

Welcome



Implementation Meeting

Implementation Meeting
Friday, September 18, 2015
1 p.m. to 3 p.m.



AGENDA ITEMS

- **Welcome and Introductions**
- Statewide Meeting – October 19th to 21st, 2015 – Reno, NV
- National Foster Parent Conference – June 2016 – Las Vegas, NV
- Work plans for 2016
- Court Improvement Webinars
- **Community Review of Workgroups**
- **Community Input**

WORKGROUP	INITIATIVE
Training	Training Proposal, Pre-Service Training, Court Improvement Webinars
Recruitment	Market Segmentation, Placement Utilization, Foster Parent ID Badges
Communication Plan	Caregiver Courier
Child Welfare	360 Evaluations, Partnership Agreement, Information Sharing, Respite
Support and Retention	Caregiver Survey, Concern/Grievance Policy, Foster Kinship
Community Partnership	CCSD / DFS Partnership

Next Meeting Date – December 2015 – Details Coming Soon



Training Workgroup

This workgroup is responsible for creating a model for caregiver training which will encourage enhanced knowledge and skills to support the children in their care. The workgroup will collaborate with Community Partners to provide multiple training, on-line as well as in person, to meet the needs of all parents and caregivers. The workgroup will align with QPI initiatives by training the Child Welfare system to ensure consistent information is shared, fostering a positive partnership with internal and external partners.

CLARK COUNTY
DEPARTMENT OF FAMILY SERVICES

121 S. Martin Luther King Blvd.
Las Vegas, Nevada 89106
(702) 455-7200

Proposal to increase annual training hours for licensed caregivers and raise participation in a comprehensive training program designed to enhance skills, abilities, and knowledge when working with children in the Child Welfare System.

Scope:

The purpose of this proposal is to provide a uniform outline for Licensed Caregivers Annual Continuing Training Requirements. It is the policy of Clark County Department of Family Services to support licensed caregivers through the implementation of a comprehensive ongoing training program that will enhance their knowledge, abilities and skills as they assume the care of the child/ren under the jurisdiction of the Department of Family Services (DFS).

General Overview:

Licensed caregivers will be offered continuing education opportunities through DFS, QPI training website, (www.QPINevada.com) and community providers. The initial pre-service curriculum provided is comprehensive and includes all the essential elements relevant to provide care for the children. However, on-going specific training is vital to providing the best care for our children who have experienced trauma.

Currently, Nevada requires four training hours a year for licensed caregivers which is one of the lowest training requirements in the nation. (Attachment A). Additionally, there are no required classes to ensure licensed caregivers are equipped with the understanding and expertise they need to meet the needs of children in the child welfare system. In Fiscal Year 2015, 1149 children in Clark County experienced disruptions in their licensed caregiver's home. Caregiver skill development and support will assist in decreases to these unnecessary and traumatic moves.

The curriculum is approved by Clark County Department of Family Services and is subject to change when determined by the Clark County Department of Family services.

Recommendations by the Training QPI Workgroup:

Licensed caregivers shall provide documentation of a minimum of 12 hours of in-service training annually, from the date of licensure. These hours must include the list of all applicable training, including dates, number of hours and topics. Documentation of completed continuing education shall be recorded on the provider training page in UNITY by the assigned Resource Retention Specialist.

CLARK COUNTY
DEPARTMENT OF FAMILY SERVICES

121 S. Martin Luther King Blvd.
Las Vegas, Nevada 89106
(702) 455-7200

Annual continuing training hours recommended by the Training QPI Workgroup:

All Licensed Caregivers will complete the following trainings within their first year of licensure:

1. **Adult/Child & Infant First Aid/CPR (Every 2 years)**
Topics included in this training are: primary assessments; recovery position; CPR for adults, children and infants; choking; bleeding; signs and symptoms of illness and injury; and use of an AED (Automated External Defibrillator). Time for group and individual practice is provided. This training is in compliance with the American Heart Association guidelines for First Aid Training Certification and has been approved by the NV Registry.
2. **Car Seat Safety (Every 2 years)**
This program instructs participants on how to properly choose, use and install child restraint systems. Per NRS 484.474, all staff members who transport children are liable to: 1) be using the appropriate child restraint system according to the size and weight of the child and 2) have the child restraint system properly installed within and attached safely and securely to the vehicle.
3. **Trauma Informed Care**
Topics will include the impact of trauma on child development, attachment, emotional regulation, sensory integration and how the brain responds to fear and stress. This must be DFS approved training.
4. **Effective Discipline in Developmental Stages**
Specific classes approved by DFS. Topics will include obtaining information on developmentally appropriate, non-physical disciplinary techniques used to meet goals of effective discipline.

Caregivers must complete training and provide documentation a minimum of one month before renewal. Oversight and accountability for ensuring completion of these training requirements is the responsibility of the supervising agency personnel. Continuing training will be approved by the supervising agency prior to use.

Other

- a. The supervising agency may require therapeutic and medical caregiver homes to complete additional continuing training hours based on the level of care they provide.
- b. Licensed caregivers shall be offered continuing training opportunities by their supervising agency. Continuing training opportunities shall be offered no less than monthly. For caregivers unable to attend, other methods such as QPINevda Just In Time training library will be developed to satisfy this requirement. Some of the classes require in person training such as CPR and Car Seat Safety.



**Clark County Family Courts in
Partnership with Dr. Charles Zeanah and the
Quality Parenting Initiative
Live Web Event Invitation**

**September Webcast Focus
“Developmental Science and Child Welfare: Moving Towards a More
Child-Centered Court Improvement Practice Model”**

**Thursday, September 17, 2015
12:00 – 1:30 PM Pacific**

**Presented by: Charles H. Zeanah, M.D., Institute of Infant and Early Childhood Mental Health,
Tulane University School of Medicine**

We will begin with an overview of what we know from half a century of research about the development of attachment between parents and children and consider its implications for practice and policy in Child Welfare. After reviewing the basic development of attachment and the factors affecting its quality, we will consider its implications for protective settings for placement, for parent child visits, for transitions from one placement to the next, and for sibling placement. Many factors may influence decisions about these.

Our next webcast is scheduled for October 22, 2015 from 12:00 – 1:00 PM.

Audio will be provided over the computer.

[Click here](#) to register for the webcast or copy and paste this link into your browser:

<http://tinyurl.com/pp7h8s3>

Recruitment Workgroup

The focus of this workgroup is to develop a model for Quality Caregiver recruitment that can be used for both general and targeted recruitment. The group is currently working with Market Segmentation to develop a targeted recruitment plan and working with Casey Family Foundation to develop cohesive recruitment and retention efforts. The group will ensure input from all stakeholders including the faith-based community, the LBGT community, the business community, and community service providers on creative and innovative ways to effectively reach out to their members.

 DEPARTMENT OF
FAMILY SERVICES
CLARK COUNTY





MARK
FITZGERALD
Agency ABCD
Expiration Date: 9/30/2015
1251172

The foster parent is hereby authorized to consent to the ordinary and necessary medical and dental examination and treatment of the child.

Extraordinary medical procedures require prior authorization by a biological parent or court order.

Do you know someone who wants to be a foster parent?
Please call 702-455-0181.

**Return lost or expired badges to:
Clark County Department of Family Services
121 S. Martin Luther King Blvd. Las Vegas, Nevada 89106**



Communication Plan Workgroup

This workgroup is tasked with creating a comprehensive plan designed to educate the community and Department of Family Services about quality caregiving, community resources and changes in policies and practice.

To accomplish this goal, this workgroup is developing and improving a communication plan that focuses on messaging, public relations and education.

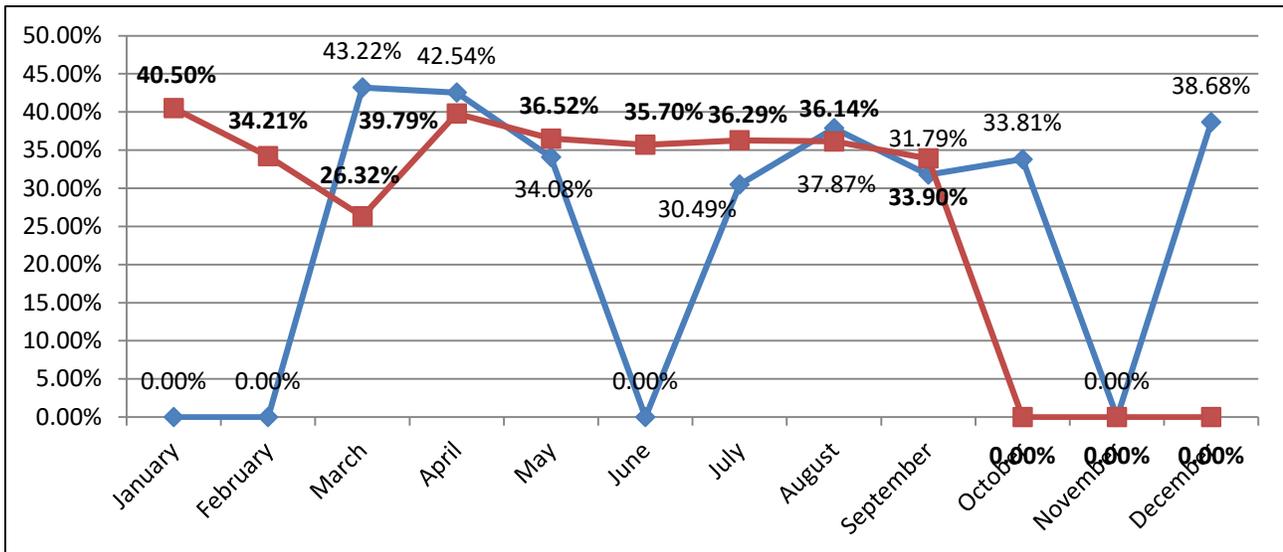
Caregiver Courier - Changes in 2015

- Established more regular publication schedule (first Thursday of month)
- Increased collaboration with caregivers, child care professionals and DFS units
- Highlighted personal interest-type stories and issues relevant to caregiver community (respite, school, etc.)
- Put “call to action” information behind a link, enticing readers to click

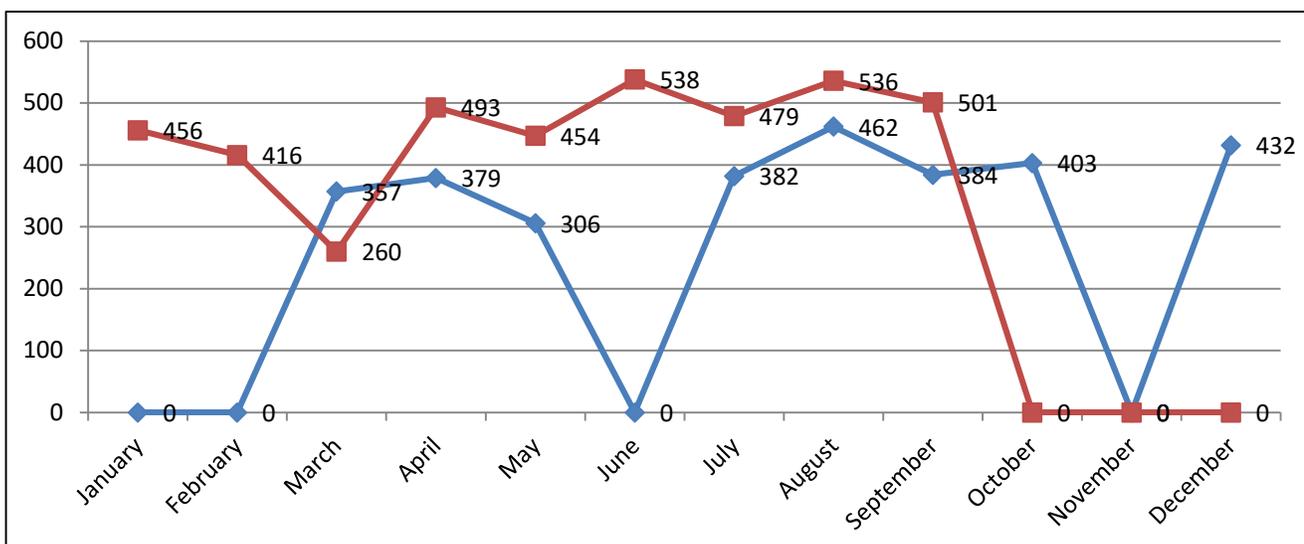
Results

Increased readership

- Year-over-year numbers show and **18 percent increase in average number of readers per issue**—2014: 388 readers, 2015: 459 readers
- Five of nine issues surpassed most-read issue of 2014 Courier (August)



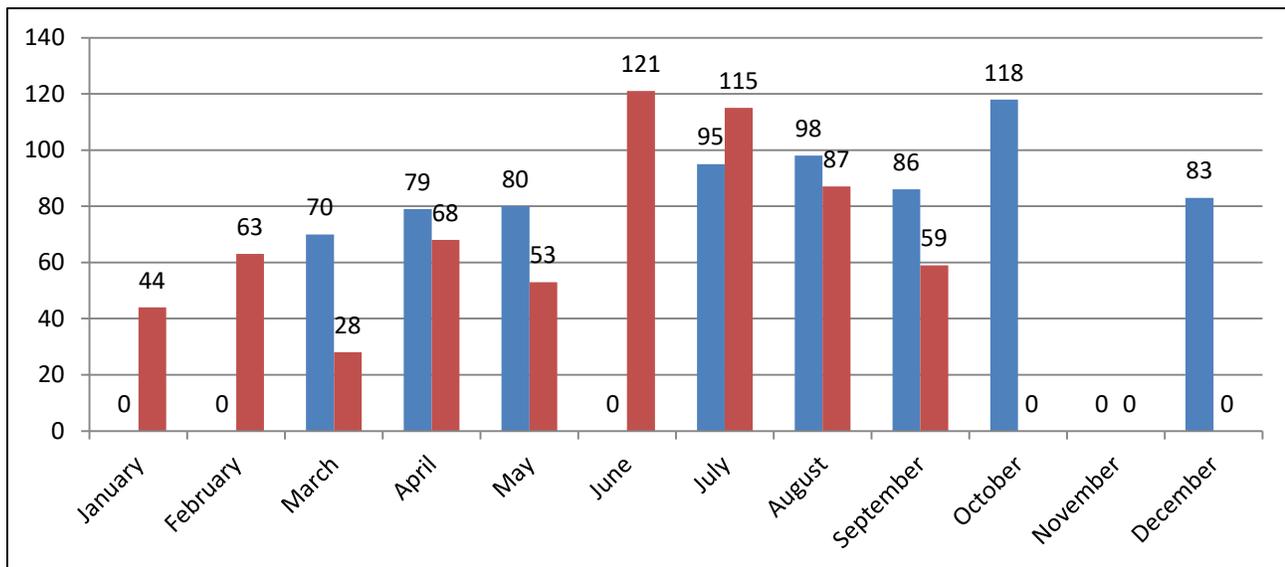
Red = 2015 Blue = 2014



Results

Click-thrus increased in Q2/Q3 issues, thanks to aforementioned tactics

- Two issues eclipse more than 100 clicks
- Benchmark achieved only once in 2014



Red = 2015 Blue = 2014

Opportunities Heading into 2016

- Increase readership to 500 per issue average
 - Expand audience
 - Solicit input from additional partner organizations and caregivers
 - Include interactive features (surveys, etc.)
- Increase clicks per issue to 25 percent
 - Provide content our audiences want (family activities, inexpensive entertainment, events targeted toward our caregiver audience)
- Increase collaboration
 - Provide more content from our partner organizations and agencies
 - Develop more content directly from caregivers (we want to tell your story)



Child Welfare Workgroup

The goal of this workgroup is to create sustainable changes to support the new vision of the Quality Parenting Initiative. The workgroup does this by examining the impact of policies and practices for children and the promotion of mutual understanding and respect between DFS and caregivers. Their focus is on promoting consistency across the continuum of care by gathering and sharing comprehensive and critical information with caregivers to ensure that the children's safety, well-being and permanency needs are supported.



CAREGIVER'S REVIEW of case manager



RESPECTED PARTNERS

The child(ren)'s case manager has:

1. Responded promptly to my phone calls, emails, or other requests

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

2. Provided me with information regarding the agency policy for returning calls, including how to contact the case manager's supervisor

1	2	3	N/A
Yes	No	Don't Know	Not applicable

3. Provided me with the names and phone numbers of DFS staff who could be contacted in emergencies.

1	2	3	N/A
Yes	No	Don't Know	Not applicable

4. Made face-to-face contact with me and the child(ren) at least once every 30 days.

1	2	3	N/A
Yes	No	Don't Know	Not applicable

5. During visits, shared relevant information with me about the child and the case and solicited my input.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

6. Provided me with information about the child and all available social, educational, medical and legal information on the child within 72 hours of placement in my home.

1	2	3	N/A
Yes	No	Don't Know	Not applicable



CAREGIVER'S REVIEW of case manager



7. Provided me with ongoing social, educational, medical and legal information on the child as it became available.

1	2	3	N/A
Yes	No	Don't Know	Not applicable

8. Solicited my participation and input in developing the child's case plan.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

9. Provided me with copies of the child's case plan and any case plan updates.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

10. Worked in partnership with me as a team member by recognizing my contributions, soliciting my input, and keeping me regularly informed about all child-related aspects of the child's case progress.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

11. Worked with me in a respectful manner to solve problems.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

12. Informed me of the grievance process.

1	2	3	N/A
Yes	No	Don't Know	Not applicable

13. Provided me with timely notice of all judicial reviews, administrative hearings, Child and Family Team (CFT) and any other meetings regarding the child(ren) placed in my home.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable



CAREGIVER'S REVIEW of case manager



14. Encouraged my input and/or attendance at judicial reviews, administrative hearings, and Child and Family Team (CFT) meetings, regarding the child(ren) placed in my home, including offering me alternative methods of participation.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

15. Respected my input and maintained a professional working relationship.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

ADDITIONAL COMMENTS: *Please use the space below for any additional comments you would like to share about any of your responses in this section.*

SAFE CHILDREN

The children's case manager has:

16. Provided me with information/referrals for any recommended counseling or training related to the child's unique needs.

1	2	3	N/A
Yes	No	Don't Know	Not applicable

17. Provided me with routine and specially requested information, supervision, and assistance that were helpful in caring for the child. This includes information on the child's traumatic experiences and the possible impact of these experiences on the child's behavior.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

18. Engaged me in the development of a *placement support plan* for the child(ren) when necessary.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable



CAREGIVER'S REVIEW of case manager



19. Provided me with support for overcoming barriers to the child's full participation in family life and community activities.

1	2	3	4	5	N/A
Never	Rarely	Sometimes	Often	Always	Not applicable

20. Provided me with information on expectations for excellent parenting.

1	2	3	N/A
Yes	No	Don't Know	Not applicable

21. Provided me with access to all training needed to enhance my skills in parenting children who have experienced trauma.

1	2	3	N/A
Yes	No	Don't Know	Not applicable

ADDITIONAL COMMENTS: *Please use the space below for any additional comments you would like to share about any of your responses in this section.*

HEALTHY FAMILIES

The child(ren)'s case manager has:

22. Partnered with me to develop a plan (approach) to work with the birth family, promote connections, schedule visits, identify mentoring opportunities to assist the family and enhance their parenting skills, and provided needed support to implement the plan.

1	2	3	N/A
Yes	No	Don't Know	Not applicable

23. Worked in partnership for a smooth transition for the child(ren) to the birth family, new foster family, adoptive family, or relative(s) by sharing information about the needs, experiences, and preferences of the child with the next placement with.



CAREGIVER'S REVIEW of case manager



1	2	3	N/A
Yes	No	Don't Know	Not applicable

24. Solicited my input on information about the child's needs, experiences, and preferences to be shared with the individuals to whom the child is transitioning.

1	2	3	N/A
Yes	No	Don't Know	Not applicable

25. Provided me with names and contact information for new staff who work with the child(ren) in the child welfare system, court, community agencies (school, child care, health and mental health providers, and employers).

1	2	3	N/A
Yes	No	Don't Know	Not applicable

ADDITIONAL COMMENTS: *Please use the space below for any additional comments you would like to share about any of your responses in this section.*

All of us are responsible for the well-being of children in the custody of the Department of Family Services and undertake this responsibility in partnership, with full awareness that none of us can succeed by ourselves. Children need normal childhoods as well as loving and skillful quality parenting which recognizes their attachment to their biological family. In order to achieve these goals, respected partners must share information.

Information sharing is not only permitted under state and federal law, it is required. A well-informed caregiver or potential caregiver is better able to meet the needs of a child in care and is better prepared to handle challenges particular to the child.

Because of the confidential nature of Family Services cases the QPI Child Welfare Workgroup worked closely with the District Attorney's Office to clarify what information may be shared with caregivers or potential caregivers.

The purpose of this document is to provide simple and concise guidance for the effective sharing of information between case managers, caregivers and child welfare teams.



The Permanent Families and Lasting Connections Project is operated by Clark County Department of Family Services and is made possible by grant number 90CO105401 from the Children's Bureau. The content of this document is solely the responsibility of the authors and does not necessarily represent the official views of the Children's Bureau, ACYF, ACF, or HHS.

Reference: Federal law, 42 USC 675 (5)(D), 42 USC 675 (5)(G), Nevada Revised Statute, NRS 424.038, Nevada Administrative Code, NAC 424.810, and Clark County DFS Policy .



INFORMATION SHARING:

*What Case Managers
CAN Tell Caregivers*



DEPARTMENT OF
FAMILY SERVICES
CLARK COUNTY

LEGAL AND POLICY REQUIREMENTS

- ◆ Sharing of information with the caregiver is required by federal law, Nevada Revised Statutes, Nevada Administrative Code, and Clark County DFS Policy.
- ◆ The general rule is that caregivers must receive records and information that relate to or assist in appropriately parenting their foster child except when prohibited by law.
- ◆ Caregivers must be invited to participate in Child and Family Team (CFT) Meetings, as caregivers are a valuable member of the team and are familiar with the immediate, day-to-day needs of the child.

BENEFITS OF SHARING INFORMATION

- ◆ Helps caregivers provide quality care for children and reduces disruptions
- ◆ Builds meaningful partnerships between case managers, birth families and caregivers
- ◆ Helps all team members maintain a realistic expectation of the potential outcomes of the case
- ◆ Supports healthy transitions for children
- ◆ Provides critical content for the child's Lifebook, a place to record memories and life events that occur before and after placement in foster care

Information that relates specifically to the children and the care of the children in their home MUST BE shared with caregivers

This includes, but is not limited to:

- ◆ Notification and invitations to all court hearings regarding the child
- ◆ Medical, dental, psychological, psychiatric and behavioral history, on-going treatments and evaluations
- ◆ Visitation and case plans that identify expectations of caregivers
- ◆ Copy of child's case plan
- ◆ All school reports
- ◆ Copies of birth certificate and other documents
- ◆ CFT staffing forms with objectives and next steps clearly notated
- ◆ Copy of the safety plan, including a description of safety threats, as it relates to the child

Information that CANNOT be shared with caregivers

- ◆ Reporter information to the Hotline
- ◆ Financial records of biological parents or others
- ◆ HIPAA (Health Insurance Portability and Accountability Act) protected documents of the biological parents such as:
 - ◆ Medical reports
 - ◆ Drug tests results
 - ◆ Psychological and psychiatric reports
- ◆ Records of domestic violence centers
- ◆ Court reports and parental case plans

Have a question about what can be shared?

CASE MANAGERS: Contact your Supervisor, Manager or assigned Deputy DA

CAREGIVERS: Contact your Case Manager or Case Manager's Supervisor

SHARING INFORMATION WITH THE CAREGIVER

In order to share information about the birth parents with the caregiver:

- ◆ The caseworker must obtain either a court order to disclose confidential information about the birth parent or the birth parent may consent to sharing the sensitive information with the caregiver.

SHARING INFORMATION WITH FORMER CAREGIVERS

Children and their substitute caregivers often form meaningful and significant relationships that may last after a child transitions from their home.

While the former caregiver is no longer eligible to receive confidential information about the child, efforts are made to recognize the important role this relationship may be for the child. All team members will take this into consideration when making decisions that are in the best interest of the child, are consistent with the desires of the family and are supportive of appropriate information sharing.

WHAT CAN CAREGIVERS SHARE WITH OTHERS?

Caregivers will encounter a variety of situations where they are asked to share confidential information about a child. This may be in a school or medical setting. Caregivers may share information on an as-needed basis while taking into consideration the confidentiality of the child and the family.

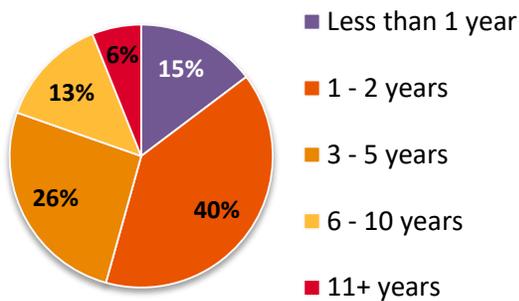
Support and Retention Workgroup

This workgroup has taken on the responsibility of creating a model for caregiver support and retention to provide support services to caregivers through the Foster Parent Champion Program using a customer service model. This team is also defining the roles and responsibilities of caregivers and developing support tools to make caregivers lives easier.

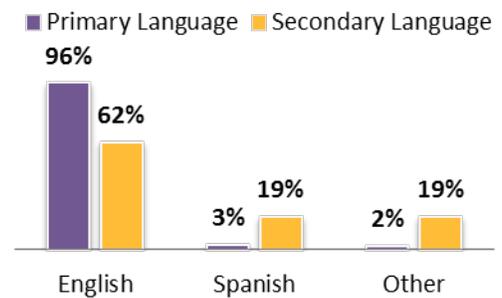
Caregiver Survey

Response Rate – 44%

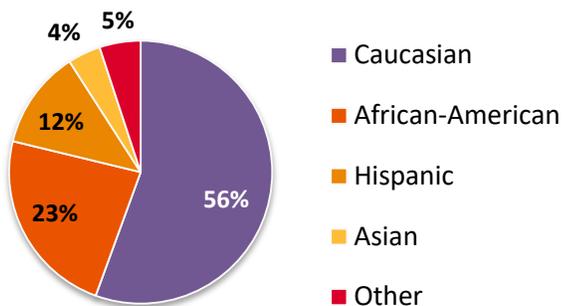
Response by Years of Service



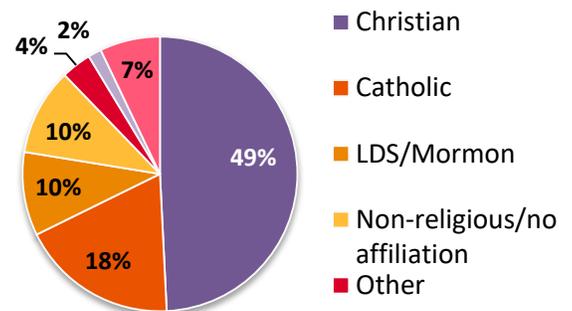
Language



Race and Ethnicity



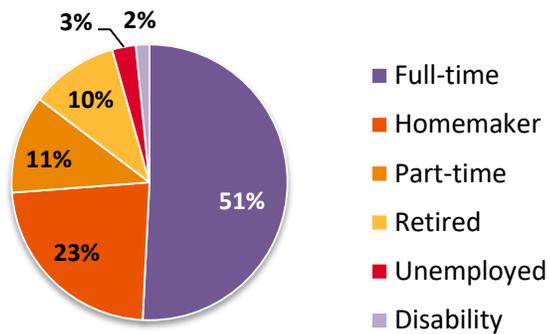
Religious Preference



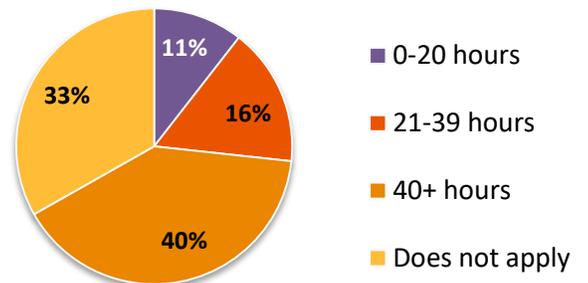
Caregiver Survey, cont.

Response Rate – 44%

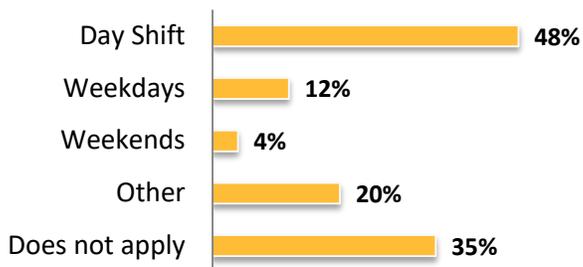
Employment Status



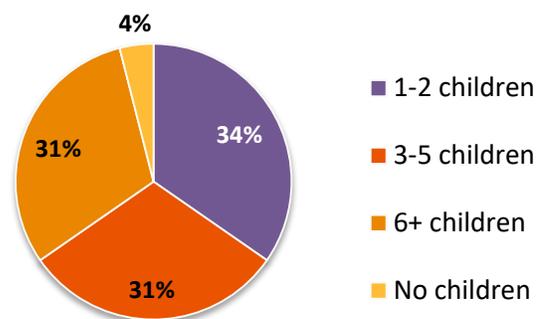
Hours Worked



Shift Worked

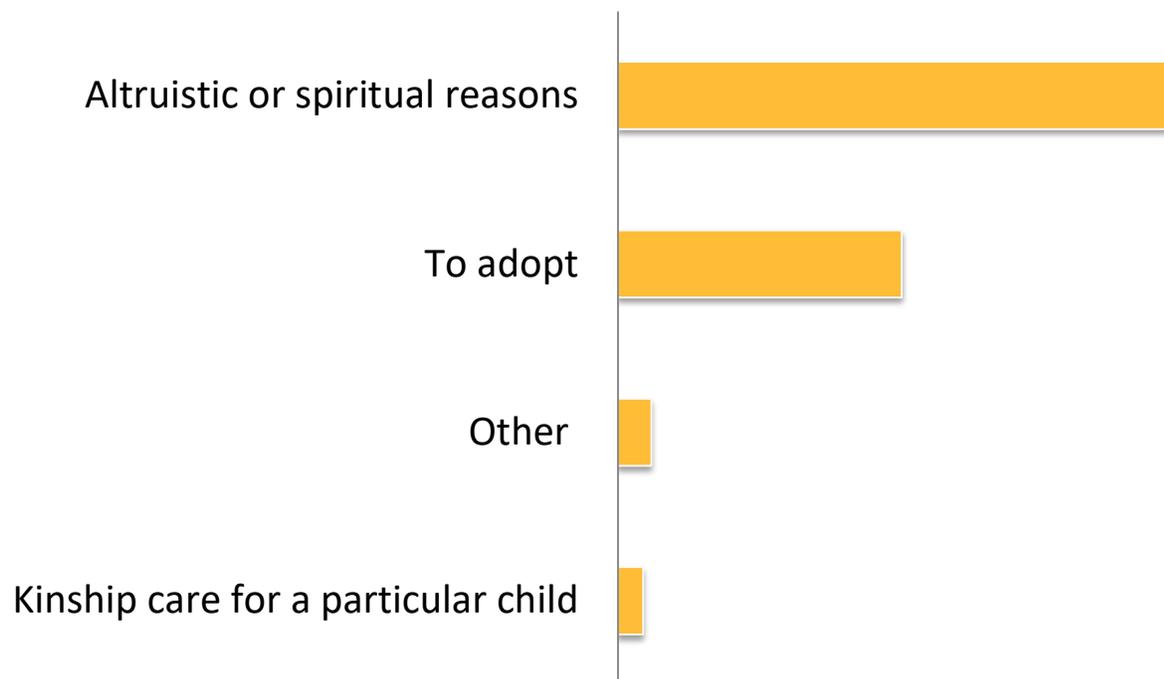


Children Placed in Home in Past Year



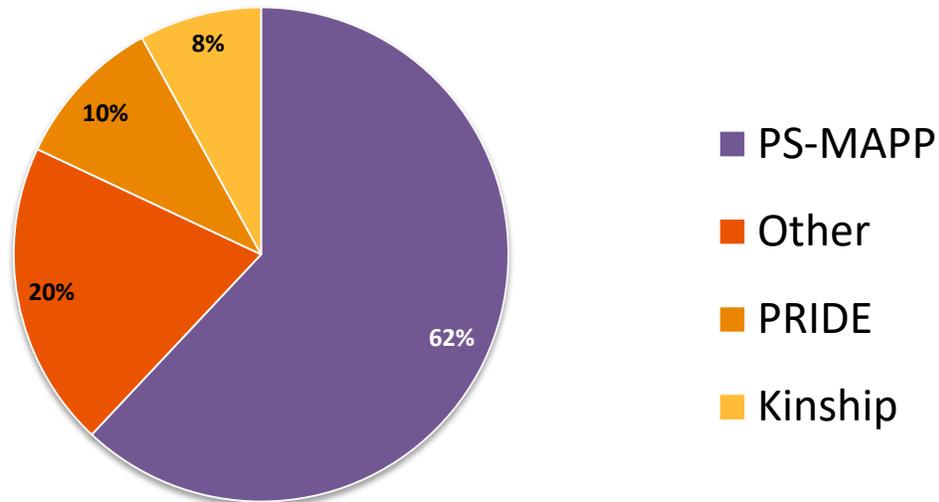
Caregiver Survey, cont.

Reasons for Fostering

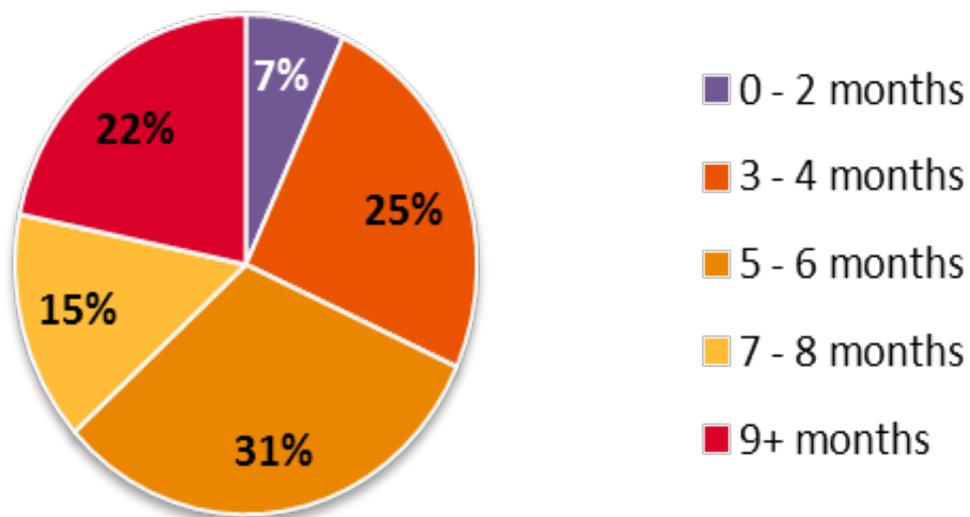


Caregiver Survey, cont.

Type of Training Completed

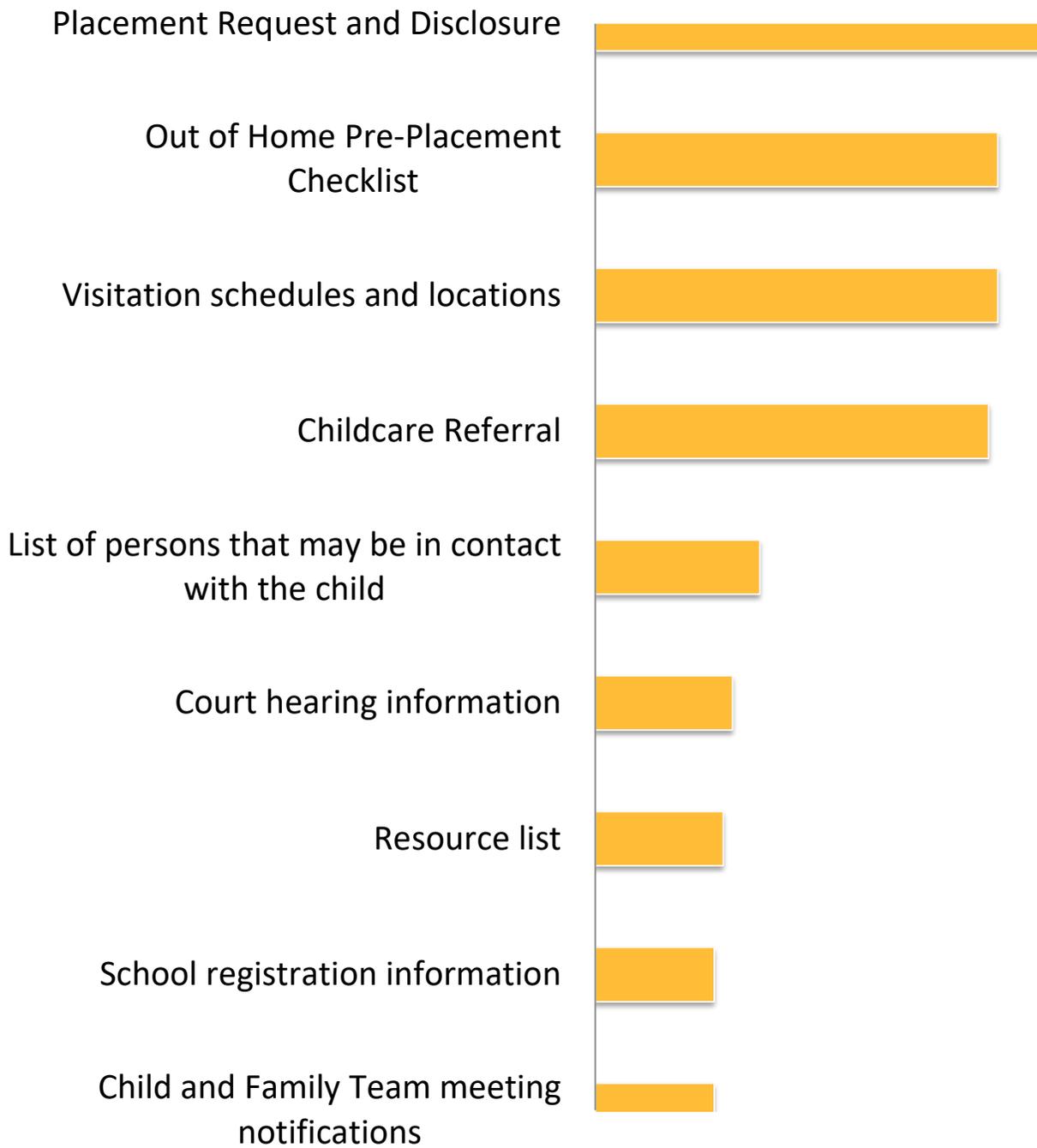


Length of Time to Licensure



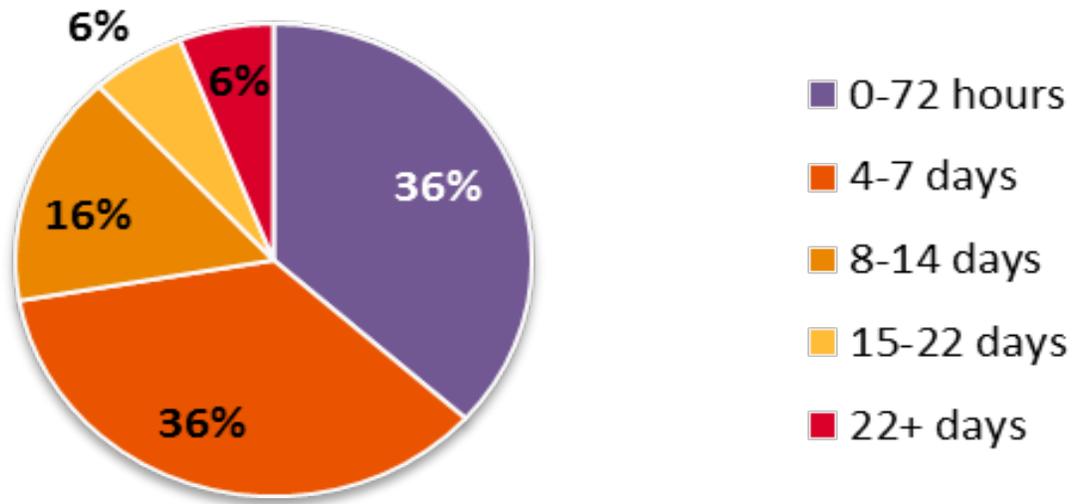
Caregiver Survey, cont.

Reported Receiving the Following:

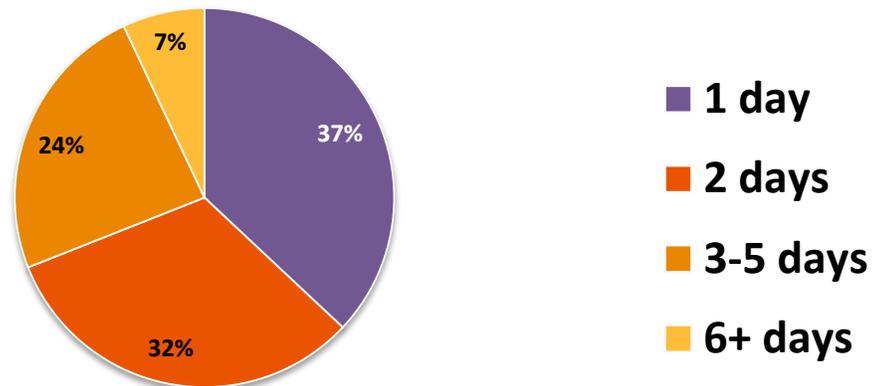


Caregiver Survey, cont.

Length of Time to First Visit

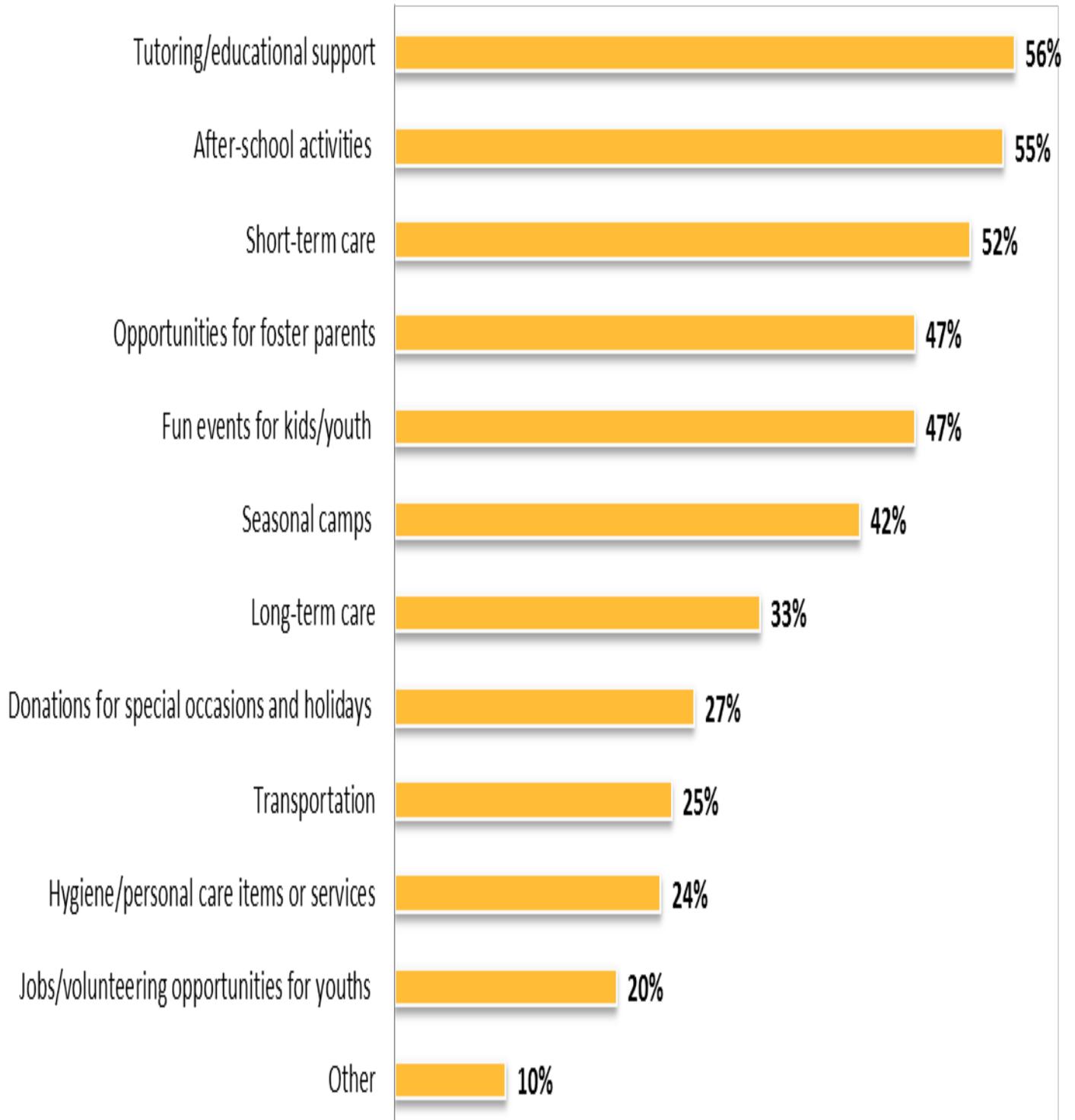


Length of Time for Returned Contact



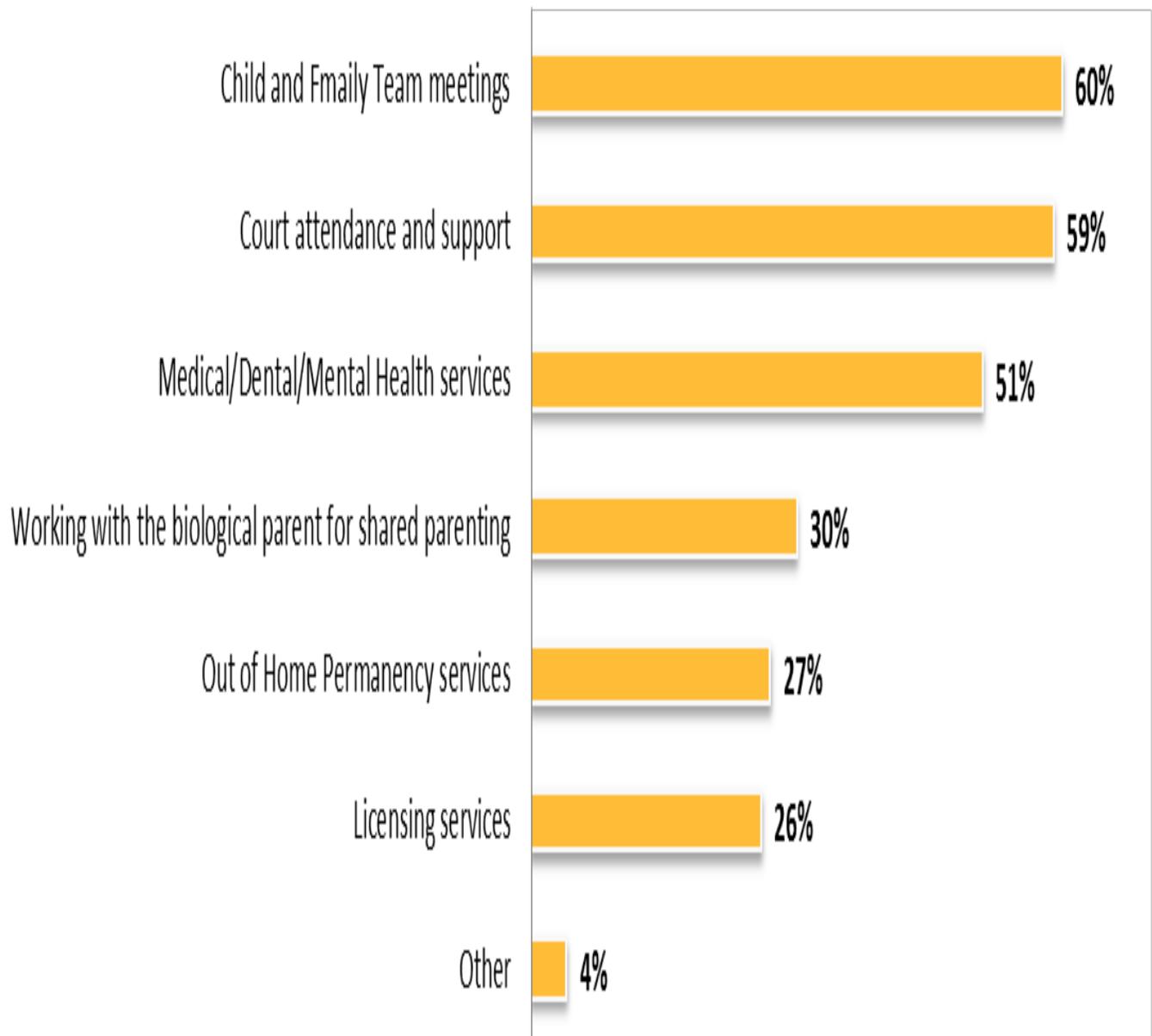
Caregiver Survey, cont.

What Kind of Support Do You Need?



Caregiver Survey, cont.

Preferred Information on Collaborating with DFS





Tim Burch, Interim Director
Paula Hammack, Assistant Director
Michael Knight, Assistant Director

**Clark County Department of Family Services
Common Policy Element (CPE)**

SUBJECT:
Concern (Grievance) Policy

Approved Date	Effective Date	Amendment Number	Amendment Effective Date

SCOPE:
To standardize and provide clarity for Programs and Units regarding Family Services concern and/or grievance process. To support the dignity and rights of all children, families, community partners and community stakeholders, Family Services has a formal concern and/or grievance process. The process shall allow for timely, efficient and satisfactory resolution of the concern and/or grievance.

SPECIFIC LEGAL and OTHER REFERENCES:
N/A

PROGRAMS IMPACTED:
All

SUMMARY OF CHANGES:

DEFINITIONS:
For a list of acronyms and a glossary of terms used throughout the DFS Electronic Policy and Procedures Manual, refer to the "Acronyms and Glossary" Chapter located on the DFSNet.

FORMS, PUBLICATIONS, AND INSTRUCTIONAL DOCUMENTS:
Appendix A: Concern Form

GENERAL OVERVIEW:
Family Services encourages children, families, community partners and community stakeholders to resolve complaints by utilizing the concern and/or grievance process. If the concern or grievance has not been resolved to the satisfaction of the complainant, through the Concern/Grievance Process, the complainant may take their concern to the Ombudsman.

All individuals submitting concerns and/or grievances will be treated with respect and dignity.

Persons being served by Family Services deserve to have their concerns addressed quickly and efficiently. This policy assures that concerns and/or grievances are resolved in a timely manner and at the lowest level possible.

PROCEDURE:

Concern/Grievance – The procedure for filing a concern or grievance is as follows:

- Chain of Command - The concern/grievance should initially be taken up the chain of command. If the assigned staff member has been unable to resolve the concern, the supervisor and the appropriate assistant manager or manager needs to be given the opportunity to provide resolution. This process should permit each individual at a minimum 24 hours to respond to the concern before going to the next level.

Concern/Grievance Committee - Should the first step not have a resolution, then:

- The affected individual or organization shall submit the attached Concern Form to Concern Review Committee, which consists of an appointed foster parent, DFS representative, and Agency representative. The committee will be chaired on a rotation by each of the above representatives.
- Once the form is received, the individual filing the concern and/or grievance shall be contacted in writing or documented phone call acknowledging the receipt of the complaint within 5 business days.
- The committee will meet monthly and the complainant may be contacted to appear before the committee with their concerns. Other individuals who may have information that will assist the committee in making the recommendation for resolution may also be invited to appear before the committee.
- The complainant will be given the findings of the Concern Review Committee, in writing or by documented phone call, within 15 working days. These findings will include resolution or next steps to the concern and/or grievance.

DFS Ombudsman – see attached description.

- If the concern and/or grievance is not resolved to the satisfaction of the complainants by the Concern Review Committee, they may contact the DFS Ombudsman.

DFS Director –

- If a concern and/or grievance is not resolved to the satisfaction of the complainant, the complainant shall communicate this in writing to the Director who will then review the original complaint and issue a final resolution in writing to the complainant within 10 working days.

Any person who believes they have been discriminated against can file a complaint with the Office of Diversity.

Concerns and/or Grievances will be tracked and assessed periodically for quality purposes.

Timothy Burch, Interim, Director
Clark County Department of Family Services

Date

Department Family Services

Concern/Grievance Form

Caller Name :

Date / Time:

Provider Number:

Please describe in detail the incident(s) or events that led you to write this concern/grievance including all applicable dates:

Concern Details / Steps Taken:

Spoke with: include name and date for each applicable contact

Case Manager	Licensing
Supervisor	Placement
Manager	Assistant Director

Desired resolution:

Know Before You Go

Kinship care is when a relative or close family friend takes care of a child in foster care. Relatives are called kinship caregivers. Those who have a family-like tie to the child but are not related by blood are called fictive kin caregivers.

Kinship and fictive kin caregivers may be eligible for financial and medical assistance, to participate in legal proceedings, and/or to become a licensed caregiver.

The courts and child welfare agency will make almost every decision about the care of the child. The caregiver is a respected partner in the process. Open communication between the kinship family and agency is essential.

Foster care is a temporary arrangement for children, but it is important to understand that the child welfare process takes a long time: months or even years. You may be asked to adopt the child.

Family boundaries and roles change when a child is placed in kinship care and the child welfare agency is involved. Seek support from your agency workers, community resources and other caregivers.

Roadside Assistance

UPCOMING KINSHIP ORIENTATIONS:

KINSHIP ORIENTATION TOPICS:

- Detailed explanation of the Kinship Care Road Map
- Preparing for licensing
- Applying for Child-Only TANF benefits
- Partnering with the Department of Family Services (DFS)
- Local and national kinship supports and resources

LEARN MORE:

For additional information, please contact Foster Kinship, a non-profit providing support and advocacy for kinship families in Clark County, NV.
 Info@fosterkinship.org
 www.FosterKinship.org
 (702) KIN-9988

Kinship Care Road Map

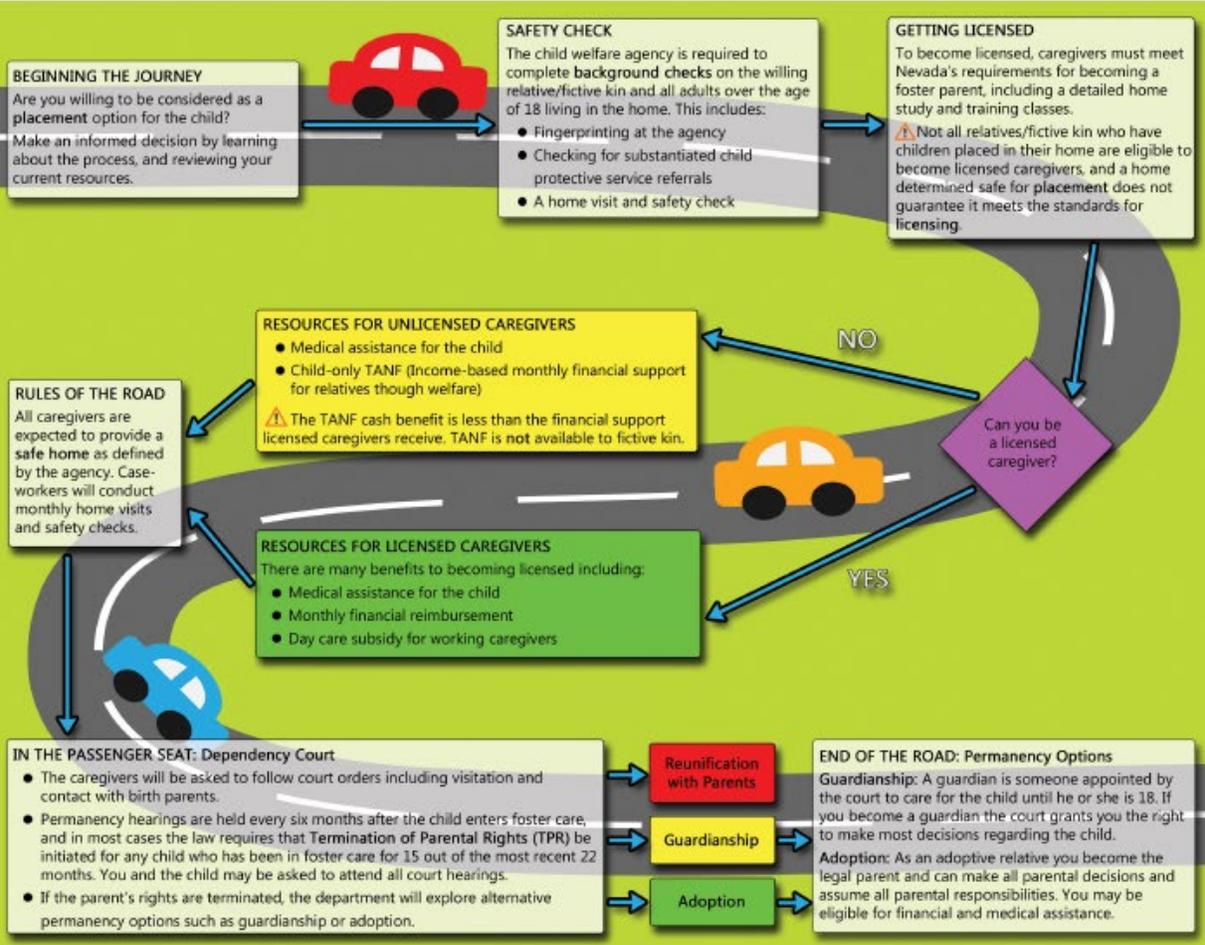
Relatives play an important role in the lives of children who enter foster care. Children do better when they are placed with people who know and care about them.

This guide is for people who are taking care of relative's children in the child welfare system in Clark County, NV. It is important to understand all your rights and responsibilities as a caregiver of a foster child.

While each family's journey is different, there are many resources to help along the way.



Developed by Foster Kinship for Clark County Department of Family Services. Thanks to the National Kinship Alliance for Children. © Foster Kinship 2015



Community Partnership Workgroup

This workgroup is responsible for developing and maintaining community partnerships that will further the Quality Parenting Initiative and support children in care. The goal is to work with public and private agencies to bring about “opportunities of support” for our children in care and the caregivers in our community.



Community Input



**Thank you
for your participation!**