



RESOURCE PARENT HANDBOOK



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

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WELCOME

The Arkansas Department of Human Services (DHS), Division of Children and Family Services (DCFS) welcomes you as either a prospective or current resource family for Arkansas's children. Thank you for joining DCFS to ensure that every child has a safe and stable family every day.

DHS, acting through DCFS, serves as the court-appointed legal custodian for children experiencing foster care. DCFS has the ultimate responsibility for ensuring that each child has the best possible foster care experience and that appropriate long-term plans are made.

Foster care is founded on the premise that all children have a right to a safe and supportive environment in which to grow. Foster care is a program designed to provide a safe, stable, family-like placement for a child who needs care temporarily, because the birth or legal family is unable to ensure the child's health and safety. Placement types may include a DCFS- approved resource home, a provisional resource home, or a licensed facility.

The purpose of foster care is two-fold:

1. To provide a healthy, temporary home and community experience for the child, while the conditions that caused the placement away from the birth or legal family are being resolved.
2. To serve as a model and a resource to the birth or legal family of the child while the family remedies the issues that resulted in the removal of their child.

Children experiencing foster care must be placed in approved, traditional resource homes or licensed shelters or facilities. The exception is when children are placed in a

provisional kinship home with relatives or fictive kin, or the court grants custody to kin. For custody to be granted, a written and approved home study is presented to the court. These terms will be explained later in this handbook.

The intent of this handbook is to outline the resource home approval process and, if your home is approved, provide you with basic information about caring for a child placed in your home. You will find general information about what is expected of resource families, the care of children in out-of-home (foster care) placements, financial matters, the roles of DCFS staff, and more. We encourage you to use this handbook as an ongoing reference to obtain answers to your questions about being a resource family. At the same time, please understand this handbook is only an introduction as to what it means to be a resource family.

Never hesitate to reach out to DCFS staff with questions or concerns that may not be addressed in this handbook. We want to support you as much as possible in your role as a resource parent. We value the time and care you give to the children in our state every day.

Thank you for your interest and service to the children and families of Arkansas!

DHS Mission Statement

Together we improve the quality of life of all Arkansans by protecting the vulnerable, fostering independence, and promoting better health.

DCFS Mission Statement

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on safety, permanency and well-being for all children and youth.

WHAT IS A RESOURCE HOME?

Overview

The Department of Human Services (DHS), Division of Children and Family Services (DCFS, or the “division”) is licensed by the Child Welfare Agency Review Board as a child placement agency to approve resource homes for DCFS. The division utilizes the term “resource home” to refer to both foster and adoptive homes. “Resource parent” and “resource family” are used to refer to an individual or family, respectively, in those homes that provide a family-like setting on a twenty-four (24) hour basis for children in the custody of and placed there by DCFS.

The term resource home is used because these homes are designed to serve as resources to children in the custody of DCFS. The DCFS-approved homes serve as resources to the child’s biological family as they work toward reunification. All resource homes must meet the same approval and maintenance requirements with the exception of some non-safety standards for kinship homes (relative and fictive-kin homes) that are described later in this handbook.

The primary, initial goal of almost every permanency (foster care) case is reunification with the biological caregivers. As such, resource parents must be able to support reunification efforts. The length of a child’s experience in foster care will depend on the conditions that caused the placement as well as the time and the resources available to resolve them. The

resource home placement should be the least restrictive and most family-like setting consistent with the child's needs. It should also be as close in geographic proximity to the child's biological caregivers as possible.

DCFS, the resource parents, and all other involved parties will work toward achieving permanency for the child, preferably by reunifying the child with the biological caregivers. Arkansas law requires DCFS to diligently search for relatives throughout the life of an open permanency case, and to make efforts to place children with relatives during all stages of a case. This includes for adoptive purposes even after termination of parental rights has occurred.

DCFS follows a hierarchy of preferred placements for children experiencing foster care with reunification with the biological or legal parent generally being the most preferred, followed by other permanency options with kin (e.g., adoption, guardianship) and ending in adoption (of the entire sibling group as applicable) with someone who is not kin. For these reasons, serving as a resource home does not guarantee that the resource parent will be able to adopt a specific child placed in their home.

Resource parents with questions about DCFS policy can research it by visiting the Arkansas Department of Human Services [website](#).

Types of Resource Homes

There are two types of resource homes: traditional resource homes and relative or fictive kin resource homes, collectively referred to as kinship homes. Kinship homes may be opened on a provisional basis (see “Kinship Homes” subsection below for more information about provisional status).

Traditional Resource Homes

Traditional resource homes are recruited for a child experiencing foster care to whom they are neither related nor have other prior connections. DCFS signs an agreement with resource parents that the family will care for the child as a family member until a permanent plan can be developed and implemented for that child. The resource parents are given pertinent information about the child experiencing foster care. This includes, but is not limited to, reasons

for placement, circumstances for removal from the caregiver's home, where siblings are placed, a copy of the family case plan, and a copy of the family time plan. They will be kept informed of plans for the child's future. In many instances, it will be appropriate for resource parents to communicate with, or otherwise support, the birth parents or legal caregivers.

DCFS will evaluate applicants based on their personal qualifications as well as the physical characteristics of their home. Points considered and evaluated include any special training, expertise, or experience that the traditional resource applicant may have. Other considerations include preferences that the resource parent applicants may have regarding characteristics of children who may be placed in the home (e.g., age, gender, special needs, etc.).

Traditional resource homes may also elect to serve as informal respite homes. An informal respite home is an approved DCFS resource home that can provide temporary care (no more than seven continuous days at one time) for children in out-of-home placements when the children's full-time resource family is unable to do so and a member of the resource family's designated Resource Family Support System cannot assist (see the "Babysitting or Other Alternate Care Arrangements" information under "Daily Living" subsection for details regarding the Resource Family Support System).

Kinship Homes

To preserve family connections and reduce the trauma a child experiences when entering foster care, DCFS may place a child experiencing foster care with safe and appropriate relative or fictive kin. Relative means a person within the fifth degree of kinship to the child by virtue of blood or adoption. Fictive kin is a person not related to the child by blood or marriage, but who has a strong, positive, emotional tie to the child and has a positive role in the child's life, such as a godparent, neighbor, or family friend (collectively referred to as kin). Infants may have fictive kin too. Fictive kin for infants must be identified by the infant's parents as persons that would have a positive, emotional tie to the child.

Provisional kinship resource homes are referred to as provisional because not all requirements for a traditional resource home must be met by kin at the initial placement of the child. For the initial, provisional placement with kin, only background checks and a visual inspection of the home must be conducted in an effort to make an expedited placement for a child with kin.

The specific background checks required for provisional placement include an expedited Arkansas Child Maltreatment Central Registry check, an expedited State Police Criminal Record check, and a Traffic Violations Record check (i.e., driving record check through the Arkansas State Vehicle Safety Program). A fingerprint-based criminal background check performed by the Federal Bureau of Investigations (FBI) must also be submitted within five (5) business days of a child being placed in a provisional home (results of the FBI criminal background check do not have to be received before placing a child in the provisional home). The visual inspection of the home is conducted to verify that the kin and the home of the kin meet basic safety standards. Photos may be taken during the visual inspection of the home.

All provisional homes will be evaluated to determine the nature of the relationship between the provisional resource applicant, the caregivers of the children experiencing foster care, and the children experiencing foster care. The resource specialist (the DCFS staff person who opens and maintains DCFS resource homes) will make efforts to determine if the applicant has the ability to provide for the physical safety and emotional well-being of the child experiencing foster care while considering the nature of the relationship with and geographic proximity to the child's caregivers.

Once opened as a provisional resource home, DCFS works with the provisional resource parents to bring them into full compliance with all requirements of a traditional resource home within six (6) months from the date the child is placed in the provisional home. Kinship resource parents do not always have to meet all traditional resource home requirements by the six-month timeframe. There is no guarantee, but waivers or alternative compliances may be given for certain non-safety requirements (see Appendix 1: Alternative Compliance and Policy Waiver Requests for more information). Once a provisional resource home comes into compliance with traditional resource home requirements or has waivers or alternative compliances in place for non-safety requirements, it is then considered approved as a kinship resource home and is reclassified as such at that point in time.

Provisional resource homes that are not in full compliance by the end of six (6) months must be closed and the children removed, or the kin must have been granted custody by

the court. DCFS staff is responsible for helping the provisional resource parents come into compliance with all requirements within six months. However, if at any point the health and safety of the children placed in the provisional resource home is at risk, the Division will take appropriate action to ensure the health and safety of the children to include, if necessary, removal of the children from the provisional resource home. DCFS will develop transition plans to the best of its ability to lessen trauma to the children in the event a child must be removed from a provisional kinship home.

Provisional resource homes receive a board payment funded by state dollars until they meet all requirements of a traditional home at which point the board payment may be funded by federal dollars. The child will also have medical insurance. DCFS may also provide daycare assistance if appropriate. The family may also qualify for other benefits such as the Supplemental Nutrition Assistance Program (SNAP). If at all possible, the Division will strive to move a provisional home to fully approved kinship status sooner than six (6) months.

HOW DO I BECOME A RESOURCE HOME?

There are many steps to becoming an approved resource home, and DCFS is committed to helping you through the process while making it as seamless as possible. This section is designed to provide an overview of the DCFS resource assessment and approval process.

Overview

DCFS is responsible for selecting an appropriate resource home placement for each child who enters foster care. The home must meet resource home approval requirements and the individual child's needs for the duration of the placement. Resource families are selected after careful assessment. A thorough assessment is needed to minimize the risks involved in placement of a child experiencing foster care and to ensure that a child's first placement in foster care is the best - and hopefully only - placement for that child during his or her time in foster care.

The purpose of the assessment process is to:

- Evaluate the applicants' personal qualifications as well as resource home approval requirements such as physical requirements of the home, sleeping and transportation arrangements, etc.;
- Educate prospective resource parents on the characteristics and needs of children experiencing foster care; and,
- Evaluate the resource parent's ability to meet those needs

Before beginning the assessment process, prospective resource parents, with exception of provisional resource parents, are highly encouraged to attend an information meeting in their local area. The assessment process is a mutual selection process. Components include, but are not limited to:

- Background checks;
- In-home consultation visit;
- Physical exam for each household member of the resource family within twelve (12) months of initial approval (biological and adopted children of kinship applicants are excluded from this requirement);
- Pre-service training (there are different pre-service training tracks for

traditional and provisional resource parents but both include the DCFS orientation);

- CPR (infant, child, and adult) and First Aid training;
- DCFS approved home study to include at least three (3) positive personal references including at least one from a relative and one from a non-relative who are familiar with the applicant's child caring experiences (references may be contacted by the Division or home study evaluator for further information);
- Ongoing consultation with the prospective resource parents to ensure that all approval requirements and other applicable criteria related to both compliance and quality are met; and,
- Final home walk-through.

Additional details about each of the components listed above begin on the following page.

Throughout this mutual selection process, the families evaluate whether they believe they can provide the physical and emotional care that is necessary to support children during their time experiencing foster care.

A DCFS resource home may not be approved by any other agency to provide foster care services. If a resource home moves from one placement agency to another, all requirements for opening a new resource home will be met.

DCFS does allow for a resource home approved by the Division to adopt children from private adoption agencies and serve as a resource parent for DCFS. However, if an adoption occurs, the DCFS home will be re-evaluated ("How Do I Continue Serving as a Resource Home?" section) at that time to determine if the number of beds for which a resource home is approved needs to be altered or if any other changes or additional training will be required.

Resource homes may not operate as a Child Care Family Home (in-home daycares) or provide babysitting or childcare services for other children on a regular basis in their home. However, DCFS may consider adopt-only service applicant homes to also serve as a licensed childcare facility. Such requests will be evaluated and approved on a case-by-case basis.

In addition, a resource parent may not provide compensated care for any non-related adults in the resource home, unless providing transitional care for a person placed in foster care prior to the age of eighteen (18).

Translation services are available to applicants who do not speak English as a primary language. Resource parents whose primary language is not English must be able to attend to the daily needs of children placed in their home if approved as resource parents. At least one parent in the resource home must be able to communicate effectively in the language of the child, DCFS, health care providers, and other service providers.

Assessment and Approval Component Details

Background Check Overview

Any household member who resides in the home for more than three (3) cumulative months in a calendar year must clear the following background checks (as applicable by age): Arkansas Child Maltreatment Central Registry Check, Arkansas State Police Criminal Record Check, and FBI Criminal Background Check. For household members who have lived or worked outside of Arkansas within the past five (5) years, a Child Maltreatment Central Registry check will also be conducted in the state(s) in which the household member lived or worked. Traffic Violations Record checks (i.e., driving record) will be completed if a household member is a licensed driver who is expected to transport children experiencing foster care.

Child Maltreatment Central Registry Check

Applicants and all household members fourteen (14) years of age or older, excluding children experiencing foster care, must consent to a Child Maltreatment Central Registry Check in every state in which they have lived in the past five (5) years, and in their state of employment, if different. For example, if a family member lives in Arkansas but works in Missouri, a child maltreatment registry check will be completed in both states. Household members must have no history of substantiated abuse and/or neglect. Payment for registry checks in another state must be made by traditional resource home applicants. Applicants are encouraged to keep receipts for payment and, if approved and opened as a resource home, reimbursement may be requested if all required documentation is provided (including the receipt). The Division may pay directly for the cost of child maltreatment registry checks from other states for relative and fictive kin on an as needed

basis. The Division will repeat the Arkansas Child Maltreatment Central Registry Check every two (2) years on any person required to have the check.

State Police Criminal Record Check

Applicants and all household members age eighteen and one-half (18.5) years or older, excluding children experiencing foster care, must consent to an Arkansas State Police Criminal Record Check. Checks will be initiated within thirty (30) days of the household member's eighteenth birthday. The Division will repeat Arkansas State Police Criminal Record Check every two (2) years on any person required to have the check.

Household members with criminal convictions may, under some circumstances, request an Alternative Compliance. (See section on Alternative Compliance & Policy Waiver Requests).

FBI Fingerprint-based Criminal Background Check

Federal Bureau of Investigation (FBI) checks will be conducted on applicants and all household members eighteen and one-half (18.5) years of age or older, excluding children experiencing foster care. This check need not be repeated unless a home closes and later wishes to reopen. FBI Harvester numbers expire after one (1) year and another number must be issued if a closed home chooses to reopen.

Certification of Absence of Criminal Record

Resource parent applicants will complete a form provided by DCFS to certify in writing that household members age ten (10) through seventeen (17) do not have criminal records. This certification will be completed annually for any household member age ten (10) through seventeen (17).

Traffic Violations Record Check

DCFS will check the Traffic Violations Record from the Office of Driver Services for each applicant and other applicable members of the household. This record returns the number of traffic offenses and other violations incurred by the resource applicant, to include the number of points assessed by the Office of Driver Services for convictions of moving traffic violations as per the Arkansas State Vehicle Safety Program (ASVSP). DCFS will complete the Traffic Violations Record Check every two (2) years for active resource

parents. To ensure child safety, DCFS will carefully assess what, if any, safety concerns exist for any applicant or current resource parent accumulating ten (10) or more points on their Traffic Violations Record.

A family member with no current valid Arkansas driver's license will be given twenty (20) days to apply and receive an Arkansas driver's license. If the resource family member does not wish to obtain an Arkansas license, a written explanation from the applicant is required and a driving record check must be completed in the state of issuance for the currently held license. Accessing and providing driving records from another state is the responsibility of the applicant.

The requirement for a driver's license may be waived for provisional applicants if an acceptable plan to transport the children placed in their home to school, court dates, medical appointments, and other engagements is approved. Similarly, the driving record check from the state of issuance for the currently held license does not have to occur to provisionally place a child with kin if an acceptable plan to transport the children is approved.

In-Home Consultation Visit

The In-Home Consultation Visit will most likely be the first contact that DCFS staff will make to your home. For traditional resource applicants, the primary purpose of this visit is to gather additional information about your family that was not provided in your online application as well as to complete an initial assessment of your home. For kin being considered for a provisional placement, this in-home consultation visit meets the requirement for the previously referenced visual inspection of the home.

This initial assessment of the home will determine if it meets resource home approval requirements. Resource home approval requirements include both Minimum Licensing Standards for Child Welfare Agencies and DCFS policy requirements for resource homes. Even if your home does not meet all of the resource home approval requirements during the In-Home Consultation Visit, DCFS staff will let you know the requirements with which you must come into compliance before being approved. Specific resource home approval requirements are described in the following section: "I Understand the Process, But What

Are You Assessing?”.

Pre-Service Training

Traditional resource parent applicants must complete the Division's pre-service training curriculum for this population which includes fifteen (15) hours of classroom pre-service training and three (3) hours of DCFS orientation prior to placement of a child in their home. Kinship resource parents must complete the Division's classroom pre-service training curriculum for the kinship population which is seven and one-half (7.5) hours of pre-service classroom training as well as the three (3) hours of DCFS orientation. For two (2) parent households, both parents must complete the applicable pre-service training. Central Registry and State Police Criminal Background checks must be cleared, and the FBI Criminal Background Check must have been submitted before a prospective resource parent can begin pre- service training.

If an applicant moves to Arkansas from another state after completing pre-service training in the former state, Arkansas may accept the pre-service certificate showing that the applicant completed training. The DCFS Foster Care Manager or designee is responsible for reviewing the other state's pre-service training curriculum to ensure it is comparable to Arkansas's pre-service training curriculum. The applicant must complete a DCFS approved home study conducted by a contract provider or a DCFS staff who is trained in the Division's approved home study tool.

If a family previously approved as a resource home in Arkansas moves to another state and wishes to serve as a resource parent in the new state of residence and is required to submit their Arkansas resource provider file, the family must request their file to then provide to the other state. DCFS may provide the entire resource provider file to the family with the exception of the background check results. If the family signs a waiver and the other state's child welfare agency or resource home licensing entity makes the request for the family's Arkansas resource provider file, DCFS may provide the file upon receipt of the waiver on a case by case basis, with the exception of the background check results.

CPR/First Aid Training

No child will be placed in a traditional resource home until each resource parent has obtained CPR certification (to include infant, child, and adult CPR) and completed First Aid training.

Kinship applicants must obtain CPR and First Aid certification within six (6) months of being opened on provisional status.

First Aid and CPR training and certification will only be accepted from a certified trainer associated with the American Heart Association, the American Red Cross, the National Safety Council, the Health and Safety Institute, or EMS Safety Services.

Resource parents are responsible for obtaining certification in CPR and First Aid. DCFS will assist resource parents in locating classes for the family as appropriate. Traditional resource parents may work with their local resource specialist to request reimbursement of CPR and First Aid fees once the home has become opened and approved. However, for resource families opening only for adoption, those applicants must attend a class arranged by DCFS.

To be reimbursed, resource parents will need a receipt and copy of their CPR certification card to request reimbursement and will need to sign and submit an original Agency Generated Invoice (AGI). Copies of a signed AGI will not be accepted as an original signature is required. For provisional resource applicants, DCFS may pay for the cost of the First Aid/CPR Training directly to the First Aid/CPR Training vendor.

Online CPR and First Aid training is acceptable provided the online course is offered through American Heart Association, American Red Cross, the National Safety Council, the Health and Safety Institute, or EMS Safety Services. In addition, the online curriculum must also require hands-on, skill-based instruction as well as written and practical testing. As such, participants will demonstrate the skills learned through the online portion of the curriculum in the presence of a certified trainer in order to complete certification (training and certification that is provided solely online will not be accepted). Prospective resource parents must obtain a certification card from the trainer representing the certifying national organization.

New CPR and First Aid Training is not required for individuals certified as paramedics and Emergency Medical Technicians (EMTs) as long as proof of current certification is provided to DCFS staff. Current certification in Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) also meet the Minimum Licensing Standard for CPR as long as proof of current certification is provided to DCFS staff. All other medical professionals including nurses must have current CPR certification as outlined above and provide a copy of their current certification to DCFS staff.

Additional First Aid training for nurses and other medical professionals (to include those with ACLS certification) is not required. If an applicant with a current BLS certification is a paramedic, EMT, or firefighter, additional First Aid Training is not required. However, a lay person with BLS certification may have to take a First Aid class if current certification in First Aid cannot be provided.

Physical Exam

A physical exam is required for each household member of the resource family within twelve (12) months of initial approval. There is an exception to this requirement for biological and adopted children of relative and fictive kin resource home applicants. DCFS staff will ask you to have your physician complete a specific form to document this exam. Findings of the physical examination must verify that all household members are free of any physical or emotional health conditions that would adversely affect the welfare of a child experiencing foster care. Depending on the results of the physical exam, DCFS staff may request additional information from household members, including a psychological examination.

As part of the assessment regarding physical health, DCFS will also require documentation related to immunizations for all children in your home. It is recommended that all children who are household members of a resource home be up-to-date on immunizations consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP). All family members under the age of eighteen (18) in the household shall have

proof of current health immunizations, or an exemption (medical, religious, or philosophical) in accordance with the Arkansas Department of Health. Immunizations against COVID-19 are encouraged for all applicable household members in a resource home but are not required.

All household members who will have contact with infants (children under twelve (12) months) are also encouraged to have an up-to-date Tdap vaccination to protect against pertussis (whooping cough) consistent with the recommendations of the ACIP. Finally, all household members who will be caregivers of infants (children under twelve (12) months) and medically vulnerable children are encouraged to have an up-to-date annual influenza vaccine consistent with the recommendations of the ACIP. To determine if a child is considered medically vulnerable to influenza if placed in a resource home whose household members have not received an annual influenza vaccine, DCFS staff will consult with the child's PCP to make sure the child can safely be placed with that family.

Home Study

The home study assists the Division in determining if a family is ready, willing, and able to become a suitable and safe placement resource for a child. A home study evaluator will conduct at least two (2) home study visits to interview resource home applicants. The preference is for both visits to take place in the resource applicant home, but, as needed, it is permissible for one (1) visit to be in the resource applicant home while the other is conducted over a virtual conference platform (e.g., Zoom). These interviews will include the evaluator speaking with each age-appropriate member of the household. The interviews with the children in the home are not meant to be invasive or scary. Rather, it provides the chance for these children to participate in the process, share basic information about daily life in their home, and give them an opportunity to provide their understanding of what it means to be part of a resource home for children experiencing foster care. DCFS wants the other children in your home to be supportive of your decision to become resource parents. Their support will be reevaluated annually.

The home study is designed to evaluate a family's dynamics including but not limited to:

- Motivation for wanting to foster and/or adopt
- Household composition
- Family history

- Safety hazards
- Income and expenses
- Health
- Education
- Childcare arrangements or plans
- Child rearing practices
- Daily schedules and family activities
- Support systems

The home study evaluator will also review the letters of reference submitted on your behalf. The home study evaluator may also ask you about connecting with other people who know you to learn more about you. By learning more about these areas, the home study assists the Division in learning how members of a family function individually and as a unit. This information helps inform the conclusions and recommendation as to whether a family may serve as a successful and engaged resource family. All adult and minor household members will be assessed regarding how they may be affected by the presence of a child in experiencing foster care and the effect they may have on the child.

Final Walk-Through of Home and Orientation

Prior to being approved as an open resource home, DCFS staff will conduct a final walk-through of your home to ensure all resource home requirements have been met, and to go over what to expect in the immediate future regarding a first placement. This will include DCFS and the resource parents signing the Initial Resource Home Agreement, which provides a summary of the following information:

- Expectations and responsibilities of the Division, the staff, and the resource parents
- Services to be provided
- Financial arrangements for the children placed in the home
- Authority that the resource parents can exercise for the children placed in their home
- Actions that require DCFS authorization
- Legal responsibility for damage or risk resulting from children in their home
- DCFS' process and procedures for investigating complaints
- DCFS' procedure for giving advance notice of termination of a placement except for documented emergencies.

I UNDERSTAND THE PROCESS, BUT WHAT IS DCFS ASSESSING?

Specific approval requirements for resource homes include Minimum Licensing Standards developed by the Child Welfare Agency Review Board, which are then monitored by the DHS Division of Provider Services and Quality Assurance (DPSQA) Placement and Residential Licensing Unit (PRLU). Other approval requirements for resource homes are specific to DCFS policy and procedure. Resource home requirements include personal qualifications of applicants and household members as well as the physical aspects of their homes. Families and their homes must continue to meet the resource home approval requirements for the duration of their service as a resource home that accepts and cares for children in division custody.

The lists of requirements on the following pages are organized by noting a primary requirement as a lettered item (A, B, C, etc.). Additional details related to the primary requirement are provided next to the arrow symbol.

Basic Resource Parent and Household Member Applicant Qualifications

- A. Be at least twenty-one (21) years of age.
 - An applicant home will not be approved as a resource home if even one (1) applicant is under the age of twenty-one (21) unless a policy waiver is obtained. A policy waiver may only be approved in rare circumstances for provisional homes.
- B. Be a United States citizen or a legal permanent resident.
 - Persons who are undocumented may be considered as resource home applicants only for their kin.
- C. May be single or part of a couple.
 - In a two-parent home, the couple will be joint applicants. Each person will actively participate in the approval process. This joint family

commitment will be re-evaluated annually.

- D. Be physically, mentally, and emotionally capable of caring for children.
- To help the Division make this assessment, the resource parent applicant must provide the Division with the health history of each household member, in addition to the physical exam required for approval (with an exception to the physical exam for biological and adopted children of kinship applicants). This history will include physical and mental health services, treatment received, a list of currently prescribed medications, and any other medications or other substances currently taken.
 - A physical disability in either applicant that does not interfere with the ability to give adequate care to a child will not be a barrier to resource parent approval. The impact of the disability on the individual will be evaluated, to include whether it may have significance to a specific child experiencing foster care.
 - Resource parents are not permitted to smoke or allow anyone else to smoke in the presence of any child experiencing foster care. This includes the use of E-cigarettes and vaping. Exceptions may be made on a case-by-case basis if it is in the child's best interest to be placed in or remain in that resource home.
 - Resource parents will not engage in the use of illegal substances, abuse alcohol by consuming in excessive amounts, or abuse legal prescription drugs or non-prescription drugs by consuming them in excessive amounts or using them other than as indicated or prescribed.
- E. Demonstrate stability and have adequate support.
- In assessing relationship stability and other support systems, considerations may include major life changes like:
 - Death or serious illness among family members;
 - Marriage, separation, divorce, or other significant changes in the couple's relationship;
 - Addition of household members (e.g., birth, adoption, aging relative moving in); and,
 - Loss of or change in employment.

- All resource parents will need a strong support system in order to assist them in their role as resource parents, to better serve children experiencing foster care. Please see information regarding the Resource Family Support System and other types of alternate care under the “Daily Living” subsection of “What Can I Expect Beyond the Initial Placement?”
- F. Have an employment or work schedule conducive to caring for children.
 - Both parents may be employed outside the home.
 - If employment is seasonal, the applicant must have compensatory income or savings in the off seasons.
 - Demands made on resource parents’ time by overtime work, revolving shifts, etc. are considered pertinent to the ability to provide adequate care for a child experiencing foster care.
 - Placing children will be done based on careful evaluation of what is best for each child, to include consideration of plans for the care and supervision of children experiencing foster care before and after school, during school holidays and vacations, and when children are ill and absent from school.
- G. Respect the religious preferences of children experiencing foster care and their birth or legal family.
 - A resource parent applicant’s lack of religious affiliation or religious faith will not be a barrier to approval.
 - A resource parent must be able to present their own religious beliefs to children in experiencing foster care in such a way as to take into consideration the child's own religious background.
 - A resource parent must never attempt to convert or force their own religious beliefs on a child experiencing foster care whose religious background differs from their own.
- H. Value education and have a sufficient education that provides the ability to care for children placed in the home.
 - A resource parent must have a positive attitude toward both academic and vocational education and be aware of local education facilities and

resources.

- A resource parent must be willing to meet the child's individual educational needs, including participating in the development and implementation of any special education plans or behavioral accommodations (as needed).
 - At least one resource parent in the home must have functional literacy, such as having the ability to read medication labels, follow doctor's instructions, and administer proper dosages of medication.
- I. Demonstrate financial stability and supply documentation of sufficient financial resources.
- The applicant must have sufficient and reliable income without a board payment to ensure the family's stability and security.
 - An applicant must provide documentation of sufficient financial resources to meet the needs of the child experiencing foster care. This documentation will include a copy of the applicant's tax return and recent paycheck stubs.
 - Management of income will be considered more important than amount of income.
 - The applicant must have sufficient resources to meet the financial, medical, physical, educational, emotional, and shelter needs of the child without relying solely on state or federal financial assistance (e.g., Supplemental Nutrition Assistance Program (SNAP), Social Security Income (SSI), benefits, etc.) to meet those needs. DCFS may make some exceptions for applicants depending on the totality of their financial and other circumstances.
- J. Provide documentation of homeowner's or renter's insurance and general liability insurance (which may be included in the homeowner's policy).
- K. If a resource parent applicant does not own the home in which he or she lives, the person who owns the home must verify in writing (DCFS will supply this form as needed), that they have no objections to the applicant caring for children experiencing foster care in the home.

Resource Parent Personal Characteristics

Applicants must have the personal characteristics that will enable them to assume the responsibility of caring for children experiencing foster care who have experienced trauma. This includes the ability to provide a nurturing family life experience for the child including guidance, intellectual stimulation, affection, and appropriate discipline. Personal characteristics include:

- A. Capacity to give love, affection, and care to the child and respond to the child's needs without expecting the child to return love and affection.
- B. A working knowledge of child growth and development, including knowledge of childcare, milestones in development, and nutrition.
- C. Equal attention to the physical and emotional needs of children.
- D. Willingness to allow for socialization of the child experiencing foster care with his/her peers.
- E. Flexibility in expectations, attitudes, and behavior, in relation to meeting the needs of each child and recognition of the trauma caused by maltreatment and removal from the home.
- F. Ethical standards and values conducive to the well-being of children.
- G. Ability to accept a child's background, without passing moral judgment on the child or the child's birth family.
- H. Ability to accept and strengthen a child's relationship with their birth family.
- I. Maintenance of absolute confidentiality of private information about each child in experiencing foster care and the birth/legal family.
- J. Ability and willingness to accept, understand, and utilize training, guidance and supervision from the child-placing agency or other professionals, in order to meet the needs of children in care and their families of origin.
- K. Emotional stability, including a satisfactory method of handling angry or other challenging feelings.
- L. Acceptance of your own childhood experiences.
- M. Absence of any qualities which indicate potential to abuse or neglect children in your care.
- N. Capacity to absorb the presence of a child experiencing care without undue

disruption to your own family life.

- O. Ability to cope with the departure of the child experiencing foster care.
- P. Maturity to exercise good judgment and appropriate use of authority, balanced with a degree of playfulness and flexibility necessary to care for children.

Physical Requirements of the Home

Home Exterior/Community

- A. Must be a house, mobile home, housing unit, or apartment occupied by an individual or a family that is the primary residence of the individual or family. The location will be zoned for single family use and will have an individual address for emergency response purposes (911).
- B. Grounds and all structures on the property will be maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards.
- C. Must be clean and free from hazardous materials, dangerous objects, and dangerous conditions. Must be accessible to community resources needed by children in foster care to ensure access to available education, religious or spiritual opportunities, recreation, family time with parents, supervision by the division, and medical care.
- D. Must have at least one (1) exterior door that exits directly to the outside or have an alternate fire escape route.
- E. Must be free from physical hazards (debris, trash, uncovered cisterns) that would endanger the safety of children:
 - 1. This includes the yard, garage, carport, any storage areas, basement, and attic (if applicable and accessible)
- F. Must be large enough to provide ample outdoor play space for children.
- G. Must have a fence or barrier to prevent a child's access to a busy street, highway, or other dangerous area.
- H. Must ensure any outdoor play equipment is safe, hazard-free, and properly anchored.
- I. Must not have signage or advertising related to a supporting recruitment agency, to include signage on vehicles used to transport children

experiencing foster care.

- J. If the applicant resides in a manufactured home, the home must be properly installed and stabilized. If the manufactured home is in a mobile home park, there must be sufficient fenced play space outside.
- K. Manufactured homes, used as resource homes, will have a division approved safety plan for tornado safety. The safety plan will be signed by all caregivers in the home and a division representative.
- L. Must include a water safety plan for supervision of children during water activities to be signed by all caregivers in the home and a division representative. This plan will include the agreement that resource parents shall not permit a child to enter a pool area unless accompanied by an adult.
- M. Must enclose or must have an approved manually or power-operated child safety cover for all in ground pools that meets the standards of the American Society for Testing and Materials adopted by the Consumer Product Safety Commission:
 - 1. An “approved safety pool cover” means a manually or power-operated safety pool cover that meets the standards of the American Society for Testing and Materials (ASTM) adopted by the Consumer Product Safety Commission, in compliance with standard F1346-91.
 - 2. Please note that solar pool covers and winter pool covers are not safety covers.
 - 3. The ASTM (1996) requires that a pool cover be able to hold a minimum of 485 pounds per five (5) square feet in order to qualify as a safety cover.
- N. In ground pools without an approved child safety cover will be protected by an enclosure (wall, fence, or barrier) that surrounds the pool area.
- O. Unless local code provides otherwise, a pool enclosure will meet the following:
 - 1. Entirely enclose the pool area
 - 2. Be at least four (4) feet high
 - 3. Must have the methods of access through the enclosure equipped with a safety device, such as a bolt lock
- P. The wall of a house or other building will not be used in lieu of a barrier to the

pool, except for a solid wall that does not contain any doors. When a wall is used as a barrier, the remaining three (3) sides will be protected by an enclosure (wall, fence, or barrier) that surrounds the pool area (see item P above) or have an approved child safety cover. The enclosure will:

1. Entirely enclose the pool area
2. Be at least 4 feet high
3. Must have the methods of access through enclosure equipped with a safety device, such as a bolt lock

Q. All above ground pools will have the following:

1. Non-climbable exterior side walls with a minimum height of four (4) feet
2. Access ladders or steps that are removable and able to be secured when the pool is not in use

R. All portable pools (inflatable and wading pools) will be fenced or emptied after every use.

S. Swimming pools will be equipped with a life saving device such as a ring buoy.

T. Swimming pools that cannot be emptied after each use will have a working pump and filtering system.

U. Hot tubs and spas will have locking safety covers that are locked when not in use.

Home Interior

A. Must allow resource parents to reside in the same single-family unit with children experiencing foster care (no separate living quarters for resource parents).

B. Must be clean and free from hazardous materials, dangerous objects, and dangerous conditions:

1. This applies to interior halls and doors which must not be blocked or cluttered to prevent easy passage or exit

C. Must be free of rodent and insect infestation.

D. Must be a smoke-free environment. Resource parents must sign a certification indicating that the home is smoke free and that there is no use of vaping or e- cigarettes in the home.

- E. Shall have a continuous supply of sanitary drinking water.
 - 1. If the source is not a municipal water system, the water will be tested and approved by the Arkansas Department of Health annually:
 - a. The Arkansas Department of Health will only conduct the initial inspection for the approval of the resource home. The annual check must be conducted by the homeowner. The sample cups can be obtained from the local Department of Health along with procedures for collection and submission. The Department of Health provides training for homeowners on using the cups for completion of the annual check. DCFS will not reimburse the cost of water testing.
 - 2. If a water supply does not pass inspection, a CFS-455: Consent for Health Department Services, Alternate Compliance of Water Supply Agreement, must be established with the family.
 - 3. If the family will use bottled water and purified water for bathing (if infants or children under the age of 5 are placed in the home), this must be noted on the CFS-455, signed by the resource parents, and updated annually.
- F. Must be equipped with a properly operating kitchen that includes a sink with hot and cold running water, refrigerator, stove, and oven.
- G. Must have at least one (1) flush toilet, one (1) sink with running water, and one (1) bathtub or shower with hot and cold running water.
- H. Must have adequate lighting, ventilation, and plumbing for safe and comfortable living:
 - 1. This applies to bedrooms which must have windows that provide natural light and ventilation
- I. Must have a heating, ventilating, and air conditioning source, maintained in safe operating condition, that keeps the temperature a minimum of sixty-five (65) degrees and a maximum of eighty-five (85) degrees.
- J. Must have adequate space for privacy, play, and study for all household members.
- K. Must have sufficient seating for the family to eat together.

- L. Must provide adequate space for storing clothing and personal belongings for each child, in or near their bedroom.
- M. Must have adequate toys that are safe and developmentally appropriate for children who will be placed in the home.
- N. Must be free of obvious fire hazards (defective electrical appliances or electrical cords, excessive use of extension cords, defective heating equipment) or improperly stored flammable materials:
 - 1. This includes the requirement that all heating units (radiators, fireplaces, wood stoves, gas or electric heaters, steam and hot water pipes), with hot external areas within reach of children, are screened or otherwise shielded.
- O. Must have an operational smoke detector on each level of occupancy of the resource home to include an operational smoke detector in each bedroom.
- P. Must have an operational chemical fire extinguisher, readily accessible, near the cooking area of the home.
- Q. Must have a carbon monoxide detector on each level of occupancy of the foster resource home and near all sleeping areas.
- R. Must have a safe operating water heater that has a recommended temperature at or below 120-degrees Fahrenheit, as tested at the plumbing fixture nearest the water heater.
- S. Must maintain adequate first aid supplies for emergencies.
- T. Must have proper trash and recycling disposal (if recycling is available where the home is located) in such a way as not to constitute a health or safety hazard and keep all garbage and other waste in a suitable covered receptacle.
- U. Must store all poisonous materials, cleaning supplies, other hazardous materials (insecticides, gasoline, hazardous tools, knives), and alcoholic beverages, in an area not readily accessible to children, as appropriate for the age and development of each child.
- V. Must have an operational telephone:
 - 1. Working cell phones kept on the premises are acceptable, but the phone will be accessible for children.

- W. Must post emergency phone numbers (911, fire, ambulance, poison control, and responsible adult to contact in case of emergency) in a prominent place.
- X. Must maintain all firearms in a secure, locked location or secured by a trigger lock. Securing of firearms extends to any weapon which could reasonably be a threat to a child.
- Y. Must secure and lock all ammunition separately from firearms unless they are stored in a safe, handgun safe, or a long gun safe.
- Z. Ensure there is a division approved safety plan for any noted hazards.
 - 1. The safety plan will be signed by all caregivers in the resource home and a division representative.
- AA. Must provide proof of current rabies vaccinations as required by Arkansas law for all household pets.
- BB. Must provide to DCFS and each child experiencing foster care, as age and developmentally appropriate, information about the use and location of any methods of surveillance in the resource home:
 - 1. This includes the use of baby monitors or other forms of surveillance
 - 2. Formal written notification detailing use of the surveillance and location of all devices will be provided to DCFS via CFS-448
- CC. Must provide satisfactory living space for all persons in the home:
 - 1. The number of children experiencing foster care placed in a resource home will be limited by the number of persons who can satisfactorily live within the physical limits of the home.
 - 2. Space requirements may be waived on a case by case basis for provisional resource homes.
 - 3. The division will ensure a current floor plan of the home with room dimensions for all rooms used for sleeping are kept in the resource home record.

Sleeping Arrangement Requirements

- A. Each household occupant will have a bedroom that provides privacy.
- B. Children experiencing foster care must sleep in a bedroom, not in a living

room, dining room, or any other room where others may pass through.

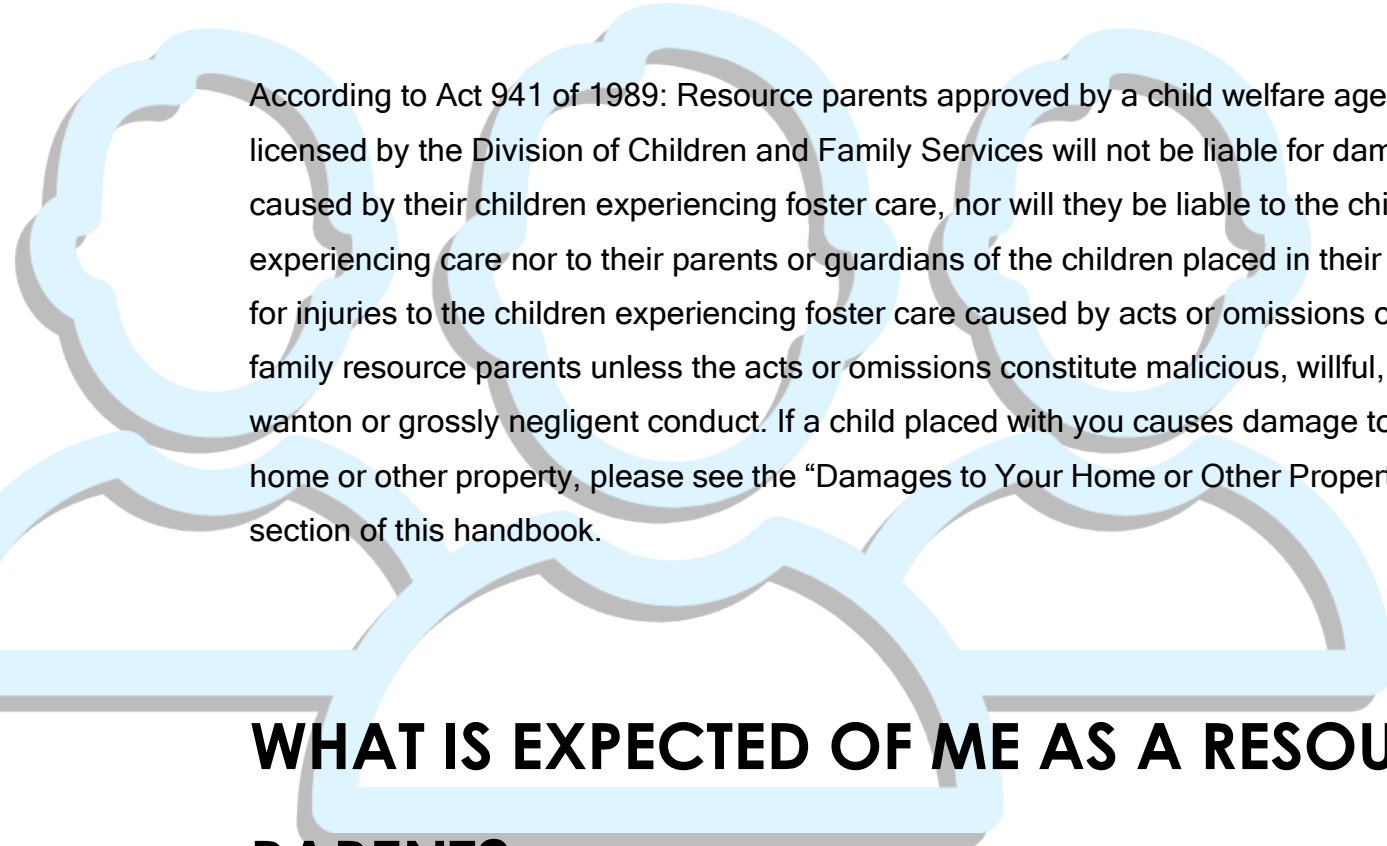
- C. Each bedroom, including the master bedroom, must have at least fifty (50) square feet of floor space per occupant.
- D. Each bedroom that is used for children experiencing foster care will have a window to the outside, which can serve as an emergency escape.
- E. Bars, grilles, grates, or other items that block access to the window are permitted only if they can be removed from the inside without the use of a key, tool, or force greater than that required for normal operation of the window.
- F. No more than four (4) children will share a bedroom.
- G. Each child experiencing foster care will be provided a safe bedroom as appropriate for the child's needs and age, that includes a bed with a mattress, sheets, pillow, pillowcase, and adequate cover, all in good condition, and similar to other household members.
- H. Bedding will be changed at least weekly (more often if needed).
- I. Children of the opposite sex will not share the same bedroom if either child is four (4) years old or older, except for a parent experiencing foster care with his or her child.
- J. No children will share a bed if either child is four (4) years old or older.
- K. No child under age six (6) will occupy a top bunk.
- L. Children experiencing foster care, except infants under two (2) years, will not share a sleeping room with adults:
 - 1. For a grandparent to the child, or a teen parent experiencing foster care with his or her child, this age would increase through age four (4)
 - 2. All cribs used for children will have current certification of compliance with Consumer Product Safety guidelines
- M. Children twelve (12) months of age and below will be placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome:
 - 1. If a child rolls over on their own, there is no requirement to reposition the child

2. If there is a medical reason a child cannot sleep on their back, a signed statement from the child's physician will be in the file stating the reason, the sleep position indicated, and the timeframe required
- N. Resource parents will not co-sleep or bed share with a child experiencing foster care of any age, including infants.
- O. "Rock and plays," and similar devices are prohibited.

Transportation

- A. A resource parent applicant must have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities.
- B. A resource parent applicant must provide documentation demonstrating that all vehicles owned by the applicant have liability insurance.
- C. Any vehicle used to transport children experiencing foster care must be maintained in compliance with Arkansas motor vehicle laws and must be insured.
- D. A resource parent applicant, and anyone else who would transport children experiencing foster care, must have a valid driver's license:
1. The requirement for a driver's license may be waived for provisional applicants on a case-by-case basis if an acceptable plan to transport the children placed in their home to school, court dates, medical appointments, etc. is approved.
- E. Children must be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions.

WHAT LIABILITY WILL I HAVE AS A RESOURCE PARENT?

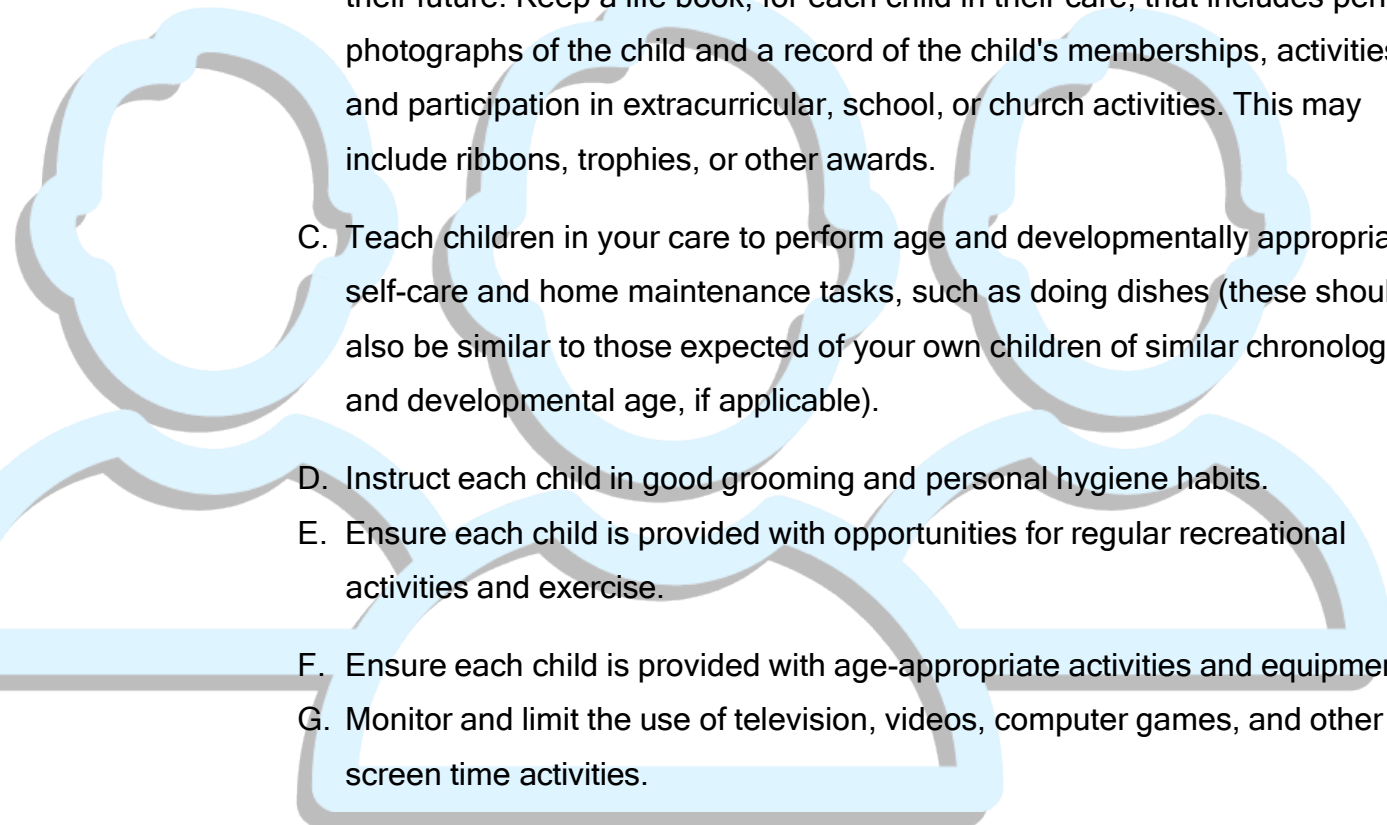


According to Act 941 of 1989: Resource parents approved by a child welfare agency licensed by the Division of Children and Family Services will not be liable for damages caused by their children experiencing foster care, nor will they be liable to the children experiencing care nor to their parents or guardians of the children placed in their home for injuries to the children experiencing foster care caused by acts or omissions of the family resource parents unless the acts or omissions constitute malicious, willful, wanton or grossly negligent conduct. If a child placed with you causes damage to your home or other property, please see the “Damages to Your Home or Other Property” section of this handbook.

WHAT IS EXPECTED OF ME AS A RESOURCE PARENT?

Being a resource parent is not an easy task, but a rewarding one! While every responsibility of a resource parent cannot be captured on paper, below are lists of basic expectations to consider when determining if you want to become a resource parent. For several of the sub- sections below, more detail is provided in the “Daily Living” subsection under “What Happens Beyond the Initial Placement?” section. You may also want to review Appendix 2: National Foster Parent Association Code of Ethics for more information.

Daily Activities

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- A. Provide structure and daily activities designed to promote the individual physical, social, intellectual, spiritual, and emotional development of the children in your home.
 - B. Cooperate with the division to help the children experiencing foster care maintain an awareness of their past, a record of the present, and a plan for their future. Keep a life book, for each child in their care, that includes periodic photographs of the child and a record of the child's memberships, activities, and participation in extracurricular, school, or church activities. This may include ribbons, trophies, or other awards.
 - C. Teach children in your care to perform age and developmentally appropriate self-care and home maintenance tasks, such as doing dishes (these should also be similar to those expected of your own children of similar chronological and developmental age, if applicable).
 - D. Instruct each child in good grooming and personal hygiene habits.
 - E. Ensure each child is provided with opportunities for regular recreational activities and exercise.
 - F. Ensure each child is provided with age-appropriate activities and equipment.
 - G. Monitor and limit the use of television, videos, computer games, and other screen time activities.
 - H. Be responsible for meal planning that ensures adequate and nutritious food.
 - I. Speak positively of the child's birth or legal family and support reunification when reunification is the goal.

Clothing and Personal Belongings

- A. Provide each child with their own clean, well-fitting, attractive, seasonal clothing appropriate to age, sex, individual needs, and comparable to the community standards (with assistance from DCFS).
- B. Include children in the selection of their own clothing, whenever possible and appropriate.

- C. Allow children to bring their personal belongings to the resource home and acquire additional belongings.
- D. Send all personal clothing and belongings with the children when they leave the resource home.

Discipline

The following constitutes the division's discipline policy:

- A. The primary goal of discipline will be to teach the child acceptable behavior and self-control, rather than punish.
- B. Discipline will be administered with kindness and understanding, and appropriately based on the child's age, development, and history, including trauma history.
- C. Discipline will focus on teaching the child acceptable behavior and self-control. Appropriate forms of discipline may include time-outs, redirection, denial of privileges, and explanation of expectations depending on the particular child.
- D. Resource parents will teach and train each child with techniques that stress praise and encouragement.
- E. Resource parents will establish well-defined rules that set the expectations and limits of behavior that are relevant to the child's level of growth, development, and trauma history, and will be applied in a consistent manner.
- F. Resource parents are **prohibited** from using corporal punishment on children experiencing foster care. Other methods of discipline that are unacceptable for use by resource parents with children experiencing foster care include but are not limited to:
 - 1) Physical punishment threatened or inflicted in any manner, such as spanking, hitting, pinching, pulling hair, slapping, kicking, twisting arm, forced fixed body positions, etc.
 - 2) Denial of meals, sleep, shelter, essential clothing, family case plan activities, or any denial of basic rights
 - 3) Denial of parental, sibling, or other family time, or denial of any type of other contact with family members (unless there are established safety concerns)

- 4) Use of lewd or obscene language
 - 5) Use of derogatory comments about the child, the child's family or friends, race, or gender
 - 6) Restriction to a room for more than a short period of time without periodic observation
 - 7) Restriction to a dark room or area
 - 8) Locked isolation of any kind
 - 9) Physical injury or threat of bodily harm
 - 10) Cruel, severe, or humiliating actions, such as washing mouth with soap, taping or obstructing child's mouth, placing painful or unpleasant tasting substances in mouth, on lips, or any type of public humiliation
 - 11) Extremely strenuous work or exercise
 - 12) Mechanical or chemical restraints
 - 13) Punishment of any kind for poor toilet habits
- G. Neither a resource parent nor DCFS can give permission to the school to spank a child experiencing foster care.
- H. Physical restraint will be initiated only by a trained person, and only to prevent injury to the child, other people or property, and will not be initiated solely as a form of discipline.
- I. A child will not be allowed to administer discipline, with exception to teen parents disciplining their own children under the supervision and guidance of the resource parent.
- J. Searches of a child or a child's personal property will be limited to ensuring the safety and security of children and their resource family, or in cases of suspected theft.

Health Care

- A. Cooperate with the division in medical and dental care planning for children in their care.
- B. Make medical and dental appointments as needed while also encouraging and assisting teenagers placed in the home to make their

own medical and dental appointments as developmentally appropriate.

- C. Accompany the child to the initial health screening, comprehensive health screening, and any on-going physical or mental health services provided whenever possible. If this is not possible, the resource parent will be available by telephone to the person conducting the screening.
- D. Welcome the child's biological or legal parent to also attend medical and dental appointments as appropriate and per any applicable court orders.
- E. Consult with the health care provider about the child's health care needs.
- F. Report any corrective or follow-up medical or dental care the child needs to the division.
- G. Have transportation available to transport the child experiencing foster care to medical, dental, and other health care related appointments or, if that is not possible, be responsible for arranging transportation for children experiencing foster care to all necessary medical, dental, and health care appointments. Area Managers may grant a waiver in situations where provisional resource families have been recruited specifically for a child.
- H. Ensure that each child has sufficient sleep for their age and physical condition.

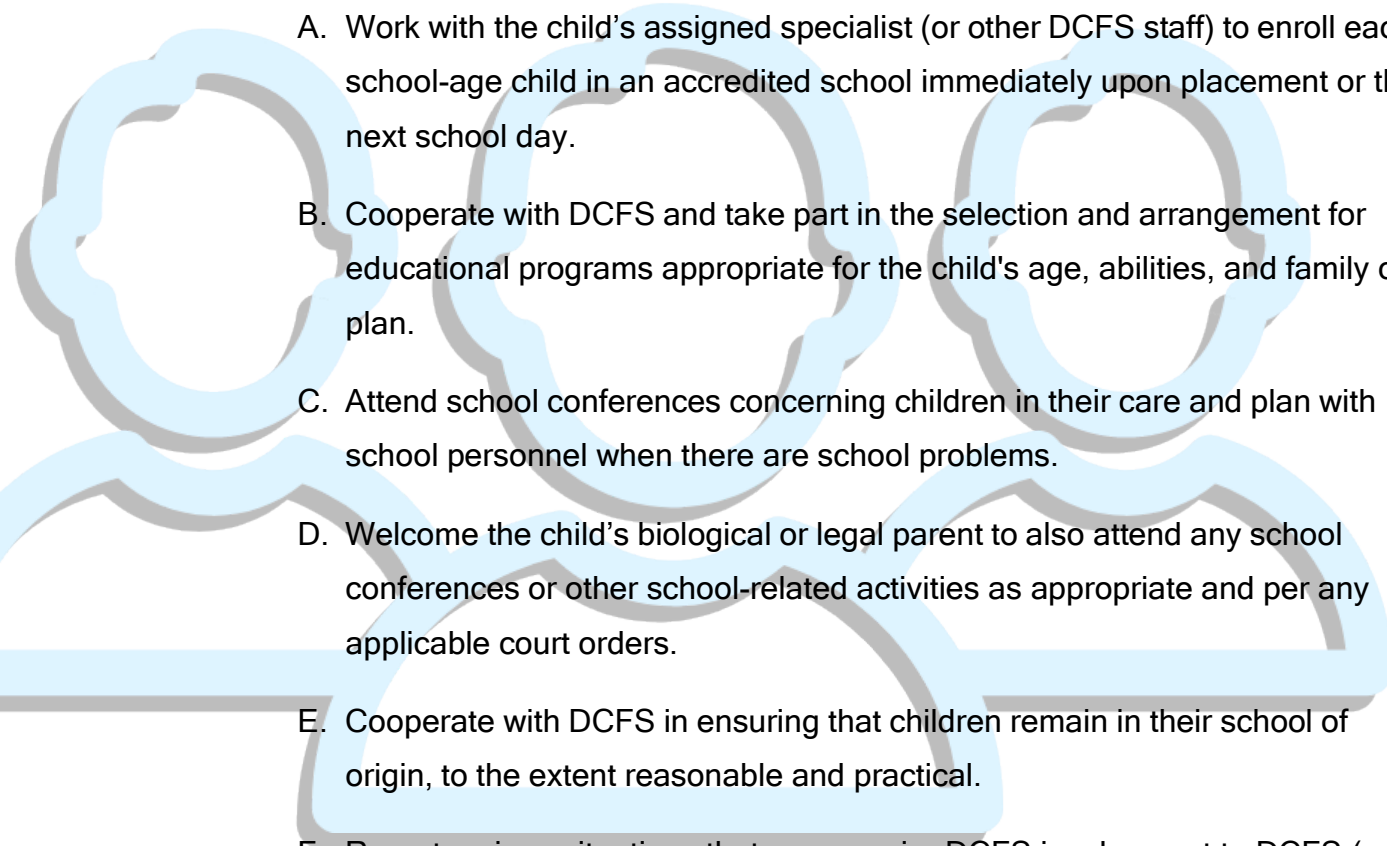
Medication

- A. Administer medications only in accordance with directions on the label and be aware of possible side effects of all medications.
- B. Store all over-the-counter medications in an area not readily accessible to children, according to the age and development of each child in the home.
- C. Store medication in accordance with pharmaceutical recommendations.
- D. Lock all prescription medications, excluding Epi-pens, inhalers, and Glucagon kits:
 - 1. Acceptable methods of locking prescription medications include safes, cabinets fastened by magnetic cabinet locks or similar devices, or containers secured with a padlock.
 - 2. An age-appropriate and developmentally capable child may be provided or have access to non-narcotic prescriptions with an approved safety plan. Examples include, but are not limited to, birth control, acne cream,

and topical creams.

- E. Log all medication at the time the medication is administered (see “What Happens Beyond the Initial Placement?” section in the “Health and Medical Services” subsection for more information).

Education

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- A. Work with the child’s assigned specialist (or other DCFS staff) to enroll each school-age child in an accredited school immediately upon placement or the next school day.
 - B. Cooperate with DCFS and take part in the selection and arrangement for educational programs appropriate for the child's age, abilities, and family case plan.
 - C. Attend school conferences concerning children in their care and plan with school personnel when there are school problems.
 - D. Welcome the child’s biological or legal parent to also attend any school conferences or other school-related activities as appropriate and per any applicable court orders.
 - E. Cooperate with DCFS in ensuring that children remain in their school of origin, to the extent reasonable and practical.
 - F. Report serious situations that may require DCFS involvement to DCFS (any situation that may affect the family case plan or a situation that puts the child in jeopardy of suspension or expulsion).
 - G. Be aware that any deviation from public education (use of private education or home schooling, including online education programs) must have prior authorization from the DCFS Director.

Religious and Ethnic Heritage

- A. Recognize, encourage, and support the religious beliefs, ethnic heritage, and language of children in their care.

- B. Arrange transportation to religious services or ethnic events for a child whose beliefs and practices are different from their own and who wishes to attend such events.
- C. Do not coerce children into participation in religious activities or ethnic events against their will.

Acceptance of DCFS Regulations

- A. Abide by DCFS policy and procedures to include compliance with the roles and responsibilities set forth in this publication and in the Resource Home Agreement and Addendum.
- B. Accept supervision by DCFS.
- C. Strive to provide continuous care of each child placed in your home, until such time as a permanent plan is implemented for each child.
- D. Discuss with DCFS any issues related to the placement of children in your home and determine what adjustments are needed to provide more suitable placement.

Emergency Planning

- A. Develop a plan for evacuating the house in the event of a fire and develop a plan for seeking shelter during a storm or tornado:
 - 1. Plans must outline the exits in the home, be approved by DCFS, and must be posted within the home.
- B. Share the evacuation plan with each child and make sure each child understands the procedures at the time they are placed in the home.
- C. Conduct emergency evacuation drills when each new child enters the home and at least quarterly thereafter:
 - 1. Document all drills via CFS-374: Tornado and Fire Drill Log. This documentation will reflect:
 - a. Date and time of drill

- b. Persons participating in drill
- c. Length of time needed to clear the home

Miscellaneous

- A. Resource parents are mandated reporters of child abuse and neglect. If you see abuse or neglect or have cause to suspect abuse or neglect, you are required by law to report it to the Child Abuse Hotline at 1-800-482-5964 or 1-844-SAVE-A-CHILD (both numbers will connect to the Child Abuse Hotline). If you would like more information about mandated reporting, there is a free, online [Arkansas Mandated Reporter Training](#) through the Arkansas Commission of Child Abuse, Rape, and Domestic Violence. It is a self-paced training.

WHAT RESPONSIBILITIES DO OTHER TEAM MEMBERS HAVE?

In order for a child's entire team to function well, it is important that everyone understands each other's role on that team and their responsibilities to one another. We also want to ensure you have a summary of the responsibilities that the other team members play as you are making the decision to become a resource parent. There may be some repetition of these responsibilities throughout this handbook, but that repetition is intentional. The division wants to clearly communicate critical points to help manage expectations and ensure that everyone works together to support the child and, in most cases, helps the child's birth or legal family work toward reunification.

Responsibilities of DCFS to Resource Parents

- A. Evaluate the specific strengths, needs, preferences, and experience of each resource home to determine the number, ages, sex, and characteristics of children who may be placed in the home. No child may be placed in a resource home in violation of the

limitations established in this publication (see “How Many Children May Be Placed in My Home?” for more information).

- B. Delegate the responsibility for the day-to-day care of the child experiencing foster care to the resource parents.
- C. Ensure regular contacts in the resource home (may be announced or unannounced).
- D. Provide support services, such as respite care, childcare, crisis and after-hours intervention, and counseling as needed.
- E. Make training available to resource parents and prohibit placement of children experiencing foster care with any resource parent who has not satisfied the annual in-service training requirement of fifteen (15) hours that is due at the end of the second year.
- F. Actively work the concurrent permanency goals for a child.
- G. Notify resource parents of all family team meetings and judicial case reviews for children experiencing foster care placed in their home.
- H. Investigate all child maltreatment allegations concerning any person in a resource home in accordance with the Child Maltreatment Act.
- I. Continually monitor the appropriateness of a placement.

Responsibilities of DCFS to Children Experiencing Foster Care

- A. Provide the child the basic rights inherent to all children.
- B. Prefer kin as placement resources for the child at all stages of a case, including after termination of parental rights.
- C. Place the child in a family-like setting if at all possible that can best serve the child's needs and is the least restrictive environment.
- D. Place the child with siblings whenever possible.
- E. Place the child near birth or legal parents, to allow frequent contact.
- F. Ensure the child has regular family time with birth or legal parents, siblings, and others with whom there is a significant relationship, unless restricted by court order.

- G. Give the child honest information regarding all decisions (in a manner suitable to the child's chronological and developmental age).
- H. Allow the child to participate in family case planning, conferences, family team meetings, and court hearings, and similar proceedings, whenever possible and age appropriate.
- I. Keep a record for each child that includes legal documents (birth certificate, social security card, court orders, etc.).
- J. Help the family to address the safety issues that caused the removal of their child in order to safely and swiftly return the child to the birth or legal parents; or move the child safely and swiftly to another form of permanency if reunification is no longer the goal.
- K. Prepare youth for successful transition to adulthood.

Responsibilities of DCFS to Birth or Legal Parents

- A. Offer and provide services and supports that will help keep the family together and work toward reunification, as applicable.
- B. Let them know they may seek the assistance of an attorney any time a legal action involves their child.
- C. Let the family know why it was necessary to temporarily remove their child and place them with a resource family.
- D. Do not judge or criticize the family and acknowledge that they share in their children's lives.
- E. Let the family know how they can still be involved in their child's life while the child is experiencing foster care.
- F. Let them know what they must do to have their children return home.
- G. Include the family when creating and revising the family case plan.
- H. Reunify the child with their family when the safety concerns that caused removal are corrected.

Responsibilities of Birth or Legal Parents

Birth or legal parents are the key to long-range planning for the child experiencing foster care. They are central members of the foster care team. The child began with them, identifies with them, and in most instances has a longing to return to them. The return home of the child is dependent on their birth or legal parents' ability to correct the safety issues that caused the child to come into foster care. Otherwise, the birth or legal parents face the possibility of long-range plans being made that may include termination of parental rights.

Birth or legal parents have the responsibility to:

- A. Provide all important information about their child and family to DCFS.
- B. Provide a list of relatives and fictive kin for the child.
- C. Tell the specialist about any special needs their child has, including health conditions, school information, and important family customs or cultural practices.
- D. Participate in family team meetings and court hearings.
- E. Work with the specialist to create a family case plan and revise it as needed.
- F. Participate in the services to support the family case plan goals offered to the family and work on achieving the goals of the family case plan.
- G. Be involved in their children's medical appointments and school, social, or religious activities.
- H. Keep in contact with the specialist and keep them updated on progress in achieving the goals of the family case plan.
- I. Maintain contact and communication with their children by keeping appointments to have family time with or otherwise see their child.

WILL I HAVE SUPPORT IN MY ROLE AS A RESOURCE PARENT?

Yes! In addition to your own natural support system, as a resource parent you will be a member of a professional team for each child placed in your home and their family. Below is a summary of typical members of a child's team that you will meet as you go through the application process and once you are approved as a resource home.

Resource Specialist

Your DCFS resource specialist will most likely be the first DCFS representative that you meet. The resource specialist will be the person primarily responsible for helping you through the approval and assessment process. Once you are approved and opened as a resource home, the resource specialist will continue to serve as an advocate for you. The resource specialist will make at least quarterly contacts in your home to see what questions or needs you may have.

During the quarterly contacts the resource specialist will also ensure your home continues to stay in compliance with resource home standards and continues to otherwise be an appropriate resource home. At least one of these contacts will be unannounced. The resource specialist will also be a great source of information to you regarding ongoing training to help you in your role as a resource parent and meeting continuing education requirements (see the "Continuing Education" subsection under "How Do I Continue Serving as a Resource Parent?" for more information). The role of the resource specialist is designed to help make a child's placement in your home successful and prevent the potential harm that can come to a child through placement changes. The resource specialist will also connect resource parents to the local Resource Parent Association, where applicable.

Other resource specialist duties include, but are not limited to:

- Conducting interviews for the purpose of gathering social histories or other needed information to assess for eligibility or appropriateness of referral
- Administering background checks
- Completing contacts in resource homes to complete quarterly assessments and annual evaluations of each resource home and additional contacts as needed
- Following up with corrective actions for homes that are out of compliance
- Responding to requests from resource parents
- Providing an explanation of common procedures for hearings in the resource parent's judicial division
- Maintaining resource family training records for continuing education and conducting make-up training as needed
- Assisting in the development of resource parent support groups and associations and participating in the annual resource parent conference
- Providing information on training and other resources
- Performing any other duties identified by the Area Manager that will promote the success of the resource home

Never hesitate to contact your resource specialist if you have questions or need support!

Social Service Specialist (a.k.a. caseworker)

Each child placed in your home will have at least one Social Service Specialist, sometimes referred to as the child's caseworker, but referenced throughout the remainder of this publication as the specialist. While the resource specialist will primarily help to make sure your needs as a resource parent are met, the child's specialist is mainly responsible for ensuring that the child's needs are met. The specialist will also work with the child's biological parents to help them accomplish the goals set out in their family case plan. The specialist strives to empower biological parents to correct the issues that resulted in the child's removal and work toward a safe reunification.

Meeting the child's needs includes actively working with all team members, to include you

and the child's biological parents, in meeting family case plan goals and helping the child achieve permanency as quickly and safely as possible. The specialist will contact the child in your home weekly during the child's first month in the placement and at least monthly thereafter. However, you can reach out to the specialist at any point in time by phone, email, or text. The specialist will also maintain regular contact with medical personnel, teachers, childcare personnel, service providers, and attorneys involved with the case.

When the specialist makes a contact in the resource home, the main objective is to discuss the family case plan, any changes in the plan, or specific problems with the placement. The specialist is neither a "best friend" nor a negative authority figure. For example, telling the child, "if you're not good, then I'll call your specialist," or perceiving the specialist as someone who will solve all the problems by saying "we'll call the specialist. They'll take care of everything," is not productive. Resource parents and the specialist are partners working together. This partnership works best when each person presents the other person to the child as a positive influence in that child's life. Each one contributes to the effort taking place on behalf of the child.

If a child placed in your home was removed from a county different from the one in which you live, then that child will have a county of origin specialist from the child's removal county (also referred to as primary specialist) as well as a resident county specialist in the county in which you live (also referred to as the secondary specialist). The county of origin specialist is the team member who is responsible for ensuring everyone collaborates on the development of the family's needs assessment and family case plan, organizing and notifying all team members about family team meetings, and providing notification regarding upcoming court hearings. The resident county specialist will assist by making sure more routine needs of the child are met. This includes helping with the delivery of services and family time outlined in the child's family case plan and making any needed purchases.

Supervisor

Every resource specialist and case work specialist has a supervisor. The direct supervisor provides guidance and support to their staff and can also be a support to you if there are questions the specialist cannot answer (or when the specialist is on leave or otherwise

unavailable).

Area Manager

DCFS has ten (10) geographic service areas throughout the state (see Appendix 4: DCFS Geographic Service Areas for a map). Each of these service areas has an Area Manager who supervises all County Managers for their area and helps to ensure all operations and services for DCFS clients are successfully delivered.

Social Services Assistant

Social Services Assistants are DCFS staff who provide an enormous amount of support to the specialist and biological families. Social Services Assistants often help provide transportation for children experiencing foster care and their families to various services and family time, as well as supervise family time when necessary, among many other duties.

Health Service Assistant

For children placed in your home, the DCFS health service assistant will help coordinate your child's initial health screening, comprehensive health screen (frequently referred to as the PACE exam which stands for Project for Adolescent and Child Evaluations), and help you follow up on the recommendations outlined in the child's comprehensive health exam. Health service assistants help coordinate a variety of medical services for all children, but do not provide medical advice to resource parents.

Health service assistants also provide additional support to resource parents who care for medically fragile children. When assigned to a medically fragile child placed in a resource home, the health service assistant will initially have weekly contact with the resource parents to assist with service referrals and other supports. The health service assistant can also assist the resource parents with scheduling medical appointments, if requested by the resource parents. Over time, the frequency with which the health service assistant contacts the resource parents for a medically fragile child may be reduced depending on a child and resource family's specific needs.

Transitional Youth Services Coordinator

If you have a youth who is fourteen (14) or older placed in your home, that youth may have a Transitional Youth Services (TYS) coordinator assigned. TYS coordinators provide support to specialist who have teenagers on their caseloads by helping older youth prepare for adulthood. TYS coordinators provide life skills classes (budgeting, meal preparation, completing a resume, job interview skills, etc.) to teenagers and may also help teens apply for jobs or post-secondary education and training and help connect teens to other resources as they approach adulthood. If you have a teen placed in your home, be sure to ask whether a TYS coordinator is assigned and inquire about life skills classes that may occur in your vicinity.

Attorney Ad Litem

The Attorney *ad litem* (AAL) represents the child's best interest. The AAL gathers information from professionals, caregivers, and the child, depending on age and maturity, to make a recommendation to the judge as to what the AAL believes is in the child's best interest. The AAL should attend family team meetings and all court hearings. The AAL may come to the home where the child is placed to meet with the child and caregivers, and to ensure that the placement meets the child's needs.

Court Appointed Special Advocate

A Court Appointed Special Advocate (CASA) is a volunteer who may be appointed to a child experiencing foster care, if a CASA program exists in your county or jurisdiction and if a CASA volunteer is available. CASAs serve as an extra set of eyes and ears for these vulnerable children. If your child has a CASA, the CASA will make contacts to your home to speak privately with the child experiencing foster care.

HOW DO I PREPARE FOR A PLACEMENT?

Congratulations! If you have been approved as a resource home and are awaiting your first placement, this section covers some of the things to know about how DCFS places children experiencing foster care as well as how you can be involved in those placement decisions.

Locating a Placement for Children

All children entering foster care do so under authorization by the Court. Legal custody constitutes authorization by the court for DCFS to assume physical control of a child. A child will never be placed in foster care without legal custody. However, DCFS does have the authority to take emergency seventy-two (72) hour legal custody of any child who is in immediate danger when there is not enough time to petition for and obtain a court order.

A successful match between the child and the resource family will make all the difference in a child's life during an extremely difficult period. The law requires that a child be placed in the least restrictive, most family-like environment possible. To that end, relatives and fictive kin are always considered as the first placement option for a child. Children do best when they are in surroundings that are familiar to them. Kinship caregivers often provide the best chance for children to stay with their family in familiar surroundings and routines. When kinship caregivers are not available to care for a child, a child will then be placed in a traditional resource home.

Based on information gathered during the resource parent approval and assessment process, DCFS will consider the preferences, skills, and experience of traditional resource parents, and a child's individual needs, when seeking a placement for a child experiencing foster care. Factors taken into consideration include the child's age, sex, religion, disabilities, interests, challenges, existence as part of a sibling group, family

case plan, and proximity to family and current school. DCFS will also consider the number of beds the resource home currently has available. To help with this process, DCFS uses the Resource Home Matching Tool to make a determination.

Two of the most important considerations for placements are: whether a placement will allow a child to be relatively close to where their biological or legal parents live, and whether a placement will allow a sibling group to stay together. When a child is placed close to their birth or legal parents, this helps facilitate family time with parents and other people with whom the child has established bonds and supportive relationships. Placing siblings together lessens separation trauma, eases the stress on their parents, and reinforces the importance of family relationships. When considering placement for siblings, priority is given to families who will take all children in a sibling group.

Information about a Possible Placement

It is important that both the child and the resource parent feel that the selected placement is a good fit. When you are contacted about taking a child into your home, the DCFS staff member should provide you with the information listed below about the child. The DCFS staff person who contacts you may not initially have all information but may be able to get it after the placement. For example, the full extent of a child's medical needs may not be known at the time of placement. However, DCFS is responsible to provide you with all the information the division has at that point in time for you to provide appropriate care for the child such as:

- Age
- Education and school information
- Health of child, special health needs
- Disabilities, special equipment, facilities, or help needed
- Behavior, both positive and negative, that can be expected
- Siblings and where they live if not placed together
- Reasons the child is experiencing foster care
- A general indication of the family case plan including the plan for family time of both parents and any siblings
- Child's interests

This information is confidential and will not be redisclosed by the resource parents.

You have the option not to take a child if you feel the child would not be compatible with your family. If not all the information listed above is immediately provided, you may want to ask some of the following questions to help you decide if a child will be a good match in your home and if you are able to meet the child's needs. Once again, DCFS may not have all the information at that point in time, but is responsible for answering the questions to the best of its ability:

- What school does the child attend?
- What grade is the child in at school?
- What kind of maltreatment has the child experienced? Physical, sexual, or emotional abuse? Neglect?
- What medical information is known about the child?
- Is the child on medication? If so, what is the medication and where is it?
- Does the child have any allergies? If so, what are their reactions?
- If you have pets, how does the child react to animals?
- Are there any known behaviors that pose a risk to other children or pets in the home?
- Is there anyone with whom the child is not allowed contact?
- Is the child coming with any clothes, toys, or other belongings? Are any of these items of special significance to the child?
- Are there any special dietary restrictions or needs?
- What activities, sports, or hobbies does the child enjoy?
- What should be said to the child when the child asks about their parent?
- Is there any reason to suspect that the child might have had prenatal exposure to alcohol or drugs?

Sometimes children are removed from their homes quickly and may not have many personal items with them. Here are some basic items to have on hand in your home:

- Basic toiletries
- Bath towels

- Bedding (if you have multiple options to allow the child to choose one, that's even better!)
- Night light
- Toys
- T-shirts (oversized for sleeping)
- Simple household rules and routine

WHAT CAN I EXPECT AND WHAT IS EXPECTED OF ME AT THE TIME OF PLACEMENT?

Placement Packet

At the time of placement in the resource home, you will receive the following documents in the Placement Packet:

- Resource Home Agreement Addendum (to be signed by DCFS representative and the resource parent)
- Medical Passport
- Copy of the child's birth certificate (may not be available at the time of initial placement)
- Family Assessment (If the child was just removed from their family, and this is the child's first placement, the first family assessment is not required to be completed until thirty (30) days after the child enters care)
- Family Case Plan (if the child was just removed from their family, and this is the child's first placement, the first family case plan is not required to be completed until thirty (30) days after the child enters care)

If you do not get a packet, please ask for it. The purpose of the placement packet is to provide information on the child that will accompany the child during their time in foster care. The packet helps specialists and resource parents in the placement and record keeping process. With every move (which will hopefully be minimal), the caregiver and the child's specialist have the responsibility to replace needed forms and update information on the child. When the child leaves a resource home, the placement packet is to be given

to the child's specialist.

The specialist will discuss the contents of the placement packet with you and the child (if applicable) to address:

- The reason for placement
- Medical and mental health information (the division will ensure all known and currently prescribed medication for a child, if known, is provided at placement)
- Educational information such as any Individual Education Plan (IEPs) for special education
- Upcoming appointments and court dates
- Other information that you need in order to provide appropriate care for the child, to protect the safety of the child, and to protect the safety and property of you and your family members

Please also note that resource parents are entitled to the foster care record for children experiencing foster care currently placed in their home. This includes the family assessment, family case plans, court reports, and medical records for the child. However, information about the parents or guardians and any siblings not in the resource home, will not be redisclosed by the resource parent.

Welcoming a Child into Your Home

When a child first comes to your home, fear, anger, and confusion may just be a few of the emotions the child is having. Regardless of the reason a child experiences foster care, it is still hard for a child to leave their home and come into new surroundings. The child needs understanding, support, and patience, when settling into your home.

A few ideas when welcoming a new child include:

- Ask the child if they want something to eat.
- Introduce the child to all household members, including family pets (if children are unfamiliar with or frightened by animals, introduce them gradually, and teach proper pet handling and care).

- Show the child where everything is in the house, including the bathroom.
- Show the child the bedroom where they will be sleeping, and where to put their belongings.
- Let the child unpack in their own time. Offer to help or just let them know where to put their things whenever they are ready to unpack.
- Give permission for the child to put a picture of their mom, dad, siblings, or others in their bedroom.
- Talk about your family's daily routine and basic house rules, but in the simplest and most age-appropriate terms possible.
- Ask the child if there are any special events (birthdays, school events, etc.) coming up.
- Take time to help a child feel comfortable in your home. Make yourself available to talk with or reassure the child.
- Respect the child's right to privacy.
- Be respectful of the child's relationship with their parents and extended family members.
- Do not expect the child to show thankfulness for the home and support you are providing.

Helping the Child Understand Your Family Routine

Children do best when they have predictability, a routine, know what to expect in a typical day, and have regular mealtimes, bedtimes, chores, and expectations. Most children will need some time to watch and become comfortable with the family's routine and their space. Remember to have patience and understanding.

Bedtime and morning routines may be difficult times for a child experiencing foster care. Having a consistent routine for morning and bedtimes will help children through these transitions. For many children, a night light, stuffed animal, and an open door may make them feel more comfortable. It is also important to give children permission to get up and use the bathroom in the middle of the night.

Sleep problems are common for children experiencing foster care. Some children may have sleep disorders or disruptions as a result of trauma stemming from the abuse or neglect that they have experienced and the trauma of being separated from family. Notify the child's specialist if you see the child experiencing chronic sleep difficulties.

Helping the Child Understand House Rules

Children who have experienced abuse or neglect and are experiencing foster care need limits and boundaries, just as all children do. A child in your care will need to know the rules in your home. House rules that are simple and openly discussed as a family are helpful. There may be a fine line between routines and rules, especially some routines that may have developed into informal rules in your home. You may want to think about some of these routines that have become informal rules ahead of time to avoid potential conflict or confusion. For example, who sits where at the dinner table may be a routine that has developed into an informal rule in your home, especially for biological children or children experiencing foster care who have already been placed with you for a period of time. Another example of a common routine that has turned into an informal rule that some resource parents may not think of right away: Making sure children placed in your home know to tell you when they are out of something, such as toothpaste or toilet paper. Before receiving your first placement, you and your family may want to reflect on some other routines that have become informal rules for your family so that you can share those when a new child is placed in your home.

When making and enforcing rules, please remember to:

- Make the rule clear and repeat it often
- Base rules upon what can be reasonably expected from the child's age and emotional development
- Be consistent and stay calm

HOW MANY CHILDREN MAY BE PLACED WITH ME?

During your approval process, your resource specialist will discuss with you the maximum number of children that may be placed with you at any given time. This decision is based on several factors, including physical space available for children, your parenting capacities and skills based on your prior parenting experience or any specialized training or education, and your ability to meet the needs of each individual child present in the home. Given these considerations, DCFS reserves the right to determine the number of children that may be placed in a resource home regardless of the amount of physical space that may be available for children in the home.

Minimum Licensing Standards for resource homes establish the guidelines for maximum capacity of children placed in each individual resource home. A resource home will have no more than five (5) children in care placed in the home at one time. A resource home may care for up to eight (8) children, including biological, adopted, or other legal children who are in the home. This includes placement and respite care. Further, including a resource parents' biological children, a resource home may have no more than two (2) children under the age of two (2) and no more than three (3) children under the age of six (6). The exceptions to the above limits will be in those instances in which the placement of a sibling group or a minor parent and their child placed together in a resource home would exceed the limits.

Resource parents must have legal custody or guardianship of any children (other than children experiencing foster care) in the home that are not their birth children or relatives.

WHAT HAPPENS BEYOND THE INITIAL PLACEMENT?

Overview

As you and your family work to integrate the child placed in your home into your family, hopefully daily life will still look familiar in terms taking the children to school and extracurricular activities, helping the children with homework, attending doctor visits, and celebrating holidays. On the other hand, having a child experiencing foster care placed in your home also means many new commitments for you and your family, such as family team meetings, court hearings, and working to ensure that the child has adequate family time with their birth or legal parents and siblings, as applicable. As a resource parent, you and your family will also need to be prepared to have different people from the child welfare system complete contacts in your home. To outline what some of these activities and requirements may look like when a child experiencing foster care is placed in your home, this section is divided into two primary parts:

- Daily Living
- Permanency Case Activities and Requirements.

Some of the information provided below has already been referenced in the “What is Expected of Me as a Resource Parent?” section. But, once again, there is so much for which resource parents are responsible. The division wants to ensure you have a clear understanding of your role and what to expect, so much of this information bears repeating.

Daily Living

As the resource parent, you will provide the direct care and have decision-making authority concerning the child's daily living. That said, you may not independently make major decisions that have far-reaching effects on the child's life, such as consents for surgery, military service, or marriage. Likewise, you may not make decisions that have long-term effects for the child's personal appearance, such as allowing the child to obtain piercings or tattoos or changes to a child's hair style without consulting the specialist, particularly for infants and toddlers who have never had a haircut before, given some cultural traditions around a child's first haircut. Regular, ongoing haircuts that keep a child's basic style are left to the resource family's discretion. The specialist will obtain permission from the child's parent prior to authorizing any changes in appearance for the child. Such changes cannot be made without parental consent.

Communication with the Child's Assigned Specialist

As a resource parent, you have a valuable window into how a child is adapting and adjusting. Often a resource family will see problems before the child's specialist will. It is important that you notify the assigned specialist when you see any problems. Concerns or unusual behaviors may be indicative of a larger problem. This is especially important if you are seeing behaviors such as:

- Sexual acting out
- Depression or other mental health concerns
- Physical aggressiveness
- Other extreme behaviors

Keep the child's specialist informed through telephone calls, confidential email, voice mail messages, or written documentation. If you need to talk to the specialist immediately or have not received communication back within forty-eight (48) hours, contact the assigned specialist's supervisor for assistance.

Use of Child's Legal Name

For legal purposes and for the child's sense of identity, a child in care will use their own name. Resource families will use the child's legal name and not give the child a different name. However, a child may have a nickname they prefer to be called. A child

in care will not assume the name of the resource family while the child remains in the custody of the division.

Health and Medical Services

As the child's day-to-day caregiver, if possible, you will need to go with the child to doctor visits, or to otherwise receive treatment and consult with the health care provider about the child's health care needs. DCFS may assist with transportation and other necessary support to enable the resource parent to accompany the child to health care visits. This assistance either may be provided through the use of DCFS staff, including paid or volunteer aides, or through agreements to reimburse the resource parent for such supportive services related to the child's family case plan.

If you cannot accompany the child, the specialist or health service assistant will accompany the child and convey the health care provider's diagnosis and instructions to you. The medical passport (see below) will be revised, and the updated version will be provided to you.

Medical Passport

In order to equip you to care for a child placed in your home, division staff will provide you with an abbreviated health record, typically referred to as the "medical passport," at the time of placement. The medical passport will include (depending on when the child began experiencing foster care), the initial health screening, timely comprehensive health assessments, and a descriptive health plan for each child. The medical passport will also include a copy of any assessment or family case plan which has been developed for the child's family, and the names of the child's prior health care providers, if known. If a child's placement with you is their first placement in foster care, please understand that health and medical information available for that child may be limited, particularly if a removal was done after-hours or on the weekend.

The medical passport forms are to be completed during initial placement into foster care. The specialist will complete CFS-362: Medi-Alert to Resource Provider. You and

the specialist are to complete CFS-365: Receipt for Medical Passport together. The child's specialist or health service assistant will also request medical records on the child for the time prior to entry into foster care. The medical history information gathered will be given to the physician who will do the comprehensive health assessment. The medical history is used to supplement and correct the child's medical passport. Requests for medical records are documented on the CFS-353: Requested Medical Records Log. The CFS-366: Initial Physical is used for the initial physical the child receives upon entry into foster care. Finally, the CFS-352: Medical, Dental, Vision, Hearing, and Psychological form will be completed each time the child has one of these ongoing health care appointments.

Initial Health Screening

A child who enters the custody of the division will receive an initial health screening:

- Not more than twenty-four (24) hours after removal from home, if the reason for removal is an allegation of severe maltreatment or there is evidence of acute illness or injury
- Not more than seventy-two (72) hours after removal from the home for all other children

The initial health screening will include a head-to-toe physical. If possible, the physical should be conducted by the child's Primary Care Physician (PCP). You are encouraged to accompany the child to the initial health screening (and to any appointments for on-going health or mental health services). If this is not possible, you will need to be available by telephone to the person conducting the screening.

As with educational services and activities, if the goal of the case is reunification, then the child's biological parents are also encouraged to attend medical appointments, if allowed by court orders. This allows them to take part in the care of their children and provide valuable health history regarding both the child and extended biological family. Once again, talk with your child's specialist on how best to proceed, and discuss issues like participation in medical appointments and other health services at the regular family team meetings that will occur.

The specialist or health service assistant will share the results of the screening with you and any instructions for the child's care and treatment. You will also receive the name of the person who performed the screening. Upon completion of the initial health screening, the specialist or health service assistant will complete the CFS-362: Medi-Alert and give a copy to you. If the initial health screening indicates that treatment or further evaluation is needed within thirty (30) days, the specialist or health service assistant will ensure that the need is promptly met.

Comprehensive Health Assessment

A Comprehensive Health Assessment will be completed within sixty (60) days of a child's entry into foster care. The Comprehensive Health Assessment includes: cognition and achievement; speech and language development; and hearing, vision, medical, emotional, and behavioral development. Medications will be provided as necessary.

The University of Arkansas for Medical Sciences (UAMS) Project for Adolescent and Child Evaluation (PACE) Program is responsible for conducting comprehensive health assessments. Once again, the resource parent, as well as the birth or legal parents or relevant members of the extended family, are encouraged to participate in the comprehensive health assessment (when appropriate).

After the comprehensive health assessment, there will be a written summary of the medical, mental health, educational, dental, social status, and needs of the child. The Child's Health Services Plan should be completed at the comprehensive assessment. The specialist or health service assistant will provide copies of the health plan and updates within seven (7) days to the resource parents, the child's legal parents, and the child (if age ten (10) or older).

If Medicaid records indicate that a child has not had recent dental examinations within the approved Division of Medical Services' timeframes, then within the first sixty (60) days a dental examination will be completed. All follow-up dental work that is recommended by the provider will be completed within the recommended timeframes set forth by the dental provider.

Continuing Health Services

After the comprehensive health assessment is conducted, all subsequent examinations will take place (as part of the ongoing Early Periodic Screening Diagnosis Treatment (EPSDT) program), based on the respective periodicity schedules. The medical provider will complete CFS-352 at each examination and the medical passport will be updated and provided to you. A physical examination control schedule will be maintained so that examinations are conducted according to the Division of Medical Services' EPSDT periodicity schedule.

Prescription Drugs

Children experiencing foster care are eligible for prescription drugs through the State Prescription Drug Program. When there are no Medicaid providers available in cases of emergency, the specialist (with the approval of the County Manager or designee) will authorize and bill for medication and medical services, as applicable.

Mandatory Immunizations

State law requires that certain immunizations are obtained before a child enters school. As the resource parents you will assist in maintaining current immunizations. See Recommended Immunizations Timetable under "Useful Links" in this manual.

Medication

As stated in the "What is Expected of Me as a Resource Parent?" section, you will need to administer medications only in accordance with directions on the label and be aware of possible side effects of all medications. All over-the-counter medications will be stored in an area not readily accessible to children, according to the age and development of each child in the home. Medication will also be stored in accordance with pharmaceutical recommendations.

All prescription medications (excluding Epi-pens, inhalers, and Glucagon kits) will be locked. An age-appropriate and developmentally capable child may be provided or have access to non-narcotic prescriptions with an approved safety plan (birth control,

acne cream, or topical creams).

You are required to log all medications at the time the medication is administered, using CFS- 364: Medication Log. The logs must include the following:

- Child's name
- Time and date
- Medication and dosage
- Initials of the person administering the medication

You will provide age appropriate (considering both chronological and developmental age) children with a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during the times the dose is needed. Examples include pain relievers, fever reducers, anti-inflammatory (and other related medications), or prescribed antibiotics or inhalers. However, these medications must be logged at the time they are given to the child.

Hospitalization

When a child experiencing foster care is hospitalized, the specialist working with the child must provide the hospital with the child's Medicaid number (if applicable), vital statistics, previous medical history, and other identifying information as indicated.

The specialist signs both the admission forms and the required consent for surgery, if indicated and will include the name and cell phone number of the specialist to be contacted regarding the child on the admission forms. A second opinion by a medical specialist will be obtained before major surgery whenever possible.

As a resource parent, you may not sign a child experiencing foster care into the hospital for planned visits or sign other medical or surgical consent. However, never delay calling 911 or otherwise taking a child to the emergency room if needed. Physicians and hospitals may determine that an emergency exists and waive the usual required consent, or they may take consents from DCFS on the telephone with a second party at the hospital listening and verifying the consent. The most important

thing to remember after arranging for any emergency medical care is to notify the specialist immediately when a child experiencing foster care is hospitalized. As soon as possible, the specialist will contact the hospital and sign the required consents.

Payment for Medical Services

Medicaid is the primary source of medical payment for most children experiencing foster care. If a child in the home does not receive a Medicaid card, contact the specialist. A child's Medicaid number should be accessible through the Resource Parent Portal within three (3) business days of the child coming into care, and the actual Medicaid card should be available within ten (10) business days of the child entering care. For a child who has been experiencing foster care for more than three (3) weeks but is moving to a new placement, a copy of the child's Medicaid card will be provided to the resource parents at placement. Although the specialist may provide a copy of the Medicaid card (for the resource parent to keep in the Medical Passport, and so that they may obtain medical services for the child), the actual Medicaid card will be kept in the child's case record in the county office. When there are no Medicaid providers available in cases of emergency, the specialist (with the approval of the County Manager or designee) will authorize and bill medical services. In the event medical services are denied by Medicaid, the child's medical needs will be met with foster care funds. A child will not be denied medical services because the child is not Medicaid eligible.

Educational Services

It is the responsibility of DCFS to provide educational opportunities to help each child meet their full potential. To ensure that children in the custody of the division receive a quality education, it is the division's policy to enroll children experiencing foster care only in schools accredited by the Arkansas Department of Education. Federal law requires child welfare and education agencies to collaborate, to guarantee school stability and school attendance for all children experiencing foster care. It specifically mandates that, in making decisions regarding a child's placement, child welfare agencies take into account the location of the child's school and the appropriateness of the child's current educational placement. Children entering foster care or experiencing a placement change must continue to attend their school of origin (school in which the child was enrolled at the time of entry into foster care or time of placement

change) unless remaining in the school of origin is not in the child's best interest. Best interest determinations will be made collaboratively between the Local Education Agency (LEA) and local DCFS staff. Factors to be considered in making a best interest determination include:

- Child's preference
- Age of the child or youth
- Preference of the child's parents or education decision makers
- Child's attachment to the school, including meaningful relationship with staff and peers
- Placement of the child's siblings
- Distance of the commute to and from the school of origin and its impact on the child's education and well-being
- Personal safety issues
- History of school transfers and how they have impacted the child
- Availability and quality of services in the current and potential schools to meet the child's educational and social or emotional needs
- Child's need for special instruction (special education and related services)
- Anticipated length of stay in the placement
- Child's permanency plan
- Time remaining in the school year
- Other factors that may impact the child's academic success

To the extent reasonable and practical, local DCFS and LEA will ensure the child remains in the school of origin while the best interest decision is being made.

Children experiencing foster care will attend public schools. However, the DCFS Director may grant an educational waiver allowing a child to be placed in a non-public school, including a private, parochial, online program, or home school, if it is the best interest of the child. No state or federal funding may be used for such placement with the exception of Education Freedom Accounts.

If a child placed in your home is struggling in school, the first step for assessing tutoring needs, any special accommodations (such as a 504 Plan), or special education assessment or services is to speak with the appropriate representatives in a child's school district.

Tutoring can be purchased for a child in need of additional educational assistance. However,

please consult with the child's specialist since purchasing tutoring services requires pre-authorization and there are often alternate services or supports that may better meet a child's educational needs. The DCFS Education Program Manager is also available for consultation regarding educational services and needs. Please ask your child's specialist for that person's contact information as needed. In addition, each school district has a foster care liaison who may be able to provide assistance in this area of concern. You are encouraged to learn who your child's foster care liaison is in the school district. Educational testing and counseling should be available to a child experiencing foster care when they begin to make career or curriculum decisions. If a child desires to pursue college or vocational training after high school, the specialist and TYS coordinator will assist the child in the exploration of resources to pursue this plan.

As a resource parent, you will often know the child placed in your home better than the Specialist since you are with the child every day. As such, you have a wealth of knowledge about that child and are encouraged to attend parent-teacher conferences, any special education meetings (such as Individualized Education Plan (IEP)), as applicable, and other school events.

If the goal of the case is reunification, then the child's biological parents are also encouraged to attend these events in most instances. In general, there is nothing that prevents resource parents and biological parents from attending educational meetings and events together. In fact, in many cases this is encouraged as it helps the child view the resource and biological parents as a team, working to ensure the child's well-being, and can be a wonderful way to support biological parents as they work to reunify with their child. However, since every permanency case is different, be sure to speak to your child's specialist on how best to proceed and discuss issues like

attendance at educational meetings and events at the regular family team meetings that will occur.

Daily Child Care for Non-School Age Children

Many resource parents work outside the home and require assistance with childcare for children who are not yet enrolled in grade school. Childcare may be authorized and routinely provided for a child experiencing foster care if both resource parents work outside of the home, if it is determined to be appropriate as part of the family case plan, or if court ordered. Appropriate reasons include: 1) socialization, kindergarten readiness, or therapeutic benefits for the child; or, 2) to ensure the child may be placed in a resource home in their county or in close proximity to their home. The service may be authorized for up to three (3) months at a time. It will only be provided by DCFS when resources are available.

Resource parents are required to seek enrollment in an Arkansas Better Chance (ABC) or Head Start program as the childcare provider for all children experiencing foster care. DCFS must document all attempts to place the child in an ABC or Head Start childcare program prior to authorizing use of a childcare voucher program for any childcare needs. If an ABC or Head Start program cannot be located for the child, then resource parents and DCFS staff will collaborate on identifying a child care program that accepts daycare vouchers and also participates in the state's Better Beginnings Program.

Childcare providers must be on the voucher system and licensed by the Office of Early Childhood within the Department of Education or on the Voluntary Child Care Registry. If the child was enrolled in childcare prior to coming into care, the child should remain in that particular childcare facility, if at all possible (provided it is licensed by the Office of Early Childhood or on the Voluntary Child Care Registry). This is an effort to provide the child with consistency in his/her daily caregivers and reduce the amount of trauma a child experiences when coming into foster care.

If a child was not enrolled in childcare, prior to coming into care, or if a new childcare facility must be used, DCFS and the resource parents will make every effort to place

the child in a high-quality childcare center. For more information on high-quality childcare centers, visit the Better Beginnings website at <http://www.arbetterbeginnings.com/>.

Enrollment in overnight daycares is not allowed. Likewise, late night pick-ups (after 8:00 p.m.) from childcare centers that have extended hours are also unacceptable.

Transportation and Travel

As discussed in the approval requirements, you will need to have your own transportation available to transport the child to school, appointments, and activities. When the resource parent needs assistance with transportation, the resource parent should contact the specialist as soon as possible. The specialist, social services assistant, or a volunteer transporter may be assigned to assist with travel, as those resources are available.

Transportation of children experiencing foster care must be conducted by a driver with a valid driver's license who cleared all motor vehicle background checks. As such, resource parents will not allow children in foster care to ride in a vehicle with a youth who drives with only a learner's permit. A minor who has met all requirements to drive alone, under an intermediate license, may transport children experiencing foster care if you believe that minor is otherwise mature enough to handle that responsibility, both the minor driver and the child experiencing foster care agree to the arrangement, and other reasonable and prudent parent considerations have been made.

Minors driving independently with an intermediate license are not allowed to transport more than one (1) unrelated minor in the vehicle, they may not use any interactive wireless device while driving (including a cellular phone) and, they may not operate a motor vehicle between the hours of 11:00 p.m. and 4:00 a.m. unless:

- Accompanied by a person twenty-one (21) years of age or older
- Driving to or from a school activity, church-related activity, or job
- Driving because of an emergency

Arkansas state law also requires that:

- Children who are less than six (6) years of age and children who weigh less than sixty (60) pounds require a child safety seat
- All other children must be restrained by safety belts

In addition, DCFS policy prohibits smoking in any motor vehicle transporting a child experiencing foster care. DCFS also strongly endorses and promotes the American Academy of Pediatrics recommendation that all children younger than thirteen (13) ride in the backseat of the vehicles.

Resource parents must have prior written authorization to transport children experiencing foster care for an overnight stay outside the State of Arkansas. Such requests will be made to the specialist as soon as travel planning begins, and at a minimum of two (2) weeks prior to scheduled travel dates, if possible. The child's specialist or other designated staff will complete a DHS-1010: Request for Out-of-State Travel and must have an approval from the Area Manager or designee prior to travel occurring. Resource parents residing in counties which border on state lines will not have to submit a request for out-of-state travel in order to cross the state border, when travel plans do not require an overnight stay outside the State of Arkansas (shopping or visiting with a relative in a nearby town).

For information on reimbursement for transportation, please see the "Transportation Reimbursement" subsection under "What Financial Support Will I Receive as a Resource Parent?".

Vacations

When vacationing as a family, resource parents are encouraged to take any children placed in their home with them. However, DCFS will not pay for vacation expenses. As noted above, travel out of state involving an overnight stay or more requires prior written authorization via a DHS-1010. Travel out of the country, with a child placed in your home, requires the approval of the DCFS Director or designee. For any planned vacations, or other travel out-of-state with a child placed in your home, the more advance notice you can provide to the child's specialist, the better (in terms of

ensuring sufficient time to plan, provide appropriate notice to other parties as needed, and work out trip details).

Need for Babysitting or other Alternate Care Arrangements

DCFS recognizes the importance of allowing, and even encouraging, resource parents to take a break from the duties of providing a home to children experiencing foster care. There are different levels of what the division refers to as “alternate care,” which refers to any time a resource parent requests another appropriate adult to supervise the children that have been placed in the resource parent’s home. The division promotes the use of alternate care to foster a degree of normalcy in the lives of children experiencing foster care. Below is a description of the different kinds of alternate care.

Extracurricular Activities and Other Normal Age-Appropriate Activities

Children in resource homes are encouraged to participate in normal age-appropriate activities, such as: overnight visits with friends, extra-curricular activities, church activities, and short-term summer camps. As a resource parent who knows about the children placed in your home, you will need to apply the reasonable and prudent parent standard. This means exercising careful and sensible consideration when determining whether an activity for a particular child will not only encourage the emotional and developmental growth of the child, but also maintain the health, safety, and best interests of the child. When applying the reasonable and prudent parent standard, resource parents will make the following considerations:

- The child’s chronological age, maturity level, physical and behavioral capacities, and cognitive and emotional developmental levels
- The potential risk factors and the appropriateness of the activity
- The best interest of the child, based on information known by the caregiver
- The importance of encouraging the child’s emotional and developmental growth
- The importance of providing the child with the most family-like living experience possible
- The behavioral history of the child and the child’s ability to safely participate in the proposed activity

As the resource parent you are responsible for monitoring extra-curricular activities to ensure a child experiencing foster care does not become overwhelmed with too many activities. Children need ample time in the resource home for relaxation, participation in daily household activities, completion of homework, and bonding with your family. You will need to notify the child's specialist if the child will spend more than twenty-four (24) hours outside of your resource home.

Babysitting

Babysitters may be used to provide occasional care for children in the resource home for no more than eight (8) continuous hours at one time. As a resource parent, you must exercise careful consideration when evaluating the character and competence of any individual asked to babysit. You may reimburse the babysitter if you choose to do so. However, the division will not reimburse for babysitting services except for when funding is available to defray the cost when resource parents attend approved continuing education trainings or events.

Babysitters will not transport children. Background checks are not required for babysitters as described in this section.

Resource Family Support System

The Resource Family Support System (RFSS) may be comprised of up to three (3) other households identified by the resource family. RFSS households will be part of the resource family's existing, natural support system. RFSS members may provide care for children when a resource parent is unable to do so.

Once again, resource parents will exercise careful consideration when evaluating the character and competence of any household asked to serve as an RFSS member. RFSS members must be at least twenty-one (21) years of age. There is not a standard maximum age limit for RFSS members, but RFSS members must be physically, mentally, and emotionally capable of caring for children for up to seventy-two (72) hours. You may reimburse an RFSS member if you choose to do so, but DCFS will not reimburse for the use of RFSS members.

Members of a Resource Family Support System may transport children and care for children in the resource home or in the home of the RFSS member. Anytime you plan for a child placed in your home to be cared for by an RFSS member for more than twenty-four (24) hours, you must notify your child's specialist. An RFSS member will not provide care for more than seventy-two (72) continuous hours at one time regardless of the location in which care is provided and regardless of which RFSS member is providing care. It is prohibited for RFSS members to take children experiencing foster care out-of-state for overnight trips.

However, for extenuating circumstances only, the Area Manager may approve for a child to stay with an RFSS member for more than seventy-two (72) hours, but no more than seven (7) days. To go beyond the seventy-two (72) hour timeframe requirement, a written request must be submitted to the Area Manager explaining the reasons for the extension request. The Area Manager or designee must approve or deny the request in writing.

The number of children placed in an RFSS member household must meet all Minimum Licensing and DCFS Policy requirements.

All prospective RFSS members must be cleared through the Child Maltreatment Central Registry, Vehicle Safety Program, and State Police Criminal Record Check. DCFS will request any other state where the prospective RFSS member has resided in the preceding five (5) years, to check its child abuse and neglect registry. DCFS will provide documentation in the case record that the Child Maltreatment Central Registry and State Criminal Record Checks were conducted on the prospective RFSS member.

Documentation of at least one visual inspection of the home for evaluation purposes is required of all prospective RFSS members.

Respite Care

When a resource family support system member is not available to provide needed care on a short-term basis, respite care may be utilized to temporarily relieve the

resource family of the ongoing responsibilities and stresses of care. Respite care must occur in a division approved resource home and cannot exceed fourteen (14) consecutive days. There are two (2) types of respite care:

- **Informal Respite Home:** An approved DCFS resource home that can provide temporary care when the resource family support system is unable to assist, or for situations in which children will be outside of the resource home for more than 72 continuous hours. An Informal Respite Home may provide care for no more than seven (7) continuous days at one time. Periods of respite care in an informal respite home lasting longer than seven (7) consecutive days require approval from the Area Manager or designee.

If an Area Manager approved extension exceeds fourteen (14) continuous days, the regular resource parents' board payment will be affected. If the child has stayed in any combination of RFSS or informal respite homes (outside of the regular resource home placement), the total amount of days within those alternate care types cannot exceed fourteen (14) consecutive days as board payment may be affected.

Resource parents may reimburse an informal respite provider if they choose to do so. DCFS will not reimburse an informal respite provider. The number of children placed in an informal respite home must meet all minimum licensing and DCFS Policy requirements.

- **Formal Respite Care:** A DCFS contract provider who supplies short-term respite care particularly when a child's current placement is at risk of disruption or respite is needed to prevent a residential, acute psychiatric or similar placement. Formal respite care should be provided in accordance with a family-driven, youth-guided respite plan and in coordination with a child's behavioral health treatment plan (if applicable).

Formal respite care will be provided for no more than seven (7) days per three (3) month period. Longer periods of formal respite care require approval from the Prevention and Supports Manager. If an approved extension exceeds fourteen (14) consecutive days, the regular resource parents' board payment will be affected. If the child has stayed in any combination of RFSS or informal respite homes before a formal respite stay, the total amount of days within those alternate care types (outside the regular resource home placement) cannot exceed fourteen (14) consecutive days as board payment may be affected.

[Social Media and Sharing Information about Children Experiencing Foster Care](#)

There are occasions when questions may be asked of a child experiencing foster care or pictures requested of a child experiencing foster care for purposes of newspaper, television, or radio publicity. All publicity of this nature must be approved through the specialist and the County Manager or designee. Typically, these are approved as long as the youth is not identified as experiencing foster care and as long as the youth's last name is not used. Some situations may require the involvement of the DHS Director of Communication.

However, youth experiencing foster care may appear in school yearbooks, school newspapers, church youth group bulletins, and similar age appropriate publications without consulting the division if the child is not identified as being in foster care.

As a resource parent, you are prohibited from posting pictures of children placed in your home (even if the face is blocked or blurred when posted) online or on any type of social media platform. In addition, any information about the circumstances of the child experiencing foster care or their family or the progression of the permanency case is prohibited from being posted online. Arkansas law (Arkansas Code § 9-28-407(h)) prohibits resource parents from redisclosing any information they obtain about a child experiencing foster care, the child's parents, or siblings not placed in the resource home, and such extends to posting information on social media platforms.

For older youth experiencing foster care who have social media accounts and choose to post "selfies" or other information, resource parents must monitor, to some extent, that use of social media. Resource parents will assess how appropriate and safe a post may be for the

youth and for the resource family as well.

Many youth experiencing foster care contact siblings or other family members using social media. Please be aware of such communication and conference with the youth's specialist if there are questions regarding whether contact between the youth and their families is safe and appropriate. Actions may need to be taken, if there is a conflict with a court order or if there are other issues.

Screen Time

The monitoring of social media also extends to other forms of screen time. The American Academy of Pediatrics (AAP) recommends "screen-free" zones at home by making sure there are no televisions, computers, or video games in children's bedrooms and by turning off the tv during dinner. Children and youth should engage with entertainment media for no more than one (1) or two (2) hours per day. It is important for children to spend time on outdoor play, reading, hobbies, and using their imagination in free play.

Television and other entertainment media should be avoided for infants and children under age two (2). A child's brain develops rapidly during these first years, and young children learn best by interacting with people, not screens.

Cell Phones

DCFS generally does not provide cell phones to youth experiencing foster care except for youth who elect to stay in extended foster care (see Appendix 3 for more information). If a resource parent chooses to purchase or allows a child in care under eighteen (18) to purchase or use a cell phone, DCFS is not responsible for any expenses related to the purchase. Likewise, DCFS is not responsible for any expenses related to the use, abuse, or loss of the phone for a child of any age. This includes youth who participate in extended foster care after the allotted phone maximum has been expended for the youth in extended foster care.

Chores

Children experiencing foster care placed in your home can be expected to help with reasonable and age-appropriate or developmentally appropriate chores. With support and understanding, chores can be a way for children to learn how family members work together as a team and feel included in your family. A child in care can be expected to share equally in the chores expected of other family members of the same age. As examples, younger children may help set the table. For teens, reasonable household chores are a way for them to gain important life skills that will help them transition to adulthood. For example, teens may be able to do their own laundry, help prepare for and assist with cooking a meal each week, and call to schedule their own doctor appointments, with coaching and other support needed from resource parents (for more information on serving as a resource home to teens, please see Appendix 3).

A child will not be expected to perform chores that are your responsibility, or that are chores that should be shared among several individuals (for example, the entire family's laundry). If you have questions about what may or may not be appropriate chores for a child placed in your home, based on their ability and history, please reach out to the child's specialist. Topics such as these also may be discussed in a family team meeting so that all team members can weigh in and come to consensus.

Guidelines for chores include:

- Never assume the child knows how to do a certain chore. Rather, start by teaching the child how to do the chore.
- Start with simple chores and tasks and work up to more complex ones, as the child's skills increase and ability to persevere becomes stronger.
- Rotate chores so that the child can develop different skills and have a variety of experiences.
- Do not associate chores with discipline or punishment. Rather, they should be part of the child's participation in family life.
- Do not allow chores that need to be performed to interfere with family activities, school, regular play time, family time, or the child's normal contacts.
- Be sensitive to the needs of the child, for help and support in carrying out chores.
- Encourage children to take care of their own personal belongings, make their

bed, and keep their closet, drawers, toys, and other items in order.

- Praise the child for a job well done.

Permanency Case Activities and Requirements

Family Assessments and Family Case Plans

For every child experiencing foster care, a family case plan is required. This family case plan must be completed within thirty (30) days from the date the child enters care. The primary Specialist develops a family case plan in collaboration with the child's family to include the child as age-appropriate and developmentally appropriate.

The family case plan outlines the services, resources, and time frames of what the parents, child, specialist, and other DCFS staff, and resource parents need to do for the child to safely return to the parents' home permanently. The family case plan is developed based on:

- An assessment of the family's strengths and needs (you may request a copy of this assessment)
- Reasons the child came into care and needed changes in the biological or legal family's home or parenting to ensure the child's safety
- The child's needs

Resource parents will have the opportunity to provide input during the family case planning process. Resource parents will be given a copy of the family case plan but are prohibited by law from re-disclosing any case information and will only use the information in the family case plan and other case records to assist them in caring for the child placed in their home.

The family case plan will also list the case plan goal for the child. Very generally, permanency goals may include:

- Reunification with the parent
- Adoption or guardianship (with kin being considered first)

- Placement with a permanent custodian, to include permanent custody with kin
- For youth sixteen (16) and older, Another Planned Permanent Living Arrangement (APPLA). APPLA means the youth will most likely age out of foster care at age eighteen (18) or older

There should be at least two (2) goals listed in the family case plan, typically called concurrent goals. These two (2) goals will be actively worked at the same time. Concurrent goals help make sure that if one goal does not work out, then there is a back-up plan. Concurrent plans

are designed to increase the child's chance to achieve permanency safely and swiftly.

Family Team Meetings

A family team meeting is a meeting of key persons who are responsible directly or indirectly for problem-solving and decision-making regarding a family's case plan. An initial family team meeting is held within the first thirty (30) days of the child's stay in foster care. Subsequent family team meetings are held at least every three (3) months thereafter. Additional meetings may be held as needed. As a resource parent, you will be invited to all family team meetings for children currently in your care. However, it may not be necessary for you to attend the entire meeting. The family's case plan will be discussed at almost every family team meeting.

The specialist will inform you in advance of the purpose of the family team meeting, and what information, if any, you may need to present such as:

- Observations about the child
- The child's reactions to family time with his or her birth or legal family, as perceived by the resource parent
- The child's adjustment in one's home and community
- Any problems the child is currently experiencing and difficulties this may be causing the family
- Input regarding development of the family case plan and the resource parent's assessment of progress in those areas

Court Hearings

You will be provided notification of upcoming court hearings for each child currently placed in your resource home. Resource parents are encouraged to attend court hearings and will be offered the opportunity to be heard at hearings. The following is a brief summary of the types of court hearings that typically occur throughout the life of a permanency case:

- **Probable Cause:** The probable cause hearing must be held within five (5) business days of issuing an emergency order that allowed the division to take custody of the child. At this hearing, the court determines if DCFS had sufficient reason to place the child in foster care and if the child should be returned home, stay in the temporary custody of DCFS, or live with someone else until the adjudication hearing.
- **Adjudication:** Following a probable cause hearing, an adjudication hearing is held to decide if the child is dependent/neglected (this means abused or neglected). The dependency-neglect adjudication hearing is generally held within thirty (30) days of the probable cause hearing but it is permissible for the adjudication hearing to take place within sixty (60) days after removal.
- **Disposition:** If it is determined that the child is dependent/neglected, the judge will hold a disposition hearing to decide if it is better for the child to stay in the custody of DCFS, be placed in someone else's custody, or be returned to their parent or guardian. This hearing usually takes place immediately after the adjudication hearing, but if not, then it must take place within fourteen (14) days of the adjudication hearing.
- **Review:** Review hearings are held to make sure that everyone is following the court orders and the family case plan. They are also an opportunity to see how the child is doing, to determine whether the right kind of services are being provided for the family and the child, and to assess whether the child can be returned home. The first review hearing is held no later than six (6) months from the date the child entered foster care. However, the court may require a review prior to the sixth month review hearing. After that, the court will continue to review a permanency case no less than every six (6) months, including for

those children experiencing foster care who are placed out-of-state. Review hearings will continue to be held until the child has a permanent home. At any time during the life of a permanency case, any party to the case may request the court to review the case. The party requesting the hearing must provide reasonable notice to all parties.

- **Permanency Planning:** At the permanency planning hearing (PPH), the court must decide on a plan for permanent placement for the child. The hearing can be held at any time, following the adjudication, but must be held within twelve months from the date the child was removed from the home, and not less than every twelve (12) months thereafter (during the continuation of the child's foster care experience).

Below is a summary of the hierarchy of preferred permanency plans:

- a. Placing custody of the child with a fit parent at the permanency planning hearing
- b. Returning the child to the guardian or custodian from whom the juvenile was initially removed at the permanency planning hearing
- c. Authorizing additional, but limited, time (not to exceed three (3) months) for parent, guardian, or custodian (under certain circumstances found by the court and as outlined in Arkansas law) to work toward reunification and authorizing a corresponding plan to place custody of the child with a parent, guardian, or custodian
- d. Authorizing a plan to obtain a guardianship or adoption with a fit and willing relative
- e. Authorizing a plan for adoption with the division filing a petition for termination of parental rights (with certain exceptions outlined in Arkansas law)
- f. Authorizing a plan to obtain a guardian for the juvenile
- g. Authorizing a plan to obtain a permanent custodian, including permanent custody with a fit and willing relative
- h. Authorizing a plan for another planned permanent living arrangement (APPLA). This includes a permanent planned living arrangement, and

addresses the quality of services, including independent living services and a plan for the supervision and nurturing that the juvenile will receive. An APPLA permanency plan means the child will most likely age out of foster care at eighteen (18) or older. APPLA can only be selected if the child is sixteen (16) or older and if the court makes a judicial determination explaining why, as of the date of the hearing, APPLA is the best permanency plan for the juvenile and the court finds compelling reasons why it continues to not be in the best interest of the child to have one of the other permanency plans listed above.

- **Termination of Parental Rights:** The court may consider a petition to terminate parental rights (TPR) if the court finds that returning the child to their parents is contrary to the child's health, safety, or welfare, and that returning the child to his or her parents cannot be accomplished in a reasonable period of time. TPR ends a parent's legal rights to their child.

Family Time and Contact for Children Experiencing Foster Care

One of the best predictors of successful family reunification is frequent and quality family time. Different types of family time and some of the parameters around them are described below:

- **Parent-Child Family Time:** In order to achieve reunification of families, DCFS will strive to ensure family time with the child's biological or legal parents occurs within the first five (5) days of placement after the initial removal (sooner if possible). Family time will be based on a family's needs and reasons for the out-of-home placement. But, if the court orders supervised family time, then the parent from whom custody was removed will receive a minimum of four (4) hours of supervised family time per week. However, the court may order less than four (4) hours of supervised family time each week if it is not in the best interest of the child (or if it will impose an extreme hardship on any party).

As the family prepares for reunification, the frequency or length of family time will increase, while the level of supervision will decrease accordingly. When parents graduate from supervised to unsupervised family time, the frequency and duration of the unsupervised parent-child family time will generally be

comparable to, if not more than, the frequency and duration of the supervised family time.

Generally, the preferred location for family time is in the most home-like setting possible, to include the parent's home as appropriate. Family time at the DHS office is a last resort. Family time is encouraged to include any variety of quality activities such as visiting a library, attending story time at a library, playing at a park, making and enjoying a meal together, helping with a child's bedtime routine, etc., as appropriate for an individual family.

Since resource parents can model positive parenting skills that may help the biological or legal parents to achieve reunification, you may consider hosting family time, if appropriate and acceptable to all individuals involved. If this is something in which you may be interested, please talk to your child's specialist or your resource specialist. It is DCFS' responsibility to ensure that, if you are willing to host family time, you thoroughly understand all court orders related to parent-child contact and any other relevant information regarding the case and family dynamics to allow you to appropriately and safely supervise family time. DCFS policy states that resource parents will not be expected to host parent-child family time during the first placement they have as a resource parent or during the first month of any open permanency case. Division policy also requires that the child's specialist continually assesses, on a case-by-case basis, the appropriateness of resource parent involvement for each foster care placement.

Even if you are not comfortable hosting family time, you will still play an important role in family time between the child and their parents and siblings. This includes acceptance of family time, emotional preparation of the child, and supportive follow-up with both the child and the child's specialist. The resource parent can help the children by preparing them for changes in the family circumstances or anything that might be unexpected or difficult for the child to accept. The same supportive attitude is needed after each family time session. You will need to share with the child's specialist the reaction of the child to family time and any other relevant observations.

Your help is vital to the success of the child's family time with his or her parents or other family members. However, you may find visits difficult in some situations. For example, a child may return with uncombed hair or become upset following family time. In fact, it is not uncommon that children show increased behavior problems before and after family time. This may include:

- Difficulty sleeping
- Behavior that is defiant
- Tantrums
- Crying
- General fussiness or moodiness

These kinds of behaviors, following time spent with the biological or legal family, do not mean that family time should stop. When children spend time with their parents, they may be reminded of their separation or grief. They may not want family time to end or may become angry with their parent for missing a family time session. These behaviors are to be expected. If children get violent or display any other extreme behaviors, it is important that you notify the child's assigned specialist immediately.

Resource parents will not make the determination to withhold family time from a child for any reason. In addition, family time will not be cancelled due to the results of a parent's drug screen unless there is current evidence that the parent's ability to provide for the health and safety of the child is compromised or unless otherwise ordered by the court. If you are struggling with managing a child's behavior following family time or with your own feelings regarding family time, discuss these concerns with the specialist. Frequently, concerns or other issues can be worked out satisfactorily when an open-minded, family-centered approach is taken.

For those children experiencing foster care whose parents or legal guardians are incarcerated, the Arkansas Department of Correction (ADC) social worker

will be contacted to arrange family time between the child placed in an out-of-home setting and his incarcerated parents, unless such family time is prohibited by the court, not recommended by a physician, etc.

Family time with biological or legal parents must occur on a weekly basis, barring unforeseen emergencies, unless otherwise court ordered. You will need to contact the specialist if any situations arise that might affect parent-child family time.

In addition to face-to-face family time sessions, children experiencing foster care will have reasonable opportunities to communicate with their parents in writing, by phone, or by other forms of electronic communication (unless prohibited by court order).

Family time sessions will cease upon termination of a parent's rights.

- **Sibling Family Time**
- If siblings are not placed together, the specialist will arrange sibling family time. Sibling family time will take place at least once every two (2) weeks unless the children's best interests require less frequent sibling family time. During the weeks in which face-to-face sibling family time do not occur, other types of communication such as phone conversations, FaceTime or similar platform, texts, and emails will need to happen, as age and developmentally appropriate for the involved siblings. Siblings should also have the opportunity to share celebrations like birthdays, holidays, and graduations as well as attend extracurricular events of siblings such as athletic competitions or musical performances (when possible). The distance between the siblings' placements, transportation options, and each sibling's own academic, extracurricular, and health needs and commitments will be taken into consideration, when planning for attendance at one another's events.

Resource parents are encouraged to assist with transportation to or hosting of sibling family time, when appropriate, and if the resource parents are

comfortable with those duties. As a resource parent you can also be a great support in helping siblings maintain connections during weeks they do not have face-to-face family time, by assisting with the coordination of phone calls or other forms of communication.

However, always remember that every placement is different. Before you assist with family time or other coordination of sibling contact, please talk to your child's specialist to make sure you understand all applicable court orders, therapist recommendations, and any other considerations specific to a sibling group.

If it is in the child's best interest and family time was established prior to Termination of Parental Rights (TPR), family time between siblings may continue after TPR. If a child still experiencing foster care has a sibling who is adopted, family time will continue after the adoption of the sibling if the court has determined that it is in the best interests of the siblings to visit and has ordered family time between the siblings to occur after the adoption.

Sibling family time will take place in the most homelike setting available, or in some appropriate setting such as an educational or recreational setting.

- **Relative Family Time**
- Children will have an opportunity to have family time with grandparents, great grandparents, or others as determined by the child's team. These family time sessions can help explore alternate placement options. Relative family time after TPR must have court approval and cannot continue without the court's approval.

Contacts in the Resource Home

Once again, serving as a resource parent means being a member of a large team whose overarching goal is to support the child and help the family work toward reunification. Using this team approach does mean that you may have several people visiting your home, in order to assess how a child is coping:

- **Specialist Contacts:** The specialist overseeing the care of individual children in

the resource home will make at least weekly contacts to your home during the first month of placement. After the first month, the specialist will make regular contact with the child at school, or during sibling or parental family time, but must continue to contact the child privately in the resource home at least monthly. More frequent contact may be made to the home to help solve any problems that arise. The contacts will be used to relay necessary information to the child and to allow you to share your point of view about the placement, the child's adjustment, and to ascertain if the needs of that child are being met. Each contact will include a private conversation with the child outside the presence of the resource parent. Contacts may be scheduled or unannounced.

- **Resource Specialist Contacts:** The resource specialist will complete a contact in the home at least quarterly to monitor continued compliance with licensing standards and to check in with you to make sure you are receiving the support you need as a resource parent. The resource specialist will conduct at least one unannounced quarterly contact per year. Quarterly contact means at least one contact in the resource home during each of the following: January-March, April-June, July-September, and October-December.
- **Licensing Specialist:** You may also have a contact from a licensing specialist from the Placement and Residential Licensing Unit (PRLU) of the DHS Division of Provider Services and Quality Assurance (DPSQA). The role of the licensing specialist is to ensure that DCFS is meeting its requirements as a child welfare placement agency rather than evaluating you as an individual resource home.
- **Attorney ad Litem:** As previously mentioned in this publication, all children experiencing foster care have an attorney ad litem appointed to them. The attorney ad litem represents the child's best interest. A child's appointed attorney ad litem may also visit your home to speak with the child and gain insight about how the child is doing.
- **CASA:** As referenced earlier in this handbook, a volunteer Court Appointed Special Advocate (CASA) may be appointed to a child placed in your custody, if a CASA Program exists in your county or jurisdiction and if a CASA volunteer is available. CASAs serve as an extra set of eyes and ears for these vulnerable children. If your child has a CASA, the CASA will make visits

to your home to speak privately with the child experiencing foster care.

WHAT FINANCIAL SUPPORT WILL I RECEIVE?

Resource parents are considered volunteers. However, the division recognizes the costs you incur when taking a child experiencing foster care into your home, so the division does provide some financial support to assist you. However, serving as a resource parent must never be viewed as excess additional income. The board payments made to a resource parent is to help defray the costs of caring for that child. Other forms of financial support available to you for caring for a child placed in your home or made directly to the child are described below.

Standard Board Payment

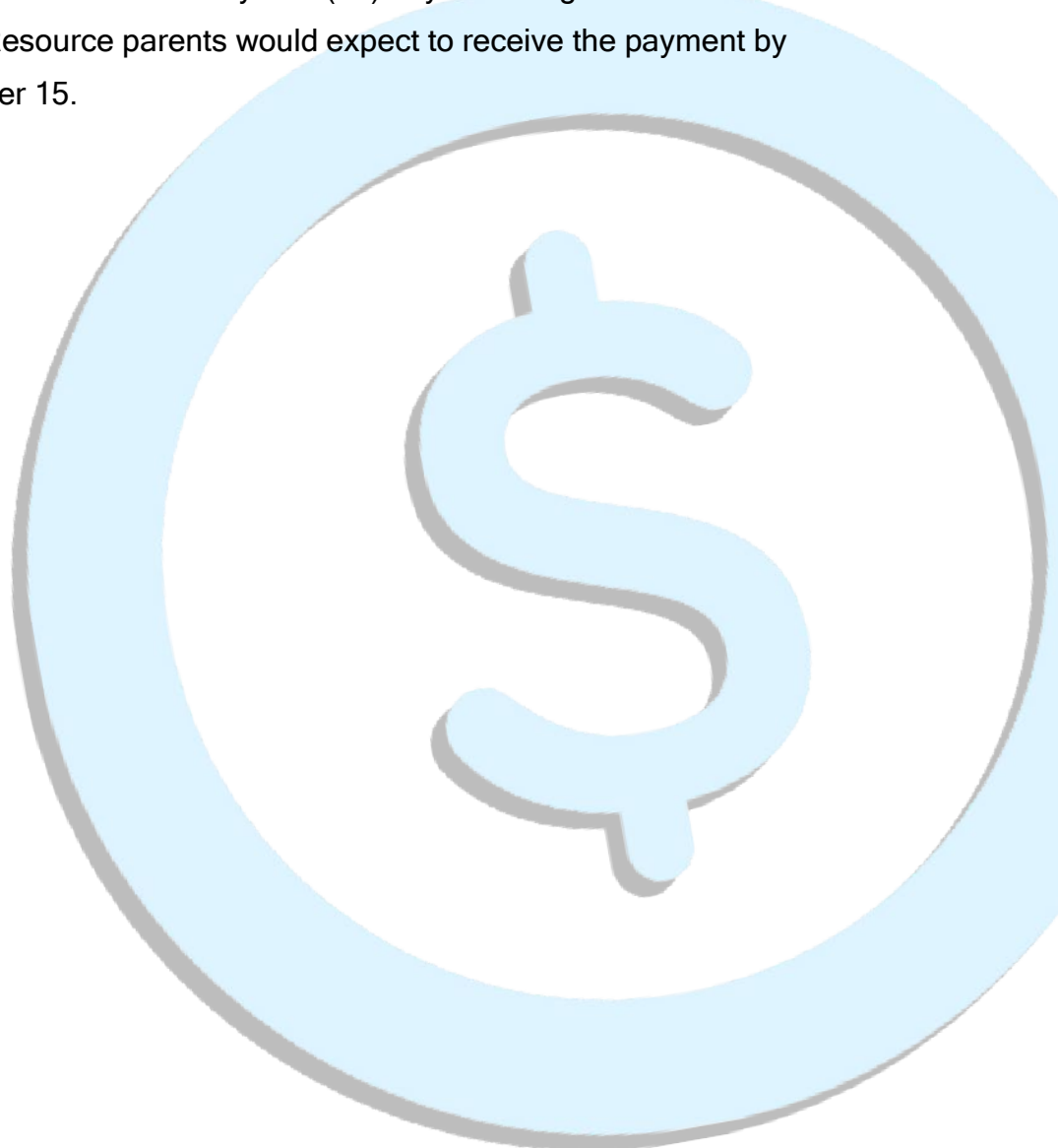
DCFS makes a monthly board payment to resource parents. This monthly board payment includes payment for room and board, clothing, ongoing school and personal supplies, and a small allowance for the child. The amount listed below is included in the monthly board payment and must be used for the child. The foster care board payment that resource parents receive is strictly to meet the needs of the child placed in their home. Resource parenting is not a way to make money or earn extra income for the resource parents.

If a child experiencing foster care is eligible for Medicaid, resource parents are required to use a Medicaid provider for meeting the medical needs of the child. Medicaid will be the primary payment source for medical and dental services, including hospitalization. If Medicaid cannot cover such expenses, state funds may be a secondary payment option. Other services or supplies needed by the child must be authorized and approved per DCFS policy (see section on additional expenses).

Resource parents may choose to have their board payment direct deposited into their checking account or issued as a paper warrant and mailed to the resource home.

DCFS strongly encourages that use of direct deposit to prevent payment delays when a warrant is lost in the mail or misplaced. Reissuance of a paper warrant takes thirty (30) to ninety (90) days and is not controlled by DCFS. Direct deposit can be set up on the Resource Family Portal (see “What Other Supports Are Available to Me?” section for more information). If no bank account is set up, a check will be mailed to the provider. The Resource Family Portal can be found at: <https://dhs.arkansas.gov/dcfs/CHRISPWP/Default.aspx>.

The monthly board payment is for the period starting on the first of the month and ending the last day of the month and is paid by the fifteenth of the subsequent month. For example, October’s board payment is for the thirty-one (31) days that begin October 1 and end on October 31. Resource parents would expect to receive the payment by no later than November 15.



DCFS will pay resource parents a monthly board rate according to the following chart:

Birth through 5 Years	\$451 Monthly
Board and Care	\$381
Clothing	\$50
Personal Needs	\$20
6 through 11 Years	\$484 Monthly
Board and Care	\$397
Clothing	\$57
School and Personal Needs	\$30
12 through 14 Years	\$517 Monthly
Board and Care	\$410
Clothing	\$67
School and Personal Needs	\$40
15 through 17 Years	\$550 Monthly
Board and Care	\$425
Clothing	\$80
School and Personal Needs	\$45
18 through 21 Years	Established by monthly budget but may be up to \$825 Monthly

Board rates are established as part of policy, and any exception must receive prior approval. See information regarding special board rates below.

If a child is absent from the resource home for hospitalization or a trial placement for ten (10) days or less and is to return to that home, no change of status is necessary. However, the child's specialist must always be advised of an absence from the home.

The division pays according to the number of nights a child is in the resource home. Payment for stays of less than twenty-four (24) hours will be based upon a daily rate determined by the division. If a child is in the home for part of a month, a partial board payment will be made.

Special Board Rates

Special board rates refer to any deviation from a standard board rate. Such deviations could be in the form of increased board or decreased board based on the individual circumstances and resources of the child. Requests for special board rates must be made in writing and must be pre-approved by the Area Manager. Special board rates become effective on the date the Area Manager or designee signs the written Request for Special Board Rate.

There are occasions when the regular board rate is inadequate in caring for a child with special needs. Resource parents may identify and document those needs. The specialist can use that information to request authorization from the Area Manager for an increased special board rate to cover additional expenses to meet the child's needs. This would apply to situations such as an infant with a prescription formula that is not covered by WIC or a medically fragile child who requires frequent hospitalization and tube feedings numerous times per day.

There are times when youth experiencing foster care choose to remain in extended foster care after their eighteenth birthday. Resource parents for youth experiencing extended foster care are eligible to apply for a special board rate for the youth based on documentation of need. Need for a special board rate in such circumstances will be documented through completion and submission of a budget for the youth. It may be appropriate for some of the increased board to go toward the youth's individual expenses such as gasoline or a cell phone bill.

Special board rates can also be a decrease in the standard board. This applies to those children who are residents of a state institution; e.g., School for the Deaf or Blind or Human Development Center and may only reside in a resource home over weekends and holidays.

Decreasing the board payment will also occur when a resource parent becomes the payee for other sources of income for the child such as Social Security benefits. A child's income must be monitored as a resource in the home and the payee for the

income must report how the income is used based on the requirements for the issuing source of the income. Resource parents are responsible for completing all reporting requirements to the payment source when becoming payee for a child's benefits.

Resource parents are responsible for reporting any change in payee status to DCFS. However, resource specialists and other specialist should still inquire about payee status during contacts in the resource home. DCFS staff will conference with their direct supervisor regarding any board payment adjustments needed due to a change in a payee for a child's Social Security benefits. For example, if a resource parent has become payee for \$130.00 in child support monthly, then DCFS staff should request a decrease in the child's board payment by \$130.00 per month. In some instances, the board payment may be adjusted to a "0" amount based on the child's payee status. This would occur when a child is drawing a benefit amount in excess of the established board rate. A resource parent who is payee for a 15-year-old child's benefit in the amount of \$720.00 would have a "0" board payment because the resource parent is receiving \$220.00 more than the standard board from Social Security. If the same child is special needs and has an established special board rate in the amount of \$940.00 then the resource parent would receive a board payment in the amount of \$220.00 per month.

Social Security Administration (SSA) is the sole entity in decision-making, regarding SSI applications for need and SSI payee status. SSA may contact resource parents with a request to become representative payee (for SSI payment) to a youth experiencing foster care. If a resource parent becomes representative payee for a youth's funds, the resource parent will experience a decrease in board payment from DCFS. The resource parent will be expected to use the funds received for the child to make purchases to support the child's care.

Transportation Reimbursement

Transportation costs associated with the child's family case plan, such as attending family team meetings, court, family time with parents or siblings, and all medical appointments, may be reimbursed. Other extraordinary costs may be approved on a case-by-case basis.

However, room and board payments include routine travel expenses. As such, transportation will not be reimbursed for shopping for: clothes or groceries, childcare (unless it is a Medicaid allowable expense), taking a child to school, school activities, or church, unless prior approval has been obtained (based on special circumstances). Special circumstances might include situations in which a child may wish to attend a church other than that of a resource parent and traveling to his church would require a significant deviation from the route taken to the church attended by a resource parent. The Assistant Director of Field Operations or designee will review all written requests. Approval will be made based on individual situations and will be given only for specified time periods.

Allowable transportation costs are reimbursed to resource parents at a rate determined by the DCFS. The resource parent completes a travel reimbursement request and submits it through the TRIPS system for approval and processing. Ask your resource specialist for more information regarding TRIPS. The mileage driven from city to city for mileage reimbursement is automatically calculated by TRIPS.

Requests for travel reimbursement must be submitted monthly. Requests for reimbursement for medical transportation must be submitted on a separate TR-1 form and must be accompanied by a CFS-352: Episodic Form for each medical, dental, or mental health appointment that is listed on the request for reimbursement. A copy of the CFS-352 should be maintained in the child's medical passport. Resource parents are required to attach an approved DHS-1010 to their Medicaid travel, for all medical appointments requiring travel outside the State of Arkansas.

Incidental Expenses

An incidental expense fund for children ages birth to thirteen (13), exists to provide items and activities intended to help normalize a child's life experience while in care. For example: camp fees, music lessons, field trips, school uniforms, summer expenses for daycare, and other items not specifically covered by other means, can be met by this fund. The incidental expense fund is intended for items or activities which cost twenty-five dollars (\$25.00) or more and must be accompanied by documentation of

need for the expense. Items covered by the board payment are not eligible for reimbursement from this fund. In addition, these funds will not be used for holiday gifts. The specialist will assist the resource parent in accessing these funds when the money is needed for a situation that meets the policy guidelines. These funding requests must also be approved by the DCFS Financial Support Unit. Request for use of incidental funds must be limited to one request per quarter. Resource parents must have prior approval for such purchases.

Transitional Youth Services Funded through Chafee

Youth ages fourteen (14) and older experiencing foster care are eligible for John H. Chafee Foster Care Program for Successful Transition to Adulthood funding for a variety of purposes, such as: extracurricular activities, other normal age-appropriate activities, and activities designed to help the youth transition to adulthood. These include assistance with homecoming, prom, cultural events, specialized school supplies required by the youth's school (graphing calculator, laptop), and graduation expenses. Use of Chafee funding must be pre-approved.

Chafee includes Educational and Training Vouchers (ETV) in the amount of up to five-thousand dollars (\$5,000) per state fiscal year to go toward the cost of attendance at a post- secondary educational or vocational institution for youth who:

- Age out of foster care at eighteen (18) or older and have not yet attained twenty-six (26) years of age or who enter into an adoption or guardianship from foster care at sixteen (16) and have not yet attained twenty-six (26) years of age (but ETV may not be accessed for more than five years total)
- Are enrolled in an accredited higher education institution
- Are a student in good standing

For more details about transitional youth services and supports funded through Chafee, to include the maximum amount allowable for some of the activities outlined in this subsection, please ask the specialist or TYS coordinator who is assigned to the youth in your home.

Trust Funds

When a child experiencing foster care has income from child support or Social Security benefits, DCFS may apply to become payee. The child's funds will be deposited into a trust account for the child if payee status is awarded to DCFS. Separate accounts are maintained for each individual child in foster care, including those from the same sibling group. The funds in the account should be utilized solely for the individual child for whom the account was established, and no funds should be spent for any other child. DCFS staff must assess the availability of trust account funds and utilize those funds prior to seeking funding from other sources for purchases.

After basic needs are met, purchases may be made for items or services that will enrich the child's life. Examples of this include items such as tutoring, music lessons, and dance lessons.

Purchases utilizing the funds of trust accounts must be approved by the child's specialist. In some instances, approvals must also be approved by the specialist's supervisor, Area Manager, or DCFS Executive Staff. Only DCFS staff is permitted to make purchases from the accounts.

To maintain a child's eligibility for some Medicaid programs, the balances in regular accounts must remain within limits set by the state and federal governments. For example, if a child is receiving SSI then the countable value of the regular trust account must be under two-thousand dollars (\$2,000) at the end of each month. A report is available to DCFS staff that lists children experiencing foster care with regular account balances of one-thousand dollars (\$1,000) or more.

Resource parents are encouraged to assist DCFS in identifying children's needs that can be met using foster care trust funds. Recommendations for purchases that meet the criteria discussed in this document should be made to the specialist so DCFS may decide if money is available for the purchase from a trust account, and so that DCFS may secure the necessary approvals to make the purchase.

Clothing

Initial Clothing Voucher

When a child first enters foster care, DCFS may issue an initial clothing order for the purchase of new clothing. Initial clothing orders will be issued on case-by-case basis. Not all children will need to purchase new clothing as they may come into care with ample clothing. The specialist will assess what clothing items are needed and issue the authorized amount of clothing allowance.

An initial clothing voucher purchase for children experiencing foster care will be made using the p-card process, which requires submission to and approval by the Financial Support Unit. Upon approval, a typical scenario might involve the resource parent selecting clothing and leaving it with appropriate customer service staff of the store, where the specialist may present and pay for the merchandise. It is also possible for the resource parent and designated DCFS staff to go shopping together for the clothing.

Replacement or Supplemental Clothing Voucher

A monthly allowance for clothing replacement is included in the board payment. Money for clothing and personal needs paid monthly to resource parents is based on the age of the child. The resource parents are to spend that amount of money for the child. However, money may be spent monthly or may be saved and used for a larger purchase later. All receipts from the purchase of clothes must be retained by the resource parent and turned in to the resource specialist during the quarterly contact.

With the approval of the applicable specialist supervisor, it is permissible to obtain a supplemental clothing voucher when there is an exceptional circumstance. Examples include, but are not limited to, when a child has a significant growth spurt, needs new clothing items for the upcoming season, or the child has an event at school or church that requires special

attire. The resource parent must contact the specialist, in the event this need should arise. The resource parent will be required to provide information about the clothing that the resource parent has purchased for the child (from the monthly board payment), to include receipts for clothing purchased, and will be required to explain the reason for the supplemental clothing voucher.

The following guidelines related to clothing apply to resource parents:

- Provide (with the assistance of DCFS) each child with their own clean, well fitting, attractive, seasonal clothing that is appropriate to age, sex, individual needs, and is comparable to the community standards
- Include the child in the selection of their own clothing (whenever possible and age appropriate)
- Keep receipts for monthly (or quarterly as appropriate) clothing purchases, and provide the receipts to the resource specialist during quarterly contacts in the resource home
- Send all personal clothing and belongings with the child when the child leaves the resource home

Personal Allowance for a Child Experiencing Foster Care

The resource parent will give an allowance to the child from the board payment. The amount of the child's allowance is determined by the resource parent based on the child's chronological and developmental age.

School Lunches

Children experiencing foster care are eligible for free meals in all schools which participate in the National School Lunch or Breakfast Programs and in the Commodity-only schools.

WIC Programs

The Women, Infants and Children Food Program, WIC, is administered by the Health Department. The program provides, on a monthly basis, nutritious foods for pregnant and nursing women and infants and children up to age five (5) years. Eligibility is determined by a medical assessment of nutrition risks such as iron-poor blood and improper growth, etc.

Foods provided by WIC are supplemental and are not intended to fulfill all nutritional needs for a month. Children experiencing foster care may be eligible for WIC.

Additional Assistance with Expenses

In addition to the items already listed, the following items are allowable with the approval of the County Manager or designee:

- Emergency medical services and drugs not covered by Medicaid.
- Childcare or baby-sitting fees may be defrayed with financial support from the division, when required to attend training or for one's own children when transporting a child experiencing foster care to services, when funding is available. This does not include childcare for a resource parent's employment, as any regular childcare arrangements for a child experiencing foster care will be arranged through a voucher from the Division of Child Care and Early Childhood Education.

Any other expenses must receive prior approval from the Area Manager. This can be requested by the specialist.

WHAT OTHER FINANCIAL CONSIDERATIONS ARE THERE FOR RESOURCE PARENTS?

Income Tax Information

Board payments paid to resource parents are not considered taxable income by the Internal Revenue Services. Current tax laws may allow special treatment for resource parents. Because IRS laws are complex and subject to change from year to year, for specific tax advice resource parents should consult with an accountant or tax specialist. Information about all placements in a resource home can be located on the Resource Family Portal: <https://dhs.arkansas.gov/dcfs/CHRISPWP/Default.aspx>.

Foster Care Payment and Eligibility for Assistance

Board payments, made by DCFS for the care of children in homes of public assistance recipients, are not considered to be a resource in determining eligibility for assistance or the amount of the grant. This payment is designated for certain purposes and is not available to the resource parents. For any resource parent applying for the Supplemental Nutrition Assistance Program (SNAP), a re-evaluation of stable income will take place. This may impact the approval status of the resource home.

Overpayment to Resource Parents

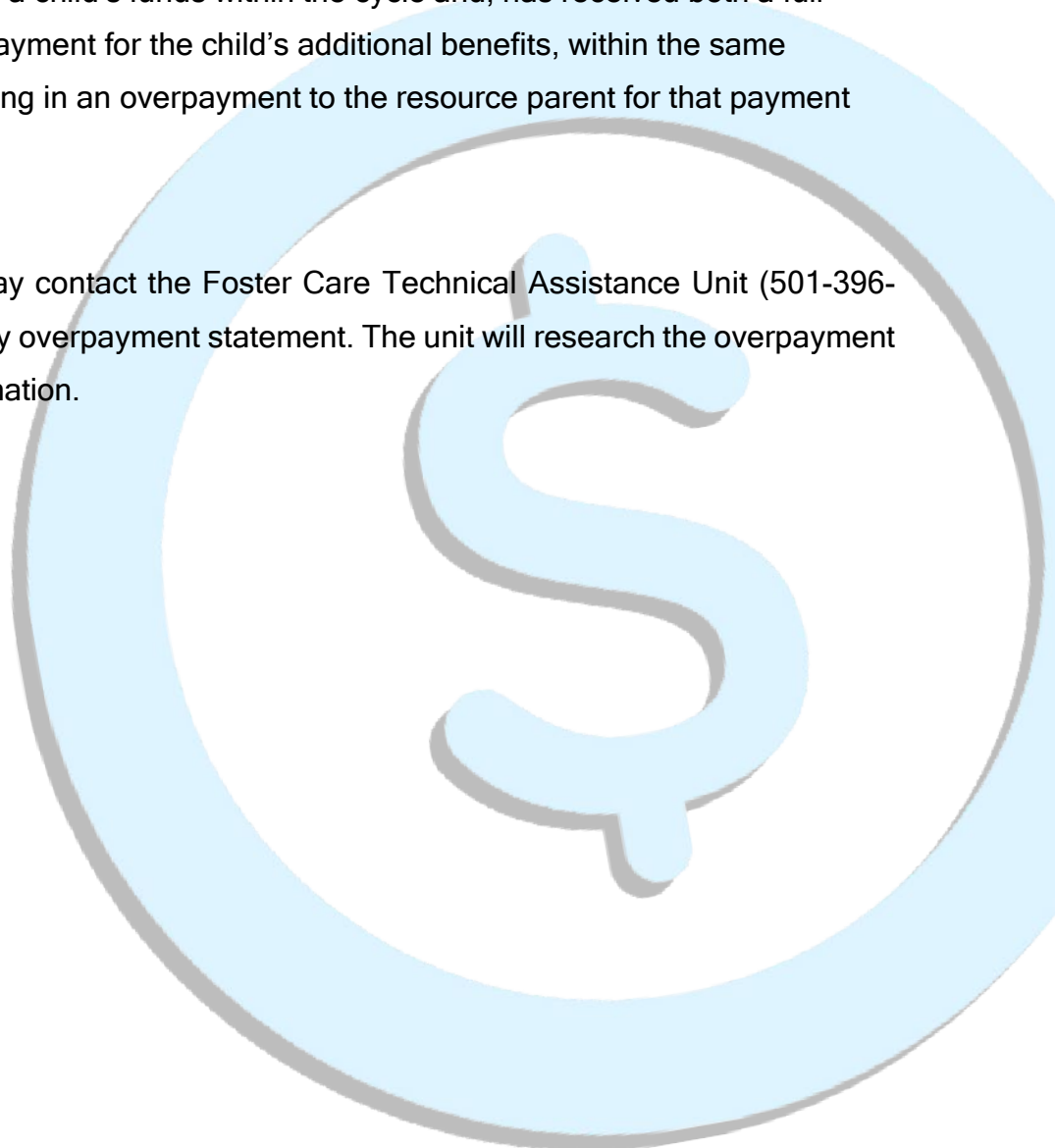
From time to time, resource parents may be overpaid on a board payment. If this happens, during the next month, the computer system may automatically generate a correction. The amount of the overpayment will become an account receivable, due from the resource parent if restitution is not made prior to the next payment cycle. Per

funding source, each subsequent board payment will be offset until the amount of the overpayment is recovered.

The funding source of the board payment (federal or state funds) will determine whether the overpayment is deducted from the next board payment. If funds are from the same funding source, it will be deducted from the next board payment. If it is not deducted, the Office of Finance and Administrative Services will send a notice of overpayment. Account reviews are processed monthly and overpayment statements are normally sent monthly.

DCFS may also seek correction of board, in situations where a resource parent has become the payee for a child's funds within the cycle and, has received both a full board payment and payment for the child's additional benefits, within the same payment cycle, resulting in an overpayment to the resource parent for that payment cycle.

A resource parent may contact the Foster Care Technical Assistance Unit (501-396-6477) for help with any overpayment statement. The unit will research the overpayment and provide an explanation.



WHAT OTHER SUPPORTS ARE AVAILABLE TO ME IN MY ROLE AS A RESOURCE PARENT?

Availability of Specialist and Resource Specialist to Resource Families

For resource parenting to be a successful experience, one must have access to the specialist and resource specialist. If either of these staff members is absent from the office when telephoned, calls will be returned promptly. If a contact is necessary, it will be scheduled.

Telephone numbers of the resource specialist who may be contacted after hours will be furnished (See section on DCFS county office contact persons in the back of this handbook). After-hours contact should be used for emergencies only. Also, information will be provided which may be needed for the child in the home in an emergency, such as the child's Medicaid number and medical passport. At the time of placement, all information known about the child will be provided such as: expected length of stay, information regarding illnesses, chronic health problems, medication, habits, etc.

Crisis and After-Hours Response

Resource parents will have access to a specialist in their county twenty-four (24) hours a day, seven (7) days a week. A list of after-hours numbers (on-call cell phone numbers), where the local on-call specialist can be reached will be provided. If the after-hours call requires a direct contact with the child's specialist, the on-call specialist will contact the assigned specialist and have that specialist make contact.

Resource Family Portal

Open resource families have access to the Resource Family Portal. The portal allows resource parents to have twenty-four (24) hour a day access to information such as

placement dates for children placed in the home, DCFS contact information, resource home reevaluation date, approved RFSS information, bank profiles, Medicaid numbers, and links to DCFS forms and policy. This portal is also where resource parents access their required "right time" training during their first year of service. Resource parents will need to log in and set up a user account.

Direct deposit is available for board payment, subsidy payments and travel reimbursement so that monies are automatically drafted into the provider's bank account. If no bank account is set up, a check will be mailed to the provider. Providers may choose to have their board payment direct deposited into their checking account or issued as a paper warrant and mailed to the provider address. DCFS strongly encourages use of direct deposit, to prevent payment delays when a warrant is lost in the mail or misplaced. Re-issuance of a paper warrant takes 30-90 days and is not controlled by DCFS.

The portal can be found at: <https://dhs.arkansas.gov/dcfs/CHRISWP/Default.aspx>.

Resource families will also be able to use the Resource Family Portal to view current and previous placements, assigned specialist, supervisor and their contact information, links to update paperwork, and other helpful DCFS information.

Counseling

Where there is a need for counseling services for the resource home to prevent disruption and to promote stabilization, counseling will be provided. Requests for counseling are made to the specialist, who is responsible for making a referral to the appropriate Community Mental Health Center.

Community Resources

The DCFS county office will inform all resource parents about available resources in the community as well as resources in other areas, which may be relevant to a child. This information will be updated as new services become available.

It will be the responsibility of DCFS to pursue any mutually agreed upon resource needed for a child. The resource parent's assistance may be enlisted for this purpose.

Resource Parent Associations

The formation of active and independent resource parent associations is encouraged. DCFS will provide support by the appointment of a resource specialist to the association. A DCFS representative will also be available, when called upon to provide information about the Foster Care Program and allow resource parents to voice any concerns they may have with DCFS policies.

Please also refer to Appendix 5: Useful Links for Resource Parents for other information and access to other supports.

WHAT EXTRAORDINARY CIRCUMSTANCES DO I NEED TO BE PREPARED FOR?

As much as the division hopes your time as a resource parent will not bring anything out of the ordinary to you or your home, DCFS also has the responsibility of ensuring you know about extraordinary circumstances that may arise and how to respond to them. A brief description of some extraordinary circumstances resource parents may experience are described below.

Emergency Situations

Notify DCFS immediately of serious illness, accidents, or any unusual circumstances affecting the health, safety, physical, or emotional well-being of the child experiencing foster care. However, if you cannot reach the child's specialist or supervisor, never delay arranging for emergency medical care for the child, if needed.

Damages to Your Home or Other Property

If damages to your home or other property occur, the first step is to file a claim with your insurance (homeowner's, automobile, etc. as applicable). Any claims that are not covered by homeowner's or rental insurance (or other insurance coverage type as applicable) for damages or destruction to a resource parent's personal property or to the property of others due to the actions of a child placed in a resource home must be filed with the resource supervisor within sixty (60) calendar days of the incident that resulted in the damage.

Documentation must include a detailed description of the situation that occurred as well as a description of damages caused by the child experiencing foster care. Often photographs will also be requested along with any receipts for services rendered or goods purchased to

repair any damages.

The resource supervisor will submit the request and associated documentation to the local financial coordinator or designee who will then route it to the Resource Parent Reimbursement Committee via the Foster Care Manager. The Resource Parent Reimbursement Committee will review the claim and determine if reimbursement is warranted. If the claim is approved, the Foster Care Manager or designee will submit the claim to the Central Office Finance Unit for payment. The Central Office Finance Unit will then collaborate with the local financial coordinator or designee, as needed to ensure the reimbursement is made to the resource parent. Payment will be made on a reimbursement basis only. Typically, reimbursement for damages that occur as a result of normal age appropriate activities (throwing a baseball during a game of catch that results in a broken window) are not reimbursed but resource parents may still submit for reimbursement consideration if desired.

Missing Children

If a child runs away or is otherwise missing from the resource home and cannot be located within one (1) hour, please notify the child's specialist and on-call specialist (if after hours) within the one (1) hour of the child's disappearance. If you have reason to believe the child was taken (rather than ran away on their own accord), please notify the child's specialist and on-call specialist (if after hours) immediately. You will need to provide information regarding clothes the child was wearing, etc., to aid the specialist in making a report to the police. DCFS will work with the National Center for Missing and Exploited Children (NCMEC) and local law enforcement to help locate the child.

Arrests

If a youth experiencing foster care is arrested, please notify the specialist or on-call specialist (if after hours). The specialist will talk to law enforcement officials to find out where the youth is being held, the alleged offense, times of the hearings, and possible repercussions. The specialist will also determine if the youth understands his or her legal rights and has not unknowingly waived the rights to silence and to the presence of an attorney during any questioning.

The specialist will attempt to have the youth released back to your resource home if you are supportive of that arrangement and willing to sign a statement that the youth will be returned on the day of the detention hearing or the adjudication hearing. The youth's birth or legal parents (if parental rights are still in place) will be notified. The DHS attorney will also be notified. The public defender will be contacted to assure that the youth is protected and has an attorney to represent them in any delinquency or criminal proceedings. The specialist will attend court with the youth.

Allegations of Maltreatment

If any child experiencing foster care is the subject (alleged offender or alleged victim) of an allegation of child maltreatment, the Child Abuse Hotline will notify the appropriate DCFS and CACD Executive Staff, as well as the Area Manager for the DCFS service area in which the resource home or other placement provider named in the report is located. The DCFS Area Manager will then ensure that the appropriate division staff notify the child's family, the primary and secondary specialist for the child (as applicable), the Office of Chief Council (OCC) attorney, the child's CASA (if applicable), and the child's attorney ad litem. The attorney ad litem for any other children placed in the home will be notified as well.

The Arkansas State Police Crimes Against Children Division (CACD) will conduct all child maltreatment investigations (Priority I and II) involving a resource parent or household member of a resource home. A child maltreatment investigation must be completed within forty-five (45) business days from receipt of the report to the Child Abuse Hotline. Under certain circumstances, a fifteen (15) day extension may be requested to complete the investigation and make a determination of good cause.

Once an investigative determination has been made the alleged offender will receive a written notice in the mail stating the investigative determination. For true determinations, the alleged offender may request an administrative hearing within thirty (30) days of receipt of this notice, otherwise the offender's name will be placed in the Child Maltreatment

Central Registry. The notice will provide instructions regarding how to request an administrative hearing.

During a child maltreatment investigation (involving any household member of a resource home, DCFS staff will conduct an individualized evaluation to assess the safety of the child within twenty-four (24) hours of the receipt of the report to determine if the child can safely remain in the home during the course of the investigation. DCFS staff will try to coordinate this visit to the home to assess safety with CACD staff.

If any health or safety threats are identified in the resource home, the child will be moved into another approved placement. However, if no health and safety threats are identified, and if it can be shown that it is in the best interest of the child currently placed in that resource home, an immediate safety corrective action plan may be considered to allow the child experiencing foster care to remain safely in a home involved in a child maltreatment report. An immediate safety plan is designed to ensure the safety and well-being of the child in the home, as long as the concern was not directly related to an act or omission rising to the level of maltreatment on the part of the resource parents.

If, after the initial safety evaluation conducted (by DCFS staff), it is determined that there are no risk or safety threats present, and, an immediate safety corrective action plan is not required while the investigation is being completed, the Area Manager may approve leaving the child in the home, if it is in the best interest of the child. The Area Manager will notify the Assistant Director of Field Operations or designee when a child is left in a resource home with a pending investigation but for which an immediate safety plan was not necessary.

While any resource home is being investigated because of a child maltreatment allegation, no additional children experiencing foster care may be placed there (regardless of whether an immediate safety plan was required or not).

Actions for Unsubstantiated Reports

All unsubstantiated reports involving resource homes must be reviewed by the Resource Family Review Committee (for more information see Appendix Six (6): Resource Family Review Committee), to discuss lifting any immediate safety plan (if applicable), the placement of the child involved, and the availability of the resource home. Even if a child maltreatment report involving a resource home is unsubstantiated, the division retains the right to continue to leave the home on unavailable status or to close the resource home, as appropriate.

Decisions will be made on a case-by-case basis and will be based on the best interest of the child. A face-to-face meeting will occur (with resource parents) to discuss the closure of the home and a written notice will also be provided.

Actions for True Maltreatment Reports Involving a Child Experiencing Foster Care, Pending Due Process

There may be some situations in which a true determination is made that involves a child who remained in the home during the course of the investigation and will continue to remain in the home until due process has been met. If these circumstances apply, the corrective action plan or immediate safety plan for the resource home, if applicable, as well as the overall health and safety of the child, will be reevaluated immediately, but no later than twenty-four (24) hours from the time the investigative determination is made.

Regardless of whether the child remains in the home with or without an immediate safety plan or corrective action plan in place, or is removed from the home, the resource home will remain on unavailable status until due process has been satisfied, and the home's availability status is reassessed at that point by local staff. Local staff will submit a recommendation regarding the resource home's availability status to the Resource Family Review Committee.

A family team meeting will be held within three (3) business days of the true

determination so that all parties to the case and any other appropriate stakeholders may have input regarding the immediate safety plan or corrective action plan, if applicable, or the placement of the child.

If the child will be left in a home, with a true determination while due process is pending, the DCFS Assistant Director of Field Operations or designee will be notified. The DCFS Assistant Director of Field Operations or designee will notify the DCFS Director of the decision. The DCFS Assistant Director of Field Operations or designee will inform local staff if any changes to the immediate safety plan, corrective action plan, or changes to the placement of the child are needed.

Actions for True Maltreatment Reports Involving a Child Experiencing Foster Care Upon Satisfaction of Due Process

If the resource home is still open and the child remains in the home, then upon satisfaction of due process, regardless of the result of the administrative hearing (if applicable), the safety and well-being of each child who is in the home will be reassessed at a family team meeting. This family team meeting will be held within three (3) business days of the administrative hearing.

This family team meeting will allow all parties to the case, and any other appropriate stakeholders, to have input regarding the reassessment and the placement of the child, as applicable. Decisions will be made on a case-by-case basis and will ensure the best interest of the child. The recommendations from this family team meeting will be submitted to the Assistant Director of Field Operations for final approval.

If it can be shown that it is in the best interest of any child to remain in the home, an alternative compliance or policy waiver may be requested (if needed due to a true finding that is upheld) to allow the resource home to remain open to care for the child. The DCFS Director or designee must approve any alternative compliance or policy waiver needed to allow a resource home to remain open when a true finding is upheld.

If the child involved in the report is allowed to remain in the home because it is in the child's best interest to do so and the true finding is upheld at the administrative hearing, that home will remain on unavailable status. The resource home will then be closed, once the child (who was allowed to stay in the home due to it being in the child's best interest), exits foster care or otherwise achieves permanency.

For resource homes that remain open, following a true determination that the resource family either chose not to appeal or had a true determination overturned, that resource home will be reevaluated by the resource specialist, with input from the specialist, supervisor, resource specialist supervisor, and County Manager. The reevaluation will also determine what may be necessary (for example additional training, revisions to the characteristics of children allowed to be placed in the home, or other changes) to ensure the health and safety of any and all children placed in the home.

Based on the results of the reevaluation, if the recommendation is to place the resource home back on available status, that request will be submitted to the Resource Family Review Committee. The recommendation will also include what may be necessary (for example additional training, revisions to the characteristics of children allowed to be placed in the home, or other changes) to ensure the health and safety of any and all children placed in the home.

The division retains the right to continue to leave the resource home on unavailable status, or to close the resource home (as appropriate). A face-to-face meeting will occur with resource parents to discuss the closure of the home and a written notice will also be provided.

If the resource home had been closed at some point during the investigative process and requests to re-open due to a determination being overturned on appeal, the resource specialist will collaborate with other applicable local staff to determine if local staff members think it is an appropriate request for the home to be re-opened. If local staff decide to pursue re-opening a resource home, a request will be submitted to the Resource Family Review Committee.

Complaints Against the Resource Family Other than Child Maltreatment

Any complaint against the resource parent will immediately be brought to the attention of the DCFS resource supervisor or Area Manager.

After the review by the DCFS resource supervisor or Area Manager has determined the validity of the complaint, the resource parent will be advised, in writing, of the complaint, the outcome of the review, any corrective action to be made, and any other action that will be taken. An agreement will be made between the resource parents and their resource specialist for corrective action. The resource parents must submit in writing, the steps necessary to correct the deficiency, within ten (10) days after notification from the appropriate decision-making personnel or submit application applying for an alternative compliance or policy waiver (see Appendix One (1) for more information). This corrective action plan must receive the approval of the resource supervisor or designee. Resource parents will notify their local DCFS resource specialist within thirty (30) days of the original findings being received that all corrective steps have been completed. In the absence of said notification from the resource parents, it will be presumed that they have elected not to comply with the findings of the appropriate decision-making personnel. DCFS will offer any assistance available to correct the problem. If the problem still exists after working with the resource parents, another meeting will be held to discuss closing the home.

Any complaint, regardless of nature, must be recorded in detail in the resource home record. The report will include the following information:

- Date and nature of complaint
- Source of complaint
- Reaction of the resource family
- Updated home assessment or summary
- Services offered to the family as a result of the complaint
- Conclusion of review
- Corrective action needed

Action taken as the result of compliance or non-compliance of any corrective actions put in place.

WHAT HAPPENS WHEN REUNIFICATION IS NOT ACHIEVED?

DCFS and all other team members, including the resource parents, will make every effort to help a family reunify. Unfortunately, there are sometimes circumstances when, despite the best efforts of all team members, reunification is not possible. At that point in time, the team will most likely work to put the concurrent goal in place.

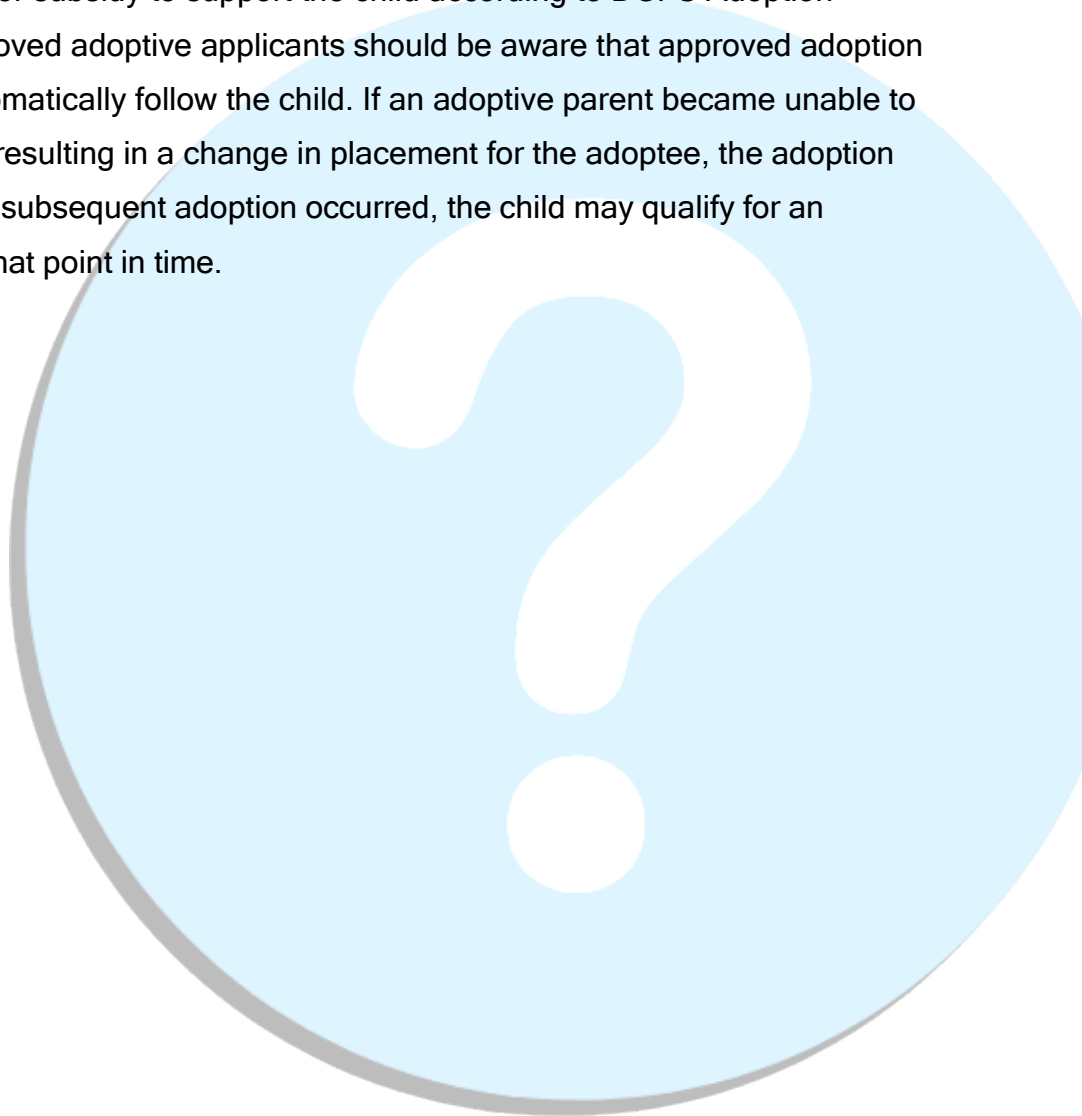
If reunification is no longer the goal in a case, there may be a recommendation to terminate parental rights (TPR). Once parental rights have been terminated, a child may be adopted. There is a hierarchy of permanency options the division must explore that gives preferential consideration to relatives and fictive kin. However, a resource parent may apply to DCFS to adopt a child in division custody whose parents' rights have been terminated. Homes that wish to adopt children from division custody first offer pre-adoptive services to these children. Resource homes that provide pre-adoptive service are those approved homes in which a child in division custody is placed for at least six (6) months after a petition for adoption is filed. The child is still considered to be experiencing foster care during the six- (6) month pre-adoptive period.

When resource parents are interested in adopting a child experiencing foster care who has been residing in their home, DCFS will consider the benefits provided by them for that child. The child's wishes will also be considered. The specialist, or other team members such as the child's therapist, will speak with the child alone regarding this major decision in his or her life and help the child consider all the facts.

If a resource parent wishes to adopt a child in division custody who has been residing in their home, the resource parent should make this wish known by requesting and

completing CFS- 489: Resource Parent Request for Consideration to Adopt. The resource parent and the child's specialist will review this form together to determine if the resource parent meets the basic qualifications outlined on the form.

Resource parents who are selected to adopt a child in division custody will have the opportunity to apply for subsidy to support the child according to DCFS Adoption Subsidy Policy. Approved adoptive applicants should be aware that approved adoption subsidies do not automatically follow the child. If an adoptive parent became unable to care for the adoptee resulting in a change in placement for the adoptee, the adoption subsidy will stop. If a subsequent adoption occurred, the child may qualify for an adoption subsidy at that point in time.



HOW DO I CONTINUE SERVING AS A RESOURCE PARENT?

To continue serving as a resource parent, you will have to continue to comply with all minimum licensing standards and DCFS policies which will be monitored through the mechanisms described below.

Quarterly Contacts

We hope that resource parenting is a positive experience for you and that you choose to continue serving as a resource home! In order to make sure your home continues to meet minimum licensing standards and DCFS Policy requirements, and to make sure you have the support you need as a resource parent, your resource specialist will conduct at least quarterly contacts in your home. At least one quarterly contact to the resource home must be unannounced.

Annual Reevaluations

Your resource specialist will also complete an annual reevaluation no later than the anniversary month of the resource home's approval, to ensure that the home continues to meet all standards and policy requirements. Any resource home that does not continue to meet standards will be closed for placement of children experiencing foster care, if it cannot be remedied through a corrective action plan.

This reevaluation is necessary to ensure that physical changes in the home or family structure, or perspective changes of resource family members do not adversely affect children placed in that home. After having experienced children experiencing foster care in the home, a resource parent may have different views about resource parenting and the ability to work with different types of children. Quarterly contacts are

an opportunity to discuss such changes with your resource specialist. But, never hesitate to reach out to your resource specialist between quarterly contacts, to discuss changes in your family, concerns, or questions. This is important information to support you, as a resource parent, and for DCFS to consider when placing or supervising a child in your home.

The resource parent reevaluation packet will be distributed to the resource parent and is to be completed by the resource specialist prior to the annual reevaluation contact. The Resource specialist will make an appointment to conduct the reevaluation, review the completed packet, and speak with the resource family. The resource parent reevaluation form will be filed in the resource home record and a narrative entry will also be made in the record, that reflects the resource specialist's assessment of the following items:

- Continued compliance with minimum licensing standards
- Continuing education compliance
- Maintenance of current CPR Certification and First Aid certification
- How the family has met the needs of the children placed, including physical, emotional, educational and recreational needs
- Identification of persons in the home at the time of the reevaluation
- Attitudes toward birth or legal parents
- Objective evaluation of present and future capacity as a resource home, to include strengths and weaknesses
- Health and financial status
- Status update regarding other applicable requirements, such as physician's exam, criminal record checks, motor vehicle check, finances, and telephone
- Age, sex, and special characteristics of children who should be placed in the home
- Any problems or challenges that need to be addressed

The resource specialist will notify the family of the result of the reevaluation in writing within ten (10) business days by sending a reevaluation letter.

In addition to the annual reevaluation, a resource home will also be reevaluated in the event of any of the following major life changes:

- Death or serious illness among the members of the resource family
- Marriage, separation, or divorce of resource parents
- Loss of or change in employment status by either resource parent
- Change in residence
- Suspected maltreatment of any child in the home
- The addition of family members (birth, adoption, aging relatives moving in)
- Any other major life changes for the resource family
- The resource specialist will monitor the resource home at least quarterly for continued compliance with the minimum licensing standards and policy requirements

In situations where an existing single resource parent plans to marry or otherwise cohabitate, a reevaluation will be conducted. DCFS staff must ensure that the future spouse or partner is interviewed to discuss their compliance with the “personal characteristics” outlined in this publication. The intended spouse or partner must complete and pass all background checks and attend pre-service training. All unmarried or unpartnered resource parents must inform their resource specialist as soon as they are aware of any plans to marry or cohabitate, so that the application process can be initiated on the intended spouse or partner.

When existing resource parents plan to divorce, a reevaluation will be conducted to determine if one or both of the resource parents (depending on whether either elects to continue to serve as a resource parent) still meet all other standards of approval to ensure the health and safety of the children placed in the home.

Right Time Training and Continuing Education

It is necessary to improve the skills of existing resource parents through on-going training. To that end, during the first year of service, resource parents are required to take four (4), designated "right time" trainings: Responding to Children in Crisis; Preparing for and Managing Visitation; Managing Placement Transitions; and, Sexual

Trauma. These online trainings are accessed through the Resource Parent Portal.

In addition, resource parents are required to earn six (6) hours of continuing education each year, beginning in their second year of service. Continuing education may cover a wide range of topics related to parenting, child development and behavior, and medical needs to name a few. Continuing education opportunities may be offered by educational systems (college, university, local school system, or others), the Arkansas Department of Health, Community Mental Health Centers, Resource Parent Associations, Resource Parent Continuing Education providers contracted through DCFS, and others. Area resource parent conferences are held annually, if funds are available, to give resource families the opportunity to obtain the required hours. Both in-state and out-of-state conferences may be considered training. Funds may be available to defray expenses for these educational opportunities. Prior approval is required from the local resource unit for reimbursement. If interested, please contact your resource specialist.

Continuing education hours may be earned through in-person/classroom trainings, online courses, video, television programs, or books related to child abuse, child development, parenting, trauma-informed care, and other approved topics. Continuing education hours obtained through videos, books, online courses, or television programs for each resource parent must have prior approval by the assigned resource specialist. The resource specialist will inform resource parents of any training and educational opportunities known to them.

The same training classes cannot be repeated annually, whether classroom based or through other venues described above.

Resource parents are responsible for reporting participation in non-DCFS sponsored training to their resource specialist. Evidence of attendance (training certificate, etc.) will be needed to document participation.

Travel expenses incurred when attending local and DCFS sponsored training may be reimbursable contingent upon funding availability. This may include a set rate to help defray the cost of babysitting expenses incurred for continuing education hours. A resource specialist must be contacted prior to the training for approval of such

expenses.

First Aid/CPR recertification is required every two (2) years, but the First Aid and CPR recertification training may not be counted toward the required six (6) hours continuing education.

Resource Parent Request to Close

If for whatever reason you do not want to continue serving as a resource parent, you may request your home to be closed. Please contact your resource specialist if you are considering closing your home. The resource specialist will discuss the reasons for closure with you. The request for closure by resource parents will be confirmed in writing by the resource specialist and sent to you.

Division's Decision to Close a Resource Home

If the division chooses to close a resource home, a face-to-face meeting will occur with resource parents to discuss the closure of the home and a written notice will also be provided. This notice will include information regarding the process for an internal review of adverse action (for additional information, see Appendix 7: Internal Review of Adverse Action Involving Resource Parents). The notice will also include a summary documenting the reasons for closure, as well as all efforts by the county office to rectify the problem. The final assessment and determination of closure will be made by the resource specialist, in collaboration with designated county staff, the Area Manager and central office staff, as appropriate.

WHAT HAPPENS WHEN A CHILD LEAVES MY HOME?

If you serve as a resource parent for a child experiencing foster care for any length of time, saying good-bye will be hard for many reasons. There are some common circumstances for which a child may leave your home:

- The child is returning to their parent's home.
- The child is moving to a permanent placement other than your home.
- The child needs a higher level of care.
- The child is reuniting with siblings in the another home.
- The youth is transitioning to independent living such as a college dorm or their own apartment.
- A child maltreatment investigation occurs warranting the child's removal.
- Division decision based on other factors (a conflict between the child and resource family, inability of the resource parent to support reunification).
- When an emergency makes it impossible to provide continued care or other reasons per your request (see "Request to Move a Child from Your Home" below for more information).
- Closure of the resource home (see "Division's Decision to Close a Resource Home" below for more information).

Regardless of the reason, when there is a plan for a child to move to another placement, you should receive a two (2) week written notice from the child's specialist. Although, sometimes, there is no advance notice because of an emergency situation involving the child's health, well-being, or upon written court order. The two (2) week notice will give you and the child time to say goodbye to one another, and for the child to say goodbye to others who have become a part of their life while in your home (such as teachers and classmates, if the child will be enrolled

in a different school). Resource families often become attached to the children in their care, and the children, in turn, become attached to their resource family. You may feel angry, sad, or in denial when a child must leave your home. Allow time to grieve the loss of the child. You may want to talk with your spouse, a friend, assigned specialist, or another resource parent.

Some resource families may want to take a break between placements, while others prefer to work with another child right away. Take care of your own feelings in the same way you try to take care of the children in your care.

When a child leaves a resource home, you will play a role in helping the child with the transition. For example, you can:

- Explain and talk about the reasons and circumstances for the move.
- If the child is being reunified with their biological or legal parents or moving to another permanent home, take time to celebrate while also pointing out and working through feelings of grief and loss for you and the child.
- Include the child's parent or new resource family, if possible, not only in planning for the child's physical departure, but also in preparation for the emotional separation that will occur.
- Look at the child's life book (a compilation of any cards, mementos, photos, etc.) that you put together while the child was in your home and talk about how the life book will go with the child.

A child's clothing and personal belongings will always be sent with them when leaving a placement. In addition, the following records will need to follow the child:

- Mental health, medical and dental treatment records
- Immunization records
- School records
- Report cards
- Life books

Request to Move a Child from Your Home

Multiple placements for a child experiencing foster care can have short and long-term negative effects on that child. As such, the division will work to support you in maintaining a child in your home, until the family case plan goals for that child and family are accomplished.

However, if it becomes necessary to request removal of a child placed in your home, please make every effort to give DCFS advanced notice. In addition, when a resource parent requests a child experiencing foster care to be moved to another placement (excluding an emergency that places the child or a family member at risk of imminent harm), the resource parent must attend a family team meeting to discuss what services or assistance may be needed to stabilize the placement. The family team meeting will be held within forty-eight (48) hours of notification by the resource parent, to have the child removed from their home. The child experiencing foster care, the child's attorney ad litem, and assigned CASA, if appointed to the case, will be notified so that they can participate in the family team meeting and planning for the child's placement. If the placement cannot be stabilized, the resource parent will continue to provide for the child in care, until an appropriate alternative placement is located. This will not be longer than five (5) business days after the family team meeting. These efforts will serve to reduce the number of placements of children experiencing foster care, for the reasons described above.

WHAT ELSE DO I NEED TO KNOW?

As stated in the welcome section of this handbook, this publication outlines only some of the basic information about opening as a resource home for the Division of Children and Family Services and caring for a child placed in your home. This document cannot capture everything that may arise during your time as a resource parent, but we hope it serves as a helpful reference. You are providing an incredible service to the children of Arkansas by making sure that children placed in your care have a safe and stable home, as their families and the rest of their team -- including you -- work toward reunification. We cannot say enough about how much we want to support you in this role, so please reach out to DCFS staff for questions or concerns not addressed in this handbook.

Thank you for your service!

APPENDIX 1: ALTERNATIVE COMPLIANCE & POLICY WAIVER REQUESTS

“Policy waiver” is defined as a request to deviate from the letter of the DCFS Policy and procedures. The DCFS Director or designee approves all policy waiver requests. The following require a policy waiver:

- A. Any misdemeanor convictions, except for minor traffic violations
- B. Driving under the influence (DUI) or Driving while intoxicated (DWI)
- C. Any issues that are not in compliance with DCFS Policy
- D. Record of maltreatment:
 - 1) However, any person found to have record of child maltreatment will not only be reviewed by the DCFS Director or designee, but the DCFS Director or designee will also notify and consult with the Child Welfare Agency Review Board via the Division of Provider Services and Quality Assurance (DPSQA) Placement and Residential Licensing Unit (PRLU) Manager (as its designee regarding the policy waiver and any corrective action associated with the policy waiver).

“Alternative Compliance” (AC) is defined as a request for approval from the Child Welfare Agency Review Board (CWARB) to allow a licensee to deviate from the letter of a regulation. The licensee must demonstrate substantial compliance with the intent of the regulation. This includes regulations governing criminal background checks, and convictions for prohibited offenses.

Traffic violations, other than DUI or DWI, do not require a policy waiver or alternative

compliance as they are dealt with through the vehicle safety program. DUI and DWI violations require a policy waiver.

The standard protocol for requesting a policy waiver or an alternative compliance is the same, up until the point when the request is given to the DCFS Director or designee.

The protocol for standard policy waiver and alternative compliance requests are as follows: The resource specialist will:

A. Determine if a policy waiver or alternative compliance will be requested, based on the specialist's professional judgment. Issues to take into consideration on criminal convictions and record of maltreatment include:

- 1) The nature and severity of the crime or maltreatment
- 2) Consequences of the crime or maltreatment
- 3) Frequency and duration of the crime, or maltreatment and when the maltreatment occurred
- 4) Relationship between the crime or maltreatment and the health, safety and welfare of any individual
- 5) For maltreatment offenses listed on the Child Maltreatment Central Registry, whether the offender is eligible to request removal from the Child Maltreatment Central Registry Review Team

B. If approval is recommended by the specialist's supervisor or designee, the specialist will request a policy waiver or an alternative compliance using the CFS-509-B: Request for Alternative Compliance or Policy Waiver and will attach all appropriate supporting documentation, as applicable:

- 1) Three personal references
- 2) CFS-446: In-Home Consultation Contact Report
- 3) Current home study, if one has been completed

- 4) Copy of the Child Maltreatment Central Registry Check, State Police Criminal Record Check or FBI Background Check resulting in a hit
- 5) The police report and any other reports regarding any criminal charges or convictions must also be attached as documentation when an alternative compliance is requested for an excluded criminal offense

The supervisor or designee will:

A. Determine if the requested policy waiver or alternative compliance is appropriate for approval within:

1) Five (5) business days of receipt of the request for traditional applicants

2) Three (3) business days for kin:

a) Issues to take into consideration include, as applicable:

1. The nature and severity of the crime or maltreatment
2. Consequences of the crime or maltreatment
3. Frequency and duration of the crime, or maltreatment and when the maltreatment occurred
4. Relationship between the crime or maltreatment and the health, safety and welfare of any individual such as the:
 - Age and vulnerability of the crime victim
 - Harm suffered by the victim
 - Similarity between the victim and the person served by a child welfare agency
5. Time elapsed without a repeat of the same or similar event
6. Documentation of successful completion of training or

rehabilitation related to the incident

7. Any other information that relates to the applicant's ability to care for children or is deemed relevant

- B. If approved, the supervisor or designee will send it to the Area Manager or designee.
- C. If denied, the supervisor or designee will notify the specialist and the family.

The Area Manager or designee will:

- A. Within five (5) business days of receipt of the request for traditional applicants, or three (3) business days for kin, determine if the requested policy waiver or alternative compliance is appropriate for approval, based on the considerations previously outlined in this protocol:
 - 1) If approved, the Area Manager or designee will send it to the DCFS Director or designee
 - 2) If denied, the Area Manager will return it to the supervisor or designee
 - a) The supervisor will notify the specialist and the family

At this point, the procedures for requesting a policy waiver differ from the procedures for requesting an alternative compliance.

Policy Waivers

When a policy waiver has been requested, the DCFS Director or designee will, within three

(3) business days of receipt of the request:

- A. Deny any inappropriate request for a policy waiver and return it to the Area Manager or designee
- B. Approve an appropriate request for a policy waiver

The DCFS Director's or designee's final decision will be conveyed to the Area Manager or designee for appropriate action.

Alternative Compliance

When an alternative compliance has been requested, the DCFS Director or designee will:

- A. Deny any inappropriate request for an alternative compliance and return it to the Area Manager or designee within three (3) business days; or,
- B. Approve an appropriate request for an alternative compliance and notify the Area Manager or designee and send it to the Placement and Residential Licensing Unit (PRLU) Manager or designee (within in three (3) business days).

The PRLU Manager will:

- A. Review the AC request to ensure all required documents are in the packet.
- B. Request any missing documentation be submitted.
- C. If all required documentation is included in the AC packet, place the AC request on the agenda of the next scheduled meeting of the Child Welfare Agency Review Board (CWARB).

The specialist who made the original request for an alternative compliance on behalf of the resource parent applicant or resource parent will:

- A. Notify the resource parent applicant or resource parent of the CWARB meeting at which their presence is required via CFS-510 sent by certified, restricted mail.
- B. Prepare the resource parent applicant or resource parent for what to expect at the CWARB meeting.
- C. Appear with the resource parent at the CWARB meeting to answer questions.

The CWARB will give final approval or denial of the request for the alternative compliance. Any applicant who does not meet all standards of approval for a resource home, or for whom a policy waiver or alternative compliance is not approved, will be denied. Reasons for which an applicant is denied will be made in the applicant file and record.

The applicant will be informed in writing of the reasons for denial.

APPENDIX 2: NATIONAL FOSTER PARENT ASSOCIATION CODE OF ETHICS FOR RESOURCE PARENTS

Preamble

This mission of the National Foster Parent Association is to be a respected national voice for foster, kinship, and adoptive families through networking, education, and advocacy. The Code of Ethics for Foster Parents begins by emphasizing that family foster care is an integral component of the child welfare system which:

- Recognizes the rights of children and youth to safe, nurturing relationships, intended to last a lifetime
- Assists parents to regain custody or make alternative plans, intended to last a lifetime, for their children and youth
- Emphasizes the developmental needs of children and youth
- Provides all children with resource parents and child welfare professionals who have the skills to support safety, developmental, and permanency needs, and ensure supports necessary to develop and use these skills
- Ensures that family foster care is part of a comprehensive, coordinated, inter- disciplinary service delivery system
- Provides legal representation to ensure timely and skillful responses to service plans involving court proceedings
- Collects, analyzes, and disseminates accurate and relevant data about children, youth, and all their families leading to informed policies, programs, and practices
- Supports family foster care - and all child welfare services - with effective

and accountable leadership in city halls, governors' offices, national organizations, the judiciary, the federal government, Congress, and the White House

Statement of Purpose

The Code of Ethics is a public statement by the National Foster Parent Association that sets clear expectations and principles to articulate basic values and guide practice. Family foster care is a public trust that requires resource parents, with essential supports from their agencies, to be dedicated to service for the welfare of the children in their care. All resource parents have an obligation to maintain and improve the practice of fostering, continuously examine, use, and increase the knowledge upon which fostering is based, and perform the service of fostering with dignity, integrity, and competence.

Principles

Foster parenting requires competencies in the following domains:

Principle 1: Providing a safe and secure environment.

Principle 2: Providing a loving, nurturing, stable family care environment.

Principle 3: Modeling healthy family living to help children, youth, and families learn and practice skills for safe and supportive relationships.

Principle 4: Providing positive guidance that promotes self-respect while respecting culture, ethnicity, sexual orientation, gender identity and expression, and agency policy.

Principle 5: Promoting and supporting positive relationships among children, youth, and their families to the fullest possible extent.

Principle 6: Meeting physical and mental health care needs. **Principle 7:** Promoting educational attainment and success. **Principle 8:** Promoting social and emotional development.

Principle 9: Supporting permanency plans.

Principle 10: Growing as a resource parent - skill development and role clarification; participation in training, professional or skill development, and resource parent support organizations and associations.

Principle 11: Arranging activities to meet children's individual recreational, cultural,

and spiritual needs, commensurate with agency policy.

Principle 12: Preparing children and youth for self-sufficient and responsible adult lives. **Principle 13:** Meeting and maintaining all licensing or approval requirements.

Principle 14: Advocating for resources to meet the unique needs of the children and youth in their care.

Principle 15: Collaborating with other foster parents and the child welfare team, building trust and respecting confidentiality.

Principle 16: Promoting decisions that are in the best interest of children and youth, promoting safety, well-being, and permanence.

Principle 17: Supporting relationships between children and youth and their families. **Principle 18:** Working as a team member.

APPENDIX 3: SERVING AS A RESOURCE PARENT FOR TEENS / THE TRANSITIONAL YOUTH SERVICES PROGRAM

Serving as resource parents for teens can bring its own set of rewards and challenges. Resource parents who are not only willing to take teenagers, but who are also willing to nurture them and take time to work with them on gaining important life skills is a great need. For instance, you can teach a teen placed in your home how to check the oil in the car and change a tire.

Employment can be another way to help a teen learn necessary independent living skills. If a teen placed in your home is interested in working, you and the rest of the youth's team can discuss if employment would be appropriate for that particular youth based on the teen's level of maturity, current performance in school, etc. You will need to help the teen file the appropriate income tax returns, if necessary.

Teens also need resource parents who will allow them to have normal age-appropriate experiences. For example, dating is a normal part of adolescence that is important for individual development and social adjustment. As a resource parent, you can help guide teens in your care on safe dating practices.

To help support resource parents who have teens placed with them, the division offers a variety of Transitional Youth Services (TYS) to assist youth ages fourteen (14) through twenty-one (21) experiencing foster care, in furthering their educational or vocational goals and in preparing them for adulthood. Training is provided in various formats, such as life skills classes offered by the YYS coordinator, and in accordance with an individual youth's family case plan. Life skills training is coordinated through specialists and YYS coordinators. The resource family may be

reimbursed for transporting youth to Life Skills classes and other TYS activities.

Teenagers experiencing foster care, including those whose goal is reunification, will have a Transitional Plan which encompasses all the life skills, resources, and future-planning for the youth's successful transition into adult life. A Transitional Team should also be in place for teenagers experiencing foster care, to help them achieve their Transition Plan and otherwise provide support to the team. Resource parents for teens experiencing foster care are also expected to serve on the teenager's transitional team. Teens may also choose up to two (2) other members of their Transitional Team, who are not their specialist or resource parents.

PUB-49: Be Your Own Advocate - The Short List, outlines the basic rights that teens experiencing foster care have. The youth's specialist or TYS coordinator should provide this to all youth ages fourteen (14) and older, experiencing foster care, within thirty (30) days of entering foster care, or within thirty (30) days of the youth's fourteenth birthday, whichever comes first.

PUB-50: Be Your Own Advocate! is a document that gives more details on being a teen experiencing foster care. This publication is also designed for teens experiencing foster care but can also be a great reference for resource parents with teens placed in their home. For example, PUB-50: Be Your Own Advocate! details the process for youth experiencing foster care to obtain an Arkansas Learner's Permit or Intermediate Driver's License, with approval from the DCFS Director or designee. It also provides information regarding how a resource parent may apply for reimbursement for the additional cost to add the youth to their automobile insurance.

Participation in these programs is voluntary. If you have teenagers placed in your home, please request a copy of PUBs 49 and 50 from your teen's specialist or TYS coordinator. However, please also remember that these publications are only reference guides. You or the youth may contact the teen's specialist or TYS coordinator for any questions or further explanations.

For teens who are experiencing foster care on their eighteenth birthday, they have the option of participating in Extended Foster Care. To be eligible to stay in Extended

Foster Care, youth must satisfy at least one of the following requirements:

- Enrollment in secondary education or a program leading to an equivalent credential
- Enrollment in an institution that provides post-secondary or vocational education
- Participation in a program or activity designed to promote, or remove barriers to, employment
- Employment that provides at least eighty (80) hours of working time per month; or,
- Inability to do any of the above described activities due to a documented medical condition

There are additional financial supports provided through Chafee funding for youth who elect to stay in extended foster care. These are somewhat dependent on a specific youth's placement but can include start-up costs to help a youth establish their own apartment, assistance with car repairs, and one-time funding to defray the cost of a cell phone or minutes for an existing cell phone. For details about financial assistance to youth in extended foster care, please ask the specialist or TYS coordinator for the youth.

Youth experiencing extended foster care can, and are encouraged, to live in a resource home as appropriate. For youth experiencing extended foster care who live in a resource home, an increased board payment may be considered. However, any increase on top of the standard board payment to the resource parent may be designed to help the young adult meet any needs they may have (verses being designated for the resource parent to meet those needs on behalf of the young adult) and help the young adult learn how to budget.

For youth who participate in the Extended Foster Care Program but do not wish to remain in a resource home or other approved placement, then these youth will require a Transitional Youth Services sponsor who is willing to:

- Serve as a member of the youth's Transitional Team.

- Provide support and guidance to the youth as they transition to adulthood (assisting with decision-making regarding education, employment, housing, etc.).
- Assist the youth with budgeting the youth's board payment.
- Help to ensure the youth meets at least one of the following extended foster care requirements or has a viable plan in place to meet one of the Extended Foster Care requirements:
 - Youth is enrolled in school; or,
 - Youth is working at least eighty (80) hours per month; or,
 - Youth is enrolled in a program designed to remove barriers to employment; or,
 - Youth has a medical condition that prevents him/her from participating in any of the above activities.
- Complete State Police Criminal Record Checks and Child Maltreatment Central Registry Checks, if not already in place through another service type with DCFS.

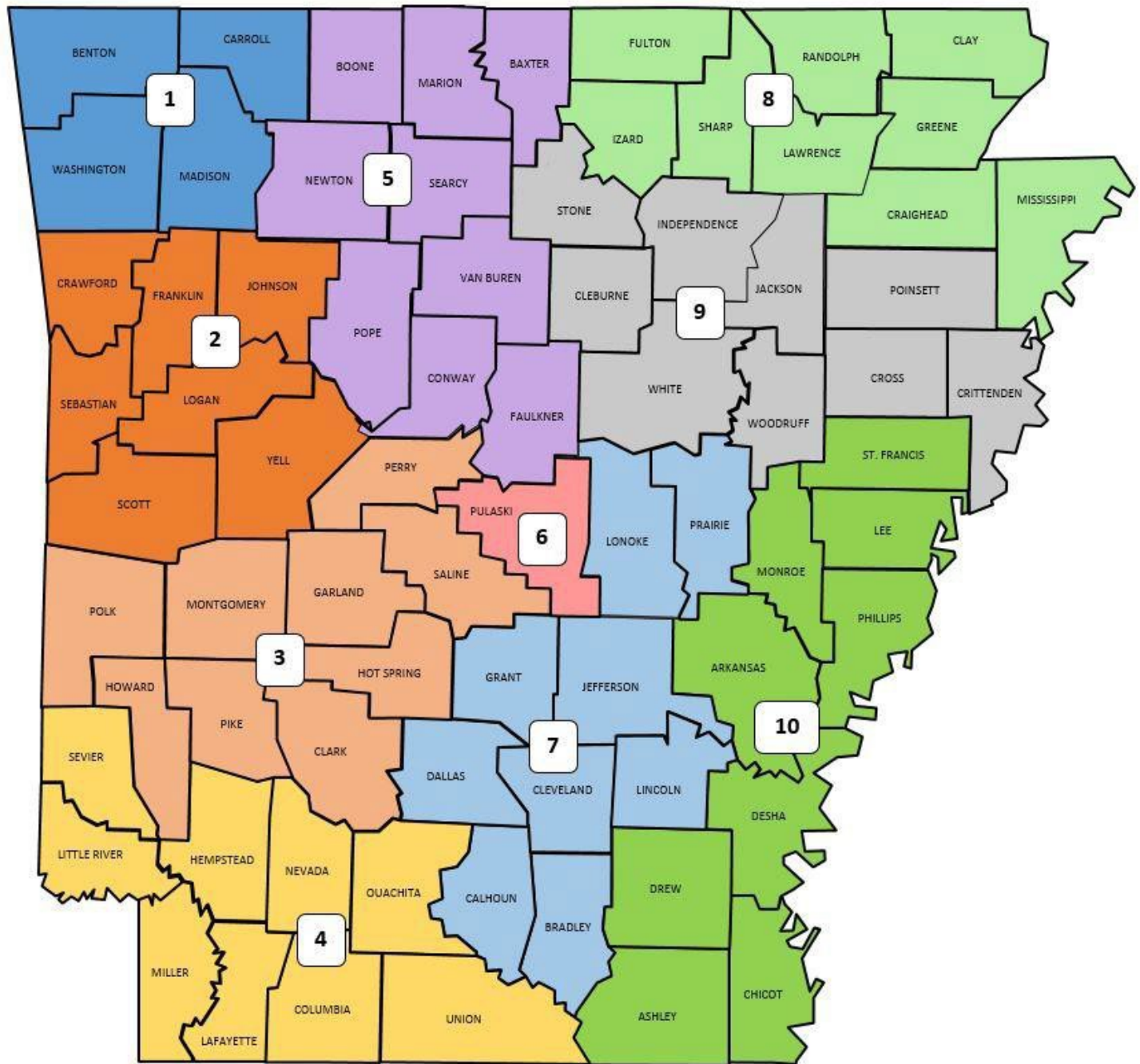
If interested, you may serve as both a resource parent for children placed in your home and a TYS sponsor for a teenager you know who is participating in extended foster care but not residing in your home.

In addition, youth ages eighteen (18) and older who are participating in extended foster care may live with their TYS sponsors (even if the TYS sponsor is not an approved resource home) as appropriate, provided that:

- State Police Criminal Background and Child Maltreatment Registry checks are clear and up to date (within the past two (2) years)
- Visual inspection of the sponsor's home is conducted

- Area Manager and the child's attorney ad litem approves the living arrangement with the sponsor
- Transitional team meeting is held to ensure the sponsor understands his/her role and that individualized guidelines and expectations are established for any youth who will reside with their sponsor (curfews, and responsibility for assisting with costs of living, if applicable, via the youth's board payment, etc.)

APPENDIX 4: DCFS SERVICE AREAS



APPENDIX 5: USEFUL LINKS FOR RESOURCE PARENTS

- Every Child Arkansas - <https://everychildarkansas.org/>
- Project Zero - <http://www.theprojectzero.org/>
- Arkansas Heart Gallery - <http://www.theprojectzero.org/heart-gallery>
- Division of Children and Family Services Policy-
<http://humanservices.arkansas.gov/dcf/dcfDocs/Master%20DCFS%20Policy.pdf>
- Resource Parent Portal- <https://dhs.arkansas.gov/dcf/CHRISPWP/Default.aspx>
- Better Beginnings- <http://www.arbetterbeginnings.com/>
- CDC Immunization Schedule:
 - Youth from birth to age six (6)
 - <https://www.cdc.gov/vaccines/parents/downloads/milestones-tracker.pdf>
 - Youth ages seven (7) to eighteen (18)
 - <https://www.cdc.gov/vaccines/schedules/easy-to-read/adolescent-easyread.html>

APPENDIX 6: RESOURCE FAMILY REVIEW COMMITTEE

The purpose of the Resource Family Review Committee is to serve as an assessment, review, and recommendation team for the approval or continuation of the provision of certain resource family services. The Resource Family Review Committee is designed to support the recruitment and retention of quality resource families that can meet the individualized needs and provide quality parenting for children placed in foster care. The committee approach enables DCFS to review issues before the committee on an impartial basis, and prevents decision making based on the bias of a single individual.

The Resource Family Review Committee will make recommendations to the Division Director or designee, for the approval or continuation of the provision of resource family services received from the field. If a packet is sent to the Resource Family Review Committee for review and recommendation, the assumption is that the local staff who submitted the packet are in support of the request enclosed.

The Resource Family Review Committee is responsible for reviewing and making recommendations regarding:

- Request to add or change a service on an open provider if there is any history of child maltreatment investigations involving the provider as an alleged offender (regardless of the outcome of the investigation or regardless of whether there is documentation indicating the reason for closure was related to the investigation).
- Request for continuing service of an active resource home, when the family has an unsubstantiated child maltreatment investigation or children have

been moved.

- Request for continuing service of an active resource home when the family has a substantiated child maltreatment investigation or children have been moved. Further Information: Any time DCFS chooses to leave a child in a home with a true determination (at the time of the determination and upon satisfaction of due process), the Assistant Director of Field Operations has to approve leaving the children and youth in the home. However, for homes that either do not appeal the determination or have the determination overturned and want to be made available again for other children, then this request must be reviewed by the Resource Family Review Committee.
- Request related to Therapeutic Resource Family Home and Private License Provider Agencies involved in child maltreatment investigations.
- Resource home closures resulting in Adverse Action Request. The Foster Care Manager will present these to the committee. The Foster Care Manager will make a recommendation to the Assistant Director of Placement Support and Community Outreach and notify the resource parents in writing of the decision of the review within ten (10) business days of receiving the Resource Review Committee decision.

APPENDIX 7: INTERNAL REVIEW OF ADVERSE ACTION INVOLVING RESOURCE PARENTS

Resource parents have the right to request an internal review of decisions affecting them and the operation of their home. Most problems can be resolved at the local level, if the resource parents and specialist keep each other informed about matters of interest and importance pertaining to the child. It is important for resource parents and specialists to discuss and work out issues and problems as they occur.

All complaints may not be appropriate for an internal review, and while the county office will make every effort to reconcile disagreements or other issues, some situations may not be reconcilable, such as those decisions made by the county office based on current policy and procedure.

Examples of issues to take through an Internal Review are:

- Closure of a resource home due to any circumstance
- Removal of a child from the resource home without appropriate cause or without appropriate notice
- Failure by DCFS to share appropriate information
- Failure by DCFS to provide necessary support
- Failure by DCFS to keep the terms of the initial written agreement with the resource home (CFS-462: Initial Resource Home Agreement and CFS-462A:

Prior to requesting an internal review at the central office level, resource parents should request an informal discussion of the problem with the specialist or resource specialist and their immediate supervisor. If, after the resource parents have discussed the issue related to the adverse action with the specialist or resource specialist and their supervisor, and believe that DCFS failed to uphold its policies, then, the resource parents must submit a request in writing to their Area Manager to review the adverse action. This request must be submitted to the Area Manager thirty (30) calendar days from the date the adverse action occurred. The Area Manager will schedule a meeting with the resource parents within ten (10) business days of the receipt of the written request and attempt to resolve the problem.

If the resource parents are not satisfied with the results of the meeting with the Area Manager, the resource parents may request an internal review from the Foster Care Manager or designee in central office to present their case. A copy of the request and written reports of the previous two meetings will be forwarded to the Foster Care Manager or designee. The Foster Care Manager will present the information to the Resource Review Committee for review of the adverse action.

The Foster Care Manager will notify the resource parents in writing of the decision of the review within ten (10) business days of receiving the Resource Review Committee decision.

APPENDIX 8: CONTACT INFORMATION

In the event you need to contact the Division of Children and Family Services for any reason, please call the persons listed below in the order they are listed. For example, if you cannot reach the Social Services Specialist or you need to speak to a supervisor, then one should call the second name listed.

Social Services Specialist	Resource Specialist
Email	Email
Work Phone	Work Phone
Cell Phone	Cell Phone
Social Services Specialist Supervisor	Transitional Youth Services Coordinator (if applicable)
Email	Email
Work Phone	Work Phone
Cell Phone	Cell Phone

County Manager or Area Manager	Child's Adoption Specialist (if applicable)
Email	Email
Work Phone	Work Phone
Cell Phone	Cell Phone
Attorney Ad Litem	Family's Adoption Specialist (if applicable)
Email	Email
Work Phone	Work Phone
Cell Phone	Cell Phone