

MidSOUTH Training Academy

Foundations Unit 6

Participant Manual



COLLEGE OF BUSINESS, HEALTH
AND HUMAN SERVICES
UNIVERSITY OF ARKANSAS AT LITTLE ROCK

Day 1

- I. Section 1 -- Assumptions and Information Gathering**
 - A. Scenarios and Predictions
- II. Section 2 -- Engaging Fathers and Youth**
 - A. Engaging Fathers - Barriers
 - B. Engaging Fathers - Madison
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Day 2

- I. Section 1 -- Welcome and Review**
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 - B. Recruiting Kinship: Not Just a Placement Resource
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- IV. Section 4 -- Retention and Support**
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 - A. Recap
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Scenarios & Predictions

CASE SCENARIO A: MICHAEL & RENEE

Michael, age five, was found wandering a local city park on January 23 at 5:00 pm. He walked up to a nearby house and rang the doorbell. When the homeowner answered the door, Michael cried and said he was lost, hungry, cold, and scared. His mother, Laura Hall, took him to the park to play earlier that day. She told him she was going to McDonalds to get some food but never came back. The homeowner contacted the police, and when the police arrived, Michael gave them his home address.

The police went to the home, and no one responded. The front door was ajar, and the police could hear a baby crying. The police walked in and were surprised to find the crying infant, a three-month-old girl, lying on the sofa. The house was in disarray. Dirty diapers were on the floor. A pile of wet clothing was in the walkway. Two puppies were running around in the house. There were piles of feces throughout the house and in the kitchen. A bottle of spoiled milk was on the sofa next to the infant. It appeared the bottle had been propped on a towel beside the baby. The baby's diaper was soaked.

The police canvassed the neighborhood, looking for the mother. One of the neighbors spoke with the police and said he saw Laura yesterday, driving away with someone in a yellow Malibu. The older child was with her when she left. The neighbor never saw her return. The police contacted the child abuse hotline, and an investigator was dispatched to the home. The infant, along with Michael, were taken into protective custody and placed in a traditional resource home.

CASE SCENARIO B: MELISSA

Elizabeth Richards' eight-year-old daughter, Melissa, was taken to the emergency room at 10:00 pm with a broken wrist. Mrs. Richards stated that she returned from work at 9:00 pm and found Melissa in pain.

Melissa's babysitter, Julia Henderson, said that Melissa fell down the stairs while playing this afternoon. Melissa has no other injuries, but the doctor suspects abuse. Melissa refused to talk to the doctor. She was treated and released to her mom. The investigator went to the home the following day to interview Mrs. Richards and Melissa. Mrs. Richards stated that Melissa could be interviewed only if she was present.

Melissa reported falling because her friend left her video game on the stairs. She showed the worker where she fell, but when she asked her friend's name, Melissa clammed up and refused to answer the question or maintain eye contact. At that time, Mrs. Richards ended the interview and referred the worker to her attorney, Daniel Lewis. The investigator asked Mrs. Richards for Julia's contact information, and again, she directed the investigator to her attorney. Because the family refused to cooperate, and the injuries were serious and unexplained, Melissa was removed from the home and placed in out-of-home care.

Scenarios & Predictions

CASE SCENARIO C: ELLA KAY

Ella Kay was born substance-exposed on September 9, 2018. Her birth weight was three pounds and six oz. At the time of the delivery, she began to experience severe withdrawal symptoms. Shortly after Ella's birth, Ella's mother, Jennifer, informed the doctors of her addiction to opioids.

According to Jennifer, she received a sports injury as a teenager and was prescribed OxyContin. Jennifer stated that she has struggled with the addiction for more than ten years. Jennifer also said that she was able to stay off of the drugs during the early months of the pregnancy, but the last two months have been harsh. Jennifer is a nurse who knows how to avoid getting a positive toxicology screen.

According to Jennifer, since she was unable to get a prescription for the medication, she went to a restaurant on Rush Street and bought a few pills from a waitress. Jennifer stated that she didn't want anything to happen to her baby. She loves her baby and will do whatever it takes to be a good mother. Ella was placed in the ICU due to the severe withdrawal symptoms. Upon discharge, staff could not locate Jennifer, so Ella was placed in a provisional home with her maternal grandmother, Eleanor Scott.

CASE SCENARIO D: MELANIE

Thirteen-year-old Melanie Harris was taken into protective custody after reporting ongoing sexual abuse by her step-father, Mike West. Mr. West denied the allegations, and his wife, Wanda West, refused to speak with the investigators.

Wanda stated that her husband loves Melanie too much to do something like that to her. He always takes Melanie places and gives her nice gifts and money. Last year, he offered to take Melanie on a camping trip. Mrs. West stated that Melanie is making these allegations because she got in trouble for exceeding her data limit and texting like "a crazy person."

Melanie was removed from her mother and placed in a traditional resource home. No relatives were willing or capable of taking Melanie because she has a history of fighting in school. Melanie has been suspended twice this year, and although she was an A student last year, her grades are now suffering because of her disruptive behavior. No one can explain why Melanie's behavior changed so drastically.

Your Predictions

Predicting the future is challenging, but it is in our nature to try. When we do not know something or have a knowledge gap, our brains make up a story to fill in the blanks.

Answer the questions below and share any interesting thoughts with your group members.



- What did you focus on in these scenarios that led you to believe one family could be reunited and another not?

- Why did you think these things were important?

- How could your focus impact collaboration with families?

- **Notes:**

Case name: Harper - Introduction

Mother: Donna Alyson Harper, age 32, DOB 03-03-1987

Son: David Lavon Alexander, age 14, DOB 02-14-2005

Son: Zane Allen McDonald, age 8, DOB 05-23-2011

Daughter: Tracie Precious McDonald, age 6, DOB 05-22-2013

Family Address: 201 Willow, Mytown, Jefferson County, AR, 71601. No phone.

Reason for Entering Out-of-Home Care:

David, Zane, and Tracie came into care on an emergency basis following their mother's arrest for public intoxication, public nudity, disturbing the peace, and resisting arrest. Donna was arguing with the checker in the grocery store after attempting to pass a bad check. Donna, who smelled strongly of alcohol, became verbally abusive and then reached over and grabbed the worker by the collar.

Store management called the police. Donna became first verbally abusive with the responding officers and then began ripping off her clothes and shouting that she knew they were going to strip search her so she would make it easier for them. When officers approached, she struck at them and attempted to bite them. After her arrest, law enforcement and the prosecutor became aware that Donna has a history of bipolar disorder and substance abuse. She was committed to a 45-day involuntary commitment to the state hospital.

Donna asked the police to call her mother to get the children. Donna's mother, Dana Harper, refused to get Donna's children, saying she was "done" with Donna and her drama and that the kids "needed to be in foster care." After the grandmother refused to pick the children up, David asked if he could go to his football coach's (Winston "Win" Goodwin) home. According to David, he spends many nights with the coach and his family so the coach would be more than willing to take him in. David's best friend, Richard, is the coach's son.

The children have been in care for two weeks (we are not saying where). The permanency goal is reunification.

**The Harper Family:
Engaging Fathers****Case name: Harper - Fathers**

Father (David): Madison Alexander, age 43, DOB 06-06-1983, father of David.

Address: No permanent address.

Father (Zane & Precious): William “Bill” McDonald, age 29, DOB 05-25-1990

Address: 246 St. Charles Estates, Mytown, Jefferson County, AR 71601.

Madison:

Madison enlisted in the Army at age 18 after the 9/11 attack on the Twin Towers. He was deployed to Afghanistan after basic training. He was midway through his first tour of duty when he sustained a severe injury during an attack. His best friend was killed attempting to drag Madison out of the line of fire. Two other close friends were killed in the attack. Upon return home, Madison was diagnosed with PTSD.

Madison lives occasionally with friends. Other times, he is on the street or in homeless shelters. He also has a substance use disorder involving alcohol, cannabis, and heroin. He and Donna met in a substance abuse treatment program. Madison maintains periodic contact with David and occasionally assists financially with his support.

William “Bill”:

Bill is employed as a programmer in a large industrial company. He is married to Lizette, and they have two children, William “Little Bill,” age six, and Candy Elizabeth, age four. He does not support Zane or Precious and questions whether they are his. His mother, Alice McDonald, says they are his and has maintained as much contact with them as she can, given their mother’s instability.

Notes:

Engaging Madison

1

List some topics to
discuss with Madison ...

2

What did I learn
from Madison?

OBJECTIVE:

To understand when to share information with non-custodial and/or putative parents and other considerations for engagement with parents in an effort to:

- Include them in the assessment and case planning process as appropriate; and,
- To help them serve as support to their child in foster care.

APPLICABLE LAWS:**A.C.A. 9-27-303: JUVENILE CODE DEFINITIONS**

“Parent” means:

- A biological mother;
- An adoptive parent;
- A man:
 - ❖ To whom the biological mother was married at the time of conception or birth;
 - ❖ Who has signed an acknowledgment of paternity;
 - ❖ Who has been found by a court of competent jurisdiction to be the biological father of the juvenile or to have otherwise established paternity; or
 - ❖ Who is listed as the parent on the birth certificate of the child.

“Putative Parent” means any man not deemed or adjudicated under the laws of the jurisdiction of United States to be the biological father or a juvenile who claims to be or is alleged to be the biological father of the juvenile.

A.C.A. 9-28-407: CHILD WELFARE AGENCY LICENSING ACT

Reports, correspondence, memoranda, case histories, or other materials, include protected health information, compiled or received by DCFS, including both foster care and protective services records, may be released to a non-custodial parent (as well as a guardian or custodian).

- However, DCFS may redact information from the record such as the name or address of resource parents or providers when it is in the best interest of the child.
- DCFS may also redact counseling records, psychological or psychiatric evaluations, exams, or records, drug screens or drug evaluations, etc. concerning a parent if the other parent is requesting a copy of a record.

A.C.A. 12-18-605: INVESTIGATIVE INTERVIEWS

An investigation of child maltreatment or suspected child maltreatment includes interviews with both custodial and non-custodial parents.

A.C.A. 12-18-709: CONFIDENTIALITY

DCFS shall notify each subject of the report of the investigation determination whether true or unsubstantiated. A subject of the report includes non-custodial parents (as well as custodial parents, guardians, and legal custodians) of the child who is subject to suspected maltreatment.

A.C.A. 12-18-909: AVAILABILITY OF TRUE REPORTS OF CHILD MALTREATMENT FROM THE CENTRAL REGISTRY

Any other information obtained during the course of the investigation by the Department may be shared with the non-custodial parent (as well as the custodial parent, guardian, or other legal custodian).

PRACTICE CONSIDERATIONS:

- It is best practice to engage all parents – custodial, non-custodial parents, and putative, including those who are incarcerated -- in investigations and casework. This helps complete a rigorous and balanced family assessment and helps the family develop a support system. Engagement can include:
 - ❖ Balancing discussions of worries with the identification of what is working well.
 - ❖ Identifying behaviors that impact the child and setting goals that are mutually agreed upon. Write this information in the words the family puts forth so it is easier for them to understand and own.
 - ❖ Providing choices whenever possible.
 - ❖ Sharing openly about what to expect regarding timelines and other information and repeating this information often.
 - ❖ Arranging frequent opportunities for family time.
 - ❖ Conducting frequent and substantive visits and supplementing those with texts and calls as needed.
 - ❖ Keeping voicemail boxes clear and returning messages, texts, and emails promptly.
 - ❖ Practicing warm hand-offs between investigators and caseworkers and with providers (a referral alone is not a service).
 - ❖ Recognizing and praising progress.
- Information is releasable to non-custodial parents. When releasing information to non-custodial parents, redact any information pertaining to the custodial caregiver's counseling records, psychological or psychiatric evaluations, examinations, or records, drug screens or drug evaluations, or similar information as well as the names and addresses of the child's resource parents.
- Putative fathers are not entitled to records simply by virtue of being a putative parent. However, DCFS will also assess all putative fathers. Based on that assessment, DCFS may determine if certain information may be released to the putative parent as an individual having services needed by the child or family. If the individual does not need to know the information to provide services or supports needed by the child or family, do not provide the information. This assessment will also help determine what role a putative father may play in the child's life and what services and supports, if any, he may need in order to be considered as a potential custodian for concurrent planning purposes.
- A trial home placement with a non-custodial parent is an option if that non-custodial parent is safe and appropriate. DCFS Procedure VI-B1 outlines the steps that must be taken to assess if a non-custodial parent is a safe and appropriate option for a trial home visit. A trial home visit with a non-custodial parent may begin, if safe and appropriate, at any point in the life of a case.
- Information regarding a true determination of child maltreatment may be released to the custodial parent, custodian, or guardian of a child who is or may be currently cared for or supervised by a person named as an offender in a true child maltreatment report. Sometimes during the course of an investigation or case, DCFS becomes aware of child maltreatment history that an alleged offender has not disclosed to the custodial parent, custodian, or guardian of a child for whom the offender provides care. In these situations, DCFS may disclose such information to the custodial parent, custodian, or guardian of the child in an effort to ensure child safety.

SAFETY AND PERMANENCY FOR DAVID

Reflecting after engaging with David while planning for a safe placement

- Why is it important to know where David wants to be placed?
- What was the focus when you created the questions?
- When asking the questions, what was the most challenging part?
- What was the least difficult part of engaging, and why?
- Was there anything that surprised you during the interview?
- What did you learn that may assist you with future engagement?

Considerations for future placement planning while engaging with youth

- How well do you know how this child feels?
- Do you understand the child's triggers well enough to prepare the potential family?
- What seemingly normal experiences might activate "unwanted" behaviors?
- How does this child feel and see their world?



the **what happened?** conversation



Worker: So, what happened?

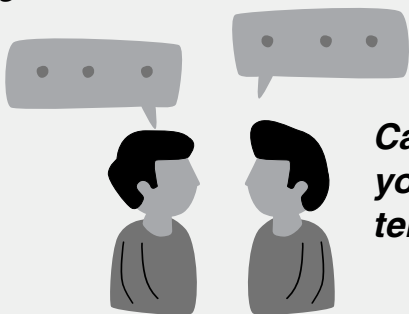


Caregiver: Well, it happened like this...

The “facts” of the conversation; the part of the conversation we usually expect to have and prepare for.

the **feelings** conversation

Worker: How could you do something like that?



Caregiver: Who do you think you are, telling me what to do?

The emotional reactions that come with critical conversations might be anticipated, but can still be hard to manage.

the **identity** conversation



*Worker: Am I doing this right?
Am I good at this?*

Caregiver: Am I a bad person? Does this mean I don't care about my child?

These conversations can prompt us to question aspects of our identity, which can lead to defensiveness or shutdowns.

Critical Conversations
Case Scenario

A Conversation With Patty St. Claire



Case Scenario: You arrive at the home of prospective resource parent Patty St. Claire. She lives in a two-bedroom, two-bathroom apartment on the second floor. She is interested in being a resource home for a sibling group of two children – two sisters - who attend the school where she teaches.

She says she doesn't have much contact with the children but is vaguely aware of their situation. She talked with a fellow teacher who informed her that she should apply to be a fictive kin placement for the children since she knows them from school.

Ms. St. Claire's inside space is limited. There is a small kitchen with a small, attached dining area. The main bedroom measures 120 sq. ft., and the second bedroom measures 81 sq. ft.



Upon further assessment, Ms. St. Claire has little contact with the children, as she only sees them in the hallway or the cafeteria. The children know of Ms. St. Claire and report that she is always nice to them.

**Critical Conversations
Skill Building**

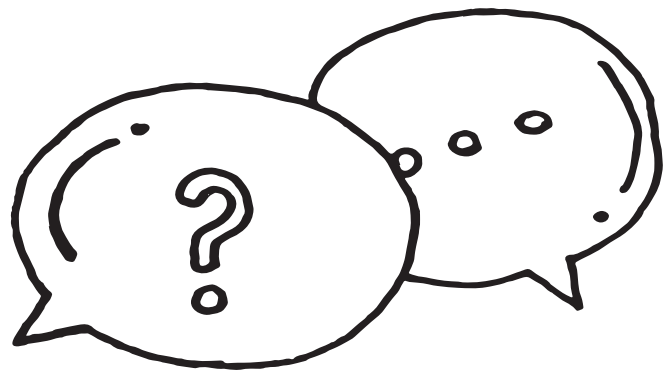
Pair up with a fellow trainee to practice your critical conversation. One person should play the role of the prospective resource parent (Ms. St. Claire), and the other person should play the role of the resource worker. Practice your roles for five minutes, and then switch roles.

Ms. St. Claire does not meet the definition of fictive kin, a person not related to a child by blood or marriage but who has a strong, positive emotional tie to a child and has a positive role in a child's life. There is also not enough space in the spare bedroom.

Ms. St. Claire strongly desires to help these children and believes the Lord has called her to care for them. As the resource worker, you must inform Ms. St. Claire that her home will not be considered a possible placement for the children.

Tips on how to have critical conversations:

- Be clear about the issues.
- Know your objective.
- Adopt a mindset of inquiry.
- Manage emotions.
- Be comfortable with silence.
- Preserve the relationship.
- Be consistent.
- Develop your conflict resolution skills.
- Watch your reaction to thwarting ploys.
- Choose the right place to have the conversation.
- Know how to begin.
- Train other leaders on how to handle critical conversations.



Reference: Tips on critical conversations from Bruna Martinuzzi's "12 Tips for Handling Difficult Conversations" (November 5, 2021).

**Quick Start Exercise:
Unit 6 Online Review Quiz**

Work with your table group to answer the following questions.

1. Name the two categories of resource homes and explain their differences.

2. What are the goals of out-of-home placement?

3. In your online training, we discussed three types of recruitment. List and describe them.

4. In your online training, recruitment efforts that all staff are to carry out were discussed. Name at least three.

5. DCFS is charged with completing a thorough home assessment for each prospective resource family. What does the assessment process evaluate?

**Quick Start Exercise:
Unit 6 Online Review Quiz**

Work with your table group to answer the following questions.

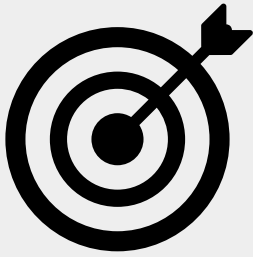
6. According to DCFS Policy and practices, adoption starts at removal. How is this possible if the initial permanency goal is reunification?

7. What are some of the Resource Family Support System eligibility standards?

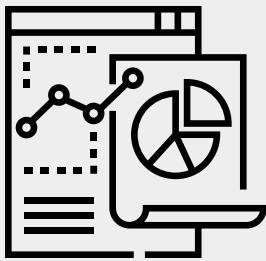
8. What is an Alternative Compliance and a DCFS Policy Waiver?

9. Name some Division expectations for supporting and retaining resource parents.

10. Name support activities your county or area provides.



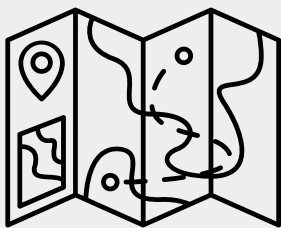
Purpose (Why)



Data (Need)



Audience (Who)



Venue (Where)



Outcome Expected + Measure of Success

PSA Observer Form

1. Who was the audience?

2. Was it a general or specific-target PSA?

3. How did it get your attention?

A hand-drawn speech bubble with a scalloped border and diagonal hatching on the right side. Inside, the words "ATTENTION PLEASE!" are written in a bold, sans-serif font, with "PLEASE!" on a new line.

ATTENTION
PLEASE!

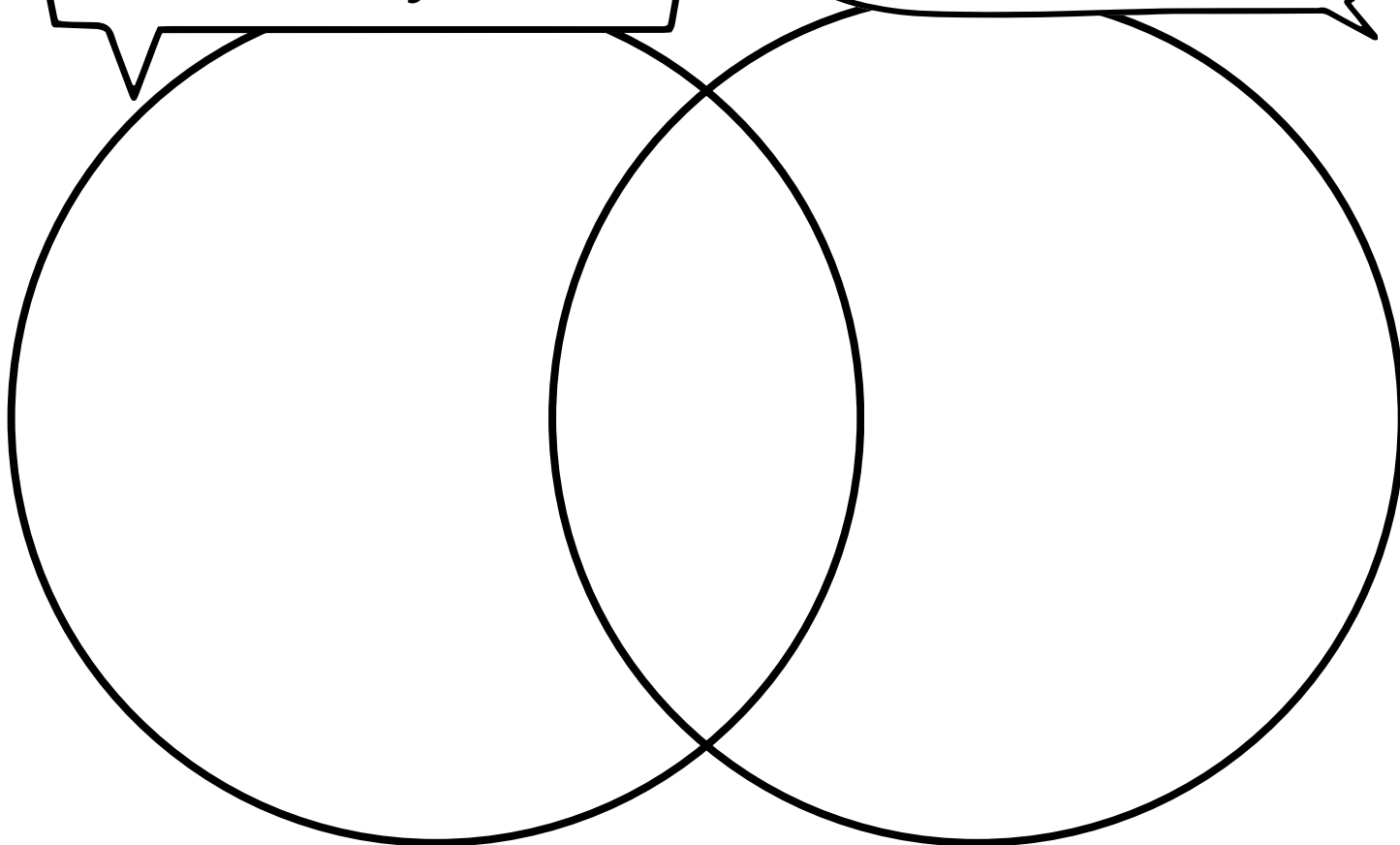
4. Were there any memorable characters or repeatable slogans?

5. How can you get involved?

Compare & Contrast

List some area-specific recruitment goals and the strategies your area is using to meet these goals.

What are some goals and strategies being used by others?

**Create a list ...**

with at least one strategy that is not currently utilized in your area.

☐ ☐ ☐ ☐ ☐ ☐

Quotes on Teamwork

“Coming together is a beginning, staying together is progress, and working together is a success.” – *Henry Ford*

“It is the long history of humankind (and animal kind, too) that those who learned to collaborate and improvise most effectively have prevailed.”
– *Charles Darwin*

“The strength of the team is each individual member. The strength of each member is the team.” – *Phil Jackson*

“You need to be aware of what others are doing, applaud their efforts, acknowledge their successes, and encourage them in their pursuits. When we all help one another, everybody wins.” – *Jim Stovall*

“Alone we can do so little; together we can do so much.” – *Helen Keller*

“It is literally true that you can succeed best and quickest by helping others to succeed.” – *Napoleon Hill*

“Individual commitment to a group effort – that is what makes a team work, a company work, a society work, a civilization work.” – *Vince Lombardi*

“Great things in business are never done by one person; they’re done by a team of people.” – *Steve Jobs*

“One piece of log creates a small fire, adequate to warm you up; add just a few more pieces to blast an immense bonfire, large enough to warm up your entire circle of friends; needless to say that individuality counts, but teamwork dynamites.” – *Jin Kwon*

“The ratio of We’s to I’s is the best indicator of the development of a team.”
– *Lewis B. Ergen*

Fishing for Information

What are some examples of the types of permanency?

What are the three types of recruitment?

What are some ways you can support retention in your existing role?

In addition to opening and assessing resource homes, what are some other functions of the Resource Worker?

What form begins the process for a provisional resource home?

What are some elements of an effective PSA?

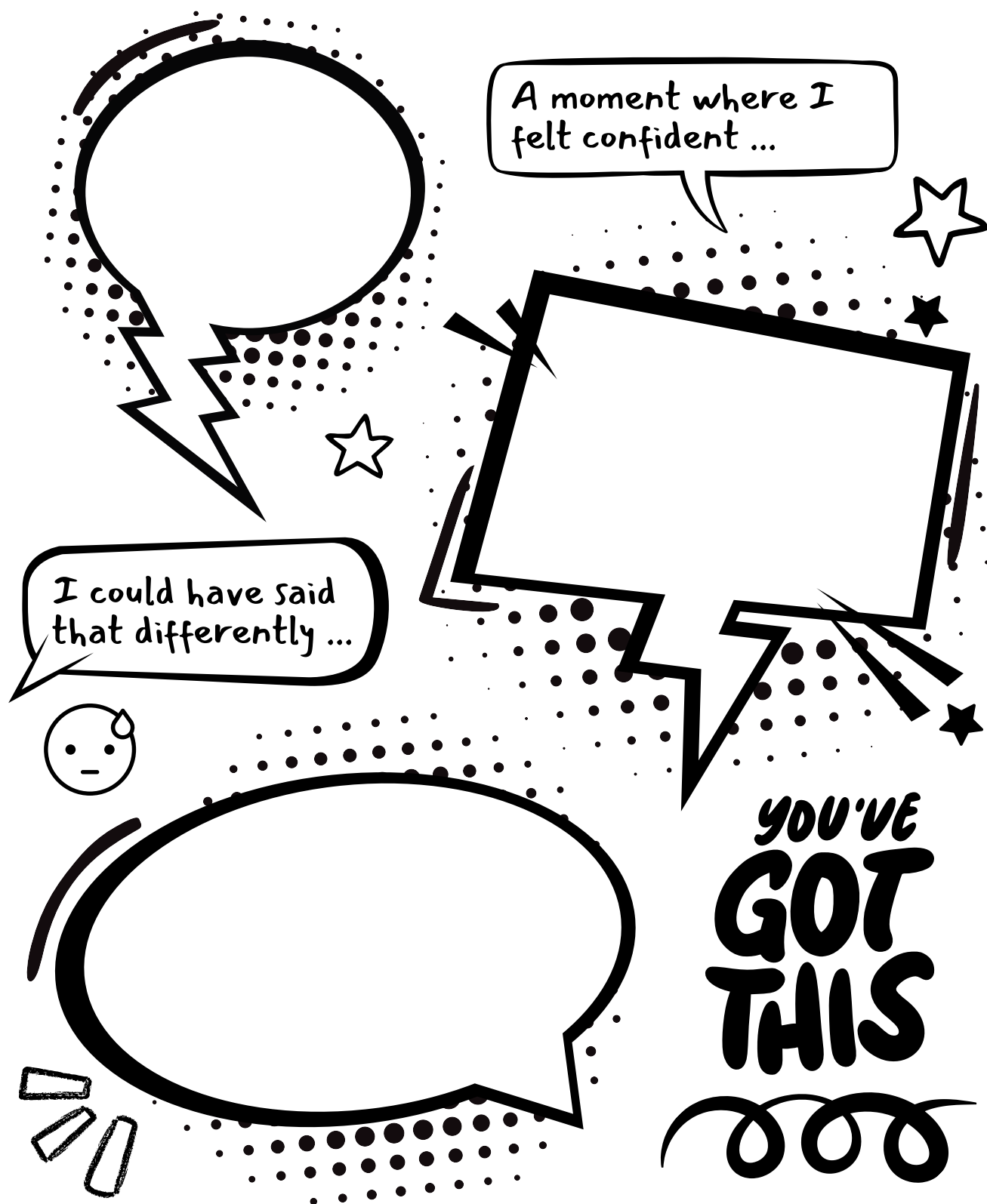
What are the three common threads discussed throughout Unit 6?

What are some examples of general recruitment?

Why does DCFS use the term “resource” home?



Engagement Reflection



**BEFORE PLACING A CHILD/YOUTH
IN A PROVISIONAL PLACEMENT
Procedure VI-B2****Task****Date Completed**

- Identify possible relatives and/or fictive kin, including putative fathers.
- Send information to the Resource Worker/Supervisor.
- Complete checks:
 - Expedited Child Maltreatment Central Registry Check (CFS-316),
 - Expedited State Police Criminal Record Check (CFS- 342),
 - Vehicle safety check,
 - Submit FBI Criminal Record Check, and
 - Visual inspection of the home (CFS-446: In-Home Consult Visit Report).
- Consult with age-appropriate children.
- Assess how the placement will affect both the child being placed and the members of the placement resource family.
- Conduct at least one pre-placement visit.
- If appropriate, provide the child's caregivers with PUB 10: Guidebook for Families: Understanding Dependency Neglect Court.
- Provide the provisional resource family with PUB 15: A Relative's Guide to the Arkansas Child Welfare System.
- Ensure that the expedited checks above have been returned and do not indicate a report or offense that would prevent placement.*
- Note: The FBI check must have been submitted but does not have to be returned before the child is placed in the provisional home.
- Place the child.

Note: Provisional homes have six months to come into full compliance.

*The list of prohibited offenses is located in PUB-04.

Arkansas

Road to Fostering

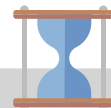
For more information, visit everychildarkansas.org or call 501-214-9179.



Division of Children
& Family Services



Let's Get Started!



How long does the foster applicant process take?

The process can take 6 months or more due to the required paperwork, training and other steps detailed below. The Division of Children and Family Services (DCFS) hopes to have informed resource parents who feel like part of a team. We appreciate your patience.



Submit an online inquiry at everychildarkansas.org to begin the process in becoming a resource parent.

1



The staff then will send you the required background check forms for completion required for all members of the household older than 13.

3



A visual home inspection will be conducted to see what Minimum Licensing and other policy standards are met, and which standards will need to come into compliance.

5



Complete training and begin thinking about creating your Resource Family Support System.

7

Training can take 5-8 weeks to complete



CPR & First Aid Training should be completed at this point in the journey.

9



DCFS Orientation and Final Walk Through to Open Your Home.

11

2

Once your inquiry is received, you will be contacted by a member of the Centralized Inquiry Staff to complete a phone screening.



4

Initial backgrounds checks will be run to see if you or a member of your family has a history that would prevent you from being a resource parent.



6

At this point, you will be contacted for enrollment in upcoming Connecting AR Families training.



8

Schedule your physical and begin gathering other required documentation, i.e. financials and proof of insurance, pet vaccinations, etc.



10

The home study is completed at this time and explores in-depth applicants' social and family history, current family make up, support systems, etc. to assess if they are ready and able to serve children.



**PROVISIONAL RESOURCE HOME
SKILL BUILDING****Role Play Notes**

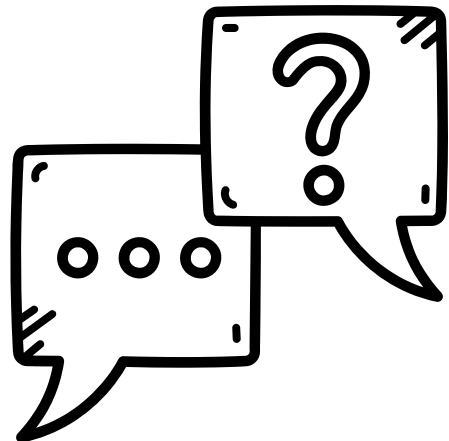
You are a resource worker meeting with Leslie and Jennifer Coleman for the first time. The Coleman family has been identified as a potential resource placement for Jennifer's second cousin, Rachel Amore.

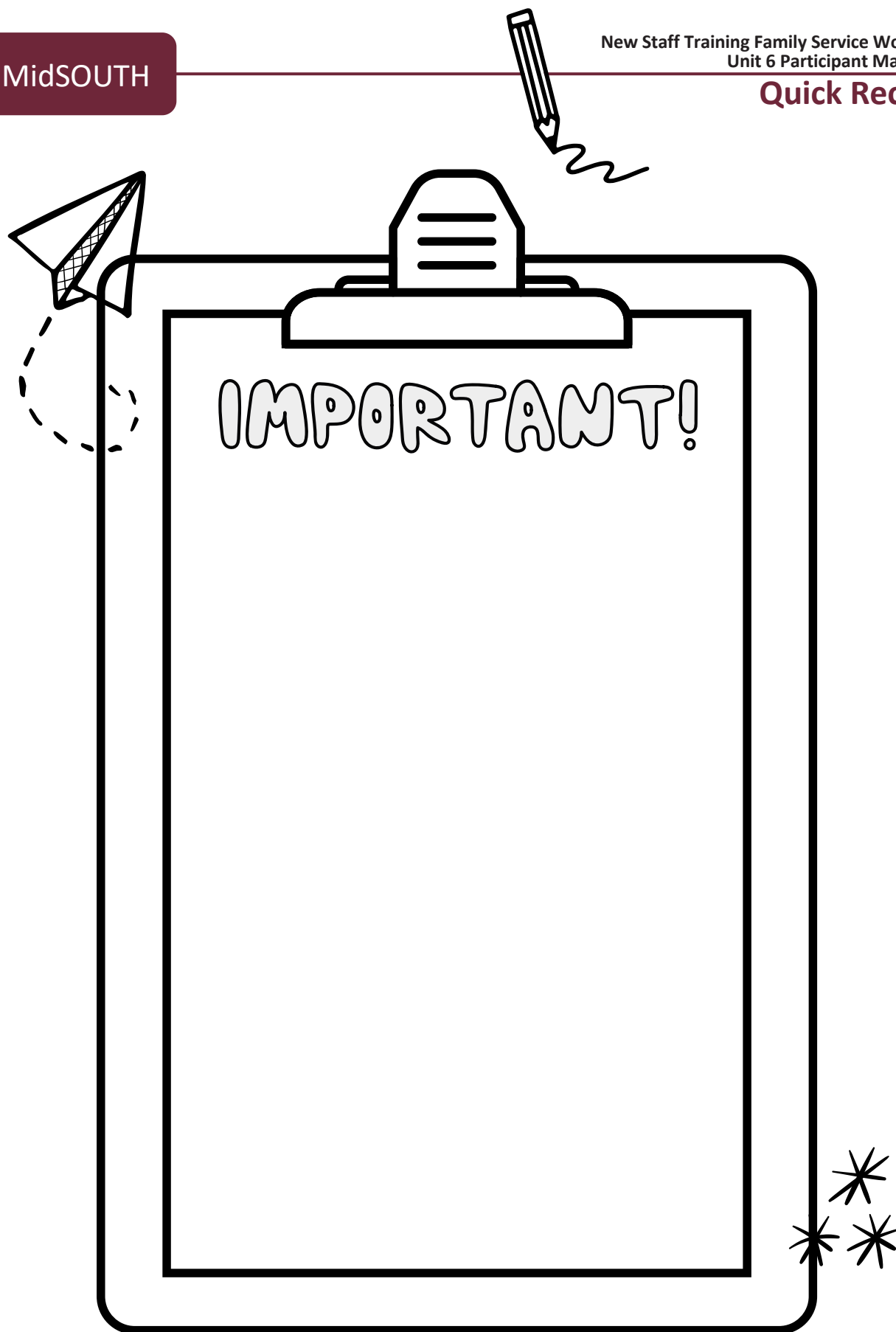
Rachel is currently placed in a Traditional Resource home due to abuse/neglect, and no appropriate relatives were available at the time of removal.

In this skill-building activity, you will practice interviewing skills by sharing the resource tool you created. As you interview the family, remember the Stages of the Interview from your online and classroom work completed in Unit 5.

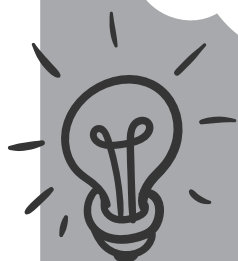
Stages of the Interview:

- **Preparation**
 - (Purpose of the interview, case review, cultural considerations, logistics, child/youth considerations, collaterals/law enforcement/previous FSW)
- **Introduction and Engagement**
 - (Identify yourself/agency, clarify your role, build trust/credibility, be honest/direct, avoid jargon acronyms, acknowledge family's feelings/your feelings)
- **Information Gathering and Sharing**
 - (Who, what, when, where, and how)
- **Closure**
 - (Wrap up, prepare for the next steps, who will do what, when, how ask for feedback/questions/concerns, thank them, and leave contact information)
- **Documentation**
 - (Document as soon as possible)





RESOURCE WORKERS IN THE COMMUNITY



MORE ABOUT MICHAEL & RENEE

Part 1

Name	Relationship	Age	Race
Laura Hall	Mother	23 years	White
Michael Walker, Sr.	Father (Michael Jr.)	25 years	White
Michael Walker, Jr.	Victim	5 years	White
Renee Hall	Victim	3 months	White

Referral received: 05-30-2019

Laura's address: 4705 Kossuth, Pine Bluff, AR

Telephone Number (Cell): 847-231-6079

Michael Walker Sr.: Address unknown, later determined to be a Jonesboro, Arkansas address

A report was accepted at the hotline because two children were found alone. The report stated that Michael, age 5, was playing alone in Lincoln Park. After sunset, he walked to a nearby house crying and rang the doorbell. Michael told the homeowner he was lost, hungry, cold, and scared. The homeowner called the police, and Michael gave them his address upon their arrival. The police took Michael home, found the front door was ajar, and heard a baby crying inside. Upon entering the house, the police found Michael's 3-month-old sister, Renee Hall, lying on the sofa.

The children were taken into protective custody and placed in a traditional resource home. During the investigation, the investigator determined that the mother, Laura Hall, took Michael to the park to play. While there, she ran into an old friend named Royce Wilcox. Royce talked Laura into giving him a ride to see his girlfriend, Amber Lee. Royce promised to give Laura \$20.00 for the ride.

During the interview, Laura stated she tried to get Michael to go with her, but he wanted to stay and play in the park. Laura told Michael that she was going to get him some McDonalds for lunch and that she would be back soon.

MORE ABOUT MICHAEL & RENEE

Part 2

Laura stated they drank Jell-O shots at Amber's house. The next thing she remembered was that Royce offered her a few pills. Sometime later, she remembered Royce's cousin coming over with some heroin. Laura stated that she tried the drug, and everything else was a blur. She remembered waking up to find out two days had passed. She left Amber's house and went to look for her son, Michael. Laura said she went to Lincoln Park and drove around looking for Michael. He was nowhere to be found. She went home, and her front door was wide open. One of her neighbors saw her going in and told her the police had been at her house.

Laura went inside and found a note from the Jefferson County Sheriff's Department. Laura stated she went to the sheriff's department looking for her kids. She was interviewed by a police officer and was told her children had been placed with DCFS. While at the police department, the police ran a background check on Laura and noted several prior arrests for outstanding parking and traffic violations. Laura was interviewed and released.

According to Laura, she rushed to the local DCFS office crying and screaming because she wanted to know why DCFS stole her children. Laura was told the children were placed in foster care. During the interview, the investigator gathered information about the children's fathers.

Michael's father is Michael Walker Sr. He attends Arkansas State in Jonesboro. They began dating in high school and had an off-and-on relationship. Michael has always been supportive, giving her money when he could. They didn't get a paternity test because she knew Michael was the father. Michael's parents, Patrick and Cindy Walker, live in the county where the children were removed. They don't know about Michael Jr. Laura says Renee's father is unknown. Laura stated she was at a party one night and got drunk and slept with several guys. She also said she didn't know who the guys were. She vaguely remembers the incident. Laura is an only child. Her mother, Sharon Hall, lives in Pine Bluff at 807 Olive Street.

Laura stated that she doesn't have any contact with her mother. She further said that she didn't want her kids placed with her mother under any circumstances. Sharon lives alone, and Laura's father, Walt, passed away a couple of years ago. Laura stated that her mom is mean, and she is sick all the time. She has heart problems, high blood pressure, and severe arthritis. Laura suggested a possible placement for the kids: her friend, Gladys Monroe. Gladys lives at 87 Westchester Drive, Pine Bluff.

MORE ABOUT MICHAEL & RENEE

Part 3

Laura admits to using drugs in the past. She said she started after she received a sports injury several years ago. Laura said she was doing well, but recently, she was stressed due to losing her job. She recently reconnected with some old friends and started using drugs again. Her drug of preference is OxyContin.

The investigator interviewed the grandmother, Sharon Hall. Mrs. Hall had recently been released from Jefferson County Regional Hospital and stated she could not care for the children at this time. Mrs. Hall also said she would like to visit the children if that is okay. The investigator contacted Gladys Monroe, but she refused to meet with the worker. She stated that she hardly knows Laura, so she definitely can't and wouldn't take care of her kids.

The investigator contacted Michael Sr., who was in school and sharing an apartment with three other students. Michael stated that he could not care for his son now, but his parents may be able to provide care. Michael provided his parents' names (Jason and Velma Walker) and addresses and stated they were on a mission trip out of the country and wouldn't return for a few months. Michael said he would try to contact them and ask them to contact DCFS. The investigator emailed the names of Michael's parents to the new caseworker and asked her to follow up with Mr. and Mrs. Walker when they returned from their trip.

The case was found True for Inadequate Supervision and Environmental Neglect. The children remain in a traditional resource home.

EVEN MORE ABOUT MICHAEL & RENEE PLACEMENT OPTIONS

Additional information. The Investigator received a call from Patrick and Cindy Walker. They got the investigator's name from their son Michael, who informed them their grandson was in foster care. The Walkers said they were out of the country, but when they received the text from Michael, they rushed home to see what they could do. They are currently in the United States and live in the primary county.

Question for discussion: Who should meet with the Walkers, the investigator, the caseworker, or the Resource Worker? If the investigation is almost done, how would it be handled in your county?

Question for discussion: Should the Investigator have completed the CFS 450? How would this situation be handled in your county? (A situation where the Investigator got contact information, but the prospective relative placement could not be contacted during the investigation.)

_____ (*choose who is most appropriate*) met with the Walkers to discuss a possible provisional placement. She obtained the information and completed the CFS-450. This worker clarified information received in the investigation, which indicated that the Walkers did not know about their grandson, Michael. The Walkers advised the worker that Laura contacted them right before she delivered Renee. She told them their son was the father of her 5-year-old and the father of the baby she was carrying.

While initially skeptical, the Walkers agreed to meet with Laura because they knew she and Michael had dated on and off while he was in high school. The Walkers asked for a paternity test for both of the children when Renee was born. The results showed that Michael is the father of both children.

The Walkers sent child support to Laura, and the children spent three weekends with them. Laura begged them not to tell Michael because she feared he would drop out of school and try to take the kids away from her. Mr. and Mrs. Walker had reluctantly agreed because they also feared that Michael, who would graduate in the spring, would drop out of school.

The Walkers want to serve as a provisional home for Michael and Renee. Their home was approved.

Question for discussion: How would you structure pre-placement visits? Is it more important to move the children quickly or to give them time to get to know their grandparents?

Information & Roles

Discuss which FSW will most likely be the first to gather/document the information listed below. Use the following abbreviations: INV (Investigator), CW (Case Worker), and RW (Resource Worker).

Child Information & Documentation

Birth Information	DCFS Role
<ul style="list-style-type: none"> • Prenatal care • Birth date • Measurements at the time of birth, description of the delivery and any complications that occurred, alcohol/drug and tobacco involvement of birth parent during pregnancy and how it affected the infant, and any birth defects • Nursery progress, discharge weight, recommendations of the doctor on discharge, and results of any special health screenings/tests 	
Developmental and social history	
<ul style="list-style-type: none"> • Meeting developmental milestones in each domain/ any delays or strengths • Cognitive • Social/emotional • Motor 	
Health history	
<ul style="list-style-type: none"> • Medical history (diseases, conditions, disabilities, allergies, hospitalizations, serious injuries, etc.), present problems/needs, future problems/needs • Genetic history • Dental history, • Mental health history, present problems/needs, future problems/needs • Type of mental health counseling and frequency of sessions • Sickle cell test results of a child with African American heritage Medications (name, dosage, and reason) • Status of immunizations • How health problem affects child's life, child's attitude about health problems • List of special health care providers and frequency of appointments • Parental demands in relation to providing for child's special health care needs • Special appliances necessary to meet special needs • Statement whether female's menstrual periods have begun, feelings about, hygiene practices, any complications • Statement on circumcision 	

HOW WE DO IT IN MY COUNTY/AREA

From the Michael and Renee case, who do you think should meet with the Walkers (paternal grandparents): the investigator, the caseworker, or the resource worker?

In a situation like this, where the investigations are almost done, how would it be handled in your county/area?

Should the investigator have completed the CFS-450? Again, in your county, how would this situation be handled?

If the grandparents are approved for placement, would you set up pre-placement visits? If yes, how would you structure them?

Retention Brainstorming

RETENTION BRAINSTORMING

A large gray rectangular area containing six white thought bubbles for brainstorming ideas. The bubbles are arranged in a 3x2 grid. Each bubble has a small tail of three dots leading to it. In the bottom left corner of the gray area, there are three lightning bolts and four stars, suggesting a place for additional ideas or inspiration.

Cultural Considerations



- Involving a child in the process of caring for and styling their hair can provide a huge boost of confidence and self-worth. Questions for a resource parent might include:
 - Would you be comfortable caring for a child with hair different from your own?
 - If you are unfamiliar with certain types of haircare, would you be willing to learn from an expert or take the youth to a professional specializing in it?



- When a child enters foster care, DCFS may issue an initial clothing order to purchase new clothing. Initial clothing orders will be issued on a case-by-case basis. Not all children need to purchase new clothing, as they may come into care with ample clothing. Cultural clothing that youth in care may bring includes, but is not limited to, a Kufi, hijab, Burqa, Dashiki, Sari, Kilt, Kimono, etc.



- Resource Families may qualify for other benefits such as the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps).
- Various foods that a youth may be accustomed to eating are fufu, Scotch Pies, Pho, Paella, Samosa, and other foods. Encourage resource parents to be curious.



- Resource parents should recognize, encourage, and support the religious beliefs of the children in their care. This includes but is not limited to transportation to religious services such as mass and/or communion services. An example of this could be:
 - If you are a Christian and have a Muslim child placed with you, will you give them the resources and space for their religious practices?



- Workers and resource families need to remember that there may be language barriers when caring for children. Youth who come into care may not speak the same language and may come from an environment where Spanish, Lingala, French, Mandarin, Russian, Portuguese, Hmong, and other languages are primarily spoken.

What is
"normalcy"?

- Normalcy refers to allowing young people in out-of-home care to experience childhood and adolescence in ways similar to their peers who are not in out-of-home care. It means allowing—and encouraging— young people to spend time with friends, participate in school and community activities, learn hobbies, and be supported in exploring their identities.

It is pertinent that resource parents and DCFS staff understand that hair, clothing, food, religion, language, and normalcy are all considered factors when achieving permanency.

References: PUB-30: Resource Parent Handbook & Capacity Building Center for States

Revised 03-2024

My Takeaways

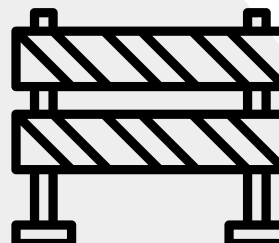
Something I learned about the recruitment, support, and retention of resource homes:



Any strengths I bring (in my role) to the recruitment, support, and retention of resource homes:



Any barriers I see (in my role) to assisting with the recruitment, support, and retention of resource homes:



MY ACTION PLAN



When I return to my office, I will:

PARTNERS IN RECRUITING

Project Zero: <https://www.theprojectzero.org/index.php>

This Organization is in partnership with DCFS, and it helps to connect waiting children and teens with the right forever family. Waiting children are profiled on the organization's website:

Together We Foster: <https://togetherwefosternea.org/>

This organization provides support and resources to foster families, foster children, their biological families, and the agencies that are working for the best interest of the child. They also serve Area 8 in recruiting, training, and visit centers. They provide clothing closets and support resources.

The CALL: <https://thecallinarkansas.org/>

The CALL encourages families in the Christian community to consider fostering or adopting children who are involved in the child welfare system. They work closely with interested families throughout the entire certification process, including training and beyond (if needed). The CALL is active in 44 counties around Arkansas.

Foster Love: <https://fosterlovear.org/>

This organization is in partnership with DHS. Foster Love is an Arkansas non-profit organization for current and prospective resource and adoptive parents who do not fit into (or choose not to go through) faith-based foster organizations. They welcome resource and adoptive parents from all walks of life, including the LGBTQIA+ community. They are especially focused on creating accepting homes for LGBTQIA+ foster children. Foster Love recruits and trains resource and adoptive homes to care for the children in Arkansas's system.

OTHER PARTNERS IN RECRUITING

Use this space to note any additional partners in your areas that you or your team have identified as a resource for recruiting and retention:

Name:

Website:

Summary of Services:

Name:

Website:

Summary of Services:

Name:

Website:

Summary of Services:

[illegible]

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.