



Clark County Department of Family Services Quality Parenting Standards for Foster Homes



Building Partners, Teachers and Caregivers



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Welcome to the Clark County Department of Family Services Quality Parenting Standards for Foster Homes. This manual is a collaboration that outlines the Quality Parenting Standards. We provide a supportive environment for foster parents and a safe haven for the children in foster care while working towards permanency.

Your role as a Foster Parent is very important and we want to thank you for making this commitment. You know that you are not alone in your responsibility and concern for children. The Clark County Department of Family Services and the birth parent share those responsibilities and concerns with you. We thank you on behalf of the children. You are engaged in helping to nurture children and mentor families and that is probably the most important thing one person can do for another.

The Quality Parenting Standards for Foster Homes is intended to be a practical guide that includes general information, guidelines, procedures and helpful thoughts for all persons caring for children in substitute care.

The Department of Family Services recognizes that procedures and rules can change over time, and we are committed to keeping foster families informed and educated. We encourage foster parents to consider this a guide, although not all inclusive. Periodic changes and updates will be addressed through your Licensing Specialist as needed.

The inclusion of an organization in the handbook does not constitute endorsement nor does exclusion imply disapproval.

We hope this handbook will be a valuable resource for all foster parents. We also want to extend our heartfelt thank you to those of you who have so willingly decided to be a part of the solution in providing safety and love for children in desperate need. **We are deeply grateful to you for your devoted service and for your willingness to partner with us in this effort.**

“Clark County Department of Family Services serves as a model in innovative thinking, collaboration with Foster Parents, retaining good Foster Parents and recruiting the right kind of people to care for our kids.”

–Kevin Schiller, Assistant County Manager

Clark County Department of Family Services has designed a comprehensive system of care that will assist families in need, and offers protective services for children who have been abused or neglected, or who are at risk of maltreatment.

The Mission of Department of Family Services is to support our community in becoming a place where children are safe and families are stronger.

Our Vision: Every Child Safe.

Core Values:

- **Knowledge:** We have the skills and smarts to do our jobs well and solve problems; and we willingly teach each other to better serve our stakeholders.
- **Integrity:** We demonstrate our respect for colleagues and clients by being honest, fair and accountable.
- **Dedicated:** We are passionate about the work we do and embrace that it can be hard work.
- **Compassion:** We show genuine empathy and a positive attitude with our colleagues, families, and foster parents.
- **Team Work:** We can be relied on to support one another by helping, listening to and learning from each other.

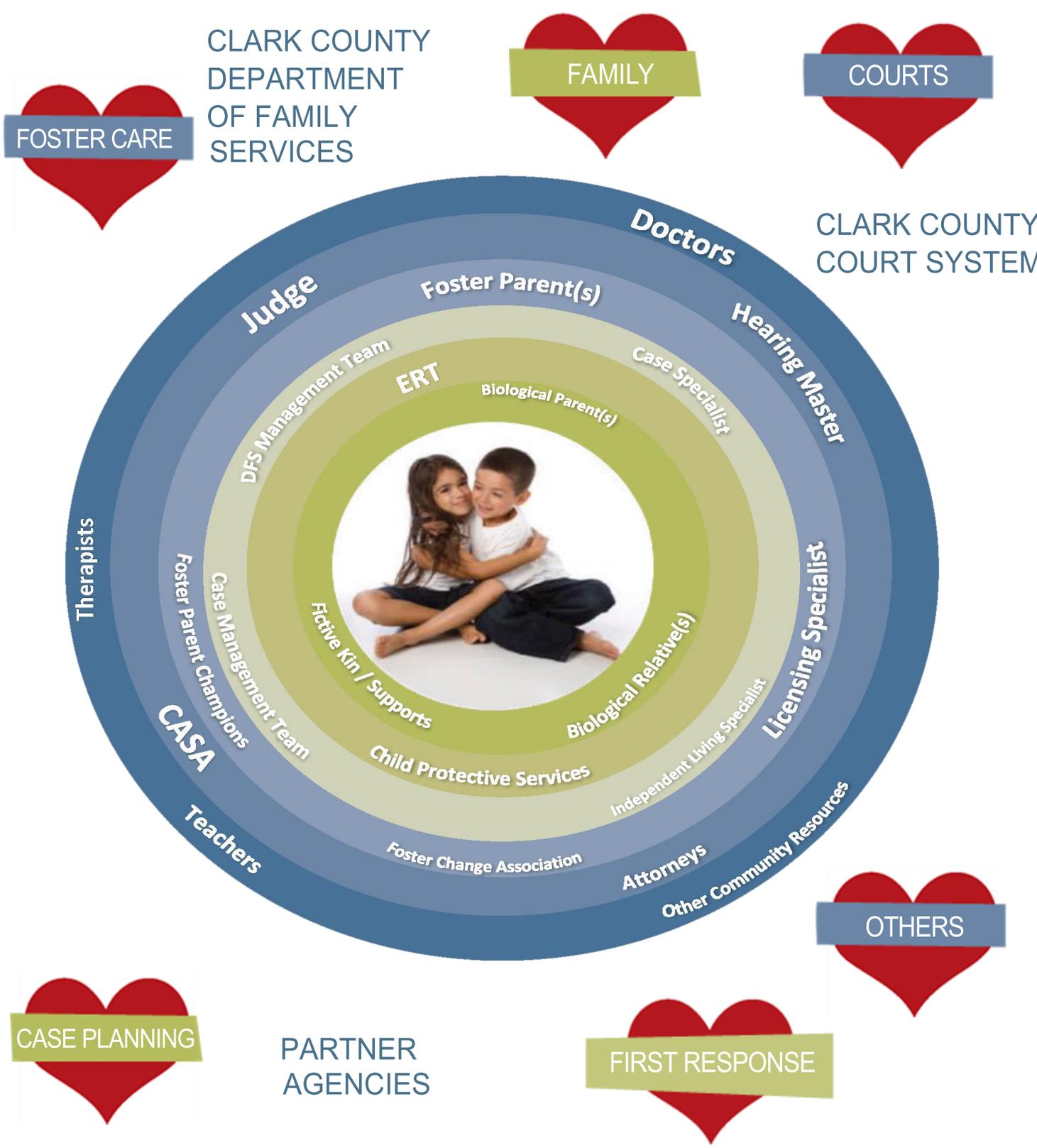


Guiding Principles:

- We address safety first and foremost.
- We respect, value and support birth, foster and adoptive families, co-workers and partners.
- We partner with children and families and actively engage them in decision-making and planning.
- We maintain and reunify children safely with their families whenever possible.
- We are guided by comprehensive, coordinated, family-centered and strength-based assessments.
- We preserve and encourage family, school, and community connections as a vital part of a caring circle for children.
- We provide culturally responsive services when, and how families need them.
- We minimize trauma, improve well-being, and achieve permanent homes for children.
- When out-of-home placement is necessary, we care for children in family homes or homelike environments that best meet their individual needs, keeping siblings together when possible.
- We provide services that are timely from a child's perspective, to respond to a child's developmental and emotional needs.
- We help youth become healthy, contributing members of the community.
- We support and recognize staff who exemplify these principles.

GLOSSARY OF TERMS

APD	Agency for Persons with Disabilities
	Children's Medical Services
CPS	Child Protective Services
DFS	Department of Family Services
DJJS	Department of Juvenile Justice Services
DOB	Date of Birth
EH	Emotionally Handicapped
EMH	Emotionally & Mentally Handicapped
EPSDT	Early Periodic Screening, Diagnosis, Treatment
FC	Foster Care
HIV	Human Immunodeficiency Virus
ICPC	Interstate Compact for Placement of Children
ICWSIS/ UNITY	Integrated Child Welfare Services Information System
IEP	Individual Education Plan
IL	Independent Living Services
JAC	Juvenile Assessment Center
JDC	Juvenile Detention Center
NIA	Nevada Initial Assessment
PLR	Person Legally Responsible (for psychiatric care)
PS	Protective Services
QA	Quality Assurance
QPI	Quality Parenting Initiative
SED	Severely Emotionally Disturbed
SIDS	Sudden Infant Death Syndrome
SLD	Specific Learning Disability
SSI	Supplemental Security Income
TPR	Termination of Parental Rights
WIC	Woman, Infant & Children Program



Clark County Department of Family Services

Every child in foster care has a team of people working with them and on their case. You are now a very crucial part of that team. Your role and responsibility is described in the [Partnership Plan for Out-of-Home Care](#). The following people will be working on the team with you:

FAMILY

CHILD. Once the child has been placed under formal jurisdiction, the court has jurisdiction over the child until their 18th birthday and/or until the court releases jurisdiction over the child. The child has the right to go to court and should always try to attend. The child can also speak to the judge by telephone or through a letter. The child may also communicate feelings and information to their Permanency Specialist who will include it in the court report.

BIOLOGICAL PARENT. Biological parents receive services that assist them in enhancing protective capacities to be reunified with their child. They should be involved in the co-parenting of their child and visit their child, unless otherwise ordered by the court. In court, they have a right to be represented by or appointed an attorney. They must be notified of all court hearings and be present at them.

EXTENDED BIRTH FAMILY. The extended birth family of a child in foster care should maintain a relationship with the child as long as it is a safe and healthy relationship. The birth family can be a helpful part of the team by giving family health information and helping keep the child connected to their history and culture.

NON-RELATIVES SUPPORTS. Often a child will have an extended support system which includes friends and community.

FIRST RESPONSE

CHILD PROTECTIVE SERVICES (CPS) Division

The Child Protective Services Division of the Department of Family Services includes Nevada Initial Assessment (NIA) Specialists and Emergency Response Team (ERT) Specialists as first responders on the team. It is their job to determine if a child is in present danger in their home environment and if removal is needed. The NIA/ERT Specialist will try to put any supports that they can into the home to help prevent having to remove a child from their home due to the fact that the removal of a child from their home can be a very traumatic experience. If removal is necessary, the NIA/ERT Specialist will first work with the family to identify a relative caregiver. The NIA/ERT Specialist conducts a diligent search to find a placement with a relative or fictive kin (pending background approval). If not, the NIA/ERT Specialist will work with the Placement team to find a foster home match.

CASE PLANNING

PERMANENCY SPECIALIST

The Permanency Specialist provides and coordinates services in the child's case. The Permanency Specialist maintains regular contact with the family and will also need to see the child alone during visits. The Permanency Specialist provides the direct service to the foster child. The Permanency Specialist's primary role is to be the advocate for the child in court and be the source for referrals should the child need therapeutic or other related services. The Permanency Specialist prepares court reports, attends court hearings and informs the court of the services the child and family need. The Permanency Specialist has the responsibility of supporting the birth family in order to reunify.

CASE MANAGEMENT TEAM

While developing and managing the case plan, the Permanency Specialist, and in turn the child, birth family and foster family, is supported by a team of professionals including Supervisors and Managers.

DEPARTMENT OF FAMILY SERVICES (DFS)

Provides case management services and oversees the care of approximately 3,200 children and teens in Clark County custody due to allegations of abuse or neglect.

INDEPENDENT LIVING SPECIALIST

The Independent Living Specialist provides independent living skills training, information and referral services, peer support, employment, housing assistance, and benefits assistance and advocacy.

FOSTER CARE**FOSTER PARENT**

Foster parents are trained and licensed adults who care for children and must keep them safe until they can return home or live elsewhere. The foster parent's role includes providing a safe and caring environment for the child, meeting the child's developmental needs and working with the team to help the child stay connected to their birth family, culture, and identity.

The foster parent must be prepared to work as part the team, including the biological parents, to provide the child with normalcy and trauma-sensitive care. The foster parent has the right to and should attend court hearings, the child and family team (CFT) meetings and should advocate for the child.

LICENSING SPECIALIST

The Licensing Specialist role is to be a support for the foster family. Licensing Specialists also work with families around licensing activities. These dedicated staff members are your support system in the licensed care arena. They will assist you with coordinating for the children in your home with the Permanency Specialist assigned to them as well as ensure that your home is meeting all necessary licensing standards. This is the person that the foster parent can call when they need help.

FOSTER PARENT CHAMPION

Foster Parent Champions are dedicated foster parents and kinship caregivers who have experience working with children and families and understand the foster care system. They will help you access resources, navigate the child welfare system, and provide you the support you need. You can reach them by calling 702-455-1149.

PLACEMENT SPECIALIST

Placement Specialists facilitate placements of children coming into substitute care as well as placement changes. They analyze information about the family and child to ensure the needs of the children are being met and placement stability is secured. Placement Preservation Specialists also facilitate Placement Stability Staffings to address children who are at risk of losing their placement.

COURTS**CASA**

A Court Appointed Special Advocate (CASA) works for the child's best interest in court and is an additional resource for the foster parents, biological parents and the child. However, they do not provide any case management services or transportation.

ATTORNEYS

In Clark County, The Juvenile Division of the District Attorney's Office (DA) represents the interest of the State by and through DFS. A Juvenile Dependency proceeding pursuant to NRS 432.410 to 424B590, may be initiated by the DA either (1) filing a Petition alleging that the child is in need of protection pursuant to NRS 432B.510 or by (2) initiating a Hearing pursuant to NRS 432B.470 wherein a judge must determine whether the child should remain in Protective Custody pending further action by the court. A parent (or other person responsible for the welfare of a child) who is alleged to have abused or neglected the child may be represented by an attorney (known as the Parent's attorney) at all stages of the Juvenile Dependency proceedings. Further, a child who is alleged to have been abused or neglected shall be deemed to be a party to the Juvenile Dependency proceedings and may also be

represented by an attorney (known as Children's attorney). Throughout the Juvenile Dependency proceeding, the court must determine the best interests of the child.

JUDGE

The judge decides what is in the best interest of the child and how to keep the child safe. After listening to everyone involved in the case and reading the reports, the judge determines if removal is in the best interest of the child, if the child should be adjudicated as a ward of the court, if supervision should be terminated and if parental rights should be terminated. The judge approves the Case Plan and conducts a judicial review every 6 months to review the status of the case plan until permanency is achieved.

HEARING MASTER

The judge sometimes refers cases to the Hearing Master, a judicial officer who assists the circuit judges by holding hearings and providing recommendations. The judge signs off on the recommendations.

OTHERS

DOCTORS /THERAPISTS

These roles provide help to determine the physical and mental health of a child and help to improve or maintain that health.

OTHER COMMUNITY RESOURCES

When preparing a case plan and identifying services for the family and the foster family, the Permanency Specialist and Licensing Specialist will look to other community resources such as therapeutic services, churches, classes, etc.

KEY AGENCIES

CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

Is the county agency responsible for child protection and many services for families and children.

COURT SYSTEM

The court system's job is to gauge the birth parent's case plan and determines custody of the children. The court system will hold hearings with the birth parents to gauge progress on the case plan and reunification. The court system will oversee the permanency planning. If reunification is not possible the court will move towards Termination of Parental Rights (TPR) and Adoption for the child.

PARTNER AGENCIES

Direct case management services for children and their families are performed by CCDFS. Many other partner agencies and providers deliver very important services and supports for our families.

TEACHERS

Teachers are an important part of the team. Teachers can help with identifying behavioral and developmental problems. By having open communication with your child's teacher, you can work together to help the child adjust to their new surroundings. If your foster child struggles in school, their teacher is the best person to link you to the help that they need in a school setting.



There are many responsibilities one takes on when becoming a foster parent. These responsibilities are very important when it comes to the child's safety and well-being. Many different people take on these responsibilities. When a child is receiving foster care services, it is important that all parties involved understand their respective rights and responsibilities.

The Rights of Children in Foster Care are described in each of these links:

- [Foster Child Bill of Rights Brochure](#)
- [Foster Youth Bill of Rights Brochure](#)
- [Foster Care Bill of Rights Brochure](#)
- [Sibling Bill of Rights Poster](#)

“Whenever I held my newborn baby in my arms, I used to think that what I said and did to him could have an influence not only on him but on all whom he met, not only for a day or a month or a year, but for all eternity - a very challenging and exciting thought for a mother.”

—Rose Kennedy

Resource Development and Support Unit Responsibilities to the Foster Parent include:

-
- Provide every foster family with a Licensing Specialist
- Provide every foster family with support and advocacy through the provision of the Foster Parent Champion program, including but not limited to: assessment and support of placement matching, licensing and relicensing activities, quality assurance and training opportunities.
- Monitor foster family compliance with licensing standards and assist families with corrective action needs.
- Provide or arrange for training opportunities that are offered at a time and location that are as convenient as possible for foster parents.
- To visit the family at least quarterly.
- Function as liaison with Permanency Specialists and foster families.



Foster Parent Responsibilities to a Foster Child:

- It is the responsibility of the Foster Parent to network with other licensed foster parents to facilitate respite care.
- Adhere to safety and discipline Nevada Administrative Code. [NAC 424.515-530](#). Failure to comply with safety and discipline of the Nevada Administrative Code may result in the removal of children from the home and an Administrative Review of your status as a licensed foster family home.
- Make a commitment to work with a foster child for the length of time necessary before the child returns to their family or goes to a permanent home.
- Provide acceptance and care to a foster child by praising the child often, showing appropriate emotional responses, listening to the child's feelings and asking for the child's opinions.
- Treat the foster child as if the child is their own. The child must receive the same food as the rest of the family, should be taken on family outings and vacations and should be shown the same amount of time, interest, and patience the rest of the family receives.
- Request permission to travel outside the state with a foster child for longer than 72 hours, foster parents must notify the child's Permanency Specialist as soon as possible, but no less than 7 calendar days prior to the intended date of departure. A Court Order is required before a foster child may be taken out of the country. Day trips or vacations up to 72 hours outside of Clark County that do not impact visitation do not require advance notice to the Permanency Specialist. If the trip interferes with prearranged visitation with the foster child's birth family, the visitation

and travel must be negotiated with the Permanency Specialist and birth family.

- Ensure that a foster child has supervision appropriate to their age and/or developmental level.
- Assist in setting up visits with a foster child's parent(s) or relatives.
- Never make negative statements about a foster child's family.
- Support efforts to maintain connections with a foster child's siblings through placement together, regular contact and visitation as approved by the Permanency Specialist.
- Work with a foster child, parents, DFS, and significant others to ensure that the child has a smooth transition when they return to their family or is placed in another interim or permanent placement.
- Communicate continuously with a foster child's Permanency Specialist regarding the care and well-being of the child.
- Schedule appointments, transport and accompany a foster child to medical, dental, and mental health appointments.
- Provide appropriate and legal car safety seats in accordance with the law.
- Provide a foster child their monthly spending allowance included in the [reimbursement](#).
- Buy a foster child clothing and necessary toiletries with the monthly reimbursement (which includes clothing allowance) as referenced in [NAC 424](#).

- Accept placement of a foster child on a 24 hour basis.

- Keep an inventory of all belongings a foster child brought to the home as well as those purchased or subsequently obtained for the child. All of these belongings must go with the child when they leave the foster home.

- Support and encourage the religious practices, ethnic heritage and language of a foster child and the child's family. If the child wishes to attend cultural events or religious services, the foster parents will provide or arrange transportation and support if appropriate.

- Give a foster child medication in the dosage and duration as prescribed by a doctor or psychiatrist and keep thorough documentation in the Medical passport. Medication logs must be completed each month for each child and submitted monthly to the Permanency Specialist and/or the DFS Medical Case Management Unit.

- Understand and help support DFS in its role to provide children in care with their educational rights including making its determination on what is in the best interest of a child educationally and ensuring a child's school stability. When a child changes placements, DFS makes a determination of whether to keep a child enrolled in their school of origin or enroll the child in a new school. The school of origin is the school in which a child was enrolled at the time that the child was placed in foster care or the school in which a child who is in foster care is enrolled at the time of the most recent change in the placement of the child. Foster Parents are expected to support this decision by partnering with DFS to ensure that a child continues attending their school of origin which is in the child's best interest. The Clark County School District in partnership

with DFS arranges specialized transportation for school of origin transport. In the time between placement and the specialized transportation beginning, Foster Parents should collaborate with the NIA or Permanency Specialist to plan how the child will be transported to school. If assistance is needed contact Foster Parent Champions at 702-455-1149 for assistance.

- Inform the school in writing that foster parents wish to be notified and participate in Individual Education Plan meetings, school activities and conferences.

- Encourage and facilitate parental participation in school activities, including Individual Education Plan meetings, conferences, etc. unless parents' rights have been terminated, the parents have the right to give school-related consents.

- Attend and take part in court hearings and other staffing's concerning a foster child and the child's family.

- Promote the following conditions for a foster child in the home:

- » Opportunities and encouragement to communicate and have contact with family members, friends and other people important to them. The only exception is when the court specifically bars contact with an individual.

- » Respect for their body, person, possessions, bed and personal space.

- » Encouragement and assistance in decorating their room with items that reflect their interests, heritage, culture, family and individual personality.

- » Opportunities to develop interests and skills through participation in school and

community activities, such as music, art, sports and special interest clubs.

» Encouragement and support in making new friends and maintaining past friends who have a positive relationship with them.

» Encourage the child's sense of pride and accomplishment in their abilities when goals are achieved. Provide special recognition and praise when the child does something important for their progress and well-being.

» Provide the child with suitable clothing that is appropriate for the weather, and age of the child. Whenever reasonable, the child's preferences in clothing should be considered.

» Allow the child access to age and developmentally appropriate activities.

- Be a respected partner with DFS, the foster child's family, CASA and other support service providers.

- Take part in at least twelve hours of yearly in-service training approved by DFS. The Licensing Specialist will be able to assist the foster parent in locating appropriate and approved trainings that are available on the Quality Parenting Initiative (QPI) Nevada website at <http://www.gpinevada.org/>

- Notify Licensing Specialist immediately of a potential change in address, living arrangements, marital status, family composition (anyone living in the home, even

temporarily), employment, significant health changes or any other condition that may affect a foster child's well-being.

- Notify Licensing Specialist promptly of all contacts the family or any member of the home has with police or any law enforcement agencies.

- Take only DFS foster children into care and make no plans for allowing other children or adults to reside in the home, without prior approval.

- Accept the direction and supervision provided by DFS Licensing and Permanency staff in caring for a foster child.

- Use the clothing allowance to buy a foster child clothes and shoes. When age appropriate, involve the child in purchasing clothes and shoes.

- Obtain authorization from the Permanency Specialist prior to spending money for a foster child-specific need if repayment is expected

- Hold confidential all information about the foster child and the child's family and discuss the information only with DFS staff, CASA, or a specialist (i.e., doctor, psychiatrist, therapist) working with the child.

- Keep the Medical Passport up-to-date.

- Allow the child to be removed from the foster home only by a DFS staff member. Verify the identity and authority of staff and



other parties when the person is not known to the foster parent.

- Obtain respite through peer to peer supports. If the foster parent has been unable to secure respite, from peer to peer effort, they may request assistance from the Placement Team through the Permanency Specialist by contacting the Permanency Specialist Manager by phone or email and asking that they submit the Placement Change and/or Movement Form to the Placement Team.

- Know where and with whom a foster child is staying and the type of supervision they are receiving when they are not under the direct supervision of the foster parent.

- Take the following actions if a foster child is missing or has runaway:

- » Immediately notify law enforcement to report them missing or run away.

- » Notify DFS Permanency Specialist and Licensing that they are missing or runaway.

- » Check to see if any personal belongings are gone.

- » Write down what they were last seen wearing, any identifying marks, and any medical or physical conditions that require immediate attention.

- » Contact friends, teachers or employers and ask if they have knowledge of their whereabouts.

- » Once a missing person report has been made, record the case number, obtain a copy of the report (if available) and provide this information to DFS.

- Notify DFS immediately if the child needs medical attention for sickness, injuries or significant changes in their health.

- Immediately notify DFS of any sexually inappropriate action or behavior by a foster child. As taught during Preservice training and at each license renewal, foster parents are Mandated Reporters and must report any incidents of abuse whether a foster child is the victim or the alleged perpetrator. If an incident of alleged child on child abuse occurs, the foster parent must call a report in to the Clark County Child Abuse and Neglect Hot line (702) 399-0081.

- Work with DFS to meet the needs of the child by attending scheduled meetings to discuss the child and the child's family.

- Work with DFS staff to develop a transition plan for a foster child, which may include transfer to an adoptive placement or return to parents or relatives.

- Refrain from engaging in any legal action to acquire custody of a foster child without DFS consent. Adoption by a child's foster parents is often the best choice for finding a permanent home for a child when reunification is not an option. In these situations the foster parents and DFS will work together to achieve this goal when appropriate and in the best interest of the child.

- Notify the Permanency Specialist in advance if taking child out of state for longer than 72 hours. Going out of country requires that permission/court order be obtained.

- Notify DFS if any Permanency Specialist with a child in the home does not make a visit each calendar month. Notification is made by calling the Permanency Supervisor.

- Do not sign blank or incomplete visitation forms or falsify any record on which DFS relies. Such action may result in the foster care license being revoked.

- DFS may remove the child from the foster home at any time, however if this is a planned move then a transition plan should be developed with the caregiver and whenever possible, provide a two-week notice.

- Foster parents may request DFS to remove a foster child from their home, but, must work in partnership with DFS. During preservice training, foster parents receive training and education regarding the cycle of disruption and how to avoid unnecessary and potentially harmful moves for any foster child placed in their home. It is an expectation that foster parents discuss concerns with their Licensing Specialist and Permanency Specialist prior to requesting a transition/removal of a child. Foster parents are expected to participate in placement preservation staffings whenever requesting the removal of a child from their home.

- Non-compliance with conditions of the license or the requirements for foster home care may result in administrative action by DFS which could include: corrective action and/or recommendation to suspend, revoke or deny licensure pursuant to NAC 424.200

- In the event a license to provide foster care is revoked, foster parents have the right to request an Administrative Hearing to review the revocation and request that licensure be reinstated.

RIGHTS:

- Maintain regular contact between foster child and birth parents and siblings through visits and phone calls as approved by the court.

- Be given information regarding the child's condition through the child's Permanency Specialist as described in the [Information Sharing Brochure](#).

- Determine a foster child's religious practice.

- Attend school conferences, medical appointments and other services when approved and/or appropriate.

- Consent to medical treatment unless an emergency precludes notification.

- Receive notice of, and to attend any court proceedings involving the child.

- Receive notice of, and attend all staffing, conferences, or other formal meetings related to the care of the child.

- Plan with the Permanency Specialist for the child and to share in making decisions.

- Understand the conditions that must be met in order to have a foster child returned to their birth parents' care.

- Receive current information on the child's health, growth, development, adjustment to placement, and changes in placement.

- Receive notice of, and attend all school related conferences and events unless prohibited by court orders related to contact with the child.

RESPONSIBILITIES:

- Provide emotional support for the child.

- Keep appointments and respond to communications from DFS.

- Retain the parental role to the fullest extent possible by such efforts as participating in school conferences and participating and cooperating in the foster child's care.

- Provide DFS with developmental and social history information on the foster child, including immunization records, medical, and birth history.

[Section 424.020 and 424.30 of the NRS](#) outlines the regulations concerning licensure and minimum standards that govern The Department of Family Services (DFS) in Clark County to license and set standards for children in foster family homes, emergency shelter homes and family group homes.

Who will do my licensing?

The DFS Licensing Department is responsible for licensing activities regarding family homes that provide foster care services. Each licensed foster home will be managed and supported by an assigned Licensing Specialist. The Licensing Specialist reviews your application and visits with you in your home regarding the licensing requirements and your license. They will assist you with any questions you might have regarding your license.

Can I also be a licensed in-home Day Care provider?

No, you may only hold one license.

Are there different types of foster care?

Yes

- **Traditional Foster Care** comprises the majority of licensed care for children in Clark County. The reimbursement structure for traditional foster care is statutorily established. Traditional foster parents provide short or long term care for a foster child until they can be reunified, or transition to another placement. DFS is responsible for the licensing and support of all traditional foster families in Clark County.
- **Therapeutic Foster Care** is provided in a treatment-oriented environment. Foster children suffering from mental health or other severe behavior or emotional

issues may qualify for therapeutic foster care.

- **Advanced Foster Care (AFC)** is a specialized foster program, managed directly by DFS, which can increase placement stability and less use of congregate care for youth with high behavioral and emotional challenges, AFC families receive a number of benefits, including: higher behavior rate for each AFC-eligible youth in their home: parent coaching; and specialized training(Together facing the challenge) to support youth with high behavioral challenges, Parent Coaches are DFS clinicians who provide weekly in-home coaching and crisis intervention,, AFC also oversees care coordination to ensure that the therapeutic needs of the children are met, as well as the support and training needs of the parents

Is there an annual requirement?

Although your foster care license is valid for 2 years, an annual safety assessment and home consultation is required. Ninety (90) calendar days prior to your yearly assessment, you will receive a packet from your Licensing Specialist initiating the process. The family's Licensing Specialist will help through this process. The process includes:

- Completion of paperwork sent to you by your Licensing Specialist
- Home consultation with your Licensing Specialist
- Safety Assessment Abuse Registry, law enforcement and all required background checks. Fingerprinting is required every five years for updated clearances.

- Verification that each foster parent has completed 12 hours of in-service training.
- Verification that a minimum of one fire drill per month has been held during the year. The dates of the drills will be requested.

The Licensing Specialist will use all information gathered to make a recommendation regarding continued licensure.

What type of training will be required of me (us) to meet the license renewal requirements? What type of training meets the requirement?

Within the initial licensure year and annually you are required to complete, twelve hours of in service training. In the first year training must include the following five trainings found on the QPI website:

- The Development Web: A Perspective on Learning and Behavior Problems (1 hr.)
- Effective Discipline in Developmental Stages (1 hr.)
- Trauma and the Impacts on Children in Foster Care Part 1; and Part 2. (2 hrs.)
- Normalcy: Let Kids be Kids Training video (1.5 hrs.)
- Clark County Family Services: Are you ready? Emergency Preparedness Training (.5 hr.)

(New Federal guidelines require all foster parents to update the emergency preparedness form annually, which includes an in state and out of state emergency contact.)

*Pediatric CPR and car seat training is also required to be completed in person. In person training opportunities such as pediatric CPR and car seat safety are available through The Parenting Project @ 702-455-5295. Online training opportunities are available through <http://www.qpinevada.org>.

*If your CPR does not expire in 2018, then you don't need to re-take it. Car seat training is good for 3 years. If your CPR and/or Car seat training is still valid, please take additional online trainings specific to your license or family needs to make up for those hours. (Both CPR and Car Seat trainings are 4 hours each).

Please consult with your Licensing Specialist for training options and for approval when in question.

What is the law regarding confidential information and who may I share information with?

Confidential information may only be discussed with professionals and other authorized persons who are involved in a foster child's case plan. Your friends, relatives and neighbors will be naturally curious about the children placed in your home. You need to explain to them that you appreciate their interest, but that you cannot share information about a child's background, problems, or the legal progress of a case. It requires some self-discipline not to talk about their problems or backgrounds with unauthorized persons, but the dignity and integrity of



the foster children in your care must be the priority. Equally important, the foster children in your care do not need to suffer a loss of trust or privacy by hearing information about themselves or their families discussed publicly. Remember, be discreet. Inquiries can be handled diplomatically.

What are the rules concerning where a foster child in my home may sleep?

- Every child needs their space. It is recommended that each child has at least 40 square feet of living space in their bedroom;
- Each foster child must have their own permanent bed & mattress and adequate storage space. Trundle beds and cots are not considered to meet this standard.
- Drop-side cribs, pack-n-plays and mini cribs are not permitted and foster children are not permitted to sleep in the same bed with a foster parent.
- Children of different genders over the age of five may not share a bedroom.
- Children may not share a room with an adult, except infants under the age of twelve months.

An arrangement other than the above must be agreed upon by the Permanency Specialist and Licensing Specialist.

Are there licensing rules about safety that I need to be aware of?

To make sure that your home is safe for foster children it will need to have and/ or follow the guidelines below:

- The home must be free from objects, materials and conditions which are dangerous to children.
- Medications, poisonous chemicals and cleaning materials must be kept in a locked place and not accessible to children.
- Pets must have current vaccinations. Licensing cannot license a home with potentially dangerous pets.
- Firearm safety requirements must be strictly adhered to.
- A smoke detector must be located in each sleeping area.
- Fire drills must be held at a minimum of once a month and documented.
- A 2-A 10BC fire extinguisher must be mounted in the kitchen in a central location on each floor of the home.
- Alcoholic beverages must be stored out of reach of children.
- The home cannot be heated by unvented gas heaters, and portable heaters are prohibited. All fireplaces or space heaters, and hot surfaces must be shielded against accidental contact.

- If your home has burglar bars, you must demonstrate that they can be opened fully by use of a single-action device located inside the room. Opening mechanisms must be not higher than 48 inches from the floor.

These are safety regulations that are included in the licensing standards. Your own instincts and knowledge about safety issues are also crucial to ensure the safety of the children in your home.

What if I decide to move?

When a person is a licensed foster parent, the home and the person are licensed. When you move, the new home will need to be licensed. A License to Provide Foster Care is NOT transferable, meaning it is issued to the identified person, at the identified location. You should contact your Licensing Specialist as soon as you learn about your move so they may initiate the transfer process. Within 48 hours of the physical move, the Licensing Specialist must do a walk-through inspection of your new home for verification of Health and Safety. The Specialist will then issue a license to provide family foster care for your new location or your license will become invalid and any foster children in the home will have to be moved.

What if my home has a pool, spa or is located on or near a body of water?

- All adults licensed as foster parents living in a home regardless of having a body of water need to complete an approved in person Basic Water Safety Course.
- The pool/spa must be enclosed on all four sides. A child safety fence must be installed as a safety around all 4 sides of the pool if caring for children under age 5.
- The pool/spa must be kept clean at all times.
- Swimming pools must be equipped with the following life-saving devices:
 - Ring buoy
 - A reaching pole with a life hook
- At all times, foster children in the pool must be accompanied by an adult who knows how to swim and will apply the rules of water safety.
- Children who do not know how to swim should be offered swimming lessons as soon as possible.
- If you add a swimming pool after you are licensed, call your Licensing Specialist to ensure compliance with licensing policies.



What if I have a hot tub in my home?

- The hot tub must have a locked cover. At all times, foster children in the hot tub must be accompanied by an adult.

What are the laws about children being in car seats and in seat belts?

- Children in foster care must always wear a seat belt or be in a car seat when in a motor vehicle. Children under the age of seven must be in an approved car seat.

The Department of Motor Vehicles recommends the following child restraints:

- 0-12 months: Infant Carriers (in the back seat, rear facing)
- 1-3 years: Children Car Seats (in the back seat, rear facing as long as possible. Then use a forward-facing toddler seat with a harness until your toddler outgrows the seat's limits)
- 4-7 years: Lap Belt and Booster Seat until the child is large enough for seat belts. The child must ride in the back seat.
- 8-12 years: Use safety belts once they fit properly. The lap belt must lie across the thighs, not the stomach. The shoulder belt must not cross the neck or face.
- All car seats used for children must be within the expiration dates limits posted on the device

Can a child living in my home ride in a boat?

Discuss your plans to take the child in a boat with your child's Permanency Specialist. If possible, the child's parents should give written permission through the child's Permanency Specialist for their children to ride in a boat. Adults driving the boat should be experienced boaters who have completed an approved safety course on boating. Children must always wear life preservers. Safety precautions must be followed at all times.

What happens if I am accused of neglecting or abusing a child in my home?

If a report of abuse is received regarding a licensed foster home, and it meets the criteria for a report, a NIA Specialist will be assigned to investigate the allegation. This can be a very difficult process for families, even if the allegations are unfounded. The NIA Specialist will assess the information available to determine if the child may remain safely in your home or if they must be placed in another licensed home until the investigation is complete. If the child is placed in another home, the NIA Specialist, Licensing Specialist and Permanency Specialists will determine if it is appropriate for you to visit the child during the assessment, based on the information from the assessment and documentation in the case file. Your home will be placed on administrative hold for placement of additional foster children until the investigation is done.

What if I suspect a child has been abused or neglected?

Foster parents are required to immediately report any suspicions or indications of child abuse or neglect to the

Child Abuse Hotline and to the child's Permanency Specialist. The number to call is (702) 399-0081. Your identity is guaranteed, by law, to remain confidential.

How can I protect myself from allegations of abuse or neglect?

- Do not be afraid to ask questions. Ask for complete information about a child you are considering for placement. You need information.
 - Known details regarding past abuse.
 - Known details regarding the effects of the abuse.
 - Known details regarding special behaviors towards adults or children that stemmed from abuse.
 - Known details regarding the child's medical background.
- Always have child care facilities and schools complete incident reports if injuries occurred at the childcare facility or at school. Always have copies of these incident reports.
- If the child has been sexually abused or sexually acts out, it is important to establish some preventive "house rules":
 - If possible, give the child their own bedroom.
 - If the child has abused other children, carefully assess the sleeping

arrangements.

- Can your bedroom be between the bedroom of that child and that of the other children?
- Establish firm rules about who is allowed in whose bedroom and under what conditions.
- Have rules about using the bathroom and privacy.
- Establish common sense rules to guide the expression of affection between the child and others such as handshakes and hands on shoulders or upper arms instead of pats on the head or bottom. You also could use "side hugs" in the home instead of full frontal hugging as this allows the child to feel more comfortable about the contact between them and the caregiver while still allowing affection.
- Indicate that secrets between foster family members and their foster children are not acceptable.
- Establish guidelines regarding who may be left alone or with whom they may be left with, for how long, and under what circumstances.
- Install alarms on bedroom doors. Consult with your Licensing Specialist for information on obtaining alarms.

"If there is anything that we wish to change in the child, we should first examine it and see whether it is not something that could better be changed in ourselves."

—Carl Jung

- When you have identified a child's special needs, ask for training to deal with the child's needs. If you need assistance or services for your child, communicate with the child's Permanency Specialist. It is important to request assistance early and keep the Permanency Specialist informed of successes and problems. Waiting to ask for help can result in the problem becoming more serious and increases the risk of an allegation of abuse. Asking for help is not a sign of inadequacy, in fact, it requires strength and courage. Foster parents are also encouraged to maintain an open line of communication with your Licensing Specialist to assist with providing support, training, linkages and advocacy to help resolve problems.

- Documentation of significant occurrences during placement can only help in case planning and during an assessment. Some suggestions for documentation are these:

- It is strongly recommended that you keep a daily log.
- Take brief notes outlining a major event.
- Include details such as special family activities, visitation with the child's family, etc.
- Note significant health problems.
- Note significant emotional/behavioral difficulties and when they occur.
- Example: does the child exhibit these difficulties before or after a visit?
- Note any marked change in child's mood, behavior, or relationships.
- Note the child's successes and special achievements.
- Describe any situation, including discipline, where it is believed the

child might misunderstand the behavior/relationship or intent of the foster family.

- Note any request you make for training, assistance or service including the date and person.
- Remember to report all incidents to the child's Permanency Specialist and to complete incident reports as needed. Be sure to document incidents, contacts with the team and all follow-up.
- It has been suggested by some veteran foster parents that you keep these records in a safe place for a number of years in case of a potential lawsuit by children in foster care. It is suggested that you give a copy to your Permanency Specialist.

What are some acceptable forms of discipline for children in foster care?

The purpose of discipline is educational and rational. It focuses on deterring unacceptable behavior by encouraging the child to develop internal controls. Foster parents are expected to define rules which establish limits and types of acceptable behavior. These rules must be clearly explained to each child and equally applied to all children. Some techniques to help children manage behaviors are:

- Have reasonable expectations.
- Be a role model.
- Help the child understand feelings, both their own and those around him, that are affected by their behavior.
- Provide a child time out. (With children who may have problems with attachment, this technique should be used carefully as they might use this to be isolated from the family.)

- Provide positive reinforcement and privileges.
- Take away privileges.
- Provide natural and logical consequences.
- Ignore the behavior.
- Ensure that restitution occurs.
- Develop behavioral charts.
- Replace negative time with positive time.
- Provide alternatives for destructive behaviors.
- Hold family meetings to discuss issues, set goals, note progress.
- Make a plan for change with a child.
- Make a plan for change with a child and the Permanency Specialist.
- Remember that if you have parented your own biological children the discipline that you used with them may not work with a child in foster care.

What forms of discipline are not allowed?

As a part of the licensing process to become a foster parent, you signed an agreement to use appropriate discipline. Call your Licensing Specialist or the Permanency Specialist before taking action if you have any questions. Here are some examples of punishment which may not be used with children in foster care:

- Corporal punishment or any form of physical punishment
- Spanking
- Slapping
- Pinching
- Shaking
- Hair pulling
- Hand tapping
- Withholding food, clothing or shelter
- Verbal abuse or critical remarks about a child or their family
- Emotional abuse

- Shaming
- Ridiculing
- Humiliating or other demeaning comments
- “Time out” in unlighted, locked, poorly ventilated, or cramped areas
- “Time out” periods should not exceed one minute for each year of age up to age twelve
- Denial of visitation or phone contact with birth parents, siblings, or the child’s Permanency Specialist
- Cruel and unusual punishments (examples include but are not limited to hot pepper sauce or soap to curb swearing)
- Threats of removal from home
- Excessive chores that endanger a child’s health and interfere with time needed for eating, sleeping, doing homework, or relaxing

What happens if I use a form of discipline that is not allowed?

Circumstances may require that the incident be investigated by a NIA Specialist. The incident will be reviewed by your Licensing Specialist. Revocation of the license could be the final outcome. To prevent a situation from reaching this point, contact your Licensing Specialist and/or your child’s Permanency Specialist for assistance in handling problematic behavior. Classes such as Effective Discipline in Developmental Stages, which is required in the first year, may help identify methods of positive discipline. Always remember to ask for help.



REMEMBER...

WHEN IN DOUBT

DON'T DO IT!



Remember that the foster child has just been through a very traumatic experience:

- They usually will display one of two behaviors at placement.

- The child may start off with problematic behavior at the initial time of placement. The child is in shock, afraid at times angry to be removed from family and familiar surroundings.
- The child may seem to be very withdrawn, quiet and well behaved. This is sometimes called the honeymoon period. The child may then start to act out in a few days or weeks. Younger children can have emotional outburst with amazing energy.
- Remember that these children are experiencing many different feelings and are going through the grief process. Every child handles the stages of grieving differently.
- Stage 1 = Shock and Denial
- Stage 2 = Anger
- Stage 3 = Bargaining
- Stage 4 = Despair/Depression
- Stage 5 = Understanding

Things that can help you understand the child's behavior:

- It is important to differentiate what is normal behavior for that child's developmental stage and what is not normal for that stage of a child's development. Knowing as much as you can about the child's history can help you understand where they are coming from. A relationship with biological family members can help you understand the child's history. For example knowing how the child reacts to stressful situations can help you understand their behaviors.

What can you do in your own home to make them feel welcome and safe?

- You should have clear defined rules and expectations.
- Do not assume anything.
- Give the child their own space in the house
- Include the child in family activities.
- Ignore junk behavior. Pick your battles when it comes to behavior. The child may push you. Do not take things personally. They are testing their boundaries and trying to see if they can trust you. Remember most of the other important adults in their life have let them down, what is going to make you different?

- Identify your child’s triggers.

Children’s behavior at times is directly related to a trauma trigger - conscious or unconscious memory of a traumatic event. When your child acts out think about what happened before the behavior began. Watch for a pattern in the behavior. For example, the child may misbehave right after a visit with their birth parents or if a project at school has to do with their family. By observing your child and even documenting your child’s behavior pattern you can start to identify your child’s triggers.

Understanding Normal Sexual Behavior in Children:

The following information is from the **YMCA of the USA Child abuse prevention training**:

Children exhibit a broad range of sexual behaviors that are part of normal development. Although some parents may be uncomfortable with explicit information, it is important for them to understand what is within a normal or acceptable range so that, on one hand, they do not overreact when they observe such behaviors and, on the other hand, they do not miss obvious clues that might suggest that a child has been sexually abused. To better understand what constitutes normal behavior, review the findings outlined below taken from the article [“Normative Sexual Behavior in Children: A Contemporary Sample”](#) published in Pediatrics, the Journal of the American Academy of Pediatrics, April 1998. These behaviors, categorized as adherence to personal boundaries, exhibitionism, gender role behavior, self-stimulation, sexual

anxiety, sexual interest, sexual intrusiveness, sexual knowledge, and voyeuristic behavior, were repeatedly observed by parents and caregivers, thus allowing the researchers to conclude that the behaviors fell within the normal range of behavior. These typical behaviors include the following:

Two- to Five-Year-Old Boys and Girls

- Stand too close to people
- Touch self (private parts) when in public places
- Touch or try to touch their mother’s or other women’s breasts
- Touch self (private parts) when at home
- Try to look at people when they are nude or undressing

Six- to Nine-Year-Old Boys and Girls

- Touch self (private parts) when at home
- Try to look at people who are nude or undressing

Ten- to 12-Year-Old Boys and Girls

- Are very interested in the opposite sex

In the book **Straight Talk: Sexuality Education for Parents and Kids 4-7**, published by Planned Parenthood of Westchester, Inc., authors Marilyn Ratner and Susan Chamblin identified these typical child behaviors that relate to sexuality:

Four- and Five-Year-Old Children

- Undress with another child
- Participate in creative play dramatizing “doctor,” “hospital,” and “birth”
- Masturbate
- Engage in verbal play about elimination and interest in bathroom activities
- Verbalize romantic attachment toward parent—“I’m going to marry you”
- Imitate adult behavior
- Use obscenity and repeat curse words
- Express an interest in babies, pregnancy, and the birth process

Six- and Seven-Year-Old Children

- Engage in masturbation
- Show an increased awareness of differences between the sexes in body structure
- Are sensitive to differences between the sexes

- Have strong same-sex friendships and increased self-consciousness
- Have strong interest in male-female roles
- Show some exhibitionism in play situations or in school bathrooms
- Demonstrate exaggerated modesty and desire for privacy
- Need uniformity with peers in dress, speech, and so forth
- Use obscenities, giggle, engage in name-calling, and make remarks about elimination and bathroom functions
- Ask searching questions about pregnancy, birth, and babies; may ask about the father’s role in reproduction; and show an interest in comparing human and animal behavior.

Following are lists from the **YMCA of the USA’s courses on working with 11- to 14-year-olds and 15- to 18-year-olds** and from the **YMCA of the USA’s course on adolescent sexuality**. The following are considered typical adolescent behaviors:



Preteens

- Preteens want privacy: They close the door when they get dressed.
- Girls who mature early are likely to be self-conscious about changes in their bodies and are sometimes embarrassed if they become the object of sexual attention.
- Physically mature boys share some of the same feelings.

Adolescents

- The average age of first menstruation is 12; the onset of fertility (first ejaculation) in boys typically occurs between 12 and 13.
- Teens feel tremendous pressure to have sex and may feel vulnerable because they haven't had sex yet or think it is wrong to feel sexual.
- Teens struggle to define their attractiveness through personal appearance.
- Masturbation is a normal part of adolescent development.
- A teen explores his or her "sex appeal."
- Sexual experimentation with peers may occur.

Understanding Child Development and the signs of abuse or neglect:

You can find this section at the end of this document. The information is adapted from Martin, H., [Treatment for Abused and Neglected Children](#).

Washington, DC: User Manual Series, National Center on Child Abuse and Neglect, 1979.

Who will contact me to place children in my home?

All placements will be coordinated through the Placement Team. A representative of the Placement Team will make the initial call to you to discuss a possible match in your home. To obtain more detailed information on the children, the Placement Specialist will share the well-being form with you. They may also have the assigned Permanency Specialist contact you. Each child placed in your home will have a medical passport with them which contains the placement agreement.

Will all of the information about a child be given to me when I take a child into my home?

All known information about the reasons the child was brought into care, and their physical, emotional, developmental, educational and behavioral status should be shared with you. You should be prepared to ask questions that you wish to have answered. Sometimes after a child is placed in your home, you may hear information that the Permanency Specialist does not know. Please share information that you think may be important with the child's team. (Example: Family information, information about abuse, etc.) If the child has had a previous foster care placement, you may want to talk to the child's prior foster parent for their input on the child's behavior, strengths and needs. If you feel that you are not

receiving adequate information, please inform your Licensing Specialist or the child's Permanency Specialist.

Are children placed in homes of similar culture?

Whenever possible, children are placed in homes of similar culture. If this is not possible, efforts are made to place children with families who are sensitive to heritage and will help the child maintain and continue to develop that sense of identity which is tied to the birth heritage.



Are siblings placed together?

Maintaining siblings is critical to their emotional wellbeing and a priority for all siblings needing placement. Whenever possible, siblings will be placed in the same home. Sometimes due to lack of bed space, it is necessary to separate siblings, however the foster families must remain committed to maintain the sibling connection through regular contact and visitation. Sibling unification will continue to be pursued by the Permanency Specialist, Placement Services for all separated siblings.

If I am licensed for a certain number of children, can more

children than that ever be placed in my home?

A waiver and/or an exception to policy can be granted to allow this under special circumstances (example, a large sibling group) determined by licensing. You should never be over capacity without proper authorization having been secured by your Licensing Specialist.

If a child placed in my home needs clothing immediately, can I buy the clothing and expect to be paid back?

It is important to ask the worker who removes the child (or the Permanency Specialist) to ask the parent for clothing for the child. If that request produces no clothing or personal items, a request can be made to Peggy's Attic for clothing.

How much will I get reimbursed for the needs of foster children in my care?

Foster parents receive a daily or monthly reimbursement for the care of children in their home, as well as money for clothing, allowances and incidentals the children will need. The reimbursement rate is not considered income by the IRS as it is considered reimbursement for the care of children.



The 30 day calendar rates are as follows:

Reimbursement Rates

»Age	»30 Day Month
»0-12	»\$673.50
»13+	»\$762.60

Payment will be made to the licensed provider where the child spends the night. When a child moves from one foster home to another, provider payment will change to reflect where the child sleeps overnight. Rates are pro-rated for children that are placed in your home for less than one month. If a child is in your home for a partial month (either coming in to or leaving care), a daily rate will be calculated based on the established rate divided by the total of the days in the month. As a result the daily rate may vary slightly since some months may have more or less than 30 days. Out of the reimbursement rate, foster parents are required to provide monthly allowance to foster children in accordance with the following table:

0-12 yrs.	13+ yrs.
\$11.00	\$22.00

If you have extraordinary expenses while caring for the children, communicate the child’s need to the child’s Permanency Specialist and we can begin a financial planning activity specifically addressing the need and will connect you to community resources.

Should I keep receipts for the clothing and incidentals I purchase for my foster child?

Yes, you must keep receipts so you have a record of how the child’s share of the reimbursement was spent. Keeping good records will help the child keep track of personal items. An inventory list is recommended and should be kept in the child’s medical passport.

Child’s Personal property

Foster care reimbursement is to provide for the child; therefore, any items given to, or purchased for a child should be considered their property. A child may or may not come into care with personal property. A child’s personal property is important to the child’s sense of personal history, continuity, pride of ownership, and respect

DFS encourages caregivers to regularly inventory children’s personal property, such as those items the child receives as gifts from public and private donations, friends, and relatives, as well as purchased items. DFS acknowledges that as children outgrow, wear out, lose, and break personal property the process of inventorying and tracking personal property becomes increasingly difficult. Nevertheless, this must be followed in order to adhere to the principle that a child’s access to their personal property is a basic right.

What can I expect to come with the child?

Each child must come with a custody letter. This will be completed by either the Placement or Permanency Specialist. Each child should also come with a Medical Passport that contains all available information and records. All that belongs in the records may not be available at the time of placement,

especially if the child is in shelter status; at a minimum you should receive the following:

- the child's name and birth date (if known)
- the reason for placement
- medical information (request the names of the child's physician and dentist)
- medication, if available, or directions on how to secure it
- worker's name and telephone number (supervisor's also)
- After Hours On-call information for evenings and weekends will be provided for use in case of emergency. The After Hours On-call Specialist can be reached at 702-303-0473.
- All information should be available within 3 business days of the initial placement. If you are experiencing difficulties getting this information, contact the Placement Specialist or your Licensing Specialist for assistance.

How do I answer the child's questions about being in foster care?

Give age-appropriate responses and be honest. Do not be judgmental towards the child's family in your response. If you do not know the answers or what to say, that is okay, say so. Try to stay positive and be a support to the child. Tell the child they can get information from the Permanency Specialist. Then follow up with the Permanency Specialist.

What is a Life Book?

The Life Book is a combination of a story, diary, scrap book, and photo album. It is an important collection of

the child's history that helps the child with the child's identity. The best time to begin a Life Book is when a child comes into the child welfare system. Any available information about the child's birth family, family history, and developmental information should be collected. During the child's stay in your home, the child's history should be recorded. This can be done with drawings and artwork done by the child, pictures, written recordings of events, keeping medical information and copies of school programs, report cards and photos. Be sure to include pictures of your home and family and include letters to the child about them and their stay with you. You will be doing the child a great service if you take the time to develop a Life Book for them. This can help the child connect with who they are and can lead to a more positive experience.

Can I have a child in my home baptized or confirmed?

Only if the child's birth parents have given written permission. If you have a relationship with the child's parents, you can make a mutual decision to pursue this goal. If the parents do not agree, you should not have the child baptized or confirmed. The child's Permanency Specialist may be able to help. Be sure to discuss your plans with the Permanency Specialist.

What if the child is of a different religion and wants to attend a church or synagogue of the child's own religion?

It is important to a child's identity to preserve their heritage whenever possible. One of your responsibilities as a foster parent is to give your child

the opportunity to participate in the faith they or their birth family request.

Can I include a child in foster care in my family religious activities?

Yes, however a child should not be forced into attendance. Baby-sitting should be obtained for a child who does not choose to attend religious activities with you. The baby-sitter must be a fully screened and approved adult.

Can I take a child on a trip with me?

Taking the child on family vacations is encouraged whenever possible because this makes the child feel more a part of your family. Some children in foster care may have not had the opportunity to travel and this can be very positive for them. If you are planning a trip and want to take the child with you, you are required to discuss your plans with the child's Permanency Specialist as early as possible. You may travel with children in foster care status, but out of country travel requires a court order. A good relationship between you and the child's birth family can help facilitate your travel plans. Always consult with the child's Permanency Specialist before you plan to travel with the child. If you require a court order to travel out of country, provide a minimum of 30

days to allow the Permanency Specialist to schedule a court date to obtain a travel order if necessary. When traveling, be sure to take all emergency contact numbers.

What do I need to know to provide good hair and skin care for children of a different race or culture than mine?

Proper hygiene, hair and skin care are important for the well-being and self-esteem of all children. Foster parents providing care for children of a different race or culture may need to familiarize themselves with basic care techniques to ensure that their foster children will appear well groomed and cared for. Your Licensing Specialist, the child's Permanency Specialist, a hair stylist, or your child's doctor can provide assistance. Do not be afraid to ask questions.

Caring for African-American skin and hair requires special treatment. Some tips include:

- Apply moisturizers (lotion) frequently and liberally, especially after bathing. Skin may scar easily.
- Avoid use of harsh soaps and skin products which may dry the skin.
- Avoid using shampoos that dry the



hair (such course hair needs its natural oils). Some recommended shampoos are Cream of Nature, New Era, or other products designed specifically for this type of hair.

- Do not shampoo hair more than once a week or less than once bi-weekly.
- Apply oil to the hair and scalp regularly to prevent from drying and breaking. Guidelines: Maximum-Daily/Minimum- Weekly. Some recommended products are TCB, B&B, Bergamont, Dark & Lovely, and other products designed specifically for this type of hair.
- If a chemical hair relaxer (straightener) or chemical curly permanent has been applied to the hair, it is important to continue proper maintenance and reapplications or the hair will begin to break at the root. (Request information from Permanency Specialist on whether there has been a chemical treatment applied.)
- Consult a hair care professional who specializes in this hair type for information and routine care.
- Check out hair and skin care books at public libraries or visit the website www.treasuredlocks.com
- Look for magazines that contain information on the care of this type of hair and skin.
- If unsure, always consult with the Permanency Specialist, Licensing Specialist or the Foster Parent Champions.

Can I cut/perm/color a child's hair?

These decisions and responsibilities should be shared with the child's birth parents whenever possible. If the child is in foster care, the Permanency Specialist may be able to consult the parents based upon the age of the child, or can advise you. You should never cut or alter the child's hairstyle without notifying the parents and the Permanency Specialist. If a child desires to get a piercing or tattoo, the same level of consultation and pre-approval is required.

What if a child causes deliberate damage to property while in my care?

Report the incident at once to the child's Permanency Specialist and your Licensing Specialist.

What do I do if a child runs away?

Call the police to make a missing person report. Be prepared to provide the child's name, date/time/location the child was last seen, the date of birth, a physical description, including the child's clothing, and provide a picture if possible. If it is during working hours, contact the child's Permanency Specialist. If it occurs after working hours, call the Permanency Specialist to leave a message reporting the incident.

What do I do if the child in my home is arrested?

Call the child's Permanency Specialist to report the incident. Contact your Licensing Specialist to advise of the incident. This can be a frustrating and

sometimes embarrassing experience for foster parents. As was discussed in the previous questions, try not to take this personally. It is very probable that this is a symptom of other problems, not a rejection of you or a reflection of your skills.

What do I do in a situation involving a serious medical condition or injury?

The first concern is the safety and well-being of the child. Call 911 for emergency assistance and then call the child's Permanency Specialist. The child's Permanency Specialist will notify the birth family. After regular hours, call the After Hours On-Call number at 702-303-0473. Call your Licensing Specialist to report the incident.

What do I do if I need to talk to a member of the Permanency Specialist's team after working hours?

We want to support you. Your Licensing Specialist has extended work hours and the Foster Parent Champions are available till 7pm daily. If it is an emergency then you can contact the After Hours On-Call at 702-303-0473.

What should I send with the child who is moving from my home?

You can be a big help in a child's transition, whether it is to go back home, to a new foster home, or to an adoption placement. At a minimum, all clothing, toys and personal belongings purchased with clothing allowance should go with the child, as well as any

gifts the child received while in your home. Also, any belongings the child brought with them. If you have gathered material for a Life Book or put one together, please send this with the child.

The child should have an up to date Medical Passport. The Medicaid card, any current medication, instructions, and the name and telephone number of the child's physician should go with the child. Some foster parents write down the child's schedule, likes, dislikes, fears, as a help to the child and the next caregiver. One should always consider what information would they need or like to have prior to the placement of a child in the home? What would you expect to come with the child?

What if we don't agree with the course a child's case is taking, or if a child is to be removed from our home and we want them to remain with us?

The issues surrounding a child's case are very complex and foster parents are encouraged to be a part of the child's team by attending staffings, court reviews, etc., so that you may remain informed and have the opportunity to provide vital information regarding the well-being and planning for the child. However, in spite of everyone trying to work in the child's best interest, conflicts may arise. If such a situation occurs, you should first try to resolve the problem with the Permanency Specialist.

If you and the Permanency Specialist cannot reach an understanding, contact the Permanency Specialist's

Supervisor. You will also need to notify your Licensing Specialist. You may want to arrange a meeting between the three of you. If the problem or conflict cannot be resolved at this level, you and the agency can request a “staffing”. Also, contact the Permanency Specialist’s Supervisor for further assistance if a resolution has not been made. If a problem still exists, contact the Permanency Manager. Remember that you can make a difference in a child’s life whatever length of time they are with you.

My foster child is being moved to another home. How can I help the child make the transition to the new home?

Foster parent participation in the movement of children is generally considered beneficial to the child, depending on the circumstances surrounding the move. Discuss your thoughts with your Licensing Specialist and the child’s Permanency Specialist to determine what will be in the child’s best interest. If you do assist in the move, coordinate the time with the child’s Permanency Specialist. Speak positively when discussing the move with the child and help reassure the child.

What if a reporter wants to interview me or a child in foster care?

Contact the Permanency Specialist for guidance.

Names, identifying photographs, and background histories are not to be

shared for confidentiality reasons. DFS may give permission for children for whom parental rights have been terminated to be interviewed. You have a right to be interviewed and photographed by the media. You must be very careful to guard the identity and confidentiality of any child in your care. You may ask someone from DFS to be with you during the interview if you wish. You have the right to terminate the interview at any time if you are uncomfortable with any questions you are asked. We would request that you contact the DFS regarding the situation and they will in turn notify the other parties involved in the case.

Should I apply for SSI (Supplemental Security Income) for a child in foster care?

No, DFS will apply for SSI/RSDI for children who may be eligible. DFS policy does not allow foster parents to be paid foster care reimbursement AND receive child’s SSA benefits. DFS must be the payee of SSA benefits, SSI and RSDI, for children in paid foster homes. If you receive both foster reimbursement and SSI/RSDI benefit for a child, contact DFS Eligibility 702-455-8424. If you receive both you will be required repay one of the benefits.

SSI and RSDI benefits are for the same expense as the foster care reimbursement you receive. Occasionally a child’s benefit is more than your foster reimbursement. If additional money is available you will be notified by child’s Permanency Specialist.

How often will a Permanency Specialist be visiting children placed in my home?

Children will receive services from the Permanency Specialist based on their needs. Generally, children will see their Permanency Specialist a minimum of every calendar month. The child's Permanency Specialist should inform you of how many visits will occur in the home. The Permanency Specialist may also make additional visits with the child in alternative settings such as school or daycare, in order to make a comprehensive assessment on how the child is functioning and adjusting to care. The Permanency Specialist will also make unannounced visits to the home.

What do I do if a child's Permanency Specialist is not visiting the child in my home?

Visitation and intensive services is one of the services the Permanency Specialist is committed to ensuring for children in their care and their foster families. If you are concerned about the lack of contact, call the Permanency Specialist and ask when the next visit is scheduled. Foster Parents are required to notify DFS if any Permanency Specialist with a child in the home does not make a visit each calendar month. Notification **MUST** be made by calling the Permanency Supervisor.

How often will a Licensing Specialist visit my home?

Your Licensing Specialist will visit your home a minimum of quarterly, unless more frequent contact is needed to provide additional support or assessment. During the home visit, you and your Licensing Specialist will mutually assess

current placements and need for additional supports. If you are not receiving regular visitation from your Licensing Specialist, you must contact your licensing manager at 702-455-8146.

Should I keep a record of visits by other workers and the CASA?

Yes, this is very helpful. Foster Parents should maintain a daily log, or sign-in sheet, for all visitors in your home. Foster parents should use a contact log to document any and all contacts they or the child have with anyone concerning the child. These contacts include NIA/Permanency Specialists, school personnel, the child's parents, therapists and doctors. Be sure to verify the identity of anyone visiting with the child and have the individual sign in and out on the daily log. When in doubt, contact your Licensing Specialist or Permanency Specialist. Some families have this sign in sheet at the front door.

Do the children in my home have to visit their parents?

Yes, unless there is a court order that says visits may not occur. The number one goal is to reunify foster children with their families and visitation is a very important part of this process. Parents have a legal right to visit with their children and the location will be determined by those involved and will be appropriate for the situation. Visitations can be very hard for a child emotionally. This can result in a change in their behavior in the time leading up to the visitation or after the visitation.



Fostering Relationships

Formerly Attachment and Biobehavioral Catch-up for Visitation (ABC-V)

In the first years of life, young children are dependent on their parents not only for meeting their basic needs and safety, but also for help regulating their physiology, attention, behavior and emotions. When infants and young children experience adverse conditions such as neglect, maltreatment, and exposure to violence, they are at risk for many problems, including challenges with self-regulation and attachment difficulties. Dr. Mary Dozier, Ph.D., at the University of Delaware, and her lab have followed several populations of at-risk children, studying the effects of early adversity on development in early childhood. They have developed a parent-training program, **Attachment and Biobehavioral Catch-up (ABC)**, which is a 10-week intervention that specifically targets several key issues with parents of very young children.

The intervention has been shown to be effective in improving young children's attachment status, biology (cortisol levels), executive functioning, which includes memory, reasoning problem solving and planning, and emotion regulation compared to a control intervention. The goal of ABC is to enhance parents' capacities for interacting with their children in nurturing and non-

frightening ways. Fostering Relationships is an extension of this work to an especially vulnerable population, young children, ages 6 months through 6 years, though Clark is exploring children up to age 12 who have recently been placed in out-of-home care.

During an out-of-home placement, birth parents are often limited to supervised visits at an office or visitation center. The out-of-home caregiver, now the child's primary caregiver, is only present at these visits from time to time. Such visits can go poorly; children and parents are upset; there is little structure or preparation for the visit; parents have unrealistic expectations, and children may feel anxiety in the absence of their caregiver, causing feelings of rejection by the birth parent. As a result, parents often miss visits in the beginning of a placement period, causing further distance between parent and child, distrust between foster and birth parent, and delays in reunification.

The Fostering Relationships model is used as a method for improving "supervised visits" or better known as family interaction sessions, between children, caregivers, and birth parents, by developing key relationships between caregivers and parents. (Roben, Shauffer, & Dozier, ABC for Visitation Documentation)

WHAT ARE THE GOALS OF FOSTERING RELATIONSHIPS?

The goal of the Fostering Relationships model is to make family interaction sessions among children, caregivers, and birth parents more comfortable and less awkward. Specifically, the model hopes to:

- > Strengthen the relationship between caregivers and birth parents
- > Help birth parents have a successful family interaction session and feel less rejected by their children
- > Help encourage consistent family interaction sessions
- > Increase caregivers and birth parents use of “following the lead” and show delight with their children.

WHAT DOES THIS MEAN FOR ME?

Caregivers and DFS Visitation staff will attend a Fostering Relationships training that focuses on ways to support the birth parent during the family interaction sessions and encourage following the lead. Once the training is complete, caregivers will be able to begin attending family interaction sessions with birth parents and children living in their home.

Birth parents will arrive 30 minutes before scheduled family interaction sessions, to meet with their assigned Family Assessor for a pre-visit session. At each pre-visit session, the Family Assessor will discuss concepts adapted from ABC with the birth parent, such as ways the child might respond to seeing the parent, suggested strategies for interacting with the child after a separation, and how to follow the child’s lead.

Directly after the pre-visit session, the birth parent will join the caregiver and

child for the visit. During the visits, the caregiver will supervise interactions between the birth parent and child, act as a support for the birth parent, and encourage the birth parent to follow the child’s lead with delight. (Roben, Shauffer, & Dozier, ABC for Visitation Documentation)

TRAUMA INFORMED CARE

A therapeutic practice based in neuroscience called trauma informed care is used with families served in this program. As described above, research has shown that trauma such as drug or alcohol exposure, abuse and neglect affects the brain. Children change fundamentally and biologically as the result of trauma, and these changes affect behavior. We work with children and families to understand more about when trauma may have occurred and how long it lasted to tailor individual therapeutic techniques that are based on the most cutting-edge brain research, to promote calming, soothing and healing. A fundamental shift in attitude is the cornerstone of trauma informed care. Changing “What’s wrong with you?” to “What happened to you?” allows understanding and opens the door to success.

To learn more about trauma informed care, please visit the website www.SaintA.org.

For more information about the Fostering Relationships model please contact the DFS Visitation Center at 702-455-1814.

Can I arrange for a child in my home to visit with a sibling in another home?

Sibling connections are considered to be one of the most important relationships in a child's life and every effort is made to place siblings together. If siblings are placed separately, frequent and regular visitation must occur. Foster Parents can help with this process and should support these connections and work cooperatively with the Permanency Specialist to schedule visits.

Can I allow other members of the child's family to have contact with the child in my home?

This is a case by case decision that must be made with the child's Permanency Specialist. Together you can decide what types of contact should occur (telephone, letters, visits), based on the best interests of the child. We want to maintain positive family connections for every child if possible.

only to the child in your care but to the whole family. You should discuss the family situation with the child's Permanency Specialist and your Licensing Specialist before you make a decision.

My child is often upset and acts out before and after family visits. Is this unusual?

Not at all. Visits with their parents often stir up feelings in children which may be acted out in a variety of ways. Acting out does not always mean that visitation is having a negative impact on the child. These behaviors should, however, be shared with the Permanency Specialist as this information may enhance treatment.

Should a child disclose additional abuse or neglect, the foster parents is required to report immediately any suspicions, indications of child abuse, or neglect to the Child Abuse Hotline at 702-399-0081, and to the child's Permanency Specialist.

"It's not easy to love a child and let them go, but that's what I have been called to do. The children are innocent and need me to be able to love them and release them as happy and healthy as I can."

—Kimberly Hernandez, Foster Parent

Do I have to meet the parents of a child in my home?

This is strongly encouraged; it can be very helpful to the child and the child's family for the child's parents to have contact and interaction with you. Your mentorship of the birth parents can be very helpful, not

Your identity is guaranteed, by law, to remain confidential. Foster Parents are encouraged not to personalize negative behavior following visitation and to support the child through these difficult emotions. Your Licensing Specialist can assist with intervention and support as needed.

How can I help my child deal with these feelings?

Be there for the child. Let the child know that you are aware that visits stir up some feelings and that you are available to talk or listen if they wish. Be careful not to be judgmental of the child or the family in these discussions. The child has a right to their feelings, whatever they are. It is important to remember that these feelings may change from visit to visit or over time.

What if a child's behavior becomes unacceptable before or after a visit?

Let the child know that their feelings are important and should be expressed, but destructive actions are not allowed. Ask what you can do to help. If you to have a relationship with the child's family, you may work together to help the child. Keep the child's Permanency Specialist advised and use them as a resource for assistance. If the child is in therapy, work with the child and the child's therapist to deal with these issues. If the child is not in therapy, discuss the advisability of a referral with the child's Permanency Specialist. Your Licensing Specialist should also be made aware of concerns in order to provide additional support and interventions.

"Parenting is an awesome task. It is my job as a professional to be sure that mothers, fathers and entire families see it also as the most rewarding one they have ever undertaken."

—Ruth W. Lubic

What are the benefits of visitation?

Please see [page 37- What are the goals of Fostering Relationships](#), for details on the Fostering Visitation Program.

Remember that the number one goal is reunification and regular and frequent visitation between the child and the child's birth parents are an important part of foster care. It helps provide security for the child, encouragement for the birth parents, and helps maintain and restore the parent/child relationship. The quality of the visits is important to case planning as they provide insight into the progress and needs of the family.

What if a parent or stranger shows up and wants to take a child away from our home?

First, try to determine the identity of the stranger. All employees of DFS have picture identification cards, therefore, request to see the ID card for all individuals coming to your home and request that they sign in upon arrival. You are not allowed to release a child to anyone without the child's Permanency Specialist's permission. If it is the child's parent, try to explain reasonably why you cannot allow an unscheduled visit. Handle the situation in the least traumatic manner for the child. If the parent or stranger refuses to leave, you have the right to call the police. Be sure to report any incidents like this to the child's Permanency Specialist and your Licensing Specialist.

Medication Logs:

Medication logs must be completed each month for each child and submitted monthly to the Permanency Specialist and/or the DFS Medical Case Management Unit. Over the counter and prescription medications must be included in the medication log. Medication logs must be completed even when no medication is taken during the month.

Disposal/Destruction of unused or expired medication should be disposed at appropriate locations and documented on Medication logs. Here is a link of local medication disposal drop off sites: http://www.paininthedrain.com/os/resource/s/media/2018_locations_without_henderso_n.pdf

Does my foster child have medical coverage?

Yes, Medicaid covers almost all children in foster care. Children should have a Medicaid card or a temporary form authorizing Medicaid when they are placed. If you do not get this, call the child's Permanency Specialist.

Psychotropic Medication

Psychotropic medication is medication that is prescribed with the intent to affect or alter thought processes, mood, or behavior, including, but not limited to antipsychotic, antidepressant, and anxiolytic medication and behavior medications.

A child that is under psychiatric care when entering, or while in foster care, that is prescribed psychotropic medication is required to have a person who is legally responsible for their psychiatric care. This person is referred to as the Person Legally Responsible

or PLR for short. The PLR is responsible for the oversight of all psychiatric care for the child and makes decisions related to the psychiatric care and treatment of the child. PLR involvement includes but is not limited to the approval of all psychiatric services, psychiatric treatment and psychotropic medication that may be administered to the child.

A PLR is nominated by the agency and approved by the court. The default PLR is the parent or guardian of the child. The following may be appointed as the PLR if the parent or guardian is not able or willing to act as the PLR: The attorney for the child; the guardian ad litem of the child; the foster parent or other provider of substitute care; a relative of the child; fictive kin of the child; an employee of DFS; any other person who the court determines is qualified to carry out the duties and responsibilities of a PLR.

Prior to making an appointment for the child in your care to see a doctor for psychiatric/mental health concerns contact the child's DFS Specialist to inquire about the PLR. Prior consent from the PLR must be obtained by the DFS Specialist for any medications or changes in medications prescribed for the treatment of psychiatric/mental health disorders.

Refer to the Nevada DCFS policy: [Psychiatric Care & Treatment](#) for further information.

What is Medicaid?

Medicaid is health insurance provided by the state. Health care providers who choose to accept Medicaid provide the

needed services and are paid a fixed fee for each service they provide.

Can I put my foster child on my insurance policy?

It is not recommended.

Are children placed in foster care checked for medical problems prior to placement?

Within fourteen calendar days of each new placement, all children are required to receive an Early Childhood Periodic Screening-Diagnostic and Treatment (EPSDT), also known as a Well Child Check. If the NIA or Permanency Specialist felt immediate medical attention or an examination was needed prior to placement, this will have occurred. If you see any indications that medical treatment is needed after placement, do not hesitate to contact the child's Permanency Specialist.

Should I sign papers giving permission to treat a child, or accepting responsibility for payment?

Signatures for consent of routine medical care

- For routine medical care, the birth parent or the foster parent are able to consent. It is expected that foster parents partner with birth parents in the care of the child whenever possible, such as including the

parent in providing consent for routine medical care.

Signatures for billing purposes

- When taking your child for treatment, you may be asked to sign a form as the responsible guarantor. Be sure that you sign "Dept. of Family Services" by (your name)". Provide the address of 701 North Pecos, Las Vegas, NV 89101. That will assure that any bills are sent to DFS and not to you.

Signing consent for procedures

- Medical procedures that require parental consent (as a rule any procedure done under general anesthesia) must have parental consent (obtained by your DFS caseworker) or a court order for that specific procedure. If a medical provider informs you that your child will need a procedure, please refer him to your Permanency Specialist to make the legal arrangements.

What do I do if I don't have a Medicaid number for a child who needs treatment?

At the time of placement you will receive a printout of the Medicaid number as well as a placement custody notification. This is sufficient to obtain treatment. If you have an emergency and need help, call the Permanency Specialist. If after hours, please call the After Hours On-Call telephone number at 702-303-0473.



Who should take my foster child to appointments?

Whenever possible, you should take the child to appointments. You are the person with whom the child is comfortable and you have the information the service provider will need. Be sure to maintain a medical log in the child's resource record. Keep the child's Permanency Specialist apprised of all medical issues and updates.

Where can I take my foster child to the doctor?

In Clark County, you can take the child to Positively Kids on Child Haven Campus or your pediatrician if they accept Medicaid. You are allowed and encouraged to take the foster children to your current pediatrician that you trust. If you need help finding a pediatrician near you or a specialized provider referral please contact the Foster Parent Champions at 702-455-1149 for assistance.

What tests and examinations are provided by the Well Child Check?

- Health/Development History
- Physical screening
- Height, Weight, Growth screening
- Developmental screening
- Speech screening
- Nutritional screening
- Vision screening
- Hearing screening
- Immunization(s) (shots)

Well Child Checks also include treatment or referral for problems detected in the screening. It is your responsibility, in conjunction with the agency, to arrange for follow-up on medical, visual, hearing or dental care

if recommended. It is important to keep the Permanency Specialist informed on all recommended follow-up and concerns.

After the initial exam, what is the schedule for subsequent exams?

- 1 month of age
- 2 months of age
- 4 months of age
- 6 months of age
- 9 months of age
- 12 months/1 year of age
- 15 months of age
- 18 months of age
- 24 months/2 years of age
- once every year from age 3 years to 9 years
- once every 2 years from age 10 until child turns 20

Immunizations follow a similar schedule. If required by a child's particular needs, screening may be scheduled more frequently or at different intervals.

Does Medicaid cover dental services?

Yes, the Medicaid Children's Dental Program pays for basic services to eligible children through the calendar month of their twenty- first birthday.

What if my foster child has a hearing problem?

EPSDT's include a screening for hearing. Any concerns should be followed up with a referral and appointment with a specialist. Foster Parents are expected to take children to all necessary medical appointments including follow-up exams.

Does Medicaid cover eye exams?

The Medicaid Vision Services Program includes an initial visual examination, eyeglasses, fittings, dispensing and adjustment of eyeglasses and prepaid services.

What drug prescriptions will Medicaid pay for?

Medicaid can pay for almost all prescription drugs, and some non-prescription products.

What do I do if the physician asks me questions that I cannot answer concerning the medical history of the child?

Make a note of the questions which you cannot answer and contact the child's Permanency Specialist and they may be able to get the answers for you. If the child has a parental visitation coming up soon, you may want to ask the parent these questions yourself or have your Permanency Specialist have them sign a release so the doctor can get a copy of the child's health records.

I think my foster child needs counseling. What do I do?

You are the best advocate for your child. It is not uncommon for children who have experienced the kinds of trauma children in foster care have had to need help dealing with their feelings. If you are concerned about the level of intensity of care the child is receiving, you should contact the Permanency Specialist or a Supervisor. Together you can decide what kind of a referral or assistance is needed.

What if a foster child placed in my home has head lice?

It is a good practice to keep medication for treatment on hand. The local health agencies have good brochures on the treatment of head lice. For children who are initially placed, Child Haven will have completed the treatments if this issue was identified when the child was at Child Haven. Check with the NIA or Permanency Specialist to confirm if the child has received treatment. Refer to [The Facts of Lice](#) on the QPI website for further reference.

What if a foster child in my care needs emergency medical help?

In all cases involving a life-threatening illness or injury, get the child to emergency medical treatment first (call 911 if needed), then contact the child's Permanency Specialist or the After Hours On-call Specialist at 702-303-0473. If it is not a life-threatening situation, transport the child to an appropriate medical facility. In either case, take the child's Medicaid card and/or number with you as well as a copy of the child's court order, then call the Permanency Specialist. Do not sign any forms authorizing treatment, consenting to surgery, or assuming financial responsibility. An emergency court order may be necessary if the child's parents are not available to sign for treatment. The Permanency Specialist whom you have contacted will assist with the necessary arrangements.

What if a foster child in my home tries to commit suicide or needs emergency counseling?

Notify your child's Permanency Specialist immediately if a child is very depressed or talks about suicide, even indirectly. If a child makes a suicide attempt, or you think they may, emergency counseling or medical

attention may be necessary. Call 911 if you think the situation is potentially life-threatening. Call the suicide prevention hotline 1-800-273-8255 and contact the After Hours On-call Permanency Specialist at 702-303-0473 for assistance. Follow the same procedures discussed above for medical emergencies. Again, do not sign any forms.

“If we want our children to possess the traits of character we most admire, we need to teach them what those traits are and why they deserve both admiration and allegiance. Children must learn to identify the forms and content of those traits.”

—William Bennett



I need day care for a child placed in my home. How do I arrange for this, and who pays for it?

Out of home day care for children in foster care must be provided in a licensed day care home or facility. Licensed foster parents are encouraged to contact Urban League 702-473-9400. First you need to complete an application packet and submit it to Urban League (email), then select a day care in your area that accepts Urban League and enroll the child. Foster Parent Champions are available to assist you with this process at 702-455-1149. The Placement Specialist will initiate the daycare referral which requires a signature from the Permanency Specialist. All children in foster care qualify for subsidized childcare. Fees for daycare are established by individual daycares.

What is Urban League?

The Child Care Subsidy Program helps foster families with the cost of child care for the foster children in their home.

Does my Foster Child qualify?

Generally YES! But there are some requirements

How does it work?

Parents must select a provider: the provider must be active with the subsidy program before the benefits certificate can be issued.

What do I need to apply?

- Obtain a referral from your NIA or Permanency Specialist (Foster Parents Champion Program can assist you on obtaining one)
- Picture ID for each of the Foster Parents
- Copy of Social Security Card for each Foster Parent.

- Employment verification from to be completed by each employer.
- Copy of Foster License (if licensed)
- Name and address of the registered child care provider.
- Child Care Subsidy Program application.

Subsidy benefits are approved from the date of the application forward. Staff is not authorized to backdate these services to the date the child entered the home. Case managers can back date up to 14 calendar days if applicant applied timely. (Within 14 calendar days of placement)

Where do I apply?

Submit completed application packet and required documents to Urban League Administration at 2470 N Decatur Ste. 150 Las Vegas, NV 89108

Phone: 702-473-9400 Fax: 702-405-8583

Email: childcareinfo@lvul.org or email DFS case managers directly.

Maricirs Castro at MCastro@lvul.org

Melanie Plummer at MPlummer@lvul.org

Laura Alvarez at LAlvarez@lvul.org

Does my income matter?

Eligibility is based on the child's income and not the foster parent; therefore, child will financially qualify for the program.

How often do I need to apply?

The certificate is issued for that specific child for up to 12 months at a time, depending on the household's circumstances. A renewal application must be submitted before current benefits end in order for benefits to continue without gap. The foster parent is responsible for 100% of the child care cost when they are not covered by a certificate.

What happens if that specific child leaves my home and I take a new placement?

Report any changes occurring during the certification period. (Such as child leaving or entering home, changes in employment or schedule, adoption etc.), you must notify Las Vegas Urban League within 10 calendar days, so your case can be updated. Changes will be made from the reported date forward. Foster parents may be held liable for an over-issuance of benefits if they failed to report changes within 10 calendar days of the occurrence.

Does it have to be a daycare center?

Parents can select from a variety of providers types, including: child care centers, before/after school programs (safe-key), licensed homes, or non-licensed family, friend and Neighbor (FFN) care providers.

Do both Foster Parents need to be employed?

If it is a two parent house hold both parents must be employed and working concurrent hours.

Can I use daycare when I am not at my approved purpose of care activity?

No. You are only authorized to use child care for the approved activity (work). You are responsible for paying the provider directly for the day care if needed for other reasons.

What should I ask a Daycare Center?

About the daycare center

- How long has the center been in business?

- What are the center's accreditations?

Days and hours

- What are your hours?
- What's your holiday schedule?
- On what other days is the center closed?
- How flexible are you with pickup and drop-off times?

Costs

- What are the fees?
- Is there a late-pickup fee?
- Do you take Urban League?

Eating

- Do you provide breakfast, lunch, and/or snack?
- If yes, what kind?
- If not, what kind of food should I bring for my child? Are there any food restrictions?
- Do you have a refrigerator for storing bottles of breast milk or formula?
- Do you feed babies on demand or on a schedule?

Supplies

- Do you supply diapers, or is that up to the parent?
- What other supplies would I need to bring for my child?

Social Skills:

- How do you discipline children?
- How do you comfort children?
- How do you handle teasing, bullying, and inappropriate group behavior among the children?

Staff and qualifications

- How many full-time caregivers do you have?
- How many are part-time?
- How do you screen staff? Do you perform background checks before hiring?
- What are the staff's credentials and training?



- Does the staff have emergency training?
- Training in first aid? Training in CPR?

Interacting with parents

- Do you encourage visits from parents?
- How do you communicate with parents? Is there a regular newsletter or a notice board? Is there a daily report or another way you inform parents of what children did during the day (naps, bottles, BMs, etc.)?
- Do you encourage parent/provider conferences?
- Can I bring my child in for a pre-enrollment visit?

Health

- Must children be immunized in order to attend?
- What is your sick-child policy?
- If a baby is teething and has a fever do they need to go home immediately? If so, when can they return?
- What if my child needs medication during the day?

Hygiene

- Do caregivers wash their hands after changing diapers and before feeding the children?
- Are children taught/required to wash their hands after using the potty?
- How often are the toys cleaned and replaced?

Safety

- Are the children ever left unattended?

- Do you have a sign-in and sign-out sheet? Are the doors secure so strangers can't just walk in?
- What is your release policy?
- Who may pick up my child?
- What is your disaster plan? Do you have procedures for handling fires, earthquakes, intruders, and other emergencies? Is the staff well trained for these situations?

Nap times

- What is the nap schedule?
- Where do the children sleep?
- Do you place babies on their back to sleep and follow other safe sleeping practices to reduce the risk of SIDS?

Additional considerations

- How are you equipped to deal with a child that may have behaviors that are not the norm?
- Are you ok with therapists coming in and working with children here?
- Are you ok with therapists training your staff on ways to better help my child?
- Will you keep a child in a younger age class that is not developmentally ready to move up? Or do you move them based simply on their age?

Babysitting

Funding is not available for babysitting provided in your home. If you choose this option, the babysitter must meet the following criteria: must be 18 years or

older, must have abuse check and local law enforcement clearance
Must have FBI fingerprinting clearance

“Babysitting” for periods longer than 16 hours or involving an overnight stay will be considered respite and fall under the guidelines for respite, When selecting babysitters, foster parents are expected to use the prudent parenting standard and reasonable judgment, when considering the age, ability, appropriateness and experience of the person providing the babysitting. We require you view the [Normalcy Video](#) prior to making prudent parenting decisions.

Please note that regular day care when the foster parent is working or attending school regularly is not considered babysitting and is to be provided through a licensed daycare facility only.

What happens when I need time away for myself?

- Respite days are available. This is time where a foster child can be placed for a temporary period with another foster family or an approved respite provider that you have identified.

Stranger respite causes unnecessary trauma to a child. Foster families must identify supports that are willing to provide respite so the child is familiar with where they are going when the family takes respite.

- Foster Parents/families are eligible for 14 respite days per year, beginning January 1 and ending December 31. They are not cumulative from one year to the next. Remember, we request that you use your identified support providers who are familiar to the children for these respite days.

- Monthly reimbursements are unaffected by the use of respite.

- Foster parents will be paid for respite in accordance the established daily respite rate.

- Foster parents are expected to identify possible respite providers through their network of other licensed foster parents. Participation in the local foster parent association Foster Change is encouraged for this purpose. We also encourage foster parents to identify support systems and non-primaries that can be utilized for babysitting if necessary. Respite notification must be given to the Permanency Specialist and Placement Team at least 30 calendar days in advance outlining who will be providing the respite. In the event that you are unable to identify your respite support, request assistance at least 30 calendar days in advance by contacting the Permanency Specialist.

- Where you go I go? Foster parents are encouraged to include the foster children in family trips. Family vacations are very important for foster children and we encourage foster parents to take their foster children on vacation with them.



How do I know which school my foster child will be attending?

You will be informed by placement at the time of the placement request. There is a federal, state and county expectation that a foster child should continue in their school of origin when DFS determines that attending the school of origin is in the child's best interest. The school of origin is the school in which a child was enrolled at the time that the child was placed in foster care or the school in which a child who is in foster care is enrolled at the time of the most recent change in the placement of the child. Foster Parents do not decide which school the child attends. Prior to placement, discuss with the Placement Team which school the child is attending

Does the foster child have to change schools when they move in with my family?

No. If the school of origin the foster child has been attending is not in the zone of your residence, special school bus services will be coordinated through DFS (NIA or Permanency Specialist) and the Clark County School District Transportation Department. In the time between placement and the specialized transportation beginning, Foster Parents should collaborate with the NIA or Permanency Specialist to plan how the child will be transported to school. If assistance is needed contact Foster Parent Champions at 702-455-1149 for assistance.

Who enrolls the child for school if the NIA/Permanency Specialist determines that the child needs to attend a new school, the child's NIA/Permanency Specialist or myself?

The child's foster parent assumes this parenting responsibility. If the child's birth parents are actively involved with the child and can participate, they should be asked

to accompany either the foster parent or the Permanency Specialist to register the child in school. If the birth parent is unavailable to do this, the child's foster parent usually assumes the responsibility.

What do I need in order to enroll my foster child for school if the NIA or Permanency Specialist determines that the child needs to attend a new school?

When the NIA or Permanency Specialist determines that the child needs to attend a new school, the child must be immediately enrolled in the new school. This can be done using the Placement Custody Notification letter provided at the time of placement. To enroll a child in school, please click [here](https://www.ccsd.net/parents/enrollment/) (<https://www.ccsd.net/parents/enrollment/>).

Who do I talk to if I have a problem with enrollment?

Each school should have a staff member identified as the Foster Care Advocate. If the Foster Care Advocate is not able to resolve the concern, call the child's NIA or Permanency Specialist. If needed, DFS has an Education Liaison who will help resolve the problem.

How do I know if my foster child has been immunized?

This information may be included in the Medical Passport. If this information is not included, ask the child's NIA or Permanency Specialist for assistance. If the child has been enrolled in the school system previously, this information should be available in their computer system.

Should I tell the school that the child is in foster care?

YES. This information is important for the school's clerk/register, the school's Foster Care Advocate, and the child's teacher (elementary) or counselor (middle or high

school) to know. This will help them to be aware of possible safety issues and know not to release the child to their parents. This will also help them to understand the child's behaviors and plan to meet the child's needs. Information about who can or cannot pick up the child, or visit the child while at school can be clearly noted on the child's record. Working as a team with the child's teachers can benefit both the child and you

Is my foster child eligible for the free lunch program?

Yes, your child is entitled to **Free and Reduced Meals (FRM) immediately at any school while being in care.**

Schools will likely provide you with paperwork to fill out to obtain FRM. However, registrars and food service staff will ensure that a child in care receives meals while paperwork is being completed. The child will remain eligible for FRM throughout the entire school year even if the child exits care before then.

Who should attend school conferences and school activities?

As the parent responsible for the day to day care of the child, you should actively participate in these events. The child's birth parents should also be included whenever possible. Check with the child's Permanency Specialist to see if your foster child's family should be contacted.

Can I sign permission slips for my foster child to attend local field trips?

Yes. Foster parents may sign permission slips for foster children to attend local school-sanctioned outings. However, out of state trips or field trips that are out of the realm of traditional learning experience should include parental

permission and notification to the Permanency Specialist.

Should I buy my foster child's school pictures?

We think so! This is part of the child's history - help preserve it! If the child's birth parents are taking an active role in the child's life, invite them to share the cost and share the pictures. You might share a picture with them even if they are only minimally involved. Note: Permanency Specialists like pictures, too!

What if my foster child gets sick, injured, or is suspended from school?

When you register your child for school, be sure to include emergency contact information so you can be reached. The school will call you. Arrange medical treatment if needed. If the child needs to stay home, you need to make arrangements to stay home with the child. Be sure to keep your Permanency Specialist informed.

What if my foster teenager does not want to go to school?

The legal age for "dropping out" is sixteen, but they need a parent or guardian sign specific papers. Some school districts now have programs for children who are thinking about quitting. The Clark County School District has several alternative educational options for children who are struggling at a typical school and are at risk for dropping out. Please contact the child's school counselor, Foster Care Advocate and/or the school social worker for more information. They want to help. DFS has an Educational Liaison who may be able to assist the child's team with educational options. Quitting school is a serious decision. The child's Permanency Specialist and the Independent Living Services Specialist should be involved in

helping you and your child explore options like vocational training, GED, full time employment, etc.

My foster child has special needs and may not be able to learn in a traditional classroom setting; what should I do?

There are programs in the school system that can help. Contact your foster child's Permanency Specialist. There are many special services and educational interventions which may include specialized classes that your child may qualify for to provide academic and behavior support. Testing may be necessary. The school system is equipped to help you and the Permanency Specialist (and birth family, if possible) make an informed decision about the best school setting for the child.

Are there special programs for children with developmental delays?

There are special services for children with developmental delays/disabilities in the community. If you suspect that your child has significant delays, discuss your observations with the child's Permanency Specialist so you can formulate a plan to meet the child's needs. In Clark County, children starting at the age of 3 who are at risk for developmental delay/disability can be screened for services through ChildFind in the Clark County School District, or through the child's zoned school at no cost to the family. Information about Child Find can be found at 702-799-7463 and <http://ssd.ccsd.net/child-find-department/>. Another resource is, The Early Intervention Program at 702-486-9200 and more information can be found at their website: http://dhhs.nv.gov/Programs/IDEA/Early_Intervention_Programs/.

What if I need before or after school care?

Check with your school or Urban League to see what programs are available. Every effort will be made to accommodate the needs of foster parents and children regarding the need for day care. These needs should be carefully considered at the time of placement. Foster Parent Champions may also know some resources for you. They can be reached at 702-455-1149.

Can I "home school" a child in foster care?

No. While you may choose to home school your own children, children in Clark County custody must attend public or private accredited school

How does my child get transported to school?

If it is decided that it is in the best interest of your child to attend the school of origin when in custody, DFS and the Clark County School District will create a transportation plan for your child with your collaboration. If your child is enrolled in a new zoned school, typical school buses are available for children who live 2 miles (3 miles at the high school level) or more from their zoned school. If your child is eligible for transportation when your child is enrolled in school, information regarding transportation should be provided to you. Foster Parents can check transportation eligibility for their children, get bus stop information, and learn more about transportation by visiting www.transportation.ccsd.net.

If your child has moved and has been approved to stay in the current school, reasonable transportation will be provided for your child within 5-10 school days. DFS is responsible for setting up interim transportation using a variety of options which may include partnering with you to provide interim transportation.

INDEPENDENT LIVING

Adolescence is a time of preparation for the future. For many foster youth, this is a time of confusion and self-doubt. Traditionally, foster youth would simply “age out” of the child welfare system with little or no appropriate supports or living skills. As a result, many of these former foster children were ending up dependent on welfare or homeless as adults. Independent Living Services is designed to target foster youth and provide them with a full continuum of services to assist them in building on strengths, addressing areas of need while moving towards independence through self-determination.

In an effort to help our youth build a foundation for successful transition into adult life, they have the opportunity to participate in the DFS Independent Living (IL) Program. This program ultimately enhances a youth’s abilities to make positive, adult decisions and to act in a more mature, self-reliant manner. Participation in the IL program also provides older youth the foundation necessary to transition out of the foster care system and into independence and adulthood. The Department of Family services partners with other service providers in the community to offer the very best education and training for these youth.

The Department emphasizes how valued and important our partnership with caregivers is to ensuring your youth receive the very best quality care. The IL Program is very excited to partner with caregivers to help teach our youth self-sufficiency skills, the importance of higher education and to assist them in achieving their long-term goals. With our expert knowledge about the youth in your home, reasonable and prudent parenting practices, and resources the department has to offer, we have the opportunity to set our youth up for success.



Foster parents are an integral part of fostering the post-secondary goals of youth thus you will jointly participate in the development of the plan along with the Permanency Specialist, youth and school personnel. Ask your team about how to become fully involved as family teachers, and help our kids reach adulthood with a sense of personal achievement.

Youth aged 14-17, will be assigned an independent living specialist who works in conjunction with the assigned permanency specialist to develop an individualized plan outlining the goals that a particular youth may have. We request that caregivers are participants in developing this plan. The IL worker will



meet with the youth, at a minimum, every 90 calendar days on a face to face basis. They will also contact the youth via telephone once every 30 calendar days. IL will facilitate Child and Family Team Meetings to create the youth’s individualized plan and monitor this plan throughout the youth’s involvement with the program. IL will support youth’s desire to participate in educational, cultural, and vocational experiences. Youth will be referred to participate in Independent living classes which will teach job readiness, money management, how to access resources and much more. The contact number for the IL program is 702-455-

1200.

Caring for LGBTQ Youth

Youth in your care may be lesbian, gay, bisexual, transgender or questioning their sexual orientation or gender identity (LGBTQ). These young people are dealing not only with the challenges of life in foster care but also with the risk of harassment and mistreatment because they are LGBTQ. The department offers a training to help educate you on caring for these children. These links will give you basic tools, resources and frequently asked questions to support you in the care of LGBTQ youth:

Lambda Legal

http://www.lambdalegal.org/sites/default/files/gdtb_2013_06_foster_parents.pdf

<https://www.lambdalegal.org/states-regions/nevada>

The Center

<http://thecenterlv.org/>

GLSEN

<https://www.glsen.org/>

PFLAG

<https://www.pflag.org/>

GLAAD

<https://www.glaad.org/resourcelist>

CDC

<https://www.cdc.gov/lgbthealth/youth-resources.htm>

The Trevor Project

<https://www.thetrevorproject.org/resources/#sm.00001e11gonlqxfbeyk7yjmtmz226>

American Psychological Association

<http://www.apa.org/pi/lgbt/programs/safe-supportive/lgbt/>

Human Rights Campaign

<https://www.hrc.org/explore/topic/children-youth>

ACLU

<https://www.aclu.org/library-lgbt-youth-schools-resources-and-links>

Children's Bureau

<https://www.childwelfare.gov/topics/systemwide/diverse-populations/lgbtq/lgbt-families/>



What is a CASA?

Many children in DFS custody are represented before the court by a CASA volunteer. A CASA volunteer is a court appointed, specially trained, professional who serves as an officer of the court, to ensure that the best interest of the child are represented in and out of court. A CASA volunteer monitors services provided; visits with the child in their foster home and other places, and makes recommendations to the court. The CASA volunteer has the right to interview the child they represent and to be involved in making major decisions which affect the child. To find out if a child in your care has been ordered CASA services, or to inquire about possibly getting CASA services ordered, contact The CASA office number at 702-455-4306.

What are my rights as a foster parent?

Please refer to the [Rights & Responsibilities Section](#) of this handbook.

How does the Family Court system work and how am I involved during the legal process?

The following is the time line for the Family Court process when abuse and neglect assessment results in removal:

- Preliminary Protective Hearing within 72 hours of taking protective custody (removal).
- Dependency petition filed within 10 calendar days of Preliminary Protective Hearing
- Adjudication Hearing is held within 30 calendar days of the filing the dependency petition
- Case Plan developed within 45 calendar days of removal.
- Evidentiary Hearings may or may not occur and vary in timeframe.
- Report and Disposition Hearing is held within 15 calendar days from the Adjudication or Evidentiary Hearing.

- Case Plan is filed with the court within 72 hours after the Report and Disposition Hearing.
- Semi-annual Review Hearing occurs within 6 months from removal.
- Annual Review Hearing occurs within 12 months from removal.
- Ongoing review hearings occur at least every 6 months.

Foster parents are invited to attend court hearings. Foster parents may be heard at court hearings as directed and dictated by the court official. The foster parent's role at hearings is to relay pertinent information to the court.

What is a Case Plan?

A Case Plan is a document developed by Permanency Specialists in partnership with parents. The Case Plan is filed with the court and outlines goals and objectives that are meant to facilitate change and address diminished caregiver protective capacities of the parent. The Case Plan includes identification of change-related services that logically contribute to goal achievement. Each parent and child 14 years and older have individual Case Plans. Children younger than 14 are included on their parent's Case Plan.

What happens if the parent does not achieve the goals and objectives of the Case Plan?

The Adoptions and Safe Families Act (ASFA) and Nevada state law require that the progress of parental progress with the Case Plan is assessed periodically. If parent's are not making adequate and timely progress towards achievement of Case Plan goals and addressing diminished caregiver protective capacities, DFS is required to work towards concurrent permanency goals such as adoption, guardianship, long term placement with a relative and another planned permanent living arrangement.

What happens if the parent achieves the goals and objectives of the Case Plan?

The Adoptions and Safe Families Act (ASFA) and Nevada state law require that the progress of parental progress with the Case Plan is assessed periodically. If parent's make adequate and timely progress towards achievement of Case Plan goals and addressing diminished caregiver protective capacities, DFS is required to assess the potential for full reunification and case closure.

Throughout the course of the case, the child's Permanency Specialist maintains contact with the parent, child, foster parent, and service providers to monitor the progress of all parties and progress with the Case Plan. When the child is removed, DFS develops Conditions For Return (CFR). CFR are identified specific behaviors and circumstances that must exist within a child's home for the child to return safely home. When CFR are met, the child transitions to their home with an In-home Safety Plan with the parent. Parent's progress is continually monitored until case closure.

How does the agency decide if a child can be placed with relatives?

Beginning at the time of the Nevada Initial Assessment, and continuing throughout the time the child is in foster care, the team will attempt to locate a child's relatives. If relatives are located who are willing to be considered for placement, an assessment, including a background check, is done.

If the relatives are in another state, this is accomplished through an agreement called the Interstate Compact for the Placement of Children (ICPC). This agreement provides guidelines for placing children across state lines. The Home Study will include a recommendation from the other state. It is called Intrastate if the relative lives in Nevada but in another county. This information is used to decide if the child will be placed with relatives. If the child is placed with relatives, the agency provides after care supervision for a

minimum of six (6) months. If a significant emotional tie exists between foster parents and a child, this will be taken into consideration during planning for the child's placement.

When is Termination of Parental Rights considered?

Termination of Parental Rights is a serious matter and is not taken lightly. The best interests of the child are the primary consideration in court proceedings to terminate a parent's rights. A Termination of Parental Rights petition is filed by the 15th month when a child has been in foster care for 14 of 20 consecutive months. Other factors considered include but are not limited to; the parent does not make adequate progress in addressing diminished caregiver protective capacities and/or making the necessary behavioral changes associated with Case Plan goals in a timely manner.

What happens if the child in my home does not return to their birth family and becomes free for adoption?

Foster parents are given priority consideration for foster children placed in their homes. The adoption unit will work with your child's current Permanency Specialist to develop and implement the adoption plan. Most children in the foster care system qualify as special needs children.

Are there conditions under which I would not be allowed to adopt a child who is living in my home?

For foster children who become free for adoption, the placement of choice is with the foster parents with whom they are living, except in the following situations:

- The foster child does not want to be adopted by the foster parents.
- The foster parents do not want to adopt the child.

- The foster parents want to adopt the child, but not the child's siblings who are also available for adoption, and it is in the best interest of the sibling group to be placed together.
- Special circumstances warrant that the appropriate placement is elsewhere.

What is HART?

Home Study Adoption Review Team or HART is a team of child welfare professionals who come together twice a month, to review and assess the best placement or a child's forever family. The Child Welfare professionals study the child's social summary as well as the prospective adoptive parent's home studies, and vote on the best matched family for the child or sibling group.

Who decides if I can adopt a foster child who lives with me?

Decisions regarding adoptions are made by DFS, the assigned adoption worker The Permanency Specialist working with you and the child will share your interest in adoption with appropriate staff. If there is question about whether adoption by the foster parents is in the best interest of the child or the foster parents, the current Permanency Specialist will work closely to resolve these questions or issues. You will be made fully aware

and be given the opportunity to discuss the concerns with all staff involved.

What if a child, whose parents' rights have been terminated, does not want to be adopted?

The child's age, history, emotional and mental health will be taken into consideration in planning for permanency. This decision will be discussed with the child by the Permanency Specialist.

How can I help prepare a child for adoption?

Children who have an ability to attach emotionally to one family can be helped to become attached to another. Be a safe, stable, trustworthy anchor to your child during the child's stay with you. If the child has special needs or behavior problems, give them the help they need to achieve their potential. Be honest with the child. If you do not plan to adopt, help the child remain informed about the plans for the child's future. Keep a Life Book so the child will have a record of their life. When an adoptive family is found, help the child to make the transition. If possible, meet the family and help the child to see that you think it is a good thing for them to have a family of their own. A planned, orderly move through foster care is possible with good teamwork. Enlist the help of the child's Permanency Specialist and/or therapist if needed.

“Attachment is considered a vital component of social and emotional development in the early years, and individual differences in the quality of attachment relationships are believed to be important early indicators of mental health.”

—Charles Zeanah Jr. MD, Child Psychiatry Faculty, Tulane University

When can I expect to be reimbursed for the care of a foster child in my home?

You should receive your reimbursement for the care you provided your child by approximately the 10th day of the month for the preceding month. Reimbursements are provided to you in the form of either a debit card or a direct deposit to your checking/savings account.

How does Clark County pay for foster care reimbursement?

The foster care reimbursement you receive is paid with County, State and Federal funds. Social Security benefits are part of the funds used to pay the foster parent reimbursement you receive. Foster parents must not apply for child support.

Where do the reimbursements I receive for foster or shelter children placed in my home come from?

Payments come from the Clark County Treasurer's office. You will receive an email when funds have been sent by the Comptroller's office to your financial institution (for direct deposit) a prepaid debit card. Clark County DFS keeps track of all foster care placements.

Who do I call if my reimbursement amount is wrong or if I have a question about my reimbursement?

If you received your reimbursement and there is a discrepancy in the amount paid, please contact Placement Team as soon as possible at 702-455-0195. Payment corrections will be forwarded within

7 to 10 business days upon receipt of notification. Contact the Fiscal team at 702-455-4757.

What happens if I receive money I am not entitled to?

If your reimbursement exceeds the amount expected for the prior month, it is your responsibility to contact the Placement Team immediately at 702-455-0195. Over payments will be collected as an offset to the next payment cycle; however, you may be required to submit a cashier's check or money order, for the full amount of the overpayment. All overpayments must be repaid within 30 calendar days of receipt. Contact the Fiscal Team at 702-455-4757 to receive directions on how to return overpayments.

Do I have to pay taxes on the money I receive for children in foster care?

Clark County Comptroller's office will not send a 1099 or W-2 for the reimbursements provided for caring for foster children. Per [IRS Publication 525](#), "Generally, payment you receive from a state, political subdivision, or a qualified foster care placement agency for caring for a qualified foster individual in your home is excluded from your income."

Please contact the IRS or your tax preparer for any tax-related questions. If you have any questions about if you have met the qualifications to have the social security number of the foster child released to them for tax purposes please contact DFS Fiscal Unit at (702) 455-8437.

Helpful Websites for Foster Parents:

NAC foster homes

<https://www.leg.state.nv.us/NAC/NAC-424.html>

DFS Foster Care

<http://www.clarkcountynv.gov/family-services/fostercare/Pages/default.aspx>

QPI Nevada

<http://www.qpinevada.org/>

Documents QPI

<http://www.qpinevada.org/pages/Documents/Documents.html>

Foster change

<http://www.fosterchangecc.org/>

Foster Kinship

<http://www.fosterkinship.org/>

Women, Infants & Children (WIC)

<http://nevadawic.org/for-families/closest-clinic/>

Urban League

<http://childcarelv.org/en/>

Local daycare search

<http://www.nvsilverstatestars.org/search-refine>

Wraparound services in Nevada (WIN)

<http://dcfs.nv.gov/Programs/CMH/Community-Based-Outpatient-Services/>

NEIS project assist

<http://dhhs.nv.gov/Programs/IDEA/ProjectASSIST/>

Legal Aid of Southern Nevada (CAP)

(educational surrogates)

<https://www.lacsn.org/>

CASA

<http://www.casalasvegas.org/>

Project 150

<http://www.project150.org/>

CCSD

<https://ccsd.net/>

Child Find

<http://shoms.ccsd.net/childfind>

Positively Kids

<https://positivelykids.org/>

Autism support FEAT

<http://www.featsonv.org/>

East Valley Family services

<http://eastvalleyfamilyservices.org/>

Nevada PEP

<http://www.nvpep.org/>

Nevada Disability Advocacy and law center

<http://www.ndalc.org/issues/regional-centers/>

Sunrise Children's Foundation (early head start)

<http://sunrisechildren.org/>

Acelero Learning (head start)

<http://www.acerolo.net/>

LGBTQ (The Center)

<http://thecenterlv.org/>

Clark County Parks and Rec

<http://www.clarkcountynv.gov/parks/Services/Pages/youth-programs.aspx>

Clark County Library homework help

<https://lvccld.org/browse/homework/>

Big Brothers Big sisters Of Southern Nevada

<https://bbbsn.org/enroll-a-child/>

Boys and Girls club

<https://www.bgcsnv.org/>

Catholic Charities

<https://www.catholiccharities.com/>

Help of southern Nevada

<http://helpsonv.org/>

Coaching for life-Trauma Informed Care

<http://www.coaching-forlife.com/>

North American Council on Adoption children

<http://www.nacac.org/>

Important Phone Numbers for Foster Parents:

	311
Poison Information Center	(800) 542-6319
Medicaid Helpline	(702) 455-6568
Urban League	(702) 473-9400
DFS Foster Parent Champions	(702) 455-1149
After Hours On-Call Specialist	(702) 303-0473
Hotline (intake)	(702) 399-0081
Visitation	(702) 455-1814
Fiscal	(702) 455-4757
FP payment inquiry	(702) 455-0195
Recruitment	(702) 455-0181
Peggy's Attic	(702) 455-5424
Placement	(702) 455-5417
Relative licensing	(702) 455-7409
Independent Living Program	(702) 455-0573

Important Events to Remember:

- Foster Parent Association Meetings:
 - » Foster Change is the third Tuesday of every month
- Foster Parent Information sessions: You can see the schedule for the foster parent information sessions by clicking on the link below or you can call 702-455-0181.
<http://www.clarkcountynv.gov/family-services/fostercare/Documents/Info%20Session%20Flyer.jpg>
- Angel Tree: Holiday presents and party each year
- Back to School Event: two weeks prior to school starting, school supplies given
- Annual Egg Hunt – holiday event around the Easter holiday

What is Foster Change?

Foster Change is a not-for-profit organization open to all foster parents, relative care givers, and adoptive parents. It is a support system that encourages comradeship between members.

Foster Change:

- Provides mutual support and shared experience in problem-solving.
- Works collectively to improve conditions and develop resources for children in foster care.
- Develops better communication between foster parents and the Department of Family services.
- Educates the public and the media about the needs of children in foster care.
- Provides in-service training for members.
- Advocates for foster parents and children.



FOSTER CHANGE

When and where does the Foster Change meet?

Foster Change is located at 4344 W Cheyenne, North Las Vegas, NV 89032. Foster Change holds monthly meetings on the third Tuesday of each month at 6:00 p.m.

Does the Foster Change have any activities or services for the children in foster care?

Foster Change provides training and activities for foster parents, adoptive, relative and non-relative caregivers. DFS encourages all foster parents to join Foster Change and regularly attend meetings and Foster Change sponsored events.

Do I have to have foster children in my home in order to join Foster Change?

No. Foster Change is not limited to families with shelter or foster children. Adoptive families and families including those who have not yet had children placed in their home are welcome to join.



FOSTER Kinship

Foster Kinship partners with kinship caregivers and community organizations to increase placement stability and kinship family well-being.

Foster Kinship's programs are designed to meet goals through the following objectives:

Legal Status: Families are given tools to increase the stability of the placement through legal means such as guardianship.

Financial Resources: Families are assisted with applications for financial support and may be eligible for a small amount of cash assistance from Foster Kinship.

Community Connection: Families are connected with resources, including transportation, to increase knowledge of and access to supportive programs.

Emotional Support: Families have access to free support groups, caregiver education classes, and family events with other kinship families.

Eligibility: In order to be eligible caregivers must:

- Be informally caring for a relative's child full time
- Be residents of Clark County, NV.
- Complete family evaluation.
- Demonstrate a specific short-term need AND the capability to provide a long-term, stable home for the child(ren).
- Be willing to actively participate in Foster Kinship's case management program

(support groups, ongoing assessments, resource referrals, caregiver education and family days) for up to six months.

Program Requirements: Kinship caregivers who qualify for the case management program will be asked to participate for six months to ensure they receive the emotional support, legal information and community connections so vital to long-term family stability.

After the family evaluation, each caregiver will receive an individualized family case plan with recommendations, referrals and required participation activities. Not participating in the care plan and case management services may be grounds to discontinue services.

Each family is different and determination of financial support received will be made individually to meet the needs of particular families based on funds and resources available to Foster Kinship. Foster Kinship retains the right to make the final decision on program acceptance and financial assistance.

Foster Kinship serves kinship families without regard to caregiver age, disability status, economic circumstance, ethnicity, gender, race, religion, sexual orientation, relation to the child or custody status of the child.

Phone: (702) 546-9988

Website: <http://www.fosterkinship.org/programs/kinshipnavigator/>



What is WIC?

WIC is a special supplemental food program for women, infants and children. WIC is administered by the Department of Children and Family Services.

Where are the WIC offices located?

There are multiple WIC offices located around Las Vegas /Henderson and surrounding areas. You can go to <http://nevadawic.org> to find the location closest to you

Who is eligible for the WIC program?

Infants and children in the car up to five (5) years of age, as well as young women who are pregnant or breast-feeding are eligible for WIC. Remember to bring your placement letter and ID with you.

What do I need to bring to the WIC office when registering a child placed in my home?

Call the WIC office for specifications on what to bring to your appointment.

Do I need to make an appointment to register my child for WIC?

Yes. You will need to call the WIC office nearest to your home and make an appointment with the nutritionist. Each WIC office has different days of operation. Generally, all locations are helpful in getting you in quickly. Let them know when you call you are a foster parent.

What stores accept WIC checks?

Most major food stores accept WIC debit cards. You will be given information on who accepts WIC once your child is enrolled

What foods can I buy with the WIC checks?

At your initial appointment the nutritionist will print out a form showing what foods your child is approved for. At every follow up appointment this form will be printed for you with any changes. You will also receive a pamphlet at your initial visit that will list all approved brands as well as most major stores have WIC items labeled as "WIC approved"

What happens if I lose the WIC checks?

Notify your WIC office at once. You will need to make an appointment to go back in and sign for a new replacement card.

What is recertification?

Recertification is the WIC office's way to monitor the nutritional progress of your child. Recertification is required at age one (1) year and then every six (6) months thereafter. The WIC office will notify you one month prior to your recertification date that you need to be recertified. Recertification requires a child's height, weight and hemoglobin to be checked. Most of the time your next follow up appointment will be scheduled when you are in the office and printed for you on your approved food list.

What if my foster child was already enrolled in the WIC program by the child's family?

When you call the WIC office to set up your initial appointment, they will be able to tell you if the child has previously been enrolled in WIC. If the child's family has picked up the WIC items prior to them being placed in your home, you will not be

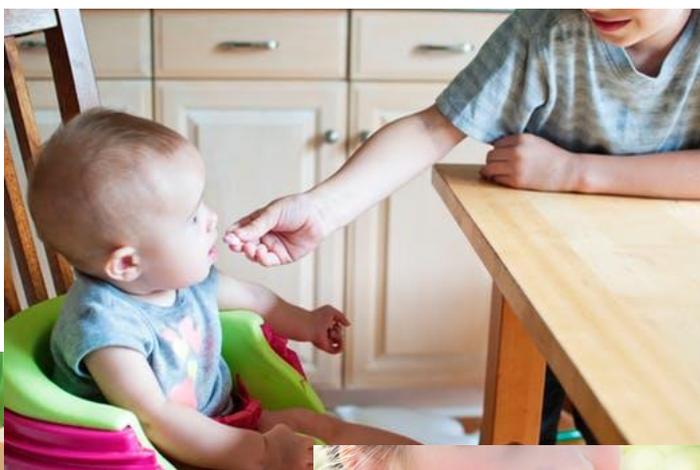
able to get new WIC food for them until the next month.

Am I the only one who can pick up WIC checks?

When you sign up for WIC, you are asked to assign a 4 digit pin for your card. Anyone who you approve can take your card and the pin you provided and pick the items up at the store.

"The measure of success is not whether you have a tough problem to deal with, but whether it is the same problem you had last year."

—John Foster Dulles



BIRTH TO THREE MONTHS

Signs of Healthy Child Development

Postures and Movement

- A. Child supports themselves on their forearms when in a lying position
- B. When lying on their stomach, child lifts their head steadily; does not bob and weave.

Use of Fingers and Hands

- A. Child's hands are usually open at rest
- B. Child pulls at his clothing

Sounds/Language

- A. Child laughs or makes happy noises
- B. Child turns their head to sounds

Social Skills

- A. Child smiles at you
- B. Child reaches for familiar people or objects

Awareness

- A. Child stares at/or reaches out to touch items (such as faces, patterns)
- B. Child looks at their hands or feet at least five seconds

Signs of Loss, Abuse, or Neglect

- Does not cry or cries very weakly
- Cries at a very high pitch
- Screams all the time
- Does not react to pain, noise, lights or attention
- Has trouble breathing (noisy, raspy, gurgling sounds)
- Has a hard time sucking, eating, swallowing
- Vomits frequently and has a hard time keeping food down
- Has eyes that are often red or watery



THREE TO SIX MONTHS

Signs of Healthy Child Development

Postures and Movement

- A. Child lifts head when lying on the back
- B. Child rolls from back to front

Use of Fingers and Hands

- A. Child transfers a toy from one hand to the other
- B. Child picks up small objects

Sounds/Language

- A. Child “babbles”, repeats sounds together (for example, Mum-Mum-Mum)
- B. Child is frightened by angry noises

Social Skills

- A. Child stretches arms out to be picked up
- B. Child shows likes and dislikes

Awareness

- A. Child recognizes a bottle by reaching, Smiling, babbling or ceasing to cry
- B. Child shakes a toy or object to make a sound

Signs of Loss, Abuse, or Neglect

- Does not lie in different positions at six months
- Rocks constantly in corner, playpen or crib
- Does not smile when familiar people approach
- Bumps head on pillow while trying to get to sleep
- Always bumps into things
- Squints to see things, holds objects close to the eyes or doesn't try to reach for objects
- Rocks back and forth for long periods of time, waving fingers in front of eyes
- Sleeps for very long periods
- At six months of age, is still cross-eyed, rolls the eyes around or does not follow things with both eyes



SIX TO NINE MONTHS

Signs of Healthy Child Development

Postures and Movement

- A. Child sits for long periods of time without support
- B. Child pulls up on furniture

Use of Fingers and Hands

- A. Child picks up objects with thumb and one finger
- B. Child can finger-feed any foods

Sounds/Language

- A. Child understands “no-no” and “bye-bye”
- B. Child imitates any sounds or words if you make them first

Social Skills

- A. Child holds his own bottle
- B. Child plays simple games such as peek-a-boo or bye-bye

Awareness

- A. Child dumps objects out of a box
- B. Child looks for and uncovers a toy that is hidden

Signs of Loss, Abuse, or Neglect

- Does not turn towards sounds
- Has earaches and shows this by crying or putting hand near ear
- Cannot focus on caretaker’s eyes or face
- Often has a high temperature
- Has skin rashes often
- At six months of age, does not hold head steady when supported
- At nine months of age, cannot balance head
- At nine months of age, cannot sit alone when placed in a sitting position



NINE TO TWELVE MONTHS

Signs of Healthy Child Development

Postures and Movement

- A. Child takes steps while you hold hands
- B. Child turns around while sitting

Use of Fingers and Hands

- A. Child throws toys and objects
- B. Child gives you objects (lets go) easily

Sounds/Language

- A. Child has at least one meaning-word other than “mama” or “dada”
- B. Child shakes head for “no”

Social Skills

- A. Child helps you dress them by holding up their feet when you put on socks or by lifting arms when you put on a top
- B. Child comes when you call

Awareness

- A. Child is interested in looking at pictures
- B. Child recognizes familiar faces

Signs of Loss, Abuse, or Neglect

- At nine months of age, cannot pick up small objects
- At nine months of age, does not vocalize with expression
- At one year of age, never points to anything or responds to people or toys



TWELVE TO EIGHTEEN MONTHS

Signs of Healthy Child Development

Postures and Movement

- A. Child climbs stairs with help
- B. Child walks alone

Use of Fingers and Hands

- A. Child turns book pages two or three at a time
- B. Child fills a spoon and feeds themselves

Sounds/Language

- A. Child has at least six real words besides baby talk
- B. Child points at what they want

Social Skills

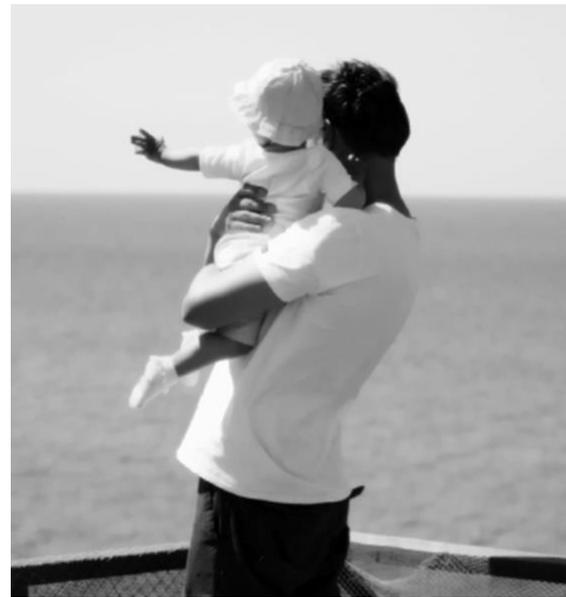
- A. Child copies you in routine tasks (such as sweeping, dusting)
- B. Child shows likes and dislikes

Awareness

- A. Child uses tip-toes to touch objects out of reach
- B. Child points to body parts on a doll when asked to “show me” eyes, nose, mouth etc.

Signs of Loss, Abuse, or Neglect

- Has trouble controlling arms and legs
- Falls often, walks poorly or can't walk at all by 22 months of age
- Holds one hand at side and never uses it for picking up or holding toys
- Has stiff arms, legs or neck
- Drools all the time
- May sleep often during the day
- Shows signs of seizures
- Has many skin rashes, lumps or sores



EIGHTEEN TO TWENTY-FOUR MONTHS

Signs of Healthy Child Development

Postures and Movement

- A. Child runs without falling
- B. Child walks up and down steps alone

Use of Fingers and Hands

- A. Child turns book pages one at a time
- B. Child pulls down and pulls up his pants or takes off his shoes

Sounds/Language

- A. Child talks in short (two or three word) sentences
- B. Child uses “me”, “you” or “mine” when referring to themselves or you

Social Skills

- A. Child makes simple requests such as asking for juice or to play certain games
- B. Child plays in the company of other children

Awareness

- A. Child counts to three
- B. Child follows simple two-part instructions

Signs of Loss, Abuse, or Neglect

- Refuses to eat for three or more days
- Coughs constantly
- Has continual diarrhea
- Is usually pale and skin is cold
- Suddenly becomes dizzy, vomits, sleeps, wets or has a headache
- Squints or holds objects close to see them
- Rolls eyes around, is cross-eyed or doesn't use both eyes to follow objects
- Doesn't point to, wave back to or imitate others
- Doesn't look at colorful, eye-catching objects
- Often rubs eyes
- Does not react to sudden loud sounds



TWO TO TWO AND A HALF YEARS

Signs of Healthy Child Development

Postures and Movement

- A. Child jumps with both feet off the floor
- B. Child throws a ball

Use of Fingers and Hands

- A. Child moves and places small objects, such as unbuttoning buttons
- B. Child marks with a pencil or crayon

Sounds/Language

- A. Child uses plural or past tense
- B. Child uses “I” or “me” when talking about themselves

Social Skills

- A. Child gives their name if asked
- B. Child drinks from cup without help

Awareness

- A. Child stacks items on top of each other
- B. Child names five familiar objects

Signs of Loss, Abuse, or Neglect

- Complains of itching or burning eyes or of seeing double
- Frequently complains of headaches or dizziness
- Has many earaches or has a runny fluid coming from the ear
- Has little voice control
- Bumps head on pillow in bed to go to sleep
- Does not walk or talk by three years old
- Has trouble understanding or remembering simple directions
- Does not respond to simple questions or directions



TWO AND A HALF TO THREE YEARS

Signs of Healthy Child Development

Postures and Movement

- A. Child hops on one foot for two or more hops
- B. Child stands on one foot for about two seconds

Use of Fingers and Hands

- A. Child puts on and takes off their shoes if the shoes do not have shoelaces
- B. Child takes off their clothes if they are wearing a simple outfit

Sounds/Language

- A. Child tells little stories about something they have done or somewhere they have been
- B. Child tells you that they are a boy or girl

Social Skills

- A. Child likes to give orders
- B. Child plays well with one other child

Awareness

- A. Child points to the girl in a picture of a boy and girl
- B. Child asks questions frequently

Signs of Loss, Abuse, or Neglect

- Has trouble doing many skills which require eye-hand coordination
- Does not seem to enjoy being held or touched
- Does not know body parts
- Often hurts own self by hitting or biting
- Rocks back and forth for long periods of time
- Does the same movement over and over
- Says the same thing over and over, or only repeats words after hearing them from another person
- At three, cannot run, jump or balance on one foot



THREE TO FOUR YEARS

Signs of Healthy Child Development

Postures and Movement

- A. Child attempts to hop or skip
- B. Child kicks a ball

Use of Fingers and Hands

- A. Child picks up small objects easily
- B. Child throws a large ball without losing his balance

Sounds/Language

- A. Child says a song or poem from memory
- B. Child names three colors

Social Skills

- A. Child tells tales or shows off
- B. Child is beginning to learn to take turns during games

Awareness

- A. Child recognizes difference in size, shape and color
- B. Child is beginning to understand the difference between yesterday, today and tomorrow

Signs of Loss, Abuse, or Neglect

- At three or four years of age, does not play with other children and prefers to be alone in a corner or in bed
- At three or four years of age, cannot kick or throw a ball



FOUR TO FIVE YEARS

Signs of Healthy Child Development

Postures and Movement

- A. Child hops on one foot for four to five hops
- B. Child favors hands over his arms when catching a small ball

Use of Fingers and Hands

- A. Child draws a picture of a person with a head, body, arms and legs
- B. Child uses blunt-nosed scissors

Sounds/Language

- A. Child enjoys jokes, silly or funny books and silly language
- B. Child ask why, when and how questions

Social Skills

- A. Child has an imaginary playmate or friends
- B. Child loves to whisper and has secrets

Awareness

- A. Child matches and names four of these colors: red, orange, yellow, green, blue or purple
- B. Child picks out the biggest and the longest of three objects

Signs of Loss, Abuse, or Neglect

- Same as three to four years of age



SCHOOL AGE CHILDREN: FIVE TO SIX YEARS

Signs of Healthy Child Development

Postures and Movement

- A. Child alternates feet when skipping
- B. Child bends and touches his toes without bending his knees

Use of Fingers and Hands

- A. Child copies a circle or square
- B. Child favors one hand over the other

Sounds/Language

- A. Child recites or sings rhymes, jingles or television commercials
- B. Child is interested in learning new words and is constantly asking what words mean

Social Skills

- A. Child shows an interest in making friends with other children
- B. Child does activities (other than watching TV) by themselves for up to 30 minutes

Awareness

- A. Child is developing a sense of time
- B. Child understands the use of “space” words such as back, front, over, under, in, on...

Signs of Loss, Abuse, or Neglect

- Is overweight or underweight
- Has consistent bad breath and severe sore throat
- Has had an injury that leads to dizziness, vomiting, headache or sleepiness
- Is not able to see objects or books clearly
- Complains of frequent headaches or dizziness
- Has frequent sties or other eye irritations
- Complains of eyes that burn, itch swell or water
- Squints and rubs eyes
- Is easily distracted
- Asks for words to be repeated or stays near you and frequently watches your lips when you speak
- Speaks very little and uses only a few words
- Has frequent earaches

SCHOOL AGE CHILDREN: SIX TO SEVEN YEARS

Signs of Healthy Child Development

Postures and Movement

- A. Child descends stairs, alternating feet
- B. Child moves rhythmically to music

Use of Fingers and Hands

- A. Child draws a recognizable picture of a house with windows, doors and roof
- B. Child holds pencils or crayons in an adult fashion

Sounds/Language

- A. Child explains the rules of a simple game such as tag or kickball
- B. Child gives his full name and age

Social Skills

- A. Child follows through on promises and does things for others
- B. Child demonstrates a sense of humor

Awareness

- A. Child beginning to understand words that indicates quantity and size, such as half-whole, big-little, more-less
- B. Child matches 10 colors



Signs of Loss, Abuse, or Neglect

- Leans towards a sound or requires voices or music to be louder than normal
- Does not come when called or does not follow directions
- Appears confused and frustrated when asked to try something new
- Cannot dress oneself
- Cannot follow simple rules or directions
- Cannot count from 1 to 100
- Needs to have new ideas repeated often and in many different forms
- Fights often with other children
- Is unusually shy or withdrawn
- Fears new experiences and people
- Is unable to handle change
- Refuses to eat for a long period of time
- Lies, cheats or steals frequently

Signs of Loss, Abuse or Neglect

- Misses school on a regular basis but is not ill
- Has not developed signs of puberty by age 16
- At age 16, is shorter than peers
- Is very quick to show anger and has a violent temper
- Stays away from home for days a time without work of whereabouts
- Is frequently disciplined at school for misbehavior
- Has been arrested
- Stays alone most of the time
- Has few friends
- Has poor relationships with peers
- Has no appetite or prolonged loss of appetite
- Is generally sluggish, tired and has little energy
- Often seems depressed
- Repeatedly comes home drunk or high
- Daydreams, does not appear to hear or understand questions, has short-term memory loss or appears confused frequently
- Females shows sudden weight gain, is sluggish, vomits and sleeps a great deal
- Is frequently sick
- Appears to be bright but, usually has great difficulty with tasks involving academic skills
- Drops out of school
- Breaks the law
- Engages in many sexual relationships with many different partners
- Engages in assaultive behavior
- Exhibits unusually poor ability to relate to adults
- Engages in self-mutilation
- Has made suicidal gestures or attempts
- Exhibits exaggerated response to being touched-may react with fear or aggressiveness to touch, whether it is playful, supportive or restraining



DEPARTMENT OF
FAMILY SERVICES
CLARK COUNTY