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### **Mission Statement**

Branches of Life Treatment Foster Care program is a 501 c(3) state licensed & contracted child placing agency, whose concentration is on providing treatment foster care, through evidenced based practices, to keep children safe, strengthen families, and reduce the need for placing children in more restrictive settings such as residential care.

### **Purpose**

The purpose of Branches of Life Treatment Foster Care is to provide safe, nurturing, foster families, trained to care for children with emotional and/or behavioral challenges and/or other special needs when out of home care is necessary. The primary purpose of casework and services to the child's family is to allow for a safe reunification with the birth family when possible.

### **Values**

Our goal is to assist with the facilitation of the child's permanency through reunification with their family, adoption, emancipation/independent living, or as a last alternative, long term foster care until the youth reaches of age. This is done by providing intensive and supportive services to children and families involved in foster care.

**Population served through Branches of Life TFC program**

Branches of Life Treatment Foster Care will accept referrals for children, newborn to twenty-one years of age, referred by the Department of Children Services, Juvenile Probation, and/or the Dawn Project, who have been physically and/or sexually abused, or neglected. Children referred may suffer from mental/emotional handicaps or challenges, developmental delays, substance abuse, abandonment, and/or have special needs in terms of medical care, who require court ordered, out of home care due to the inability of birth family to care for child. Treatment foster parents are trained to foster children with emotional and behavioral challenges and/or may have a DSM IV diagnosis.

Branches of Life TFC also provides traditional/regular foster care.

## Annual Foster Parent Training

Treatment foster care requires foster parents to deal with difficult children in their home. Support and training are vital in working with and understanding the behaviors of the children we care for. It is for this reason that treatment foster parents must complete a minimum of **twenty (20) hours** of annual training. Eight (8) of the in-service training hours may be Alternative Training (See Alternative Training List (4/15/2009) & (Alt Verification Report)). Alternative Training Hours may also be obtained by visiting [www.fosterparents.com](http://www.fosterparents.com).

Foster parents will received notification every six (6) months into each annual regarding the number of training hours completed and the number of training hours needed by the annual date.

Traditional/Regular licensed foster parents are required to complete a minimum of **ten (10) hours** of training annually. Four (4) of the in-service training hours may be Alternate Training. See Alternative Training List (4/15/2009) & Alternative Training Verification Report. Alternative Training Hours may also be obtained also by visiting [www.fosterparents.com](http://www.fosterparents.com).

If annual training hours are not met the foster care home license will be placed on corrective action must be agreed upon, at which time the agency could decide not to use the home until corrective actions are complied with. A Corrective Action Plan must be conducted for foster parents who do not meet annual training hour requirements.

DCS will allow any in-service training completed in the three (3) month period prior to the end of the current training year to be counted toward the annual requirement for the next training year, if the in-service training credit is not needed to fulfill the training requirement for the current year. No more than five (5) training hours can be carried over to the following year. Rationale for exceptions to In-Service Training requirements must be maintained in an individual file at each licensing agency.

**CURRENT APPROVED ALTERNATIVE SERVICE TRAINING**  
**For Foster, Relative, and Adoptive Parents**  
 04/15/2009

Four hours of credit is the most that can be earned through in-service training when 10 hours are required. Eight hours of credit can be given for in-service training when 20 hours are required. Please note that state and local, laws, policies, and procedures take precedence over any information found within these materials or at the approved web sites listed.

BOOKS	AUTHOR	TOPIC	# of Pages	Credit Hours
A Brother's Journey: Surviving a Childhood of Abuse	Richard B. Pelzer	Surviving Child Abuse	272	4.5
A Teenager's Journey: Overcoming a Childhood of Abuse	Richard B. Pelzer	Surviving Child Abuse	240	4
A Chicken's Guide to Talking Turkey with Your Kids About Sex	Dr. Kevin Leman and Kathy Flores Bell	Talking about sex with teens	224	3.75
A Child Called 'It'	Dave J. Pelzer	Physical Abuse Separation and Attachment	184	3
A Child's Journey Through Placement	Vera Fahlberg	Physical Abuse/Separation/Attachment	396	6
Abused Boys: The Neglected Victims of Sexual Abuse	Mic Hunter	Sexual abuse of boys	352	6
Active Parenting	Michael Popkin	Parenting	163	2.75
ADHD Book: Living Right Now!	Martin L. Kutscher	Parenting ADHD	136	2.25
Adolescence: A Guide for Parents	Erin Shale, Michael Carr-Gregg, and Ron Tandberg	Parenting	240	4
Adolescence is Not an Illness	Bruce Narramore	Parenting	176	3
Adolescent Sexuality, Pregnancy, and Parenting:	Selected Readings CWLA	General	60	1
Adopting: Sound Choices, Strong Families	Patricia Irwin Johnston	Adoption	543	6
Adopting the Hurt Child: Hope for Families with Special Needs Kids	Gregory C. Keck, PhD, & Regina M. Kupecky, LSW	Adoption - Parenting Separation and Attachment	205	3.50
Adopting the Older Child	Claudia Jewett	Adoption	308	5.25
Adoption	The Future of Children	Adoption	182	3
All About Attention Deficit Disorder	Thomas W. Phelan, Ph.D.	Parenting - Attention Deficit	172	2.75
All About Attention Deficit Disorder: Symptoms, Diagnosis, and Treatment: Children and Adults	Thomas W. Phelan, Ph.D.	Parenting - Attention Deficit	248	4
Angry Kids, Frustrated Parents	Terry L. Hyland	Parenting	172	2.75
Another Place at the Table	Kathy Harrison	Foster Parenting	256	4.0
A Man Named Dave: A Story of Triumph & Forgiveness	David J. Pelzer	Physical Abuse - Substance Abuse Separation and Attachment	284	4.75
Another Place at the Table	Kathy Harrison	Foster Care	224	3.75
Ask Supermanny: What Every Parent Wants to Know	Jo Frost	Parenting difficult children	224	3.75
Attaching in Adoption: Practical Tools for Today's Parents	Deborah D. Gray	Parenting/Attachment	392	6.50
Attachment Disorders: Treatment Strategies for Traumatized Children	Catherine Swanson Cain	Attachment Disorder	248	4.0
Attachment, Trauma, and Healing	Terry M. Levy & Michael Orlans	General	278	4.50
Awakening Children's Minds: How Parents and Teachers Can Make a Difference	Laura E. Burk	Parenting	320	5.50
Back on Track: Boys Dealing with Sexual Abuse	Leslie Bailey Wright	Sexual Abuse	126	2
Beginning to Heal	Ellen Bass & Laura Davis	Adoption - Sexual Abuse	125	2
Being Adopted	Dr. Brodzinsky, Dr. Schechter & R. Henig	Adoption	202	3.25

	Heather T. Forbaker, Bryan Post	Disrupted Attachments	127
Beyond Consequence, Logic, and Control: A Love-Based Approach to Helping Attachment-Challenged Children With Severe Behaviors	Andy Fischhoff	Development - Parenting	276
Birth to Three: A Self-Help Program for New Parents	Jacqueline A. Rankin	General - Sexual Abuse	271
Body language of the Abused Child	Myriam Miedzian	Parenting	353
Boys Will Be Boys	Daniel A. Hughes	Attachment in Children	272
Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children			
Can This Child Be Saved? Solutions For Adoptive and Foster Families	Foster W. Cline	Adoptive/foster solutions	357
Caring for Sexually Abused Children: A Handbook for Families and Churches	Dr. R. Timothy Kearney	Parenting - Sexual Abuse	139
Changing Children's Behavior by Changing the People, Places and Activities in Their Lives	Richard L. Munger	Behavior	250
Child Abuse and Culture: Working With Diverse Families	Lisa Aronson Fontes	Diversity	239
Children: The Challenge	Rudolf Dreikurs, M.D.	Adoption - Parenting	335
Choices and Consequences: What to do when a Teenager Uses Alcohol/Drugs?	Dick Schaefer	Parenting - Alcohol/Drugs	176
Conscienceless Acts / Societal Mayhem	Foster Cline, M.D.	Separation and Attachment	336
Critical Issues for Children & Youth	The Future of Children	General	137
Center for Brilliance: Yours and Your Children	Larry Koenig, Ph.D.	General	59
Caring For Kids	Riley Hospital for Children	General	241
Children with Autism: A Parent's Guide	Michael D. Powers	Parenting	427
Clinical Practice of Cognitive Therapy with Children and Adolescents: The Nuts and Bolts	Robert D. Friedberg and Jessica M. McClure	General	354
Counterfeit Son	Elaine Marie Alphin	Psychological freedom	192
Cry Out	Dr. Phil Quinn	Physical Abuse - Sexual Abuse	200
Cry Softly!: The Story Of Child Abuse	Margaret O. Hyde	Physical Abuse - Sexual Abuse	117
Complete Idiot's Guide to Adoption (The Complete Idiot's Guide)	Chris Adamec	Adoption	416
Come Play with Me! Effective Parent-Child Play: Using structured playtime to interact with young children and practice useful parenting skills	Dr. Kelli B. Ritter	Parenting	89
Dandelion on My Pillow, Butcher Knife Beneath	Nancy Thomas, Terena Thomas, and Beth Thomas	Children Who Kill	239
Damaged	Cathy Glass	Surviving Child Abuse	309
Damaged Angels: An Adoptive Mother's Struggle to Understand the Tragic Toll of Alcohol in Pregnancy	Bonnie Buxton	Fetal Alcohol Spectrum Disorder	336
Despair Turned Into Rage: Understanding and Helping Abused, Neglected, and Abandoned Youth	Paul Levin & Cynthia Park	General	108
Different and Wonderful: Raising Black Children in a Race Conscious Society	Darlene & Derek Hopson	Parenting - Diversity	233

Discipline That Works - 5 Simple Steps	Joyce Divinyi	Parenting - Discipline	117	2
Discipline Without Shouting or Spanking	Dr. Wyckoff & B.C. Unell	Parenting - Discipline	133	2.25
Discipline Without Tears	Rudolf Dreikurs, M.D.	Parenting - Discipline	47	.75
Discipline: 101 Alternatives to Spanking	Dr. Alvin Price	Parenting - Discipline	172	2.75
Don't Touch My Heart: Healing the Pain of an Unattached Child	Lynda Gianforte Mansfield and Christopher H. Waldmann	Parenting an Unattached Child	121	2
Driven To Distraction	Dr. Hallowell & Dr. Ratey	Parenting	285	4.75
Emotional Intelligence- Why it Can Matter More Than IQ	Daniel Goleman	Emotional intelligence	384	6.5
Every Child Deserves a Champion Including the Child Within You	Bob Danzig	General	187	3
Ellen Foster	Kaye Gibbons	Foster Care	144	2.50
Families First: Your Step-by-Step Plan for Creating a Phenomenal Family	Dr. Phil McGraw	Family	304	5
Families at Risk	Jodee Kulp	General	399	6.5
Filling in the Blanks: A Guided Look at Growing Up Adopted	Susan Gabel	Growing up adopted	149	2.5
Finding Fish	Antwone Q. Fisher & Mim E. Rivas	Abandonment & Physical Abuse	262+	4.25
Foster Care - The Changing Family	Nancy Millichap Davies	Foster care	112	1.75
From Victim to Victory	Dr. Phil Quinn	Sexual and Physical Abuse	157	2.50
Games People Play	Eric Berne, M.D.	Development - Communication	184	3
Get a Clue!: A Parents' Guide to Understanding and Communicating With Your Preteen	Ellen Rosenberg	Parenting	352	6
Ghost Girl	Torey Hayden	Physical/Sexual Abuse	416	7
Giving the Love That Heals	Harvel Hendricks & Helen Hunt	Parenting - Communication	357	6
Good For Me	Nancy & John McNeely	Parenting	126	2
Grand parenting With Love & Logic	Foster Cline & Jim Fay	Parenting	279	4.50
Gus Chronicles: Reflections of An Abused Kid	Charles Applesstein, MSW & (Gus Studelmeier)	Insight into a child's mind Communication	155	2.50
Handbook of Attachment Interventions	Terry M. Levy	Working with Attachment Disorders	289	4.75
Healing the Hurt Child: A Developmental-Contextual Approach	Denis M. Donovan and Deborah McIntyre	Developmental	310	5
Healthy Sleep Habits: Happy Child	Marc Weissblueth, M.D.	Parenting	175	3
Help Me To Help My Child: A Sourcebook for Parents of Learning Disabled Children	Jill Bloom	Learning Disabilities - Parenting	324	5.25
Help Your Teenager Beat an Eating Disorder	James Lock	Parenting	295	5
Help Yourself for Teens: Real-Life Advice for Real-Life Challenges	Dave Pelzer	Parenting Teenagers	208	3.50
Helping Children Cope With Separation and Loss	Claudia Jewett	Separation and Attachment	266	4.25
Helping the Child Who Doesn't Fit In	Stephen Nowicki and Marshall P. Duke	Children who are misunderstood	178	3
Helping Your Angry Child	Darlyne Gaynor Nemeth	Parenting	200	3.50
Helping Your Hyperactive/ADD Child	John F. Taylor PhD	Parenting - Child disabilities	496	8.25

High Risk: C	Without a Conscious	Dr. Ken Magic	ole A. CmKelvey	Separation and Attachment	36
Homework W... Hassles		Larry Koenig, PhD		Parenting - Homework	40
Hope's Boy: A Memoir		Andrew Bridge		Parenting - Foster Care	320
How to Do Homework Without Throwing Up		Trevor Romain and Elizabeth Verdick		Parenting - Homework	72
How To Get Your Kids to Clean Their Rooms		Dr. Henry Isaksen		Parenting - Communication	145
How to Handle a Hard-to-Handle Kid: A Parents' Guide to Understanding and Changing Problem Behaviors		Drew Edwards		Parenting	264
How To Raise a Street Smart Child		Grace Hechinger		Parenting	175
How To Raise Good Children		Laurel Hughes		Parenting	144
How to Raise Happy, Loving, Emotionally Intelligent Kids		Tamyra Bourgeois, PH.D.		Parenting	306
How To Talk So Kids Will Listen and Listen So Kids Will Talk		Adele Faber & Elaine Mazlish		Parenting - Communication	234
How You Child is Smart: A Life Changing Approach to Learning		Dawna Markova		Parenting - Learning Disabilities	204
I Didn't Ask to be in This Family		Abraham J. Twerski, M.D.		Adoption - Parenting	113
I Will Never Give Up		Derek W. Clark		Living in foster care	300
Infant Massage		Vimala Schneider		Parenting - Development	223
If Your Adolescent Has Depression or Bipolar Disorder: An Essential Resource for Parents (Adolescent Mental Health Initiative)		Dwight L. Evans and Linda Wasmer Andrews		Emotional Understanding	208
Is It "Just a Phase"?		Susan Anderson Swedo and Henrietta L. Dr. Leonard		Understanding Child Behaviors	368
Journeys After Adoption: Understanding Lifelong Issues		Jayne Schooler and Betsie Norris		Adoption	312
Keys to Parenting Your Teenager		Don Fontenelle Ph.D.		Parenting Teenagers	228
Kids Helping Kids Break the Silence of Sexual Abuse		Linda Lee Foltz		Sexual Abuse	142
Kids, Parents, and Power Struggles: Winning for a Lifetime		Mary Sheedy Kurcinka		Parenting	336
Kids Who Outwit Adults		Dr. John Seita and Larry K. Brendtro		Child anger/sabotage	184
Life for me ain't been no crystal stair		Susan Sheehan		Foster Care	192
Like Family: Growing up in Other People's Houses: A Memoir		Paula McLain		Foster Care	240
Learning Disabilities and ADHD		Betty B. Osman, PhD.		Parenting - Learning Disabilities	219
Learning the Dance of Attachment (to order on-line: <a href="http://www.crossroadsadoption.com/Portals/0/docs/Web%20Book%20A.d.pdf">http://www.crossroadsadoption.com/Portals/0/docs/Web%20Book%20A.d.pdf</a> )		Holly van Gulden and Charlotte Vick		Attachment and Adoption	114
Love and Logic Magic for Early Childhood: Practical Parenting from Birth to Six Years		Jim Fay		Parenting	175
Making Sense of Adoption: A Parent's Guide		Lois Melina		Adoption - Parenting	219
Middle Childhood (Ages 7-12)		James Herz		Parenting the 7 - 12 year old	216
New Skills for Frazzled Parents: The Instruction Manual That Should Have Come With Your Child		Daniel J. Amen, MD		Parenting	129
So Such Thing as a Bad Kid		Charles Appelstein, MSW		Parenting - Communication	270
Turtling Adoptions: Creating Resilience After Neglect and Trauma		Deborah D. Gray		Adoption	510

1-2-3 Magic: Effective Discipline for Children 2-12 (123 Magic)	Thomas W. Phelan	Effective Discipline	224
On Becoming Preteen Wise: Parenting Your Child from 8-12 Years Old	Gary Ezzo, Robert Bucknam Torey L. Hayden	Parenting Abandonment/Abuse	240 336
Orphans of the Living: Stories of Americas Children in Foster Care	Jennifer Toth	Foster Care	320
Our Own: Adopting & Parenting the Older Child	Trish Maskew	Adoption	259
Outgrowing the Pain: A Book For and About Adults Abused As Children	Eliana Gil	Physical and Sexual Abuse	84
Parenting for Prevention	David J. Wilmes	Parenting	252
Parenting from the Inside Out	Daniel Siegel and Mary Hartzell	Parenting	272
Parenting the Hurt Child: Helping Adoptive Families Heal and Grow	Gregory Keck	Parenting	295
Parents Are Teachers Too	Claudia Jones	Parenting - Development	407
Parents in Prison: Children in Crisis	Cynthia Beatty	General	37
Parents, Teens, and Boundaries: How to Draw the Line	Jane Bluestein	Parenting	200
Parenting the Hurt Child	Gregory C. Keck, Ph.D & Regina M. Kupecky, LSW	Adoption Issues	258
Parenting With Love And Logic	Foster W. Cline and Jim Fay	Parenting	271
Parenting Your Out-of-Control Teenager: 7 Steps to Reestablish Authority and Reclaim Love	Scott P. Sells	Teenagers	368
Pictures of Hollis Woods	Patricia Reilly Giff	Foster Care	176
Please Stop Laughing at Me: One Woman's Inspirational Story	Jodee Blanco	Bulling	276
Positive Child Guidance	Darla Ferris Miller	Parenting	384
Positive Discipline For Teenagers	Jane Nelsen & Lynn Lott	Communication - Discipline	430
Positive Parenting with a Plan (Grades K-12): F.A.M.I.L.Y. Rules	Dr. Matthew A. Johnson	Parenting	190
Positive Pushing: How to Raise a Successful and Happy Child	Jim Taylor	Parenting	
Positive Self Talk For Children	Douglas Block	Communication - Discipline	325
Positive Time-Out: And Over 50 Ways to Avoid Power Struggles in the Home and the Classroom	Jane Nelsen	Parenting	175
Practical Tools for Foster Parents (Common Sense Parenting)	Lana Temple-Plotz	Parenting	309
Preparing Adolescents for Life After Foster Care: The Central Role of Foster Parents	Anthony N. Maluccio, Robin Krieger, and Barbara A. Pine	Parenting Teens	225
Protecting and Parenting Sexually Abused Children	Rick Morris	Parenting; Sexual Abuse; Normal Sexual Behavior	101
Raising A Responsible Child	Dr. Don Dinkmeyer & Dr. Gary D. McKay	Parenting	256
Raising a Moody Child: How to Cope with Depression and Bipolar Disorder	Mary A Fristad	Parenting	260
Raise the Blue: The Practical and Humorous Guide to Foster and Kinship Care	Marcia Sindone, Foster Parent	Parenting	399
Raising a Child Who Has a Physical Disability	Donna G. Albrecht	Raising children with disabilities	228

Raising a M Authentic N d	n-Day Knight: A Father's Role in Guiding His Son to	Robert Lewi	Father Parenting	1	3.25
Raising Adoptive Children: A Manual For Adoptive Parents		Lois Melina	Adoption - Parenting	274	4.50
Raising Cain: Caring for Troubled Youngsters, Repairing Our System		Richard Delaney	Parenting	135	2.25
Raising Our Children's Children		Deborah Doucette-Dudman	Parenting - Kinship	256	4.25
Raising the Rainbow Generation		Dr. Powell-Hopson & Dr. Hopson	Parenting - Diversity	192	3.25
Raising Young Children Well: Insights and Ideas for Parents and Teachers		Sandra Radzanower Wolkoff, Neala S. Schwartzberg, and Jane E. Meekwood-Yazdpour	Parenting	224	3.75
Raising Your Child Not by Force but by Love		Sidney D. Craig	Parenting	192	3.25
Rebuilding Children's Lives: A Blueprint for Treatment Foster Parents		Ray V. Burke, Ron W. Herron, Mariam A. Mott, and Christena B. Baker	Parenting	294	5.0
Recognizing Child Abuse: A Guide for the Concerned		Douglas J. Besharov	Child Abuse	270	4.50
Recognizing & Managing Children With FAS/FAE: A Guidebook		Brenda McCreight	Parenting - Fetal Alcohol Syndrome	153	2.50
Redirecting Children's Behavior		Kathryn Kvoles	Parenting	225	3.75
Relatives Raising Children: An Overview of Kinship Care		Joseph Crumbley & Robert L. Little	Parenting	119	2
Rentegade Saint		Dr. Phil Quinn	Child Abuse Survivor	222	3.75
76 Ways to Protect your Child from Crime		J.J. Simmons, PhD. & George McCall, PhD.	Parenting	207	3.50
Search To Belong		Christmas C. Kaufman	Living in foster care	120	2.0
Self-Esteem Revolutions in Children: Understanding and Managing the Critical Transitions in Your Child's Life		Thomas Phelan	Self-esteem in children	173	2.75
Sexual Abuse of Children		The Future of Children	Parenting - Sexual Abuse	246	4
Sexualized Child in Foster Care		Sally G. Hoyle	Child Abuse	115	2
Show and Tell		Karen Vanderlaan	Child Abuse	267	4.50
Siblings Without Rivalry, How to Help Your Children Live Together So You Can Live Too		Adele Faber & Elaine Mazlish	Parenting	219	3.50
Simple Secrets of Parenting: Easy as ABC		John Q. Baucom	Parenting	53	.75
Small Feats: Unsung Accomplishments & Everyday Heroics of Foster & Adoptive Parents		Dr. Richard J. Delaney, Ph.D.	Caregiver Challenges	92	1.5
Solve Your Child's Sleep Problems		Richard Ferber	Parenting	464	7.75
Spare the Rod		Dr. Phil Quinn	Child Abuse	191	3.25
Special Education For Students With Disabilities		The Future of Children	Parenting - Learning Disabilities	173	2.75
Staying Connected to Your Teenager: How to Keep Them Talking to You and How to Hear What They're Really Saying		Michael Riera	Parenting	260	4.25
Stop Walking on Eggshells: Taking Your Life Back When Someone You Care about Has Borderline Personality Disorder		Paul T. Mason and Randi Kreger	Coping with borderline personality disorders	240	4
Surviving Your Adolescents: How to Manage-and Let Go of-Your 13-18 Year Olds		Thomas W. Phelan	Coping with adolescents	176	3
Taking Charge: Caring Discipline That Works - At Home and at School		Jo Anne Nordling	Parenting and Discipline	340	5.5

Talking With Your Children About Adoption	Mary Watkins & Susan Fischer	Adoption - Communication	257	4.50
Teaching Your Children Responsibility	Linda & Richard Byre	Parenting	179	3
Telling the Truth to Your Adopted or Foster Child: Making Sense of the Past	Jayne Schooler and Betsy Keefer	Adoption	256	4.25
Ten Things - Every Child with Autism Wishes You	Ellen Notbohm	Autism	111	1.75
That's My Child: Strategies for Parents of Children with Disabilities	Lizanne Cooper	Parenting	189	3.25
The ADD Advantage: How to Bring Out the Best in ADD/ADHD Children	Craig M. Poturcia, M.A	Parenting	62	1
The ADHD Handbook: A Guide for Parents and Professionals on Attention Deficit/Hyperactivity Disorder	Alison Munden	Attention Disorders	164	2.75
The Adoption Resource Book 4th edition	Lois Gilman	Adoption	592	10
The Baby Book - Everything You Need to Know About Your Baby From Birth to Age Two	William & Martha Sears	Parenting - Development	704	11.75
The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder	Demitri Papolos Md (Author), Janice Papolos	Bipolar Child	496	6 max
The Boy From the Basement	Susan Shaw	Psychological healing	208	3.50
The Boy Who Was Raised As a Dog: And Other Stories from a Child Psychiatrist's Notebook: What Traumatized Children Can Teach Us About Loss, Love and Healing	Bruce D. Perry	Parenting	288	5
The Broken Cord	Michael Dorris	Adoption - Separation & Attachment	281	4.75
The Color of Water: A Black Man's Tribute to His White Mother	McBride James	Bi-racial heritage	165	2.75
The Complete Kwanzaa: Celebrating Our Cultural Harvest	Dr. Winbush Riley	Cultural Diversity	400	6.50
The Difficult Child	Stanley Turecki & Leslie Tonner	Parenting	302	5
The Everything Parent's Guide To Children With Asperger's Syndrome: Help, Hope, And Guidance (Everything: Parenting and Family)	William Stillman	Parenting Child with Aperger's Syndrome	301	5
Telling the Truth to Your Adopted or Foster Child: Making Sense of the Past	Betsy Keefer, Keefer, Jayne E. Schooler, Jayne E. Schooler	Adoption/Foster - telling truth	256	4.25
The Everything Parents Guide to Sensory Integration	Terri Mauro	Parenting	303	5
The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children	Ross W. Greene	Parenting	320	5.50
The Golden Rule of Parenting	Dr. Phil Quinn	Parenting	206	3.75
The Gus Chronicles II	Charles D. Appelstein	Insight to children in conflict	185	3.0
The Heart Knows Something Different	Edited by Al Desetta	Communication	211	3.50
The Hidden Child: Youth With Autism (Youth With Special Needs)	Sherry Bonnice	Autism	128	2
The Hurried Child - Growing Up Too Fast Too Soon	David Elkind	Parenting - Development	217	3.50
The Limits of Hope: An Adoptive Mother's Story	Ann Kinble Loux	Adoption - Parenting	266	4.75
The Lost Boy: A Foster Child's Search for the Love of a Family	David J. Pelzer	Separation and Attachment Physical Abuse - Substance Abuse	340	5.50
The Making of a Happy Family	Larry Koenig, Ph. D.	Parenting	47	.75
The Martian Child: A Novel About A Single Father Adopting A Son	David Gerrold	Adoption/FAS	192	3.50
The Mulberry Bird	Ann Brodzinsky	Adoption	48	.75

The Newborn i	Andrea Boroff I	Parenting -- Communication	208	30
The New Strong	Dr. James C. Dobs	Parenting	219	3.75
The Orphan Trains: Placing Out in America	Marilyn Irvin Holt	Foster Care History	248	4
The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder	Carol Stock Kranowitz and Lucy Jane Miller	Sensory Integration	384	6.25
The Privilege of Youth: A Teenagers Story	David J. Pelzer	Courage and Triumph	240	4
The Resilience Revolution: Discovering Strengths in Challenging Kids	Larry Brendtro	How to help children recover from adversity	158	2.50
The Safe Child Handbook: How to Protect Your Family and Cope with Anxiety in a Threat-Filled World	John S Dacey and Lisa B Fiore	Parenting	224	3.75
The Sexualized Child in Foster Care	Sally Hoyle	Sexual Abuse	108	1.75
The Spirit Catches You and You Fall Down	Anne Faidman	Culture-Communication	200 +	3.25
The Spirit of Open Adoption	James L. Gritter	Adoption	306	5
The Throwaway Piece	Jo Ann Yolanda Hernandez	Foster Care	246	4
The Ten Most Troublesome Teen-Age Problems: And How to Solve Them	Lawrence Bauman and Robert Riche	Teenagers	240	4
The Unbreakable Child	Kim Michele Richardson	Overcoming abuse in orphanage	240	4
The Well Adjusted Child	Dr. Phil Quinn	Parenting -- Communication	150	2.50
The Whole Life Adoption Book: Realistic Advice for Building a Healthy Adoptive Family	Jayne E. Schooler, Thomas C. Atwood	Adoption	267	4.75
They Cage the Animals at Night	Jennings Michael Burch	Physical Abuse	244	4
Three Little Words: A Memoir	Ashley Rhodes-Courter	Memories of being in foster care	320	5.25
To Love A Child	Marianne Takas & Edward Warner	Parenting -- Adoption	203	3.25
Tough love	Phyllis Yourk, David Yourk, & Ted Watchtel	Parenting -- Communication	210	3.25
Transracial Adoption and Foster Care: Practice Issues for Professionals	Joseph Crumbley	Adoption and Foster Care	158	2.5
Traumatic Experience and the Brain	Dave Ziegler	trauma on the developing brain	174	2.75
Troubled Transplants: Unconventional Strategies for Helping Disturbed Foster & Adopted Children	Richard J. Delaney, Ph.D. and Frank R. Kunstal	Parenting - Behavior	123	2
Try and Make Me!: Simple Strategies that turn off the Tantrums	Ray Levy	Parenting - Behavior	256	4.25
Twenty Things Adopted Kids Wish Their Adoptive Parents Knew	Sherrie Eldridge	Adoption	240	4
Understanding Yourself & Others	Bill & Kathy Kvoles-Riedler	Parenting -- Development	275	4.50
Walk a Mile in My Shoes: A Book About Biological Parents for Foster Parents and Social Workers	Judith A. B. Lee	Parenting	87	1.25
Welcome Home: A Guide for Adoptive, Foster, and Treatment Foster Parents	Christopher J. Alexander	Parenting Guidance	282	4.75
What Am I Feeling?	John Gottman	Emotions - Behavior	48	.50
What Every Baby Knows	Dr. T. Berry Brazelton	Parenting -- Behavior	272	4.50
When Anger Hurts Your Kids: A Parent's Guide	Patrick Fanning	Parenting	176	2.75
When Love Is Not Enough: A Guide to Parenting Children with RAD	Nancy L. Thomas	Reactive Attachment Disorder	148	2.50
When Your Child Drives You Crazy	Eda J. LeShan	Parenting	393	7

White Oleandr Who's Raising Heart and Soul	Janet Fitch Laura J. Budden McGee	Emotional & Physical Abuse Child Raising issues – Media influence on children	20 180	2.25 3
Working with Traumatized Children: A Handbook for Healing	Kathryn Brohl	Abuse and Neglect	96	1.50
When Your Child Has Learning Disabilities	Dr. Fisher & Dr. Cummings	Parenting – Learning Disabilities	144	2.25
Youth Work Resources: Foster Youth Share Their Ideas for Change	Janet Knipe & Joy Warren	General	45	.75
Zimmy's Guide to All Kids Needs	Zimmy Zimberg	Parenting	121	2

VIDEO TITLE	DEVELOPED BY	TOPIC	LEN	Credit Hours
African-American and Biracial Hair Care - DVD America	contactus@adoptionaccents.com Lifetime Presents	African-American child hair care Teen aging out of foster care	97min 97min	1.50 1.50
All About ADD – Part II	Thomas W. Phelan Families By Design	Child Management with ADD Geared towards children with emotional illness	108mi 50min	1.75 1
Circle of Support: What Can I Do to Help DVD Eddie Eagle Program	Nancy Thomas National Rifle Association Hosted by Morgan Freeman	Explains Attachment Disorder Deals with gun safety Navigate the mental health system	60min 30min 30min	1 .50 .50
Head lice: A Healthy reaction	Indiana Board of Health	Medical Issues	30min	.50

In the Best Interest of the Children	Hosted by Sarah Jessica Parker	What is best for the children	120mi	2
Indiana Child Care Collection Video (each)	FSSA/Ball State University	Parenting	30min	.50
Inside The Teenage Brain – PBS Video Frontline	PBS	Adolescents behavior	60min	1
Look What You've Done ; Learning Disabilities and Self Esteem Martian Child	PBS and Dr Robert Brooks Harvard John Cusack, Joan Cusack, Amanda Peet, and Bobby Coleman Thomas Phelan	Learning Disabilities Adopting a special needs child	66min 107mi	1 1.75
Medication For ADHD: Yes Or No?		ADHD Discussion	133mi	2
Parent Talk		Parenting	60min	1
Scared Silent	1-800-4 A CHILD	Parenting – Sexual Abuse Communication	60min	1
Second Best	Nathan Yapp, William Hurt, Keith Allen, and Chris Cleary Miles Boy's Town	Attachment Parenting – Communication	90min 30min	1.50 .50
Setting Your Child Up For Success: Anticipating & Preventing Problems				
Shaking, Hitting, Spanking: What To Do Instead Sibling Rivalry	Indiana Prevention of Child Abuse Cline/Fay Institute	Parenting	30min	.50
Smart Discipline for Parents	Larry Koenig, Ph.D	Parenting Parenting-Development-Discipline	30min 90min	.50 1.50

Surviving Your Adolescents: How to Manage and Let Go Of Your 13-18 Year Olds	Thomas Phelan	Parenting	133m
The Baby Care Home Video	The Baby Care Workshop	Parenting - Development	60min 1
The Five Steps to Changing Disturbing Behavior - Stand up to Your Children and Help Them Grow (Volume One)	The Parent Process (2004)	Behavior	90min 1.5
The Orphan Trains - American Experience DVD	None	Adoption	60 1
Touch points: One Year Through Toddlerhood	Dr. T. Berry Brazelton	Parenting - Development	45min .75
Understanding Learning Disabilities: How Difficult Can This Be? The Frustration, Anxiety, Tension (F.A.T.) City Workshop (1989)	City Workshop	Understanding Learning Disabilities	70min 1
Why Won't You Behave?	Purdue Extension Service	Parenting - Development	30min .50
<b>MOVIES</b>			
Anrwone Fisher	With Denzel Washington		120mi 2
Choosing Matthias		Finding hope	120mi 2
December Boys	Daniel Radcliffe, Lee Cormie	Finding hope in adoption	105mi 1.75
Ellen Foster	Jena Malone	Hallmark Movie	97min 1.75
Freedom Writers	Erin Gruwell Hilary Swank, Patrick Dempsey, Scott Glenn, and Imelda Staunton	Teens using writing to change their lives	122mi 2
Georgia Rule	Jane Fonda, Lindsay Lohan		
Gracie's Choice	Anne Heche	Sexual Abuse	113 1.75
Holiday Heart	Ving Rhames, Alfe Woodard	Overcoming Abusive mother	91min 1.50
Kramer vs. Kramer	Dustin Hoffman, Meryl Streep	Demons of Addiction	133mi 2
Losing Isaiah	Jessica Lange, Halle Berry	Divorce/Single parenting	105mi 1.75
Martian Child	John Cusack, Joan Cusack, Amanda Peet, and Bobby Coleman	Adoption	106 1.75
I Am Sam	With Sean Penn	Adoption	107 1.75
Pictures of Hollis Woods	Hallmark Hall of Fame (2007)	Emotional Development	120mi 2
Radio	With Cuba Gooding, Jr. & Ed Harris	Living in Foster Care	98min 1.75
Sherry Baby	Maggie Gyllenhaal, Brad William Henke	Emotional Development	109mi 1.75
White Oleander	With Michelle Pfeiffer	Making Changes after Prison	96 1.50

<b>AUDIO TAPES</b>	<b>PRODUCED BY</b>	<b>TOPIC</b>	<b>LEN</b>	<b>GT</b>
ADD - Workable Solutions	Cline/Fay Institute	Parenting - Learning Disabilities - Medical Issues	90min	1.50
Behavior Issues with Attachment Problems	Michael Katz	Parenting	240mi	4
Choices, Failures, & Thoughtful Risks	Cline/Fay Institute	Parenting	105mi	1.75
Chores: Getting Them Done Without Hassles	Cline/Fay Institute	Parenting	60min	1
Four Steps to Responsibility	Cline/Fay Institute	Parenting	60min	1
Helicopters, Drill Sergeants, & Consultants	Cline/Fay Institute	Parenting	60min	1
Hormones & Wheels	Cline/Fay Institute	Parenting	60min	1
How To Raise Happy, Confident Kids	Cline/Fay Institute	Parenting - Communication	210mi	3.50
Approved Alternative In-Service Training	Ed Bliss and Edwin C. Bliss	Parenting	60min	1

Lying, Stealing, Making Wishes of Underachievers	Cline/Fay Institute	Parenting	90min	1.50
Nine Most Important Needs of Foster and Adopted Children	Cline/Fay Institute	Parenting	90min	1.50
	Juli Alvarado	Parenting	90min	1.50

Raising the Odds for Responsible Behavior	Cline/Fay Institute	Parenting	60min	1
Setting Limits for Kids	Cline/Fay Institute	Parenting – Communication	60min	1
Smart Discipline	Larry Koenig, Ph.D	Parenting-Development-Discipline	90min	1.50
The Science of Control	Cline/Fay Institute	Parenting	60min	1
Trouble Free Teens	Cline/Fay Institute	Parenting	60min	1

<b>Websites</b>				
<a href="http://www.fosterclub.org/training/index.cfm">http://www.fosterclub.org/training/index.cfm</a>		Look under foster parent section at top		
<a href="http://www.fosterparentcollege.com">www.fosterparentcollege.com</a>				
<a href="http://www.fosterparents.com">www.fosterparents.com</a>				



# IN-SERVICE TRAINING LOG

State Form 54611 (1-11)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** Licensed foster parent will complete one form per year to record in-service training hours and attach copies of all training certificates. One licensed foster parent per form. Licensing staff will receive this form and maintain it in the licensing file.

Name of foster parent		County of foster home
Date of pre-service certification (month, day, year)	Current licensure year	

MEDICAL TRAINING	
Cardiopulmonary resuscitation (CPR) completion date (month, day, year)	Date recertification due (month, day, year)
First aid completion date (month, day, year)	Date recertification due (month, day, year)
Universal precautions completion date (month, day, year)	Date recertification due (month, day, year)

CARRY OVER HOURS		
Number of previous in-service hours	Number of previous alternative in-service hours	Total number of hours allowed to carry over from the previous licensure year

CURRENT IN-SERVICE TRAINING (Attach additional sheet, if necessary.)			
Title of Training	Date attended (month, day, year)	Hours Earned	Total Hours

CURRENT ALTERNATIVE IN-SERVICE TRAINING			
Title of Training	Date attended (month, day, year)	Hours Earned	Total Hours

Signature of foster parent	Printed name of foster parent	Date of signature (month, day, year)
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## **Indiana Department of Child Services Mission, Value, & Vision**

### Mission:

The Indiana Department of Child Services (DCS) protects children from abuse and neglect. DCS does this by collaborating with families and communities to provide safe, nurturing, and stable homes.

### Vision:

Children thrive in safe, caring, supportive families and communities.

### Values:

We believe every child has the right to be free from abuse and neglect.

We believe every child has the right to appropriate care and a permanent home.

We believe parents have the primary responsibility for the care and safety of their children.

We believe the most desirable place for children to grow up is with their own families when these families are able to provide safe, nurturing, and stable homes.

We believe in personal accountability for outcomes including one's growth and development.

We believe every person has value, worth, and dignity.

# **Branches of Life Treatment Foster Care Rights of Foster Children**

## **Right to Nourishment**

**Treatment Foster Parent must provide each foster child with healthy food and proper nutrition.**

### **Rules:**

1. Treatment Foster Parents must provide at least three (3) nutritionally sound meals to each foster child each & every day.
2. The three (3) meals (breakfast, lunch, & dinner) should never be withheld as a form of punishment or sold as a privilege. A foster child has a right to all three (3) meals.
3. Meals should never be made intentionally less adequate, less tasty, or less nutritious for any reason.
4. Medical advice & guardian consent should be obtained before starting weight loss programs or any other special diets.

### **Guidelines:**

1. Treatment Foster Parents should provide a wide variety of nutritious foods for foster children including ethnic preferences.
2. Treatment Foster Parents should avoid imposing personal food preferences on foster children (i.e. vegetarian or sugar-free diets or fad diets (i.e. eggs & grapefruit for each meal).
3. While some snacks (i.e. sweets) can be sold as a privilege, nutritious snacks such as fruits & vegetables should be made freely available (i.e. Apples or grapes after school).
4. "Junk food" (i.e. chips, Big Macs, etc.) should only be made available in moderation. Totally prohibiting "junk food" usually is unreasonable and unenforceable.

## **Right to Respect of Body & Person**

### **Rule:**

**Treatment Foster Parents shall use interaction styles that are as pleasant as possible and demonstrate humane, professional, concerned care at all times.**

1. Corporal punishment or threats of corporal punishment is **prohibited.**
2. Treatment Foster parents may not use physical or personal restraints with foster children.
3. Treatment Foster Parents should avoid sarcasm, labeling, or name-calling; such practices may humiliate the foster child.
4. The use of profanity, threats, or yelling directed towards the foster child is never appropriate.
5. Treatment foster parent will not conduct body searches.

### **Guidelines:**

1. Treatment Foster Parents are discouraged from using any type of physical contact with a foster child as a form of discipline.
2. Treatment Foster parents are encouraged to utilize positive interaction styles such as 1-2-3 Magic, Transforming the Difficult Child, Strength Based Parenting, and Positive Discipline.

## **Right to One's Own Possessions**

**Each foster child has a right to possessions that are in keeping his or her development level and living situation Treatment Foster Parents should respect a foster child's right to possessions and should create a home atmosphere that encourages the foster child to own personal possessions.**

### **Rules:**

1. Treatment Foster Parents should ensure that foster children do not possess dangerous items (i.e. guns, knives, drugs, etc.).
2. Treatment Foster Parents should ensure that foster children have necessary materials for school or a job, and that these items are similar to their peers.
3. Treatment Foster Parents should never permanently take away a foster child's possessions (other than dangerous possessions) unless the foster child waives his or her right to the possession or unless the possession is taken away so it can be turned over to the foster child's legal guardian.

### **Guidelines:**

1. Treatment Foster Parents may exercise reasonable control over the possessions foster children bring into the home (i.e. no illegal or stolen or property)
2. Treatment Foster Parents may limit the use of personal possessions to reasonable times or places (i.e. no video games unless home work is complete, no talking on the cell phone after bedtime)
3. If a foster child is restricted from his or her possessions, he or she should be told how to earn back the use of their personal possessions.

## **Right to Privacy**

### **Rule:**

**Each foster child should have adequate personal, living space and storage area. Each foster child's rights to physical privacy should be protected.**

### **Rule:**

1. Treatment Foster Parents should not open a foster child's mail or listen in on phone conversations without the permission and knowledge of the foster child's and written consent or directives from the legal guardian.
2. Treatment Foster Parents should not conduct routine, secret searches of a foster child's room or belongings without consent or reasonable reason for conducting the search (i.e. suspect foster child is harboring illegal personal possessions).
3. Treatment Foster Parents can only share information and records regarding a foster child with those who have written permission from a foster child's legal guardian.

### **Guidelines;**

1. Treatment Foster Parents should assure that privacy is afforded in the foster child's living space and for his or her belongings (i.e. bed, dresser, closet, etc).
2. Public searches (which are announced and with the foster child present) may take place when there's probable cause to search.
3. While Treatment Foster Parents should not open and read a foster child's, mail, unless instructed to, a child can be asked to open mail in front of the Treatment Foster Parent when they have probable cause to believe the mail contains dangerous or harmful contents.

## **Right Not to Be Given Meaningless Work**

Treatment Foster Parents shall ensure that each foster child lives in an environment where chores, tasks, goals, and privileges are meaningful learning experiences. Ideally, consequences for problem behaviors will have immediate teaching benefits and should not be principally punishing in nature.

### **Rule:**

Treatment Foster Parents should never give “make work” tasks (i.e. scrubbing the floor with a toothbrush, writing 1000 sentences.

1. Procedures that are designed solely to punish the foster child should not be used (i.e. having a foster child kneel down and hold a broom above his or her head, or eat a ketchup sandwich as a consequence for squirting ketchup on someone).
2. Foster children should be paid when performing work for the Treatment Foster Parents.

### **Guidelines:**

1. Treatment Foster Parents may assign chores and tasks related to daily living that teach family or personal values (i.e. making one's bed or doing family dishes).
2. Removal from typical responsibilities (i.e. jobs, athletic teams, clubs, lessons, or church) should not be a consequence for problem behavior. *Note: While a foster child sometimes must be removed from these activities, this should be done only when the behavior is so serious it negates the benefit of continued participation.*

## **Right to Interact with Others**

**Foster children should be taught skills that enhance their relationships with peers and adults. Foster children should be provided with ample opportunities to interact with peers.**

### **Rule:**

1. Isolation should not be used as a consequence for problem behaviors (i.e. instructing other children not to talk to a foster child as a consequence for problem behaviors). Time out can be an appropriate consequence for some foster children.
2. Treatment Foster Parents must provide foster children with appropriate opportunities to interact with their peers

### **Guidelines:**

1. Treatment Foster Parents may limit interactions between foster children and their peers (e.g. a foster child who has substance abuse or sexual development problems may be limited or supervised more closely in their interactions with peers until these treatment issues are addressed).
2. Treatment Foster Parents may limit when and how the foster child interacts with peers (e.g. no wrestling, no playing in bedrooms with doors closed, etc.)

## **Right to Basic Clothing Necessities**

**Foster children should be provided with appropriate dress and leisure clothing in keeping with their age and sex. Treatment Foster Parents should ensure that each foster child's basic's clothing needs are met at all times.**

### **Rule:**

1. Foster youth should have a minimum of ten (10) age appropriate, seasonal clothing outfits at any given time.
2. Basic clothing needs should never be restricted as a negative consequence for problem behaviors (e.g. foster child doesn't get a replacement coat as a consequence for losing one).
3. Each foster child has the right to the same style, type, and quantity of clothing that is provided for other children in the home.

### **Guidelines:**

1. A foster child's preference in clothing should be strongly considered by treatment Foster Parents so long as the personal preference is not extremely deviant in regard to style or price (e.g. "pun" or gang styles).
2. Treatment Foster Parents can limit the style of the clothing to be consistent with the TX goals of the individual foster child (e.g. sexually provocative clothing should not be worn).

## **Right to the Natural Elements**

**Each foster child has the right to natural elements such as fresh air, light, and outdoor exercise. Healthy outdoor activities should be a routine part of every foster child's experience. Treatment foster parents should ensure that children have the opportunity to experience the natural elements each day.**

### **Rule:**

1. IDCS Smoking Policy- which prohibits smoking around children and in their living areas.
2. Access to the natural elements and indoor light should not be used as a consequence.

### **Guidelines:**

1. Foster children should be provided with the opportunity for outside activities each day (e.g. walking to and from school, playing the yard).
2. Treatment Foster Parents can regulate the amount of time spent outside the degree of supervision provided for the foster child.
3. It is acceptable to reduce the amount of play time outside as a consequence. If possible foster children should be given a chance to earn some of this time back by engaging in appropriate behavior.

## **Right to One's Own Bed**

**Each foster child has a right to a personal bed and a private sleeping area or room shared with another child of the same sex and similar age.**

### **Rule:**

1. A foster child's access to his or her personal bed and/or bedding should never be restricted during normal sleeping hours.

### **Guidelines:**

1. Treatment Foster Parents may have more than one child share a bedroom provided that ample space (according to State regs) and privacy are assured.
2. Treatment Foster Parents may regulate a foster child's access to his or her bedroom during non sleeping hours or limit privacy of sleeping arrangements when a foster child is at-risk (especially when a foster child is suicidal).
3. Treatment Foster Parents may use earlier bedtime as a negative consequence or later bedtime as a positive consequence within reason and in keeping with the foster child's treatment plan. As with other consequences this should be discussed with your TFC worker.

## **Right To Visit Family in the Family Home and to Receive Visits**

### **Rule:**

1. Each foster child may visit his or her family receives visits, unless otherwise stated in his or her Care Agreement and/or Treatment Plan, and specified in writing by the referring agency.
2. Treatment Foster Parents are expected to help provide or arrange for transportation to and from parental visits if necessary,
3. Foster children do not have to “earn” visits with their families unless the referring agency agrees in writing that it is in the foster child’s best interest to make visits dependent on the child’s behavior.

### **Guidelines:**

1. Treatment Foster Parents may host the foster child’s visits (in some cases) with his or her family in their own home if they volunteer to do so. The foster family is under no obligation to do so or to supervise visits if they occur elsewhere.
2. Treatment Foster Parents should support the foster child in developing the best relationship possible with his or her family and extended family.

## **Additional Standards:**

### **Consequences**

**Treatment Foster Parents should not use or engage in the following:**

1. Severe or non-program consequences such as having a foster child sit in the car while the rest of the family participates in an outing.
2. Withholding a foster child's personal possessions without consulting the TFC worker.
3. Taking away a foster child's allowance or other money as a consequence, unless the money is being used as part of the child's Motivation System.
4. Restricting a foster child from talking to his or her parents or other family members as a consequence for misbehavior. If a Treatment Foster Parent believes a foster child cannot have a minimally successful visit with his or her family due to current behavioral problems, the Treatment Foster Parents must contact the TFC worker prior to taking any steps to cancel the visit.

# Reasons to Immediately Notify Branches of Life

*Notify Branches of Life Y when any of the following occurs:*

1. A serious injury or illness involving medical treatment of the child;
2. A serious emotional or behavioral crisis that may endanger the child or others;
3. The child has been the victim of abuse or neglect, has been the victim of assault or other physical or sexual abuse, or has been a perpetrator of any of these;
4. The death of a biological or foster child;
5. Unauthorized absence of the child from the home; runaway or truancy;
6. Removal of the child from the home by any person or agency other than the placing agency or persons authorized by that agency, or any attempts at such removal;
7. A fire or other emergency requiring overnight evacuation;
8. Any involvement of a foster child with police authorities or with school authorities regarding disciplinary or special education matters;
9. Plans to transport the foster child out of the state for any reason;
10. Pregnancy or impending fatherhood of a child;
11. A suspicion, or information, that the child is using drugs, tobacco or alcohol;
12. Report changes in any medication that the child is taking,
13. Household composition changes as in a separation or divorce or an adult moves into the home.

## **Branches of Life Treatment Foster Care Foster Parent Placement Guideline**

*Prior to "placement" of child/children there may be opportunities for foster families to participate in "pre-placement visits." Pre-placement visits may range from face to face visits, day home visits, or overnight visits. Although foster families are usually not compensated for these visits they are important opportunities for the family and the child to get a feel as to whether or not the child may be a good fit in the home.*

### **When a Child First Placed the Following Should Occur:**

#### **Information Foster Parents Should Know Upon the Child's Placement**

- Name & Date of Birth
- Reason for Placement
- Child's Legal Status
- Presenting Problems & Mental Health Diagnosis
- Medical Concerns & Needs
- Services child/children will receive (I.e. therapy, medication management, special education services, etc.)
- Biological Family Involvement
- Placement Stipulations & Supervision Required

#### **Within the First Week of Placement the Following Should Occur:**

- School Enrollment (Children who receive special education services will need to have scheduled a "move in IEP conference" within ten (10) days of the child beginning school). TFC Case Managers will assist with school enrollment.
- Placement Checklist Outline is completed with TFC Case Manager.
- Paperwork Reviewed with Branches of Life TFC staff and copies received: Child Intake Information Sheet; Health History; Per Diem Agreement; Acknowledgement of Previous History; Medical Authorization; Placement Letter.
- Child Orientation is conducted
- Clothing Inventory is completed and clothing needs should be provided for (youth are required to have at least 10 days of clothing/outfits).

#### **Within 30 Days of Placement:**

- Review (with Branches of Life TFC staff) and sign Care Agreement
- A Well Child/Physical Exam & Dental Exam needs to be scheduled and documentation regarding exam needs to be obtained (Annual Physical & Dental Form required).
- Resume/Schedule therapy
- Medication Management Appointments (if applicable)
- Complete Ansel Casey (if youth is 16 or older)
- Treatment Team Planning Meeting (this may include anyone on the child's service team).
- FP Monthly Report & Documentation submitted to BOLTFC

**Within 45 Days of Placement:**

- Treatment Plan is reviewed by Branches staff. Signatures are also obtained
- Foster Parent Monthly reports are due monthly, by the 5<sup>th</sup> of the following month along with the following paperwork: Medical or Dental documentation, School Reports, Counselor Reports, Medication Sheets, etc. Foster parents who do not submit monthly reports will have this documented in their annual licensing reviews. Reports turned in after the 5<sup>th</sup> will result in per diem payment the last day of the month.

**If a Child Is Going To Respite:**

- A Respite Information Sheet needs to be completed and given to the respite provider or payment may not be provided.
- Respite must be approved by Branches staff and referring agency.

**If A child Runs Away**

- Call local Law enforcement and Branches of Life TFC
- Document details regarding runaway incident

**Foster Parents in General Are Expected To:**

- Attend school conferences/events
- Attend youth's therapy sessions
- Attend court hearings
- Ensure medical & dental services are received
- Transport to birth family visitations
- Complete Foster Parent Monthly Reports and submit other required documentation

**If Your Child is on Probation**

- Regular (at least monthly) communication with the Probation Office will be necessary.
- Attendance to Probation Meetings will be necessary
- Ensuring youth is complying with probation conditions will be necessary

**If Your Child is a Dawn Client:**

- Foster parents will participate in monthly team meeting with services providers and team.

**Situations to report Immediately to Branches of Life TFC Staff**

- A serious injury or illness involving medical treatment of the child;
- A serious emotional or behavioral crisis that may endanger the child or others;
- The child has been the victim of abuse or neglect, has been the victim of assault or other physical or sexual abuse, or has been a perpetrator of any of these;
- The death of a biological or foster child;
- Unauthorized absence of the child from the home; runaway or truancy; Removal of the child from the home by any person or agency other than the placing agency or persons authorized by that agency, or any attempts at such removal;
- A fire or other emergency requiring overnight evacuation;
- Any involvement of a foster child with police authorities or with school authorities regarding disciplinary or special education matters;
- Plans to transport the foster child out of the state for any reason;
- Pregnancy or impending fatherhood of a child;
- A suspicion, or information, that the child is using drugs, tobacco or alcohol;
- Report changes in any medication that the child is taking,
- Household composition changes as in a separation or divorce or an adult moves into the home.

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Branches of Life TFC

\_\_\_\_\_  
Date

**Branches of Life Treatment Foster Care  
Child Care Agreement & Placement Contract with Foster Family**

Must be completed within ten (10) days of placement

(Revised 5/21/2011)

**Name of Child (ren):**

**DOB:**

**DOP:**

**Medicaid Number:**

**Social Security Number:**

**Foster Family:**

**Referring Agency Worker & Contact Information:**

**Reason for Foster Care Placement:**

**Foster youth will be afforded the following rights during foster care placement (FP must initial each right):**

- Right to Nourishment
- Right to Communicate with Significant Others
- Right to Respect of Body & Person
- Right to One's Own Possessions
- Right to Privacy
- Right Not to Be Given Meaningless Work
- Right to Interact with Others
- Right to Basic Clothing Necessities
- Right to the Natural Elements
- Right to One's Own Bed

**Arrangements for health care services & Medical Information:**

- If a child is scheduled for surgery and/or hospitalization, notify Branches of Life Treatment Foster Care, Incorporated immediately in order to obtain proper authorization and payment plan.
- If emergency care is necessary, the foster parent should immediately take the child to the nearest emergency facility. Once there, have hospital personnel call custodial agency # for permission to treat. Call Branches of Life Treatment Foster Care, Incorporated immediately to inform them.

- A foster parent shall be responsible for ensuring that a foster child has all necessary medical care and medication ordered by a physician.
- A physical shall be done on any child coming into care within 15 days of placement unless there is a physical on file within the 30 days and the child is coming from an approved placement.
- An approved caregiver only to the foster child for whom the medication was prescribed and according to the prescribing physician's instructions shall administer prescription drugs.
- Prescription drugs shall be kept in the original container, labeled with the child's name, the correct dosage and relevant instructions.
- Foster parents shall return the prescribed drug to the pharmacy and note on the Medication form of this disposal

*(Discuss whether there are any health or medical concerns. Discuss whether the Health History Questionnaire has been completed and reviewed by FP. Discuss required medical, dental, and optical needed. Discuss medications prescribed (dosage and time). Discuss Foster parents' responsibility in terms of the child's medical care.)*

\_\_\_\_\_ is to receive a dental exam every six months and a physical and eye exam annually. Foster parent is responsible for ensuring appropriate documentation is obtained regarding medical & dental service. Date of medical & dental service need to be documented on the foster parent monthly report.

Patient Report forms or a report from the prescribing physician will need to be completed each medication review. All medication appointments will need to be documented on the FP Monthly Report.

Foster parent will complete monthly medication forms/sheets to reflect medication administered for report period. If medication is not administered this should be recorded and an explanation provided.

## **II. Smoking Policy**

In order to better protect children under our care and supervision from the dangers associated with exposure to second-hand smoke, DCS now requires resource parents to abstain from exposing children under DCS care and supervision to second hand smoke. Resource parents must not purchase tobacco products for any child in DCS care, as it is illegal for children under 18 to consume or have cigarettes. If a resource parent discovers a child under DCS care and supervision in possession of tobacco products, then he or she should contact the child's Case Manager.

Resource parents or household members who smoke must do so in an area where children under DCS care and supervision are not exposed to second-hand smoke. If a resource parent

or household member must smoke inside his or her home, smoking should be limited to rooms where windows can be opened and/or air purifiers can be used. Smoking should not occur in the immediate living area of the resource parent's home and again, cannot be done in the presence of children under DCS care and supervision. Smoking is prohibited in the child's sleeping area(s). Resource parents and DCS staff must refrain from smoking in vehicles while transporting children in DCS care and supervision.

**III. Arrangements for Substitute Care:**

- A foster parent shall have a plan approved by Branches of Life Treatment Foster Care, Incorporated for substitute care of a foster child, which shall take into consideration the age, developmental ability of a foster child. The plan shall be included in the care agreement.
- The above named child or children  
    \_\_\_ **May not be left unattended or**  
    \_\_\_ **May be left unattended** ( \_\_\_ 1-2 hours \_\_\_ 2-3 hours \_\_\_ 4-6 hours)

**Names of Approved Alternate Caregivers:**

**IV. List the Education & Transportation Plan for named child:**

*(Discuss youth's educational plan (i.e. school & grade youth will attend) and educational services to be received. Discuss youth's transportation plan to and from school. Discuss FPs role in terms of Education.)*

**Correspondence (i.e. report cards, school schedules, disciplinary incident reports, progress reports, etc.) should be submitted to Branches of Life along with other monthly documentation.**

**V. Methods of Discipline:**

I/we have received a copy of the IDCS discipline rules and Branches of Life's discipline policy and agree to follow the IFFSA rules and stated policy. My signature at the conclusion of this form signifies my agreement to be in compliance.

\_\_\_\_ **Foster Parent Initials**

**VI. Special Dietary Instructions:**

Food provided to foster child shall be nutritious, well balanced and available in sufficient quantities three time a day

\_\_\_ Regular diet    \_\_\_ Special Diet    If special diet please specify.

**VII. List counseling needs/plans & Diagnosis of the child:**

(Discuss youth's plan to receive therapy services & FP's responsibilities in terms of the youth's therapy.)

Foster parent will be responsible for transporting child/youth to therapy appointments.

Foster parent will be responsible for documenting therapy appointments on the FP Monthly Report as well as obtain monthly Counselor Reports from the Therapist, if therapy is not being provided by BOL Family Connections.

**VIII. Visitation plan**

*(Discuss the youth & family's visitation plan)*

Persons permitted contact/visitation with said child:

Frequency of contact/visitation:

Duration of visits:/contact

Supervision required of visitation/contact:

Persons prohibited from contact:

Foster parent will be responsible for transporting youth to visitation as well as documenting family visitation on the FP Monthly Report.

**IX. Ansel Casey Assessment for Youth- (If Applicable)**

All youth 16 + in foster care must complete the Ansell-Casey Life Skills Assessment (ACLSA) at [www.caseylifeskills.org](http://www.caseylifeskills.org). The independent living assessment must include a comprehensive, written assessment of the youth's strengths as well as areas of improvement. The ACLSA is the only assessment tool approved for use for youth in Indiana. Resource material may be downloaded from [www.caseylifeskills.org](http://www.caseylifeskills.org) to meet all identified needs of youth being assessed.

**X. Allowance**

Allowance should be given on a weekly or twice a month schedule. The amount of allowance given needs to reflect the child's age and functioning level. It is suggested that a savings plan be designed to teach the child budgeting skills.

I we/ have reviewed, understand, and agree to comply with the above mentioned care agreement expectations. I/we further agree to be involved in the foster child's care and treatment.

**XI. Thirty Day Placement Agreement**

Branches of Life TFC will request a 30-day notice from foster parents who longer wish to care for youth placed in their care.

**XII. Evacuation/ Fire Drills**

Evacuation/fire drills will be performed monthly during the placement of the child and documented on the FP Monthly Report.

**XIII. Safety Plan (if applicable)**

\_\_\_\_\_  
Signature of Foster Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Foster Parent 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Branches of Life TFC  
Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Branches Supervisor

\_\_\_\_\_  
Date

### Confidentiality

Foster parents must be very careful not to discuss specific information concerning their foster children with extended family members, friends, neighbors, medical providers (when the reason for the visits do not relate to abuse or neglect of the child), school personnel, day care staff, and even other foster parents. All information regarding children in foster care and their families is confidential. Indiana Code (IC 31-33-18-2) authorizes DCS to release confidential information to foster parents as the persons providing care to the child, but foster parents are required to honor that same level of confidentiality. Likewise, Indiana Code (IC 5-14-3-10) establishes that there are penalties for unauthorized disclosure.

Branches of Life TFC understands that all information regarding a child and his or her family is confidential. Therefore, it is the agency's policy to release information only to appropriate person(s) with a valid release of information signed by the appropriate person(s) or agency. This policy applies to all staff and to all foster parents.

Confidential information regarding the child will be shared with the foster parents when:

- It is necessary for the safety of the child and /or the foster family;
- It is in the child's best interests;
- It can help the foster family to decide whether to accept a child into the family It can help the foster family better understand the child's behavior; and,
- It can help find solutions to problems throughout the placement.
- The FCM's responsibility in information sharing is to assure that the foster parents receive the following:

Basic reasons for placement;

- Any known physical or mental disabilities;
- Basic health needs;

Specific information about behavior problems;  
Life experiences that may affect the child's behavior and about which the child may wish to talk;  
Information about the child's family; and,  
The strengths of the child and the child's family.

The foster parents' responsibility in information sharing includes:

Using the confidential information only to promote and achieve the health, safety, and best interest of the child;  
Helping the child understand that information about them may be shared between foster parents and case managers; and,  
Sharing with the family case manager critical information the child discloses.  
Foster parents have the right to expect that the information they disclose about themselves, during the initial assessment process or thereafter, will be treated with the same level of confidentiality as is information concerning the foster children. However, foster parents must be aware that some information regarding their work as foster parents is public record.

### **Medical, Dental and Optical Program**

Children placed in foster care shall have a physical exam/well child within the first ten (10) days of placement. Physicals will be obtained annually thereafter. The Branches of Life TFC staff will make arrangements in cooperation with the foster parent for medical services.

In the event of medical emergency the foster parent should take care of the foster child to the nearest source of appropriate medical treatment. The parent should take along the child's medical care card and the medical release the parent was provided upon placement. This release only authorizes emergency medical treatment and routine non-surgical medical services. Branches of Life TFC should be notified as soon as possible when emergency medical services are necessary or have been received.

In regard to non-medical emergencies such as colds, flu, etc., foster parents should notify the Branches of Life TFC case managers and the child's physician, who should advise the foster parent of a course of action.

All children age three (3) and older will be required to have a dental exam and cleaning within the first (90) days of placement and every six months thereafter. Branches of Life TFC staff will assist with making these dental arrangements. In case of pregnancy, dental care may be deferred until delivery, with the exception of urgent/emergency dental needs.

Children in care will also receive an eye exam within 30 days of placement and annually.

#### **Medical File:**

A medical section in the child's file will be maintained in the child's case file and will include the following:

- Authorization for Medical Care
- Health History Questionnaire
- Copies of Physical & Dental Exams
- Medication Sheets
- Patient Report Forms

**Branches of Life TFC Family services, Inc.  
Medical Care Authorization for Minor Child**

Name:		DOB:
Placement:	Address:	Phone #:

<b>Type of Care</b>
<input type="checkbox"/> Traditional Foster Care <input type="checkbox"/> Specialized Foster Care <input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Respite

The above noted foster parent and/or Branches of Life TFC, is hereby authorized to secure routine non surgical medical care and emergency medical or surgical treatment for the above named minor while in care with Branches of Life TFC Foster Care, Inc.

Non-emergency elective surgery is not included in this authorization.

Branches of Life TFC Representative Signature/Title	Date
Referring Agency Representative Signature/Title	Date

**Party Responsible for Payment:**

Name:	Address:
Phone Number:	Medicaid Number:

# Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>	HepB	HepB	HepB			HepB						
Rotavirus <sup>2</sup>			RV	RV	RV <sup>2</sup>							
Diphtheria, Tetanus, Pertussis <sup>3</sup>			DTaP	DTaP	DTaP	see footnote <sup>3</sup>	DTaP					DTaP
<i>Haemophilus influenzae</i> type b <sup>4</sup>			Hib	Hib	Hib <sup>4</sup>		Hib					
Pneumococcal <sup>5</sup>			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus <sup>6</sup>			IPV	IPV			IPV					IPV
Influenza <sup>7</sup>							Influenza (Yearly)					
Measles, Mumps, Rubella <sup>8</sup>							MMR		see footnote <sup>8</sup>			MMR
Varicella <sup>9</sup>							Varicella		see footnote <sup>9</sup>			Varicella
Hepatitis A <sup>10</sup>							HepA (2 doses)				HepA Series	
Meningococcal <sup>11</sup>												MCV4

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967. Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

## 1. Hepatitis B vaccine (HepB). (Minimum age: birth)

### At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

### Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
- Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
- The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.

## 2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

## 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

## 4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- Hiberix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

## 5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
- A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
- A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.

- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7. See *MMWR* 2010;59(No. RR-11).
- Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

## 6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

## 7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- For healthy children aged 2 years and older (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- Children aged 6 months through 8 years who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010–2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.

## 8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

## 9. Varicella vaccine. (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

## 10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

## 11. Meningococcal conjugate vaccine, quadrivalent (MCV4). (Minimum age: 2 years)

- Administer 2 doses of MCV4 at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
- Persons with human immunodeficiency virus (HIV) infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
- Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
- Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years if the first dose was administered at age 2 through 6 years.

# Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2011

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis <sup>1</sup>			Tdap	Tdap	Range of recommended ages for all children
Human Papillomavirus <sup>2</sup>	see footnote <sup>2</sup>		HPV (3 doses)(females)	HPV Series	
Meningococcal <sup>3</sup>		MCV4	MCV4	MCV4	Range of recommended ages for catch-up immunization
Influenza <sup>4</sup>		Influenza (Yearly)			
Pneumococcal <sup>5</sup>		Pneumococcal			Range of recommended ages for certain high-risk groups
Hepatitis A <sup>6</sup>		HepA Series			
Hepatitis B <sup>7</sup>		Hep B Series			
Inactivated Poliovirus <sup>8</sup>		IPV Series			
Measles, Mumps, Rubella <sup>9</sup>		MMR Series			
Varicella <sup>10</sup>		Varicella Series			

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

- Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for Boostrix and 11 years for Adacel)
  - Persons aged 11 through 18 years who have not received Tdap should receive a dose followed by Td booster doses every 10 years thereafter.
  - Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
  - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
  - Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers and cancers in females.
  - HPV4 is recommended for prevention of cervical precancers, cancers, and genital warts in females.
  - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
  - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Meningococcal conjugate vaccine, quadrivalent (MCV4).** (Minimum age: 2 years)
  - Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
  - Administer 1 dose at age 13 through 18 years if not previously vaccinated.
  - Persons who received their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
  - Administer 1 dose to previously unvaccinated college freshmen living in a dormitory.
  - Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
  - Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
  - Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
  - Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).
- Influenza vaccine (seasonal).**
  - For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
  - Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first

- time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
  - Children 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.
- Pneumococcal vaccines.**
    - A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See *MMWR* 2010;59(No. RR-11).
    - The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
    - Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
  - Hepatitis A vaccine (HepA).**
    - Administer 2 doses at least 6 months apart.
    - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
  - Hepatitis B vaccine (HepB).**
    - Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
    - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
  - Inactivated poliovirus vaccine (IPV).**
    - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
    - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
  - Measles, mumps, and rubella vaccine (MMR).**
    - The minimum interval between the 2 doses of MMR is 4 weeks.
  - Varicella vaccine.**
    - For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
    - For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
    - For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

**Foster Parent/Agency Payment Agreement**

Name of Child	DOB:	Date of Placement
---------------	------	-------------------

Foster Parents Name(s)	Foster Parent Per Diem:
------------------------	-------------------------

I/we agree to accept the above-mentioned child into our home as a foster child for the above stated per diem per each night that the child resides with us. (We are aware the payment covers only the nights the child is present in our home.)

I/we, have received and read the intake summary concerning the Child and am accepting the Child based on this knowledge. We accept that Branches of Life TFC has shared all known information with us and expect all further information to be shared with us if and when it is shared with Branches of Life TFC.

The foster parent should utilize the per diem to cover expenses of caring for the child including, but not limited to:

1. Food;
2. Clothing (replacement clothing, repairs, mending, alterations, etc.);
3. School supplies (activity fees, class dues, paper, pens, books, calculator, etc.);
4. Personal Incidentals (comb, brush, tooth brush, soap, shampoo, conditioner, sanitary needs, haircuts, sundries, etc.); and
5. Items related to extracurricular activities (fees, uniforms, etc.) the child may be involved in.

Children in care should have items specific to their age. Foster caregiver agrees to ensure that all of a child's clothing and personal items, including items purchased for the child while in out of home care, go with the child in the event that he or she returns home or moves to another placement.

**Additional Conditions:**

Foster parent/caregiver agrees to comply with Care Agreement, Treatment & Case Plan, and all directives given by this agency and DCS.
---

I/We understand that this per diem no more than five (5) business days after being received by the referring agency. All payments are on a reimbursement basis.

Foster Parent #1	Foster Parent #2
Agency Representative	Date

Branches Of Life TFC  
 Foster Child File  
 Foster Parent File

**ANNUAL PHYSICAL EXAM/HEARING AND VISION SCREENING**

(To be completed by a licensed physician)

Name:		DOB:		Exam Date:	
Height:	Weight:	Blood Pressure:	Pulse:	Head Measurement:	
Test	Results	Comments	Test	Results	Comments
Abdomen	<input type="checkbox"/> Normal		Skin	<input type="checkbox"/> Normal	
	<input type="checkbox"/> Abnormal			<input type="checkbox"/> Abnormal	
Nose	<input type="checkbox"/> Normal		Throat	<input type="checkbox"/> Normal	
	<input type="checkbox"/> Abnormal			<input type="checkbox"/> Abnormal	
Heart	<input type="checkbox"/> Normal		Thyroid	<input type="checkbox"/> Normal	
	<input type="checkbox"/> Abnormal			<input type="checkbox"/> Abnormal	
Lungs	<input type="checkbox"/> Normal		Developmental Delay	<input type="checkbox"/> Normal	
	<input type="checkbox"/> Abnormal			<input type="checkbox"/> Abnormal	
Lymph Glands	<input type="checkbox"/> Normal		Hernia	<input type="checkbox"/> Normal	
	<input type="checkbox"/> Abnormal			<input type="checkbox"/> Abnormal	
Neurological	<input type="checkbox"/> Normal		Tumors	<input type="checkbox"/> Normal	
	<input type="checkbox"/> Abnormal			<input type="checkbox"/> Abnormal	
Extremities/ Reflex	<input type="checkbox"/> Normal		Allergies	<input type="checkbox"/> Normal	
	<input type="checkbox"/> Abnormal			<input type="checkbox"/> Abnormal	
Ears	<input type="checkbox"/> Normal		Eyes	<input type="checkbox"/> Normal	
	<input type="checkbox"/> Abnormal			<input type="checkbox"/> Abnormal	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list					
Are child's immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please list ones that are needed.					
Please check any additional testing that is needed:					
Tuberculin <input type="checkbox"/>	Chest x-ray <input type="checkbox"/>	Serology <input type="checkbox"/>	Urinalysis <input type="checkbox"/>		
Other Please list					
In my opinion, the child examined is <input type="checkbox"/> , is not <input type="checkbox"/> free from communicable disease					
Other/And or Recommendations:					
Physicians Signature:				Date:	
Address				Phone Number	

**Clothing Inventory**

Child Name			Foster Parent Name			Date
Male Infant/Toddler	Child Has	Child Needs	Female Infant/Toddler	Child Has	Child Needs	
Under Wear			Under Wear			
Socks			Socks			
Shirts			Shirts			
Pants			Pants			
Light Jacket			Light Jacket			
Heavy Jacket			Heavy Jacket			
Hat			Hat			
Outfits			Outfits/Dresses			
Sleepwear			Sleepwear			
Other:			Other:			
Male			Female			
Heavy Coat			Heavy Coat			
Jacket			Jacket			
Sport Coat			Sport Coat			
Sweater			Sweater			
Slacks			Slacks			
Jeans			Jeans			
Dress Shirt			Blouses			
Shirts			Dress			
Tie			Shirts			
Shorts			Skirts			
T-Shirts			Shorts			
Bathing Suits			T-Shirts			
Bathrobe			Bathing Suits			
Undershorts			Bathrobe			
Undershirts			Slip			
Pajamas			Bra			
Socks			Underpants			
School Shoes			Pajamas			
Tennis Shoes			Socks			
Boots			School Shoes			
Gloves/Mittens			Tennis Shoes			
Hat			Boots			
Belt			Gloves/Mittens			
Other			Hat			
			Belt			
			Other			

\*\*\*\*\* Youth in care should have a minimum of ten (10) clothing outfits.

## Counselor Report

Child's Name:		DOB:
Branches of Life TFC Case manager's Name		Branches of Life TFC's Phone Number:
Counselor's Name:	Counseling Agency:	
Foster Parent's Name:		
Report Period:	Dates of Counseling Appointments:	

Counselor's evaluation of therapy
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Review of Treatment Goals & Diagnosis
---------------------------------------

Continued need for Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain reason for discontinuing therapy.
--

Counselor's Signature/Title:	Date:
Address	Phone Number

## Foster Parent Monthly Report – Guideline

*Report must be turned in on the 5<sup>th</sup> of each month to ensure proper time for reimbursement  
If not received by the 5<sup>th</sup>, the FP per diem check will dispersed by the last day of the month.*

Child's Name: \_\_\_\_\_ Report Period \_\_\_\_\_

**I. Incidents this Report Period:** *(Any major/critical incidents).*

This includes any major incidents related to the child and/or the foster family:

- Illnesses, Injuries, & Medical Hospitalizations
- Legal/Involvement with Law Enforcement
- School incidents, suspensions, or expulsions
- Incident Involving Birth Family
- Incidents of Severe Inappropriate Behaviors
- Runaway Incidents

**II. Residence:**

This section discusses the foster parent's perspective as to how the child is adjusting to

- Household Routines & Expectations (i.e. bedtime, chores, study time, etc.)
- How the child gets along with & treats other household members.
- Positive reflections on what the child is doing well in the home & areas the child needs improvement in.
- Disciplinary methods used by the FP to address/redirect negative behaviors.

**III. Educational:** *(Grades, Successes, Negative behaviors, School Disciplinary Sanctions received, etc. Attach educational report card and /or progress reports & school disciplinary write ups).*

*This section discusses how the child is doing in school in terms of*

- Academics (i.e. Grades)
- Behavior (i.e. Successes, Negative Behaviors, School Disciplinary Sanctions received)
- Attendance

**IV. Medical Services** *(attach applicable Physical, Patient Report, and/or Dental Form)*

Date of Exam	Physician	Reason for exam/Type	Follow up Appt
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This section records any medical, dental, or optical services received; the reason for the exam (i.e. 6 month dental cleaning); and any follow up services and/or appointments required.

\*If the youth is prescribed and administered medication please complete a Medication Sheet.

**V. Social/Extracurricular Activities /Programs Involvement** *(extracurricular activities/ This section discusses Programs youth participates in such as gymnastics, basketball league, music lessons, Church youth program, outings with friends, etc.)*



**XII. Foster Parent(s) recommendation for youth in care (optional):**

Foster parents have the option of expressing any suggestions or recommendations in regard to youth and placement services provided.

**\*\*\* Please ensure the above report information is detailed and accurate.**

**Please remember additional monthly report attachments such as:**

- ✓ Educational reports (i.e. progress reports, report card, disciplinary write ups, etc)
- ✓ Medical Reports (i.e. Medication Sheet, Physical, Dental, and/or Patient Report Form)
- ✓ Counseling Form (if Applicable)
- ✓ Any of pertinent information/documents regarding youth.

Electronic versions of the Foster Parent Monthly Report are also available. Please email us at [branchestfc@aol.com](mailto:branchestfc@aol.com) an electronic copy. Foster Parents may email Monthly Reports to the assigned TFC Case Manager or to [branchestfc@aol.com](mailto:branchestfc@aol.com). Foster Parents may fax reports to 317-926-0603. Or mail to 4954 E 56<sup>th</sup> Street, Suite 11, Indianapolis, Indiana 46220.

**Foster Parent Monthly Report**

*Report must be turned in on the 5<sup>th</sup> of each month to ensure proper time for reimbursement  
If not received by the 5<sup>th</sup> your per diem check will be given to you on the last day of the month.*

Child's Name: \_\_\_\_\_ Report Period \_\_\_\_\_

**I. Incidents this Report Period:** *(Any major/critical incidents).*

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**II. Residence:** *(How youth is doing in the home in terms of strengths, areas of needed improvements, behavior, relationships with other household members, etc).*

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**III. Educational:** *(Grades, Successes, Negative behaviors, School Disciplinary Sanctions received, etc. Attach educational report card and /or progress reports & school disciplinary write ups).*

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**IV. Medical Services** *(attach applicable Physical, Patient Report, and/or Dental Form)*

Date of Exam	Physician	Reason for exam/Type	Follow up Appt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If child is prescribed and administered medication please complete a Medication Sheet.*

**V. Social/Extracurricular Activities /Programs Involvement** (*extracurricular activities/ Programs youth participates in such as gymnastics, basketball league, music lessons, church youth program, etc*)

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**VI. Counseling/Therapy**

Date	Therapist	Who Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VIII. Legal Involvement** (*any legal involvement youth has had, i.e. court dates, probation visits, arrests, etc*)

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**IX. Biological Visitation**

<u>Date &amp; Time</u>	<u>Supervised or Unsupervised</u>	<u>Location</u>	<u>Persons Visiting</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**X. Clothing** (youth should maintain at least seven (7) outfits).

Date Purchased	Summary of Clothing Purchased	Does youth have 7 outfits?
_____	_____	_____
_____	_____	_____

**XI. Allowance Provided to youth:**                      Yes                      No                      N/A

**XII. Fire Evacuation Drill Reviewed** Yes/No \_\_\_\_\_ Date of Drill: \_\_\_\_\_

**XIII. Foster Parent(s) recommendation for youth in care (optional):**

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**\*\*\* Please ensure the above report information is detailed and accurate. Please reminded of additional monthly report attachments such as:**

- ✓ Educational reports (i.e. progress reports, report card, disciplinary write ups, etc)
- ✓ Medical Reports (i.e. Medication Sheet, Physical, Dental, and/or Patient Report Form)
- ✓ Counseling Form (if Applicable)
- ✓ Any of pertinent information/documents regarding youth.

*I affirm to the best of my knowledge the above information provided is accurate.*

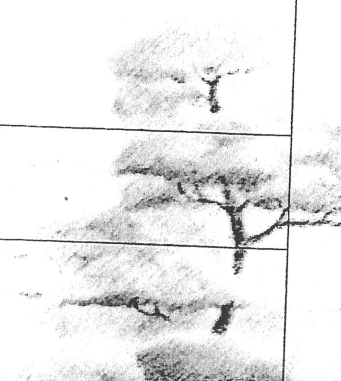
Foster Parent(s) Signature	Date
Case Manager Signature	Date Received

# Supervisor Monthly Staffing Checklist

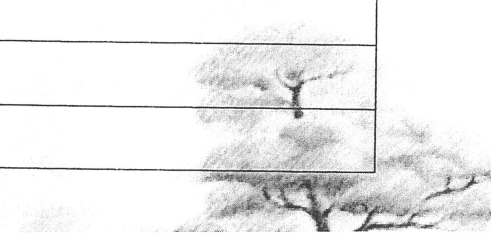
The following is required from Branches TFC Supervisor

Adopted 9/15/2011

Conduct Staffing with each TFC staff by using the Staffing Guideline & provide staff with written staffing instructions/feedback	
Shadow each staff during FF Contact	
Review all intakes for previous month and ensure Intake Paperwork is completed/obtained	
Review all intakes for previous month and ensure CANS is completed/obtained	
Review all intakes for previous month and ensure eonweb surveys are complete	
Review all intakes for previous month and ensure Medical (Physical/Well Child Exams) are completed/obtained	
Review all intakes to ensure Care Agreement has been completed, reviewed & signed by FP	
Review all intakes to ensure TX Plans have been completed, reviewed & signed by FP and Child	
Conduct & Review FC file reviews & follow up with Staff	
Review all intakes within last 90 days to ensure dental services have been completed/obtained	



<p>Ensure incident reports are completed within 1 business day and submitted to Referring Agency worker &amp; Director of Branches.</p>	
<p>Review &amp; ensure FC TFC Monthly reports are submitted to Referring Agency by the 10<sup>th</sup> of every month</p>	
<p>Review &amp; ensure FC <u>Visitation</u> Monthly reports are submitted to Referring Agency by the 10<sup>th</sup> of every month</p>	
<p>Complete necessary Staff Corrective Action Notices</p>	
<p>Follow up on Staff Corrective Action Notices to ensure compliance</p>	
<p>Review all discharges for previous month and ensure CANS is completed.</p>	
<p>Review all discharges for previous month and ensure eonweb surveys are completed</p>	
<p>Ensure Discharge reports are completed and submitted by the 10<sup>th</sup> of the following month.</p>	
<p></p>	
<p></p>	



**Receipt FOR MANUAL AND RULES**

I hereby acknowledge that I have received a copy of the BOLTFC rules & polices, and BOLTFCs FP policy manual. Furthermore I have had all rules and polices explained to me and agree to abide by them to the best of my ability.

\_\_\_\_\_  
Foster Parent one

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent two

\_\_\_\_\_  
Date

\_\_\_\_\_  
BOLTFC Representative

\_\_\_\_\_  
Date

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**Medication Form**  
(One form for each medication the child is taking)

Child's Name:	
Foster Parent:	
Date prescription filled:	
Dr:	
Medication/Dosage:	
Amount of Medication	
Pharmacy:	
Address:	
Phone #:	

Please List Time of Day Medication is administered:

Month: \_\_\_\_\_

Medication & Prescribed Dosage: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Medication & Prescribed Dosage: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Has this Medication been administrated in full?

YES       NO

Will this Medication continue into the next month?

YES       NO

If Medication is discontinued circle reason:

Child terminated from care

Physician changed medication

Other: \_\_\_\_\_

I certify that all medication was administered according to the labeling instructions:

Foster Parent Signature:	Date:
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