closely for signs of reenactment (e.g., in play, drawing, behaviors), avoidance (e.g., being withdrawn, daydreaming, avoiding other children) and physiological hyperactivity (e.g., anxiety, sleep problems, behavioral impulsivity). All traumatized children exhibit some combination of these symptoms in the acute posttraumatic period. Many exhibit these symptoms for years after the traumatic event. When you see these symptoms, it is likely that the child has had some reminder of the event, either through thoughts or experiences. Try to comfort and be tolerant of the child's emotional and behavioral problems. Again, these symptoms will wax and wane — sometimes for no apparent reason. Record the behaviors and emotions you observe and try to notice patterns in the behavior.

7. Protect the child. Do not hesitate to cut short or stop activities that are upsetting or re-traumatizing for the child. If you observe increased symptoms in a child that occur in a certain situation or following exposure to certain movies or activities, avoid them. Try to restructure or limit these activities to avoid re-traumatization.

8. Give the child choices and some sense of control. When a child, particularly a traumatized child, feels that they do not have control of a situation they will predictably get more symptomatic. If a child is given some choice or some element of control in an activity or in an interaction with an adult, they will feel safer and more comfortable and will be able to feel, think, and act in a more mature fashion. When a child is having difficulty with compliance, frame the consequence as a choice for them: "You have a choice — you can choose to do what I have asked or you can choose . . ." Again, this simple framing of the interaction with the child gives them some sense of control and can help defuse situations where the child feels out of control, and therefore anxious.

9. If you have questions, ask for help. These brief guidelines can only give you a broad framework for working with a traumatized child. Knowledge is power: the more informed you are and the more you understand the child, the better you can provide them with the support, nurturing, and guidance they need. Take advantage of resources in your community. While each community has agencies, organizations, and individuals coping with the same issues, you may need assistance finding the expertise that can help traumatized children.

Preventing PTSD in Children

Parental support influences how well children cope after a traumatic event. Birth, foster, and adoptive parents, kin caregivers, and professionals can help children by:

- Providing a strong supportive presence
- Modeling and managing their own expression of feelings and coping
- Establishing routines with flexibility
- Accepting children's regressed behaviors while encouraging and supporting a return to age-appropriate activity
- Helping children use familiar coping strategies
- Helping children share in maintaining their safety
- Allowing children to tell their story in words, play, or pictures to acknowledge and normalize their experience
- Discussing what to do or what has been done to prevent the event from recurring
- Maintaining a stable, familiar environment

Helping Children with Traumatic Grief

What Is Childhood Traumatic Grief?

When someone special dies, it can be a very sad and painful experience for the child. When the death occurs as a result of a traumatic event, or when the child experiences the death as traumatic, the child may show signs of both trauma and grief.

- Childhood traumatic grief is an intense grief response that can occur following the death of a loved one.
- Childhood traumatic grief is different from and can interfere with the normal bereavement process following the death of a loved one.
- Not all children who have been exposed to deaths they perceive to be shocking will develop childhood traumatic grief.
- Childhood traumatic grief may appear differently in different children.
- Parents, caregivers, and important adults can help children cope with childhood traumatic grief.
- Help is available to parents and children who are experiencing childhood traumatic grief.

Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member. Children with childhood traumatic grief experience the cause of that death as horrifying or terrifying, whether the death was sudden and unexpected (due to homicide, suicide, motor vehicle accident, natural disaster, war, terrorism, or other causes) or due to natural causes (such as cancer or a heart attack). Even if to you, as the adult, the manner of death does not seem to be sudden, shocking, or frightening, the child may perceive the death in this way and can be at risk of developing childhood traumatic grief. When a child is struggling with childhood traumatic grief, the child's trauma reactions interfere with his or her ability to go through a normal bereavement process. Because of the interaction of traumatic and grief reactions, any thoughts, even happy ones, of the deceased person can lead to frightening memories of how the person died. Because these thoughts can be so upsetting, the child often may try to avoid all reminders of the loss so as not to stir up upsetting thoughts or feelings. A younger child may be afraid to sleep alone at night because of nightmares about a shooting that she witnessed, while an older child may avoid playing on the school baseball team his father used to coach because it brings up painful thoughts about how his father died in a terrible car accident. In this way, the child can get "stuck" on the traumatic aspects of the death and cannot proceed through the normal bereavement process.

How Is Childhood Traumatic Grief Different from Normal Grief?

In both normal grief (also called uncomplicated bereavement) and childhood traumatic grief, children often feel very sad and may have sleep problems, a loss of appetite, and a decreased

interest in family and friends. They may also develop increased complaints of physical discomfort (such as headaches or stomachaches), or they may regress and return to behaviors they had previously outgrown (such as bed wetting, thumb sucking, or clinging to parents). They may also be irritable, do risky things, be withdrawn, have trouble concentrating, and think often about death.

Children experiencing normal grief usually want to talk about the person who died, do things to remember the person, and perhaps find comfort in thinking about the person. Over time they also are able to complete the following "tasks" of normal bereavement:

- Accept the reality and permanence of the death • Experience and cope with the range of feelings about the person who died, such as sadness, anger, guilt, and appreciation
- Adjust to changes in their lives and identity that result from the death
- Develop new relationships or deepen existing relationships with friends and family
- Invest in new relationships and life-affirming activities Maintain a continuing, appropriate attachment to the person who died through such activities as reminiscing, remembering, and memorialization
- Make some meaning of the death that can include coming to an understanding of why the person died
- Continue through the normal developmental stages of childhood and adolescence

For children experiencing childhood traumatic grief, thinking or talking about the person who died often leads to thoughts of the traumatic manner of death. For this reason, these children often try to avoid thinking or talking about the person who died and avoid facing the frightening feelings associated with these reminders. This prevents them from completing the tasks of normal bereavement mentioned above.

What Are Some Common Signs that a Child Is Struggling with Traumatic Grief?

Not all children who experience a traumatic death will develop childhood traumatic grief. Some children will be able to grieve the loss without complications. A small number of grieving children may develop some reactions or symptoms that can become difficult and perhaps interfere with their daily functioning. Signs that a child is having difficulty coping with the death may be noticeable in the first month or two or may not be apparent until one or more years later.

Some of these signs include the following:

- Intrusive memories about the death: These can be expressed by nightmares, guilt or self-blame about how the person died, or recurrent or disturbing thoughts about the terrible way someone died.
- Avoidance and numbing: These can be expressed by withdrawal, acting as if not upset, or avoiding reminders of the person, the way he or she died, or the things that led to the death.

- Physical or emotional symptoms of increased arousal: Children may show this by their irritability, anger, trouble sleeping, decreased concentration, drop in grades, stomachaches, headaches, increased vigilance, and/or fears about safety for oneself or others.

What Additional Challenges Can Increase the Risk of Childhood Traumatic Grief?

Children who must face additional difficult experiences as a result of the death or are already facing stressful life circumstances are at risk for developing traumatic grief. For example, after a father's death, a child who has to move must contend with both the death of her parent as well as changes in her social network, and a child who is witness to the murder of a family member must deal with legal procedures and unpleasant questions from peers.

What Can Parents Do to Help Children and Teenagers?

Parents can play a very important role in helping children and adolescents affected by childhood traumatic grief. Children may be struggling with finding ways to understand and cope with their reactions to a traumatic loss. Here are some suggestions about ways that parents can help support children:

- Be aware of the common reactions of children to death described above.
- Remember that not all children will develop childhood traumatic grief, and those that do may demonstrate a range of symptoms depending on their developmental level, personality, and prior history of traumatic experiences.
- Provide children of all ages with opportunities to talk about their worries and concerns. Children at different ages may need different types of support. Younger children may need more attention, patience, understanding, and a few extra hugs. Older children may need reassurance that it is normal to experience a range of reactions and that there are adults in their lives to help them through difficult times. Some children, especially older children, may not want to talk about their experiences and feelings or may shut adults out.
- Understand that anger or regressive behavior may be a part of a child or adolescent's reaction to a traumatic loss.
- Recognize that children of all ages carefully observe how the adults in their lives are reacting and will often take their cues from the adults around them. Children will find comfort by observing how adults manage difficult reactions and model effective ways of coping. Be prepared to revisit the loss with children as they become older and acquire new information, develop new questions, and have new experiences.
- Seek support from friends and family to help manage your own grief.
- Reach out for professional help if you're concerned that a child's reactions are affecting his or her daily life.

How Is Childhood Traumatic Grief Treated?

Fortunately, children experiencing childhood traumatic grief recover with appropriate help. Consultation with a qualified mental health professional is encouraged. Ideally, this professional should have experience working with children and adolescents and specifically with issues of grief and trauma. Treatment itself should address both the trauma and grief symptoms. In learning how to manage the trauma-related reactions, a child becomes better able to reminisce productively about the person.

In general, all of these treatments incorporate components of evidence based treatments for trauma symptoms. These include affective regulation, stress management, and cognitive reprocessing skills, as well as encouraging the child to tolerate increasingly more detailed memories of the traumatic event that led to the death through the creation of a trauma narrative. These interventions also include grief-focused treatment components, such as acknowledging what has been lost in the relationship, exploring "unfinished business" with the deceased, memorializing the person who has died, and committing to other relationships in the present. Treatments for children and younger adolescents include parents in treatment, while adolescent treatment is often provided in a group format. It is important for the caregiver to process and work on personal trauma and grief issues in order to best help a child.

Self-Care: Preventing Compassion Fatigue and Secondary Traumatic Stress

Each year more than 10 million children in the United States endure the trauma of abuse, violence, natural disasters, and other adverse events. These experiences can give rise to significant emotional and behavioral problems that can profoundly disrupt the children's lives and bring them in contact with child serving systems. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life. Individual and supervisory awareness of the impact of this indirect trauma exposure—referred to as secondary traumatic stress—is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them. Our main goal in preparing this fact sheet is to provide a concise overview of secondary traumatic stress and its potential impact on child-serving professionals.

We also outline options for assessment, prevention, and interventions relevant to secondary stress, and describe the elements necessary for transforming child-serving organizations and agencies into systems that also support worker resiliency. How Individuals Experience Secondary Traumatic Stress Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of posttraumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence.

A partial list of symptoms and conditions associated with secondary traumatic stress includes

- Hypervigilance
- Hopelessness
- Inability to embrace complexity
- Inability to listen, avoidance of clients
- Anger and cynicism
- Sleeplessness
- Fear
- Chronic exhaustion
- Physical ailments
- Minimizing
- Guilt

Clearly, client care can be compromised if the therapist is emotionally depleted or cognitively affected by secondary trauma. Some traumatized professionals, believing they can no longer be of service to their clients, end up leaving their jobs or the serving field altogether. Several studies have shown that the development of secondary traumatic stress often predicts that the helping professional will eventually leave the field for another type of work.

Secondary Traumatic Stress and Related Conditions:

Sorting One from Another Secondary traumatic stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

- Compassion fatigue, a label as a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with that term.
- Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material. The primary symptoms of vicarious trauma are disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.
- Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.
- Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

Understanding Who is at Risk

The development of secondary traumatic stress is recognized as a common occupational hazard for professionals working with traumatized children. Studies show that from 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers, are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma. Any professional who works directly with traumatized children, and is in a position to hear the recounting of traumatic experiences, is at risk of secondary traumatic stress. That being said, risk appears to be greater among women and among individuals who are highly empathetic by nature or have unresolved personal trauma. Risk is also higher for professionals who carry a heavy caseload of traumatized children; are socially or organizationally isolated; or feel professionally compromised due to inadequate training. Protecting against the development of secondary traumatic stress are factors such as longer duration of professional experience, and the use of evidence-based practices in the course of providing care.

Identifying Secondary Traumatic Stress

Supervisors and organizational leaders in child-serving systems may utilize a variety of assessment strategies to help them identify and address secondary traumatic stress affecting staff members. The most widely used approaches are informal self-assessment strategies, usually employed in conjunction with formal or informal education for the worker on the impact of secondary traumatic stress.

These self-assessment tools, administered in the form of questionnaires, checklists, or scales, help characterize the individual's trauma history, emotional relationship with work and the work environment, and symptoms or experiences that may be associated with traumatic stress. Supervisors might also assess secondary stress as part of a reflective supervision model. This type of supervision fosters professional and personal development within the context of a supervisory relationship. It is attentive to the emotional content of the work at hand and to the professional's responses as they affect interactions with clients. The reflective model promotes greater awareness of the impact of indirect trauma exposure, and it can provide a structure for screening for emerging signs of secondary traumatic stress. Moreover, because the model supports consistent attention to secondary stress, it gives supervisors and managers an ongoing opportunity to develop policy and procedures for stress-related issues as they arise. Formal assessment of secondary traumatic stress and the related conditions of burnout, compassion fatigue, and compassion satisfaction is often conducted through use of the Professional

Strategies for Prevention

A multidimensional approach to prevention and intervention—involving the individual, supervisors, and organizational policy—will yield the most positive outcomes for those affected by secondary traumatic stress. The most important strategy for preventing the development of secondary traumatic stress is the triad of psychoeducation, skills training, and supervision. As workers gain knowledge and awareness of the hazards of indirect trauma exposure, they become empowered to explore and utilize prevention strategies to both reduce their risk and increase their resiliency to secondary stress. Preventive strategies may include self-report assessments, participation in self-care groups in the workplace, caseload balancing, use of flextime scheduling, and use of the self-care accountability buddy system. Proper rest, nutrition, exercise, and stress reduction activities are also important in preventing secondary traumatic stress.

Strategies for Intervention

Although evidence regarding the effectiveness of interventions in secondary traumatic stress is limited, cognitive-behavioral strategies and mindfulness-based methods are emerging as best practices. In addition, caseload management, training, reflective supervision, and peer supervision or external group processing have been shown to reduce the impact of secondary traumatic stress. Many organizations make referrals for formal intervention from outside providers such as individual therapists or Employee Assistance Programs. External group supervision services may be especially important in cases of disasters or community violence where a large number of staff have been affected.

Intervention

- Strategies to evaluate secondary stress
- Cognitive behavioral interventions n Mindfulness training
- Reflective supervision on Caseload adjustment
- Informal gatherings following crisis events (to allow for voluntary, spontaneous discussions)
- Change in job assignment or work group

Agency Policy and Procedures

SCREENING PROCEDURES: FOSTER PARENTS AND CAREGIVERS

POLICY

Agape Manor Home CPA recruits couples and single people from the community who want to foster children in need. Foster parents provide the children with shelter, food, clothing, nurturing, and guidance. In addition, they provide effective intervention to address the youth's behavioral and emotional needs. In return, the foster parents receive comprehensive training, financial reimbursement, 24-hour emergency services, professional support, and technical assistance.

PROCEDURE

Agape Manor Home CPA employs written procedures for implementing a screening program. The screening program ensures the following requirements:

- Foster parents are able to benefit from training and have the competencies to meet the needs of children in care in areas such as health, education, and discipline/behavior management.
- Foster parents have at least a high school diploma or G.E.D. established through verification of their documentation though their high school or certifying educational institution, an equivalency notice, or the assessment noted in the Screening Program procedure.
- Foster parents must be a resident of the state of Texas, which is verified through the, review of state driver's license, and home study of a home in the state of Texas.
- Foster parents must be responsible, mature, healthy adult capable of meeting the needs of children in care, which is determined through the process of pre-service training, the initial interviews, references, and the home study.

- The foster parents will be assessed on their values and attitude regarding;
    - Their childhood and parents
    - Biological parents of children
    - Discipline and behavioral management
    - Abuse and/or neglect children
    - Expectations and plans for foster children

- Foster parents must be emotionally stable, good character, good health, and able to provide nurturing care, appropriate supervision, reasonable discipline, and a home-like atmosphere for children.
- Foster parents must be at least 21 years of age and no older than 70 years of age which is verified through a certified original copy of birth certificate; all others household members age must be documented and ages verified.
- Foster parents must have no criminal or child abuse history which is verified through the DFPS criminal check, Central registry of abuse check and FBI fingerprint search.
- Foster parents must release information to the agency of any domestic violence or law enforcement call to their address in the last two years.
- Foster parents must release information on their children, living in or out of the home. The foster parents must provide address and phone numbers to the agency.
- Potential foster parents that are recently married or divorced have a waiting period of one year before they can be verified. Separated applicants are not eligible to apply.
- Foster parents who are not married or not currently dating at the time of verification must inform Agape Manor Home prior to the change of their relationship status and have the home study amended accordingly.
- Prior to a foster parent allowing a potential mate to interact with the children that are placed, the verified foster parent must submit the potential mate's information for criminal background check and central registry check and cleared.
- Foster parents must have proof of citizenship or permanent resident card and must provide detail list of past residence for the past 10 years.
- Foster parents must have a negative T.B. test record conducted within one year prior to the verification.
- Foster parents must be not be dependent upon the income from foster children to support them and their family which is determined by the Income Statement completed by all potential foster families. The foster parents will provide the agency with monthly household expense report.
- Foster parents must have their own dependable transportation, a driver's license, and auto insurance. This will be verified through the documentation search for driver's license and confirmation calls to insurance policyholders;
- Foster parents must provide at three personal references from persons not related by blood, which indicate the ability of the applicant to provide a safe, healthy environment for the children being served, the foster parents' emotional stability, and character. Two Additional reference need to be provided who are from your neighbor, school personnel or clergy or any other member from the community that is unrelated to the parent. The agency will contact each reference and document this in the foster parent's folder. These qualifications will also be assessed during the foster home study process by the child-placing agency staff.

- All foster parents must be free of chronic communicable diseases and specific illnesses or disabilities, which would either endanger the health of the children or interfere with the capacity of the foster parent to provide adequate care for the children. Health status will be assessed through pre-service Health Assessment, TB test, and individual interview.
- Foster parents are required to clear a drug test prior to the verification and must take random drug test thereafter.
- Foster parents must disclose all firearms to the agency prior to the verification. They must have a current license and must be kept double locked with a trigger lock.
- Foster parents are to provide the agency with information about any person who may provide support as a caregiver during an unexpected event or crisis situation, such as an illness or disability of a foster parent, loss of transportation, or the death of an immediate family member.

Agape Manor Home – Child Placing Agency

Policy: CRIMINAL BACKGROUND CHECK POLICY

STATEMENT

Agape Manor Home Child Placing Agency recognizes the increasing incidence of crimes against children and as a licensed DFPS child placing agency Agape Manor Home CPA is required to perform criminal background and central registry checks on all staff, foster parents, respite providers, caregivers and volunteers who have regular or frequent contact with our children.

We define "contact" in the following manner:
(1) Frequently — More than two times in a 30-day period.
(2) Regularly — On a scheduled basis or a recurring basis.

These criminal background and central registry checks are completed to determine whether:
(1) A person has any criminal or abuse and neglect history; and
(2) Whether their presence is a risk to the health or safety of children in care.

POLICY:

As a Child Placing Agency Agape Manor Home will request criminal background checks on:
Each person 14 years or older, other than clients of the operation, who will regularly or frequently be present in the home with children who are in care, including:

- Employees, care givers, respite providers, Volunteers, including those the foster family intend to hire and relatives of foster family
- Person(s) applying to foster children through our child-placing agency;
- Any person under contract with your operation who has unsupervised contact with children in care on a regular or frequent basis and
- All agency staff, foster parents, caregivers, volunteers and respite staff every 24 months.

PROCEDURES:

As a licensed DFPS child-placing agency, we are required to submit applicant's information for the following background checks. All applicants must complete and sign a "criminal background check consent form".

1. Criminal history checks conducted by the Department of Public Safety for crimes committed in the state of Texas

2. Central registry checks conducted by [DFPS]. The Central Registry is a database of people who have been found by Child Protective Services, Adult Protective Services, or Licensing to have abused or neglected a child.

3. Criminal history checks conducted by the Federal Bureau of Investigation for crimes committed anywhere in the United States

   - We request FBI criminal history checks on persons who live outside of Texas or lived outside the state of Texas within the last 5 years or about whom there is reason to believe other criminal history exists.
   - All new foster parent applicants, irrespective of their residency in another state, must be cleared of an FBI finger print
   - Any household member who is 14 years and older must be cleared of an FBI fingerprint.

4. Following information is required for criminal background and central registry checks:
   Agape manor Home must verify and send the following identifying information for every person required to be checked on a signed Licensing form provided by local Licensing staff:
   (1) Name (last, first, middle), including any maiden or married names or alias
   (2) Date of birth
   (3) Sex
   (4) Social security number
   (5) Current and previous address
   (6) Race (this information does not have to be verified)
   (7) Driver's License Number

Agape Manor Home Child placing agency will not hire an employee or verify a foster home without a background check clearance. The determination of whether a particular criminal offense is serious enough to result in a negative decision to employ or to be accepted as a foster parent, respite provider, caregiver or volunteer shall be made by DFPS in its sole discretion. For those applicants that are unable to resolve their criminal history status or criminal registry status with DFPS and require a risk evaluation for contact with the children please be advised that at no time shall Agape Manor Home Child Placing Agency perform a risk evaluation for any applicant that is found to have a criminal history or central registry history.

DISCLOSURE OF CRIMINAL HISTORY:

An applicant shall not be employed or verified by Agape Manor Home Child Placing Agency if he or she fails to disclose on the application any pending criminal charges, any disposition of criminal cases, including Deferred Adjudication or Conviction (which includes probation), or misrepresents any information regarding any pending criminal charges, disposition of criminal cases, including Deferred Adjudication or Conviction (which includes probation).

In the event that an applicant was found to have a criminal history or central registry history, we will notify the applicant in writing of the findings. We will provide to the applicant a copy of the letter from DFPS and its findings and include information about their rights to due process with the criminal background check and central registry findings.

At no time shall Agape Manor Home share the findings of the applicant's criminal history or central registry with any other than the applicant themselves **unless** a signed confidentiality release form has been signed by the applicant giving Agape Manor Home express permission to share their criminal background check and central registry findings. This release of information shall identify to whom this information may be released.

If the applicant is anyone other than the foster parent, we will notify the foster parents only of their status in regards to whether or not this person may have any contact with the children that are placed in the home.

We will subsequently notify both the applicant and foster family of any future decisions regarding this matter or should the status change.

Agape Manor Home – Child Placing Agency

POLICY: TRAINING PLAN FOR FOSTER PARENTS AND CARE GIVERS

It shall be the policy of Agape Manor Home CPA to require that all potential foster parents and caregivers be provided with training to insure the quality of care provided for children. The requirement for a written training plan or program is designed to ensure ongoing training. Agape Manor Home shall develop an overall training program that speaks to the assessment of training needs and the way in which the agency will meet those needs for foster parents.

PROCEDURE:

I. AGENCY ORIENTATION REQUIREMENTS

All prospective foster parents and caregivers receive an orientation to the agency's policies and the services provided in order for foster parents and care givers to be knowledgeable about agency policies prior to the establishment of a formal relationship. An agency designee shall host these orientations on a regular basis. The orientation does *not* count towards pre-service training or annual training requirements. Pre-service orientation will be documented in the personnel file. Orientation topics consist of

1. Purposes of foster care.
2. Characteristics and needs of the children placed by the agency.
3. Attachment and separation issues.
4. Impact of fostering on the foster family.
5. Role of the foster family.
6. Importance of a child's family.
7. Parent and sibling visits
8. Agency's Philosophy
9. Organizational structure
10. Services and programs
11. Overview of Agency foster care policies and procedures.
12. Agency foster parent training requirements
13. Agency licensing process.
14. Agency Grievance procedure.
15. Supportive services and resources
16. Drug Testing policies
17. Process of certifying respite care givers

Former Agency foster parents or care givers verified/certified during the past 12 months are not required to attend the pre-service orientation again. However, they will be oriented on the

changes in program and services and the Agency's reporting requirements of abuse neglect and exploitation since they left the agency. This will be recorded on their personnel record.

II. PRE-SERVICE TRAINING REQUIREMENTS

Prior to enrollment in the pre-service training program, an Agape Manor Home Child-Placing Staff or designee will meet with the family to review their initial Foster Parent Application and supporting documentation.

This review is mandatory in order to determine the following;

1) Establishment of previous experience for families and caregivers transferring from other agencies
2) Training required for home verification/ caregiver certification
3) Development of a time-line for the completion of training and other verification requirements

All new foster parents must successfully complete the following pre-service training requirements that correspond to the needs of the children that they shall serve. The Pre-service training is comprised of the following and is completed in a timely manner prior to verification of the home.

- Part I-Overview of foster care system, abuse, Neglect and Exploitation, Attachment and Loss, fostering self-esteem, different roles of care givers, Brain Development-developmental stages, SIDS, Shaken Baby syndrome, age appropriate activities for children Family relationships, children's rights in foster care etc.
  Part II- Meeting developmental needs; Loss, responding to signs of sexual abuse, planning for Change etc., Age appropriateness in discipline.
  Part III- Discipline and behavior intervention. - Discipline and punishment, Behavior and Discipline, Behavior Modification program, Behavior Intervention techniques- de-escalation, self- control, Natural and Logical consequences etc.
  Part IV- Documentation and Agency policies: agency forms, client Confidentiality, Emergency Procedures- reporting serious incidents, Disaster policy and procedures, prevent the spread of communicable diseases, Cultural Diversity, DFPS Minimum standards, Contract and Youth for Tomorrow standards and trauma,

(A total of 26 hours minimum)

Foster parents and care givers transferring from DFPS regulated agencies and have completed above training within one year / will be exempt from taking them again.

In addition, Foster parents and caregivers must have certifications of the following

- Psychotropic medications and Medication administration
- Adult and Infant CPR and First Aid
- Emergency Behavior Intervention (SAMA, CPI, PAPH etc.)
- Transportation safety training.
- Trauma Informed training

- Medical Consenter training

Additionally, all foster parents who provide care to children receiving treatment services and has no previous experience in caring for children with treatment needs required to receive at least 40 hours of supervised- in house- Experience by an experienced agency staff member or foster parent before they are assigned with the full responsibility for the care of children. The experienced person will be physically available during the supervised training at all times. The supervised training will be documented in the foster parent's file.

III. ANNUAL TRAINING REQUIREMENTS

Foster parents and other caregivers are required to have annual trainings as follows.

1. For homes who serve Therapeutic (Treatment Services) children, each foster parent must receive at least 30 hours of annual training of which 8 hours for each foster parent must be training specific to emergency behavior intervention. All other caregivers including respite care givers must receive 30 hours of annual training of which 8 hours must be training specific to emergency behavior intervention. For basic foster home each parent must receive at least 20 hours of annual training of which 8 hours for each foster parent must be training specific to emergency behavior intervention. All trainings must be trainings approved by the Agency.

2. Medication training, Medical Consent Training, Trauma Informed Training and Psychotropic Medication Training must be renewed annually and is counted towards annual training. CPR and First Aid Training renewal is also counted towards annual training.
3. No more than one third of required annual training hours may come from self-instructional training.
4. Annual training may include hours or CEU's earned through workshops or courses offered by Agency, local school districts, colleges or universities or licensing, Agency approved conferences or seminars.
5. Agency will reimburse fees for all Agency Pre- approved annual training provided by other agencies upon submission of the training certificate and receipt. However Agency will not reimburse mileage for the training.

Following are some of the trainings provided by the Agency.

- Agape Manor Home Child-placing agency policies & procedures
- Documentation
- Child abuse and neglect reporting
- Behavior Intervention training
- Psychotropic medications administration and documentation
- Adult/ child/Infant/CPR
- Communicable disease/ Infection control
- Verbal intervention de-escalation
- First aid
- DFPS Minimum Standards
- Cultural Diversity

- Ethics
- HIV/AIDS
- Inter/Multi-Disciplinary Teams/Treatment Plans/Service Plans
- Working with Community Resources
- Conflict Resolution/Mediation
- Violence Intervention Program: Ally Builders
- Childhood Behavior disorders-DSM IV Diagnosis (ADHD, ODD, PTSD)
- Special Education/ ARD/IEP Plans
- Suicide Intervention and Prevention
- Working with the school system

IV. COURSE TRAINING REQUIREMENTS

a. Agape Manor Home will have training calendar and curriculum for all in-service training that will be relevant to the population served as well as the needs of the foster parents.

b. All in-service training includes stated learning objectives, curriculum, learning activities, and an evaluation component.

c. In-service training is provided both by Agape Manor Home Child-placing agency and outside agencies. Agency in-service is provided by agency staff with at least 1 year of experience or trainer certification in stated topic. A Registered Nurse gives training in medical orientation. An in-service log will be maintained for each foster parent.

d. In-service training and self-instruction programs will include stated learning objectives, curriculum and learning activities, and an evaluation component. Training will be documented including date, subject, number of hours, and training provider.

Agape Manor Home – Child Placing Agency

STATEMENT OF RIGHTS AND RESPONSIBILITIES
OF AGENCY AND FOSTER PARENTS

POLICY

It shall be the policy of Agape Manor Home CPA that the agency informs all foster parents of the agency rights and responsibilities, and confirms the rights and responsibilities of each agency foster family home and foster group home.

PROCEDURE

ROLES

Foster parents

- In each agency home, the foster parent is fully in charge and responsible for the children in the home. Foster parents are defined as a person who provides foster care services living full time in the foster home, which they own, or rent as their family home.
- Foster parents are responsible for direct child care, administering any medications, transporting the children as needed, following the plan of service and working with the various agency staff and consultants for the care and growth of the children in care. A foster parent is responsible for all children in the home and providing the level of supervision necessary to ensure each child's safety and well-being, including auditory and/or visual awareness of each child's on-going activity as appropriate.

Agency staff

- The agency provides a Child-Placing Staff for each home to oversee the needs of the children, the performance of the foster parents, and to facilitate the implementation of the plan of service.
- Other agency staff coordinates with the Child-Placing Staff before interacting with the children or the foster parents. The Child-Placing Staff has the role of liaison and supervision of the home; other staff is in a support role to the agency home.
- Each child has a professional consultant team, which will establish the child's plan of service, and will implement therapeutic interventions noted in the plan.

Training

- Agape Manor Home CPA to require that all foster parents and caregivers be provided with adequate amount of pre- service training and ongoing training to insure the quality of care provided for children.
- All Foster parents must attend an Agency Orientation prior to the establishment of formal relationship.
- All new foster parents must complete a pre-service training program that correspond to the needs of the children that they shall serve which may include PRIDE, Abuse neglect and exploitation of children and reporting, emergency Procedures- reporting serious incidents, Preventing the spread of communicable diseases, Psychotropic medications and Medication Management, Adult and Infant CPR and First Aid, Emergency Behavior Intervention (SAMA, CPI, PAPH etc.) Agape Behavior Modification program, Documentation, DFPS Minimum standards, Contract and Youth for Tomorrow standards, Children's Rights, Confidentiality, Cultural Diversity etc. Total Pre-service training hours range from 30-40 hours based on the assessment of training need.
- Additionally, all foster parents who provide care to children receiving treatment services and has no previous experience in caring for children with treatment needs required to receive at least 40 hours of supervised- in house- Experience by an experienced agency staff member or foster parent before they are assigned with the full responsibility for the care of children.
- For homes with two foster parents, each foster parent must receive at least 30 hours of annual training and homes with one foster parent must receive at least 50 hours of annual training. All trainings must be trainings approved by the Agency.
- Foster parents may attend the trainings offered by the Agency or trainings provided by other agencies and are approved by Agape Manor home. However, it is the foster parents' responsibility to secure and obtain their required hours of training per year.
- The agency trainings will be free of cost. Agency will reimburse the foster parents for the approved training classes offered by other agencies. However, travel or child care expenses are not reimbursed for any foster parent training
- If training is listed as mandatory, all foster parents are expected to attend; therefore, it is the foster parent's responsibility to determine how to receive any mandatory training he or she was unable to attend.

Communication process

- The Child-Placing Staff is the liaison between the foster parents and the rest of the agency. However, foster parents should communicate openly, respectfully and professionally with all Agape Manor Home Child-placing agency staff, and can expect to be treated with courtesy and respect in return.
- All children served by Agape Manor Home CPA are allowed unlimited access to their Child-Placing Staff via telephone. In the event that their case manager is unavailable, the on-

call case manager will provide assistance when necessary and forward the message for follow-up to their case manager.

- Foster parents are expected to communicate much of the necessary information about the children through written progress reports (for example, the daily progress note, the monthly progress note, medication sheets, observation logs, incident reports). Written reports are expected to be done in a timely way.

Financial reimbursement

- Foster parents are reimbursed semi-monthly, in accordance with prevailing TDPRS requirements; specific reimbursements will be discussed with the foster parents at the time their home is verified, and whenever there is a change in reimbursement rates. Reimbursements are based on the Level of Care (LOC) of each child in care.

Placement procedures

- Placement decisions are made by the Child Placing and Child Placing Management Staff.
- Prior to placement, Child placing staff or Child Placing Management staff will review with all pertinent information about the placement such as Admission assessment (intake study), DFPS Common Application for placement and most recent psychological evaluation.
- The foster parent after reviewing the information has the option to arrange a pre-placement visit with the child.
- Foster parents are allowed to accept or decline a placement in their home and are encouraged to discuss openly their reasons, so that the Child-Placing Staff will be able to make better placement decisions.
- Agency shall not place any children in the foster home without sharing all pertinent information and consenting to the placement. In Emergency placements agency will review all available information with foster parents and foster parents may take decision to accept or reject placements pending such documents.

Information sharing

- The Agency will share foster parents with all pertinent information regarding the child in their placement on a continuous basis. The information includes Admission assessment, service plans, DFPS permanency plan, psychological evaluation, immunization, medical history, family contacts and visits, school reports etc.

- The foster parents are expected to share all information they receive about the child with the rest of the child's team, through the required reports, the plan of service review process, informal visits with the Child-Placing Staff, and during monitoring and supervisory visits.

- Once a child is no longer in placement in a specific foster home, the foster parents generally will not receive information about the child. The agency may pass along general updates about the child if this would not violate the child's confidentiality.

- All reports are to be turned in within the deadlines established; current information on deadlines is provided at orientation or notified through official memo issued time to time.

Participation in the treatment process

- The Child-Placing Staff is responsible for convening the Service plan conference with the child's professional consultant team for plan of service development and review which will be conducted in a location convenient to the foster parent, agency staff and the team members. Foster parents will be given adequate notification for such team meetings.

- Foster parents' observations and opinions are a vital part of the service planning process; therefore, foster parents are required to attend the service plan Development and review meetings.

- Foster parents will be provided with the necessary post-placement information that would indicate a child's need for additional treatment services. Depending on the treatment indicated, the foster parents' participation could be limited to transportation or could be as extensive as being trained to provide certain forms of treatment (range of motion exercises taught by the physical therapist, for example).

Support services

- In addition to the case management support, foster parents may access support from the Agency's professional consultant team such as therapists, psychiatrists, psychologists, and other specialties such as occupational therapy, physical therapy, Speech therapy, etc.). Access to these consultants and specialists is through the case manager.
- Respite services will be arranged as needed through Agency case managers according to the Agency Respite policy. Respite reimbursements will be made directly to the Respite providers. Reimbursement for respite caregivers or baby sitters who provide care at the foster parent's home is the responsibility of the foster parents. Such care givers must be certified by the Agency.

- Counseling can be provided if indicated. Agape Manor Home Child-placing Agency will make referrals for foster parents for counseling to include:
    - Individual counseling to foster parents, limited to issues raised by or directly related to the foster parenting situation.
    - Family counseling to the foster parents and family members; limited to issues raised by or directly related to the foster parenting.

Grievance procedure and Appeal process

All Foster parents have the right to file a grievance or appeal the agency's actions or decisions that affect the foster parents. The Agency grievance procedure/appeal process is discussed separately in 'Grievance Policy'.

Agape Manor Home – Child Placing Agency

Policy on foster home placement criteria

It is the policy of Agape Manor Home that it will have clear guidelines for making decisions about the number, ages, gender and needs of children to be placed in foster homes verified by Agape Manor Home. Followings general guidelines are followed for the care of children in an agency foster family home.

1. Agape Manor Home CPA shall not license an agency foster family home to care for more than 6 children or a foster family group home to care for more than 10 children, including the children of the foster family and children for whom the family provides regular part-time day care.

2. Agape Manor Home CPA shall monitor compliance of this standard with both scheduled and non-scheduled visits by the child placing staff and child placing Management Staff.

3. Agape Manor Home shall not allow an agency home to care for no more than 2 infants under 18 months of age unless in order to keep a single sibling group. If 2 infants are cared for, no more than 2 other children under 6 years of age may be cared for in the home. This includes the children of the foster family and children for whom the family provides regular part-time day care.

4. Agape Manor Home CPA shall not allow an agency home to provide more than one type of care if this conflicts with the children's best interest, or with the use of staff or space in the home. A conflict of care assessment shall be completed in such cases as part of the Foster home screening.

Following steps are followed to ensure the appropriateness of each placement in homes verified by the Agency.

a. **Foster home screening (Home Study)** conducted by a qualified Agency child placing staff. Recommendations regarding the number, ages, gender and needs of children to be placed in the foster home is made in the home study will be evaluated and approved by the child Placing Management staff.

b. **Admission assessment and Intake process**

. An admission assessment is conducted by the Agency Child Placing staff prior to the acceptance of child in to placement. Admission assessment is completed after reviewing all pertinent and current information regarding the child and the recommendations for the placement is made to the child placement Management staff. Decisions regarding the acceptance/rejection of referrals are made by the Child-Placing Management Staff.

Child Placing Management staff will review the Admission assessment and the home screening to determine appropriateness of foster care placement. The child-placing agency shall not place children in an agency home unless their age, gender, behavioral patterns and current needs matches with the foster home recommended.

c. **Pre-placement visit**

A pre- placement visit is conducted for all children older than 6 months with the proposed foster parents prior to the placement. These visits are conducted such a way that there will be a meaningful interval between the pre-placement visit and the placement sufficient to allow a child and foster parents to have privacy, an opportunity to discuss and consider placement, and to have their questions, opinions, and concerns addressed. Child and Foster parents' impression about the placement will also be considered in the final decision regarding placement.

Agape Manor Home CPA believes the family is the best environment for a child's development.
Agape Manor Home CPA will make every effort to place sibling together.
Agape Manor Home CPA will also ensure the contact is maintained when siblings are not placed together or document why contact is not appropriate for one or more of the siblings.

Agape Manor Home – Child Placing Agency

Policy on Transportation

Agape Manor Home CPA maintains a safe and healthful environment for the welfare and safety of each youth placed in their care. To achieve this, an agency designee will monitor the performance of agency foster family home and foster group homes through detailed monthly health & safety inspections, including state minimum compliance standards.

Procedures:

1. Vehicles used to transport foster children must be maintained in safe operating condition at all times and must be inspected and registered according to federal, state, and local laws.
2. Driver and 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.
3. Other children in the foster home may transport a foster child if the child driving has a valid driver's license and service planning teams for the foster children being transported and foster child transporting approve of the transportation arrangement.
4. Caregivers may teach or supervise foster children in learning to drive. You must document your approval in the child's record.
5. Only the caregiver responsible for instruction and child learning to drive may be present in the vehicle.
6. When transporting foster children, sufficient number of caregivers must in the vehicle.
7. When transporting a child that requires increase supervision, you must have sufficient caregivers to meet the child's needs.
8. All children must ride inside a vehicle when being transported.

Agape Manor Home – Child Placing Agency

Policy on Space and Equipment

Policy:

It shall be the general policy of Agape Manor Home CPA that all foster family home and foster group family homes maintain a safe and healthful environment for the welfare and safety of each youth placed in their care. To achieve this, an agency designee will monitor the performance of agency foster family home and foster group homes through detailed monthly health & safety inspections, including state minimum compliance standards. The purpose of these inspections is to identify and correct, as quickly as possible, potentially unsafe conditions, hazards, or practices.

1. An agency designee shall confirm that comfortable sleeping arrangements are provided for children in care.
2. An agency designee shall confirm that all sleeping rooms must have at least 40 square feet of floor space for each occupant. Single occupant bedrooms must have at least 80 square feet of floor space. Must have a closet or alcove.
2. An agency designee shall confirm that each child has his or her own bed and mattress.
3. Children under three years of age may sleep in the bedroom of a caregiver, if it is in the best interest of the child. It must be approved and documented in the service plan.
4. An agency designee shall confirm that each child has storage space for clothing and personal belongings.
5. An agency designee shall confirm that a child over six years old must not share a bedroom with a person of the opposite sex.
6. An agency designee shall confirm that children must not regularly sleep in a room with an adult. An infant under one year of age may sleep in the room of the foster parents.
7. An agency designee shall confirm that sleeping rooms provide adequate opportunities for rest and privacy.
8. An agency designee shall confirm that linens must be changed when soiled, and no less often than once a week.
9. An agency designee shall confirm that all mattresses have covers or protectors.
10. Each child must have accessible storage for his clothing and personal possessions.
11. Each home must have one lavatory, one bathtub or shower, and one toilet for every 8 household member.
12. All lavatories, bathtubs, and showers must have hot and cold running water.

13. An agency designee will approve and verify that each agency home has at least 40 square feet of indoor area designated for each child's use.
14. An agency designee will approve and verify that each agency home has outdoor recreational space for children to play. The space must be clean and maintained.
15. An agency designee will approve and verify that each agency home has appropriate, clean, maintained, and repaired equipment and that all equipment meets the minimum standard for outdoor recreation space and equipment.

Agape Manor Home – Child Placing Agency

Policy on Administration- Permit holder responsibilities

Policy: Agape Manor Home (AMH) will insure a full-time child-placing agency administrator who meets minimum qualifications of 749.631, will be responsible for all operations of the agency according to the written policies and procedures adopted by the governing body. The administrative body shall assume the responsibility of assuring an optimal level of the quality of care. Although the Governing Body assumes ultimate responsibility for the quality of services, it shall rely upon the Administration for guidance in establishing and maintaining standards and practices.

Procedures:

1. Administration shall be composed of:
   - Executive Director
   - Licensed Child-Placing Agency Administrator
   - Treatment Director
   - Regional Managers
   - Child Placing Management Staff

2. Administration shall formally meet on a regular basis, but no less often than monthly to ensure that the Agency operate according to the written policies and procedures adopted by the Governing body.

3. Administration shall be required review policies and procedures related to the provision of care and submit to the Governing body for approval.

4. Administration shall maintain mechanisms to assure the on-going documentation of are true, current, and accurate and complete.

5. Administration shall maintain liability insurance as required by the Human Resource Code 42.049.
6. Administration shall insure that no member of the governing body, member of the executive committee, management staff, or employee is listed as a sustained controlling person.

Agape Manor Home – Child Placing Agency

POLICY: Agency Home Management

It shall be the policy of Agape Manor Home CPA to ensure that all Agency homes meet applicable Agape Policy, DFPS contract requirements, Youth for Tomorrow and Residential Child Care Licensing minimum standards on an ongoing basis. Foster homes will be inspected on a monthly basis by the child placing staff with all action documented and completed within the time frame. All foster homes will be re- assessed by the Child Placing Management every two year and make recommendation for continued verification and the renewal of foster care contract.

PROCEDURE

I. Administration and Management of agency Homes

The Child-Placement Management Staff is responsible for the administration and oversight of all foster home management. The Child-Placement staff will provide case management, foster parent support, monitoring, evaluation, technical support, and overall supervision of the foster home program. Child-Placement staff report directly to the Child Placement Management Staff.

II. Supervision and Monitoring of Agency Home

a. The Child-Placement Staff shall conduct monitoring visits and evaluate different parts of minimum standards for each agency home monthly or whenever a change is made that affects the conditions of the verification certificate or the composition of the foster family.

b. The agency will conduct two unannounced monitoring visits a year. The monitoring must be with both foster parents, if applicable, at least once every six months.

c. Child placing staff shall complete a full evaluation of different parts of the minimum standards relevant to the home over the course of one calendar year. However, for homes placed on inactive status, the evaluation will be suspended for the period the home remained on inactive status and will resume evaluation from the month following the re- activation of the foster home.

III Foster Home Assessments

The Agency shall conduct **a semi- annual assessment** of all Agency foster homes by a Child Placing Management staff (CPMS) in order to provide supervision and support to child placing staff and foster parents and to assess the strength and needs of the foster parents. The CPMS reviews all monthly monitoring reports by the child placing staff, DFPS inspections and investigations, corrective and developmental plans, a foster home record audit, along with a visit to the home and interviews with foster parents, children in care and other household members in the home. The CPMS will evaluate the home's overall

compliance with the standards during this period and make recommendations or developmental plans. These assessments are documented in the foster home record.

Child Placing Management Staff will also conduct **bi-annual assessments** for all Agency homes in-order to make recommendations whether the home can continue to be verified. The CPMS reviews all previous assessments and monitoring reports, DFPS inspections and investigations, significant changes with the home, corrective and developmental plans, conduct a foster home record audit, along with a visit to the home and interviews with all household members. These assessments will be placed in the Foster home record. This Bi annual assessment will also take the place of the last semi-annual assessment in a two-year term.

IV. Deficiencies and Corrective Action Plans training needs

a. In the event that a deficiency is found in an Agency home, the Child Placing Staff or the Agency designee shall advise foster family of the deficiency, provide technical assistance to the foster family if needed and determine the corrective action plan and date of completion for the corrective action. Foster parents may, at times at the discretion of the Child-Placement Management Staff, receive one written reminder after the expiration of the completion date prior to more restrictive action being taken. See section V.

b. All Agency home deficiencies are documented in the foster family record by the agency designee with supervision and monitoring provided by the Child-Placement Management Staff.

V. Revocation of Agency Family Home

a. The Child-Placement Management Staff shall inform all foster parents in writing that failure to comply with the documented deficiency agreement by the specified date can and will result in revocation of agency home status and removal of all children from placement.

b. According to the severity of the deficiency found within an agency home, the Child-Placement Management Staff shall also document and recommend appropriate corrective actions that include placement hold, removal of the children and, when the health and safety of children in placement are jeopardized, revocation of agency home status and removal of all children from placement.

VI. Changes in Foster Care Family

a. When a change is made, the agency designee must evaluate all standards related to the change. In the event of no changes, the agency designee will simply note that there are no changes in regard to other standards in this situation.

VII. Supervision of "Empty" and "Inactive" Agency Homes

a. Agape Manor Home CPA DEFINES an 'empty' home having no children in care but is ready to accept a placement at any time.

b. Agape Manor Home CPA requires that all 'empty' agency homes have current fire and health inspections, the foster parents must meet ongoing training requirements, and all other applicable minimum standards must be met except for monthly monitoring visits.

c. Prior to the placement of a child into an 'empty' home, An Agency Designee must re-evaluate the home, including completing a foster home inspection.

d. Agape Manor Home CPA defines an 'inactive' home as one that has no children in placement and the record documents that the family is on inactive status and will not accept a child for placement.

e. While on inactive status, the home does not need current inspections, and training requirements for foster parents are suspended.

f. When the home is ready to become active and accept children, the Agency designee must visit the home and document that it is in compliance with all standards prior to placing a child in the home.

g. The annual training requirement is prorated for the period of time that the home is inactive.

h. Agape Manor Home CPA will not use inactive status to deal with problem homes that should be closed. Both the agency and the foster parents must agree that the home will be 'inactive' prior to placing a home on inactive status. If a home remains on inactive status for more than a year, the foster parents must also complete at least 8 hours of pre-service retraining before any children are placed.

i. Agape Manor Home CPA shall require the agency home to have sufficient adult caregivers with needed qualifications to protect the health and safety of the children in care.

Agape Manor Home – Child Placing Agency

POLICY on Agency Home Verification

It shall be the policy of Agape Manor Home CPA to require that all agency foster family homes and foster family group homes are appropriately qualified and verified to provide proper care and treatment, and to protect the health and safety of children in care

PROCEDURE

1. Agency require all new foster parents, caregivers and employees to attend an Agency orientation that includes the needs and characteristics of the children served, Agency's philosophy, organizational structure, services and programs, relevant information on of DFPS minimum standards, contract with the Agency and Youth for tomorrow standards.

2. All foster parents, care givers, employees and volunteers are required to clear a DFPS criminal history check, Central registry check. Foster parents and adult residents of the home will require an FBI finger print clearance prior to the verification.

3. Before verifying an agency home, the agency designee shall perform an inspection to document that the home meets appropriate minimum standards.

4. Before verifying an agency home, the agency designee collects documented proof of health and safety inspections, fire inspections, safety plan for swimming pool (if applicable), current pet vaccinations (if applicable); a drawing of home's floor plan (including dimensions and use for each room); evacuation plan for emergency situations, results of home water supply testing (if not on city system); Home Weapons Inventory and safety plan if any; "Consent to Release of Information" form to speak with references and neighbors ; proof of home owner's/renter's and automobile insurance coverage, current driver's license, etc. Potential foster parents must also provide a health assessment by a medical doctor, current marriage/ divorce certificates, income and educational records. All Foster parents and care givers must be at least 21 years of age and must have at least high school diploma. All married Foster parents are assessed for stable relationship and are required to stay married for at least 1 year before being verified by the Agency. Divorced foster parents are required to wait for at least 1 year before they can be verified in order that they get adequate time to adjust with the change.

5. All foster parents and care givers must complete Agency pre-service training that includes PRIDE training, CPR, First Aid, psychotropic medication training, Behavior intervention training, emergency Procedures, prevention and spread of Communicable diseases etc. prior to the verification.

6. Before issuing an agency home verification, the agency designee performs a home study. A home study is required before a family is certified a foster parent. The home study is an in-depth assessment of the family, which includes interviewing all adults and children in the home. The home study is also used in assessing the home for safety and available space. All homes must

meet standards enumerated in the Minimum Standards and Guidelines for Child-Placing Agencies. The home study is designed to elicit information on a variety of issues including: motivation for wanting to foster; health status; marital and family relationships; applicants feelings about their own childhood and parents including any history of abuse and/or neglect; opinions about discipline; sensitivity about abused and neglected children; sensitivity towards birth families; sensitivity about different socioeconomic, ethnic, and cultural groups in relation to their ability to maintain the ethnic identity of a child from a different background; feelings about maintaining sibling relationships; expectations of children in foster care; family's ability to work with specific kinds of behavior and backgrounds.

1. As a result of the home study, the Child Placing Management Staff documents whether that the home studied has sufficient and appropriately qualified foster parents to provide proper care and treatment, and to protect the health and safety of children in care.
2. In the event that applicants are approved for verification and placement, they are given an Agency Home Verification Certificate which provides an agency home or group home verification (license) which details the name of the home, address of the home, approval status of the home for placement, including the number, age, and sex of the children and type of care for whom the home is approved.
3. In the events that an applicant home is not approved for placement, they are given a statement regarding the decision for denial and a copy of the appeal process to include contact information for the Department of Family and Protective Services.
4. Agape Manor Home CPA will provide a copy of all agency home verification documents to each approved agency home after the foster home study and after any change that affects the conditions of the verification certificate.
5. Before issuing an agency home verification, Agape Manor Home CPA must sign a written agreement with the foster parents at the time the agency home is verified. Both Agape Manor Home CPA and the foster parents must have a copy of the agreement, and a copy must be filed in the foster home record. This agreement specifies the following:
    - The financial agreement between the agency and the foster home.
    - That the foster home agrees not to accept a non-relative child for 24-hour care from any source other than through the agency.
    - That the agency has the right to remove the child at the agency's discretion.
    - That the agency must consent to discharge a child from the home.
    - That visits by the child's parents or relatives must be arranged through the agency.
    - That the agency is responsible for regular supervision of the foster home to include emergency access to the home and children within a 30-minute timeframe when necessary.
    - The agency's policies in regard to child care, nutrition, clothing, educational services, level system, recreational services, behavior modification, independent living skills, medical and dental services, progressive discipline,

supervision of children, and children's visits or trips away from the foster home.

- The agency's policies concerning reports to the agency from the foster parents regarding foster children and other events or occurrences affecting the provision of foster care.

6. Verification of an agency home applies only to the location of the residence at the time the study is made. If the family moves, the agency must not use the home until temporary verification for the new location is issued. Temporary verification is valid for no longer than 6 months from the date of issuance. Temporary verification may not be renewed. Verification of the agency home at the new address must be completed before the expiration of the temporary verification, or the agency may not use the home.
7. A temporary verification is only appropriate when children are in care at the time of the move. A temporary verification only applies to agency homes that are the primary residence of the foster parents. An agency may not use temporary verification to change the status of an agency home; for example, an agency foster family home may not be 'temporarily re-verified' as an agency foster group home.
8. Temporary verification applies *only* to care for children in the home at the time of the change in location. Agape Manor Home CPA shall not place more children into a home that is 'temporarily' verified.

Temporary verification is permitted for up to 6 months to allow time for those areas where it is very difficult to schedule fire or health inspections. Prior to issuing a temporary verification, Agape Manor Home CPA staff must inspect the new location, determine that the home meets minimum standards, and document that all health and safety, environment, and space and equipment standards are met. Fire and health inspections must be requested as soon as the new location is occupied. Agape Manor Home CPA staff must document the re

Agape Manor Home – Child Placing Agency

POLICY: Agency Plan

It shall be the policy of Agape Manor Home CPA to protect children by being a legally established agency to operate within Texas and through compliance with all applicable statutes; further Agape Manor Home shall submit documentation of the legal basis for operation to the Texas Department of [Family and Protective Services (DFPS)]; notify [DFPS] of any planned change in the agency's legal basis for operation at least five working days before that change is made; observe the conditions of the license; report any planned change impacting the conditions of the license to [DFPS] at least five working days before the change is made; and have legal authority to place a child before making the placement. Governing Body of Agape Manor Home is responsible for the establishment and approval of all its policies and procedures. The governing body shall have authority over all the policies and activities of the Agency.

PROCEDURE

1. Prior to the placement of children in an agency home the Child-Placing Staff shall verify that the agency has either of the following documents:
    - A court order that names the DFPS as managing conservator.
    - An agreement signed by the child's parent(s) or managing conservator that authorizes the agency to place the child.

2. Agape Manor Home CPA shall ensure that licensing staff are continually informed of the location of all agency staff, Agency Homes, foster parents, records, offices and any changes in agency personnel, addition of verified foster family(ies) and professional staffing plan.

    - In the event of any agency changes in the Professional Staffing Plan, the Child- Placing Management Staff shall submit in writing to the assigned Licensing Representative a written notice of change in staff, the current locations of agency staff, records, Agency homes and offices within one week.

    - As Agape Manor Home CPA verifies a new agency home or whenever there are changes in the verification status, the Child-Placing Management Staff will send written notification to the agency's Licensing Representative within one week of the effective date of any change noted above. Notification of verification or closing of agency homes will be sent on the forms provided by Licensing or through the DFPS online system.

3. Agape Manor Home CPA shall ensure that required Child-placing Management Staff (CPMS) services are provided to all agency staff, agency homes and such services are documented in all agency records;

- The Child-Placing Management Staff will provide monthly direct supervision to child placing staff via conference, and will be accessible to all other staff through the Child-Placing Staff, and will perform the duties enumerated in the DFPS Minimum standards.

- All Child-Placing Staff (including the Child-Placing Management Staff) will document their services in the relevant record(s) within one week of performing the service.

4. Agape Manor Home CPA shall ensure that agency homes meet all applicable minimum standards prior to verification.

    - Before any agency home is verified, Child Placing Management Staff or a qualified person will conduct a Foster home screening / Home study to obtain required information, to assess that the applicant meets the requirements for verification and to make recommendations about applicant's capacity to work with the children. The Child Placing Management Staff will review the study and approve if it meets all standards. Foster Home Developer/specialist or the designee will conduct a Final inspection prior to the verification of the home to physically inspect and determine the home meets all health, Safety, environment, space and equipment requirements and the home is ready for placing children. Homes will not be verified with any required documentation or inspections pending.

5. Agape Manor Home CPA shall ensure that after a home is verified, there is an ongoing monitoring and evaluation of the agency home, including documentation of unmet minimum standards and correction of all deficiencies.

    - Child Placing Staff will conduct at least one visit to each Agency home for the purpose of monitoring and case management. Child placing staff will conduct these visits separately or combined.
    - In each monitoring visit to an agency home, the child placing staff will review how all health and safety-related standards are being met. The Child Placing Staff will review additional standards, with the goal of completing a review of all standards at least annually. If any problem areas are presented, compliance with all standards relevant to the problem will be reviewed, in addition to any scheduled review.
    - During Case management visits, the Staff will review therapeutic compliance (treatment recommendations met, goals achieved, daily progress reports completed, medication review compliance, recreational outings, etc.) and face to face interview with each resident in the home.

- All findings will be documented based on the standards evaluated along with non-compliance or deficiencies cited. This report will be prepared within 7 days of the visit and mailed to the foster parents using US Postal service. Also included in this report a deadline for compliance to the standards cited with a request for a plan of correction with a compliance date. All documentation or case notes will also be included in their case record, and provided to the Child-Placing Management Staff review as soon as completed. Compliance to the correction plan will be monitored in the next monitoring visit or by an unannounced home visit to the home by the Child-Placing Staff. Subsequent corrections will be documented in writing and documented in foster home record. Continued noncompliance with standards can be grounds for corrective actions including revocation of the home and removal of the children.

6. The Child-Placing Staff or designee of Agape Manor Home CPA shall contact the Licensing Division and the managing conservator as required by the DFPS minimum standards or within 24 hours to report serious incidents and allegations of abuse, neglect and exploitation. Any Agape Manor Home CPA employee, foster parent or contracted employee who witnesses, engages, receives knowledge or has reason to believe that a child has been, or is likely to be abused and/or neglected must first ensure the safety of the client.

7. Agape Manor Home CPA shall upon the request of licensing, investigate reports, excluding abuse and neglect, of standards violations in a timely manner and submit reports of the agency's activities and findings to licensing for review, follow-up (if appropriate), and closure.

- The Child Placing Management staff will make the assignment of investigation. The investigation will be initiated within two working days of receipt of the request from Licensing or as directed by the Licensing, and will be completed (including written report) within 20 days of receipt of the request from Licensing. If the investigation can't be completed in 20 days, an interim report will be given to Child placing Management Staff of the agency by the 20th day and he or she in turn will inform Licensing of the reason for the delay if it appears that the investigation cannot be completed in 30 days.

- Once the investigation is complete, the written report is sent to the Child Placing Management staff of the agency for review. If approved, the report will be forwarded to Licensing. If it is not approved, s/he will work with the investigating staff on what is required, and will inform Licensing of the reason for the delay if it appears that the investigation cannot be completed in 30-days.

8. Governing Body responsibilities
    - The Governing Body is responsible for selection and supervision (including evaluation) of the Executive Director of the agency.

- Authority over the complete operation of the agency is delegated to the Executive Director.
- The Governing Body reviews and approves:
  - ❖ All policies and procedures
  - ❖ All policy and procedure revisions
  - ❖ The agency budget

The Governing Body will decide appeals of agency management decisions from:

- ❖ Employees
- ❖ Consumers and children in care
- ❖ Parents and managing conservators of children in care

Foster parents and foster parent

Agape Manor Home – Child Placing Agency

Policy: Confidentiality policy

It shall be the policy of Agape Manor Home Child Placing Agency that information regarding clients or their contact with Agency shall be kept in complete confidence. No information shall move beyond Agency or its providers without the client's (or guardian as appropriate) informed and written consent except as required by State or Federal Statute. Provision for the protection of the client's right to privacy among providers shall be paramount and information shall be shared only for clinical/treatment purposes within the Child-Placing process. Release of information by an employee or a provider (other than in response to legal mandates) without the client's (or guardian as appropriate) informed and written consent shall be considered immediate grounds for discharge. Clients and guardians shall be informed concerning the types of records kept, the way in which they are used by AMH, his/her right to access to his/her records, and the disposition of the record after (s) he leaves the agency.

Procedure:

1. The decision to disclose information shall be made by the client's Child-Placing Staff as allowed by Federal and State Law, The Rights of Recipients of TDFPS licensing requirements, and other applicable standards. For disclosure of most information, an AMH Authorization for the Disclosure of Protected Health Information form will be used. When the record contains information relating to HIV infection status, a separate AMH HIV Infection Status Disclosure form authorizing the disclosure of this information must be used. In respect to the disclosure of psychiatric information, the AMH Authorization to Disclose Protected Health Information Psychiatric Form must be completed before the disclosure of such information. In the absence of the Child-Placing Staff, it shall be the responsibility of the Child-Placing Staff, or (or designee), to ensure the proper disclosure of information.
2. Under no circumstances shall information in a client's file, obtained from sources outside AMH (such as schools, social service agencies, and other health care givers) be re-released.
3. In the event that AMH, or AMH employees, be court ordered to disclose information that the client chooses not to disclose, it shall be the responsibility of the Child-Placing Management Staff, together with the Child-Placing Staff, to resolve this issue recognizing AMH ethical obligation to protect the right of the client. The Child-Placing Management Staff should involve other appropriate AMH resources, as necessary, to resolve the issue.
4. The client's right to privacy among providers shall be paramount. Only those persons involved in the client’s treatment or case coordination process shall share only for clinical/ treatment purposes and information.
5. The Training Coordinator shall coordinate and provide oversight to ensure that all trainings regarding AMH values, standards, policies, and procedures on confidentiality is provided. This shall be done with all new providers upon orientation and with all existing providers not less than once a year.

6. Disclosure of information by an employee or contractee, other than in response to legal mandates, without the client has informed and written consent shall be considered immediate grounds for discharge. In accordance with State law, unauthorized disclosure of HIV status information shall require immediate termination of employment.
7. Clients who choose not to have information disclosed to a third party funding source, such as an insurance company, shall pay the full charge for the services they receive. Clients shall be made aware of this expectation at the time they begin receiving services.
8. Unlike outpatient mental health settings, their service providers serve AMH clients within community settings. While the rules for confidentiality apply, the community setting presents situations that are not covered by the general rules for confidentiality.

The following procedures will be followed as a supplement to the general rules:

- Clients may not be identified as AMH clients unless the standards for such identification, as noted in our policy regarding confidentiality, are applied.
- While in the community, the provider will make every effort to prevent the client's identification as an agency client.
- No document, paperwork, or word of mouth that identifies the client contrary to this addendum is permitted.
- The Child-Placing Staff and/or their designee must clear any identification that may be required. In the absence of the Child-Placing Staff or designee, the Child-Placing Management Staff or designee will be called upon for a decision.

Agape Manor Home – Child Placing Agency

Policy: Drug Testing Policy for foster parents and other caregivers

Agape Manor Home CPA has a vital interest in ensuring the safety of resident children through the appropriate drug testing of all caregivers for children while also protecting the rights of the Care givers. Agape Manor Home CPA and all its verified homes are drug free environment and prohibits the illicit use, possession, or distribution of any controlled or imitation substances and of any alcoholic beverages, or inhalant drugs, look-alike drugs, or illegal drugs. Agape Manor Home has adopted the following model drug testing policy for residential childcare operations under the Human Resource Code 42.057. This policy applies to all foster parents and other care givers that directly care for or has access to child in care and applicants for such positions.

Definitions:

1. Abusing drugs--The use of any:
   a. Drug or substance defined by the Texas Controlled Substances Act, Texas Health and Safety Code, Chapter 481; or
   b. Prescription or non-prescription drug that is not being used for the purpose for which it was prescribed or manufactured.
2. Drug testing--The scientific analysis of urine, blood, breath, saliva, hair, tissue, and other specimens for detecting a drug.
3. Foster parents/ caregivers- A person who provides foster care services in foster home whose duties include direct care, supervision, guidance and protection of a child in care.
4. Random drug testing--A testing cycle that varies the frequency and intervals that specimens are collected for testing and selects caregivers in a random manner that does not eliminate already tested caregivers from future testing. The testing should ensure all caregivers are subject to random testing on a continuing basis.
5. Good cause to believe the person may be abusing drugs--A reasonable belief based on facts sufficient to lead, a prudent person to conclude that the person who are verified or certified by the Agency may be abusing drugs. Sufficient facts may include direct observations of the person using or possessing drugs, or exhibiting physical symptoms, including but not limited to slurred speech or difficulty in maintaining balance; erratic or marked changes in behavior, including a decrease in the quality or quantity of the person's productivity, judgment, reasoning, and concentration and psychomotor control, accidents, and deviations from safe working practices; or any other reliable information.

Mandatory drug testing:

1. All applicants that are intended to be verified as foster parents or certified as caregivers are subject to pre- verification/certification drug testing, and may not provide direct care or have access to a child in care until the drug test results are available;
2. All foster parents and caregivers are subject to random, unannounced drug testing;

3. Any Foster parent/ caregiver that is the subject of a child abuse or neglect investigation, when DFPS determines there is "good cause to believe the employee may be abusing drugs", must be drug tested within 24 hours of notification by DFPS to the residential child-care operation; and
4. Any person alleged to be abusing drugs may be tested within 24 hours, if the person:
   a. provide care to children under the auspices of the residential child-care operation;
   b. Directly cares for or has access to a child in care; and
   c. There is "good cause to believe the person may be abusing drugs".

Drug testing procedures:

1. All drug testing will: At a minimum screen for marijuana, cocaine, opiates, amphetamines, and Phencyclidine (PCP);

2. Use one of the laboratories approved or recommended by the Agency.
3. Testing must be conducted on a time frame directed by the Agency.
4. Agency will reimburse the fee for testing after verification of the home or certification of the care givers. Agency will not reimburse fees if the foster home could not be verified or the caregivers are not certified.

Discipline:

An applicant or foster parent or other caregiver consent to submit to drug testing is required as a condition of verification / certification and the refusal to consent may result in refusal to verification/ certification or revocation of license / certification.

3. A foster parent or care giver determined through drug testing to have abused drugs is subject to discipline up to removal of the children from, place in a position without having direct contact with children and revocation of the license.

Appeal:

An applicant or Foster parent/ caregiver whose drug test is positive may, at their own expense:
1. Have an opportunity to explain and offer written documentation why there is another cause for the positive drug test;
2. Request that the remaining portion of the sample that yielded the positive results, if available, be submitted for an additional independent test, including second tests to rule out false positive results; and/or
3. Submit the written test result for an independent medical review.

Documentation:

1. All Applicants Agape Manor Home intend to verify or certify will be provided with a copy of your drug testing policy and must sign a document consenting to these terms and conditions.
2. All drug test results will be kept for one year after the verification / Certification ends with the Agency or until any investigation involving the person is resolved, whichever is later. All other drug test results required by this rule will be kept for one year from the date the drug test was administered. The results must be available for review by Licensing Division within 24 hours of the request.

Agape Manor Home – Child Placing Agency

Policy: Reporting abuse, neglect, exploitation and serious incidents

It is the policy of Agape Manor Home CPA to train all staff and volunteers on how, where, and when to report any suspected abuse, neglect or exploitation of a child and serious incidents. On certain occasions, an employee or provider of AMH may become aware of information concerning the known or possible abuse and/or neglect or exploitation of a child or an adult. On such occasions, AMH policy holds its providers accountable to fully comply with the Family Code 261.401. Additionally, it is the policy of AMH that all employees, foster parents, and respite care providers sign a statement demonstrating they have been made aware of the reporting requirements and that they agree to uphold these requirements.

Procedure:

1. All employees and volunteers will receive training on the Texas State Law, which requires them to report any suspected abuse and /or neglect or exploitation to the Texas Department of Family and Protective Services 1(800) 252-5400. Failure to report suspected child abuse is punishable by fines up to $1,000 and/or confinement up to 180 days.

2. All employees, volunteers and care givers will receive training on what, when and whom to report a serious incident affecting a child in care. A serious incident is a non-routine occurrence that has or may have dangerous or significant consequences on the care, supervision, and/or treatment of a child.

3. The employee or volunteer shall immediately report a suspected abuse, neglect, exploitation or a serious incident to their immediate supervisor or designated staff.

4. When the report concerns a child and allegations against the foster parent(s) caring for that child, the supervisor or the designated staff member immediately contact the client's managing conservator, if possible, to determine if the client should be placed on emergency respite until the situation has been resolved.

5. In all cases, the individual making the report must document the date, time, and the name of the person taking the report and the report number on the *Documentation of Report to DFPS hotline form.* If TDFPS refuses the report, the individual must document this refusal on this form. When making the report to the Hot line, Agape manor Home staff must identify themselves as the Agency staff and provide information on Agency Home, Foster parents and children involved. When the nature of the situation meets the criteria for a critical incident, the employee shall also complete a *Critical Incident Report* form

6. Within 24 hrs, this documentation along with any details must be submitted to the Employees supervisor or the Child Placing management staff and a copy sent to the child's

managing Conservator. The Agency Administrator and the Executive director must be briefed on the report as soon as possible.

If any employee is accused of abusing a client or child, that employee shall be immediately removed from direct client contact by either being placed on administrative leave, paid or unpaid, or by being reassigned to other non-client contact duties. The employee shall remain in such a capacity until the abuse allegation and/or investigation has been resolved. Depending on the outcome of that investigation, the employee may be subject to discipline, as outlined in Disciplinary Procedures & Dismissal for Cause, up to and including termination.

Agape Manor Home – Child Placing Agency

Policy on Medication

Medications

1. Foster parents will administer all medications.

2. All foster parents will receive training that includes basic pharmacology, techniques, and methods of administration of medications, and policies and procedures. Upon completion of the medication training each participant will be assessed for the mastery of the course content. The trainer will conduct a competency test, which will be graded by the trainer. A copy of the test and the certificate will be kept in the foster parent's in-service file.

3. All medications will be kept:
    - Out of the reach of children
    - In a double locked storage area
    - In original container as received from the pharmacy
    - Medications requiring refrigeration will be separated from food in a separate container
    - Clean and orderly

4. Outdated and discontinued medications will be disposed of in accordance with federal and state laws. This medication will be removed immediately and placed in a separate locked area until it is destroyed.

5. Each foster home will maintain adequate first aid supplies that include multi-size adhesive bandages, gauze pads, tweezers, cotton balls, hydrogen peroxide, syrup of ipecac, thermometer etc.

6. Each foster home will maintain a medication record for each child and the child's physician will monitor this monthly.

7. In the event that a child placed in foster parent home without prescribed medications, foster parent and case manager will immediately make CPS worker aware that child does not have medications.

8. Agape Manor Home CPS Child-Placing Staff will assist foster parent in identifying previous placement to coordinate the transfer of medications.

9. Agape Manor Home Child-Placing Staff and foster parent shall make CPS worker aware when medications arrive.

10. In the event that the previous placement cannot provide transfer of medications, Agape Manor Home CPA will schedule an emergency psychiatric appointment with agency contracted psychiatrist for emergency psychiatric medication monitoring review and treatment.

11. In the event that a psychiatric appointment is not available within 24 hours, the foster parent will schedule child for a medical appointment after approved by the case manager. The foster parent will provide attending physician with a copy of their most current psychological evaluation, most recent

psychiatric report/summary, list of prescribed medications and name of treating psychiatrist. This appointment shall be documented and will include the medical report and any medications prescribed. Foster parent shall also document the steps taken to schedule a psychiatric medication appointment and will include the follow-up psychiatric appointment date.

12. Remove all discontinued or expired medication within 30 days after it has been discontinued, expired, or child has left care without medication.

13. Remove all medication of a discharged or deceased child immediately and destroy it in a way that ensures that children do not have access to it.

Self - Administration of Medication

For a child to be placed on self-medication program the child must be given written authorization to be placed in this program. The child service plan must include being placed on this program. The health care professional who prescribes the medication must be consulted and any concerns document in the child's record.

Foster Parent Signature _____ Date: _____

Foster Parent Signature _____ Date: _____

Agape Manor Home – Child Placing Agency

Policy on Medication Record

Policy:

14. Each foster home will maintain a medication record for each child.
15. Medication records must include:
    - Child's name
    - Prescribing health-care professional
    - Medication name, strength, dosage and reason
    - Date (day, month, year) and the time the medication was administered.
    - Name and signature of the person who administered the medication.
    - Child's refusal to accept medication
    - Reason for administering the medication any PRN medications and nonprescription medications
16. Identification of any prohibited prescription medications, nonprescription medication, and vitamins must be incorporated into the child's record.
17. The medication record must be maintained at the foster home.
18. 30 days of recording must be maintained in the current record.
19. Foster parents must submit copies of the records monthly to the agency office.
20. Medication records must be maintained on all children at all times while in care.
21. Documentation for medication consents, physician orders, evaluations, and any other medication related documentation must be recorded in the medication record.
22. Agency staff will audit medication records monthly

Medication Errors:

1. Medication Errors include:
   Child receiving wrong medication,
   Child receiving medication prescribed to someone else.
   Child receive wrong dosage of medication
   Child receive medication at the wrong time
   A medication dose is skipped or missed
   Not following the medication administration instructions such as given it to a child on an empty stomach.
   Child receives medication that was not store as required to maintain the effectiveness of the medication.
2. Medication errors must be documented and reported to the health-care professional immediately.
3. Medication errors must be documented within 24 hours. You must include:
   - Time and Date of error
   - Medication Error
   - Time and Date of call to licensed health-care professional
   - Name and title of the health-care professional contacted
   - Health-care professional's medical recommendation for ensuring the child's safety.

4. Must document adverse reactions and side effects of medication in the Medication record. Must include:
    - Adverse reaction
    - Time and date of call to a health-care professional
    - Name and title of the health-care professional contacted Health-care professional's medical recommendation for ensuring the child's safety.

Psychotropic Medications:

1. Must document a description of any noticeable change in the child's behavior in response to medication.
2. Must provide the information to the prescribing health-care professional to use in evaluating the appropriateness of continuing the medication.
3. Must document the health-car professional's evaluation and review in the medication record.

Foster Parent Signature _____ Date: _____

Foster Parent Signature _____ _____ Date: _____

Agape Manor Home – Child Placing Agency

POLICY: Medical and Dental care policies

Agape Manor Home CPA shall make provisions for routine and emergency medical and dental care for every child as indicated by the individual child's needs and as required by minimum standards and by the child's placing agency. Agape Manor Home shall also make provisions for Psychiatric care, vision and hearing screenings and treatment as required by the law and DFPS minimum standards. Agape manor Home does not admit and/ or care for children with Primary Medical Needs (PMN) and pregnant woman.

PROCEDURE

A) Non-emergency and Routine Medical/Dental care

1. As part of routine medical care, each child placed with Agape Manor Homes CPA is required to receive a medical examination at least once a year by a licensed physician or as recommended by the physician.

2. As a part of routine dental care, each child placed with Agape Manor Homes CPA are required to receive a dental examination at least every 6 months by a licensed dentist or as recommended by the dentist.

3. In the event that a child is placed with Agape Manor Home CPA without a medical or dental examination by a licensed physician within the past year the foster parent is required to schedule for a medical examination by a licensed physician or a licensed dentist within 30 days of admission.

4. In the event that a child requires an initial physical examination for routine medical care or a dental examination for dental care, the case manager will notify the foster parents and monitor and support as needed. The case manager will track the appointment and obtain reports for the child record within a week.

5. A medical/dental examination report must contain
   (1) The date of the examination;
   (2) The procedures completed;
   (3) The follow-up treatment recommended and any appointments scheduled;
   (4) The child's refusal to accept medical treatment, if applicable;
   (5) The results of the medical examination that is signed and dated by the health-care professional who performed the examination; and

(6) If the medical examination is a result of an injury or medical incident, the documentation of the circumstances surrounding the incident, including the date and time of the incident.

6. Every child over the age of one year will be tested for tuberculosis as per the recommendations of Texas Department of Health. All initial physical assessments must also include a skin tuberculin test and the results must be provided to the case manager of Agape Manor Home.

7. Each child will receive immunizations by their age group and the records will be kept in the child's case record. Immunization record must include
   (1) The child's name and birth date;
   (2) The number of doses and vaccine type;
   (3) The month, day, and year the child received each vaccination; and
   (4) One of the following:
   (A) A signature or rubber stamp signature from the health-care professional who administered the vaccine; or
   (B) A registered nurse's documentation of the immunization that is provided by a health-care professional, as long as the health-care professional's name and qualifications are documented.

8. A record of each visit to the physician/dentist and the facility and the recommended treatment will be maintained for each child in his/her case record.

B) For Emergency Medical/Dental care

1. In all emergency situations, foster parents are required to call 911 and the child will be taken to the nearest hospital. In other situations, requiring urgent care, the child will be taken to the nearest hospital or urgent care center by the foster parents.
2. Foster parents are required to follow the emergency treatment recommendations of the emergency personnel.
3. Foster parents are required to follow the emergency personnel transport to the medical facility where the child will be treated.
4. While in transit or upon arrival to the medical care facility the foster parent is required to contact the Agape Manor Home Child-Placing Staff or on-call worker via telephone contact.

C. Administration of medication

- Only foster parents and certified caregivers will administer medications. The foster parents/caregivers who administer medications will receive training that includes basic pharmacology, techniques and methods of administration of medications, and policies and procedures. Upon completion of the medication training each participant will be

assessed for the mastery of the course content. The trainer will conduct a competency test, which will be graded by the trainer. A copy of the test and the certificate will be kept in the foster parent's in-service file.

- If a child is prescribed with psychotropic medications, the Agency will ensure that a physician or a psychiatrist evaluate the need for continued treatment with the medication at a minimum of every 3 months.
- All care givers will be informed about possible side effects of medications administered to the child.
- All medications are administered according to the instructions on the label or according to a prescribing health-care professional's subsequent signed orders.
- The care givers will ensure the child has taken the medication as prescribed
- The care givers must not physically force a child to take prescription medication.
- Care givers shall not borrow or administer prescription medication to a child that is prescribed to another person;
- Care givers shall not administer prescription medication to more than one child from the same container. Only the child for whom the prescription medication was prescribed shall use the medication.
- Care givers may give nonprescription medication or vitamins to more than one child from one container.
- For a child to be on a self-medication program the child's health-care professional must give written authorization for the child to be on the program and documented on the child's service plan must notify the parent/ managing conservator that the child is on the program. Child may report the medication to a caregiver, who must then do the actual recording.
- Each foster home will maintain adequate first aid supplies that include multi-size adhesive bandages, gauze pads, tweezers, cotton balls, hydrogen peroxide, syrup of ipecac, thermometer etc

D. Medication Storage and destruction

- All medications will be kept out of the reach of children.
- All prescription medications are kept in double locked storage
- Medications are kept in its original container as received from the pharmacy.
- Medications requiring refrigeration will be separated from food in a separate container.
- The medication storage area will have a separate container where medications "for external use only" are stored separately from other medications.
- Foster parents must properly destroy medication in accordance with state and federal law and in a way that ensures children do not have access to it, within 30 days after it has been discontinued for a child, the expiration date has passed or the child has left care without the medication

E. Medication errors

Medication errors such as giving wrong medication, giving medication prescribed to someone else, wrong dosage of medication, wrong time, dose is skipped or missed giving expired medication, wrong administration instructions such as giving a child medication on an empty stomach when the medication should be given with food etc requires immediate and appropriate actions depending on the nature of the error. If the care giver finds out that a medication error has occurred regarding a prescribed medication, the care giver must contact a health care professional and follow their recommendation.

If a caregiver finds a medication error regarding a nonprescription medication, the caregiver must take the appropriate and necessary actions as required by the circumstances.

For all medication errors, a caregiver must make an incident report within 24 hours and submitted to the agency with the following information.
(1) The time and date of the error;
(2) The medication error;
(3) The time and date of the call(s) to the licensed health-care professional, if applicable;
(4) The name and title of the health-care professional contacted, if applicable; and
(5) The health-care professional's medical recommendations for ensuring the child's safety, if applicable.

If a caregiver finds a medication label error, the caregiver must report the error to the pharmacist; and have the label on the medication container corrected as soon as possible but no later than the next business day.

F. Side Effects and Adverse reactions

If a child has an adverse reaction to a medication, the caregiver must:

- Immediately report the reaction to a health-care professional;
- Follow the health-care professional's recommendations
- Seek further medical care for the child if the child's condition appears to worsen; and
- Prepare an incident report that includes adverse reactions that the child had to the medication; Time and date of call(s) to the health-care professional, Name and title of the health-care professional contacted; and Health-care professional's medical recommendations for ensuring the child's safety.

If a child experiences side effects from any medication, the caregiver must:
(1) Document the observed and reported side effects;
(2) Immediately report any serious side effects to the child's physician; and
(3) Report any other side effect to the prescribing physician within 72 hours.

G. Consents and Notifications

1. Agape Manor Home will obtain a general written consent to administer routine, preventive, and emergency medications. Further a written, signed, and dated consent, specific to the psychotropic medication to be administered will be obtained from the person legally authorized to give medical consent before administering a new psychotropic medication to a child.

2. Agape Manor Home child-placing agency will notify and obtain approval from the child's parent/ managing conservator before consenting to any of the following:

- Any surgical procedure
- Treatment that the child's physician/dentist considers dangerous
- Treatment that may be threatening to the child's life or long-term health

In emergency situations, the agency will notify the child's parent/managing conservator immediately if possible, or within 24 hours after the initial treatment. Before any voluntary emergency admission to a mental health facility, the agency will notify and obtain consent from the child's parent/ managing conservator.

H. Plan for Management of Psychiatric Emergencies/Suicidal Risk.

Agape Manor Home Child-placing agency provides for assessment and monitoring of a child's suicide risk and the potential for physical injury. Child's suicidal ideation, presence of primary and back up plans, past attempts and family history are assessed by the treatment team and intervention plans will be out lined in the child's treatment plan. The assessment and the intervention plans will be reviewed every three months, or as indicated by the child's behavior and mental status.

Agape Manor Home Child-placing agency will notify child's managing Conservator and the Parents, if applicable, of any major suicidal risk. The foster home will form a 24-hour suicide watch until the crisis subsides. Unsafe material if any, will be removed from the child's easy access. If necessary, restraining procedures as specified in the behavior intervention policy will be used. Child 's psychiatrist will be consulted if needed. Agape Manor Home Child-placing agency will arrange for immediate psychiatric hospitalization if the child judged to be harmful to himself or others. The agency will strictly follow the medication regime especially the psychotropic medications for the children who are diagnosed with suicidal risk and the psychiatrist will adjust their medication on a regular basis. The foster homes will make arrangements for overnight watch in emergency situations such as 24-hour suicide watch, physical illness requiring night watch etc.

Agape Manor Home – Child Placing Agency

Policy: Foster Care Placement Policies

Agape Manor Home CPA pre-screens all prospective intakes into the homes. Decisions regarding the acceptance/rejection of referrals are the responsibilities of the Child-Placing Management Staff. Agape manor home places Children with the Level of Care (LOC) basic, moderate and specialized in our agency homes. Our Agency homes provide both Childcare services and Treatment Services for Emotional disorders.

- A child Placing Staff or Child Placing Management staff will review pertinent information to determine appropriateness of foster care placement. The child-placing agency shall not place children in an agency home if their behavioral patterns and current needs reflect the need for placement in a more restrictive setting.
- As far as is practical and possible, children will be matched to the existing population in any given home in accordance with physical, medical, developmental, emotional and socialization needs.
- An agency home that provides therapeutic care must not provide any other type of care if this conflicts with the children's best interest or with the use of caregiver or space in the home.
- The child placing Staff will review existing placements in the home. The selection of the home for the child will be based on the best match of the above criteria, in the order listed. That is, if a child's mental age/developmental level is different from the other children in the home, that home may not be appropriate even if the other criteria match.

Placement Procedure and criteria

There will be a program specific response, beginning with referral, continuing through to a decision to admit or deny admission, and for the first 30 days following admission for any referral made to the Agency Foster care program. To reduce barriers in making timely responses to referrals, Agency will regularly update the available/open bed list, the foster family list, and will communicate such updates to the Agency intake staff and DFPS Placement unit including the emergency pager list when appropriate. Additionally, as much as possible, the agency will work with the placement unit to place children in foster care and residential programs as close as possible to family members with whom they will be visiting, and will attempt to place siblings together. Following procedure is followed in all admission decisions.

1. Intake/ Admission assessment: Prior of to the admission of the child, Agape Manor Home CPA will conduct an intake/ Admission Assessment to determine whether the placement meets the needs of the child by gathering and reviewing the following information:
    a. Personal data information
    b. Background material on all prospective clients
    c. Common application
    d. Psychological evaluation
    e. Medical history
    f. Current medication
    g. Level of Socialization
    h. Educational history
    i. Legal history

2. In case of emergency placement, an intake study will be completed within thirty days.

3. The Child-Placing Management staff will review the admission criteria to determine the appropriateness of the admission.

4. A pre-placement visit is conducted for all children older than 6 months with the proposed foster parents prior to the placement. These visits are conducted such a way that there will be a meaningful interval between the pre-placement visit and the placement sufficient to allow a child and foster parents to have privacy, an opportunity to discuss and consider placement, and to have their questions, opinions, and concerns addressed. The pre-placement visits shall be recorded in the child's record. Pre-placement visits may not be conducted for emergency admissions.

5. Once the client has been accepted, Agape Manor Home CPA will inform the managing conservator and make any necessary arrangements for admission.

6. Prior to admission, the staff will explain to the child, based on his level of functioning and comprehension, the Agency's policies, rules and treatment program. The staff will also explain the Agencies policies on behavior intervention procedures including restraining and emergency medication.

7. A personal copy of the Agency's policies, program, services, and behavior interventions allowed in the facility will be provided to the child and his parent/ managing conservator.

Placement of Siblings

Agape Manor Home CPA believes the family is the best environment for a child's development. When possible, Agape Manor Home CPA will make every effort to place sibling together. If sibling groups cannot be placed together or need to be placed separately the child placement staff will document the reason from separation.

Agape Manor Home CPA will also ensure the contact is maintained when siblings are not placed together or document why contact is not appropriate for one or more of the siblings.

Agape Manor Home – Child Placing Agency

Policy: Policy on Educational Services

Agape Manor Home Child Placing Agency makes adequate provisions for the education of our children. We require our foster parents to send our children to a most appropriate and least restrictive educational settings such as the nearest public school for their education. We expect them to attend regular classes whenever possible in an accredited elementary, middle, or secondary school within the community. However, Children requiring individual instruction will attend special education classes.

We encourage our children to build a positive relationship with their educators. They need to view the school as an arena to learn the skills necessary to survive in our culture. The school is also a system that has goals, limits, achievements and frustrations. We place the responsibility for school situations where it belongs. We allow teachers to deal with problems as they see fit and do not stir up any commotion if the child is sent home for behavior problems. We send the child to his room not as a punishment but to calm down. We maintain good relationships with schoolteachers. We acknowledge the objective role of the teachers and the subjective feelings of the children when they get into trouble with the school authorities.

Our foster parents and caregivers are required to attend and participate in school staffing, conferences, and education planning meetings (IEPs), make reasonable efforts for the child to participate in extracurricular activities. For children receiving treatment services the Agency will designate the Agency case manager as a liaison between the agency and the child's school. The case manager attends IEP and ARD meetings along with the foster parents.

Foster parents consistently teach the children to keep track of homework assignments, plan their extracurricular activities, prepare for tests and finish reports on time. The foster parents are required to review report cards and other information received from teachers or school authorities with the child and provide necessary information to agency staff, counsel and assist the child regarding adequate classroom performance, Permit, encourage, and make reasonable efforts to involve the child in extracurricular activities to the extent of the child's interests and abilities and in accordance with the child's service plan provide a quiet, well-lighted space for the child to study and allow regular times for homework and study, know what emergency behavior interventions are permitted and being used with the child, request ARD, IEP, and ITP meetings if concerned with the child's educational program or if the child does not appear to be making progress.

Policy: Policy on Religious program

Agape Manor Home Child Placing Agency encourages and provides the children with the opportunity to participate in the religious activity of their choice. We do not impose any particular faith. We process the religious participation through the discussion of a forgiving and loving God in story fashion. Agape Manor Home uses religion as the symbolic expression of high moral ideals, and to establish moral values such as sharing, helping, nurturing, altruistic behavior, tolerance towards others, and a willingness to follow society's rules. Religious resources such as storybooks, cartoon videos, tapes and other educational materials (not of any particular religion or faith) are used at Agape Manor home Child Placing Agency

Spiritual work can be enhanced by prayer, spiritual direction, and conversation with peers, writing down thoughts etc. We teach children that cooperation among them is essential for survival.

Agape Manor Home encourages spiritual discussions in the evenings after dinner. Our foster parents will make arrangements for interested children to attend church services of their choice on Sundays. However, the children are not mandated to attend church services or participate in any religious activity with their caregivers.

Agape Manor Home – Child Placing Agency

Policy: Policy on reporting to parents/ managing conservators

Agape Manor Home Child Placing Agency shall provide reports and notifications to child's parents or managing conservator as required by the DFPS minimum standards, DFPS contract requirements and the YFT standards. Parent's / managing conservators shall

- Receive progress reports for children placed through our Agency on a monthly basis
- Receive reports such as psychological evaluations, physical, dental, vision exam reports, TB test reports, therapy notes, school report cards, weekly reports and incident reports etc. as they are obtained or on a quarterly basis.
- Receive the initial service plans and service plan reviews for the child within ten (10) days of its formulation.
- Be notified of the Service plan reviews 14 days before the review.
- Discharge summary within 30 days of the discharge of a child.

Agape Manor Home will report all serious incidents and occurrences to parents / managing Conservator as required by the DFPS Minimum Standards and as out lined in Agency policy on '**policy reporting of serious incidents and occurrences'.**

Agape Manor Home – Child Placing Agency

SERVICE/TREATMENT PLAN REVIEW

POLICY:

It shall be the policy of Agape Manor Homes CPA to have a written policy for reviewing plans of service appropriate to the needs of the children served. Further, all children will have treatment plan that address their current needs and the plans for meeting those needs. Treatment plans will be reviewed periodically, as required by standards, and out of the routine, when indicated by circumstances.

POLICY:

It shall be the policy of Agape Manor Homes CPA to have a written policy for reviewing plans of service appropriate to the needs of the children served. Further, all children will have treatment plan that address their current needs and the plans for meeting those needs. Treatment plans will be reviewed periodically, as required by standards, and out of the routine, when indicated by circumstances.

PROCEDURE:

1. The child's foster parents and the managing conservator shall be notified by the Agape Manor Home Child-Placing Staff of a service plan review two weeks in advance. Documentation of the notice will be included in the child's record.
2. Agape Manor Homes CPA shall make diligent efforts to involve the following persons in the service/treatment plan review:
    - The child
    - The child's managing conservator
    - Agape Manor Homes Child-Placing staff
    - Foster parents
    - Other therapeutic providers for the child
3. Participation in the service/treatment plan review shall be documented in the child's service record.

4. Each youth shall have a service/treatment plan review as required by standards.

Type of Service	Review and Updates
Child care services	At least every six months from the date of the child last service plan
Treatment Services for emotional disorders, pervasive developmental disorders	At least 3 months from the date of the child last service plan.
Treatment services for mental retardation	At least every six months from the date of the child last service plan

5. A copy of the plan will be provided to the parent/managing conservator.
6. The Service Plan Review shall include:
   - An evaluation of progress towards meeting identified needs
   - Any new needs identified since the plan was developed or last reviewed and strategies to meet these needs, including instructions to foster parents or staff responsible for the child's care
   - Any changes to the expected outcomes of placement, the permanency plan, and the estimated length of time in care
   - Document and evaluate possible effectiveness and side effects of medications and psychotropic medications prescribed for the child
   - Document any achieved or changed goals
   - Reasons for continued placement, if the review shows no progress towards meeting the identified needs of the child
   - Update estimated length-of-stay and discharge plans
   - Individual behavior intervention case evaluations
   - Documentation of visitation and contacts between the child and family
   - Documentation of participating person's and date the plan was reviewed
   - Documentation of person's notified of service plan meeting
   - Determine for children receiving treatment services for emotional disturbances or pervasive developmental disorders whether to:
     1) Continue the placement
     2) Continue the placement as child care services
     3) Transfer the child to a less restive setting
     4) Refer the child to an inpatient hospital
7. The service plan will be reviewed whenever the child's placement changes because of the child needs.

Agape Manor Home – Child Placing Agency

Policy: Behavior Intervention Policies
Managing aggressive and violent behavior is an essential skill needed for all care givers providing childcare services. Agape Manor Home CPA has developed a safe, non-harmful behavior intervention system to aid our foster parents and staff in the management of disruptive, violent, and assaultive behavior. Behavior intervention plan and procedures emphasize the care, welfare, safety, and security of our children and staff.

The behavior intervention policies and procedures at Agape Manor Home CPA are consistent with Sections **749.2001 to 749.2383** of the DFPS Minimum Standards.

Following intervention, techniques are permitted at Agape Manor Home CPA in the management of disruptive and violent behaviors**.** A personal copy of the behavior interventions allowed in the facility will be provided to the child and his parent/ managing conservator before the admission of the child.

Intervention techniques:

Levels

1. **Warning system:** It is a structured way of managing behavior in which the child is aware of the consequences of his behavior. A warning consists of a verbal re-direction and a loss of the corresponding points during that day based on the home's behavior modification point system. If the child continues to misbehave, he will be sent to time out.
2. **Time out**: Time out is the actual removal of the child to a designated area at the home. The purpose of time out is to stop the escalation of inappropriate behavior. In time out, the child must sit quiet in order to regain his control. The duration of such time out will not exceed 15 minutes. Any violation of the time out or continued misbehavior may result in room time out. A child cannot be locked in their room as their bedroom door cannot have locks on them.
3. **Room time out:** is the removal of the child to his room for a longer calming down time. Room time out will not be longer than 30 minutes.
4. **Activity time out**: It is the removal of the child from the activity he/she is engaged in. This is to stop the child from the disruptive behavior and allows slower entrance back in to the activity.
5. **Behavioral contract**: It involves establishing behavioral expectations (rules of conduct) and contingencies e.g., Rewards and consequences. It is a promise by the child to behave appropriately and to accept a specific consequence if the promise is broken. The child is reinforced for positive behavior and consequences for negative behavior. Behavior contract must specify desired behaviors that can be monitored.
6. **Emergency Behavior Interventions**

Types of Emergency Behavior Interventions allowed by the Agency

Following forms of emergency behavior interventions are permitted by Agape Manor Home CPA

1. **Personal restraints**
2. **Short personal restraints**
3. **Emergency medication**.

Use of all kinds of **Chemical restraints, Mechanical restraint and seclusion** are **prohibited** at Agape Manor Home CPA.

At Agape Manor Home CPA, any form of restraint is used only in Emergency situations. An emergency situation is a situation that requires the immediate use of restraint or to administer emergency medication to prevent the child from **(a)** imminent probable death or substantial body harm because the child is threatening or attempting to commit suicide or serious bodily harm **(b)** to prevent physical harm to others because of threats, attempts, or other acts of child overtly or continually makes or commits and preventive, de-escalate or verbal techniques proven ineffective in diffusing the potential for injury.

Pre-Admission Procedures:

1. Prior to or at admission child will be explained, based on his level of functioning and comprehension, the Agency's policies and practices on the use of restraints. This explanation includes;
    a. the staff who can use restraints,
    b. the actions attempted to diffuse the situation and avoid the use of restraint
    c. the kinds of situations in which restraints may be used
    d. the types of restraints permitted at the homes,
    e. when the restraint will be ceased,
    f. the actions the child must exhibit to be released from the restraint
    g. how a child can report an inappropriate restraint?
2. Child will also be notified of their right to voluntarily provide comments on any restraints including;
    a. the incident that lead to the restraint
    b. The manner in which the staff intervened, in which they are subject or to which they are a witness.
    c. The process for submitting such comments will be explained to the child in an easily understandable manner and will be made easily accessible to the children.
    d. The explanation given to the child and the child's response will be documented the in the child's case record.
3. On admission the child's input is obtained on preferred de-escalation techniques by the case manager during pre-placement/ admission interview and this information will be updated at each Service plan.

4. All foster parents and staff at Agape Manor Home will be qualified and trained in behavior intervention. Only care givers qualified in Emergency behavior intervention will attempt any form of restraint.
5. The foster parents will attempt and prove less restrictive/intrusive interventions are ineffective and use de-escalating measures and techniques (e.g. verbal warning, quite time, time out etc.) before the emergency use of restraint.
6. The person qualified in behavior intervention will make the determination that the situation is an emergency situation before the use of any restraint and the basis of this decision will be documented.
7. Agape Manor Home prohibits discharge/retaliation of any child and/or resident for filing a complaint or someone on behalf of the client /resident about misuse of behavior interventions.

Personal Restraint

Policy

At Agape Manor Home, child-placing agency personal restraints are used only in emergency situations or to administer intra-muscular medication or other medical treatments prescribed by a physician. Less restrictive and intrusive behavior interventions will be attempted as preventive measures and de-escalating interventions to avoid the need for the use of personal restraints. In situations where a child is significantly damaging property, but is not posing a risk of harm to himself or others, a short personal restraint may be used. A child attempting to run away may be considered an emergency situation if the child is developmentally under six years of age, is suicidal, is near a high traffic area or adverse weather pose a clear safety risk to the child. The child will be released from this restraint as soon as the damaging behavior has been de-escalated.

Prohibited personal restraint techniques

Following personal restraint techniques are prohibited at Agape Manor Home child-placing agency

1. Restraints that impair the child's breathing by putting pressure on the child's torso, including restraints that obstruct the child's lungs from expanding such as leaning a child forward during a seated restraint;
2. Restraints that obstruct the child's airway, including procedures that place anything in, on, or over the child's mouth, nose, or neck;
3. Restraints that obstruct a caregiver's ability to view the child's face;
4. Restraints that interfere with the child's ability to communicate or vocalize distress; or
5. Restraints that twist or place the child's limb(s) behind the child's back.

Prone and supine restraints are also prohibited as a short personal restraint.

Prone and supine restraints are also prohibited as a personal restraint except:

1. As a transitional hold that lasts no longer than one minute;
2. As a last resort when other less restrictive interventions have proven to be ineffective; and

3. When an observer meeting the following qualifications ensures the child's breathing is not impaired:
    a) Trained to identify risks associated with positional, compression, or restraint asphyxia; and
    b) Trained to identify risks associated with prone and supine holds.

Restraint techniques allowed by the Agency

Agape Manor Home has accepted most Emergency Behavior Intervention Training program designed to manage an emergency situation in a child care setting including SAMA, CPI, PAPH, Handle with Care. The accepted restraint techniques include, but not limited to, bear hug containment, bear hug neutralization, elbow to hip containment, two-person containment, follow to ground containment, escort, choke release, hair pull neutralization, knuckle release, bite neutralization etc.

Following **short personal restraints** that may be used at Agape Manor Home child-placing agency are **not** subject to the requirements of the personal restraint discussed in this section.

a) Short personal restraints that last no longer than one minute.
b) A short personal restraint used to intervene in a situation of imminent significant risk when a child's behavior is being restrained because of an external hazard and foster parents must protect the child, particularly a young child, from immediate danger. The restraint will end immediately after the danger is averted.

Any serious incident of an injury resulting from a short personal restraint will be reported to the Licensing department; the report will include documentation of the restraint and the precipitating circumstances and specific behaviors, which led to the restraint.

Procedures:

1. At Agape Manor Home child-placing agency, order for the use of personal restraint for a specific child is written by a licensed psychiatrist or a licensed psychologist (preferably the child's psychiatrist or psychologist from the treatment team).
2. The child's treatment team may make recommendations for the use of personal restraint for a specific child.
3. All orders and treatment team recommendations must state that personal restraint may only be used in emergency situations.
4. The psychiatrist or psychologist ordering personal restraint and the treatment team recommending personal restraint will take into consideration any potential medical (including psychiatric) contraindications, including a child's history of physical or sexual abuse.
5. This consideration will be documented in the child's records.
6. The orders and treatment team recommendations for personal restraint will designate the specific procedure authorized, including any specific measures for ensuring the child's health, safety, and well-being, and the protected, private nature of the setting.
7. The psychiatrist or psychologist ordering personal restraint can use PRN orders. PRN orders for personal restraint will be reviewed by the psychiatrist at least every 30 days.

8. This review will be documented in the child's record.
9. Orders and treatment team recommendations will include the circumstances under which the intervention may be used, instructions for observation of the child while in restraint, behaviors that indicate child is ready to be released from restraint, the number of times the child may be restrained in a seven-day period, and the amount of time the child may be restrained regardless of behaviors exhibited.
10. When a child has more than three personal restraints within a seven-day period, a Triggered review will be conducted unless the child already had written orders from the psychiatrist, the psychologist, or the treatment team recommendations for frequent restraints prior to the restraints.
11. This includes a review of the records of the personal restraints, an examination of alternatives for managing the child's behavior, and the establishment of a plan for reducing the need for personal restrain.
12. This triggered review will be conducted by the person responsible for the child's treatment plan as soon as possible and no later than 30 days after the fourth personal restraint. The review also will include consideration of potential medical (including psychiatric) contraindications, including a child's history of physical or sexual abuse and will be documented. This review will meet the requirements of a treatment plan review.
13. All such reviews will be documented in the child's record.
14. If there are more than three such reviews within a 90-day period, the child will be examined by a licensed psychiatrist, a licensed psychologist, a licensed clinical social worker or a licensed professional counselor.
15. The professional conducting the examination must make treatment plan or plan of service recommendations regarding the use of personal restraint.

Implementation of personal restraint

1. At Agape Manor Home child-placing agency only a care giver qualified in behavior intervention can apply personal restraint.
2. Personal restraint will be initiated in a way that minimizes the risk of physical discomfort, harm, or pain to the child.
3. Only the minimal amount of reasonable and necessary physical force may be used to implement personal restraint.
4. During any personal restraint another child care staff qualified in Behavior intervention will monitor the child's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being. Appropriate action includes responding when a child indicates he cannot breathe.
5. A personal restraint will be discontinued as soon as the child's behavior no longer constitutes an emergency. For children and adolescents ages 9 to 17 years, maximum time in personal restraint will not exceed one-hour. For children under age nine years, a personal restraint will not exceed 30 minutes.
6. The foster parents will take into consideration the characteristics of the immediate physical environment and the permitted forms of personal restraint and act to protect the child's safety during the implementation of the personal restraint. Foster parents

will make every effort to act to protect the child's privacy, including shielding the child from onlookers. Foster parents also have to make every effort to act to protect the child's personal dignity and wellbeing, including ensuring that the child's body is appropriately covered.

7. As soon as possible after personal restraint is started, the foster parent will explain to the child in restraint the behaviors the child must exhibit to be released from the restraint or have the restraint reduced, and permit the child to make suggestions about what actions the foster parent can take to help the child de-escalate.
8. If the child does not appear to understand what action he must take to be released from the restraint, the foster parent will attempt to re-explain it every 15 minutes until understanding is reached or the child is released from restraint.
9. If an injury or an emergency situation warrants medical treatment occurs during a personal restraint, the child will be released immediately and treatment obtained.
10. Personal restraint may be simultaneously implemented in combination with emergency medication only with written orders. These orders must include clinical justification for the combination. The physician ordering the emergency medication must provide the clinical justification for the combination of emergency medication and personal restraint.
11. When a child is released from personal restraint, the foster parents will take appropriate actions to help the child return to normal activities. The actions will include:
    a) Providing the child with an appropriate transition and offering the child an opportunity to return to regular activities;
    b) Observing the child for at least 15 minutes; an
    c) Providing the child with an opportunity to discuss the situation
    d) The situation that led to the need for personal restraint and the foster parent's reaction to that situation privately as soon as possible and no later than 48 hours after the release from restraint. The goal of the discussion is to allow the child to discuss his behavior and the precipitating circumstances that constituted the emergency situation; the strategies attempted before the use of the restraint and the child's reaction to those strategies; and the restraint itself and the child's reaction to the restraint.
12. Foster parents involved in the personal restraint will make every attempt to debrief concerning the incident.

Reporting and documentation of Personal Restraints

The use of personal restraint will be documented as soon as possible and no later than 24 hours after the initiation of the restraint. Documentation will include:

1. The child's name;
2. A description and assessment of the precipitating circumstances and the specific behaviors which constituted the emergency situation, and if applicable, the specific behaviors which continued to constitute an emergency situation;
3. The use of alternative strategies attempted before the use of personal restraint and the child's reaction to those strategies;

4. The time the restraint began;
5. The name of the foster parent(s) participating in the restraint;
6. The specific restraint techniques used;
7. The de-escalating strategies employed during the restraint;
8. The total length of time the child was restrained;
9. All attempts to explain to the child what behaviors were necessary for release from the restraint;
10. Any injury the child sustained as a result of the incident or the use of restraint, and the care or treatment provided;
11. The actions the foster parent(s) took to facilitate the child's return to normal activities following release from restraint; and
12. The child's reaction to the opportunity offered to discuss the situation, the date and time the discussion was offered, the date and time the discussion took place (if applicable), and the actual discussion itself, (if applicable).

A copy of this report will be sent to Agape Manor Home case manager within 48 hours of the incident.

Emergency Medication as a restraint

Policies:
Emergency medication as a restraint is permitted only in emergency situations and only when ordered by the child's psychiatrist or a licensed physician. Use of Chemical restraints such as Pepper sprays, tear gas, drops, ointments etc. as restraints are **prohibited** in Agape Manor Home child-placing agency foster homes.

Procedures:
1. All orders for emergency medication by the licensed physician will include information on administering the medication and a complete description of the behaviors (e.g. hitting, biting, kicking) and circumstances under which medication may be administered to restrain the child. The physician will take into consideration any potential medical contraindications, including psychiatric contraindications such as sexual abuse, and behavioral contraindications such as substance abuse. The physician ordering emergency medication may use PRN orders as long as all the above information is included in the order. The physician will review all PRN orders for emergency medication every 30 days.
2. At Agape Manor Home child-placing agency only a foster parent qualified in Emergency behavior intervention can administer emergency medication and only after conducting an assessment of the precipitating behaviors and circumstances and determining that an emergency situation exists.
3. Foster parents administering emergency medication will be trained in medication administration. Emergency medication may be simultaneously implemented in combination with personal restraint only when the orders specifically allows the use of combination and include a clinical justification for the combination.

4. **Use of Mechanical restraints and seclusion individually or in combination with other restraints are prohibited at Agape Manor Home child-placing agency.**
5. The child will be given an opportunity to discuss the situation, which led to the need for emergency medication and the foster parent's reaction to that situation privately as soon as possible and no later than 48 hours after the cessation of the emergency medication. The goal of the discussion is to allow the child to discuss his behavior and the precipitating circumstances that constituted the emergency situation; the strategies attempted before the use of the restraint and the child's reaction to those strategies; and the restraint itself and the child's reaction to the restraint. Foster parents involved in the emergency medication will make every attempt to debrief concerning the incident.
6. If a child has been restrained with emergency medication more than twice within a 30-day period, the physician, along with the treatment team and the child's psychiatrist, will review the child's placement, treatment plan, and the orders for emergency medication within 30 calendar days of the third emergency medication. This review includes an examination of alternatives for managing the child's behavior and the establishment of a plan for reducing the need for emergency medication.
7. This review will be documented in the child's record.

Reporting and Documentation

1. All use of emergency medication will be documented in the child's record as soon as possible and no later than 24 hours after the initiation of the restraint.
2. Documentation will include:
    a. Child's name
    b. Description and assessment of the precipitating circumstances and the specific behaviors which constituted the emergency situation
    c. The use of alternative strategies attempted before the use of emergency medication and the child's reaction to those strategies
    d. The time the emergency medication was administered
    e. The name of the foster parent who participated in the intervention that led to the need for emergency medication and the name of the foster parent who administered the emergency medication
    f. The specific medication used
    g. Any injury the child sustained as a result of the incident or any adverse effects caused by the use of medication
    h. The actions the foster parents took to facilitate the child's return to normal activities following the end of the emergency medication and
    i. The child's reaction to the opportunity offered to discuss the situation, the date and time the discussion was offered, the date and time the discussion took place, and the actual discussion itself.
3. If the child's behavior level escalates into total loss of control after attempting the aforementioned interventions, the foster parent will activate the emergency help from the local police department by dialing 911.

4. Any such incident will be documented in the child's case record and reported to the Agape Manor Home case manager as soon as possible or no later than 24 hours.

Behavior Intervention Training

Policy:
The objective of Behavior intervention training at Agape Manor Home child-placing agency is to provide knowledge and skill to our foster parents to maintain the best possible care and welfare as well as safety and security for all involved even during the most violent moments. The training gives the foster parents the confidence to handle any violent episode with minimal anxiety and maximum security.

Qualifications
At Agape Manor Home child-placing agency, only foster parents qualified in behavior intervention are permitted to use any form of behavior intervention techniques. To become eligible, a foster parent must complete at least six (8) clock hours of direct delivery training specific to Emergency behavior intervention. The training will be competency-based and the foster parent is required to pass a competency test and demonstrate skill and at the end of the training. Training will be provided by a qualified instructor who is an instructor certified in a recognized method of therapeutic behavior intervention. All foster parents will receive same amount and type of training and assume equal responsibility in the implementation of behavior intervention procedures including personal restraints and emergency medication.

Foster parents that have been previously employed in residential child care setting must have received training in Emergency behavior interventions within the previous year and must demonstrate knowledge and understanding of the training prior to assuming child care responsibility.

All foster parents must complete at least Eight (8) clock hours annually of Emergency behavior intervention training specific to the behavior intervention techniques used at Agape Manor Home child-placing agency. Annual training will reinforce basic principles covered in the initial training and developing and refining foster parents' skills. The annual training is considered part of the agency in-service program. The annual training is provided directly to the foster parents by a qualified trainer. A training log for each foster parent will be maintained with topics, hours of training and the name of the instructor.

Pre-service training:
All new foster parents and care caregivers at Agape Manor Home child-placing agency will complete the pre-service training in behavior intervention before being responsible for the care of children. All new care givers caring for children receiving only child care services and all Agency staff will receive a minimum of 8 hours of training in Emergency behavior intervention and those caring for children receiving Treatment services a minimum of 16 hours of training in Emergency behavior intervention. A qualified instructor provides the training directly to the

foster parents either on site or by outside agencies. The participants must pass the skill competency test at the end of the training. **Contents** of the training program include **(a)** understanding and identification of potential problem behaviors **(b)** training in behavior intervention strategies and techniques. The components are:

a) Understanding behavior disorders associated with potential aggressive and violent behaviors e.g. conduct disorder, oppositional defiant disorder, substance abuse, autism etc.
b) Understanding anger- origin of anger and aggression- the emotional brain, vulnerable personalities- borderline, abusive, depressed, suicidal etc.- anger management skills
c) Developing and maintaining an environment supporting positive constructive behaviors
d) Causes of potentially harmful behaviors in children.
e) Early signs of behaviors that may become dangerous to self or others;
f) Strategies and techniques the child can use to avoid harmful behaviors;
g) Teaching children to use the strategies and techniques to avoid harmful behavior and supporting the children's efforts;
h) De-escalation procedures/Less restrictive strategies caregivers can use to intervene in potentially harmful behaviors such as oppositional children
i) Strategies for re-integration of children into the milieu after restraint
j) Non-violent crisis intervention:
k) Aggressive Behavior-Forms of aggressive behaviors- verbal and physical crisis development – levels of crisis development, anxiety level- defensive level, acting out and tension reduction.
l) Non-verbal communication- Personal space, supportive stance, Kinesis
m) Personal safety techniques
n) Para verbal communication
o) Physical Management of Aggressive Behavior (PMAB)-Methods and techniques personnel restraints
p) Emergency medication

Team intervention- roles and responsibilities of staff

Program for Behavior Intervention Evaluation

In order to ensure the behavior interventions methods used at Agape Manor Home child-placing agency are effective and are consistent with the standards, the agency has developed following evaluation system. The Agency will conduct annual evaluations in the areas given under.

1. **Individual Case evaluation**
   The treatment team at Agape Manor Home child-placing agency will evaluate the use and effectiveness of behavior intervention techniques as part of each child's treatment plan review. The evaluation will focus on (1) the frequency, patterns, and effectiveness of specific behavior interventions; (2) strategies to reduce the need for behavior interventions overall; and (3) specific strategies to reduce the need for use of personal restraints and emergency medication. The team will review each incident that necessitated the use of restraints, the strategies, or techniques used to de-escalate the

situation and ensure that the use of restraints was consistent with facility's behavior intervention policy. The evaluation will also discuss the cases of frequent restraints, an examination of alternatives for managing the child's behavior, establishment of a plan for reducing the need for restraints and a review of child's placement itself. The evaluation is documented in the child's treatment plan review.

2. **Evaluation of agency behavior intervention policy and procedures**
   Agape Manor Home child-placing agency has developed a program for overall evaluation of the Agency behavior intervention policies and procedures. Agency treatment team reviews the policies and procedures annually and recommend governing body to make appropriate changes in its behavioral intervention policies. The objectives of the evaluation are:
   a) Development and maintenance of an environment or milieu that supports positive and constructive behaviors on the part of children
   b) Safe, appropriate, and effective use of personal restraints and emergency medications
   c) Elimination or reduction of physical injuries and any other negative impact of necessary restraints or seclusions on the child's behaviors or emotional development.

Agape Manor Home child-placing agency will notify the Licensing department of any changes made to the existing policy

See attached Behavior intervention evaluation form

3. **Evaluation of behavior intervention training program.**
   The Treatment Team at Agape Manor Home child-placing agency will review and evaluate its behavior intervention training policy and training curriculum annually to ensure the program imparts adequate training to foster parents in the implementation of behavior intervention techniques. Foster parents will be evaluated for their knowledge, skill, and competency on an ongoing basis.

The results of all evaluations will be made available to the Texas Department of Protective and Regulatory Services.

The agency will report the total number emergency behavior interventions by the type of interventions quarterly to the DFPS licensing department. Agency will maintain such data for five years.

Agape Manor Home – Child Placing Agency

POLICY: Policy on weapons, firearms and dangerous objects

At Agape Manor Home Child Placing Agency, weapons, firearms, explosive materials, and projectiles (such as darts or arrows), are permitted in verified homes with following restrictions.

1. All weapons, Firearms, explosive materials, and projectiles in the home must be disclosed to the Agency. Foster parents must notify the Agency if there is a change in the type of or an addition to weapons, firearms, explosive materials, or projectiles.
2. All firearms and ammunitions must be obtained lawfully and must be kept double locked (such as Trigger lock for guns) at all times. All weapons and firearms must be locked in a storage unit and all ammunition must be stored in a separate locked storage unit. This could be in the same location such as a Gun Cabinet.
3. Children may not be transported in a vehicle where there is a firearm present unless it was issued to the foster parent as part of their employment as a law enforcement official.
4. Children are not allowed to receive or possess toys that explode or shoot.
5. Weapons and dangerous objects must be kept out of reach of children such as foster parent bed room. Children are not allowed to play or handle weapons or firearms. The age, history, emotional maturity, and background of the children in the home must be considered to determine whether the objects are stored adequately. No child shall use a weapon, firearm, explosive material, projectile, or toy that explodes or shoots, unless the child is directly supervised by a qualified adult.
6. A caregiver must store all dangerous tools and equipment, such as hatches, saws and axes so they are inaccessible to child.
7. (a)A caregiver shall not transport a child in a vehicle where a handgun is present, unless the handgun has been issued to the caregiver as part of that person's employment as a law enforcement official.

   (b) A caregiver may transport a child in a vehicle where firearms (not handguns), other weapons, explosive materials, or projectiles are present if:

(1) The child is only receiving child-care services;

(2) All firearms are not loaded; and

(3) The firearms, other weapons, explosive materials, or projectiles are inaccessible to the child.

Agape Manor Home – Child Placing Agency

Policy: Policy on Runaways and AWOL

The children are always under the supervision of Foster Parents who are aware of their responsibility of sustained care for the children. We allow our children to be independent to give them the feeling of normalcy. They are consistently instructed about our expectations regarding their responsibilities while enjoying their freedom and independence.

Any absence without permission will initiate diligent search inside and outside the home the search may include,

- Looking for the child at the places where the child likely to go. (Play grounds, neighboring streets, allies etc.)
- Enquiring to family and friends that the child normally contacts.

If children 12 years or under are missing, the foster parents/caregivers must notify the Law enforcement immediately upon determining the child is not in the premises and still missing. The Agency will also notify the Licensing by calling the DFPS hotline and the Child's managing conservator within 2 hours of notifying law enforcement. The foster parents must attempt to contact the Agency staff immediately who in turn will notify Licensing division and the Managing conservator. If the foster parents were unable to get in touch with the Agency staff within the time period, the foster parents must report to licensing by calling the hotline number and to the Child's DFPS worker.

If children 13 and above are missing the foster parents must notify the law enforcement as soon as possible or no later than 24 hrs. The Agency will also notify Licensing by calling the DFPS hotline and the Child's managing conservator within 24 hours from when the child's absence is discovered and the child is still missing. Foster parents must attempt to contact the Agency staff as soon as possible who in turn will notify Licensing division and the Managing conservator. If the foster parents were unable to get in touch with the Agency staff within the time period, the foster parents must report to licensing by calling the hotline number and to the Child's DFPS worker.

All incidents of absence without permission will be documented in the child's case record.

Agape Manor Home – Child Placing Agency

Policy: Program Expectations-House rules, Trips, Trust walk,

Resident Hand book

All new children coming to our homes are provided with a Resident hand book which explains the general program expectations and guidelines that apply to the children in our program. Agape Manor Home Child Placing Agency is committed to our children a trusting, loving, stable and successful life and we expect our children to take responsibility for their behavior, guide their life with good spirit and be positive partners of the world. The resident hand book is designed to help a new child that comes into our homes to know the house rules, daily schedule, dress code, chores, personal hygiene, School, visits, phone calls earning trust walks and allowances, discipline and behavior intervention policy, the emergency procedures, children's rights in foster care etc.

House rules

Agape Manor Home requires all agency homes develop house rules that are specific to the home based on the number, age group, type of care, behavior, abuse-neglect history etc of children in the home. However, Agape Manor Home requires that the house rules for all Agency homes comply with the Agency and DFPS guidelines and without violating the children's rights in foster care. The house rules must be in written format and must be approved by the Child Placing Management staff. These rules must be available for verification during the Agency Monitoring visits.

Trust walks/ Visits

Trust walks are earned and are based on trust developed between the child and the Foster parent. Agape Manor Home uses the behavior modification point system as a tool to grant any trust walks. Foster parent must obtain approval before allowing any trust walks/ visits for children in a Foster Home. Foster parents must initiate the process by completing the trust walk authorization form with their rationale for allowing trust walks and are forwarded to the

Agency case Manager. The agency case manager will review the request, if in agreement will grant approval and will be documented in the child's case record. The Agency case manager will obtain CPS case worker approval as needed.

Trips away from Home

All trips of children in placement away from home are required to be discussed with Agency case Manager/ child placing staff and approved. If foster parents or caregivers are taking, the children must be always under their supervision and must maintain the supervision ratio at all time. They must ensure that the children have adequate sleeping arrangement if such trips require overnight stay. The Agency will seek permission from DFPS Caseworker for any out of home trips that lasts 72 hours or more. A court order is required for taking foster children out of state or out of country trip. Agape Manor Home will work with the CPS case worker to obtain the court order.

Agape Manor Home – Child Placing Agency

Grievance Policy and Appeal process
For Foster Parents

POLICY

It shall be the policy of Agape Manor Home CPA that those client complaints that cannot be readily and informally resolved shall follow a formal process of inquiry and resolution. All Clients who enter in to a relationship with the Agency have the right to due process concerning grievances. All service recipients shall be notified of this right, face to face upon entering service; they shall also be provided with a full copy of the Client Rights in the Foster Parent Handbook. Documentation of the receipt of the Handbook shall be signed by the client and shall become part of the foster home record.

If a client has a grievance about the agency, the procedure for resolving that grievance shall involve a written appeal process.

THE APPEAL PROCESS

- The client, his/her attorney, designated representative, a representative of state governmental rights protection or advocacy agency, or other person(s) specifically aggrieved may make a grievance.
- Filing a grievance will not result in disciplinary action, reprisal, loss of privileges, or loss of services to the individual filing the grievance (heretofore called the "grievant").
- The agency employee, receiving the grievance shall immediately refer the grievant to the Foster Home Specialist to share written complaints and grievances.
- The Foster Home Specialist is responsible for submitting all grievance information to the Regional Administrator / Program Director for investigation within 5 days of the complaint.
- The Foster Home Specialist will advise the grievant of Agape Manor Home's formal grievance procedure as outlined below:
- The Foster Home Specialist shall document the grievance in writing using Agape Manor Homes Client Complaint Form and attempt to resolve the issue to the client's/guardian's satisfaction in a timely manner.
- Full documentation of this shall appear in the Foster home record.
- Documentation of all grievances will be added to the home record and submitted to the client and/or legally responsible party.

PROCEDURE

1. During initial orientation for prospective foster families, Agape Manor Home CPA shall ensure that clients (defined as foster parents who enter into a relationship with the agency) have access to information by face to face contact and by written documentation through the Foster Parent Handbook in order to make necessary and informed decisions before a relationship is established with the agency.
2. Agape Manor Home CPA shall inform clients of DFPS minimum standards, compliance status reports, and that the agency's policies are available for review upon request prior to the establishment of a formal relationship.
3. Agape Manor Home CPA shall review during the initial orientation for foster families the agency appeal process and provide to all prospective foster families the written appeal process for agency clients in regard to all actions and decisions taken by the agency affecting those clients.
4. Agape Manor Home CPA shall inform clients of the right to appeal agency actions in face-to-face during the initial orientation for prospective foster families, and also in writing in the Foster Parent Handbook.
5. Agape Manor Home CPA shall review during the initial orientation for foster families the agency appeal process and provide to all prospective foster families the written procedures for making a complaint to the Department of Family and Protective Services.

INFORMAL GRIEVANCE REVIEW

1. To request an informal grievance, review the client or provider need to ask the Foster Home Specialist or his or her case manager.
2. Within one week of request for an informal grievance review, the client/ foster family will be contacted to schedule a meeting at an agreed-upon time involving the worker, the supervisor, client, or provider. Focus will be on defining the problem, identifying the desired outcome, and establishing a plan for resolution. Every effort will be made to resolve the grievance through this informal discussion.
3. If the matter cannot be resolved, the client or foster family shall be informed within five working days in writing of the decision by the Foster home specialist/ case manager and of the steps necessary to initiate a formal grievance review.
4. In the Summary Report, all client/foster parents shall be given the address and telephone number for RCCL in the event that they want to make a formal grievance to DFPS.

FORMAL GRIEVANCE REVIEW

1. The client or the foster family must make the request for a formal grievance review, in writing. Such a request shall include a statement of the problem, the desired resolution and consent for the public release of information by the agency if the client publicly shares information about the case. The request shall be addressed to the Regional Administrator.

2. The Regional Administrator shall:
    - Obtain a summary of the issues raised through the informal grievance review and a copy of the client's written request for a formal grievance review.
    - Contact the client or provider to schedule an appointment for the grievance review with the client/provider, his or her representative, if any, and, if appropriate, the assigned service worker and supervisor(s).
    - Send to the client or provider written notice stating the date, time, and location of the review at least 10 working days prior to the scheduled review.
    - Reschedule the review at the earliest available time if requested by the client, the provider, or representative or if any of the necessary participants are unable to attend.

3. The Regional Administrator shall make a decision and notify the client/ Foster parent within 20 working days of the date of the initial complaint.

4. The Regional Administrator shall prepare and send the decision letter, a summary statement, and all documentation used in the grievance process, within 5 working days of the decision. This summary report will be mailed to the client and/or foster parents via US Mail.

5. In the Summary Report, all client/foster parents shall be given the address and telephone number for RCCL in the event that they want to make a formal grievance to DFPS.

CONDUCT OF FORMAL GRIEVANCE REVIEW

1. The formal grievance review must be requested in writing and held within 20 calendar days of receipt of the written request for review, unless the client or Foster parent requests a delay of the review.
2. The formal grievance review shall be held at the Agape Manor Home office during normal working hours.
3. The review shall be audio taped recorded and the audio tape recording shall be preserved until the grievance is resolved or for one year, whichever is longer.
4. The review will be conducted as informally as possible consistent with the need for orderly and complete presentation and resolution of the grievance.
5. The rules of evidence and civil procedure are not applicable to formal grievance reviews. However, in reviewing and resolving a grievance, the Regional Administrator shall consider only information that concerns the actual grievance.
6. The Regional Administrator shall make a final decision and notify the decision to the client within 20 working days of the date of the initial complaint.

APPEAL TO THE BOARD OF DIRECTORS

1. If the client/provider is dissatisfied with the Regional Administrator or designee's decision, the client/provider may request to appeal to the Board of Directors, to review the Regional Administrator or designee's decision.
2. A written request by the client/provider for review must be received by the board of directors within 30 calendar days of the client's/ provider's receipt of the Regional Administrator or designee's decision, and must contain a statement of the client's/provider's reasons for requesting further review of the decision.
3. The board of directors shall send a written acknowledgment to the client/provider that the request for review has been received. This will be done within 10 working days of the receipt of the request for review.
4. The president of the board of directors shall review the written decision of the Regional Administrator or designee. The Board of Directors may also review the tape recordings of the grievance reviews and may take such other action to investigate the matter, as the Board of Directors deems appropriate.
5. The president of the board of Directors shall reach a final decision and shall prepare a written Summary report of his/her decision within 30 working days of receipt of the findings and decision of the Regional Administrator or designee.
6. This summary report will be mailed to the client and/or foster parents via US Mail.
7. The client/foster parent is provided in writing a statement that this policy does not preclude the client/foster parent from pursuing other avenues of relief to address the complaint to include the Texas Department of Family Protective Services, Texas Human Rights Commission, the Department of Labor, the Department of Human Services' Licensing, the Department of Human Services' Child or the Federal Equal Employment Opportunity Commission or other appropriate local, state or federal regulatory entities.
8. In the Summary Report, all client/foster parents shall be given the address and telephone number for RCCL in the event that they want to make a formal grievance to DFPS.

Agape Manor Home – Child Placing Agency

Disaster and Emergency Response Policy & Procedure

POLICY STATEMENT

Agape Manor Home Child Placing Agency is committed to maintaining a vigilant state of disaster preparedness. For enlightened self-interest tells us that to be prepared is the greatest weapon against disaster. In recognition of the possibility of both small and large disasters, Agape Manor Home CPA devised the following plan to ensure that appropriate actions are taken in the event of a disaster. This plan provides staff, foster parents and clients with a set of disaster priorities, emergency procedure guidelines, list of personnel and emergency contacts.

Purpose: the purpose of a Disaster Policy and Procedure is to inform the agency's staff, foster families and the children, the steps that should be taken in the event of a disaster.
The Executive Director, Administrator and the Treatment director, or a highest ranking staff person on duty, shall be responsible for declaring a situation a disaster and enforce the evacuation policies and procedures. A disaster may be a **fire, tornado strike, hurricane, flood, gas leak, explosion, bomb threat, electrical power outage, heating failure,** , or any other situation that would warrant evacuation of the facility in order to protect the lives and safety of the agency's staff, foster parents and residents.

General Procedures:
In the event of an emergency, an agency staff or a Foster Parent shall contact the highest ranking officer to report an emergency. The Agency staff / Foster Parent shall call 9-1-1 to report the situation. All foster families shall be made aware of the contacts for agency personnel during an emergency situation. This will be done during initial home verification and through ongoing training thereafter.

In emergencies that require **mandatory or emergency evacuation** such as Hurricane**,** as determined by the highest ranking officer, all affected foster families shall be instructed to evacuate to a safe and appropriate location as directed by the local officials. A command center shall be established per the highest ranking officer of the Agency. This should be in a convenient location out of the line of danger. The highest ranking person at scene shall become the "Commander" in order to direct people to areas needing assistance.

Whenever possible, Alternate placement for clients affected shall be arranged. The highest ranking person at scene shall designate someone to coordinate a shelter for foster parents and clients. This will be arranged by contacting the American Red Cross or by contacting the local government emergency department. The highest ranking person on scene shall assign a second person to coordinate transportation. Once a shelter is arranged, the Commander shall designate a meeting spot for all foster families.

The Highest ranking person is responsible for contacting the DFPS with the updates of the situation, where children are being transported and their condition through the DFPS website or

calling the Hotline number. DFPS will be contacted and updated on the situation at least once per day unless otherwise instructed by DFPS until all children in care are accounted for or the emergency situation is over. Following Agency Personnel can be contacted on their cell number- Executive Director- **Sabu Joseph at 469-360-4666,** Agency Administrator- **Jacob Mathew at 469-360-9200.** In Houston Area**,** Regional Manager –**Abeson kureekottil** can be contacted at **281-701-8957 or Tangela Hall** at **318-349-3202.** They will be available at all times. The agency requires all foster families to provide an alternative phone number of an immediate relative in file upon verification for use in emergency situation.

Coordination of Emergency Services and supplies

Foster parents shall be responsible for taking client medications and client records to the meeting spot. Foster parents are also responsible for gathering all linens and supplies needed for resident care. If possible, attempts should be made to gather resident clothing also. Foster parents will be responsible for supervision and overall care for their children. Case Managers shall be responsible for tagging and ensuring that the client records that are transported. The case managers may also have to reassure and supervise family members /on-lookers that may arrive on the scene. Foster parents shall also communicate with the Agency personnel periodically to update the location and the condition of the children as soon as they reached an evacuation destination. The person in charge or designated person shall check with all foster families in order to ensure that they have been safely evacuated.

The person in charge of the operation shall assign appropriate person to arrange emergency services during the emergency situation. This person shall also evaluate the activities in order to ensure that each foster family has adequate **1. Food, 2. Staffing, 3. Shelter, 4. Transportation, 5. Medication, 6. Supplies, 7. Emergency equipment and 8. Emergency services 9. Medically necessary equipment and supplies, or access to these items for the child during an emergency.** Treatment director or a designated person shall record where each family has been evacuated to and record time, date and location of the shelter complete with contact information for the shelter and foster families.

Evacuation steps

The foster parent needs to escort children to designated meeting spot in your home or nearby tornado shelter if a tornado occurs. Everyone in the home must be accounted for. If needing to evacuate the home due to severe weather or flooding, be aware of any Flood watches and warnings in your area. Evacuate to safe location on higher ground. Do not try to walk or drive through flooded areas. Stay away from moving water and downed power lines. Throw away food that has come into contact with floodwaters.

In case of storm or Hurricane be prepared before it by anchoring outdoor objects that can blow away, Fill vehicles with gas se the gas stations lose power, consider buying a small generator to power electrically powered life-sustaining equipment, have a corded telephone available, learn how to open your electric garage door using the manual override, make sure you have an alternate heat source and fuel supply During a storm or hurricane , do not drive or go outside in high winds, void windows. And stay far away from downed power lines.

Remember to take following during any emergency evacuations

- Emergency contact information
- First aid kit
- Critical and rescue medications
- Cell phone
- Food, water, and diapers
- Battery-operated radio.
- Flash lights

Procedures for evacuating infants and children needing special assistance.
Foster parents must be prepared before a disaster strikes or an emergency situation arises and have specific procedures to ensure safe evacuation of children under 24 months, who have limited mobility or who otherwise may need assistance in an emergency, such as children who have mental, visual, or hearing impairment or a medical condition that requires assistance in their care

- Foster parents must ensure that all transporting equipment such as car seats, booster seats or mobility aids such as wheel chairs, walkers, crutches etc. are in working condition and accessible at all times.
- Must ensure they have adequate supply of formulas, diapers, special medications such as inhalers, epilepsy medications etc. and take it with them in case of an emergency evacuation.
- In any emergencies needing evacuation or relocation, ensure infants and children with limited mobility or other impairments are relocated first. Those children must be carried or escorted by foster parents or by an adult who is familiar with their condition.
- All children in care must be accounted for during and after evacuation.

Emergency Support services
Following the evacuation, the person in charge of the operation shall assign appropriate persons to arrange emergency services to include crisis counseling for the children in care during the disaster. Agency will utilize all crises counseling resources available in the area including agency therapists that are familiar with the children. The person in charge or the designated person shall keep an official roaster with the names of clients, foster families, staff and volunteers present at the time of disaster and during the evacuation. The person in charge or the designated person shall maintain contact information for the child's DFPS case worker and the Case worker supervisor. The Treatment Director or the designated person shall be responsible for the recording of all client information during the evacuation to include: name of the client and the next of kin responsible party; shelter transferred to and person accompanying client; medications, med sheet, needed services.

Once all families have been evacuated and all supplies gathered, agency staff and personnel shall visit with the families in an orderly fashion to assess post-disaster service needs and to maintaining the services as required by the child's service plan or by the court order. Agency staff shall work with shelter relief staff and social service agencies to meet the needs of clients and foster families to include emergency power, food, water, and transportation.

The Management Team shall work with the County officials in terms of planning for the return of foster families to their homes after the mandatory or emergency evacuation.

Client records

The Administrator or a designated person shall be responsible for the storage, protection and / recovery of all records such as Children's records- Placement information, medical authorizations, Medicaid cards, star health cards, and education portfolio- Foster home records, Employee records and all business records and receipts including electronic records in situations Agency office is affected. All efforts will be made to transfer such records to a safe and secure location that will ensure the confidentiality of the records.

All electronic records will have a backup and disaster recovery procedure in compliance with the 'DFPS Contractor Information Security Standards' The Agency Information technology policy and procedures ensures that **a**. all information backup facilities are tested periodically to ensure recoverability **b**. have an offsite storage facility that is geographically located away from the primary facility and **c**. Confidential DFPS material transmitted over an external network connection is protected adequately as required by the law.

Orientation and Training

Agape Manor Home shall train all staff, foster families and care givers this Disaster and Emergency response policy and procedures at the Agency pre-service training. The Emergency Evacuation Plan for each family shall also be reviewed at this time. Both the Agency Disaster policy and the individual family's Emergency Evacuation Plans shall be reviewed with the foster parents at least every two years after verification or whenever a change occurs. Agency will also provide a copy of this Agency disaster plan to the foster families initially and every time there is a change. Both the Agency Disaster plan and the individual family's Emergency Evacuation Plans shall be a permanent part of foster family record.

This Disaster Policy and Procedures shall be reviewed on a regular basis to maintain its current at all times. This will be reviewed at least every two years or when changes in administration, construction or emergency phone numbers occur.

Disclaimer: It is important to note that each situation is going to be different, and that a situation may not allow for the above procedures to be implemented in this specific order.
This plan shall be implemented in cooperation with the American Red Cross, City/County Emergency departments, and local Police and county Sheriff's Departments.

I have received a copy of Agape Manor Home Disaster and Emergency Policy and procedures.

_____ _____

Foster Parent signature Date

_____ _____

Foster Parent signature Date

_____ _____

Signature of the Agency staff reviewing information Date

Agape Manor Home – Child Placing Agency

POLICY on respite

Agape Manor Home recognizes the need for foster families to have regular breaks from providing care for children in foster care. This is in keeping with normative styles of life where parents and children are able to visit extended family, camp and other vacation style breaks not as a family unit. In keeping with this philosophy Agape Manor has developed a formal respite policy.

1. Agape Manor Home defines **respite care services** as planned alternative care for the purpose of providing relief to the child's primary caregiver(s) and the children themselves in a home or facility called as **respite Care provider**.

   Examples of situations for respite care include:
   - Caregivers assigned to family are unable to provide care;
   - Member of a foster family is suffering from a severe illness;
   - Child requires extraordinary care, and the foster parents need occasional relief;
   - Child needs continuous care during a period of crisis or recuperation, and the foster parents cannot stay with the child around the clock; and
   - Foster family is either in crisis or experiencing overwhelming stress that will lead to a crisis, and respite care will help to resolve the crisis or relieve the stress.

2. For purposes of this policy, respite care services are divided in to two categories

   a. **Day relief respite services**: care provided by a respite care provider during day time and expected to last no more than **12 hours**.
   b. **Overnight respite services**: are care provided by a respite care provider over the night up to a maximum of **14** days at one time.

3. It shall be the policy of Agape Manor Home CPA to require that a foster family prior to requesting or utilizing a respite care provider for respite-care services that the foster family first utilizes Agency certified respite caregivers or Baby sitters. **Agency Certified Respite Care Givers** are care givers (a Family member or non-family member) that completed all trainings and other requirements and are certified by agape to provide care for children in an agency verified home. **Agency certified baby sitters** are care givers (a family member, relative or a friend) who can care for children for short periods of time and with restrictions in an Agency verified home.

Eligible Respite Care Providers

a. Foster family homes or group-homes licensed or verified through Agape Manor Home;
b. Registered or licensed day-care facilities;
c. Licensed or verified residential facilities that offer specialized care (examples: camps, emergency shelters); or
d. Programs specifically designed to provide respite care (examples: respite-care programs for families with disabled children, "Parents Night Out".

Agape Manor home CPA **does not** consider foster homes verified by another Child placing Agency as an approved respite care provider.

4. Agape Manor Home CPA must authorize respite-care services in advance. Agency must approve each occurrence of respite child-care service. Respite child-care services must not be provided if it could be detrimental to the child or if causes a conflict in care. All respite providers must be approved by Agency before the delivery of services.

5. All respite care reimbursement to the respite care provider is the responsibility of the foster Parent. Foster parents are expected to reimburse the respite care provider in accordance with the Agency pass thru payment rate based on the level of care of the child.

PROCEDURES

Overnight respite care services

1. Following procedures must be followed while placing children for overnight respite care. For all Overnight Respite services, a foster family must submit in writing to Agape Manor Home CPA a request for respite care services. This request must be made at least **10** days prior to the provision of respite care, unless in an emergency situation. The request must be made in the Agency form "**Respite Request & Plan" form.** Foster parents requesting the request also must prepare a "Profile' of each child for they request respite care using "**Respite Child profile".**

2. A respite care provider may not provide care for no more **4** children at one time in respite care unless in emergency situations discussed with and approved by Agency Case manager. This includes compliance with capacity and child/caregiver ratios and supervision rules. Children receiving respite care in a foster home are counted in the capacity and child/caregiver ratio for the home.
3. Once respite care has ended, the child may not return to respite child-care services for at least 10 days.
4. Respite child-care must not be used if it could be detrimental to the child.

5. **Foster parents must provide respite care provider with the following information**:
    a. All psychiatric or medical treatment currently being provided.
    b. Medication regimen and medication instructions.
    c. Authorization for medical treatment.
    d. Any other needs of a child that should be addressed by the respite child-care services provider.
    e. Non-routine events taking place in the life of the child

    f. Emergency contact information, including;
        - Child's physician(s)
        - Child's parent
        - Agency's telephone number
    g. The Child's history that may affect the provider's ability to provide care for the child including:
        - Background of abuse and/or neglect
        - Physical aggression or sexual behavior problems
        - Fire Setting
        - Maiming or killing animals
        - Suicidal ideations and attempts
        - Run-away behaviors
6. Provide all contact numbers in order that the respite child-care providers can contact foster parents by phone regarding any questions are concerns about a child being served.
7. In case of an emergency, the foster parents and/or Child-Placing Management Staff is to be contacted immediately, via telephone.

Day relief respite care services

For all Day relief respite services, a foster family must notify Agape Manor Home Child Placing staff (Case manager) before placing a child in a Respite home. The foster family also must share all pertinent information regarding the child that includes medical and psychiatric treatment receiving, specific behavior, appointments and visits, emergency contact information etc. Foster parent must provide all medications, any medical supplies and equipment's along with medication record and instructions. Respite provider must meet child care giver ratio all the time.

Requirements

For Respite care providers

A respite care provider (Foster home) must be an active foster home verified by Agape and foster parent meets all requirements for verified foster parents with Agape Manor home CPA. Other Respite care providers (facilities such as daycare, camps, shelter etc. must be a current approved facility by the state licensing agency)

For Respite caregiver (Can only provide care in a verified Agape home)

- Must be mature healthy adult of at least 21 years of age
- High school Diploma/ GED
- Completed Respite/ care giver Application
- Cleared Background Check
- Negative T.B Test report.
- Reference Checks
- Orientation to Agency Policies and Procedures.
- Pre-Service Training relevant to the needs of Children Served
- Behavior Intervention (Restraints) Training
- CPR & First Aid training
- Medication Training
- 30 hours of annual Training

For Requirements for Baby sitters (Can only provide care in a verified Agape home)

- Must be at least 16 years of age
- No foster children can be a babysitter
- Must be a family member/relative/ family friend
- Can only baby sit children under 13 years
- Can only babysit for no more than eight hours
- Cannot care for children over night.
- Cannot administer medication
- Must be certified in first aid and CPR
- Cannot baby sit foster children receiving treatment services.
- The child placement management staff approves the child to babysit, establishing limits with duration and frequency.

Agape Manor Home – Child Placing Agency

Request & Plan

Foster family requesting respite	Date Submitted	Date of Respite Requested

Reason for respite
Emergency Contact Information for Foster Parent: (please include other contact information if traveling out of state)

Information Completed by Agency Case manager

Respite Provider Information: (Name, address and phone number, name, age and number of children going to this home and number of nights at the home)
Respite Provider Information: (Name, address and phone number) Only applicable if children in the home will be going to separate foster homes.

Transporting Arrangements: (who will be providing the transportation, time of pick up and return)

Outcome of Respite Request:

Name of AMH Case manager	Signature of AMH Case manager

The foster family must submit the form to the Agape Manor Home CPA Case manager 10 days prior to the respite being taken for approval.

☐ Faxed to CPS Caseworker on _____ ☐ Faxed to Foster Parents on _____

Agape Manor Home – Child Placing Agency

Child's Profile for Respite

This form is to be completed for each child the foster parent is requesting for respite

Child's Name	Date of Birth	Date of Request

Date of Respite	Level of Care	Medicaid #:	Know Allergies/Chronic Illness:

Foster Parent(s) Name	Best # to reach Foster Parent(s) in case of emergency

List all Medication and dosage if any (antibiotics, birth control and any)

Any Known Medical Conditions

Sleeping Information (nightmares, bedwetting, sleepwalking)

Behaviors

Discipline Instructions

Child's Preferred De-escalation techniques

Safety Plans or Behavioral Contract

Approved visits (only during time of respite)

Foster parents Name	**Signature**
Case Managers Name	**Signature**

Agape Manor Home – Child Placing Agency

House Rules

(Sample- Foster families may make exemptions or additions to fit to the age and issues of children)

Child Name:	**Home:**

- Treat people the way you want to be treated.
- No arguing or use of profanity to foster parents and peers.
- If you do not have something nice to say, do not say anything at all.
- Respond the first time, when your name is called.
- Each child is expected to be involved in daily hygiene program. (example: daily showers, brush teeth, comb hair and use of deodorant)
- Children must get permission to make any phone calls.
- No use of cell phones unless the CPS caseworker, Agape Manor Home case manager and foster parent approve it.
- The foster parents assign chores: Behavior board is used to maintain grade and point system.
- No tattling, lying or deliberate antagonizing.
- Smoking, drinking and purchasing tobacco or alcohol is strictly prohibited.
- No fighting, stealing or misuse of other peer's property will be tolerated.
- No tag, wrestling or running inside the house.
- No touching of others causing them to complain.
- No climbing or playing on furniture.
- Children are not allowed to go outside of the house without foster parent's permission.
- Children are expected to pay for the restitution of properties damaged by them (Ex.-hole in wall, broken glass, telephone, etc. etc.).
- All visitors must be cleared by the child's case-managers (CPS and Agape's Case manager)
- All home visits trust walks must be approved by the child's caseworker in writing.
- Education is the key to success, so your behavior at school will affect your privileges at home.
- Children are expected to dress in a neat, clean manner and conform to the standards of good taste and decency in their dress.
- Shirts suggesting the sale or use of alcoholic beverages, tobacco products, drugs, or morally offensive slogans or phrases are not allowed.
- Pants/jeans must fit at the waist or be belted to be held at the waist. Sagging pants are not acceptable.
- Hair must be groomed. Hair must be normal and natural color. Hair should be worn such that is not distracting or disruptive. Facial hair is not allowed for boys. This includes beards, mustaches, goatees, and long side burns.
- Body art will not be allowed beyond what you arrive with. This includes tattoos and any body piercing such as noses rings/studs. Eyebrow rings, and tongues piercing. Sticks, straws, placeholders or Band-Aids will not be allowed to cover piercing or tattoos.

- Earrings (loops or ear studs) are not allowed for boys including any type of placeholder.
- Metal chains attached to belt loops, wallets, or belts are not allowed.
- Dog collars and exaggerated jewelry are not acceptable.

I have read the house rules and agree to follow them.

_____ _____

Child Signature **Date**

_____ _____

Foster Parent **Date**

_____ _____

Witness- Case Manager **Date**