

Journey Placement Notebook

"Where we go depends a great deal on who is traveling with us."

This book belongs to:

Journey Placement Notebook Brief

Introduction

We are pleased that you will be providing care for a West Virginia child/youth. Each child/youth's journey through foster care is unique and your child will need your help in many different ways. This child/youth's Journey Placement Notebook contains information to assist you in your commitment to caring for this child/youth and provides a place to help you keep track of important information about your child/youth's health and care. Keeping the child/youth's information in one place makes it easier to find and to share key information with others on your child/youth's Multidisciplinary team.

How can the Journey Placement Notebook help?

Foster/adoptive parents receive information from many different sources and the Journey Placement Notebook helps organize this information in a central place.

Using the Journey Placement Notebook

- Add new information to the Journey Placement Notebook whenever there is a change in your child/youth's treatment.
- Document changes in your child/youth's medicines or treatments.
- List important addresses and phone numbers.
- Prepare for appointments.
- File information about your child/youth's health history.
- Consider taking the Journey Placement Notebook with you to appointments and hospital visits so that information you need will be close at hand.
- Share information with your child/youth's Multidisciplinary Treatment team members. (For more on who should be included as the child's MDT team, refer to the Multidisciplinary Treatment Team, found in the section titled Terms/Information Guide.)

The Journey Placement Notebook includes:

- Information about your child/youth, your child/youth's needs, and the level of support that your child/youth will need while in your care.
- The Out-of-Home Observation Report on Safety, Well-being, and Permanency.
- Forms to help keep track of your child's health or care information.
- A section that includes various terms and other important information you will need to be familiar with.

OUT-OF-HOME OBSERVATION REPORT
for
CHILD SAFETY, WELL-BEING, AND PERMANENCY

Foster/adoptive parents complete this form prior to the Multidisciplinary Treatment (MDT) team meeting or present to the child's primary DHHR worker. For more on your responsibilities to the MDT team, please refer to the Terms and Information Guide at the back of the Placement Handbook.

Month _____ Year _____

Child's Name: _____ Age: _____
Foster/Adoptive Parent(s) Name: _____
Phone: _____
DHHR Worker: _____

This form is a requirement of all foster/adoptive care providers. It is an opportunity for you to express your observations, concerns and opinions about your foster child's status and progress. It will become a part of the child's permanent record and may be read by others, in addition to the DHHR worker. As the person providing 24-hour care and supervision, your input is essential. Please be as objective and accurate as you can in completing this form.

If you wish to discuss any items with the child's primary DHHR worker, check the box and briefly describe issue.

PLEASE CALL ME ABOUT:

(continue on last page if needed)

OUTCOME: CHILD IS PROTECTED AND NURTURED
(Check only boxes that apply)

SafeKids PIX (when appropriate)
 Child has obtained the SafeKids PIX identification card

- Level of Nurturing**
- | | |
|--|--|
| <input type="checkbox"/> Likes rocking | <input type="checkbox"/> Accepts hugs |
| <input type="checkbox"/> Indiscriminate hugging | <input type="checkbox"/> Accepts affection/nurturing |
| <input type="checkbox"/> Resists affection/nurturing | <input type="checkbox"/> Makes eye contact |
| <input type="checkbox"/> Self-soothing (rocking, thumb-sucking, blanket, etc.) | |
| <input type="checkbox"/> Shows affection | |

Comments (include favorite toys, foods, hobbies, etc):

OUTCOME: CHILD IS PROTECTED AND NURTURED (continued)

Life Skills (for all teens age 14 years old and above)

- Able to manage money
- Has Driver's License
- Able to use public transportation
- Able to conduct job search
- Able to wash clothes
- Participates in the Independent Living Skills Program
- On track for high school completion or GED
- Post-high school plan
- Able to prepare basic meals

Physical Health

- Excellent Good Fair Poor

Initial HealthCheck appointment _____

Date of last physical exam _____ Dental Exam _____

List prescribed medication taken:

Medication	Prescribed Dose	Were there reactions to the medications taken?

Allergic reaction to any fabrics, detergents/softeners, foods, medicines, etc.

Chronic Lice

Medical emergencies

Was incident reported to child's DHHR worker?

Comments: _____

Protective Health Concerns

- Promiscuity Drug Use Alcohol Use Tobacco Use
- Eating Disorder Other

Protective steps taken: _____

Behaviors of Concern

- Destructive
- Tantrums
- Steals
- Picks fights
- Unaware of danger
- Self-mutilating
- Sneaky
- Impulsive
- Bites
- Acts out sexually
- Thoughts of suicide
- Disregard for own safety
- Starts fires
- Bangs head
- Smears feces
- Cruel to people
- Cruel to animals
- Violent
- No remorse
- Lawbreaking

- Morbid preoccupation with death
- Prolonged crying or screaming

- Urinating or defecating in inappropriate places

Protective steps taken:

OUTCOME: CHILD'S DEVELOPMENTAL NEEDS ARE MET & DEVELOPMENTAL DELAYS ADDRESSED

Self-Care (based on expectation for child's age)

Hygiene:

- Hair clean & brushed
- Brushes teeth regularly
- Clothes clean & neat
- Bathes regularly
- Wets pants
- Soils pants

Sleeping:

- Falls asleep at bedtime
- Fearful/defiant at bedtime
- Nightmares
- Wakes up often during night
- Sleep walks

Wake-up:

- Refreshed
- Groggy
- Irritable

Living Skills:

- Dresses self appropriately
- Follows safety rules
- Asks for help as needed

Comments:

School

Current grade in school: _____ Name of school: _____

Name of teacher(s): _____

Have you made personal contact with teacher(s)? Yes No

Academics:

- At grade level
- Above grade level
- Below grade level
- Special Education Services or IEP (Individualized Educational Program)

Social:

- Gets along with peers in class
- Gets along with peers on playground
- Has positive relationship with teacher
- Has difficult relationship with teacher

Extracurricular activities:

- Sports
- Clubs

Comments:

Emotional/Social (check the items that best describe this child)

- Relaxed
- Happy
- Anxious
- Angry
- Passive
- Assertive
- Manipulative
- Helpful
- Respectful
- Sleeps well
- Sad
- Defiant

- Energetic
- Lethargic
- Independent
- Gets along well with others
- Listless
- Impulsive
- Accepts compliments
- Cooperative
- Fearful
- Overactive
- Confident
- Short attention span

Comments:

Community Connections

- Sports
- Church
- Scouts
- Dance
- 4-H
- Cultural activity
- Music
- Volunteer work
- Drama
- Youth group
- Other

Comments:

Special Services Currently Provided

Service	Provider's Name	None	In Home	At School	Other
Psycho-therapy/ Counseling					
Physical therapy					
Occupational therapy					
Speech & language					
Special Ed. (School)					
Other					

Services being provided are: Adequate Helpful Need attention or changes

Comments:

OUTCOME: RELATIONSHIPS BETWEEN THE CHILD AND THE FAMILY ARE SUPPORTED

Relationships between children in foster care and their families must be evaluated on a case-by-case basis. Often the issues are complicated. It is the responsibility of the child's primary DHHR worker, under the direction of the Department of Health and Human Resources and the court, to define all contact between the child and the parents, and the parents' involvement in the child's activities. Input from the foster parents, as members of the professional team, is very important and encouraged.

In what ways have you supported the child's relationship with parent(s)?

(as approved by the child's primary DHHR worker)

- Provided transportation to visits
- Allowed phone calls per case plan
- Positive emotional support for child about family
- Shared information/included in medical appointments
- Helped child acknowledge parent birthday/family event
- Shared concerns or comments with social worker
- Maintained confidentiality

Communication with parent is:

- Easy & enjoyable Adequate Difficult No communication

Comments:

Visits with Parents (as approved by the child's primary DHHR worker)

Frequency of Visits:

- Weekly Twice weekly Monthly None

Duration of Visits:

- 1-2 hours Several hours Overnight Supervised

Unsupervised

Location of visits: _____

Child's behavior in anticipation of visits:

- Excited/Happy Anxious Indifferent

Child's behavior after visits:

- Happy Overly excited Sad Defiant Unchanged

Is transportation arrangement adequate? Yes No

Is visitation plan appropriate? Yes No

Comments:

Sibling Relationships (as approved by the child's primary DHHR worker)

If living with sibling(s), is the relationship:

- Compatible and supportive Often in conflict

REPORTS AND DOCUMENTS



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bill J. Crouch
Cabinet Secretary

Bureau for Social Services
Office of Programs and Resource Development
Division of Children and Adult Services
350 Capitol Street, Room 691
Charleston, West Virginia 25301
Telephone: (304) 352-4429 Fax: (304) 558-4563

Jeffrey M. Pack
Commissioner

Dear Foster Care Provider:

The West Virginia Department of Health and Human Resources authorizes that all foster children have the option to obtain a Youth Identification Card. The Division of Motor Vehicles requires a certified copy of the foster child's birth certificate and social security card be presented to the examiner prior to having the photograph taken. This letter of authorization and the Driver's License/Photo ID application will be presented to the Division of Motor Vehicles Regional Office and/or State Police Exam Center.

The identification card will not be developed unless this letter of authorization, Driver's License/Photo ID Application, a certified birth certificate and Social Security Card are shown. If you have more than five children residing in your home, please call the DMV Regional Office and/or Exam Office to make arrangements.

Carla Harper
Director of Children and Adult Services

Please complete the following form using **BLUE INK ONLY!** Please print.

Last Name	First Name	Middle Initial	Age	Date
1.				
2.				
3.				
4.				
5.				

Foster Care Provider (Print)

Signature

Date

Foster Care Provider (Print)

Signature

Date

CHILD'S INFORMATION CHECKLIST

The Journey Placement Notebook was developed to provide the foster/pre-adoptive parent with a mechanism to receive information about a child they care for. There may be times when the child's DHHR 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 made available. The Child Information Checklist is not a comprehensive list as each child's circumstances are unique. The information provided may be contained in a report or document. The following is an example of what you should expect to receive from the child's DHHR worker.

- Child's SafeKids PIX** photo ID and information on how to obtain the SafeKids PIX ID
- Notice of Next MDT Meeting**
- Notice of Next Court Hearing**
- Copy of Placement Agreement (SS-FC-6A/FSC-0031)**
 - Child's Demographics
 - Date of Placement
 - Boarding Care Rate
 - Placement Clothing Allowance (if applicable)
 - Visitation Plan
 - Any Anticipated Problems
 - Placement Needs
 - Placement Goals
 - Agreement (this form must be signed)
- Medical Card or**
- Temporary Medical Card and Authorization Letter (SS-FC-40 and 40A)**
- Child Summary**
 - Child Demographics
 - Removal Conditions
 - Medical History
 - Development and Educational Information
 - Daily Routine and Personality
 - Sibling Information (if applicable)
 - Family History (maternal and paternal)
- Birth Parents Background Information (SS-FC-12)**
- Birth and Medical History of Child (SS-FC-12A) Immunization Record**
- Child, Youth and Family Case Plan**
 - Child's Identification Information
 - Parties to Civil Action
 - Reasons for Custody
 - Safety Plan/Visitation Plan
 - Placement Information
 - Child's Special Needs
 - Services Needed/Provided
 - Child's Medical History
 - Educational Information
 - Sibling Information (if applicable)
 - Child Support
 - Independent Living Plan (if applicable)
 - Treatment Plan
 - Permanency Plan
- Clothing/Personal Property Inventory**
- Child's Savings Account Information (if applicable)**
- Daniel Skill Plan and the Phillip Roy Modules of deficient areas identified in the Daniel Assessment and Lesson Record Book (if applicable)**
- Life Book**
- Community Resources**

- Placement/Departure Wardrobe and Personal Item Inventory**
- Child's Daily Schedule**
- Child's Daily Behavior Observation Chart**
- Medical/Dental Health Care Providers**
- Medical Equipment/Sales**
- Therapists: Health Care/Service Providers**
- Medication Record**
- Medication Side Effects Checklist**
- Schools Attended**
- Child Care Attended**
- Respite Providers**
- Appointment Log**
- Communication List**
- _____
- _____
- _____
- _____
- _____
- _____

FORMS



PLACEMENT WARDROBE AND PERSONAL INVENTORY

Child: _____

Date of placement: _____ Date of departure: _____

Department Worker: _____ Placement Provider: _____

Every child in foster care is entitled to an adequate wardrobe that is well-fitting and in good condition for the entirety of their time in foster care. When a child enters foster care, the child’s worker will assess the child’s clothing needs and personal belongings to complete a written inventory. Every child in foster care is entitled to a clothing allowance to assist with meeting the minimum requirements for an adequate wardrobe and upkeeping their clothing inventory. Children with an adequate wardrobe at the time of initial placement may not need to be issued a clothing allowance at the time of placement but may be issued a clothing allowance at a later time, if needed. Children without an adequate wardrobe at the time of placement are entitled to an initial clothing allowance. The clothing/personal items a child enters foster care with, or that are purchased for the child through their clothing allowance or monthly boarding care payment belong to the child and must follow that child through their time in foster care; a new clothing allowance will not be issued for a child when that child moves from one placement to another. The **minimum** requirements for an adequate wardrobe are specified in parathesis in this wardrobe and personal item inventory. However, other common items with no established required minimum are also listed so that those common items can still be tracked. Placement providers must keep the child’s inventory updated through their time in foster care from initial placement to departure. Please provide a brief description of each item.

CLOTHING	NUMBER OF ITEMS AT TIME OF PLACEMENT	NUMBER OF ITEMS PURCHASED	NUMBER OF ITEMS AT TIME OF DEPARTURE
Socks (7)			
Underwear (7)			
Bras, if needed (5)			
Pants (5)			
Shirts (7)			
Pajamas (3 pairs)			
Comfort clothes- shorts/t-shirts, sweatpants/hoodies (2 sets)			
Dress outfit (1)			
Shoes (2 pairs)			
Seasonal coat/jacket (1)			
Miscellaneous			
Miscellaneous			
Miscellaneous			

CHILD'S DAILY SCHEDULE

Foster/pre-adoptive parents complete this form when a child is 18 months of age or younger or is functioning within that age range. This information may come from the child's social worker, parents or other caretakers. This information may be included on the Child Summary. As the person providing 24-hour care and supervision, your input is essential. This information may be incorporated into the child's Social Summary (Child Summary).

Month/Date _____	Year: _____
Child's Name: _____	Age: _____
Foster Parent(s) Name: _____	Phone: _____
DHHR Worker: _____	Phone: _____

A. Birth: Full term or premature: _____ If premature, number of weeks gestation: _____

B. Nutrition: Bottles given: _____ A.M. _____ P.M. _____
 Child breastfed prior to placement? Yes _____ No _____

Formula: Brand _____ Homogenized Milk _____ Other _____
 Type: Powder _____ Concentrated _____ Ready Mix _____

Preparation of formula: _____

Demand Feeding: No ___ Yes ___ Approximate hours _____

Schedule Feeding: No ___ Yes ___ When _____

Other foods given:

<u>Brand</u>	<u>Time</u>	<u>Amount</u>	<u>Varieties</u>
--------------	-------------	---------------	------------------

Cereals: _____

Fruits: _____

Meats: _____

Vegetables: _____

Vitamins: Type _____ Amount _____

When and how it is given: _____

How is child fed: Spoon fed ___ Uses cup for _____

C. Teething: (If yes, are there any problems?) _____

D. Bathing: When _____ A.M. _____ P.M. _____
How _____
Soap used _____ Powder _____ Oil or Lotion _____
Problems _____

E. Bedtime: Usual Time: _____
Awakens: _____
Sleeps: On back _____ On side _____ On stomach _____
Preparation: _____
Sleeping Patterns: _____
Naps: When _____ Where _____

F. Elimination: Diapers: Cloth _____ Disposable _____
Toilet trained: Yes _____ No _____ In process _____
Describe toilet training (if in process or child has regressed): _____

G. Development: Turns over _____ Sits: Alone _____ With support _____
Uses: Highchair _____ Walker _____ Playpen _____ Other _____
Creeps _____ Stands: Alone _____ With support _____
Talks _____ Walks: Alone _____ With support _____
Other _____

H. Relationship: Is baby used to children? Yes _____ No _____ What ages? _____
Response to others _____

I. Allergic to any fabrics, detergents/softeners, medicines, foods, etc.
Describe: _____

Child's Daily Behavior Observation Chart

Use this form to record a child's behavior.

Time	Misbehavior	Activity Preceding Misbehavior	Results/Comments

Medication Side Effects Checklist

Child: _____

Medication: _____ Date: _____

The following are some common side effects of medication. Many of these symptoms improve with the passage of time or with a change in dosage. This form, along with the Medication Record form, is helpful to the child's physician in determining if the medication/dosage will be effective or if the symptoms may be related to something else. **Only the child's physician can determine what is appropriate for the child.** Rate the presence of each symptom using a new form for each day.

Loss of appetite	None	1	2	3	4	5	Severe
Insomnia	None	1	2	3	4	5	Severe
Sadness	None	1	2	3	4	5	Severe
Depression	None	1	2	3	4	5	Severe
Fearfulness	None	1	2	3	4	5	Severe
Social withdraw	None	1	2	3	4	5	Severe
Sleepiness	None	1	2	3	4	5	Severe
Headaches	None	1	2	3	4	5	Severe
Nail biting	None	1	2	3	4	5	Severe
Stomach upset	None	1	2	3	4	5	Severe
Weight loss	None	1	2	3	4	5	Severe
Irritability	None	1	2	3	4	5	Severe
Tics	None	1	2	3	4	5	Severe
Behavior rebound	None	1	2	3	4	5	Severe

Comments: _____

Therapists Health Care/Service Providers

- Behavioral Therapist: _____
Start Date: _____
Agency: _____
Address: _____
Phone: _____ Fax: _____

- Physical Therapist (PT): _____
Start Date: _____
Agency: _____
Address: _____
Phone: _____ Fax: _____

- Speech-Language Pathologist: _____
Start Date: _____
Agency: _____
Address: _____
Phone: _____ Fax: _____

Equipment/Supplies

- Name of Equipment: _____
Description (brand name, size, etc.): _____
Date obtained: _____ Supplier: _____
Contact Person: _____
- Name of Equipment: _____
Description (brand name, size, etc.): _____
Date obtained: _____ Supplier: _____
Contact Person: _____
- Name of Equipment: _____
Description (brand name, size, etc.): _____
Date obtained: _____ Supplier: _____
Contact Person: _____
- Name of Equipment: _____
Description (brand name, size, etc.): _____
Date obtained: _____ Supplier: _____
Contact Person: _____
- Name of Equipment: _____
Description (brand name, size, etc.): _____
Date obtained: _____ Supplier: _____
Contact Person: _____
- Name of Equipment: _____
Description (brand name, size, etc.): _____
Date obtained: _____ Supplier: _____
Contact Person: _____

Medical/Dental Health Care Providers

- Primary Medical Care Provider: _____
Office Nurse: _____
Address: _____
Phone: _____ Fax: _____

- Dentist/Orthodontist: _____
Office Nurse: _____
Address: _____
Phone: _____ Fax: _____

- Vision/Optomestrist: _____
Office Nurse: _____
Address: _____
Phone: _____ Fax: _____

- Community Hospital: _____
Contact: _____
Address: _____
Phone: _____ Fax: _____

- Specialty Care Provider: _____
Office Nurse: _____
Address: _____
Phone: _____ Fax: _____

- Specialty Care Provider: _____
Office Nurse: _____
Address: _____
Phone: _____ Fax: _____

Schools Attended

- School/Nursery School: _____
Grade: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
 Report Card/Progress Notes are enclosed.
- School/Preschool: _____
Grade: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
 Report Card/Progress Notes are enclosed.
- School: _____
Grade: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
 Report Card/Progress Notes are enclosed.
- School: _____
Grade: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
 Report Card/Progress Notes are enclosed.

Schools Attended (Continued)

- School: _____
Grade: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
 Report Card/Progress Notes are enclosed.

- School: _____
Grade: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
 Report Card/Progress Notes are enclosed.

- School: _____
Grade: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
 Report Card/Progress Notes are enclosed.

- School: _____
Grade: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
 Report Card/Progress Notes are enclosed.

Child Care

- Child Care Provider: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
- Child Care Provider: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
- Child Care Provider: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
- Child Care Provider: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
- Child Care Provider: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
- Child Care Provider: _____
Contact Person/Title: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____

Respite Care

- Respite Care Provider: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
Agency Affiliation (if applicable): _____
Phone: _____ Fax: _____
- Respite Care Provider: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
Agency Affiliation (if applicable): _____
Phone: _____ Fax: _____
- Respite Care Provider: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
Agency Affiliation (if applicable): _____
Phone: _____ Fax: _____
- Respite Care Provider: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
Agency Affiliation (if applicable): _____
Phone: _____ Fax: _____
- Respite Care Provider: _____
Start Date: _____
Address: _____
Phone: _____ Fax: _____
Agency Affiliation (if applicable): _____
Phone: _____ Fax: _____

Communication

COUNTY: _____
 CHILD'S WORKER: _____

It is important that children be allowed to communicate (in accordance with the child's visitation plan). Intercepting or reading incoming or outgoing mail of a child is prohibited. Foster/adoptive parents should notify the child's worker immediately of any concerns.

Contact Approved for: _____
 Relationship to child: _____
 Type of Communication

	Approval	Phone Number/Address
Visit		
Telephone		
Mail		

Contact Approved for: _____
 Relationship to child: _____
 Type of Communication

	Approval	Phone Number/Address
Visit		
Telephone		
Mail		

Contact Approved for: _____
 Relationship to child: _____
 Type of Communication

	Approval	Phone Number/Address
Visit		
Telephone		
Mail		

TERMS/INFORMATION GUIDE

Foster Care and Adoption Terms to Know

Abandonment

Abandonment is 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

Adoptee is an adopted person. Some adopted 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

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

Adoption agency

An adoption agency is 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

An adoption attorney is 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

An adoption placement is 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 adoption placement agreement is 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 a possible adoptive resource for a child should the child become legally free for adoption.

Adoption subsidies

Federal or State adoption benefits (also known 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 Security Income (SSI) at the time of the adoption, or the child's birth family must have been receiving or eligible to receive Aid for Families with Dependent Children (AFDC).

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 parents who claim adoption expense reimbursement under P.L. 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 which 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 "adoption triangle" or "adoption circle."

Aftercare

Aftercare is 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 to **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

Attachment is 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 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.

Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder is a lifelong developmental disability (with onset in infancy, childhood or adolescence) that involves problems with attention span, impulse control, and activity level at home, at school or at work. Typical behaviors include: fidgeting with hands or squirming in seat; difficulty remaining seated when required; distractibility; difficulty waiting for turns in groups; difficulty staying on task with chores or play activities; difficulty playing quietly; excessive talking; inattention; restlessness; and engaging in physically dangerous activities without considering consequences.

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

Cerebral Palsy is 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.

Chapter 48

Chapter 48 is 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 or 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 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 insure 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 a child if the child moves from one placement to the next.

- **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

Consent to adopt or consent to adoption is the 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

Custody is 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)

West Virginia State 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

Decree of adoption is a 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 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 feelings 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

Down syndrome is 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 school 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 card 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 with 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 situations 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 persons 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 public higher education institution. ** More information on foster care tuition waiver can be found directly following the Terms section.*

Foster children

Foster children are those 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 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.

Foster/adoption providers

Social workers place the child with specially-trained providers that are certified as both a foster care provider and an adoption provider. Foster-adoption 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 specially-trained staff to assist children with emotional and behavioral difficulties.

Guardian

Guardian is 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 or by order of the court.

Guardian Ad Litem (GAL)

Guardian Ad Litem is a person, often 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 Sanders Field Liaison will contact the foster care provider, after the child's initial entry into foster care, requesting a preferred health 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.

Homestudy

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

Identifying information

Identifying information is that information on individuals which discloses their identities.

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 other permanency plan.

Indian Child Welfare Act (ICWA)

The Indian Child Welfare Act is a 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 Development 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 age eighteen (18). More than 200 specific 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

Institutionalization is 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 parties to the Compact.

Interstate Compact on the Placement of Children (ICPC)

Interstate Compact on the Placement of Children is 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 the 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 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 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

A legal risk placement is a 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' rights have been legally terminated so that the child is "free" 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 persons 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 birthparents, siblings, other relatives, foster parents, teachers, etc.

Loss

Loss is a 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 emotional abuse. Federal CAPTA legislation (P.L. 104-235) provides definitions 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 (MDT) Team

A multidisciplinary treatment (MDT) team is a group of individuals from different disciplines who work together with the 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 a scheduled hearing**

The Notification of the MDT members of a 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, P.L. 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 P.L. 104-188, Removal of Barriers to Interethnic Adoption, affirms the prohibition against delaying or denying the placement of a child 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 standards 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 or when maltreatment has been founded. The home must be closed in these instances as per WV Code §49-2-14(a).

Non-recurring adoption costs

One-time adoption expenses, which, through the 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 \$1,000 to families adopting children with special needs. Allowable expenses for this reimbursement benefit can include the cost of a home study, adoption fees, court costs, attorney fees, physical and psychological examinations travel to visit with the child prior to the placement, and other expenses related to the legal adoption of a child with special needs.

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 mistakes or misbehavior.

Out-of-Home Observation Report

The Out-of-Home Observation Report is mandated of all foster/adoptive parents. The Out-of-Home Observation 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.

Psychological parent

A person, though perhaps not biologically related to a child, whom the child considers as

his parent; sometimes called 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

The 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 himself or others.

Respite care

Temporary or short-term home 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.

Ritalin

Ritalin is a commonly prescribed drug that can help to control some of the symptoms of attention deficit disorder.

Savings accounts for foster children

Foster/adoptive parents are encouraged to open a savings account for foster children. Children can save a portion or all 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.

Special needs children

Guidelines for classifying a child as special needs vary by State. Common special needs conditions and diagnoses 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.

Step-parent adoption

Step-parent 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 Parent Association
- Relatives as Parent Providers (RAPP)

System

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

Termination of Parental Rights (TPR)

Termination of Parental Rights is 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

West Virginia Code §16-9A-2 states that "No person, firm or corporation shall sell, give or furnish, or cause to be sold, given or furnished to any person less than eighteen (18) years, tobacco products in any form."

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.

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 measures designed to and carried 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 expectations 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 to 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 him 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 times 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 thirteen (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 twelve (12) years old to operate an all-terrain vehicle.
14. Foster/adoptive parents will assure that children age twelve (12) years and older do not operate an 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 the 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 allowed on the vehicle, specified by the manufacturer's recommendations, and the driver is an adult caretaker.

Medical Care and First Aid

1. The foster/adoptive parent will keep an ongoing record of the entire child's 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 (MDT) Team 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 seventy-two (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 medications 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 prescriptions 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 (1) day of any psychotropic medications prescribed for the child. If a child twelve (12) years 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 himself 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.

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 (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 made 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 Recertification

Purpose/Worker Actions

The Homefinding Specialist will complete a re-evaluation of each approved foster/adoptive family (SS-FC-9F) in FACTS within twelve (12) months from the date the family was approved (the evaluation must be completed prior to the foster/adoptive family's certification anniversary month). 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 twelve (12) months;
5. All the foster children served in the past twelve (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 strengths/needs within the family;
8. Problems or concerns during the past twelve (12) months;
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 recommendations 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 Specialist 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 ten (10) business days;
15. The Homefinding Specialist must document the recertification date in FACTS within two (2) 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 twelve (12) months.

Foster/Adoptive Family Grievances

Purpose

Any decision made by the Department is subject to a 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 him 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 the 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 sixty (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 Hearings 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 hearings officer believes additional information is needed, the hearing may be continued and reconvened within thirty (30) days, if possible.
7. The hearings officer's decision is to be implemented within 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 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 ten (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.

FOSTER CARE TUITION WAIVER FACT SHEET

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 public higher education institution.

WHO IS ELIGIBLE?

Within limitations of the governing boards, the waiver program is available to ANY youth who:

- ✓ Graduated from high school or passed the GED examination while in the legal custody of the State Department of Health and Human Resources;
- ✓ And was in foster care or residential care for at least one year immediately preceding graduation;
- ✓ Applies for the waiver within two years of graduating from high school or passing the GED;
- ✓ Has been accepted to a West Virginia public higher education institution, and
- ✓ Applies for other student financial aid, other than student loans, in compliance with federal financial aid rules, including the federal Pell Grant.

WHAT DOES THE WAIVER PAY FOR?

- ✓ The waiver covers tuition and fees after other sources of financial aid dedicated solely to tuition and fees are exhausted.

WHAT DOES THE WAIVER NOT PAY FOR?

- ✓ The waiver does NOT cover room and board or the cost of books.

WOULD A YOUTH HAVE TO APPLY FOR A WAIVER EACH OF THE FOUR YEARS?

- ✓ Yes. The youth must continue to meet the academic progress standards established by the West Virginia higher educational institution they are attending in order to receive a waiver renewal.

WHERE DOES THE YOUTH APPLY FOR A WEST VIRGINIA FOSTER CHILD TUITION WAIVER?

- ✓ At the financial aid office of the college or university where accepted. A letter on DHHR letterhead signed by the DHHR Regional Director will be required as proof of foster/residential care placement one year prior to the waiver application.

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, counter tops, 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 affected areas 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 $\frac{1}{2}$ cup of regular or 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 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 $\frac{1}{2}$ cup of regular or non-chlorine bleach to wash cycle. Heavily soiled items (e.g., cloth diapers) may require presoaking.

DHHR SAFEKIDS PIX CARDS CHILDREN'S ID PROGRAM

Safekids Pix, initiated 1999, is the WV Department of Motor Vehicles' Children's Identification Program. The ID cards are to provide secure identification for every child registered.

- West Virginia was the first state to offer these identification cards for children as part of a fully integrated identification program. These official, state-issued, driver's license size identification cards incorporate the same fraud-proof digital image technology used in WV driver's licenses.
- The Safekids Pix program has continued to expand and we expect all participating foster children will need to receive a photo ID.
- The program is for all foster children, ages 2 through 15, except for those foster children in emergency shelters and whose expected time in foster care is less than three months. Approximately 3,000 children this year will benefit from this service. Each additional eligible child who enters the foster care system will be provided a card. If a foster child remains in care for an extended period, the identification card should be updated every two years to ensure that a current photo of the child is available.
- The Department provides the \$5.00 processing fee. These cards are valid for a two year period. *This fee is not to be paid at the time the IDs are taken. This fee will be invoiced directly to the Department's Office of Financial Services.*
- Safekids Pix cards are available at any DMV location or State Police Exam Center.
- DHHR workers or foster parent/provider for the eligible child are required to complete the requested information on the Department's Letter of Authorization and Driver's License/Photo ID Application (with the child's primary DHHR worker's address and phone number).
- The Department's Letter of Authorization, Driver's License/Photo ID Application, the original copy of the child's birth certificate and Social Security Card are to be provided to either the DMV location to process the child's card or to the foster care provider, who will provide this information to the DMV location to process the child's card. Original birth certificates and Social Security Cards are to be returned to the child's primary DHHR worker.
- The foster care provider is required to keep and maintain the SAFEKIDS PIX card while the child is in their care. The SAFEKIDS PIX card is to be surrendered, upon discharge/removal, to the child's primary DHHR worker.
- If additional copies of the Department's Letter of Authorization are needed, the Division of Children and Adult Services will supply the District Offices with them upon request. The Driver's License/Photo ID Application can be obtained at the local DMV office or State Police Exam Center.

DEVELOPMENTAL STAGES

The following table is a limited description 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; Gives & 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 & world 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 develops; 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 & fantasy ideas & concepts.