

FOSTER PARENT PRE-ENROLLMENT ORIENTATION PACKET

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WHO WE ARE

- 1. A therapeutic foster family agency
- 2. Provides treatment programs for behaviorally disordered, abused and/or abandoned children:
 - Physical, emotional, sexual abuse and drug abuse counseling
 - Emancipation and independent living skills
 - Therapeutic assistance
- 3. A non-profit corporation

MISSION STATEMENT

As a team, we will create an environment of growth and stability that will enhance the lives of the children we serve. We will love, nurture, and protect the mind, body, and spirit of children. Our goal will be achieved by putting the best interest of the child first.

AGENCY SUPPORTS

The following support is offered to our foster parents:

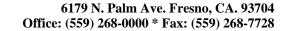
- Financial reimbursement on a sliding scale based on levels of care, determined by the county at time of placement.
- Medical and dental services for the child are covered by Medi-Cal.
- Regular and consistent therapeutic intervention to assist with parenting decisions with an Angels of Grace FFA social worker.
- Regular therapeutic sessions for the child to ensure appropriate processing of thoughts and feelings related to past abuse and/or neglect.
- Annual training sessions.
- Emergency assistance is available 24 hours a day, 7 days a week.
- Placement of children that are a possible match to the family, including:
 - Information regarding child
 - Pre-placement visits, if possible





HOW TO BECOME A FOSTER PARENT WITH ANGELS OF GRACE

- 1. Desire, willingness and ability to provide care and supervision to children in your home who are at-risk and are in need of a safe, structured, and nurturing environment.
- 2. Commit to ensuring your home will meet the Health and Safety requirements that are mandated by the state and this agency.
- 3. Both foster parents must attend a 2 hour orientation session.
- 4. Both foster parents must attend 12 pre-certification hours of training and 12 renewal hours of training each year.
- 5. Both foster parents and any child care providers must complete a certified First Aid and CPR class.
- 6. Everybody over the age of 18 living in the home **<u>must</u>** be fingerprinted and have a TB Test completed.
- 7. Both foster parents must complete a health screening report by their doctor.
- 8. Both foster parents must complete an application and autobiography.
- 9. Submit income and budget information so that Angels of Grace, FFA can be assured that you can provide for you and your families own needs and will not be forced to live off of the monthly reimbursement for the care of a foster child.
- 10. Complete and provide all paperwork necessary for certification purposes.
- 11. Both foster parents must be interviewed by the Angels of Grace Director.
- 12. The family agrees to work in a partnership with the staff of Angels of Grace and Department of Social Services towards the goals prescribed for each foster child.
- 13. All final decisions regarding certification are made by the Director and Angels of Grace Foster Family Agency.



BIRTH PARENTS VS FOSTER PARENTS

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BIRTH PARENTS

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Birth parents are the legal

Birth children are yours forever

- Parents know the child's history
- Children grow up understanding the family rules
- Children are familiar with family traditions and customs and have been involved in making them
- Birth families operate with their own set of standards and expectations
- Birth parents are the resource persons who resolve their children's issues
- Birth parents are on their own to determine ways to help their child
- Parents locate their own emergency assistance when needed

FOSTER PARENTS

Foster parenting is temporary, but

- can be long term The foster parent is not the legal custodian of the child. All children placed with our agency are wards of the court. This means the court is the legal custodian Foster parents are either informed of a child's history or discover it, over time Children need to be informed of the family rules Children need to learn about family traditions and customs. The foster family should adapt to make room to include some traditions that are special to a foster child living in their home Foster home has a set of state and agency regulations they must comply with Foster parents have a social worker who visits with them weekly to assist them with learning new techniques to resolve issues The foster parent helps to develop and implement a service plan for each foster child with the assistance of the placing agency and Angels of Grace FFA social worker
 - Foster parents are provided with 24 hour on call emergency assistance by professional staff









FOSTER PARENT INVOLVEMENT WITH NATURAL FAMILY

- 1. Talk with the foster child regarding feelings about missing birth parent, help child with grief about separation from birth parent. Do not pressure or force the child to talk. Respect the child's feelings for privacy.
- 2. Provide progress reports about foster child to birth parents through letters, sharing school papers and pictures, etc.
- 3. Help foster child with gifts and cards for birth parents on special days.
- 4. Encourage birth parent decision making by providing information about child to Social Worker, requesting birth parent opinions and feedback through worker.
- 5. Prepare foster child for visits. Encourage child's open expression of feeling about visits and provide transportation to all visits.
- 6. Seek information about child from birth parent through Social Worker.
- 7. Refrain from demeaning foster child's birth parent to the child or to others.
- 8. Cooperate in plans for the foster child. If you disagree with the plans, share your ideas/feelings with the Social Worker, NOT the child.
- 9. Respect the confidential nature of all information about the foster child and their family.
- 10. Allow and/or encourage post-placement involvement such as the exchange of cards, letters, sharing pictures, etc., between foster child and natural family.
- 11. Allow and /or encourage phone calls between foster child and birth parents only if approved by the County Worker.
- 12. Do not give your phone number or address to birth parents. We strongly suggest that previous to placement you call the phone company and list your phone number and address as "unlisted."
- 13. Invite birth parents to attend activities such as school conferences, functions or doctor's appointments when approved by the County Worker.
- 14. Assist birth parents in their development of parenting skills through modeling. Remember, as a foster parent you serve as a "role model" for the birth parents.

15. WHEN IN DOUBT ABOUT APPRORIATENESS OF CONTACT WITH BIRTH PARENTS, PLEASE CALL THE FFA SOCIAL WORKER.





SPECIAL QUALITIES TO BE AN EFFECTIVE FOSTER PARENT

- 1. Can you love and care for a child as a member of your household even through the child cannot be your own?
- 2. Will your child, if any, accept foster children as equal members of the household?
- 3. Would a child who may be disturbed and unhappy over separation from his/her birth parents be made to feel secure and happy in your home?
- 4. Will you be able to accept the child's birth parents no matter what they are like?
- 5. Can you return the child to his/her birth parents when reunification occurs, without being emotionally upset?
- 6. Will you, as a provider of care be willing to work in partnership with the Department of Social Services toward the goals prescribed for each foster child?
- 7. Are you willing to participate in trainings, workshops and group meetings to enhance your parenting skills?
- 8. Are you willing to share your knowledge, skills and experiences and become a resource parent to other foster parents?
- 9. Does your general health permit you to cope with the extra work?
- 10. Does your marriage reflect an atmosphere of mutual love and understanding?





HOME REQUIREMENTS

State Licensing and Angels of Grace FFA Requirements

- 1. Smoke detectors One in every bedroom, hallway and living space.
- 2. **Carbon Monoxide detector** A carbon monoxide detector is required on each level of the home. This detector needs to be placed near sleeping areas.
- 3. **Fire extinguisher** On each level of the home, fully charged and not mounted higher than 5 feet in or near the kitchen or in a cabinet clearly marked "fire extinguisher inside". It should be tagged and must be inspected annually, unless it has a gauge that indicates that it is fully charged.
- 4. **Escape plan for the home** A diagram with escape routes clearly marked and written escape plan is to be posted on all floors of the home.
- 5. **First aid kit** Adequate medical supplies including: bandages, sterile fist aid dressings, adhesive tape, antiseptic tape, antiseptics, tweezers, scissors, a locked bottle of Syrup of Ipecac, thermometer, sterile protective gloves are also recommended and a current copy of a First Aid Manual approved by the American Red Cross, American Medical Association or a state or federal health agency.
- 6. Locked medical container A cabinet or box where prescribed and all other medications must be stored. Refrigerator medication must be locked as well; the same container can be used for refrigerated medication as well. Record of centrally stored and destroyed medications is maintained for at least one year and includes all required information.
- 7. Locked cabinet For all items designated "Keep out of reach of children". That includes bleach, soaps, paint, motor oils and all cleaning supplies, etc.
- 8. Gasoline storage No more than 5 gallons of gasoline may be stored in the garage.
- 9. **Home repair** There must be no broken windows, torn or broken screens and blinds, doors must be free of insects, dirt and other debris, walls and floors must be clean and in good condition. All lights must work properly.
- 10. **Outdoor activity space** This area must be free from hazards to life and health (i.e. there must be no garbage, rubbish piles, etc.)
- 11. Condition of home The home must be safe, clean, neat and well maintained.





- 12. **Bedrooms** Bedrooms are not to be used as common areas. A bedroom may not be a pass through to another room. The bedroom must have doors for privacy and a window to exit the home.
 - a. Each bedroom shall have:
 - i. A maximum of 2 children per room
 - ii. Each child must have a bed with frame OR a crib, when applicable, with comfortable mattress and clean linens, blankets and pillows that are in good repair.
 - iii. Dresser with drawers designated for each child
 - iv. Closet space
 - v. Lamp on a night stand or over head lighting
 - vi. Wall decorations that are selected must be appropriate for the child
 - b. Children of the opposite sex may not share a room unless they are under the age of five.
 - c. Children will be within 5 years of age of each other, unless prior approval of the district administrator.
- 13. **Sharing a room** Children over the age of 2 years cannot share a room with an adult (anyone over the age of 18).
- 14. Swimming pools & bodies of water A five foot gate with a self closing and self locking gate that opens away from the pool is required, for above ground pools, a locking or removable ladder may be used. Other devices may, on occasion, be allowed.
- 15. **Exits** All exits must be clearly accessible for exit, homes that are equipped with bars on the windows that open must have breakaway bars that work.
- 16. **Passageways** All indoor and outdoor passageways, stairways, incline, ramps, open porches, and other areas of potential hazards must be kept free of obstruction.
- 17. **Temperatures of home** A comfortable temperature for the children shall be maintained at all times between 68 and 85 degrees. Hot water temperature is to be set between 105F-120F.
- 18. **Fire Arms** Will be properly stored in a locked cabinet with trigger locks and the ammunition stored separately in a locked cabinet.
- 19. Trash Trash cans that retain food scrapes must have secure lids.
- 20. **Food and meals** Quality and quantity of food served is adequate and of good quality. Children have three meals & snacks daily and eat with other family members. All food stored in the refrigerator must be sealed properly.
- 21. **Functioning phone** A land line must be in the home to maintain contact with agencies and outside resources.





- 22. Age appropriate activities Toys and activities must be provided age appropriately for each child.
- 23. Accurate Bathroom Scale & growth chart Children must be weighed and measured monthly.
- 24. **Forms to be Posted** Certificate of approval, Personal Rights, Emergency Plan, written and sketch of escape routes must be visibly posted in home.
- 25. Vehicles Used to transport children must be insured, be in good repair and safe operational condition, must not exceed their seating capacity and car seats must be provided according to state law.
- 26. Adequate transportation A licensed and insured driver must be available to transport children to necessary appointments, such as medical, dental, therapy and visitation.





WHAT TO EXPECT FROM OUR AGENCY

Prospective foster parents are entitled to full information and training regarding what foster parenting entails. The Director as well as social workers will explain the application process, provide training on CCL Regulations and answer any questions you may have.

An important function of the social worker/therapist is to select/match and refer a foster home to a specific foster child. This requires taking into consideration the specific needs of the child and the unique skills and gifts of the foster parents. The Agency as a team will work directly with the Department of Social Services in selecting a foster home that best meets the child's needs.

HOME STUDY

The social worker/therapist's responsibility starts with the home study. The home study is a document, required by state regulation, which describes the foster family in terms of background, strengths/weaknesses, and recommendations for the type of children to be placed in the home. This home study is used to make the best possible match for the child.

The home study is a time-consuming process, but also a valuable learning experience if approached properly. It provides a time to assess your experience as a parent, decide what types of children would be a good match for your home, and discuss any remaining concerns and questions you may have.

It is the agency's responsibility to ensure that foster homes meet state regulations for health, safety, and best parenting practices. A yearly inspection is required to maintain these expectations. On the anniversary of your certification, the agency will contact you and arrange for a recertification home visit.

The agency is here to serve you and meet your needs to the best of its ability. At any time you may contact administration or your social worker/therapist to address any concerns. We encourage you to be frank and sincere in discussing your experience, feelings, concerns, or complaints. An emergency phone number will be made available to you should a crisis develop which requires immediate assistance.





FINANCIAL MATTERS

Angels of Grace Foster Family Agency is contracted by the county and will reimburse its foster families on a fixed rate depending on the age of the child. All therapy and operating expenses are then paid with the remainder of the funds. Certain additional expenses may be eligible for reimbursement with administration and/or board approval.

Foster parent payment is expected to cover room and board, clothing, personal needs, recreation, transportation, education, supervision, and incidentals. Payments are made on the 15th of each month based on the number of days the child was in the home during the prior month. Payment is made for the first day of placement and each subsequent day the child sleeps in your home.

Grant/ Reimbursement

		Example:		
	Basic Level	LOC2	LOC 3	LOC 4
Amount of grant	\$1,059	\$1,177	\$1,298	\$1,416
Clothing allowance	-\$100	-\$100	-\$100	-\$100
Room boars, personal needs, recreation, transportation etc.	\$959	\$1,077	\$1,198	\$1,316

Based on level of care for each child

Amount is subject to change

SUMMARY

Angels of Grace Foster Family Agency is a treatment facility for abused and neglected children placed out of their homes by the court. Foster parents are key members of this treatment and have a very important role. It is important for foster families to understand that working with Angels of Grace Foster Family Agency does not mean simply taking in a child and providing room and board. Foster parents become actively involved in identifying the child's needs and using every opportunity to help the child grow.







FOSTER PARENT AGREEMENT

1. Initial	I understand that I will be required to work with children in my home who are at-risk and are in need of a safe, structured, and nurturing environment; and that I must provide this for all foster children.
2. Initial	I believe that my home meets the Health and Safety requirements that are mandated by the state and this agency to the best of my abilities and am ready for the next step of the enrollment process.
3. Initial	_ My First aid/CPR is current.
4. Initial	I understand that in order to qualify as a foster parent, everyone in my home over the age of 18 must be fingerprinted and have a TB Test completed.
5. Initial	_ I understand that I must complete and provide all paperwork necessary for certification purposes in order to qualify to be a foster parent.
6. Initial	_ I understand that the Angels of Grace Director must interview both parents.
7. Initial	I understand that all applying adults must complete an application, autobiography and participate in a home study evaluation.
8. Initial	I understand that my family <u>must</u> agree to work in partnership with the staff of Angels of Grace and the Department of Social Services towards the goals prescribed for each foster child.
9. Initial	I understand that all final decisions regarding certification is made by the Director of Angels of Grace Foster Family Agency.
10. Initial	I understand that there are certain requirements my house <u>must</u> meet before I can qualify as a foster parent.
11. Initial	_ I understand that it is my responsibility to transport children to all necessary visits and appointments.
12. Initial	_ I have completely read and understand this orientation packet.
Full Name (Please	Print): Phone #
Signature:	Date: