



PA

Pre-Service

Part 4

Foster Care and Education Notes

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Barriers to Placement Notes

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Hotlines

- National Human Trafficking Hotline
 - 1-888-373-7888
- Polaris BeFree Textline
 - Text "BeFree" (233733)
- Homeland Security Investigations Tip Line
 - 1-866-347-2423

Human Trafficking Notes

Human Trafficking Notes

Children's Choice **Resource Family Safety Item Checklist**

For the Home of: _____

Office: _____

Date: _____

The following information must be provided by each resource home with which Children's Choice places children. If an item is not in compliance, a date by which compliance will be met must be established and a second site visit must be completed by a representative of Children's Choice in order to confirm compliance. **Items mandated by the state for resource parents are indicated by a *, all others are mandated by Children's Choice.**

Please check the appropriate box

BATHROOM	Item In Compliance	Item is NOT in Compliance	Expected Date of Remediation	Date Completed
*One flushing toilet				
*One wash basin				
*One bath/shower with hot and cold running water				
Bathtubs/showers used by client have a skid proof surface or covering				
*Household plumbing fixtures are in working order. Hot water does not exceed 120 degrees (Fahrenheit)	Actual Temp _____ degrees F	Actual Temp _____ degrees F		Actual Temp _____ degrees F
Bath temperature device provided for children ages 0 to 5 years				

KITCHEN	Item In Compliance	Item is NOT in Compliance	Expected Date of Remediation	Date Completed
*Portable "ABC" fire extinguisher in the kitchen area				
*Medications, poisonous, caustic, toxic, flammable or other dangerous materials are labeled as hazardous and stored in an area inaccessible to children under 5 years of age				
*Drinking water from sources other than public, must be tested and deemed potable by a qualified laboratory (if home has public water, mark n/a in box - if tested, attach documentation)				

Please check the appropriate box

BEDROOMS	Item In Compliance	Item is NOT in Compliance	Expected Date of Remediation	Date Completed
There is a separate bed for each child				
*No children of opposite sex, 5 years of age or older, share a bedroom				
*MD ONLY: No children of opposite sex, 2 years of age or older, share a bedroom				
No child's bedroom may be located in a basement or attic area, regardless of its condition				
Clean mattress and box spring, linens, blankets and pillows provided for each child - No sofa beds or futons are permitted (MD ONLY: No Bunkbeds)				

STAIRS	Item In Compliance	Item is NOT in Compliance	Expected Date of Remediation	Date Completed
Expandable gates are provided on stairways (for homes with children under the age of 5 years)				
Hand railing on open interior and exterior staircases are in place and secure				

LIVING SPACE	Item In Compliance	Item is NOT in Compliance	Expected Date of Remediation	Date Completed
A First Aid kit				
*An operable telephone and emergency telephone numbers posted on each phone (list includes mobile crisis, suicide prevention, poison control, police/fire, drug/alcohol prevention numbers).				
*Child safety caps on all outlets (for homes with children under the age of 5 years)				
*Operating smoke detectors on each level of the home				

Please check the appropriate box

LIVING SPACE (Continued)	Item In Compliance	Item is <u>NOT</u> in Compliance	Expected Date of Remediation	Date Completed
One operating carbon monoxide detector in the home				
The living spaces are complete with walls, floors and ceilings having a finished and complete surface				
Paint on the interior surfaces of the home is not chipping, flaking or peeling				
The interior of the home is clean and in good repair. Common areas are free from litter that may pose hazard				
There is adequate lighting in the living areas of the home				
*There are no observable electrical hazards in the home, no exposed wiring in the home				
*Fireplace(s), woodstove(s), inserts and freestanding heaters are screened and installed properly				
*There is an operable heating system capable of maintaining 69 degrees (Fahrenheit)				
The temperature of the living area(s) of the home does not jeopardize the health of the client				
Combustible/flammable materials are not stored near the heating source				
There is at least one window, per room, which can open for ventilation				
The windows in the living and sleeping areas have intact screening				
Fire escape route documented and members of the home aware of the route				
Fire escape route(s) in home are not obstructed				

CC 3:2B

Page 3 of 5

Please check the appropriate box

LIVING SPACE (Continued)	Item In Compliance	Item is <u>NOT</u> in Compliance	Expected Date of Remediation	Date Completed
All offensive weapons are placed in a locked safe, locked cabinet or locked rack that is not accessible to children. Projectiles associated with the weapon are stored separate from the corresponding weapon	Denied			
There is no evidence of insect or rodent infestation				
Garbage storage and removal practices do not present health risk				

PETS	Item In Compliance	Item is <u>NOT</u> in Compliance	Expected Date of Remediation	Date Completed
Pet(s) do not present a health risk or pose potential danger to the client or worker (if no pets, mark n/a in box)				

OUTDOORS	Item In Compliance	Item is <u>NOT</u> in Compliance	Expected Date of Remediation	Date Completed
A home of three or more stories has outside access to the ground via fire escape, a ladder, etc.				
There are a minimum of two independent means of egress from the home that lead directly to the outside				
All exterior doors used for ventilation have screening				
The exterior structure of the home is maintained to provide protection against rodent and insect infestation, water infusion, excessive draft or heat loss during inclement weather				

CC 3:2B

Page 4 of 5

Please check the appropriate box

OUTDOORS (Continued)	Item In Compliance	Item is NOT in Compliance	Expected Date of Remediation	Date Completed
The exterior of the home is clean, in good repair and free from any clutter or objects that might pose potential health risk to the client or worker				
Outdoor equipment and surroundings areas are safeguarded as age-appropriate for clients. Play equipment is anchored				
All pools have adequate fencing and above ground pools have a ladder that can be stored and locked out of reach of children. (If applicable, complete CC 3:2Bb)				
Shed (if present) is locked and intact so as to deny access				

OTHER	Item In Compliance	Item is NOT in Compliance	Expected Date of Remediation	Date Completed
*PA ONLY: All household members have signed CC 4:19 Use of Tobacco Policy stating that they are aware that smoking is prohibited in a home or vehicle while caring for foster children				
No Smoking Sign is posted				
There are appropriate, unexpired car seats for foster children living in the home ages 0 to 8 years of age				

We have been informed as to the status of each of these proceeding items. We are aware that if an item has been marked as NOT IN COMPLIANCE, it is our responsibility to make the necessary alterations prior to placement of a client in the home, or if the child is already placed, within 30 days of notification. We are aware that any correction must be visually confirmed by a representative of Children's Choice.

Resource Parent's Signature: _____

Date: _____

Resource Parent's Signature: _____

Date: _____

Children's Choice Rep. Signature: _____

CC 3:2B

First Aid Kits: What Should Be Included?

- Personal medications
- Emergency numbers
- Thermometer
- Tweezers
- Triangular bandage
- Gauze
- Scissors
- Gloves
- Aspirin/Tylenol
- Bandages (different sizes)
- Antibiotic ointment
- Instant ice pack
- Breathing barrier
- Roller bandage
- Antiseptic wipes

Reference: <http://www.safeschools.org/groupware/firstaid/firstaid.html>

Child Safety Notes

Child Safety Notes

Additional Information

BASIC CAR SEAT SAFETY

Be sure to buckle up the right way on every ride!

**SAFE
KIDS**
WORLDWIDE™

All children must use a car seat, booster seat or seat belt.

- My child always rides in a back seat and never in front of an airbag.
- Everyone in my car buckles up on every ride using the right car seat, booster seat or seat belt for each person's age and size.
- My child's car seat has all of its parts, labels and instructions and has never been in a crash.
- I follow the instructions for my car and my car seat so that my child is buckled in right and tight.
- My child's car seat has never been in a crash.
- I never leave my child alone in a car.



Use our online [Ultimate Car Seat Guide](http://www.safekids.org/ultimate-car-seat-guide) for information on all your car seat needs.
www.safekids.org/ultimate-car-seat-guide

Babies under 2 use rear-facing car seats

- My child always rides in a back seat and never in front of an air bag.
- My child always rides in a car seat made for his or her size and age.
- My child sits facing the back of the car in his or her car seat.
- The harness straps are snug on my child, and I can't pinch the buckled strap at the shoulder.
- My child's car seat is buckled tightly in the car and doesn't move more than one inch when I pull it where the seatbelt is buckled/attached.
- My child uses a bigger rear-facing car seat until he or she outgrows the harness. Many harnesses go to 35, 40 or 45 pounds.
- I never leave my child alone in a car.



Toddlers and big kids use forward-facing car seats with a top tether

If my child is over age 2 AND has outgrown the weight or height limits for the rear-facing seat:

- My child always rides in a back seat.
- My child always rides in a car seat made for his or her size and age.
- The harness straps are snug on my child, and I can't pinch the buckled strap at the shoulder.
- My child's car seat is buckled tightly in the car and doesn't move more than one inch when I pull it at the belt path. I use the top tether.
- My child uses this car seat until he or she outgrows the harness. Many harnesses go to 50 pounds or more.



Older, bigger kids use booster seats with lap and shoulder seat belts

If my child has outgrown the weight or height limit of the forward-facing car seat:

- My child always rides in a back seat.
- My child always rides on a booster seat using a lap and shoulder seat belt.
- The lap belt sits low on his or her hips, not the stomach.
- The shoulder belt is on my child's shoulder – not on the neck, under the arm or behind the back.
- The seat belt is snug, flat and comfortable on my child.
- My child may be between 8-12 years of age before the seat belt fits without a booster.



Kids ready for seat belts

If my child has outgrown the booster seat:

- My child always rides in a back seat until age 13.
- My child always uses a lap and shoulder seat belt.
- The lap belt sits low on my child's hips, not the stomach.
- The shoulder belt is on my child's shoulder – not on the neck, under the arm or behind the back.
- My child's back is firmly against the vehicle seat back, his or her knees bend at the front edge of the vehicle seat, and he or she can sit this way for the whole ride.
- The seat belt is snug, flat and comfortable on my child. If the seat belt does not fit right, my child must use a booster seat.



Car Seat Checkup

Top 5 Things to Do at Home



- ☐ **Right Seat.** This is an easy one. Check the label on your car seat to make sure it's appropriate for your child's age, weight and height. Like milk, your car seat has an expiration date. Just double check the label on your car seat to make sure it is still safe.



- ☐ **Right Place.** Kids are VIPs, just ask them. We know all VIPs ride in a back seat, so keep all children in a back seat until they are 13.



- ☐ **Right Direction.** Keep your child in a rear-facing car seat for as long as possible, until they reach the highest weight or height allowed by your car seat manufacturer. Many kids will be 2 years or more when they outgrow their rear-facing car seat. Move your child to a forward-facing car seat when they are too tall or heavy for a rear-facing convertible seat. Make sure to adjust the harness straps and attach the top tether after you tighten and lock the seat belt or lower attachments (LATCH) after making the change.



- ☐ **Inch Test.** Once your car seat is installed, give it a good shake at the base. Can you move it more than an inch side-to-side or front-to-back? A properly installed seat will not move more than an inch.



- ☐ **Pinch Test.** Make sure the harness is tightly buckled and coming from the correct slots (check car seat manual). Now, with the chest clip placed at armpit level, pinch the strap at your child's shoulder. If you are unable to pinch any excess webbing, you're good to go.

Please read the vehicle and car seat instruction manuals to help you with this checklist. If you are having even the slightest trouble, questions or concerns, don't worry. Certified child passenger safety technicians are waiting to help or even double check your work.

Visit safekids.org to find a car seat inspection event in your community.

Car Seat Safety Tips

Everything you need to know to keep your kids safe in cars.

Engineers are working hard to ensure that cars and car seats are designed to keep kids as safe as possible. But it's up to every parent to take full advantage of these innovations by making sure car seats and booster seats are used and installed correctly. Here's what you need to know to ensure that your most precious cargo is safe in cars.

Choose the Right Direction: Rear- or Forward-Facing

- For the best protection, keep your baby in a rear-facing car seat until 2 years old or more. You can find the exact height and weight limit on the side or back of your car seat. Kids who ride in rear-facing seats have the best protection for the head, neck and spine. It is especially important for rear-facing children to ride in a back seat away from the airbag.
- When your children outgrow a rear-facing seat after age 2, move them to a forward-facing car seat. Keep the seat in the back and make sure to attach the top tether after you tighten and lock the seat belt or lower anchors (LATCH). Use the top tether at all times. Top tethers greatly reduce your car seat's forward motion in a crash.
- Kids can remain in some forward-facing car seats until they're 65 pounds or more depending on the car seat limits. Check labels to find the exact measurements for your seat. Discontinue use of lower attachment when your child reaches the limits set by your car seat and car manufacturers. Continue to use the top tether. You must read both manuals to know about those limits. Not to worry: Once your child meets the lower anchor weight limits, you will switch to a seat belt. Seat belts are designed and tested to protect all adults as well as children in car seats and booster seats.



Check Car Seat Labels

- Look at the label on your car seat to make sure it's appropriate for your child's age, weight and height.
- Your car seat has an expiration date. Find and double check the label to make sure it's still safe. Discard a seat that is expired in a dark trash bag so that it cannot be pulled from the trash and reused.

Know Your Car Seat's History

- Buy a used car seat only if you know its full crash history. That means you must buy it from someone you know, not from a thrift store or over the internet. Once a car seat has been in a crash, or is expired, it needs to be replaced.



Road injuries are the leading cause of preventable deaths and injuries to children in the United States. Correctly used child safety seats can reduce the risk of death by as much as 71 percent.



Register Your Car Seat

- Register your new or currently used car seat, ensuring that you are promptly notified about future recalls. You can register online with your car seat manufacturer, using the information found on the label on your car seat at safercar.gov. You can also register by filling out the registration card that came with your car seat. It's filled out with your car seat's information. Mail the card; no postage required.

Make Sure Your Car Seat is Installed Correctly

- **Inch Test.** Once your car seat is installed, give it a good tug at the base where the seat belt goes through it. Can you move it more than an inch side to side or front to back? A properly installed seat will not move more than an inch.
- **Pinch Test.** Make sure the harness is tightly buckled and coming from the correct slots (check your car seat manual). With the chest clip placed at armpit level, pinch the strap at your child's shoulder. If you are unable to pinch any excess webbing, you're good to go.
- For both rear- and forward-facing car seats, use either the car's seat belt or the lower anchors and for forward-facing seats, also use the top tether to lock the car seat in place. Don't use both the lower anchors and seat belt at the same time. They are equally safe- so pick the one that gives you the best fit.
- If you are having even the slightest trouble, questions or concerns, certified child passenger safety technicians are able to help or even double check your work. Visit a certified technician to make sure your car seat is properly installed. [Find a technician](#) or [car seat checkup event](#) near you.

Check Your Car Seat

- Seventy-three percent of car seats are not used or installed correctly, so before you hit the road, check your car seat. [Here's a quick car seat checklist to help you out.](#) It takes only 15 minutes.
- Learn how to install your car seat for free. Safe Kids hosts car seat inspection events across the country where certified technicians can help make sure your car seat is properly installed. They also serve in fixed locations called inspection stations during specific days and times in some communities. You may find an inspection station with certified technicians at a GM dealership, a hospital or even a fire house.

They will teach you so that you can always be sure your car seat is used correctly. [Find a Safe Kids car seat checkup event](#) where we use only certified technicians, near you.

Is it Time for a Booster Seat?

- Take the next step to a booster seat when you answer "yes" to any of these questions:
 - Does your child exceed the forward-facing car seat's height or weight limits?
 - Are your child's shoulders above the forward-facing car seat's top harness slots?
 - Are the tops of your child's ears above the top of the car seat?
- If the forward-facing car seat with a harness still fits, and your child is within the weight or height limits, continue to use it until it is outgrown. It provides more protection than a booster seat or seat belt for a small child.



Be Wary of Toys

- Toys can injure your child in a crash, so be extra careful to choose ones that are soft and will not hurt your child. Secure loose objects and toys to protect everyone in the car.

Buckle Up

- We know that when adults wear seat belts, kids wear seat belts. So be a good example and buckle up for every ride. Be sure everyone in the vehicle buckles up, too.
- Buckling up the right way on every ride is the single most important thing a family can do to stay safe in the car.

Prevent Heatstroke

- Never leave your child alone in a car, not even for a minute. While it may be tempting to dash out for a quick errand while your babies are sleeping in their car seats, the temperature inside your car can rise 20 degrees and cause [heatstroke](#) in the time it takes for you to run in and out of the store.
- Leaving a child alone in a car is against the law in many states.

Breastfeeding is good for babies



The more you breastfeed, the lower your baby's risk for SIDS.

Breastmilk is the perfect diet for your baby. Breastfed babies have fewer colds and ear infections.

Doctors tell parents to feed babies only breastmilk for the first 6 months.

Babies need tummy time



- Just because you put your baby to sleep on their back doesn't mean tummy time isn't important!
- Babies need awake tummy time every day with an adult.
- Tummy time helps babies learn to crawl and move around.
- Some babies might not like tummy time at first. Put a toy close by for them to reach out and play with.

Other Ways to Keep Baby Safe

Babies should be held skin-to-skin with mom as soon after they are born as possible, at least for the first hour.

Take care of yourself and your baby—eat well & see a doctor regularly.

Stay up to date on all required shots for your baby.

Give your baby a pacifier at nap time & bedtime.

What is SUID?

Sudden Unexpected Infant Death (SUID) is the sudden death of a baby that occurs suddenly and unexpectedly before their first birthday. There are 3 types of **SUIDs**, **Sudden Infant Death Syndrome (SIDS)**, **accidental suffocation and strangulation** in bed and **unknown causes**.

Facts about SIDS

- SIDS is the most common cause of death in babies 1-12 months old.
- Most SIDS deaths happen in the winter.
- Boys are more likely than girls to die from SIDS.
- Black babies are twice as likely to die of SIDS as white babies.

Accidental Suffocation & Strangulation

Babies who are not put to sleep safely could get hurt or even die. A baby could fall off a bed or sofa, get tangled in sheets and blankets, or get stuck between a mattress and a wall. A baby can also die when an adult or child rolls over on the baby while sharing a bed.

Unknown Causes of Death

Cause of death of the baby cannot be determined after a thorough investigation.

It can happen...

because it is happening!

In Philadelphia, more babies have died sharing a bed with an adult or another child than from child abuse. About 3,500 babies die every year in the United States from sleep related deaths, including SIDS.



PASafeSleep

Keeping babies safe while sleeping is as easy as ABC.

Alone Back Crib

This project is funded, in part, under a contract with the Pennsylvania Department of Health in collaboration with Penn Medicine and Maternity Care Coalition.



pennsylvania
DEPARTMENT OF HEALTH



Penn Medicine

In collaboration with:



Maternity Care Coalition

SAFELY SLEEPING BABIES. RESPECTING PARENTS.



PASafeSleep



The Safe Sleep Guidelines*

Follow these 8 steps to keep your baby safe and healthy.

1. **Put your baby on their back to sleep until their first birthday.**
2. **A baby should sleep in the same room as an adult, but in their own crib.**
Never put your baby to sleep on a couch, chair, water bed or other soft space.
3. **Don't put crib bumpers, blankets, pillows or toys in your baby's crib.**
4. **The only thing in baby's crib should be a firm mattress & a fitted sheet.**
5. **Never put your baby to sleep in a crib made more than 10 years ago or that has missing or broken parts.**
6. **Don't make the room your baby sleeps in too hot.**
Dress your baby in no more than one more layer than you are wearing.
7. **Always put your baby on their back in their crib after feeding.****
8. **Keep your baby away from smoke, alcohol & illegal drugs.**

* Recommended by the American Academy of Pediatrics (AAP)
** Breastfeeding has been shown to reduce the risk of SIDS.

Creating a Safe Sleeping Space for Your Baby

Remember to teach these tips to other people who take care of your baby!

Safe Sleep



Corner posts should not go over 1/16" high.

Use a firm tight-fitting mattress.

Bars on the crib should be tight together, without much space between them.

Baby should be alone in the crib, with nothing other than a fitted sheet covering the mattress.

All parts of the bed should be tight, not loose.

Dangerous!



No missing or broken pieces (screws, brackets etc).

Do not use crib bumpers, comforters, quilts or pillows.

Don't make the room your baby sleeps in too hot.

Never put stuffed animals or toys in your baby's crib.

No cutout shapes in the headboard or footboard.

It is not safe to sleep in the same bed as a baby

Adults, children or pets who sleep or nap in the same bed as a baby are putting the baby at risk of injury or even death.

Risks of sharing a bed with a baby

- Babies can roll off the bed & get hurt.
- Babies can get trapped between the bed and the wall and stop breathing.
- A sleeping adult or child may roll over on to the baby.
- Sleeping with comforters, blankets, quilts and pillows can be dangerous for babies who can become tangled up or be smothered.
- If you're feeding your baby & think you might fall asleep, feed your baby on your bed instead of a sofa or soft chair. If you do fall asleep, as soon as you wake up move the baby to their own crib.



UNIVERSAL PRECAUTIONS FOR DISEASE CONTROL

At the time of placement, Children's Choice may not be fully aware of a child's communicable disease or infection status and/or the risk of acquiring opportunistic infections as the result of a compromised immune system due to HIV infection or AIDS. Therefore, Children's Choice is advocating the use of Universal Precautions for Disease Control be followed for all clients and staff.

1. Care should be taken not to share bodily secretions, particularly blood or semen. In order for bodily secretions to be shared, there must be a point of entry into another person's body. Rubber gloves (latex or vinyl) should be worn whenever handling any bodily secretions including blood, semen, vaginal secretions, mucus, urine and feces. Saliva cannot transmit Hepatitis or HIV unless it is contaminated with blood. There is no reason why persons who are HIV+ cannot have the usual casual social contacts with people.
2. Maintaining a state of personal cleanliness is helpful to all people whether they are HIV+ or not. This includes bathing regularly, washing hands after the use of bathroom facilities or contact with one's own bodily fluids (such as semen, blood, mucus, feces or urine), and washing hands before preparing food.

Hand Washing Techniques

- Wet hands/leave water running
 - Soap hands
 - Apply friction/rub vigorously front and back of hands, including between fingers
 - Rinse hands
 - Dry hands with paper towel
 - Turn off faucet with paper towel
3. Kitchen and bathroom facilities may be shared. Normal sanitary practices in any household will prevent the growth of fungi and bacteria that may potentially cause illness to both immunocompromised and immunocompetent people.

These sanitary practices include:

- Clean kitchen counters with scouring powder to remove food particles. Sponges used to clean in the kitchen where food is prepared should NOT be the same sponges used to clean up bathroom-type spills. Dirty looking sponges should not be used to wash dishes or clean food preparation areas.
- Clean inside of refrigerator with soap and water to control molds.

- Mop bathroom floor at least weekly and clean up spills. Bleach 1:10 strength (1 part to 10 parts water) or full-strength Lysol liquid can be used to disinfect floor and shower floor (athletes foot is caused by a fungus which bleach will kill). 1:10 bleach can also be used in the sink. A little full-strength bleach can be poured into the toilet bowl for disinfection. Any spills of body fluids or waste (blood, urine, stool, vomit, etc.) should be cleaned up first with an approved cleansing disinfecting agent (Vestal LPH) and then the surface disinfected with 1:10 bleach.
 - Sponges used to clean the floor or any body fluid spills **SHOULD NOT BE USED TO WASH DISHES OR CLEAN FOOD PREPARATION AREAS**. Mop water should **NOT** be poured down the sink where food is prepared. Sponges and mops can be disinfected by soaking in the Vestal LPH in a bucket.
4. Dishes may be shared with others provided they are washed in HOT soapy water (hot enough to require gloves). A disinfectant does not need to be used. The use of a dishwasher is ideal.
 5. People with HIV infection can safely cook for others provided they wash their hands before beginning. It is also a good idea to not lick your fingers or taste from the mixing spoon while cooking. (Advice for everyone).
 6. Since unpasteurized milk and milk products have been associated with Salmonella infections in the past, these should not be included in the diet. Salmonella infections are not well tolerated by people with AIDS.
 7. If organically grown food is used (composted with human or animal feces, i.e. mushrooms), food should be cooked thoroughly and fruits should be peeled. "Organic" lettuce is not safe for immunocompromised people.
 8. Towels and wash cloths should not be shared without laundering in between people. Toothbrushes, razors, enema equipment, or sexual devices should not be shared.
 9. Trash disposal should be the same for any household. Body wastes are flushed down the toilet. Other trash may be adequately handled by normal means (weekly trash pickups from cans lined with a plastic bag and tight-fitting lid to keep out rodents). In the event of large amounts of sputum, wound drainage, etc. on Kleenex or dressings, it is a good idea to collect them in a lined trash can in the house and dispose of them daily.
 10. Pets: Gloves should be used when cleaning birdcages (psittacosis) and cat litter boxes (Toxoplasmosis). Tropical fish tanks may contain organisms in the Mycobatrium family, which are not well tolerated by person with AIDS. Get someone else to clean your tank.
 11. Keep living quarters well ventilated. Airborne diseases are less likely to be a problem when diluted by lots of air.

12. Persons who are coughing should cover their mouths with tissues or handkerchiefs. Tissues are preferable as they are disposable. Encourage people with colds, etc. to wash their hands often, especially after blowing their nose.
13. The disinfection procedures for skin exposed to potentially virus-bearing fluids are:
 - Wash hands with an antimicrobial soap. Using Hibiclens is preferred (follow hand washing directions on the bottle).
 - Open cuts or wounds exposed to virus-bearing fluids may be washed with either a solution of 3% hydrogen peroxide in water or a solution of 10% household bleach in water.
 - Skin not lacerated may be washed with either a 70% or higher solution of ethyl or isopropyl alcohol or a solution of 3% hydrogen peroxide.
14. After gloves are worn, they should be pulled off the hand so they are inside out and then disposed. This will keep any contamination that is on the gloves from touching the skin. **WASH HANDS BEFORE PUTTING ON THE GLOVES AND AFTER TAKING THEM OFF.**
15. Gloves should be worn for housecleaning activities, particularly bathroom and kitchen cleaning.

Adapted from an article prepared by Grace Lusby, MS, RN, Infection Control Coordinator, San Francisco General Hospital and Helen Schietinger, MA, RN, Director, Shanti AIDS Resident Program. Distributed by Berks AIDS Health Crisis. Revised and approved by Larry Horn, MD, ReMed's Medical Director and Estelle Ingenito, Ph.D., Infection Control Coordinator, Magee Rehabilitation Hospital, Philadelphia, PA.

In the event of any staff or client are exposed to potentially live contagion, it must be treated as a serious event, requiring a written incident report and the immediate notification of the Regional Director and State Director. The employee or client must then follow the procedure below entitled Live Contagion Response Protocol.

Procedure: Live Contagion Response Protocol

Upon receiving notification of a probable or possible live exposure within one of the agency's buildings, the following steps will be taken to ensure care of our clients, staff and premises.

- 1) Notification of possible exposure will immediately be provided to the administrative chain of command.
- 2) Verbal notification of possible exposure will be provided to all staff, clients, families and/or visitors, if there is a reasonable belief that they may have been at risk for potential exposure within 24 hours. Any notification will ensure the

confidentiality of all involved persons. In addition, dialogue will occur to ensure appropriate medical care, if necessary, is obtained or that professional medical advice is sought, if applicable.

- 3) Verbal notification to the county agency and/or other agencies involved in the service provision of the children or families that may have been exposed, will occur within 24 hours with a written notification follow-up within 48 hours. Any notification will ensure that confidentiality of all involved persons.
- 4) Possible exposed areas will be closed off and no clients or visitors will be permitted access to those areas for approximately 48 hours, unless circumstances deem otherwise.
- 5) Alternative arrangements will be attempted, whenever possible, during this time to ensure that services can continue to be provided in different locations. If every effort is made and there is no appropriate alternative location available, then arrangements will be made to reschedule the service.
- 6) An immediate cleaning action plan will be created to address the specific possible contagion and the appropriate methods to ensure elimination. If elimination of a particular contagion on a particular piece of agency property cannot be ensured, then that specific property/furniture item may need to be disposed of by contacting the local waste management removal company at the recommendation of the Business Services Director.
- 7) A client who received medical treatment for a live contagion would need to show documentation from the doctor that the client's needs have been addressed.

By signing this statement, you are agreeing that you have been provided with the instructions for Universal Precautions for Disease Control and that you have reviewed this information and recommendation.

Resource Parent or Employee Signature

Date

Resource Parent Signature

Date

Witness

Reasonable and Prudent Parenting Notes

Reasonable and Prudent Parenting Notes

RESOURCE FAMILY AGREEMENT

CC 3:3A

Agency Purpose

Children's Choice, Inc. is a Christian child welfare agency whose purpose is to provide homes and guidance for children who might otherwise be residing in group living situations or institutional settings, because of special needs and problems. Some of these children have behavioral problems, emotional disturbances, pre-natal drug exposure, medical needs, developmental delays, and physical disabilities. Our primary goal is to reunite the child with his/her birth family and to participate in concurrent/permanency planning that is in the best interest of the child. The child's safety and stability are secured by providing intensive casework, counseling or psychiatrist consultation, and the coordination of medical services in a caring family environment.

Agency Responsibilities

As an approved licensed child welfare agency, Children's Choice will:

Provide agency policies and procedures, applicable state regulations, emergency and non-emergency agency contact information, and instructions on how to receive services;

Work in conjunction and partnership with the resource families, providing on-going direction, supervision, and training;

Share fully any information concerning a child's physical condition, mental disabilities, emotional problems, past behaviors, relationship between the child and his/her parents, educational history, life experiences, or previous and prospective placement circumstances;

Provide 24 hour per day, seven days per week, casework services to resource families and children in placement;

Provide personal caseworker contact with children in placement and resource families according to state regulations and contract requirements. Telephone contact will be made at least twice monthly;

Visit in the resource family home at least once a month to meet with the resource parents and meet with the foster children placed in the home in accordance with service delivery requirements;

Act as liaison with referring agencies to develop and carry out individual service plans for each child in placement;

Provide appropriate resources and services to birth families as designated in the Family Service Plan and Individual Service Plans of children in placement;

RP Initials

Date

CC 3:3A
Rev. 09/2014
Page 1 of 7

Deal with any grievance or problems received directly from resource families according to Children's Choice grievance procedures in a fair and responsible manner;

Insure compliance with the regulations, and negotiated, signed agreements with County Offices of Children and Youth Services and other contractors;

Provide the name, address and phone number of the resource parents to the birth parents of the foster child in their home, unless doing so is restricted, threatens, or there is basis for refusing such disclosure;

Follow protocols in reporting allegations of child abuse and ensuring the safety of the child. As well as ensuring that information pertaining to the report is kept confidential;

Provide monthly resource family support/training sessions;

Provide ongoing enhancement training to assist resource parents in developing the skills needed to parent children with specialized and mental health needs; and

Notify resource parents of any court proceedings related to the child(ren) in their care and ensure that the resource parents are given the opportunity to be heard in any court proceedings related to the child(ren). Resource parents will also be given the opportunity to be heard regarding agency decisions or practices involving child(ren) in their home.

Resource Family Responsibilities

As an approved foster/kinship family, we agree to abide by the directive of Children's Choice to:

Maintain a safe and nurturing environment for the child in our home by maintaining full compliance with the Children's Choice list of mandatory safety items;

Assure that all clients, regardless of age, have independent sleeping arrangements (crib or developmentally appropriate) not shared with adults or other children. With the exception of a crib, the child's bed must include both a mattress and a box spring. No sleeper sofas or futons are permitted. Clients of the opposite sex who are 5 years of age or older will not share the same bedroom. All clients' bedrooms will be located in the main living areas of the home. No child's bedroom may be located in a basement or attic area, regardless of its condition;

Obtain prior approval from Children's Choice before allowing anyone to move into the home for a period time that will extend beyond 2 weeks. Necessary documentation will be required according to state regulations and an addendum to the home study will be completed;

RP Initials

Date

Provide service as a resource parent exclusively with Children's Choice while approved and active as a Children's Choice resource home (i.e. no affiliation with another foster care agency at the same time);

Attend Children's Choice Resource Family Pre-Service Training Sessions of 16 hours for both primary and secondary caregiver, before placement (for kinship, prior to completing the 60 days full approval process);

Attend Children's Choice Resource Family Support/Training Sessions of 20 hours for primary caregiver and 6 hours for the secondary caregiver per year;

Complete training on the Ansell-Casey Life Skills (PA Only);

To participate fully in the Choice Theory learning process;

Maintain current CPR and First Aid certification;

Attend trainings that meet with specific needs of the child(ren) placed in the resource home;

Attend and participate in semi-annual Individual Service Plan Meetings and other required meetings for each child;

Assist children as far as possible in maintaining relations with their birth parents, unless contraindicated by the child's court ordered permanency goal;

File grievances according to Children's Choice procedure (see Grievance Procedure);

Inform Children's Choice caseworker and Program Coordinator about all problems relating to children in placement or circumstances in the family as they affect the children placed in your care;

Maintain confidentiality regarding any information concerning the children in placement, their families, or Children's Choice;

Provide children in placement with multiple opportunities to promote their health emotional stability, cultural awareness and identity;

Provide for child's safety during transportation by maintaining valid car insurance, valid driver's license and registration for the state in which they currently reside, current vehicle inspection, and appropriate child safety restraints;

Insure that the child abides by police curfews and state and federal laws;

RP Initials Date

Be responsible for, and not hold Children's Choice responsible for, any damage to property or vehicles resulting from children placed in the home;

Obtain and certify adequate homeowner's or tenant's insurance;

Declare in writing any offensive weapons owned or stored in the home, specifying that such weapons are properly licensed, locked, and secured to prevent improper use and/or abuse;

Provide proper care and 24 hour approved supervision for any child placed in our home (refer to Child Care Guidelines CC 4:2);

Refrain from allowing birth children or any other children under the age of 18 years to babysit or provide child care for any child in placement including diaper changes, feedings, or supervising play even when adults are present;

Provide a minimum of three meals per day with snack which meet nutritional needs (can be adjusted for special needs);

Provide adequate room and board, basic personal hygiene and cosmetic items, (i.e. shampoo, deodorant, toothbrush and toothpaste, feminine hygiene supplies, soap, brush and comb; haircuts);

Work in conjunction with Children's Choice to provide care as determined appropriate by Children's Choice, the referring agency, and the child's Individual Service Plan;

Not to use any form of physical punishment for any reason, but to use only those disciplinary methods approved by Children's Choice;

Be responsible not to alter a child's hairstyle or have ears pierced without written permission from birth parent;

Notify Children's Choice 30 days in advance when requesting that a child in placement be moved to another home (90 days in advance for medical level children);

Follow Children's Choice regulations in reporting suspected abuse, runaway or rules violations, emergency medical treatment, or hospitalization;

Inform Children's Choice 30 days in advance of vacations or trips, specifying plans and requesting permission to take the child in placement along or to request Children's Choice respite for the child while absent;

Participate fully in the child's psychological and emotional health by providing transportation to therapy appointments and participating in therapy when requested and appropriate;

RP Initials _____ Date _____

Schedule appointments and provide transportation for medical and dental care as required by Children's Choice, its referring agencies, and the child's primary physician. Immunizations must be up to date, and dental examinations to begin by age three;

Medical: A medical examination should be conducted within 30 days of placement unless written documentation of prior timely medical examination has been provided to Children's Choice. Otherwise, examinations should take place as follows:

Birth through 6 months.....Once every 6 weeks
7 months through 23 months.....Once every 3 months
24 months and olderOnce a year

Dental: A dental exam should be conducted within 60 days of placement for children over 3 unless prior timely dental documentation of dental examination has been provided to Children's Choice. For children over 3, dental exams should take place every six months;

Provide transportation for the child's visits with his/her birth family at the birth family home, Children's Choice office, referring agency, or otherwise identified location;

Provide transportation for other appointments or functions determined beneficial to the child;

Comply with Children's Choice directives regarding child's education;

Actively participate in the education process by attendance at IEP meetings, parent/teacher conferences, school functions, etc.;

Provide good quality out and under garments which are seasonably appropriate utilizing the child's clothing allowance. The child's clothing will not distinguish him/her from other members of the community. Provide child with the opportunity to have some say in his/her clothing selection. Once clothing is purchased, it will become the child's property;

Submit Monthly Billing and Expense forms with required documented receipts and a narrative Resource Parent's Monthly Report of Child's in Placement's Progress for each child in care during the preceding month, no later than the 5th day of each month;

Administer and supervise distribution and spending of child in placement's personal allowance and clothing allowance; and

Express approval and affection in an appropriate family oriented manner.

RP Initials Date

Reimbursement

As the expectations and demands upon our resource parents differ with the types of care deemed appropriate, reimbursement rates also differ. At placement, the resource parents will be advised, in writing, as to the reimbursement rate they should expect.

When a child is placed in a resource home, the resource parent will be informed of the category designated for that child. Every six months, each child designated PBC, Regular, Specialized, Mental Health or Medical Care will be evaluated by the courts and the resource parent will be informed of any changes in classification of a child in their home. While a medical level child is hospitalized, resource parents receive \$13.00/day for up to one week until the child returns to the home.

The child's Medical Assistance/HMO covers most prescriptions for children. Children's Choice will reimburse resource families for prescription medication not covered by medical assistance only when pre-approval has been obtained from the Program Coordinator in writing.

Resource families will be reimbursed at the current mileage rate per mile (which is adjusted quarterly) for all mileage in excess of 200 documented and approved miles per month per child for necessary and beneficial transportation provided specifically for children in placement and for travel to Children's Choice functions, such as training sessions or Individual Service Plan meetings.

Children who are not capable of receiving their allowance directly will have a savings account opened by the Children's Choice caseworker into which the resource family will deposit the child's personal allowance. If a child is transferred to another Children's Choice Resource Home, the balance of the child's personal and clothing allowances are forwarded to the Resource Home receiving the child. At discharge, the balance of these funds follows the child.

Clothing purchases must be documented by annotated receipt (date, item and name of child written on back of receipt from store) and on each child's Basic Clothing List Inventory (CC 3:5M).

Resource Parent Monthly Billing Reports must be completed and submitted to the individual offices by the 5th of each month. Failure to complete billing for 2 consecutive months will result in only room and board rate being released until verification of expenditures is documented. Miscellaneous, personal allowance and clothing allowance expenditures must be documented to the Program Coordinator's satisfaction with receipts and will be paid within 30 days of the receipt of documented expenditures or the end of the next resource parent billing cycle, whichever is first.

RP Initials

Date

Grievance Procedure

Any resource family member or resource parent who takes issue with a Children's Choice decision may appeal the decision. Requests for consideration should be made in the following order: Caseworker, Program Coordinator, State Director, Chief Executive Officer, President, Board of Directors, then the referring agency. At each level, the request for reconsideration will be answered as soon as feasible, with a maximum time limit of 14 days. A meeting will be scheduled to consider each issue, to which the complainant may invite an advocate to accompany him/her. A written decision will be supplied to the complainant upon request. Failure to follow this grievance procedure will necessitate corrective action by Children's Choice, up to and including termination of the Treatment Family Agreement and closure of the Resource Home.

Discrimination Policy

No child in placement with Children's Choice and no member of a resource family will be the object of discrimination due to his/her race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.

Agreement

I/We have read and understand the above listed purpose of Children's Choice, Inc., Children's Choice Responsibilities, Resource Family Responsibilities, Compensation and Grievance Procedure. We understand that we are agreeing to enter into an arrangement with Children's Choice to provide for the room, board, supervision, religious training opportunities, cultural, educational, therapeutic, and recreational opportunities for children who will be placed in our home.

I/We agree to cooperate with Children's Choice and the referring agencies in every way possible to meet the child in placement's needs and to fulfill the Individual Service Plan for each child.

Signature of Resource Parent

Date

Signature of Resource Parent

Date

Children's Choice Representative

Date

Resource Parent Agreement Notes

Resource Parent Agreement Notes

RESOURCE PARENT MONTHLY REPORT OF CHILD'S PROGRESS

TO: Children's Choice, Inc.

FROM: _____
Resource Parents' Name

RE: Resource Parent's Monthly Report of Foster Child's Progress
for the month of _____, 20____

Child's Name _____ Age _____ Date of Placement _____

INSTRUCTIONS: Please complete each item.

A. MEDICAL

Was a physical exam/well child visit completed this month?

____ No ____ Yes Date Completed: _____
(Attach Report of Physical Examination CC 2:8C and EPSDT Screen, if completed)

Name of Physician/Hospital: _____

Diagnosis/Prognosis/Medication: _____

Are follow-up appointments needed?

____ No ____ Yes Date(s) scheduled with whom: _____

Were any medications given to child this month (Prescription or non-prescription)?

____ No ____ Yes (Attach Medication Log CC 2:8F)

Did other medical/psychiatric care occur this month?

____ No ____ Yes Date(s) Completed: _____
(Attach Medical Treatment Form CC 2:8D)

Date: _____ Physician/Hospital _____

Diagnosis/Prognosis/Medication: _____

Are follow-up appointments needed?

____ No ____ Yes Date(s) scheduled with whom: _____

Date: _____ Physician/Hospital _____

Diagnosis/Prognosis/Medication _____

Are follow-up appointments needed?

_____ No _____ Yes Date(s) scheduled with whom: _____

Date: _____ Physician/Hospital _____

Diagnosis/Prognosis/Medication _____

Are follow-up appointments needed?

_____ No _____ Yes Date(s) scheduled with whom: _____

Date: _____ Physician/Hospital _____

Diagnosis/Prognosis/Medication _____

B. DENTAL

Was a dental examination/treatment completed this month?

_____ No _____ Yes Date(s) Completed _____ (Attach Dental Report CC 2:9B)

Are follow-up appointments needed?

_____ No _____ Yes Date(s) Scheduled _____

C. DEVELOPMENTAL SKILLS

A. Progress (Language, social, fine motor and gross motor skills attained)

B. Difficulties

C. Pre-school/Headstart Programs Attended: _____

Was a progress report issued this month? _____ No _____ Yes (Please Attach Copy)

C. EDUCATIONAL

Was report card/progress report issued this month? _____ No _____ Yes (Please attach copy).

Were meetings with school personnel held this month? _____ No _____ Yes

List purpose and dates (i.e., Parent/Teacher Conference, etc.):

List achievements/difficulties/attitude toward homework:

D. THERAPEUTIC INTERVENTIONS

List types of interventions, dates, length of appointments, and with whom (i.e. visiting nurse, early intervention, occupational, physical or speech therapy, psychotherapy, wrap-around services, therapeutic daycare, etc.): (Individual, group or family counseling; TSS; Behavior specialist, Mobile Therapy, Tutoring, Therapeutic After School Programs, Adolescent Initiative Program, etc.)

Date(s): _____ Service Performed by: _____

Summary of Service: _____

Date(s): _____ Service Performed by: _____

Summary of Service: _____

Date(s): _____ Service Performed by: _____

Summary of Service: _____

E. SOCIAL/EXTRA-CURRICULAR ACTIVITIES

List types and frequency of participation (i.e. any organized group activities such as Scouts, Clubs, Athletics, Camp, After-School Programs, Sunday School, Youth Group, Dance, Music, Art, Drama, etc.):

F. FUN

List activities (i.e. parties, vacations, special trips, peer play, etc.):

G. CULTURAL ACTIVITIES

List activities (i.e. holiday celebrations, community events, visits to museums, participation in the arts {music & dance} etc.):

H. INTERACTIVE BEHAVIOR (Strengths/Challenges)

Within the Resource Family: _____

With Peers: _____

I. BIRTH FAMILY INTERACTION

Resource Parent's assessment of child's behavior before, during (if Resource Parent was present), and after visits (please note locations, dates and duration of each visit) with Birth Family:

Phone and letter/card contacts with birth family this month (state date and who initiated contact):

J. RELIGIOUS LIFE

K. LIFE SKILLS

(Discuss money management and household skills/tasks, if applicable)

L. RESPIRE CARE

List dates and with whom respite was provided:

M. PHYSICAL PLANT/SAFETY

Monthly smoke detector battery check performed: _____ (date)

Monthly fire drill performed, Date: _____

Any safety item remediations (if needed): _____

N. VISITS WITH CHILDREN'S CHOICE CASEWORKER

List dates of visits completed: _____

GOALS FOR NEXT MONTH

Report Completed by: _____

WAIVER OF MEDICAL RESPITE CARE – If applicable

Respite care for medical level children is defined as care given to a child in placement in the absence of the child's regular caregiver. Respite care providers must meet the agency's requirements as outlined in CC 4:13. Suggested minimum respite care per level on a monthly basis is as follows: Medical I, forty (40) hours; Medical II, sixty (60) hours; Medical III, eighty (80) hours; Medical IV, ninety-six (96) hours. A voluntary partial or full waiver of monthly respite care must be indicated by signature of the regular resource parent on the line below.

Period Covered (month/year)

Resource Parent's Signature

Resource Parent's Signature

Report Reviewed by Children's Choice: _____
Caseworker/Program Coordinator Initials

MEDICATION LOG

(Prescription and Over the Counter)

Period Covered: _____

Child's Name: _____

Resource Parent (s) : _____

N - Name of Medication	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	# of Pills or # of ounces left at end of the month
D - Dosage of Medication																																	
F - Frequency of Medication																																	
Q - Start & Finish Date																																	
N *																																	
D *																																	
F *																																	
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Signature of Resource Parent affirms that meds given or explanation of why not given (on back of form)

Resource Parent Signature

Date

Signature of Children's Choice Caseworker affirms that Pill Count/Ounce Measure done once this month:

Children's Choice Caseworker Signature

Date

CC 2:8M

Rev. 6/2011

Monthly Reports Notes

Monthly Reports Notes