

Foster Care and Adoption Terms to Know

Abandonment

The desertion of a child by a parent or adult primary care giver with no provisions for continued childcare and without any apparent intention to return to resume caregiving.

Adoptee

An adopted person. Some of the persons object to being called an “adoptee” because: (1) it distinguishes an adopted child from a birth child in the same family (one does not say, “This is my birth son, Johnny.”) and (2) it implies adoption is the central fact of that person’s life (which, of course, it may be).

Adoption

The result of a court action in which an adult assumes legal and other responsibilities for another, usually a minor.

Adoption Agency

An organization, usually licensed by the State, that provides services to birth parents, adoptive parents and children who need families. Adoption agencies may be public or private, secular or religious, for profit or nonprofit.

Adoption Attorney

A legal professional who has experience with filing, processing and finalizing adoptions in a court having jurisdiction.

West Virginia Adoption Resource Network

The West Virginia Adoption Resource Network (ARN) provides a way to exchange information, statewide and with other states, about children who need to be adopted and adults approved to adopt children.

Adoption Petition

An adoption petition is a legal document through which prospective parents request the court’s permission to adopt a specific child.

Adoption Placement

The point at which a child begins to live with prospective adoptive parents (the period before the

adoption is finalized). The adoption placement is also referred to as the Trial Adoption. The trial adoption period is a minimum of six (6) months.

Adoption Placement Agreement

An agreement that outlines the responsibilities of the pre-adoptive parent(s) and the Department.

Adoption Selection Committee

The Adoption Selection Committee is made up of the child's Department worker, Attorney or Guardian Ad Litem, the Department Homefinder, Department Adoption Specialists and Department Adoption Supervisors. The purpose of this committee is to select the most appropriate adoptive placement for a child.

Adoption Statement of Intention and Assurance

The Adoption Statement of Consideration, also known as the "Intent to Adopt," is a statement provided by foster parents, to the Department, indicating their desire to adopt a particular foster child that is currently in their home. The statement is to make the Department aware that the foster parents wish to be considered as possible adoptive resource for a child should the child become legally free for adoption.

Adoption Subsidies

Federal or State adoption benefits (also know as adoption assistance) designed to help offset the short and long-term costs associated with adopting children who need special services. To be eligible for the Federal IV-E subsidy program, children must meet each of the following characteristics:

- A court has ordered that the child cannot or should not be returned to the birth family.
- The child has special needs, as determined by the state's definition of special needs.
- A "reasonable effort" has been made to place the child without a subsidy; the child must have been eligible for Supplemental Social Security Income (SSI) at the time of the adoption, or the child's birth family must have been receiving or eligible to receive Temporary Assistance for Needy Families (TANF).

Benefits available through the West Virginia subsidy programs include:

- Monthly cash payments – The maximum amount a child may receive is based on the rate the child would have received if the child were still in foster care.
- Medical assistance – Medicaid benefits through the federal program (and some state programs).
- Social Services – Post-adoption services such as respite care, counseling, day care, etc.

- Nonrecurring adoption expenses – In West Virginia, the maximum one-time nonrecurring adoption reimbursement benefit is \$1,000. Nonrecurring adoption reimbursement benefit can be used for adoption fees, court costs, attorney fees, physical and psychological examinations, and other expenses related to the legal adoption of a child with special needs.

Before adopting a child with special needs, ask your agency about the availability of federal and state subsidies.

Adoption Tax Credits

Non-refundable credit, which reduces taxes owed by adoptive parent who claim adoption expense reimbursement under Public Law 104-188, may be claimed on federal taxes (and in some states with similar legislation, on state taxes). Refer to the IRS publication 968, Tax Benefits for Adoption.

Adoption Tax Exclusions

IRS provisions in the federal tax code with allow adoptive parents to exclude cash or other adoption benefits for qualifying adoption expenses received from a private-sector employer when computing the family's adjusted gross income for tax purposes.

Adoption Triad

The three major parties in an adoption: birth parents, adoptive parents, and adopted child. The adoption triad is also called the "adoption triangle" or "adoption circle".

Aftercare

Services that may be provided subsequent to a child's or young adult's discharge from placement as identified in the discharge plan.

Alcohol-Related Birth Defects

Physical or cognitive deficits in a child which result from maternal alcohol consumption during pregnancy include but are not limited **Fetal Alcohol Syndrome (FAS)** and **Fetal Alcohol Effect (FAE)**.

Allowance and Income of Foster Children

Foster/adoptive parents shall provide an allowance for the child's discretionary spending at a rate set by the Department in the Foster Parents Agreement.

Anti-Social Behavior

Anti-social behaviors are actions that deviate sharply from the social norm. Children with such behaviors commonly skip school, get into fights, run away from home, persistently lie, use drugs or alcohol, steal, vandalize property, and violate school and home rules.

Attachment

The ability of a child to form significant and stable emotional connections with other people, beginning in early infancy with one or more primary caretakers. Failure to establish such connections before the age of five (5) may result in difficulties with social relationships as severe as **reactive attachment disorder**.

Attention Deficit Disorder (ADD)

Attention Deficit Disorder is a lifelong developmental disability (with onset in infancy, childhood, or adolescence) that affects a child's ability to concentrate and control impulses. A child who has ADD is not hyperactive, but often has problems sustaining attention in tasks or play activities, difficulty in persisting with tasks to completion, and concentrating for longer periods of time.

Autistic Disorder

A pervasive developmental disturbance with onset before age three, characterized by markedly abnormal or impaired development in social interaction and communication and a markedly restricted array of activity and interests. Manifestations of the disorder vary greatly depending on the developmental level and age of the individual. Autistic children can be withdrawn and show little interest in others or in typical childhood activities and instead exhibit repetitive and stereotyped patterns of behavior, interests and activities.

Birth parent

A child's biological parent is also referred to as a birth parent.

Bonding

The process of developing lasting emotional ties with one's immediate caregivers; seen as the first and primary developmental task of a human being and central to the person's ability to relate to others throughout life.

Boarding Care

The monthly boarding care should be used to cover the expenditures (food, room, replacement clothing, recreation, transportation, toys/equipment, education, allowance, personal needs, and misc.).

Capacity

Capacity refers to the number of children that can reside in the same foster/adoptive home.

Cerebral Palsy

A non-hereditary condition which results from brain damage before, during, or after birth. Children with cerebral palsy lack muscle control in one or more parts of their bodies or may experience speech and language difficulties, depending on the area of the brain damaged. Individuals with cerebral palsy can possess very normal mental functions.

Certification

The approval process (detailed in State laws or regulations) that takes place to ensure, insofar as possible, that foster/adoptive parents are suitable, dependable and responsible.

Annual re-certification

A reevaluation of all approved foster/adoptive homes will be completed every twelve (12) months from the date the family was approved as a foster care and/or adoptive provider. **More information on foster care tuition waiver can be found directly following the Terms section.*

Chapter 48

The part of the State Code that covers domestic relations law, including domestic violence and adoption.

Chapter 49

The part of the State Code that covers social services licensing, juvenile justice, children's protective services, interstate placement of children and subsidized adoption.

Child Care

Child care services are available for children in the state's custody when the foster/adoptive parents are employed or participating in an educational program. Child care will only be provided to the family's foster children, not the biological or adopted children, unless the family meets the income eligibility requirement of the child care program. All child care arrangements must be coordinated through the child care resource and referral agency that covers the county in which the foster parent resides.

Children with Special Health Care Needs

Foster children are eligible to participate in the Office of Maternal and Child Health's Children with Special Health Care Needs (formerly Handicapped Children's Services). Referrals should be

made through the EPSDT **HealthCheck** program by the child’s supervising physician.

Child/Adult Protective Services Records Check

A Child/Adult Protective Services Records Check will be performed on each foster/adoptive parent and anyone over the age of eighteen (18) living in their home. A foster/adoptive parent and anyone living in their home must not have a record of substantiated maltreatment.

Child Placing Agencies

Agencies organized for the purpose of placing children in private family homes for foster care or adoption. These agencies are responsible for investigating and certifying the homes. Child Placing Agencies also provide transitional living services.

Child’s Case Plan

A comprehensive document prepared by the Department pursuant to the requirements of W. Va. State Code §49-6-5 following an adjudication by the court that the child is an abused and/or neglected child, that directs the provision of all casework services, including the services provided to the child.

Clothing

All children who enter foster care are entitled to an adequate wardrobe. It is the foster/adoptive parent’s responsibility to maintain appropriate clothing for the child during the time of placement and to ensure that the child has an adequate wardrobe available at the time of discharge. It is the child’s DHHR worker’s responsibility to keep an updated inventory of the child’s clothing and personal belongings. Under no circumstances is it permissible for a foster family or facility to keep a child’s clothing or personal items when the child is discharged.

- **Initial Placement (clothing) Allowance**

The initial clothing allowance is only made when a child initially enters foster care and the DHHR worker determines that the child is in need of clothing. The child’s worker is not to issue another clothing payment for the child if the child moves from one place to another.

- **School Clothing Allowance**

The school clothing allowance is a statewide allowance made annually to foster/adoptive parents for school age foster children when funds are available.

- **Placement/Departure Wardrobe and Personal Item Inventory**

This list is to help foster/adoptive parents verify what clothing and personal property a child has upon placement or departure. This list serves as an aid in determining the

amount of placement clothing allowance each child needs. Presents/gifts given to the child during placement are considered the child's personal property.

Community-Based Services

All needed services for children, youth and families, including treatment, support services, educational support, and opportunities for social interaction and supervision provided in the community of the child, youth or family.

Concurrent Planning

A process used in foster care case management by which child welfare staff work toward family reunification and, at the same time, develop an alternative permanency plan for the child (such as permanent placement with a relative, or adoption) should family reunification efforts fail. Concurrent planning is intended to reduce the time a child spends in foster care before a child is placed with a permanent family.

Consent to Adopt or Consent to Adoption

Legal permission for the adoption to proceed.

Cultural Competence

The ability of individuals and systems to interact responsively, respectfully, and effectively with people of all cultures, classes, races, ethnicities, and religious backgrounds in a manner that recognizes, affirms, and values the worth of individuals, families, and communities while protecting and preserving the dignity of each.

Custody

The care, control, and maintenance of a child which can be legally awarded by the court to an agency (in abuse and neglect cases) or to parents (in divorce, separation, or adoption proceedings). Child welfare departments retain legal custody and control of major decisions for a child in foster care; foster/adoptive parents do not have legal custody of the children they care for.

Criminal Investigative Background Check (CIB)

W. Va. Code §49-2B-8 requires a check of personal criminal records for foster/adoptive parents. All applicants and other adults in the home will authorize the release of criminal records to the Department. CIB checks will be performed on each foster/adoptive parent and anyone over the age of 18 living in their home every five (5) years.

Decree of Adoption

The legal order that finalizes an adoption.

Dental Care

All foster children are to be referred to a dentist by the time they are three (3) years of age for a yearly check up and dental services as prescribed by the dentist. Routine dental care is provided to children in foster care through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) **HealthCheck** program.

Developmental Disability

A severe, chronic impairment (with onset before age twenty-two [22] and which is likely to continue indefinitely) which creates substantial functional limitations in three or more of the following areas of major life activity; self-care, language, learning, mobility, self-direction, potential for independent living and potential for economic self-sufficiency as an adult. The condition can be attributed to one or more mental or physical impairments which require specific and lifelong or extended care that is individually planned and coordinated.

Developmental Stages

The progression of physical and mental changes occurring over time and that result in clusters of identifiable and predictable characteristics tending to occur during specific periods is referred to as Developmental Stages. **More information on child developmental stages can be found directly following the Terms section.*

Discipline

Although discipline was once thought of as punishment, it should be used as a form of teaching. Discipline can teach children to:

- Control their feeling and inappropriate actions;
- Respect their parents, family members, and friends; and
- Learn how to solve problems without anger or hurt.

Foster/adoptive parents are strictly prohibited to use punishments of a physical nature, including hitting on the body in any manner, or any punishment that subjects a child to verbal abuse, ridicule, or intimidation. **More information can be found following the Terms section.*

Down Syndrome

A genetic disorder (caused by the presence of an extra chromosome) which results in physical and mental abnormalities. Physical characteristics include a flattened face, widely spaced and

slanted eyes, smaller head size, and lax joints. Mental retardation is also typical, though there are wide variations in mental ability, behavior, and developmental progress. Possible related health problems include poor resistance to infection, hearing loss, gastrointestinal problems, and heart defects.

Dual Providers

In general, foster/adoptive parents are not allowed to provide services to more than one program at a time. Foster/Adoptive Care, Adult Family Care, Day Care, Specialized Family Care, and Specialized Foster/Adoptive Care are all vitally important programs within the Department and each requires a great deal of time and energy on the part of the provider.

Education

Every child in foster care must be afforded educational opportunities commensurate with the child's abilities. All children in placement are expected to attend school on a regular basis. All children in foster care are expected to attend high school through graduation rather than quitting and/or completing their General Equivalency Degree (GED).

Emergency Services

Provisions shall be made for the immediate services of a doctor or hospital for an ill foster child, for needed follow-up after an illness or accident, or whenever there is other evidence of medical need. Children in foster care who may need emergency medical services prior to the issuance of a medical care are to be given a copy of the form letter SS-FC-40A. This form is time limited and only used if the child does not yet possess a valid medical card. The child's foster/adoptive parents, child placement agency, or the group/residential facility should notify the Department in the case of an emergency situation.

Extended Family

An extended family includes a child's relatives (other than parents) such as aunts, uncles, grandparents, and sometimes even close friends.

Fetal Alcohol Effect (FAE)

A disorder associated with cognitive and behavioral difficulties in children whose birth mothers drank alcohol while pregnant. Symptoms are similar to Fetal Alcohol Syndrome (FAS) but less severe or comprehensive.

Fetal Alcohol Syndrome (FAS)

A child may be diagnosed with Fetal Alcohol Syndrome when birth defects and serious life-long mental and emotional impairments result from heavy maternal alcohol consumption during

pregnancy. Symptoms of mental and emotional deficits may include significant learning and behavioral disorders (including attention deficits and hyperactivity), diminished cause-and-effect thinking, poor social judgment, and impulsive behaviors.

Fictive Kin

People not related by birth or marriage who have an emotionally significant relationship with an individual.

Finalization

The final legal step in the adoption process; involves a court hearing during which the judge orders that the adoptive parents become the child's legal parents.

Foster/Adoptive Parent Training

- **Pre-Service Orientation Training**

Pre-Service Orientation Training gives interested persons an opportunity to learn more about the foster/adoptive family care program of the Department and to decide if they wish to continue with the application process. Pre-service Orientation sessions are held as a group process and provides prospective parents the chance to learn from each other.

- **In-Service Training**

In-Service Training serves the dual purpose of providing foster/adoptive parents an opportunity to increase their understanding of problem situation and behaviors and an opportunity for obtaining the support of other foster parents. In-Service Training can be provided by Department staff, Schools of Social Work staff, community resources, adult education centers, hospitals, libraries, etc. Training done by person other than Department or Agency staff, or by one of the Schools of Education Consortium members, must have approval of the Department Homefinder for Department homes, or designated agency staff.

Foster Care Tuition Waiver

During fiscal year 2000, West Virginia legislation was enacted (HB-4784) which allows eligible youth in foster care to receive tuition waivers for the purpose of attending a West Virginia higher education institution. **More information on foster care tuition waiver can be found directly following the Terms section.*

Foster Children

Children who have been placed in the State's legal custody because their birth parents were

deemed abusive, neglectful, or otherwise unable to care for them.

Foster/Resource Parents

State-licensed adults who provide a temporary home for children whose birth parents are unable to care for them.

Foster/Adoptive Family Grievances

Any decision made by the Department is subject to a challenge by the foster/adoptive parent by requesting a fair hearing. **More information on foster/adoptive family grievances can be found directly following the Terms section.*

Foster/Adoptive Providers

Social workers place the child with specially trained providers that are certified as both a foster care provider and adoptive provider. Foster/adoptive providers can work with the child and family during family reunification efforts but can also adopt the child if the child becomes available for adoption. The main reason for making this type of placement is to spare the child unnecessary moves.

Genealogy

Genealogy is a family's genetic "line", family tree, or a record of such ancestry.

Grief

Grief is a feeling of emotional deprivation or loss. Grief may be experienced by each member of the adoption triad at some point.

Group Home

A home-like setting in which a number of unrelated children live for varying time periods. Group homes may have one set of house parents or may have a rotating staff and some therapeutic or treatment group homes have specifically trained staff to assist children with emotional or behavioral difficulties.

Guardian

A person who fulfills some of the responsibilities of the legal parent role, although the courts or birth parents may continue to hold some jurisdiction of the child. Guardians do not have the same reciprocal rights of inheritance as birth or adoptive parents. Guardianship is subject to ongoing supervision by the court and ends at the child's majority by the court.

Guardian Ad Litem (GAL)

An attorney appointed by the court to represent the interests of a child, a ward, or an unborn infant in a particular court case. The status of Guardian Ad Litem exists only within the confines of the particular court case in which the appointment occurs.

HealthCheck

HealthCheck is the Early Periodic Screening Diagnosis and Treatment Program. HealthCheck is a requirement for every child in foster care. The Sander's Liaison will contact the foster care provider, after the child's initial entry into foster care, requesting a preferred health care provider. The liaison will make the appropriate initial appointment. The child's worker and child's foster/adoptive parents or agency staff are notified of the appointment via memorandum and/or telephone by the liaison.

Home Study

A process through which prospective foster/adoptive parents are educated about adoption and foster care and evaluated to determine their suitability for to become foster/adoptive parents.

Human Trafficking Victim

Someone who has been forced, coerced, enticed, transported, isolated, harbored, obtained, or received for the purpose of debt bondage, sexual servitude, a commercial sex act, or forced labor.

Identifying Information

Information on individuals which discloses their identity.

Immunizations

Every child shall be immunized against childhood diseases including whooping cough, mumps, tetanus, diphtheria, polio, measles, and rubella as recommended by the Bureau of Public Health. Immunizations can be obtained through the EPSDT HealthCheck program.

Independent Living

A type of placement that provides life-skills training to youth to assist them to acquire the skills they will need to live independently as adults. The program is designed for children who are "aging out" of foster care and for whom there is no permanency plan.

Indian Child Welfare Act (ICWA)

The Indian Child Welfare Act is federal law (Public Law 95-608) regarding the placement of Native-American children which establishes the tribe's sovereignty as a separate nation over the welfare of children who are tribal members or who are eligible for tribal membership.

Intellectual Developmental Disorders

Impaired or incomplete mental development characterized by an IQ of 70 or below and characterized by significant functional limitations in at least two of the following skills: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. Onset usually occurs before the age of eighteen (18). More than 200 specified causes of intellectual developmental disorders have been identified.

Individualized Educational Plan (IEP)

A plan for educational support services and outcomes developed for students enrolled in special education programs.

Institutionalization

The placement of children in hospitals, institutions, or orphanages. Placement in institutions during early critical developmental periods and for lengthy periods is often associated with developmental delays due to environmental deprivation, poor staff-child ratios, or lack of early stimulation.

Interstate Compact

A voluntary agreement between two or more states designed to address common problems of the states concerned.

Interstate Compact on Adoption and Medical Assistance (ICAMA)

An agreement between member states that governs the interstate delivery of and payment for medical services and adoption assistance payments/subsidies for adopted children with special needs. The agreements are established by the laws of the states which are party to the Compact.

Interstate Compact on the Placement of Children (ICPC)

An agreement regulating the placement of children across state lines. All 50 states, the District of Columbia, and the U.S. Virgin Islands have independently adopted the ICPC as statutory law in their respective jurisdictions.

Investigations of Allegation of Abuse and/or Neglect in Foster/Pre-Adoptive Family Homes

The Department has the authority to remove children from a foster/adoptive home during the investigation of abuse/neglect complaints, if the allegation is of a nature that warrants the removal. The Department may remove a child in these circumstances even though the child may

have been in the home more than eighteen (18) months. However, the Department is permitted to exercise its professional discretion in electing to not terminate the placement arrangement if the foster/adoptive parents are not found to be culpable in the abuse/neglect and the continued placement is in the best interest of the child. Depending on circumstances, the Department may terminate all placement arrangements and close the home or implement a time-limited corrective action plan which addresses the issues identified as problematic in the investigation.

Kinship/Relative Care

The full-time nurturing of a child by someone related to the child by family ties or by prior relationship connection (**fictive kin**).

Learning Disabilities (LD)

A child has a learning disability when one or more impairments in reading, mathematics, and/or written expression skills interfere with the academic performance in school or in activities of daily living requiring those skills. Performance on standardized tests below that expected for age, schooling, and level of intelligence are used as preliminary diagnostic tools to identify areas where children are experiencing problems. Children with learning disabilities may be of average or above average intelligence, but have difficulty learning, sorting and storing information. Some children find learning in a regular classroom difficult and LD classes may be recommended to help them achieve their potential in school.

Legal Custody

Restraint of or responsibility for a person according to law, such as a guardian's authority (conferred by the court) over the person or property (or both) of his ward.

Legal Risk Placement

The placement of a child in a prospective adoptive family when a child is not yet legally free for adoption. Before a child can be legally adopted by another family, parental rights of his or her birth parents must be terminated. In a "legal risk" adoptive placement either the termination of parental rights has not yet occurred or it is being contested. In some cases, termination of parental rights is delayed until a specific adoptive family has been identified.

Legally Free

A child whose birth parents' right have been legally terminated so that the child is available to be adopted by another family.

Liability Insurance

The Department of Health and Human Resources and the State Insurance Board have developed

an agreement to provide general liability and property insurance protection for all approved foster homes in West Virginia. The insurance protects the Department including its employees and the foster parents for negligent acts of the foster child that cause injury or damages to person other than the foster parent.

Life Book

A pictorial and written representation of the child's life designed to help the child make sense of his unique background and history. The life book can include birth parents, siblings, other relatives, foster parents, teachers, etc.

Loss

Loss is feeling of emotional deprivation that is experienced at some point in time. For a birth parent the initial loss will usually be felt at or subsequent to the placement of the child. A foster or adopted child may feel a sense of loss at various points in time.

Mainstreamed

In education, a term that typically refers to the planned and sustained placement of a child with special educational needs into a regular education classroom for part or all of the school day.

Maltreatment

Maltreatment involves physical abuse, child neglect, sexual abuse, and/or emotional abuse. Federal CAPTA legislation (Public Law 104-235) provides definition that identify a minimum set of acts or behaviors that characterize maltreatment. Each state is responsible for providing its own definitions of child abuse and neglect within the state's civil and criminal context.

Matching

The process of finding prospective families specifically suited to meet the needs of a waiting child, not to be confused with "placement".

Multidisciplinary Treatment Team (MDT)

A multidisciplinary treatment team (MDT) is a group of individuals from different disciplines who work together with child(ren) and family to develop a service plan and coordinate services. An MDT becomes the central point for decision making during the life of a case. The Case Plan is developed by the MDT, therefore the child(ren) and family's participation is vital throughout the process. Any person or professional who may contribute to the team's efforts to assist the family and child(ren) must be notified and invited to participate in the MDT, **but extra attention must be placed on encouraging the child(ren) and family to participate in the MDT process.** As stated in Foster Care Policy, the foster and adoptive parents are to be a part of the Multidisciplinary

Treatment Team.

- **Notification of the MDT meeting**

The notification of the MDT meeting is sent out to all MDT members prior to the MDT treatment team meeting.

- **Notification of the MDT members of scheduled hearing**

The Notification of the MDT members of scheduled hearing is sent to all MDT members prior to a scheduled hearing.

Multi-Ethnic Placement Act (MEPA)

A federal Law enacted in 1994 and implemented through state policy. The Multi-Ethnic Placement Act of 1994, as amended, Public Law 103-382 [42 USC 622], prohibits the delay or denial of any adoption or placement in foster care due to the race, color, or national origin of the child or of the foster or adoptive parents and requires states to provide for diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom homes are needed. The 1996 amendment, Section 1808 of Public Law 104-188, Removal of Barriers to Interethnic Adoption affirms the prohibition against delaying or denying the placement of children for adoption or foster care on the basis of race, color, or national origin of the foster or adoptive parents or of the child involved [42 USC 1996b].

Non-compliance/Corrective Action

Failure of foster/adoptive parents to meet the standard outlined in Homefinding and Foster Care Policies shall be considered non-compliance issues and shall be discussed with the family. Depending on the nature and severity of the discrepancy, the foster/adoptive parents may be offered a corrective action plan, or the home may be closed. The exception to offering a corrective action plan for non-compliance issues is any substantiated abuse or neglect complaint when maltreatment has been founded. The home must be closed in these instances as per W. Va. Code §49-2-14(a).

Non-recurring Adoption Costs

One-time adoption expenses, which, through provisions of the Adoption Assistance and Child Welfare Act of 1980, may be at least partially reimbursed by states up to a maximum limit of \$2,000.00 to families adopting children with special needs. Allowable expenses for this reimbursement benefit can include the cost of home study, adoption fees, court costs, attorney fees, physical and psychological examinations, travel to visit with the child prior to placement, and other expenses related to the legal adoption of a child with special needs.

Normalcy

The right of all youth in foster care to be provided with the opportunity for normal growth and development, which includes age-appropriate activities, recreation, and life skills.

Occupational Therapy

The science of using everyday activities with specific goals to help people of all ages prevent, lessen, or overcome physical disabilities.

Open Adoption

An adoption that involves some amount of initial and/or ongoing contact between birth and adoptive families, ranging from sending letters through the agency to exchanging names and/or scheduling visits.

Oppositional Defiant Disorder (ODD)

A recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least six (6) months. This disorder is characterized by frequent occurrence of at least four of the following behaviors: frequent loss of temper, tendency to argue with adults, refusal to obey adult rules or requests, deliberate behaviors to annoy others, spiteful and vindictive behavior, being touchy or easily annoyed by others, being angry and resentful, use of obscene language, and a tendency to blame others for mistake or misbehavior.

Out-of-Home Observation Report

The Out-of-Home Observation Report is mandated of all foster/adoptive parents. The report allows the foster/adoptive parent to express their observations, concerns, and opinions about a foster/adoptive child's status and progress.

Parens Patriae

The legal term that defines the State's legal role as the guardian to protect the interests of children who cannot take care of themselves. For example, in an abuse or neglect case, this concept is used to explain the State's duty to protect minor children who lack proper care and custody from their parents.

Paternity Testing

Genetic testing that can determine the identity of the biological father. Paternity testing can be done with or without access to the biological mother.

Permanency Planning

The systematic process of carrying out (within a brief, time-limited period) a set of goal-directed

activities designed to help children live in permanent families. This process has the goal of providing the child continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime family relationships.

Placement Date

The placement date is the time at which the child comes to live with the foster/adopting parents.

Pre-placement Visits

Visits that take place prior to the actual placement. Pre-placement visits are intended to assist the child in the transition from the current placement into another.

Post-adoptive Services

Post-adoptive services are services to a child or family after the adoption has been consummated.

Post-legal Adoption Services

Services provided subsequent to legal finalization of the adoption. There are primarily four types of post-legal service providers: social service agencies, private therapists, mental health clinics, and self-help groups.

Post-Traumatic Stress Disorder (PTSD)

A condition in which victims of overwhelming and uncontrollable experiences are subsequently psychologically affected by feelings of intense fear, loss of safety, loss of control, helplessness, and extreme vulnerability, and in children the disorder involves disorganized or agitated behavior.

Prenatal Substance Exposure

Fetal exposure to maternal drug and alcohol use which can significantly increase the risk for developmental and neurological disabilities. The effects can range from severe (neurological damage and growth retardation) to minor (resulting in normal outcomes). Infant and child long-term development depends not only on the prenatal exposure (type of drug, amount, length of time of use), but on factors related to the child's own biological vulnerability and environmental conditions.

Reasonable and Prudent Parenting Standard

The standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular,

enrichment, cultural, and social activities.

Psychological Parent

A person, though not perhaps biologically related to the child, whom the child considers his parent; sometimes call a “de facto” parent.

Putative Father

Putative Father is a legal term for the alleged or supposed father of a child.

Recreation for Foster Children

Foster/adoptive parents shall provide opportunities for recreational activities which are appropriate to the age and abilities of the child. Foster/adoptive parents shall encourage children to take part in community service activities both with the family and on their own.

Religious and Ethnic Heritage of Foster Children

Foster/adoptive parents shall recognize, encourage, and support the religious beliefs, heritage, and language of the child and his family.

Relinquishment

Voluntary termination of parental rights; sometimes referred to as surrender or as making an adoption plan for one’s child.

Residential Care Facility

A structured 24-hour care facility with staff that provide psychological services to help severely troubled children overcome behavioral, emotional, mental, or psychological problems that adversely affect family interaction, school achievement, and peer relationships.

Residential Treatment

Therapeutic intervention processes for individuals who cannot or do not function satisfactorily in their own homes. For children and adolescents, residential treatment tends to be the last resort when a child is in danger of hurting themselves or others.

Respite Care

Temporary or short-term care of a child provided for pay or on a voluntary basis by adults other than the parents (birth, foster/adoptive parents).

Reunification

Reunification is the returning of foster children to the custody of their parent(s) after placement outside the home.

Reunification Services

Interventions by social worker, other professionals, and foster/adoptive parents to help children and their birth parents develop mutually reciprocal relationships that will help them to live together again as a family.

Savings Accounts for Foster Children

Foster/adoptive parents are encouraged to open a savings account for foster children. Children can save a portion of their allowance.

Semi-open Adoption

Semi-open adoption is an adoption in which a child's birth parents and pre-adoptive parents may exchange primarily non-identifying information. After the child is placed in the adoptive home, contact with the birth family may involve letters or pictures or other communications sent through the intermediary of the adoption agency or the attorney who assisted in the placement.

Children with Special Needs

Guidelines for classifying a child as special needs vary by state. Common special needs conditions and diagnosis include serious medical conditions, emotional and behavioral disorders, history of abuse or neglect, and medical or genetic risk due to familial mental illness or parental substance abuse. Special needs children may also include those children with emotional or physical disorders, older children, minority race, membership in a sibling group, a history of abuse, or other factors that contribute to a lengthy stay in foster care.

Speech and Language Disorders

Speech and language disorders are when an individual has impairments of speech or receptive language. Speech disorders usually involve difficulties with articulation which can generally be improved or resolved with speech therapy, usually requiring treatment over months or years. Language disorders, on the other hand, often result in substantial learning problems, involving difficulty with language comprehension, expression, word-finding, and/or speech discrimination. Treatment by a language therapist generally leads to improvement in functional communication skills, although treatment cannot be generally expected to eradicate the problem.

Stepparent Adoption

Stepparent adoption is the adoption of a child by the new spouse of the birthparent.

Substitute Care

Substitute care is any kind of care sanctioned by the court of jurisdiction in which the child does not live with the birth parent.

Supplemental Security Income (SSI)

Supplemental Security Income is a federally funded, needs-based disability program for adults and children which provides monthly cash benefits and, in most states, automatic Medicaid eligibility.

Support Groups for Foster/Adoptive Parents

- National Foster/Adoptive Parent Association
- Statewide Foster/Adoptive Parent Association
- County Foster/Adoptive Association
- Relative as Parent Providers (RAPP)

System

The public child welfare system is often referred to as the “System”. The term is also used to refer to the network of governmental organizations providing a range of child welfare services.

Termination of Parental Rights (TPR)

The legal process which involuntarily severs a parent’s rights to a child.

Therapeutic (or Treatment) Foster Home

A foster home in which the foster parents have received special training to care for a wide variety of children and adolescents, usually those with significant emotional or behavioral problems. Parents in therapeutic foster homes are more closely supervised and assisted more than parents in regular foster homes.

Tobacco Usage by Minors

W. Va. Code §16-9A-2 states that “Any individual who knowingly and intentionally sells, gives or furnishes or causes to be sold, given, or furnished to any person under the age of eighteen years any cigar, cigarette, snuff, chewing tobacco, tobacco product or tobacco-derived product, in any forms, is guilty of a misdemeanor...” Tobacco-derived products, as defined by the section, includes electronic cigarettes or similar devices, alternative nicotine products and vapor products.

Transportation/Car Safety

Every child should be buckled in a child safety seat, a booster seat, or with a lap/shoulder belt as recommended by the National Highway Traffic Safety Administration.

Universal Precautions

A collection of medically related behaviors, procedures, and protocols designed to minimize the risk of disease transmission and contamination. **More information on Universal Precautions can be found directly following the Terms section.*

Visitation Plan

Visitation will occur on a regular basis at any reasonable time. A visitation plan will be developed by the child's MDT. The child's DHHR worker will provide the visitation plan to the child's foster/adoptive parent, specialized agency worker, group care worker, residential care facility worker, or any other caretaker responsible for implementing the visitation plan.

Waiting Children

Children in the public child welfare system who cannot return to their birth homes and need permanent, loving families to help them grow up safe and secure.

Child's Name: _____

Date of Birth: _____ **Age:** _____

Child's DHHR Primary Worker

Name: _____ **Phone #:** _____

Supervisor to Primary Worker

Name: _____ **Phone #:** _____

The Child/Youth Journey Placement Notebook contains confidential information about a specific child. The information about this child is not to be shared with anyone other than the Multidisciplinary Treatment Team (MDT) team members. The foster/adoptive parents should bring the child/youth's Journey Placement Notebook to each MDT meeting so that the child/youth's DHHR worker can ensure the Notebook contains current information.

In a situation where the child/youth is moved from a foster/adoptive home to another foster/adoptive home, the Journey Placement Notebook is to follow the child. If the child/youth is moved from a foster/adoptive home to a group/residential foster care setting, the Journey Placement Notebook must be returned to the child/youth's DHHR worker, unless the stay in the group/residential foster care setting will be short term and the child/youth will be returning to the same foster/adoptive home. During the child/youth's stay in a group/residential foster care setting, the child/youth's DHHR worker will maintain the Journey Placement Notebook for the child/youth, until they are placed into another foster/adoptive home. The Journey Placement Notebook will then follow the child/youth to the new foster/adoptive home.

The Journey Placement Notebook is to be kept in the foster/adoptive home. The foster/pre-adoptive parents should keep the Journey Placement Notebook in a secure place where other members of the family will not have access.

The information contained within the Journey Placement Notebook is not to be copied. If information about a child is requested, the foster/adoptive parent will notify the child/youth's worker. It is the responsibility of the child's DHHR worker to supply information about any child in the custody of West Virginia when appropriate. Any information released improperly shall be subject to the penalties prescribed by State Code.

The Journey Placement Notebook was developed to provide the foster/adoptive parents with a mechanism to receive and maintain information about a child they care for. There may be times when the child/youth's worker may not have all the information about a child at the time of placement; however, it is expected that it should be forthcoming as soon as the information is available.

***The Journey Placement Notebook is to be returned to the child/youth's DHHR worker upon the child/youth's exit from foster care, except when the child/youth exits foster care to permanency of adoption or legal guardianship.**

Annual Safety Review and Three Year Recertification

Purpose/Worker Actions

The Home Finding Specialist will complete an annual safety review of each approved foster care provider 12 months after the date the family was approved (the evaluation must be completed prior to the foster/adoptive family's certification anniversary month).

The Home Finding Specialist will complete the recertification for each approved foster care provider three years from the original certification date. This assessment must include the following information:

1. General demographic information of all persons living in the home;
2. Any changes that may have occurred in the home since the last evaluation, such as household composition, finances, health, etc.;
3. Sleeping accommodations for each household member;
4. Training courses attended by the foster/adoptive parents within the past 12 months;
5. All the foster children served in the past 12 months;
6. Activities of the foster/adoptive family and ability of the family to provide care for the child, such as:
 - a. Provides adequate physical care
 - b. Maintains the child's personal items and clothing inventory for the child
 - c. Works with the birth family
 - d. Routinely transports foster children
 - e. Supervises visits
 - f. Attends group training opportunities
 - g. Communicates information about the child promptly to the child's worker
 - h. Seeks prior approval for activities and trips
 - i. Attends and participates in MDTs, reviews and hearings
 - j. Observes confidentiality
 - k. Prepares child for permanency
 - l. Complies with EPSDT HealthCheck Screenings
 - m. Prepares children for independence through life skills instruction
 - n. Advocates for the children with the school system
 - o. Maintains life book for each child
 - p. Utilizes clothing allotments appropriately
 - q. Participates in child's therapy
 - r. Implements counseling recommendations
 - s. Maintains the child's medical records
 - t. Participates in the local Foster Parent Association
 - u. Maintains the child's Journey Notebook
 - v. Completes the Out of Home Observation Report for each child in the home on a monthly basis
7. Areas of strength/needs within the family;
8. Problems or concerns during the past 12 months since the previous Annual Safety Review was completed;
9. A review of the Family Development Plan;

10. A review of the family's emergency/disaster plan and updating the plan when necessary;
11. The Homefinding Specialist's comments and recommendation in relation to the PRIDE Competencies and any needed training in those areas;
12. The foster/adoptive parents' beliefs, comments, and/or recommendations;
13. The evaluation team will review the information and make recommendations about the foster/adoptive family;
14. The Homefinding Specialists will notify the foster/adoptive family of the approval or denial, of the re-evaluation, in writing. A certificate signed by the Homefinding Specialist and the Homefinding Supervisor will be sent to the family that has successfully completed the recertification within 10 business days;
15. The Homefinding Specialist must document the recertification date in FACTS with two business days of the completion of the recertification;
16. The Homefinding Specialist will develop a new Family Development Plan with the foster/adoptive family to address any issues related to the PRIDE Competencies and the family's training needs for the next 12 months.

DEVELOPMENTAL STAGES

The following table is a limited descriptions of typical behaviors indicating normal development expected at five different age levels. Individual differences must be considered when evaluating a specific child’s progress to normal development. The chart may be used as a guideline for average development to help alert caregivers to abnormal development so that intervention may be sought.

DIMENSION	INFANT BIRTH TO 1	TODDLER 1-3	PRE-SCHOOL 3-6	SCHOOL 6-13	TEEN 13-18
Physical	Holds head up; Sits alone; Walks; Holds bottle; Begins vocalizing sounds	Rides toys; Climbs stairs; Becomes potty trained; Moves objects; Runs	Dances; Jumps; Involved in high activities; Climbs; Develops fine motor coordination	Refines skills; Increases abilities	Refines skills; Increases abilities; Becomes more proficient
Cognitive Mental Intellectual	Recognizes objects & people; makes choices	Speaks words; Says yes & no; Names objects & people; Develops simple play skills	Increases vocabulary; Listens to stories; Has imaginary playmates; Give & follows directions	Reads; Does arithmetic; Plays musical instruments; Plays complicated games	Develops & understands concepts; Words become more complex; Mental skills are sharper
Emotional	Expresses joy & anger; Has separation anxiety; Fears strangers; Cuddles	Hugs & kisses; Hits when angry; Has tantrums; Develops assertiveness; Resists	Uses words that express feelings; Becomes sensitive; Experiences embarrassment; Becomes shy; Develops fears	Begins to have empathy & understanding feelings; Develops self-esteem; Embarrasses under certain circumstances; Regresses under stress	Becomes moody; Has extreme moods; Regresses; Privacy becomes important; Gets emotional
Social	Smiles at people; Laughs; Plays peek-a-boo	Experiments in parallel play; Shares little; Is aware of peers; Likes attention; Develops independence from others	Understands give & take; Play becomes serious; Becomes open to world; Cooperates; Shares	Participates in games & team activities/sports; Develops community & work concepts; Is interested in others in the world; Develops friendships	Develops sexuality; Friends become more important than family; Has independence; Involved in fads
Moral	Cries at being told “no”; Is aware of simple right & wrong; Responds to rewards	Understands simple rules; Likes to please; Likes to resist	Guilt develop; Right & wrong is not consistent; Makes & follows rules; Understands ownership & rights	Right & wrong are black & white – no gray; Understands fairness; Has values; Understands citizenship; Respects others	Explores values of self & others; Develops a world view
Creativity	Explores toes; Makes sounds; Plays with food	Touches; Moves items; Tastes things; Smells things	Colors; Draws; Has fantasies; Pretends	Makes up stories; Plays games; Has hobbies; Participates in activities	Experiments with objects & real life; Tests the difference between real and fantasy ideas & concepts.

Discipline/Supervision

1. Punishments of a physical nature, including hitting on the body in any manner, or any punishment that subjects a child to verbal abuse, ridicule, or intimidation is strictly prohibited.
2. Children shall be disciplined by foster/adoptive parents with kindness and understanding.
3. Foster/adoptive parents shall use disciplinary measure designed to and carries out in such a way as to help a child develop self-control and to assume responsibility for his own actions.
4. Simple, understandable rules shall be established by the foster/adoptive parents. These rules shall set forth specific expectation for behavior and the reward for appropriate behavior.
5. Discipline shall be related to the developmental stage of the child and in line with the child's abilities comply.
6. Discipline shall be related to the child's actions, handled without bias and without prolonged delay on the part of the foster/adoptive parent. The child shall be aware of the relationship of the actions to its consequences.
7. The child may be given a time out for a short period of time, if necessary, to help them regain control. When possible, children should help set time limits. It is recommended that time limits be determined by the child's age and applying time out for one minute for each year of age of the child.
8. Behavior problems shall be treated individually and privately. If there is an assessment of a child's pattern of unacceptable behavior, the foster/adoptive parents should be involved and cooperate in carrying out the specific behavior modification plan for the child.
9. Denial of mail, phone calls, and/or visits with family members will not be used as a disciplinary measure.
10. Foster/adoptive parents are not to use or permit the use of any form of physical restraint of a child in their care. Use of restraints, except for placing a child in a chair for feeding or transportation, is strictly forbidden.
11. Each foster child must be supervised at all time unless the child is of an age and developmental ability to be left unsupervised. The child's worker will participate in the decision to leave the child unsupervised. No child under the age of 13 shall be left unsupervised.
12. Children must be closely supervised by an adult when participating in activities such as hunting, swimming, jumping on a trampoline, skiing, snowmobiling, horseback riding, etc. Children of any age or with a developmental disability who lack the ability to parent themselves must not be left unattended at any time, when participating in dangerous activities, such as the ones listed above. Foster/adoptive parents should assure that children utilize proper safety equipment such as helmets, knee pads, wrist and elbow pads, etc. when riding bikes, roller blading, or participating in any other activities that may cause injury.
13. Foster/adoptive parents will not allow children under the age of 12 years old to operate an all-terrain vehicle.
14. Foster/adoptive parents will assure that child age 12 years and older do not operate and all-terrain vehicle without a certificate of completion of a vehicle rider awareness course as offered or approved by the Commissioner of Motor Vehicles. During operation of this activity, the child must wear protective gear and be closely supervised by an adult.
15. Foster/adoptive parents will assure that children are not passengers on all-terrain vehicles unless more than one passenger is allow on the vehicle, specified by the manufacturer's recommendations, and the driver is an adult caretaker.

Foster/Adoptive Family Grievances

Purpose

Any decision made by the Department is subject to challenge by the foster/adoptive parent by requesting a fair hearing.

Worker Actions

1. When an applicant does not agree with the Department's reason to deny the applicant from becoming a foster/adoptive parent or when a foster/adoptive family does not agree with a decision made by the Department, the Homefinding Specialist or the child's worker will explain that the family has a right to have a conference with the Homefinding Supervisor and/or Child Protective Services/Youth Services Supervisor to review the matter and will assist in arranging an appointment.
2. If no solution is achieved, the Homefinding Specialist or the child's worker will inform the applicant or foster/adoptive family of their right to file a grievance, as indicated in the letter notifying them of a decision made by the Department. The Homefinding Specialist or the child's worker will assist the foster/adoptive parents in completing the Client and Provider Grievance Hearing Request Form (SS-28).
3. The applicant or foster/adoptive parent(s) must file the grievance within 60 days of the written notification from the Homefinding Specialist of their right to file a grievance concerning the Department's decision, with which they disagree.
4. A grievance will be scheduled by one of the State Hearing Officers. The foster/adoptive family may be represented by an attorney, at their own expense, if they desire.
5. If a satisfactory solution to the problem is reached after all information is presented and discussed, a written statement will be prepared and signed by the foster/adoptive parents and the Homefinding Specialist and/or child's worker.
6. If no agreement is reached and the Hearing Officer believes additional information is needed, the hearing may be continued and reconvened within thirty (30) days, if possible.
7. The Hearing Officer's decision is to be implemented with ten (10) days of the receipt of the decision unless either party files a request for reconsideration. This written request should be made immediately and sent to the Chairman of the State Board of Review. The Chairman may request that both parties present written arguments or schedule another hearing. Both the Homefinding Specialist and/or the child's worker and the foster/adoptive parents have an opportunity to present additional arguments or clarifications at that time.
8. This will be the last hearing within the agency. A written summary and decision will be prepared by the Hearings Officer and all parties will be notified. The Department must implement this decision within 10 days after it has been received.
9. Foster/adoptive parents may petition the Circuit Court to review their concerns if they are dissatisfied with the final decision of the State Board of Review.
10. All grievances will be documented in the provider's FACTS record by the Homefinding Specialist.

Medical Care and First Aid

1. The foster/adoptive parent will keep an ongoing record of the child's entire medical treatment, including routine and emergency appointments, medications prescribed, and any conditions needing follow-up medical attention. This information will be provided to the child's worker to be included in the child's case plan and will be discussed during the quarterly Multidisciplinary Treatment Team (MDT) meetings. A copy will also be given to the Homefinding Specialist at the quarterly home visit.
2. Foster children are required to be screened by an EPSDT HealthCheck provider within 72 hours of entry into foster care and at scheduled intervals during their stay in foster care. Foster/adoptive parents are required to use this program for physical examinations for the children placed in their homes.
3. Foster/adoptive parents shall be responsible for transporting and/or arranging transportation to medical appointments for the child. Foster/adoptive parents may be reimbursed through the use of Non-Emergency Medical Transportation funds through an application with the Office of Family Support/
4. Accidents causing injury to the child such as a broken bone, a gash that needs stitches, etc., or illnesses must be reported to the child's worker as soon as possible after the occurrence. Serious accidents or illnesses must be reported by the foster/adoptive parent to the protective services hotline if they occur after regular business hours.
5. Foster/adoptive parents shall give a child prescribed medication only with a physician's or dentist's prescription or authorization and shall dispense only the exact dosage of medication prescribed to the child.
6. All medications, either prescription or over the counter, must be stored in places inaccessible to children by the foster/adoptive parent. All medicines must have child-proof caps.
7. Foster/adoptive parents must inform the child's worker within one day of any psychotropic medications prescribed for the child. If a child 12 year or older refuses the psychotropic medication, the foster/adoptive parent will abide by the child's wishes and not force the medication upon them. If the child displays a danger to themselves or others due to refusing the medication, the foster/adoptive parent must contact a local hospital/treatment center to have the child evaluated immediately. All information pertaining to the child's desires/concerns about the psychotropic medication must be reported to the child's worker immediately and to the child's MDT for review.
8. All prescription medicines shall be in original containers which are labeled with the individual's name, prescription number, and directions for dosage.
9. Foster/adoptive parents are expected to use universal precautions when dealing with any spill of blood or other bodily fluid. Universal precautions are currently recommended by the American Red Cross and the Department of Health and Human Resources. This will be taught by the Homefinding Specialist as part of the Pre-Service Orientation.
10. All foster/adoptive parents must become certified in CPR and First Aid within the first year of approval and must keep their certification up to date.
11. First Aid supplies shall be available and stored in a place easily accessible to adults in the home.

Recommended Hygiene Practices/Universal Precautions

The following procedures, sometimes referred to as “universal precautions”, should be followed routinely in caring for any child.

1. For spills of semen, blood, saliva, urine, feces, or vomit on surfaces such as floors, countertops, bathtubs, etc., wear gloves and clean up the bulk of the spill with paper towels or disposable rags. Then, using a solution of 10 parts water to 1 part disinfectant (such as ordinary household bleach), disinfect the surface. Let the spot air dry. The used rags or paper towels should be placed in a leak-proof container (e.g., a plastic bag) and put in an outdoor trash container. If you have skin contact with these substances, wash the affected area with soap under running water for at least 10 seconds. HIV is not found in feces or urine unless infected blood is present.
2. Body fluid spills on bedding, clothing and other washables should be washed separately using normal procedures. Add ½ cup of regular non-chlorine bleach to wash cycle. Heavily soiled items (e.g., cloth diapers) may require presoaking.
3. Wash your hands with soap before and after changing a diaper. Gloves are not needed unless there is blood in the feces/urine and you have a rash or open cut on your hand. In those circumstances, disposable gloves should be used.
4. Disposable diapers should be placed in a leak-proof container (e.g., a plastic bag) and put in an outdoor trash container.
5. If a child bites you and draws blood, wash the area immediately with soap and water. As you would for any human bite wound, consult with your doctor.
6. While food sharing (i.e., more than one person eating the same piece of food, such as a hot dog, lollipop, ice cream bar, piece of chicken, etc.) will not transmit HIV, good hygiene dictates that food sharing not be permitted. No other mealtime restrictions are necessary. An HIV-infected child can use the community table, dishes, glasses, and eating utensils, and be served “family-style” (i.e., from a common serving dish).
7. It is not necessary to wash dishes and utensils used by an HIV-infected child separately. Wash dishes and utensils with hot, sudsy water, rinse and dry thoroughly by hand or by automatic dishwasher.
8. Baby bottles should be cleaned and sterilized as usual.
9. Do not allow sharing of toothbrushes or razor blades.
10. Sharing of toys will not transmit HIV. However, as with food sharing, good hygiene dictates that if a child has put a toy into his/her mouth, the toy should be washed in soap and water before another child plays with it.
11. Clothing of an HIV-infected child may be laundered with other family members’ clothing using ordinary laundry detergent, unless it has been soiled by blood, semen, urine, feces, and/or vomit. Using regular non-chlorine bleach is recommended. Clothing soiled with body fluids should be washed separately using normal procedures. Add ½ cup of regular or non-chlorine bleach to wash cycle. Heavily soiled items (e.g., cloth diapers) may require presoaking.

§49-2-126. The Foster Child Bill of Rights

- (a) Foster children and children in a kinship placement are active and participating members of the child welfare system and have the following rights:
- (1) The right to live in a safe and healthy environment, and the least restrictive environment possible;
 - (2) The right to be free from physical, sexual, or psychological abuse or exploitation including being free from unwarranted physical restraint and isolation.
 - (3) The right to receive adequate and healthy food, appropriate and seasonally necessary clothing, and an appropriate travel bag;
 - (4) The right to receive medical, dental, and vision care, mental health services, and substance use treatment services, as needed;
 - (5) The right to be placed in a kinship placement, when such placement meets the objectives set forth in this article;
 - (6) The right, when placed with a foster of kinship family, to be matched as closely as possible with a family meeting the child's needs, including, when possible, the ability to remain with siblings;
 - (7) The right, as appropriate to the child's age and development, to be informed on any medication or chemical substance to be administered to the child;
 - (8) The right to communicate privately, with caseworkers, guardians ad litem, attorneys, Court Appointed Special Advocates (CASA), the prosecuting attorney, and probation officers;
 - (9) The right to have and maintain contact with siblings as may be reasonably accommodated, unless prohibited by court order, the case plan, or other extenuating circumstances;
 - (10) The right to contact the department or the foster care ombudsman, regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats, retaliation, or punishment for making complaints;
 - (11) The right to maintain contact with all previous caregivers and other important adults in his or her life, if desired, unless prohibited by court order or determined by the parent, according to the reasonable and prudent parent standard, not to be in the best interests of the child;
 - (12) The right to participate in religious services and religious activities of his or her choice to the extent possible;
 - (13) The right to attend school, and, consistent with the finances and schedule of the foster or kinship family, to participate in extracurricular, cultural, and personal enrichment activities, as appropriate to the child's age and developmental level;
 - (14) The right to work and develop job skills in a way that is consistent with the child's age and developmental level;
 - (15) The right to attend Independent Living Program classes and activities if the child meets the age requirements;
 - (16) The right to attend court hearings and speak directly to the judge, in the court's discretion;

- (17) The right not to be subjected to discrimination or harassment;
- (18) The right to have access to information regarding available educational options;
- (19) The right to receive a copy of, and receive an explanation of, the rights set forth in this section from the child's guardian ad litem, caseworker, and attorney;
- (20) The right to receive care consistent with the reasonable and prudent foster parent standard; and
- (21) The right to meet with the child's department case worker no less frequently than every 30 days.

(b) The rights provided in this section do not create an independent cause of action. Violations of these rights may be reported to and investigated by the foster care ombudsman. On or before December 15, 2021 and on or before December 15 of every year thereafter, the foster care ombudsman shall submit a written summary of the number and nature of reports received, and investigations conducted in response to said reports, to the Joint Standing Committee on Government and Finance, the West Virginia Supreme Court of Appeals, and the Governor: *Provided*, That the summary required by this section may not include any personally identifying information of a person named in a report, or a person submitting a report to, the ombudsman.