



Alternative Resource Parent Sakotinonha

"ALL CHILDREN ARE GIFTS FROM THE CREATOR"

OGAWDENI:DEO ALTERNATIVE CARE RESOURCE UNIT

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O GWADENI:DEO
Is working towards Designation

BEING AN ALTERNATIVE CARE RESOURCE PARENT (SAKOTINONHA)

All children are seen and valued as Gifts. We envision reclaiming our inherit right to provide a service imbedded in Haudenosaunee culture that ensures the safety, preservation and protection of all children.

We are dedicated to assume our responsibilities for taking care of our children in partnership with the community.

The Alternative Care Unit is also an example of where care can be provided. In development in community care leaders, additional support can be provided to families to preserve families. Where alternative care is requested or required based on severe circumstances, we will rely on family community leaders to assist in planning which is least intrusive but most responsive to the family's needs.

We will be covering topics that coincide with being Alternative Care Parents (*Rontwatsiranonha* a group of *Sakotinonha* (nurturers) who take a child/youth into care to provide cultural continuity, safety, security and support). This would include what your role is as an Alternative Care Resource Parent (*Sakotinonha* a person who takes a child/youth into a nurturing care environment to provide culture continuity, safety, security and support), what rights you have and how well you will work with others. The following are topics will be covered:

- ✦ Your role as an Sakotinonha
- ✦ Your rights as an Sakotinonha
- ✦ Being a member of a team
- ✦ Training
- ✦ Payments
- ✦ Kinship Care/ Customary Care
- ✦ Alternative Care Resource Parent's agency record

SPECIAL ACKNOWLEDGEMENTS TO:

- ✦ Ima Johnson
- ✦ Lottie Keye
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CODE OF PRACTICE FOR OGWADENI:DEO:

Developed in 1993



Promote and Understand: Haudenosaunee and other Onkwéhon:we (Indigenous) world views.



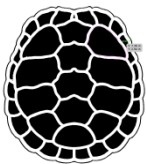
Recognize: Ogwadéni:deó's core values and principles.



Commitment & Support: Make a commitment to support Ogwadéni:deó's ethics and code of practice.



Adhere to: Appropriate laws & regulations.



Understand Diversity: of Haudenosaunee and other Onkwéhon:weh families living on and off reserve.



Promote: Positive and ethical work environment.



Avoid: Conflict of interests.



Act Ethically: And responsibly.

YOUR ROLE AS RONTWATSIRANONHA PARENT:

As Rontwatsiranonha you are responsible for the temporary care and nurturing of a child while Ogowadeni:deo focuses on the reunification and health needs of their parents/ caregiver. During a time of change, we need you to be understanding and provide a safe and loving home. At the same time, your role includes working with the case worker and the child's family so that the child can return home safely when appropriate.

YOUR ROLE AS RONTWATSIRANONHA IS TO:

- ✦ Provide temporary care for children, giving them as safe, stable, nurturing environment
- ✦ Cooperate with the child's parents in carrying out the child's permanency plan, including participating in that plan
- ✦ Support Onkwéhon:we family meetings
- ✦ Understand the need for, and goals of, family visits and assisting with the visits
- ✦ Help the child cope with separation from his or her home
- ✦ Provide the spiritual need of the child
- ✦ Provide guidance, appropriate discipline, a good example, and as many positive experiences as possible
- ✦ Encourage and supervise school attendance, participate in teacher conferences, and keep the child's caseworker informed about any special educational needs
- ✦ Work with the agency in arranging for the child's regular and/or special medical and dental care
- ✦ Work with the child to create a Lifebook
- ✦ Inform the caseworker promptly about any problems or concerns so needs can be met through available services
- ✦ Comply with applicable guidelines and requirements set forth by the ministry

YOUR RIGHTS AS AN RONTWARSIRANONHA

Alternative Care Resource Parents have the rights that include but are not limited to:

1. Accept or reject a child for placement in your home.
2. Define and limit the number of children that can be placed in your home, within the legal capacity.

3. Receive information on each foster child who is to be placed in your home.
4. Receive information about *Alternative Care*.
5. An Alternative Care Resource Team Member and a Support Team Member will do face to face visits with you and your child for the first seven days.
6. Expect regular visits (caseworker contacts) from the child's caseworker to exchange information, plan together, and discuss any concerns about the child. The visits (contacts made between the caseworker and the Rontwatsiranonha) must take place every 30 days with at least one visit taking place in the Alternative Care's home every 90 days.
7. Receive and review the permanency hearing reports that must be prepared for the Family Court and participate in periodic case consultations to provide input into the reports.
8. Receive notice of Family Court permanency hearings to determine the appropriateness of the agency's permanency plan, and have the opportunity to be heard at the hearing.
9. Participate in Service Plan Reviews on behalf of a child placed in their home.
10. Receive training on meeting the needs of children in your care.
11. Have your personal privacy protected.
12. Participate in any court proceeding involving the custody of the child as an *Interested Party*. (Entity who has a recognizable stake in the outcome of a matter before a court, but may not be directly involved in the litigation process)
13. Receive a minimum 10-day notice if the child will be removed from the home, except where the health or safety of the child requires immediate removal.
14. Requests a conference about the removal decision and, if necessary, requests a fair hearing to be removed, or has already been removed because of the need to address immediate health and safety concerns.
15. Participate in Onkwehon:we family meetings.
16. Sakotinonha parents of a child who has been in their care for 12 continuous months or longer have the additional right to have their application to adopt the child be given preference and first consideration over all other applicants if the child is freed for adoption or the plan is to free the child for adoption.

BEING A MEMBER OF A TEAM

As Rontwatsiranonha you are a part of a "team" working together to help strengthen and allow time for the family to heal. Generally, the team consists of Rontwatsiranonha, the birth parents, the child, the caseworker, and the child's attorney (formerly referred to as law guardian). It may also include service providers, health care providers, and other family members. This means

you are not alone in caring for the child. You have support. It also means that you meet with the child's family in visits, case conferences, and you may keep the caseworker up to date on how the child is doing.

Working as a team member makes sense. If you don't meet the child's parents, you may have an unrealistic picture of them in your mind. They may become jealous of you if they don't get to know you. All of this might have a negative effect on the child. Children will feel better about themselves if they know that their parents and alternative care family is getting along, and trying to help the child get back home.

COMMUNITY CARE LEADER TRAINING

Ogwadeni:deo must provide training for Rontwatsiranonha to assist them in meeting the needs of children in their care, learn techniques for managing behaviour and preventing abuse/maltreatment, and understand the needs of the child. New Rontwatsiranonha need preparation and training to be effective in their role. Rontwatsiranonha who have been accepted in for a home study, or relatives who are in the process of a home study, must be oriented to:

- ✦ (History Info) leading to family breakdown and the need for placement of the children (ie. Social, mental, physical, spiritual)
- ✦ The trauma and healing needs of the child upon separation and the function and responsibility of the Rontwatsiranonha in relation to the child, the birth parents, and the Ogwadeni:deo staff
- ✦ The Ogwadeni:deo policy and practice to have defined goals to achieve permanency for each child entering the alternative care system
- ✦ The authority of the local social services districts, the Office of Children and Family Services, and the Family Court to supervise or examine the agency's practice
- ✦ The nature of the relationship of agency staff to alternative care parents and children, including definitions of the functions and responsibilities of the caseworkers assigned to children and their families
- ✦ Funds to the Rontwatsiranonha for care and expenses, the definition of an alternative care family, and certification or approval of home
- ✦ The rights and responsibilities of an alternative care parent, as defined by a letter of understanding/agreement that must be executed at the time of certification or approval

KOTINONHA TRAINING:

All children are gifts from the creator

Introduction to Kotinonha provides resource parents with knowledge and tools to prepare to be approved to become part of the growing team of Sakotinonha parents, volunteers and community care leaders who will help protect and support children and youth, while also strengthening families in our community.

The Kotinonha Parent Resource Manual and Kotinonha Training sessions have a strong Haudenosaunee focus and establishes a strong relationship between family, agency, and community resources. We believe that the “disruption” violates the child’s safety and security needs, but he/she can recover and rebuild positive relationships.

- ✦ Understanding the fundamental Indigenous beliefs, values and traditions practiced
- ✦ Types of Resource Family Services. (Kinship, Customary Care, Foster Care, Legal Custody and Adoption)
- ✦ Rights of Indigenous Children
- ✦ *Participant Journaling*: A personal record of each participant’s thoughts, insights and reflection as they go through the program
- ✦ Preparing sacred bundles (tobacco)

KOTINONHA TRAINING SESSIONS:

- ✦ **Session 1:** Pre-Service Training
- ✦ **Session 2:** The Role of Haudenosaunee Stories
- ✦ **Session 3:** Haudenosaunee Clan and Family Systems
- ✦ **Session 4:** Disruption of Haudenosaunee Clan and Family Systems
- ✦ **Session 5:** Haudenosaunee Stages of Life
- ✦ **Session 6:** Developmental and Spiritual Needs of Ogwehoweh Children
- ✦ **Session 7:** My Family System Part 1
- ✦ **Session 8:** My Family System Part 2
- ✦ **Session 9:** Haudenosaunee Parenting
- ✦ **Session 10:** The Importance of Relationships
- ✦ **Session 11:** Planning and Preparing to Extend Your Family
- ✦ **Session 12:** Making the Decision to Extend Your Family

OTHER TRAINING FOR PARENTS:

Other training may be available to support you in your role as Sakotinonha. Your local district or alternative care agency may offer in service training sessions for parents, arrange or conducted by staff, with guest speakers from community hospitals, schools, and local police and fire departments. Be on the lookout for such opportunities, and ask your caseworker about them.

Ongoing training will be offered for Rontwatsiranonha by community services based on their age of interest to provide care for. Additional training includes:

- ✦ Mental Health First Aid Training
- ✦ Family Violence Education
- ✦ Grief, Loss, & Addictions
- ✦ Caring for babies born with addictions
- ✦ Car Seat Training
- ✦ First Aid/CPR Training
- ✦ Teen talk: Sexual health, relationships
- ✦ Child / Youth Development
- ✦ Spiritual wellness of a child

Appropriate training can help Rontwatsiranonha develop skills in crisis counselling and in being sensitive to signs of emotional distress in children. Such knowledge should help Rontwatsiranonha feel more confident in their role.

Community service programs for Rontwatsiranonha are valuable in covering many topics: childhood health requirements (such as immunizations); common health problems; dealing with emergencies and trauma, family planning and sex education; HIV/AIDS education, fire safety training in the home, and nutrition and physical fitness; child development; spiritual wellness and guidance and holistic health.

CUSTOMARY CARE

Customary care is known formerly as Kin Care or Kin Service.

Customary Care:

Part 10, section 208 of the *Ontario Child and Family Services Act* recognizes the concept of “customary care” as the “care and supervision of an Indian or native child/youth by a person who is not the child/youth’s parent, according to the custom of the child/youth’s band or native community”. In addition, section 212 states that, “where a band or native community *declares* that an Indian or native child/youth is being cared for under

customary care, a society or agency may grant a subsidy to the person caring for the child”.

Following the Six Nations Social Services framework policy (see administration policies and procedures manual), all children/youth under the age of 18 who have come to the attention of Ogwadeni:deo as a result of a concern about the adequacy of their care and/or about their safety (see case management and service delivery policies and procedures manual, appendix 1) and have subsequently become the subject of an agreed program plan of service and care that has been submitted to and declared by the Ogwadeni:deo commission (upon delegation of the responsibility to do so by Six Nations Council) to be a customary care arrangement, are considered to be receiving care according to the custom of Six Nations.

Customary care may be either temporary or permanent. Temporary customary care arrangements are those in which the intention is to reunite a child/youth with their parent(s) (or other previous caregiver(s)) after the agreed period time that has been specified in the plan of service and care as required to resolve the problems and concerns that resulted in program involvement and the customary care arrangement.

Permanent customary care arrangements are those in which it has been mutually agreed that it is in the best interests of a child/youth that they not return to their parent(s) or other caregiver(s); and that they receive care under long-term, permanent arrangement in another home. Permanent customary care arrangements may also be referred to as custom adoption arrangements.

You may offer to become the child’s Sakotinonha or a caseworker may ask if you are willing to be a Sakotinonha. You will be expected to step into the care giver role and be responsible for the child. The alternative care resource team’s goal is to strengthen our customary caregiver’s roles and responsibilities and containing family/clan cohesion. The Rontwatsiranonha who becomes a child’s caregiver provides a temporary home for the child while the birth parents elevate child protection concerns through personal growth and healing.

EMERGENCY PLACEMENT

Placements do not always have to be emergency placements without a safety plan. Families with our prior involvement may already have a safety plan for the child(ren) in their family and implement this plan when needed. Casework or the family have the right to reconvene a family meeting when the safety plan needs to be amended.

A family meeting is very important to implement within the first 72 hours of the child being moved into care. This approach will bring all the minds and caring hearts together to develop a plan focused on the well-being of the child(ren). This meeting is arranged by the worker.

Even if a child's stay in your home is temporary, you can still give that child the sense of belonging while supporting his or her eventual transition back home. From a child's perspective, this temporary arrangement can be the least disruptive option.

At the same time, the relative's family life will change greatly. The relative caregiver, the birth parent, and the child all must adjust to changes in their relationships to one another.

THE POSITIVE ASPECTS OF PROVIDING KINSHIP CARE INCLUDE:

- ✦ The child stays with people he/she knows
- ✦ There is a better chance of preserving the child's culture and language
- ✦ There is a shared common history within the family and community
- ✦ It is easier to access information about the birth parents
- ✦ Less traumatization to the child

ROLES & RESPONSIBILITIES FOR FAMILY/CLAN COHESION:

- ✦ Can receive a child in their home with little to no preparation
- ✦ Child is living in home while Kin continue to meet home study & training requirements
- ✦ Kin have established a bond with the child and can continue with family social gatherings/activities (Birthdays, longhouse, vacations)
- ✦ Child will continue to feel a sense of belonging and identity
- ✦ Empowering Kin to come together and develop safety plan & plan of care
- ✦ Visitations & contact with birth parent, more support and built around family meeting agreements & precautions
- ✦ Has completed prior training and home is prepared for the child's placement
- ✦ Non-Kin do not share family ancestry or history with the child, disconnect from birth family
- ✦ Non-Kin are more too likely to rely on agency for child related decisions
- ✦ Non-Kin will attend family meetings
- ✦ A preference for Non-Kin to be the person the child wants for crisis intervention and assisting with challenged they face and coming together to create a family plan
- ✦ Non-Kin could provide respite care and assist Kin if Kin family has limited members to help

MONETARY SUPPORTS

Ogwadeni:deo ensures the need of the children are met and values the commitment of the Sakotironha and will provide an equitable system of compensation. Rates are reviewed on annual basis with the direction manager and alternative care team leader. Should the rates increases be deemed necessary all Kotinonha will receive notification in writing. Compensation is provided to ensure the needs of the child are being met while not causing any undue hardships on the caregiver. The rates follow the child based on their needs.

ALTERNATIVE CARE FINANCIAL COMPENSATION GUIDE

TYPE OF CARE	DAILY RATE	BASIS
REGULAR (KINCARE, CUSTOMARY CARE)	34.31 DAY	BASIC RATE 29.00
		RESPITE/RELIEF 2.00
		SKILL ENHANCEMENT 3.31
SPECIAL RATE	50.31/DAY	BASIC RATE 44.00
		RESPITE RELIEF 3.00
		SKILL ENHANCEMENT 3.31
TREATMENT/THERAPEUTIC RATE	75.00/DAY	BASIC RATE 66.69
		RESPITE RELIEF 5.00
		SKILL ENHANCEMENT 3.31
OUTSIDE PURCHASED CARE	89.00/DAY (NEED TO WORK OUT NEW AGREEMENT)	*YOUTH LODGE 2 EMERGENCY BEDS

Regular rate

The daily amount varies according to the age of the child. This payment is to compensate Sakotinonha for all regular daily expenses involved in caring for children.

Relief alternate care

Caregivers often provide relief on either a planned or unplanned basis for other Kotinonha and for families of origin. The rate for children coming from one Kotinonha to another for planned relief is the same rate paid to the regular home.

Emergency/extenuating circumstances rate

The relief rate for children coming from family of origin is one half basic rates for that child's age range. Referred to an (extenuating circumstances) Placement.

Temporary absences

When a child is temporarily absent from a Kotinonha (example, at camp, having an extended visit with natural family, etc.) the foster parents are paid the regular rate for the first five days of the child's absence. (Special needs rates are not paid during this time).

Special rate

When it has been determined that a child has specific needs which require more close supervision, attendance at specialist appointments and has been deemed on the Preliminary Placement Form and Child's Needs form as such, a special rate will apply only for that child being cared for. The rate will end when the child is no longer deemed requiring special care or has moved from the Kotinonha.(See Section 2.12)

0-6	35.31-49.00
7-12	35.31-49.00
13-18	35.31-49.00

Therapeutic level/Treatment level rates

When it has been deemed that a child meets all of the criteria to be placed in a therapeutic/treatment level home, these rates will apply for the services. Should the agency have Therapeutic/Treatment level homes available? (See Section2.12)

Holding rates:

The holding rate is an amount paid to a foster home committing to reserve/preserve a bed for a specified child for a specified period of time while the child is not living in the house. The foster parent must commit to the child's return/placement and a fostering activity or function must be underway for the child, such as daily visits to a hospital to feed an infant being released to their care, despite the fact that the child is not occupying a bed in their home.

The holding rate would most often apply when a child is away from the home, at camp or on an extended visit. It sometimes could apply if a child is admitted to a treatment center and the case plan is for the child to return to the same foster home. It may or may not apply when a child is AWOL or hospitalized, depending upon the circumstance and what involvement the foster parent has with the agency and child during the period of absence. These situations should be discussed with the resource worker.

The payment of a holding rate would usually indicate the foster parent would be free and willing to have the child living in the foster home, had circumstances not resulted in the child being absent. Because of this, a holding rate would not usually apply when foster parents have chosen to take a leave of absence to go on holidays for example.

Essential criteria for paying a holding rate

1. The child is expected to be admitted to or return to the particular foster home.
2. Foster family is available for the child at any time.
3. Foster family is prepared to respond to a crisis which befalls the child.
4. The foster family agrees to maintain contact with the child as appropriate and agreed to with the agency.
5. Foster parents understand and accept the financial and service obligations of receiving the holding rate.

Any disagreement about the payment or non-payment of a holding rate can be processed through the regular agency appeal process. (See Section 7 for details)

Holding rates may be paid in the following circumstances

1. Prior to a child's admission to care to guarantee the placement will be available for a specific child. This is only done if there are extraordinary circumstances preventing the child from being placed immediately, e.g. medically fragile baby not yet released from the hospital.
2. When the child is on a visit home.
3. When a child is in detention.
4. Foster family crisis, i.e. illness or death in family.
5. Child is away at an out-of-area school trip.
6. Other situations as approved, e.g. Adoption probation, trial, camp.
7. When the child is in hospital.
8. When a child is AWOL.

Payments

1. The holding rate shall be in effect for a maximum of seven days from the date of the child's departure unless otherwise negotiated. The rate will be 100% of the per diem.

2. Payment beyond the seven day period may be negotiated between the agency and the foster home, at the initiative of the agency and the following payment scale would apply for all accepted reasons for holding a bed, **except for hospitalization and camp.**
 - 90% for days 8 through 14 (unless otherwise negotiated)
 - 85% for days 15 through 21
 - 50% for days 22 and following unless otherwise negotiated
3. 100% of the per diem will be paid for the first 30 days of hospitalization and after the 30 day period, the holding rate scale will be applied beginning at day eight on the scale, unless a higher rate has been negotiated with the appropriate manager.
4. 100% per diem will be paid while child is at camp.

COMMUNITY CARE LEADER

OGWADENI:DEO APPROACH:

Kin Care and Kin Service is terminology used by mainstream Children's Aid Society.

What is Kinship Service?

Kin are individuals who have a relationship with a child or youth and may include biologically related kin or individuals without a biological connection but with a significant social connection. Examples include step parents, godparent, friend, teacher, coach and neighbour. Kinship service occurs when a child or youth is placed in the home of an approved kin but the child does not have "in-care" status.

What is Kinship Care?

Kinship care refers to the day-to-day care and nurturing of children by relatives or others described as family by a child's immediate family members for children who are in need of protection. It can include an approved family member, godparent, stepparent, familiar friend, or community member who has a blood or existing relationship with a child or youth in care.

Kinship options are always explored for children who are in need of protection prior to having a child placed in foster care or a group home. Sometimes children need to be placed in temporary foster care while the Children's Aid Society (CAS) seeks kin.

Ogwadeni:deo had streamlined the "Kinship Care & Kinship Service" Programs into "Customary Care Service".

KONTINONHA HOMES:

Regular / Specialized /Treatment / Group Homes

No individual Kotinonha home will be designated “Specialized” or “Treatment”. In fact, any one Kotinonha home could possibly have, at the same time a regular-rate child/youth, a specialized Kotinonha rate child/youth, and or a treatment Kotinonha rate child. This is due to the fact that the “Specialized” and “Treatment” classification is determined not by the Sakotinonha’s skills and experience, but by the child’s/youth’s needs.

Placements for children/youth are based on their holistic needs. All approved Rontwatsiranonha will be offered specialized training to enhance their skills and ability to care for children/youth requiring specialized care and/or treatment care, and Western and/or traditional supports.

Our goals is to prepare and train the Rontwatsiranonha (regular, specialized and treatment Kotinonha) to meet the holistic needs of children/youth with identified developmental, emotional, spiritual, medical or physical exceptionalities. Family planning meetings can assist with determining if any additional supports from other Rontwatsiranonha, Community Care Leaders, traditional supports and community program supports, that will be needed to support the Rontwatsiranonha and prevent burnout and breakdown.

The objective is to accommodate the child/youth within a Kotinonha home setting where his/her gifts can flourish and holistic needs are addressed on an ongoing basis and in a manner whereby the child/youth is encouraged to function to their maximum potential. It is preferable to have one Sakotinonha providing care and supervision on a full time basis.

EMERGENCY ALTERNATIVE CARE PLACEMENTS:

Emergency situations will occur and we need Katinonha available to take children on short notice. However, Ogwadeni:deo will have community care leaders and the option to place children with kin as “places of safety”.



OGWADENI: DEO'S APPROACH:

All Rontsirnonha are considered a helping hand to assist our families to begin their healing journey. By using our guiding principles and code of practice, we will unite as a team to rebuild our families and strengthen our nation.

If the Rontsirnonha would like to be considered an emergency home, they must be available to the children 24 hours a day, 365 days a year. Children eligible for this case must be at immediate risk of harm or present an immediate risk of harm to others or self if not immediately placed into alternative care.

To have a trained community care leader in every family lineage as a proactive approach in case a child needs an emergency placement. This concept reduces trauma on the child and reinforces the family cohesion.

GETTING STARTED: THE BASICS

As a Sakotinoha, what should you know about the basics of caring for children in your home?



GETTING STARTED: THE BASICS

CONFIDENTIALITY AND RIGHT TO PRIVACY

To develop and sustain a positive, trusting relationship that protects the rights, privacy, and dignity of the child and family, Sakotinonha must keep the child's family's social history and personal information confidential. Such information may be disclosed and discussed only when and if necessary for the purpose of providing care, treatment, or supervision of the child. Such information may also be discussed for decision making purposes with the agency.

Confidential information includes information furnished by the agency, the caseworker, the child, the child's birth family, or the foster parents. It may concern the family background of the child, the child's family medical history and condition, and/or the services being provided of the child. These matters cannot be discussed with the Sakotinonha's friends, neighbors, or other relatives who are not a part of the Sakotinonha household, or with any other professional who is not specifically authorized to receive the information.

Information can be shared in limited circumstances with individuals providing services to the child when relevant to the services. For example, a child's medical history should be provided to appropriate medical personnel. A child's HIV status can be discussed with the person who is caring for, treating, or supervising the child.

A Sakotinonha and member of a team, you have agreed to respect the confidentiality of the child and family and to share information only with authorized individuals. You may introduce the child to the people simply by name or as your foster child- whatever makes you comfortable. When you are asked about his or her background, you should reply that you cannot discuss it with others. When foster children are present, consider their ages and needs, and don't act as if they are not there.

**Breach of this is Part V of Rights of a Child in the CFSA.*

THE CHILD'S RIGHT TO PRIVACY

MAIL

A child in alternative care has an unrestricted right to send or receive mail without prior censorship or prior reading. A Sakotinonha may require the child to open the mail in the presence of a caseworker or the Sakotinonha if there is reasonable cause to suspect that the mail contains drugs or weapons. As a part of A child's treatment plan, approved by the local district, a Sakotinonha may require the child to open the mail from a predesigned person in the presence of a caseworker or the Sakotinonha if the mail is likely to cause harm to the child, and

the harm could be lessened with the presence of the staff person or foster parent. The child must be informed of this aspect of the treatment plan and the reason for it.

TELEPHONE

A child in foster care has the right to receive or refuse any calls made during reasonable hours that are determined by the foster parent. The foster child must be allowed to call anyone he or she wants to; however, the time, duration, and cost of such calls may be restricted. Except at the child's request, neither agency staff nor Sakotinonha may listen in on any of the child's phone conversations. They may be times when a Sakotinonha and caseworker may want to discuss phone calls and possibly restrict certain calls, based on the particular case situation.

ACCESS TO CHILD'S ATTORNEY OR CLERGY

A child in foster care has the right of access to the child's attorney or clergy by face-to-face contact, mail or telephone.

SEARCHES

Search of a child's property may be made only when there is reasonable cause to suspect that the child has in his or her possession

- ✦ An item belonging to someone else
- ✦ An item that is a crime or offence to possess, such as a weapon, firearm, controlled substance, or illegal drugs
- ✦ An article that the authorized agency or foster parent may consider to be dangerous or harmful to the child, or other children in the home, or the home's physical structure

PART V: RIGHTS OF CHILDREN

Details:

A child/youth in care has the right to reasonable personal privacy whenever they require time to themselves, and in regards to personal care issues (i.e. bathing, dressing). They have the right to have in their possession their own personal belongings.

Rights to Care, CFSA, s. 105 (2) A child in care has a right,

- (a) To participate in the development of the child's individual plan of care and in any changes made to it;
- (b) To receive meals that are well-balanced, of good quality and appropriate for the child;
- (c) To be provided with clothing that is of good quality and appropriate for the child, given the child's size and activities and prevailing weather conditions;

- (d) To receive medical and dental care, subject to section 106, at regular intervals and whenever required in community setting whenever possible;
- (e) To receive an education that corresponds to a child's aptitudes and abilities, in a community setting whenever possible; and
- (f) To participate in recreational and athletic activities that are appropriate for the child's aptitudes and interests, in a community setting whenever possible. R.S.O. 1990, c. C. 11, s. 105.

Parental consent, etc. CFSA, 106. Subject to section 51 (4) and sections 62 and 63 (temporary order, society and Crown wards) of Part III (Child Protection), the parent of a child in care contains any right that he or she may have,

- (a) To direct the child's education and religious upbringing; and
- (b) To give or refuse consent to medical treatment for the child. R.S.O. 1990, c. 11, s. 106.

Rights of Children in Care, CFSA s 103 (3) Opening, etc., of mail to child. (3) Mail to a child in care,

- (a) May be opened by the service provider or a member of the service provider's staff in the child's presence and may be inspected for articles prohibited by the service provider;
- (b) Where the service provider believes on reasonable grounds that the contents of the mail may cause the child physical or emotional harm, may be examined or read by the service provider or a member of the service provider's staff in the child's presence, subject to clause (c);
- (c) Shall not be examined or read by the service provider or a member of the service provider's staff if it is to or from the child's solicitor; and
- (d) Shall not be censored or withheld from the child, except that articles prohibited by the service provider may be removed from the mail and withheld from the child. R.S.O. 1990, c. C.11, s. 103 (3).

Definition:

99. In this Part,

"child in care" means a child or young person who is receiving residential services from a service provider includes,

- (a)** A child who is in the care of a foster parent and,
- (b)** a young person who is
 - (i)** detained in a place of temporary detention under the Federal Act ,
 - (ii)** committed to a place of secure or open custody designated under **Section 24.1 (1)** of the Youth Offenders Act (Canada), whether in accordance with section 88 of the Federal Act or otherwise or,
 - (iii)** held in a place of open custody under section 95 of Part IV (Youth Justice) . R.S.O. 1990, c.C.11.99;2006.c. 19, Shed.D, s.2 (32); 2009, c. 2, s. 7

Right of Communication, etc.

103. (1) A child in care has a right

(a) to speak in private with, visit and receive visits from members of his or her family regularly, subject to subsection (2);

(b) to speak in private with and receive visits from,

(i) the child's solicitor

(ii) another person representing the child, including the Provincial Advocate for Children and Youth,

(iii) the Ombudsman appointed under the *Ombudsman Act* and member of the Ombudsman's staff and

(iv) a member of Legislative Assembly of Ontario or of the Parliament of Canada; and

(c) to send and receive written communication that are not read, examined or censored by another person, subject or subsections (3) and (4). *R.S.O 1990, c. C. 11, s. 103(1); 2007, c. 9, s 25 (2); 2009, c. 2, s. 8(1).*

When a Child is a Crown Ward

(2) A child in care who is a Crown ward is not entitled as of right to speak with, visit or receive visits from a member of his or her family, except under an order for access made under Part III or an openness order or openness agreement made under **Part VII. 2006, c. 5, s. 32.**

Opening, etc., of written communications to child

(3) Subject to subsection (4), written communications to a child in care,

(a) may be opened by the service provider or a member of the service provider's staff in the child's presence and may be inspected for articles prohibited by the service provider;

(b) subject to clause (c), may be examined or read by the service provider or a member of the service provider's staff in the child's presence, where the service provider believes on reasonable grounds that the contents of the written communication may cause the child physical or emotional harm;

(c) shall not be examined or read by the service provider or a member of the service provider's staff if it is to or from the child's solicitor; and

(d) shall not be censored or withheld from the child, except that articles prohibited by the service provider may be removed from the written communication and withheld from the child. **2009, c. 2, s. 8 (2).**

Opening, etc., of young person's written communications

(4) Written communications to and from a young person who is detained in a place of temporary detention or held in a place of secure custody or of open custody,

- (a) may be opened by the service provider or a member of the service provider's staff in the young person's presence and may be inspected for articles prohibited by the service provider;
- (b) may be examined or read by the service provider or a member of the service provider's staff and may be withheld from the recipient in whole or in part where the service provider or the member of their staff believes on reasonable grounds that the contents of the written communications may,
 - (i) be prejudicial to the best interests of the young person, the public safety or the safety or security of the place of detention or custody, or
 - (ii) contain communications that are prohibited under the federal act or by court order;
- (c) shall not be examined or read under clause (b) if it is to or from the young person's solicitor; and
- (d) shall not be opened and inspected under clause (a) or examined or read under clause (b) if it is to or from a person described in sub clause (1) (b) (ii), (iii) or (iv). 2009, c. 2, s. 8 (3).

Definition

(5) In this section,

"written communications" includes mail and electronic communication in any form. 2009, c. 2, s. 8 (3).

Section Amendments with date in force (d/m/y)

Limitations on rights

Conditions and limitations on visitors

103.1 (1) A service provider may impose such conditions and limitations upon persons who are visiting a young person in a place of temporary detention, of open custody or of secure custody as are necessary to ensure the safety of staff or young persons in the facility. 2009, c. 2, s. 9.

Suspending visits in emergencies

(2) Where a service provider has reasonable grounds to believe there are emergency circumstances within a facility that is a place of temporary detention, of open custody or of secure custody or within the community that may pose a risk to staff or young persons in the facility, the service provider may suspend visits until there are reasonable grounds to believe the emergency has been resolved and there is no longer a risk to staff or young persons in the facility. 2009, c. 2, s. 9.

Limited exception

(3) Despite subsection (2), the service provider may not suspend visits from,

- (a) the Provincial Advocate for Children and Youth and members of his or her staff;
- (b) the Ombudsman appointed under the *Ombudsman Act* and members of the Ombudsman's staff; or
- (c) a member of the Legislative Assembly of Ontario or of the Parliament of Canada,

unless the provincial director determines that suspension is necessary to ensure public safety or the safety of staff or young persons in the facility. 2009, c. 2, s. 9.

Section Amendments with date in force (d/m/y)

Personal liberties

104. A child in care has a right,
- (a) to have reasonable privacy and possession of his or her own personal property; and
 - (b) to receive the religious instruction and participate in the religious activities of his or her choice, subject to section 106. **R.S.O. 1990, c. C.11, s. 104.**

Plan of care

105. (1) A child in care has a right to a plan of care designed to meet the child's particular needs, which shall be prepared within thirty days of the child's admission to the residential placement.

Rights to care

- (2) A child in care has a right,
- (a) to participate in the development of the child's individual plan of care and in any changes made to it;
 - (b) to receive meals that are well-balanced, of good quality and appropriate for the child;
 - (c) to be provided with clothing that is of good quality and appropriate for the child, given the child's size and activities and prevailing weather conditions;
 - (d) to receive medical and dental care, subject to section 106, at regular intervals and whenever required, in a community setting whenever possible;
 - (e) to receive an education that corresponds to the child's aptitudes and abilities, in a community setting whenever possible; and

- (f) to participate in recreational and athletic activities that are appropriate for the child's aptitudes and interests, in a community setting whenever possible. R.S.O. 1990, c. C.11, s. 105.

Parental Consent etc.

106. Subject to subsection 51 (4) and sections 62 and 63 (temporary order, society and Crown wards) of Part III (Child Protection), the parent of a child in care retains any right that he or she may have,

- (a) to direct the child's education and religious upbringing; and
- (b) to give or refuse consent to medical treatment for the child. R.S.O. 1990, c. C.11, s. 106.

Right to be heard

107. A child in care has a right to be consulted and to express his or her views, to the extent that is practical given the child's level of understanding, whenever significant decisions concerning the child are made, including decisions with respect to medical treatment, education or training or work programs and religion and decisions with respect to the child's discharge from the placement or transfer to another residential placement. R.S.O. 1990, c. C.11, s. 107; 2009, c. 2, s. 10.

Section Amendments with date in force (d/m/y)

Right to be informed

108. A child in care has a right to be informed, in a language suitable for the child's level of understanding, of,

- (a) the child's rights under this Part;
- (b) the internal complaints procedure established under subsection **109 (1)** and the further review available under section **110**;
- (c) the existence of the office of the Provincial Advocate for Children and Youth;
- (d) the review procedures available for children twelve years of age or older under sections 34, 35 and 36 of Part II (Voluntary Access to Services);
- (e) the review procedures available under section 97 of Part IV (Youth Justice), in the case of a young person described in clause (b) of the definition of "child in care" in section 99;
- (f) the child's responsibilities while in the placement; and
- (g) the rules governing day-to-day operation of the residential service, including disciplinary procedures,

upon admission to the residential placement, to the extent that is practical given the child's level of understanding. R.S.O. 1990, c. C.11, s. 108; 2006, c. 19, Sched. D, s. 2 (34); 2007, c. 9, s. 25 (3); 2009, c. 33, Sched. 7, s. 1 (7).

Section Amendments with date in force (d/m/y).

Right to Appropriate Discipline

Children in the care of Ogowadeni:deo are to be disciplined in a manner that is fair, logical, consistent and positive in its method of helping children/youth to learn from their mistakes. No child/youth shall be disciplined using the following methods:

- a. Corporal punishment.
- b. Placing a child/youth in a locked room or area.
- c. Utilizing harsh or degrading measures to humiliate the child; including both physical and verbal.
- d. Excessive repetition of a customary activity, i.e. climbing stairs, digging holes, walking long distances, etc.
- e. Deprivation of basic needs for food, clothing, shelter, or bedding.
- f. Withdrawal of valued, adult promoted activities, i.e. Scouts, sports teams, etc.
- g. Exclusion from regular, family/residence activities.
- h. Prolonged withdrawal or withholding of emotional response or stimulation.
- i. Threatening to have the child/youth removed from the home.
- j. Threatening a child/youth to never return home.
- k. Deliberate destruction of the child/youth's belongings.
- l. Restricting, threatening, or forbidding visits with their family, extended family/clan members.
- m. Any form of aggressive physical contact (i.e. shaking, shoving).

Appropriate Discipline will be ensured by:

1. The child/youth's Support Team worker will, in reviewing the rights and responsibilities with the child, review the appropriate forms of discipline that will be utilized.
2. The child/youth's Support Team worker, child/youth and Rontwatsiranonha will meet to discuss the rules and expectations in the home at the time of placement, and will discuss the specific methods of discipline to be utilized. Based on the developmental level of the child/youth the child/youth's Support Team worker will provide adequate child/youth management support to the Rontwatsiranonha.
3. Where the Rontwatsiranonha are having significant difficulties with child/youth management, the child/youth's Support Team worker will counsel them on alternate methods of discipline.
4. Where the child/youth's Support Team worker is concerned about a method of discipline used, the child/youth's Support Team worker will meet to discuss these issues with the appropriate Alternative Care Resource Team member to ensure arrangements are made for additional support to the home.

5. Where the child/youth's Support Team worker does not support use of a particular disciplinary method, the child/youth's Support Team worker will meet with the assigned Alternative Care Resource Team member to discuss their concerns and a meeting will be scheduled to discuss these concerns jointly with the Sakotinonha.

CONSENT AND LEGAL AUTHORITY

For certain categories of foster children (abused/neglected and legally freed), the consent of the child's parents is not required and the local commissioners of social services can give effective consent to medical care and treatment.

For other categories of foster children (voluntary placed, PINS, and juvenile delinquents), the consent of the child's parents is required for routine medical care and treatment. In such cases, the child's parent may delegate authority to consider to the local commissioner of social services. Where the child's parent will not consent, a court order will be necessary to authorize routine medical care and treatment.

MEDICAL TREATMENT

Almost all children in foster care are covered by Medical Assistance (MA). Check with your caseworker if you need more information about a child's coverage.

MEDICAL EXAMINATIONS

Minimal medical examinations requirements include:

Initial comprehensive medical examination:

This should occur no later than 30 days after placement in alternative care or upon return to care after a period of 90 days out of care.

Periodic physical examinations

Vaccinations are required:

- ✦ For children aged 0-1 year: 2, 4, 6, & 12 months
- ✦ For children aged 1-6 years: 12, 15, 18, months. Age 4,6,
- ✦ For children aged 6-21 years: Age 14 & 16 and vaccinations in grades 7 & 8

Every examination must include the following, as appropriate by age:

- ✦ Comprehensive health and developmental history, including assessment of both physical and mental health development
- ✦ Comprehensive physical examination
- ✦ Assessment of immunization status and provision of immunizations, as necessary

- ✦ Assessment of whether HIV-related testing of the child is recommended based on the child's medical history
- ✦ Vision Assessment
- ✦ Hearing Assessment
- ✦ Laboratory tests, as appropriate, including screening for lead poisoning
- ✦ Dental care and screening. Children ages 3 years and older must have a dental examination by a dentist each year
- ✦ Health education appropriate to the child's age and physical, mental, and developmental condition
- ✦ Observation for child abuse and maltreatment, which, if suspected, must be reported by the medial provider

DISCHARGE EXAMINATION

Youth being discharged from alternative care to a living arrangement other than reunification, adoption, or guardianship must receive a comprehensive medical examination unless they have had such an examination within the previous year before being discharged.

PRESCRIPTIONS

Any prescribed medication used to treat a child must be ordered by a doctor. Even over-the-counter medications should be used with caution. It is wise to consult the child's doctor when giving any of these medications to a child. Also, communicate regularly with the caseworker about what medication(s) the child is taking.

Before you order or pay for any prescriptions (regular or emergency), check with your caseworker for appropriate billing information.

IMMUNIZATIONS

Remember to take the child to the doctor on a regular basis for routine checkups to keep immunizations up to date. The doctor will keep track of which immunizations the child requires according to the child immunization schedule.

FAMILY PLANNING SERVICES/ SEXUAL COUNSELLING

Youth in alternative care age 12 and older, and younger children who are known to be sexually active, need age-appropriate education and counselling on reproductive health services and their reproductive rights. Your local district or agency will provide or arrange for family-planning services to youth of child-bearing age, including minors who can be considered sexually active.

Sakotinonha providing care for an adolescent who are 12 years of age or older must be informed in writing within 30 days of the child's placement in the home, and then annually,

that such social, educational, and medical family planning services are available for the adolescent.

In Canada the age of consent to sex is 16 years of age. This is the age that criminal law recognizes the legal capacity of a young person to consent to sexual activity. **Generally, it is legal to have sexual contact with someone who is 16 years of age or older if they agree to have sex with you.**

There are exceptions for a young person under the age of 16 years of age who have consensual sexual activity with someone close in age. These exceptions make sure the law does not label consensual activities between young people as a criminal offense.

It is **NOT** a criminal offense if:

- ✦ A young person 14 or 15 years of age consents to sexual activity with someone less than 5 years older
- ✦ A young person 12 or 13 years of age consents to sexual activity with someone less than 2 years older

These exceptions only apply if the older person is not in a place of authority or trust and there is no exploitation. For example, if a 14 year old agreed to sexual activity with a 19 year old basketball coach this would be considered a criminal act under the criminal code of Canada.

**Source from the Criminal Code of Canada*

MEDICAL TRANSPORTATION

Sakotinonha are expected to transport and accompany children in care to their routine appointments, including medical appointments. As the Sakotinonha, you know the child's needs. In addition, you can be a comforting or familiar presence for the child, especially during stressful appointments.

DEVELOPMENTAL AND BEHAVIOURAL FACTORS

Sakotinonha should encourage the normal emotional, intellectual, social, and physical development of children who have been placed in their care. When a child is placed, Sakotinonha will need to know about any developmental or behavioral factors. The caseworker should inform you of the child's development and whether there are any known developmental delays or behavioural problems.

In caring for children, remember that:

- ✦ Each child develops his or her own pace within each developmental stage
- ✦ When children do not develop within the range of each developmental stage, they may be experiencing developmental delays

- ✦ Sakotinonha and birth parents can work with children to enhance “normal” developmental and help children “catch up” in areas where they are experiencing delays
- ✦ Child abuse and neglect may affect how children develop
- ✦ Separation and loss may affect development
- ✦ Cultural factors may influence perceptions about appropriate child development

MEDICATION GUIDE

When it comes to medication, children are not just “little adults”. Sakotinonha should be aware of safety considerations for both prescription and non-prescription medications.

WHEN MEDICINE IS PRESCRIBED

When giving medication to children, you must make certain that they are taken exactly as prescribed. Never give a child a prescription medication intended for an adult or another child. Get all the information you can about medicine. Don’t hesitate to ask the child’s healthcare provider or pharmacist:

- ✦ What is the name of the medication?
- ✦ What are the desired results of the medication?
- ✦ Are there any side effects and what should I do if any occur?
- ✦ Are there other medicines the child should not take at the same time?
- ✦ Are there any food or beverages the child should avoid?
- ✦ How and when should the child take this medication?
- ✦ How soon will the medication start to work?
- ✦ How long should the child continue to take the medication?
- ✦ Can the prescription be refilled?

For the child’s medicine to work, it must be taken as directed. The following are important things to remember:

1. **Stick with the schedule.** Don’t skip a dose. Also, ask the child’s doctor what to do if a dose isn’t given on time.
2. **Give the correct amount.** Don’t give the child more medicine because you think it may work better or faster. Also, don’t give higher doses of infant drops to a toddler. Infant drops are actually stronger (more concentrated) than liquids.
3. **Use proper dosing devices.** Do not use kitchen tablespoons or teaspoons to measure liquid medicine, because they generally are not accurate. Instead, use the dosing device that is provided with the medication when received.
4. **Follow directions.** Finish all of the prescription medicine (especially antibiotics), unless advised differently.
5. **Don’t try to hide the medicine.** Don’t hide medication in milk or food unless specifically directed by your doctor. This may affect how well it works. Also, you won’t

be able to tell if the child gets all of the medication. Some medicines come in flavoured, chewable tablets, but avoid calling medicine candy to get your child to take it.

6. **Don't give the child other people's medications** or allow others to take the child's medicines.
7. **Prevent overdose or poisoning** by using good light so you can properly measure and give proper medication. Check package for tampering and never allow children to take medication without supervision.
8. **Store medications safely** in a locked, cool, dry place (not a bathroom cabinet). Use child-safe caps.

GIVING OTHER-THE-COUNTER MEDICINES TO CHILDREN

Even the over-the-counter (OTC) medicines you buy in a drug store are serious medications. Always consult a physician before giving them to an infant or a child.

- ✦ Always read and follow the Drug Facts Label on the OTC medicine. Be sure you clearly understand how much medicine to give and when the medicine can be taken again.
- ✦ **Know the "active ingredient" in the medicine.** Active ingredients are always listed at the top of the Drug Facts label. Sometimes the same active ingredient can be found in different medications that are used to treat different symptoms. For example, a medication for a cold and a medication for a headache could both contain same active ingredients. If you treat a cold and a headache with both medications, you could be given twice the normal dose. If you're confused about the child's medicines, check with a healthcare professional or pharmacist.
- ✦ **Give the right medicine, in the right amount.** Not all medicines are right for an infant or child. Medicines with the same brand name can be sold in different strengths, and the amount and directions are different for children of different ages or weights. Always use the right medicine and follow the directions exactly. Never use more than directed, even if the child seems sicker than the last time.
- ✦ **Find out what mixes well and what doesn't.** Medicines, vitamins, supplements, foods, and beverages don't always mix well with each other. Your healthcare professional can help.

DISPOSE OF MEDICATIONS PROPERLY

To prevent contamination of the water supply, do not flush unused medications or pour them down the drain. Add water to liquids or pills and then mix them with salt, ashes, dirt, cat litter, coffee grounds, or sawdust to make them unattractive for children or animals to eat. Put the mixture in a container such as a sealable bag or plastic tub and close it with strong tape before putting it into the trash.

RECORD KEEPING

Sakotinonha must maintain a careful record of important facts about the child's health and medications. This allows the alternative care parent to provide a complete list of all medications should the child see another doctor.

If the child moves to another home, the medication record and the medication itself must be given to the agency caseworker responsible for transitioning the child to another placement. It is important that the new pharmacist and doctor be thoroughly familiar with the medications the child has taken and his/her medical history.

OVERDOSING OR POISONING

If you think a child has swallowed any medicines or substances that might be harmful, stay calm and act fast. If a child is unconscious, not breathing, or having convulsions or seizures, call 911 or your local emergency number right away. If the child doesn't have these symptoms call the local poison control: 1-800-268-9017. A poison expert in your area is available 24 hours a day, 7 days a week. It is important that you NEVER make the child throw up as medications coming back up can do more damage to the child.

SCHOOL

Sakotinonha are expected to actively participate in the child's education. Helping the child with homework and school projects, attending teachers' conferences, joining the PTA, and participating in field trips are some of the important ways that you should get involved.

You should discuss the care in your home. They will be registered in school using their legal names. You will need to sign their report cards and return them to school. Ask the school to provide copies to the birth parents and the agency. If you are asked by the school to sign any other documents, contact the caseworker. The agency should know what is being requested and whether it is your responsibility to sign. You may be asked to attend school functions, such as "meet the teacher night". Discuss with the caseworker the opportunities these events may provide for attendance by the birth parent(s) as well.

It is important that all interested parties are aware of the school achievement and special needs of the child. Therefore, when a child is placed in your home, the child's caseworker will share with you the information about the child's academic standing. Getting involved in the child's school progress and activities show the child that you are interested and that you care. The agency should also be kept informed of your child's school progress at all times.

If possible, it is preferable for a child to stay in the same school he or she attended before entering alternative care. It is sometimes necessary, however, for the child to change schools. Either way, it is best for you to physically take the child to school with the birth parent, if appropriate, on the first day.

Sakotinonha are usually familiar with the neighbourhood schools, may know officials personally, and can introduce a new child to the principal and teachers. This introduction will help the child adjust more quickly to unfamiliar surroundings.

ATTENDING AND QUITTING SCHOOL

In Canada all students are required to attend school until they turn 18. Exception is if their 17th birthday is between the first day of school and December 31st, they can quit school at the end of that school year.

The school board may say that older students must be enrolled in continuing education and not their regular school if the student has been in high school for longer than 7 years or if they are 20 or not have been in school for the last 4 consecutive years. If this is the case, the student may have to pay a fee to attend school.

STUDENTS ARE LEGALLY EXCUSED FROM ATTENDING SCHOOL IF:

- ✦ They are being home-schooled
- ✦ They are sick or unable to attend because of another “unavoidable cause” (schools can insist on signed notes from parent or a doctor)
- ✦ They live too far away from the nearest school and the school board does not provide transportation
- ✦ They have already completed high school
- ✦ They are receiving musical instruction (up to half a day per week)
- ✦ It is a religious holiday (schools can insist signed notes from parents or the student’s church, mosque, synagogue, etc)
- ✦ They have been suspended or expelled
- ✦ They have been excluded-speak to a lawyer if this happens

Students do not have to attend a school if they are receiving an approved education program at home. Parents must set up a home-based course of study and their local school board must be satisfied that the home-based course of study meets the requirements for an educational program.

SPECIAL EDUCATION NEEDS

When alternative care children are assessed as being educationally disabled they will be referred for special education assistance. Services include an annual assessment of strengths and needs.

Sakotinonha are expected to attend meetings held with the child’s educational caseworker, along with the parents to support the child with his or her needs. In some cases, a school board may appoint a Sakotinonha as a “surrogate parent” who can represent the child in all matters concerning the child’s education. Check with the school board where the child goes to school.

SPECIAL PAYMENTS

Payment may be authorized to assist alternative care children with necessary items that are purchased during the school year or at intervals. Special payment may be authorized for graduation expenses, field trips and other special one-time expenses. They also may be authorized for lessons, day camps, and activities that are not one-time expenses.

AFTER HIGH SCHOOL

Youth in care who wish to attend college or a vocational program, should start planning ahead as early as middle school. Sakotinonha are an important role for the success of the children they care for. In our community children wanting to attend college can get assistance from the Grand River Post-Secondary Education Office. This is an organization that fully funds students of status in which the cost of tuition will be fully covered, a monthly living allowance and funds towards books or other educational needs for their program.

**Attendance Rights on Ontario, Education Act of Canada.*

RELIGION

Birth parents have the right to determine their children's religion and to request that their children be placed in alternative care home of the same religious faith. If possible, such a request must be honored when it is in the child's best interest.

As a Sakotinonha, you should make every reasonable effort to enable the child to practice his or her religious faith even if it is different from yours. This means arranging for the child to attend services conducted in her or her own religious faith and to receive instructions, unless the birth parent expressly requests otherwise in writing. The child's religious faith designation cannot be changed except by written request of the birth parents.

If alternative care children need clothing for any religious purpose, check with the caseworker to see if you can obtain a special clothing allowance.

CULTURAL FACTORS

Children who have been placed outside their homes need continuity of care, including continuity of their cultural identity. Therefore, it is important that Sakotinonha be culturally sensitive and willing to support the child's culture. In addition, they should be able to work as partners with the birth family; if Sakotinonha are not culturally sensitive, they may be less likely to form an effective partnership.

Cultural factors that may affect family life include attitudes toward, or perceptions of: age, gender, race/ethnicity, sexual orientation, religion/spirituality, education, socioeconomic level, language, family structure, geographic location, and art, science, customs, communications, expression, holidays, reaction, music, food, and heroes/ role models.

In accordance with the federal Multicultural Placement Act (MEPA) of 1994, agencies cannot delay or deny any applicant the opportunity to become a Sakotinonha/adoptive parent on the basis of race, colour, or national origin of the applicant or the alternative care child.

DAY CARE/RESPITE CARE

Children under the age of ten are not to be left alone without supervision or the company of an adult (18 years or older). Use your judgement as to whether to leave children over the age of ten at home alone or with an adult, according to the same guidelines you would for your own children.

Respite care may be available on a limited basis. Check with your agency and contact the child's caseworker for arrangements if you need respite care.

If you are working, day care assistance may be available depending on your local district. Check with your agency.

SAFETY

FIRE SAFETY

Smoke alarms must be maintained in working order. It is strongly recommended that each home be equipped with at least one fire extinguisher.

Sakotinonha must have a fire evacuation plan, which includes a designated meeting place outside the home. All household members must know the designated meeting place (muster point). Review this place with each child at the time of placement, and hold fire drills periodically.

CARBON MONOXIDE ALARMS

It is imperative that every person have a carbon monoxide alarm installed in their home. It must be maintained and replaced if defective. If you have questions contact your local fire department on proper installation of carbon monoxide detectors.

CAR SEATS AND RESTRAINTS

A appropriate child safety restraint system:

- ✦ Is required for all children until their 8th birthday, be of 85lbs or less and
- ✦ Must meet the weight and height requirements for the child based on federal requirements and the recommendations of the manufacturer and
- ✦ Can be a child safety seat, a harness, a vest or a booster seat attached with the vehicles seat belt system, but not the vehicle seat belt *alone* and
- ✦ *Should not be used in the front seat of the vehicle*

THESE EXAMPLES CAN HELP YOU TO SELECT THE CORRECT CHILD SAFETY SEAT:

- ✦ **Infant Seats** are normally for infants that weigh 22 pounds or less. Always place the seat in the back seat of the vehicle facing the rear of the vehicle. Never put an infant in the front seat of a vehicle that has a passenger side air bag.
- ✦ **Convertible child safety seats** are normally for infants or toddlers that weight 40 pounds or less. For infants, face these seats toward the rear of the vehicle. Follow manufacturer instructions adjust the seat as the child grows.
- ✦ **Booster seats** are for children who have outgrown convertible or toddler seats. Booster seats are for children who are 4 to 8 years old, weight between 40- 80 pounds, and are less than 4 feet, 9 inches in height.

**Canadian Criminal Code for Highway Traffic Act*

BICYCLE AND SCOOTER HELMETS

All children age 14 and under are required by law to wear helmets while riding bicycle or while in-line skating. All children riding motorized scooters must wear helmets.

SERIOUS OCCURRENCES:

Policy:

All “serious occurrences” involving a child/youth receiving service from Ogwadeni:deo are reported to a MCYS Director within 24 hours (and to the Coroner immediately where a child/youth has died). In addition, whenever a serious occurrence has involved emergency services (e.g. police, fire and/or ambulance) AND the incident is likely to result in significant public or media attention, Ogwadeni:deo will report the incident to MCYS within one hour.

Purpose:

To ensure that all “serious occurrences” involving children/youth who are the responsibility of Ogwadeni:deo are fully investigated and documented and that any needed changes in policy, procedure, organization and operations are made to minimize the possibility of a recurrence.

Serious Occurrences include the following:

1. Death

Any death of a client that occurs while participating in a service, including all clients receiving community-based support services

that are funded or licensed by the MCSS and/or MCYS, including the death of any child receiving service from a Children's Aid Society at the time of their death or in the 12 months immediately prior to their death.

2. Serious Injury

Any serious injuries to a client that occurs while participating in a service, especially where the injury requires professional medical treatment (e.g. doctor or dentist), not in-house first aid.

Serious injuries include:

- a. An injury caused by the service provider, e.g. lack of or inadequate staff supervision, neglect/unsafe equipment, improper/lack of staff training, medication error resulting in injury.
- b. A serious accidental injury, e.g., sports injury, fall, burn, etc.
- c. A serious non-accidental injury, e.g., suicide attempt, self-inflicted or unexplained injury.

3. Abuse/Mistreatment

Any alleged abuse or mistreatment of a client which occurs while participating in a service, e.g., allegations of abuse against staff, alternative caregivers or family members of alternative caregivers, volunteers, temporary caregivers, police/court staff while young persons are in custody, drivers providing client transportation. This category does not include reports of historical abuse divulged by the client that did not occur while the client was participating in a service.

4. AWOL

Any situation where a client is missing in accordance with ministry requirements for applicable program sectors and any applicable legislative requirements; otherwise, where the service provider considers the matter to be serious.

5. Disaster

Any disaster on the premises where a service is provided, that interferes with daily routines, e.g., fire, flood, power outage, gas leak, carbon monoxide, infectious disease (where public health officials are involved), lockdown, etc.

6. Complaint

Any complaint about the operational, physical or safety standards of the service that is considered serious by the service provider including reports of adverse water quality. Other examples include reports of lead level exceedance, hazardous/dangerous substances (poisons, flammables), medication error (not resulting in medical treatment), missing or stolen files, neighbor complaint about noise or physical appearance of the property where municipal authorities are involved, etc.

7. Complaint by or Against Client

Any complaint made by or about a client, or any other serious occurrence involving a client that is considered by the service provider to be of a serious nature, e.g.:

- Police involvement with a client (client charged by police)
- Serious assault by client against staff, peers or community member
- Serious assault by non-caregiver against client, e.g., friend, another client, stranger
- Hospitalization (excluding regularly occurring doctor visits related to an ongoing medical problem and any medical ailment occurring as part of the aging process), e.g., pneumonia, suicidal ideation, drug or alcohol overdose, medical ailment
- In-appropriate disciplinary techniques, e.g., excessive, non-sanctioned
- Complaints arising from sexual contact between clients

8. The licensee shall respond to every service complaint from a Sakotinonha within 24

hours of receiving the complaint and begin an investigation within 5 working days if warranted. The results shall be reported to the Sakotinonha within 5 working days of concluding the investigation, and shall be recorded in the Sakotinonha.

9. Use of Physical Restraint

Any use of a physical restraint of a client in a residence licensed as a children's residence under the Child and Family Services Act that results in a) no injury, b) injury, c) allegation of abuse.

Procedures:

1. Immediate Response to Serious Occurrences

- a. The Ogwadeni:deo staff assigned to respond to a serious occurrence provides the client with immediate medical attention, if and as needed and if not already provided in the instance of a child/youth in care. As well, the assigned staff addresses any continuing risks to the health or safety of the client, other clients and/or others present.
- b. The assigned staff notify the local Coroner immediately in all cases involving death, regardless of location (e.g., hospital) or circumstances (e.g., 'Do Not Resuscitate' order was in effect, or death not considered questionable) unless this has already been done in the instance of a child/youth in care.
- c. If there is reason to suspect that a client has been abused (and/or in need of protection, in the case of a child).
- d. In the instance of child/youth in the care of An Ogwadeni:deo or a child/youth missing from their home in the instance of verified abuse) who has gone missing, the assigned Ogwadeni:deo worker(s):
 - i. Makes all reasonable attempts to locate and return the child/youth with the assistance of other Ogwadeni:deo Workers or other staff involved in the case.
 - ii. Reports to the police, and the ministry if appropriate, within 24 hours and describes in this report whether the client poses a serious risk to themselves or others, any attempts made to locate the client, prior client history of leaving without permission, client's state of mind before leaving, precipitating events, etc.

- iii. Advises MCYS once the client has returned, regardless of the date/time, via telephone or e-mail message.
- e. In the instance of the threat of or attempted suicide, the assigned Ogwadeni:deo worker:
 - i. Arranges one-on-one supervision for the child.
 - ii. Initiates the process of revising the service plan, to include access to appropriate clinical assessment and intervention.
- f. In respect to a child/youth in care when there has been a serious occurrence, the assigned Ogwadeni:deo worker informs the parent/guardian unless such notification is contraindicated (e.g. the parent/guardian is alleged to have abused the child/youth).

2. Preliminary Inquiry

- a. In every instance of a (suspected) serious occurrence, as detailed above, the Ogwadeni:deo Director initiates a preliminary inquiry immediately through an assigned Team Leader in order to gather information regarding alleged or actual occurrences. This Inquiry Report includes:
 - i. A description of the occurrence,
 - ii. Client allegation (if applicable),
 - iii. Date, time, location,
 - iv. Reporting time,
 - v. Parties notified,
 - vi. People involved,
 - vii. Action taken,
 - viii. Current status,
 - ix. Reason for occurrence (if known),
 - c. Actions recommended.
- b. A finding of any of the following must be reported:
 - i. Death of a child/youth while participating in a service;
 - ii. Serious injury to a child/youth while participating in a service;
 - iii. Injury to a child/youth caused by a service provider;
 - iv. Abuse or mistreatment of a child/youth which occurs while participating in a service (physical harm, sexual molestation or exploitation, failure to provide required medical treatment);
 - v. Complaint made by or about a child/youth that is considered by the Ogwadeni:deo to be of a serious nature;
 - vi. Complaint concerning operational, physical or safety standards considered by Ogwadeni:deo to be of a serious nature;
 - vii. Disaster such as fire on premises where a service is provided;
 - viii. The child/youth is missing and Ogwadeni:deo considers matter to be serious;
 - ix. Injuries to a child/youth which are non-accidental, including those self-inflicted or unexplained which require treatment by a medical practitioner including a nurse and dentist; and

- x. Allegations and accusations of abuse or mistreatment of children/youth against staff, Kotinonha or volunteers.

3. Reporting

- a. Should the Ogwadeni:deo Director conclude, as a result of the preliminary assessment, that a “serious occurrence” has taken place, the assigned Ogwadeni:deo Team Leader informs the MCYS regional Office (as well as the Ogwadeni:deo Commission) within 24 hours by completing/submitting an Serious Occurrence Initial Notification Report (INR).
- b. Within 7 days, where it has been determined that a serious occurrence has taken place, a full report is submitted to MCYS (and the Chair of the Ogwadeni:deo Commission) - on the required form pursuant to Ministry Serious Occurrence Reporting Criteria and Procedures.
- c. In the instance of physical restraint, the SOR will describe the type of physical restraint used, use of less intrusive interventions before physical restraint, client and staff debriefing, legal status of the client, duration of the physical restraint, names of all parties notified, if the use of physical restraint resulted in a) no injury, b) injury, c) allegation of abuse.

If more than one physical restraint is used with a client in a 24-hour period, one SOR is submitted, describing the physical restraints used in the 24-hour period. Likewise, when physical restraint is used on more than one day in a 7-day period, one Inquiry Report (IR) is submitted, describing all incidents.

- d. In the instance of death, and in the event that the Chair of the MCYS Pediatric Death Review Committee (PDRC) determines (within 7 days of receipt of the SOR) that an Internal Child Death Review (ICDR) is required, and so informs the Program, Ogwadeni:deo will establish a review team (which includes an external reviewer with appropriate clinical expertise) and complete the ICDR within 90 days of receipt of the decision (depending on the findings of the review, the PDRC may subsequently conduct its own review).

4. Enhanced Serious Occurrence Reporting

- a. Enhanced SOR is required whenever a serious occurrence has involved emergency services (e.g. police, fire and/or ambulance) AND the incident is likely to result in significant public or media attention. If these conditions apply, Ogwadeni:deo will report the incident to MCYS within one hour using the Serious Occurrence Initial Notification Report (INR).
- b. The INR is submitted weekdays/evenings/overnight from Monday 6:30 AM to Friday, 6:00 PM via fax (1-866-312-0672) or, if no fax, by phone (1-866-312-0673) and is submitted weekends and holidays from Friday 6:00 PM to 6:30 AM Monday or the next government business day via fax (1-866-262-8881) or, if no fax, by phone (1-877-444-0424).

- c. Ogwadeni:deo will also call the “early alert system” to leave a voice message with the date and time the INR was faxed, leaving the name and a contact number for the assigned worker.

5. Follow-up

- a. In the wake of a serious occurrence, conclusion of an assessment and submission of an SOR, the Ogwadeni:deo Director will recommend to the Commission such changes (in terms of policy and procedure or organization) that will minimize the possibility of a repeat of the occurrence and will implement all recommendations approved.
- b. The Ogwadeni:deo Director will implement any changes recommended by the PDRC as appropriate and report on implementation progress every six months to MCYS.

All foster parents are required to report immediately any serious occurrences involving children in their care to the agency. This also applies when the child in care injures any other child.

A serious occurrence is defined by the Ministry to include the following:

- Death of a child in care.
- Serious injury, serious illness, or unplanned hospital admission.
- Any injury which is non-accidental, including a self-inflicted or unexplained injury which required treatment by a medical practitioner, including a nurse or dentist.
- All allegations of abuser or mistreatment of a child in care.
- Abuse or mistreatment from the home without permission of a significant period of time, or the child is missing and the foster parent considers the matter to be serious.
- Apprehension by the police and/or charge under the Youth Criminal Justice Act or Provincial Offences Act.
- Significant drug or alcohol abuse.
- Any complaint made by, or about, a child in care which is considered to be of a serious nature.
- Any complaint concerning operational, psychical, or safety standards of service which is considered by the foster parent to be of a serious nature.
- Any disasters, such as a fire or any other serious occurrences, concerning a foster child.

DAILY LIFE:

CONSENT FROM AGENCIES OR BIRTH PARENTS

Sakotinonha give permission for alternative care children to engage in routine activities, such as joining a school club or dating. For some activities, however, the consent of the agency or the child's birth parent may be required. This chapter includes guidance on the types of activities that may need consent.

As legal guardians, birth parents have the legal right to make decisions about their children and to be informed about what their children are doing. In fact, it is good practice to consent to parent(s) about any activity involving the child, when appropriate. However, the Sakotinoha should ask the caseworker whether consent of the birth parents is required for certain activities.

Each agency has policies on whether approval is needed for the child to participate in certain activities. These may include driving, smoking or participating in specific sports (eg horseback riding, downhill skiing), and operating power tools. When you have a question be mindful to ask your caseworker.

SOCIAL AND RECREATIONAL ACTIVITIES

Is it important for an alternative care child to participate in recreational, school, religious, and community activities. Participating in activities can help children and adolescents develop skills, build self-esteem, and gain a sense of achievement.

You are encouraged to give your alternative care child opportunities to participate in group such as Scouts Canada and to take lessons in their areas of interest (music, dance, art, swimming, etc).

School and religious activities may be removed for disciplinary purposes without direct consultation with the approval of the child's caseworker. If you are considering removing other activities for disciplinary purposes, discuss the situation with the caseworker first.

It is essential that a child's activities take place within a safe environment. This requires common sense and good judgement on your part, plus a full appreciation of your responsibility, a concern for the protection of children in your care, the child's capacity, and your commitment to maintaining high standards and safety. Sakotinonha should be sound adult role models and teach good safety habits by example.

THE FOLLOWING GUIDELINES SHOULD HELP YOU PROVIDE A SAFE ENVIRONMENT FOR CHILDREN:

- ✦ Know your children, who they are, where they are at all times, who they are with, and what they are doing
- ✦ Know what equipment is being used, if it is safe for use by children and in particular the child or children in your home-and whether it is in safe operating condition
- ✦ Know the nature of the activity and the setting where the activity is taking place
- ✦ Know whether a reasonable adult (21 or older) is supervising the activity
- ✦ Be sure the child is dressed properly for the climate and the activity
- ✦ Plan ahead by anticipating situations and behaviours, thereby reducing risks and hazards
- ✦ Plan ahead so they child does not become overtired

A particular child may have a health or physical problem that requires special attention and supervision.

For example, a child with a history of seizures requires one-on-one supervision in a swimming activity. (This is true even when the seizures are under control with medication). Or a child may have allergic reactions to such things like insect bites or bee stings, or have food allergies.

Protection from sunburn is a concern for all children but especially for children taking certain medication. When a child has specific health problem, it is crucial for you to discuss it with the child's doctor and to review it with the child's caseworker.

DATING

Dating is a normal part of adolescence and is important for individual development and social adjustment. As Sakotinonha, you can help guide the teen in your care so that dating become a source of enjoyment and personal enrichment when done in a safe environment. Be clear that you are responsible for setting the rules and boundaries for dating.

TRANSPORTATION

Sakotinonha are expected to provide transportation for the child for the usual daily living situations, school functions, religious activities, medical visits (including mental health appointments), dental, visits, treatment conferences, and periodic court hearings.

TRIPS AND VACATIONS

Each local district or agency determines its own policies for requiring consent for trips and vacations. When a trip, an overnight stay, or a vacation is planned, Sakotinonha should contact the caseworker to ask whether consent is needed. Consent may be affected by various factors, including the existence of court-ordered visitation rights of the birth parent and possible clinical, medical, and/or behavioural considerations for the child.

TRIP AND VACATION ACTIVITIES MAY INCLUDE:

- ✦ Field trips with the school, religious entities or the community.
- ✦ Family vacations. Whenever possible, it is hoped that you will be able to take your child in care with you on family vacations. All vacations, trips, or other alternative arrangements involving a child in care must be discussed with the child's caseworker (as far in advance as possible). Each situation must be individually evaluated and approved by the agency.
- ✦ Trips outside the country, or province, or country.
- ✦ Spending the night with a friend's family.

Notify the caseworker if it is necessary for you to be away from the house overnight without the child.

CLOTHING

At the time the child is placed, or soon after, the caseworker will give you a form for listing clothes that came with the child and, in some cases, a form for listing the clothing needed for the child. You may receive clothing or diaper allowance to supplement the child's wardrobe, depending on the child's needs. A regular clothing allowance is provided, generally as a part of the monthly maintenance check. Check with your agency for specific policy and forms.

The child will have a basic wardrobe consisting of play, school and dress clothes. If possible, go shopping with the child as a way of model appropriate choices and budgeting. Children ages 12 years and up should be able to give input into selecting clothes. Youth 16 and older should be responsible for selecting their clothing with some support from a caring adult.

Children in care should be dressed appropriately for the occasion, the weather, and current fashion in clothing that is clean, attractive, and well-fitting. As adult role models, be mindful of the example you are setting for children by your own appearance and grooming.

For youth in alternative care 12 and up, the local district or agency will assess and provide for their initial clothing needs.

Any clothing purchased for alternative care children belong to the child. When children move to another alternative care home or return home, they should take their current wardrobe with them. Be mindful that clothing and other possessions from home may have a very special meaning for the child.

ALLOWANCE

If an allowance is provided, it should be given freely and not linked to the type or amount of chores a child performs. An allowance is not to be used for the child's basic needs.

Giving a child an allowance is helpful in teaching the use of money. It is suggested that the child be allowed to spend at least a portion of their allowance as they wish since this helps promote independence and reasonable decision-making. Check with your agency for any policies they have on allowances for children in care.

CHORES AND JOBS

Performing chores that help maintain household order or satisfy a family need help children feel useful and competent. It also teaches them how to be responsible. Giving chores to children, however, should be done in a thoughtful way and in accordance with the following guidelines:

- ✦ Arrange for the child to feel successful in the early stages of the task or chore that he or she is given.
- ✦ Start with simple chores and tasks and work up to more complex ones as the child's skills increase and ability to preserve becomes stronger.
- ✦ Design the chore or activity according to the child's level of development.
- ✦ Rotate the chores so that the child can develop different skills and have a variety of experiences.
- ✦ Chores or work should not be associated with discipline or punishment. Rather, they should be seen as part of the child's participation in family life.
- ✦ A prolonged amount of time should not be required for any chore. The time that chores are to be performed should not interfere with family activities, school, homework, regular play time, visits to the birth family, or the child's normal contracts. Any morning or noon chores should not affect the child's ability to attend school without stress.

- ✦ Let the child know that you are interested in working with him or her rather than being an overseer or critic. Be sensitive to the needs of the child for help and support in carrying out chores. Work can provide an ideal situation for you to be in the role of an interested, helpful adult.
- ✦ Be cheerful, supportive, understanding when the child's capacity or interests diminishes, and show your willingness to be helpful. The child who is given help when he or she needs it is best prepared to give help to others when they need it.
- ✦ Encourage alternative care children for their own personal belongings, make their bed, and keep their closets, drawers, toys, and other items in order.

After first checking with the caseworker, you might want to encourage a teenager in your care to earn some money when appropriate and possible. Even a little self-support helps a youth mature and be independent. Such work should include shoveling snow; rake the leaves, or having a paper route. Make sure that teens obtain a social insurance number before applying for a job.

As Sakotinonha, you should know and approve of the nature of the work; you should also know who is employing the teenager to make sure that the work is appropriate and that there is no exploitation. Youth should not be engaged in work that is potentially hazardous or use equipment (eg. Power mowers), which might be unsafe. Teens should be adequately paid. *Be absolutely certain that the situation does not violate any child labour laws.*

Be careful that the part-time employment is appropriate for their level of maturity and that it does not interfere with school work. Encourage teens to discuss any prospective job-and employment goals in general-with the caseworker.

EXTENDED CARE

71.1 (1) A society may provide car and maintenance to a person in accordance with the regulations if,

- (a) a custody order under subsection 65.2 (1) or an order for Crown wardship was made in relation to that person as a child; and
- (b) the order expires under section 71. 2006, c. 5, s. 28.

Same, Indian and Native Person

(2) A society or agency may provide care and maintenance in accordance with the relations to a person who is an Indian or Native person who is 18 years of age or more if,

- (a) immediately before the person's 18th birthday, he or she was being cared for under customary care as defined in section 208; and

(b) the person who was caring for the child was receiving a subsidy from the society or agency under section 212. 2006, c. 5, s. 28.

Same, Prescribed Support Services

(3) A society or agency may provide care and maintenance in accordance with the regulations to a person who is 18 years of age or more if, when the person was 16 or 17 years of age, he or she was eligible for support services prescribed by the regulations, whether or not he or she was receiving such support services. 2011, c. 12, s. 1.

Resuming Receipt

(4) Subject to the terms and conditions in this section, a person who chooses to stop receiving care and maintenance under this section may choose to resume receiving it. 2011, c. 12, s. 1.

Same

(5) Subsection (4) applies where the person has chosen to stop receiving care and maintenance on one occasion or, at the discretion of the society or agency providing the care and maintenance, on more than one occasion. 2001,c.12, s.1.

DRIVING AND OWNING A CAR

Youth in foster care must be 16 years old to get a driver's license. If they want a driver's license, they should talk to their caseworker about how to obtain one. One can also inquire information from Drive Canada or from Services Ontario.

Whenever possible, youth in alternative care should enroll in a drivers education program if they want to drive. Sometimes a teen who has obtained their G1 wants to drive their Sakotinonha's vehicle. Those who allow this must have their own insurance policy extended so the child will be covered in the event of an accident. Sakotinonha should make clear expectations and obligations associated with the privilege of using the family's car. Check with your agency.

Sakotinonha may co-sign to buy a vehicle if they wish. They generally are advised against it because they would be liable for any failure to pay. Youth 18 and older in alternative care may enter into a contract without anyone's permission and they will be obligated to fulfill the contract.

GETTING MARRIED

Children aged 16 or 17 need the written consent of their parents or guardians to marry. Youth 18 years old or older do not need consent.

SMOKING

Sakotinonha have the right to forbid or allow smoking in their home, but given the known health risks, they should discourage alternative care children from starting or continuing to smoke. Sakotinonha should not purchase tobacco products for any children and it is illegal to do so under the criminal code of Canada to purchase such products for people under the age of 18.

Sakotinonha who smoke should do so in an area where children are not subjected to second-hand smoke. Smoking should never be allowed in the alternative care child's sleeping areas, eating areas, or where they spend their free time. Try to avoid smoking in the care when driving with the child and be extra careful to not expose young children or children with asthma or allergies to second-hand smoke.

PIERCING AND TATTOOING

Sakotinonha cannot allow a foster child's ears (or other body parts) to be pierced, or any part of their body be tattooed without checking first with the caseworker to see if consent is required.



TEAMWORK:

As Sakotinonha you are a member of a team with the caseworker, the child's parents and/or along with service providers and health care providers. This means that you are not alone in caring for the child. You have support. It also means that you meet with the child's family during visits and case conferences, and you keep the caseworker up-to-date on how the child is doing.

All members of the team should be acting on behalf of the child. They should do everything they can to provide a caring, safe, temporary home while at the same time working towards a permanent situation for the child in the future.

HELPING TO PLAN FOR PERMANENCY

As the Sakotinonha you are a continuing presence in the child's life. You are familiar with the child's personality and emotional and intellectual development since you care for him or her 24 hours a day.


Therefore, you can contribute valuable information about the child as you work closely with the caseworker/agency, participating in meeting about the child, and communicate with the parents. Sakotinonhas are often the main source of information about how a child's is adjusting to the separation from home, interacting with other children, and performing in school.

Even more important, you are a primary source of support for the child. When you have a positive, healthy relationship with the child, you help build their trust in adults. This helps prepare them for changes in their living situation that might be necessary to achieve their permanency goal. For example, they may return home, or they may be adopted. As you continue to nurture the child day after day, you are helping to plan for his or her permanency.

The rest of this chapter describes specific way the Sakotinonha can help plan for permanency through parent-child visits, contacts with the caseworker, service plan reviews, court hearings, and discharge activities.

RELATIONSHIP WITH THE CHILD'S PARENTS

Below are examples of what some Sakotinonha have done to help create and maintain a working relationship with their foster child's parents:

-  Praise and recognize decisions and activities related to positive parenting.

- ✦ Make scrapbooks or photo albums containing mementos with the child.
- ✦ Construct a family tree or a Lifebook with the child.
- ✦ Send birth parents a birthday or holiday card.

SOME SUGGESTED TOPICS FOR DISCUSSION BETWEEN ALTERNATIVE CARE PARENTS AND BIRTH PARENTS INCLUDE:

- ✦ School conferences, school functions and PTA meetings
- ✦ The child's clothing and shopping plans
- ✦ The child's health, behavior or school experience
- ✦ The child's social activities, relationships (including siblings), social development and special needs
- ✦ The child's visits to the doctor and dentist
- ✦ Plans for holidays that are special to the child, eg. Birthday parties, graduations and holiday celebrations

These activities are designed to engage the child's parents in the lives of their children. Do not however, promise that you will keep them from the caseworker information given by the birth parents.

ROLE IN PARENT-CHILD VISITS

Rakotinoka can plan an important role in visits between the child and his or her parents. If they visits take place in the alternative care home, you may be more involved in the visit. But even if visits take place elsewhere, you can help the child adjust before and after the visit. Your role is to help make the visit an experience that satisfies the child and strengthens the child-parent relationship.

Keep in mind that visiting is an important part of the child's adjustment to his or her situation. Regular, constructive visits help lessen child's separation anxiety.

Visiting is also critical to successful family reunification. Birth parents that have frequent, regular, and meaningful visits have the best chance of reunification with their children. As time approached when a child will return home, visits may occur more often, they may last a longer time, and they may include overnight visits at the birth parent's home.

VISITING PLANS

The agency is required to plan and facilitate biweekly visiting between the parent and child

unless visiting is prohibited or modifies by a court order. Visits can be more frequent depending on the child's permanency plan.

Visiting plans are developed on an individual basis. In setting up a visiting plan, the caseworker will consider factors such as:

- ✦ Locations (may include the foster home)
- ✦ Length of the visit
- ✦ Responsibility for transportation to home visits (can include alternative care parents)

Sakotinonha need to confer with the caseworker to change visiting plans. Visits need to be scheduled. However, if the parent or the kotinoha, and caseworker agree, unscheduled visits may be allowed.

If your agency asks you to keep a log of all visits, stick to facts, not opinions. For example, you might write a brief comment such as "parent came on time", "parent praised child", "parent yelled at child", "parent brought a snack for the child". Any notes you take to document visits may be used in conferences or court hearings may be subpoenaed.

HELPING MAKE SUCCESSFUL VISITS

Sakotinonha can do a great deal to help make visits in the foster home go well. Some suggestions:

- ✦ Try to make the child's parents feel welcome by being as natural as possible. Try not to be either too intimate or too reserved. It may be helpful to offer a cup of coffee or a snack.
- ✦ Try to give the parent and the child some privacy during the visits by either going into another room or going about your normal routine.
- ✦ Have some toys and games available for the parent to use when playing with the child.

WHEN THERE ARE PROBLEMS WITH VISITS

Keep in mind that, for many parents, visiting their children in alternative care is an experience that may heighten their sense of personal failure and inadequacy. Their anxiety causes some parents to make unrealistic promises or to agree to plans that have little to no chance of success.

At the time of placement, or shortly after, visiting "ground rules" should be discussed and agreed to by all team members. This should prevent problems.

At times, a specific problem may arise. *Contact the caseworker as soon as possible.* This may include any incidents, observations, feelings about something that occurred, or the child's reactions. Because every situation is different, the caseworker is in the best position to advise you on how to handle different issues.

PROBLEMS THAT SOMETIMES OCCUR AROUND PARENT-CHILD VISITS IN THE ALTERNATIVE CARE HOME INCLUDE:

1. **Parents fail to show up for visits.** Inform the caseworker as soon as possible. It is the caseworker's responsibility, not the alternative care parent's to deal with this parent.
2. **Parent continually comes late for visits.** Ask the caseworker to discuss this with the parent. The parent should be asked to call if he or she is going to be late.
3. **Parent arrives unannounced.** You should be prepared to know what to do. The caseworker should discuss this with both you and the parent.
4. **Parent arrives in a state of tension, visibly angry, or intoxicated.** You will have to decide whether to allow the visit. First, assess the threat of danger, potential injury to the child, and the ability to control the situation. If possible, contact the caseworker.
5. **Parent upsets the child by saying destructive things or tries to physically reprimand him or her.** Intervene in the situation. Try to stay calm but firm. If the situation does not improve, suggest that the visit end. Contact the caseworker.
6. **Parent call constantly.** Limit calls to a specific time that is both convenient for the Sakotinonha and fair to the parents and the child.

HELPING THE CHILD WITH VISITS

If the child is upset after a visit, allow him or her to have those feelings. Sometimes visits can be upsetting. Saying goodbye is difficult. It helps the child know when the next visit is scheduled.

Don't conclude that it is a mistake for the child to visit his or her family. Even if they are occasionally upsetting, in general there are more advantages than disadvantages to such visits for most children. Visits help children maintain a sense of reality about their families.

If something unusual happens during a parent-child visit, or if the child always returns upset or unhappy, report this to the caseworker. Always report any physical abuse.

If children are allowed to talk freely about their parents and their situation, they may feel less anxious. Answer their questions clearly, simply, and sensitively if they are confused about why they are in alternative care.

Children often continue to love their parents no matter how they are treated or what problems the parents have. Be careful about what you say and how you say it. If you are negative about their parents, children will respond defensively, and this could have a negative effect on their self-esteem. It could also force them to take sides.

It is important to be honest in acknowledging parental behaviour that is not in the child's best interest. Putting behavior in terms of "choices the parent made" is more objective and non-blaming.

YOUR RELATIONSHIP WITH THE CASEWORKER

Ideally, the caseworker and Sakotinonha will develop a team relationship. This means that you and the caseworker will work together on behalf of the child. Such a relationship benefits the child and makes your life easier as well.

INITIAL CASEWORKER CONTACT

The caseworker's initial visits with you at the time the child is placed in your home (or soon after placement) is particularly important. It is your first opportunity to meet the caseworker and obtain/provide information on the facts of the case, the visiting plan, the child's adjustment for alternative care in the particular alternative care home, and board rate.

CASEWORKER CONTACTS WITH THE CHILD'S CARETAKERS

The caseworker will make regular contacts with the child's caretakers (Sakotinonha/alternative care parents) who are immediately responsible for the child's day-to-day care. The purpose is to obtain information about the child's adjustment to alternative care and to help the alternative care parent achieve the desired course of action specified in the child and family services plan.

During the first 30 days of placement, casework contacts are to be held with the alternative care parent as often as is necessary, but at least once at the alternative care home. After the first 30 days of placement, casework contacts must be held with the alternative care parent at least monthly, and at least one of the monthly contacts every 90 days must be at the alternative care home.

CASEWORKER CONTACTS WITH THE CHILD

The caseworker also holds contacts directly with the child. The purpose is to assess the child's current safety and well-being, to evaluate or re-evaluate the child's need and permanency goal,

and to guide the child in resolving social, emotional or developmental problems that are part of the reason(s) the child is in alternative care.

During the first 30 days of placement, caseworker contacts with the child are held as often as necessary to carry out the tasks in services plan. They must occur at least twice. At least one of the two contacts must be held in the alternative care home. The focus of the initial contact with the child must include, but not be limited to, determining the child's reaction to separation and adjustment to alternative care and arranging for services necessary to meet his/her needs. After the first 30 days of placement, caseworker contacts are to be held with the child at least once a month. At least two of the monthly contacts every 90 days to be held in the alternative care home.

PARTICIPATING IN SERVICE PLAN REVIEWS

Service Plan Reviews (SPRs) are meeting scheduled at regular intervals to assess and review the service plan, previous decisions and outcomes. Participants discuss the continuing need for alternative care, the appropriateness of the permanency goal, and the service needed over the next period to achieve permanency goal. When a child is placed in alternative care, the first Service Plan Reviews must be held within 60 to 90 days after the child's removal from home or within 60 to 90 days of placement. Subsequent Service Plan Reviews must be held every six months thereafter.

The agency should involve the following people (if applicable) in developing the service plan and participating in the Service Plan Review; the child, if 10 and older, unless there is a documented reason why the child should not be involved; birth parents, unless their rights have been terminated or surrendered; the child's guardian; a relative to whom the child is to be discharged; the child's tribe/tribal expert if the child is of native status; the child's current alternative care parent, caretaker relative, or pre-adoptive parent, the case planner, supervisor, case manager, and CPS monitor; service providers; the child's attorney; and any other person the child's parent identifies. In addition to the case planner, a third-party reviewer must be present at the Service Plan Review. The third-party reviewer is a staff member or consultant who is objective but knowledgeable about best social work practices and requirements.

Depending on the permanency goal, a family's service plan identifies what needs to change to enable the child to safely return home or to otherwise achieve the goals. The alternative care parents should work closely with the parents on accomplishing the goals they agreed to in the service plan. The caseworker monitors the impact of services and the extent to which the family members have achieved their goals within realistic time frames. The Service Plan Review also provides an opportunity to update the visiting plan.

THE FOLLOWING TOPICS SHOULD BE REVIEWED AT EACH MEETING:

- ✦ Whether the child's alternative care placement is appropriate and necessary
- ✦ The extent to which the agency, parents, and child are carrying out in the tasks in the service plan and whether the service plan should be changed
- ✦ The parent's progress (with the agency's help) in correcting the conditions that led to the child's placement
- ✦ The visitation plan
- ✦ The child's safety and assessment of progress in eliminating risk
- ✦ Actions taken to meet the family's needs
- ✦ The likely date for discharging the child from alternative care

Because of your parenting skills and 23-hour-a-day contact with the child in your care, you have an opportunity and responsibility to contribute information at Service Plan Reviews. It is important that you distinguish between facts and opinions.

In addition to SPRs, you may be invited to other "family meeting". Check with your caseworker about the specific intent of these meetings.

PARTICIPATING IN COURT HEARINGS

Every child in alternative care has court hearings, also known as "proceedings" held on his or her behalf. Occasionally, you may be asked to appear in court to testify on behalf of the child. The caseworker should inform you ahead of time that a hearing will be taking place and what kind of hearing it will be. Having this information will help you prepare yourself and the child for the possible outcome. If you are asked to participate-or you choose to participate-in the hearing you should have time to think about what you will say and discuss this with the caseworker. As member of a team, the caseworker, child's attorney and the alternative care parent need to keep one another informed.

TYPES OF HEARINGS IN FAMILY COURT

The Family Court deals with certain issues involving children and their families. It has jurisdiction over cases involving:

- ✦ Abuse and neglect of children
- ✦ Voluntarily placed children
- ✦ Adoption
- ✦ Custody and rights to visit children
- ✦ Paternity

- ✦ Family offenses/domestic violence
- ✦ Persons in Need of Supervision (PINS)
- ✦ Young Offenders (Youth and Criminal Justice Act)
- ✦ Termination of parental rights

In relation to alternative care, the Family Court conducts hearing for several purposes. After a child is placed in alternative care, there may be hearings to grant approval or to deny petitions, to determine whether placement in alternative care should continue or to assess whether the permanency plan is appropriate. The court then makes rulings based on evidence presented at the hearings.

PERMANENCY HEARINGS

When a child is placed in alternative care, a permanency hearing must be held on the “date certain” established by the court.

The date certain for the initial permanency hearing for a child placed involuntarily (abuse/neglect) or voluntarily is within eight months of removal. The hearing, which must be completed within 30 days of the day the hearing begins, is held to determine whether the placement should continue. The next permanency hearing must be held within 6 months (and every six months thereafter) if the child remains in alternative care. The court may designate an earlier date certain for the permanency hearing.

For children placed in alternative care as PINS or JDs, the permanency hearing must be held within 12 months of the commencement of placement into alternative care and every 12 months thereafter.

When a child is freed for adoption at a court hearing, the date certain for the freed child’s permanency hearing must be within 30 days of the freeing, unless it is held immediately after the hearing at which the child was freed, provided notice was given to all parties.

Within 60 days before each permanency hearing, the caseworker is required to consult with the alternative care parent and other individuals to gather information so he or she can complete a timely permanency hearing report. Often this consultation will be a group meeting of all those who input is necessary, but it may be an individual meeting.

Current Sakotinonha or former Sakotinonha who care for a child for a continuous 12 months period will be given written notice about the permanency hearing so that they may have an opportunity to be held in court. Current Sakotinonha will be given a copy of the permanency

hearing report that will be filed with the court; former Sakotinonha will not. If the Sakotinonha do not appear at the hearing, they waive their right to be heard.

Alternative care is considered a temporary solution. When the court finds reasonable cause to believe that there are grounds for termination of parental rights, the court can order the agency to begin a proceeding to terminate parental rights and free the child from adoption. The agency can also begin this action without being ordered by the court. It is required to file a petition to terminate the child's parental rights when the child has been in alternative care for 15 of the most recent 22 months, although there are exceptions to this requirement. One exception is where the agency had the discretion not to file a petition to terminate parental rights when a child is being cared for by a relative if this is in the best interest of the child.

AT THE END OF THE PERMANENCY HEARING THE JUDGE WILL RULE THAT:

- ✦ The child should be returned home (or placed with a relative or in another permanent living arrangement)
- ✦ The child should remain in alternative care until the permanency goal is achieved
- ✦ The agency should file a petition for termination of parental rights or accept surrender so the child may be freed for adoption
- ✦ The child is freed for adoption

FINDING OF "NO REASONABLE EFFORTS"

Sometimes, when a child is placed in alternative care, the agency can ask the court to make a finding that "reasonable efforts" are no longer required to return to child home. Reasonable efforts are made by the agency to work with the family and provide services so that the child can return home safely.

Reasons for not making reasonable efforts to return the child home include factors such as aggravated circumstances (severe or repeated abuse), certain felony criminal convictions involving the parent, or a previous termination of parental rights. Known as a finding of "no reasonable efforts", this means that the agency can seek to terminate parental rights. However, the child generally must remain in placement for at least one year before the court can rule on the termination. Exceptions include cases involving a finding of severe or repeated abuse or abandonment.

LEGAL RIGHTS OF ALTERNATIVE CARE PARENTS

The law recognizes the importance of Sakotinoka and their special knowledge of the child and his or her needs. Although the average Sakotinonhamay not be eligible for free legal services,

eligible Sakotinonha are appointed an attorney who will represent them and at child abuse and neglect hearings, permanency hearings, hearing for children voluntarily placed, or at termination hearings of parental rights.

The agency is represented by the Crown or agency attorney and the child is assigned a child's attorney.

Sakotinonha have the right to receive the child's permanency hearing report, be notified of the date and time, location of the hearing and to participate in all hearings for the child placed in their home. Former Sakotinonha may be notified of the date, time and location of the permanency hearings for the child in care prior to their case.

SAKOTINONHA WHO HAVE HAD A CHILD IN THEIR CARE CONTINUOUSLY FOR MORE THAN 12 MONTHS HAVE ADDITIONAL RIGHTS TO:

- ✦ Have their application to adopt the child be given preference and first consideration over all other applicants if the child is freed for adoption
- ✦ Participate, as interested parties, in any court proceeding involving custody of that child

Sakotinonha have the right to file a petition to terminate parental rights when so authorized by the court.

SUPPORT SERVICES

SERVICES TO THE PARENTS

The parents of a child in care are entitled to receive services that support them in having the child returned home. The agency may provide the services directly or it may refer the family to other specialized agencies or providers. After assessing the family's needs, the caseworker identifies the services in consultation with the appropriate family members. Also, sometimes specific services are ordered by the court.

In some cases, the services are considered "preventative". Although preventative services are generally provided to prevent the child from entering alternative care, they can also be provided to enable a child in care to return home earlier or reduce the risk of being discharged from alternative care from returning to alternative care.

SERVICES THAT MAY BE OFFERED INCLUDE:

- ✦ Caseworker counselling
- ✦ Referral for medical services

- ✦ Family planning, sex education and pregnancy services
- ✦ Alcohol and other drug treatment programs
- ✦ Clinical/mental health services
- ✦ Educational services
- ✦ Parenting skill groups
- ✦ Parent aide
- ✦ Homemaker services
- ✦ Home management
- ✦ Housekeeper/chore
- ✦ Housing assistance
- ✦ Employment services
- ✦ Day care
- ✦ Day services to children
- ✦ Transportation
- ✦ Emergency cash and goods
- ✦ Emergency shelter
- ✦ Juvenile justice services
- ✦ Referral to domestic violence services
- ✦ Referral to immigration services
- ✦ Discharge services

As the Sakotinonha, it is helpful for you to know what services the parents are receiving. As a team member you can help support the parents in their efforts to strengthen their family and their environment so that their children can return home safely and permanently.

SERVICES TO CHILDREN

Children in care may receive certain services such as tutoring, counselling, or medical treatment. Part of the alternative care parent role is to schedule appointments and transport the child to them. Also, providing steady emotional support for the child in whether “work” he or she must do is crucial to the services effectiveness.

In the three to six months before child’s discharge additional services may be provided to the child and/ or in family to provide support during the transition home and to prevent the need for replacing the child in alternative care.

SERVICES OF ALTERNATIVE CARE PARENTS

Services available for Sakotinonha include training and support from the agency through the

caseworker and other staff. Depending on their circumstances and needs, Sakotinonha may also receive day care and other services such as respite care and counselling. Ask your caseworker for information on available services.

PREPARING YOUTH FOR SELF-SUFFICIENCY

Teenagers may be placed in alternative care because they have run away from home, refused to go to school, or are considered beyond the control of their parents. Or they may have been abused or neglected. Still others have become involved with the youth and criminal justice system as a result of delinquent behavior. Whatever the reason, often youth in alternative care may have low self-esteem as well as feelings of anxiety about the future.

As the Sakotinonha of teenagers, you are part of the team of people that will assist youth in learning basic life skills. To thrive and transition into healthy, productive, and self-sufficient adulthood, adolescents need a set of competencies and basic life skills in the following areas: daily living skills, housing and community resources, money management, self-care, social development and work and study skills. As a team member, you can support the youth's participation in life-skills services. Knowing that the agency offers these services should also help you feel less alone in helping the youth learn skills for daily life.

LIFE SKILLS SERVICES

Because of their experiences, youth in alternative care may lag behind their peers in many of the skills needed to obtain education and employment opportunities that will make them successful and independent adults. The agency must offer instructions in life skills to youth who are 14-18 years old no matter what their permanency goals are. These are skills in areas such as decision making and planning, education and employment, budgeting, health and personal hygiene and housing. Youth receive a small monthly cash stipend when they actively participate in life skill services.

Youth must be at least 14 years of age to have the goal of Another Planned Living Arrangement (APLA) with the permanency resource (formerly independent living). The agency will conduct an individual assessment of the teen's needs for skills training; the Sakotinonha may be asked to assist with the assessment even if the youth's permanency goal is to return home or adoption.

After the initial assessment is completed, an independent living plan will be written and documented in the youth's case plan. The caseworker works with the youth to develop the plan, which includes goals related to education or vocational training and employment. To help

accomplish the plan, Sakotinonha can model and teach many personal and homemaking skills areas. The plan is reviewed and updated at each SPR.

FAMILY PLANNING SERVICES AND/OR SEXUAL COUNSELLING

Family planning services are available to adolescents in alternative care. These services include sex counselling provided by a doctor or qualified person at a family planning center or clinic.

This enables young people to ask questions and discuss their sexuality in a confidential, professional setting. If you feel that the child placed with you could benefit from these services, contact the alternative care child's caseworker.

WHEN OLDER YOUTH LEAVE ALTERNATIVE CARE

Six months before being discharge from alternative care the local district or agency will work on a transitioning plan for the youth 17 and 18 who are leaving alternative care. The transition plan must include specific options on housing, health plans, education, and local opportunities for mentors, continuing support services, a healthcare proxy, work force supports and employment services. Transition plans help youth make a successful transition from alternative care to self-sufficiency.

YOUTH PARTICIPATION IN RENEWAL OF ALTERNATIVE CARE HOME CERTIFICATION OR APPROVAL

Sometimes during regular caseworker contacts, youth in alternative care 14 years of age and older will be asked about their experiences living in the alternative care home (without the alternative care parents present). A youth's perspective is helpful to the agency staff in the annual evaluation of the alternative care home. Information provided by the youth and the alternative care family and also enhances the district's or agency's ability to select and prepare Sakotinonha who are for teen in out-of-home placement.



CONCERNS FOR SAKOTINONHA

This chapter covers those times when a Kotinonha experiences change for one reason or another. Alternative care children may leave the Kotinonha due to discharge from foster care or other reasons. Sometimes a child is moved from one Kotinonha to another. A Kotinonha may be reported for child abuse or maltreatment of the children in care, and/or a home may be closed as . Sometimes Sakotinonha may decide not to stay in the alternative care program. This chapter provides important information even though some of these situations are rare.

TOPICS COVERED INCLUDE:

- ✦ When a child leaves a Kotinonha
- ✦ When a child is removed from a Kotinonha
- ✦ Closing a Kotinonha
- ✦ Reopening a Kotinonha
- ✦ Deciding whether to stay in the program
- ✦ Abuse or neglect of a child in customary or alternative care

WHEN A CHILD LEAVES A KOTINONHA

This section will give you some ideas about how to handle the situation when an alternative care child leaves your home. Even if you've been through this before, you may learn some tips about making the process as smooth as possible. If you have your own tips, you could share them with other Sakotinonha's going through a separation with their alternative care child. Finally, everyone is different: you may want another alternative care child right away, or you may want to wait a while.

I'VE JUST BEEN TOLD THE CHILD IS LEAVING

The Alternative Care Team Member (ACTM) has just told you your alternative care child is going to leave. It is important to get your feelings in order before approaching the child. Whether you feel joy or grief, you need to talk to the child calmly. If you are feeling very emotional (many Sakotinonha feel this way) and you need vent, *do it in private*. Separation is difficult enough for a child without burdening him or her with your emotions.

SHOULD I TELL THE CHILD SHE IS LEAVING?

You and the Alternative Care Team Member (ACTM) need to decide who will tell the child. In some cases the ACTM and child have a close friendship, which will enable the ACTM to do it best. In others the Sakotinonha will be the best candidate. If you are doing it, share how you are dealing with it to the ACTM. He or she will want to be supportive and may have hints to help you help the child. Teamwork makes any job a bit easier!

HOW DO I TELL THE CHILD?

Honesty and kindness are the best rules of thumb. Every situation is different. There is no cut-and-dried rule. Try a calm and simple statement such as “Today the judge said...” and put it in easy-to-understand language for the child. If it is news the child has been anxious to hear, rejoice with the child. If it is news that the child will be moved to a new foster home or adoptive family, the child may be afraid of the unknown. The child may fear returning to the birth parents.

- ✦ **Make positive statements.** Do not promise happiness forever. Find positive, truthful things to say, such as “your family has waited a long time for you to come back” or “the ACTM says you will like this new home because...”.
- ✦ **What if I don’t like the home the child is moving to?** You are not going to help the child by pointing out all the “terrible” things she will face in her move. If she tells you the things she fears about the move, help her to talk about it. Share her fears with her ACTM. Don’t promise that “Dad won’t drink anymore” or “your new mother will never spank” “you can’t be sure what will happen. You can be positive in saying “your father is trying very hard not to drink” or “your mother is very excited about your coming to live with her” *if you know this to be true.*
- ✦ **Will the child think I don’t love him?** Many Sakotinonha have this worry. Of course you should tell the child that you have loved and cared for him. Admit you will miss him (if that is the truth). But keep it calm and leave the sobbing scenes out.
- ✦ **How soon should I tell the child that she is going?** Some moves must be made within a few hours, if the court so decrees. Other times you have several weeks or months. Time helps you to air fears and worries. You must determine how the child might react. Talk it over with the caseworker.
- ✦ **I’m worried about how our family will take the child’s move.** Ask your ACTM about this. The ACTM can share how other Kotinonha have handled this issue. Talking helps everybody concerned, and your family has certainly been involved and concerned after all, they have lived with the Alternative Care child too! The other children in the family may have a grieving period, which will help them accept the fact the Alternative Care child is leaving your home.

** This section was adapted from “When a Child Leaves the Foster Home,” Tennessee Parent Association. Printed with permission.*

HOW DO I PACK FOR THE CHILD?

Children are accumulators. Whether the alternative care child has been with you two weeks or two years, there are items that have become “hers” or “his.” To send a child off with a paper bag of ill-fitting clothes is stripping him of dignity and worth. Take a tour of the house with the child. Tell him you need his help in finding what is his. When the child points to the television

or someone else's toy, calmly say "No, that belongs to the family" or "That is Sarah's. It stays here." The child's own items should go with him, including all clothing and personal items purchased for him while he was living in your home. This tour is appropriate for a child aged three years or older. *It helps make the move definite for the child and you.*

If the child has been with you for any length of time, you should have begun compiling a Lifebook. Send the Lifebook with the child and any other photos or mementos that you have. Do send bits of the child's past, such as cute things she has said or done a record of her health and shots, a schedule that may help the family. An older child may resent being packed off with a cardboard box, paper bag, or plastic bag. If so, ask the **ATCM** if a suitcase can be provided.

WHAT SHOULD I SEND WITH A BABY?

As with an older child, all items purchased for the baby while she was living in your home should go with her when she leaves. It is important to send blankets and sheets with a very small infant, as she has become used to the smells of your linens. Be sure to send favorite toys with an older baby. It is most important to send the baby's schedule. List any "firsts" for the parents receiving the child, such as first tooth, when sat up or rolled over, etc. Explain how the baby likes to be held or fed. Anything you know that will help the child adjust more quickly to a new home should be shared with the new family. I can handle it until the moment the child goes out the door.

Try to send the child off with pleasant memories. When the front door closes, feel free to cry or celebrate... whichever applies to your feelings! Then tell yourself you did the best you could. You cared for the child when she needed a parent. She has a brighter future because of you. And now that you've had a child leave you're a full-fledged foster parent.

AN ALTERNATIVE CARE CHILD MAY BE REMOVED FROM A KOTINONHA FOR ONE OF SEVERAL REASONS:

- ✦ Health and safety issues
- ✦ Family Court decision
- ✦ Foster parent request
- ✦ Child's need for a higher level of care
- ✦ Reuniting siblings in the same home
- ✦ Kotinoha closing
- ✦ Agency decision based on casework factors, e.g., a conflict between the child and Kotinonha (Alternative Care Family), conflict between the birth parents and Sakotinonha, inability of the to follow
 - ✓ the case plan on such matters as counseling or visitation

If a Sakotinonha requests the removal of a child, the ACTM and Sakotinonha should first meet to try to resolve the issues prompting the removal request. For example, could the situation be

improved if the Sakotinonha had respite care? Would tutoring help if the child is falling behind in school? Perhaps the child needs to be more involved in extracurricular or other social activities.

If you feel that the child needs to be removed, give both Ogwadeni:deo and child enough time to make an adequate plan. The situation is best handled if done thoughtfully and not in crisis mode.

If the issues cannot be resolved, the Sakotinonha and Ogwadeni:deo should work together on an appropriate plan for the child. Working together will help ease the transition to another Kotinonha and reduce the child's anxiety about moving again.

POLICY ON REMOVAL FROM CUSTOMARY CARE/ALTERNATIVE CARE

The agency can remove an alternative care child from a Kotinonha without notice if the child's health and safety are at risk. Otherwise, the agency must give the Kotinonha [a 10-day notice that the child will be removed.](#)*

If the agency is planning to remove a foster child from a Kotinonha, Ogwadeni:deo is required to do the following:

- ✦ Notify the Kotinonha of the proposed removal in writing at least [10 days](#) before the proposed date. The only exception is a case where the health or safety of the child requires immediate removal from the Kotinonha or when a court orders immediate removal from the Kotinonha.
- ✦ Allow the Sakotinonha to request a conference with Ogwadeni:deo. At this conference, the foster parent will be told the reasons for the proposed removal and given the opportunity to discuss the reasons why the child should not be removed.
- ✦ Hold the conference within 10 days of the date the agency receives the
 - ✓ request from the Sakotinonha.
- ✦ Send a written notice of the conference to the Sakotinonha and the Sakotinonha
 - ✓ legal representatives, if any, at least five days before the conference date.
- ✦ Make a decision no later than five days after the conference and send a written notice of the decision to the Sakotinonha and their legal representative. The decision should also advise the foster parents of their right to a fair hearing. If there is a conference request, the child will not be removed from the foster home until at least three days after the notice of the decision is sent, or before the proposed effective date of removal, whichever occurs later.

For example:

*If the original proposed date of removal was January 10 and the decision was sent on January 6, the removal date would still be January 10. However, if the original proposed date was January 10 but the decision was sent on January 11, the removal could not take place until January 14. Foster parents who do not object to the removal of the child from their home may waive in writing their right to the 10-day notice once the decision has been made to remove the child and the foster parents have received the notice. *OCFS regulation 18 NYCRR 443.5(a)(1) ??*

Fair hearing

If after the conference, the foster parents still do not agree with the decision, they can request a fair hearing from the OCFS Bureau of Special Hearings, 52 Washington Street, Rensselaer, NY 12144. This is an administrative review by a hearing officer assigned by the New York State Office of Children and Family Services to hear the foster parent and the agency's views regarding the removal of the child. Foster parents may have legal representation at a fair hearing. They can appeal fair hearing decisions to the New York State Supreme Court. Even if the foster parents request a fair hearing, the agency has a right to remove the child following the conference decision.

CLOSING A FOSTER HOME

A Sakotinonha may be closed for one of several reasons:

1. The Sakotinonha does not or cannot carry out their general duties and responsibilities as Sakotinonha - or the more specific support/treatment responsibilities they may have agreed to under a specific plan of service and care.
2. It is determined that physical, sexual or emotional abuse has taken place within a Kotinonha home, by the Sakotinonha, another person living in the Sakotinonha's home, or by other persons as a result of the Sakotinonha's negligence.
3. The Sakotinonha fails to demonstrate or refuses to acquire the general skills and abilities needed to provide the expected quality of care.
4. The Sakotinonha' dwelling no longer meets safety approval criteria.

Further, closure of a Kotinonha home shall be considered for any of the following reasons if problem resolution/remediation, where appropriate, has been attempted and failed:

1. Sakotinonha has become ineffective because of family or personal problems, which cannot be resolved, even with support.

2. The Sakotinonha has become negligent in the supervision of children/youth, to the detriment of the child/youth's safety and well-being.
3. The Sakotinonha are consistently unwilling to meet the needs to the children/youth in their care.
4. The Sakotinonha refuse to take a break, or accept respite to the point of burnout, resulting in insensitivity to the needs of the child/youth in their care.
5. The Sakotinonha become 'over-involved' and lose their objectivity in their role as a Sakotinonha and are no longer working in the best interests of child.
6. The Sakotinonha are compromising their own children/youth's needs as a result of providing care to other children/youth.
7. Prolonged Ill health, physical or mental.
8. Substance abuse, addiction, alcoholism, etc.
9. Refusal to abide by Ogwadeni:deo policies and procedures.
10. Breach of confidentiality.
11. Inability to set limits for children/youth and follow through, even with support and training.
12. Unable to, and/or unwilling to problem solve, even with support and training.
13. Have evaluation reports that have consistently indicated unsuitability for work with children/youth.
14. Has been dishonest on application to provide alternative care.
15. Proves to have been dishonest in the sharing of information with Ogwadeni:deo as part of their shared parenting responsibilities.
16. Negative or reckless lifestyle practices that have compromised the integrity of the home.

The following procedure will be followed when closing a Kotinonha:

1. The Alternative Care Development Team Leader or designate will ensure that reasonable effort (within 1 month) is made to and resolve identified concerns with the Sakotinonha and/or to provide required support/training etc., to a home in difficulty.

2. If resolution is not forthcoming, written notice will be hand delivered by the assigned Alternative Care Development Team member, within 5 working days, to the Sakotinonha stating that they are under review and clearly stating reasons why closure is being considered.
3. A copy of the Ogwadeni:deo complaint policy and procedure will be given to the Sakotinonha.
4. Immediately upon receiving a physical abuse allegation the worker who obtained the initial information will document and forward the allegation to the Manager of Services who will assign a Support Team Leader to initiate a protection assessment.
5. The assigned Support Team Leader will inform the Alternative Care Development Team Leader of the allegation.
6. The assigned Alternative Care Development Team member and the assigned Support Team Worker will make a home visit to investigate the allegation using the 'Eligibility Spectrum' tool.
7. If there is a decision to proceed with an investigation of an allegation of abuse or neglect directed at the Sakotinonha, should the allegations of significant concern, the investigation will begin immediately, the home will be suspended temporarily and the children/youth removed from the home by the assigned Support Team Worker(s).
8. When a termination is finalized, in writing, by the assigned Alternative Care Development Team member, the Sakotinonha has access to a review as per Ogwadeni:deo's complaint procedure (see section 6 below) The termination letter will clearly outline that agreements entered into between the Sakotinonha and Ogwadeni:deo are terminated.
9. If the results of the investigation prove that the allegation is unsubstantiated, the suspension is lifted.
10. A discussion is also held between the Alternative Care Development Team Leader and the Sakotinonha on the feasibility of maintaining their license as a Kotinonha home.
11. Separate discussions are then held with Ogwadeni:deo staff - assigned Alternative Care Development Team member , the Alternative Care Development Team Leader (in consultation with the other Manager of Services and the Ogwadeni:deo Director) - the child/youth in care (age 12 years of age and older) and the Sakotinonha, on the feasibility of the child/youth or children/youth returning to that particular Kotinonha home.

12. Under certain circumstances (i.e. closure due to ill health) a review within one year may be appropriate if the situation has changed.

IN THE CASE OF A SEXUAL ABUSE ALLIGATION:

1. If there is a decision to proceed with an investigation of an allegation of sexual abuse directed at the Sakotinonha, the investigation will begin immediately, the license is suspended temporarily and the child/youth removed from a Sakotinonha(s)' home) by the assigned Support Team worker and placed in another approved Kotinonha home.
2. If the allegation proves founded, the Ogwadeni:deo Director will terminate the Sakotinonha license, close the Kotinonha home and put the perpetrator's name on the Child Abuse Register (the police will follow up with any criminal charges).
3. A Serious Occurrence Report will be completed (see Case Management and Service Delivery Policies and Procedures, section 16) with a copy placed in the Sakotinonha file.
4. A letter will be sent to the Sakotinonha citing the reason for closing the home signed by the Ogwadeni:deo Director and the Alternative Care Development Team Leader. A copy of the letter will be placed in the Sakotinonha file.
5. In the event of substantiated sexual abuse allegations against the Sakotinonha, the assigned worker will ensure that the appropriate services are provided to the child/youth who was in their care, as well as to members of the Sakotinonha's family; and an interview will be held with all other potential victims (i.e. previously cared for children/youth).

REOPENING A KOTINONHA:

To reopen a **Kotinonha** that has been closed, the agency must do the following:

- ✦ Obtain a new application from the **Sakotinonha**, including a database check through the
 - Statewide Central Register and a check of child abuse and maltreatment information maintained
 - by any other state in which everyone in the home age 18 and over have lived within the five years before applying
- ✦ Complete a criminal history record check and nationally with CPIC on everyone in the home age 18 and over
- ✦ Update the home study
- ✦ Obtain a physician's written statement about the foster family's health or a physician's report of
 - a medical exam that was completed within the past year

- ✦ Review the evaluation with the **Sakotinonha**. If all the standards are met, the foster parents will
 - receive a new certificate or approval letter

WHEN REOPENING AFTER ALLEGATIONS HAVE BEEN MADE:

- ✦ If the allegation proves unfounded, suspension of the Sakotinonha license is lifted.
- ✦ A discussion is also held between the Alternative Care Development Team Leader and the Sakotinonha on the feasibility of maintaining their license as a Kotinonha home.
- ✦ Assuming a positive decision to continuing as a Kotinonha home, separate discussions are then held with Ogwadeni:deo staff - assigned Alternative Care Development Team member , the Alternative Care Development Team Leader (in consultation with the other Manager of Services and the Ogwadeni:deo Director) - the child/youth in care (age 12 years of age and older) and the Sakotinonha, on the feasibility of the child/youth or children/youth returning to that particular Kotinonha home.

DECIDING WHETHER TO STAY IN THE PROGRAM:

It is a good idea to regularly assess whether you want to continue being a Sakotinonha. If you feel you need a break, tell your caseworker. It is better to have your foster home on hold rather than close it and have to reapply later.

You may want to leave the program because of a change in circumstances (e.g., retirement, new job, travel, divorce, health problems); difficult relationship with a particular ACTM or Ogwadeni:deo misrepresented the child; or clash of personalities with the child.

Before you decide to stop being a Sakotinonha., please consider if any of these factors apply to your situation, and talk to your ACTM (or the supervisor if you are having problems with your ACTM). It is likely that the situation can be resolved without your leaving the program. Respite care or some other service may make all the difference. You may want to talk about your situation with another Sakotinonha. Contact your ACTM and the Sakotinonha support systems in place with Ogwadeni:deo.

ON THE OTHER HAND, YOU MAY DECIDE TO STAY IN THE PROGRAM BECAUSE BEING A SAKOTINONHA:

- ✦ Has a positive impact on children in need
- ✦ Has a positive impact on your own family

- ✦ Fulfills a need in the community

SERIOUS OCCURRENCES INVOLVING A CHILD IN CUSTOMARY CARE/ALTERNATIVE CARE

All “serious occurrences” involving a child/youth receiving service from Ogwadeni:deo are reported to a MCYS Director within 24 hours (and to the Coroner immediately where a child/youth has died). In addition, whenever a serious occurrence has involved emergency services (e.g. police, fire and/or ambulance) AND the incident is likely to result in significant public or media attention, Ogwadeni:deo will report the incident to MCYS within one hour. The purpose of this is to ensure that all “serious occurrences” involving children/youth who are the responsibility of Ogwadeni:deo are fully investigated and documented and that any needed changes in policy, procedure, organization and operations are made to minimize the possibility of a recurrence.

If you suspect that a child in your care is being maltreated or abused by anyone, let the ACTM know immediately. Abuse or maltreatment can be physical, mental, emotional, or sexual, or a child may be failing to thrive. Share your concerns with the child’s caseworker so a decision can be made about whether a report should be made to the appropriate authorities.

DEFINITIONS OF SERIOUS OCCURRENCES INCLUDE THE FOLLOWING:

1. Death

Any death of a client that occurs while participating in a service, including all clients receiving community-based support services that are funded or licensed by the MCSS and/or MCYS, including the death of any child receiving service from a Children’s Aid Society at the time of their death or in the 12 months immediately prior to their death.

2. Serious Injury

Any serious injury to a client that occurs while participating in a service, especially where the injury requires professional medical treatment (e.g. doctor or dentist), not in-house first aid.

Serious injuries include:

- An injury caused by the service provider, e.g. lack of or inadequate staff supervision, neglect/unsafe equipment, improper/lack of staff training, medication error resulting in injury.
- A serious accidental injury, e.g., sports injury, fall, burn, etc.
- A serious non-accidental injury, e.g., suicide attempt, self-inflicted or unexplained injury.

3. **Abuse/Mistreatment**

Any alleged abuse or mistreatment of a client which occurs while participating in a service, e.g., allegations of abuse against staff, alternative caregivers or family members of Sakotinonha, volunteers, temporary caregivers, police/court staff while young persons are in custody, drivers providing client transportation. This category does not include reports of historical abuse divulged by the client that did not occur while the client was participating in a service.

4. **AWOL**

Any situation where a client is missing in accordance with ministry requirements for applicable program sectors and any applicable legislative requirements; otherwise, where the service provider considers the matter to be serious.

5. **Disaster**

Any disaster on the premises where a service is provided, that interferes with daily routines, e.g., fire, flood, power outage, gas leak, carbon monoxide, infectious disease (where public health officials are involved), lockdown, etc.

6. **Complaint**

Any complaint about the operational, physical or safety standards of the service that is considered serious by the service provider including reports of adverse water quality. Other examples include reports of lead level exceedance, hazardous/dangerous substances (poisons, flammables), medication error (not resulting in medical treatment), missing or stolen files, neighbor complaint about noise or physical appearance of the property where municipal authorities are involved, etc.

7. **Complaint by or Against Client**

Any complaint made by or about a client, or any other serious occurrence involving a client that is considered by the service provider to be of a serious nature, e.g.:

- ✦ Police involvement with a client (client charged by police)
- ✦ Serious assault by client against staff, peers or community member
- ✦ Serious assault by non-caregiver against client, e.g., friend, another client, stranger
- ✦ Hospitalization (excluding regularly occurring doctor visits related to an ongoing medical problem and any medical ailment occurring as part of the aging process), e.g., pneumonia, suicidal ideation, drug or alcohol overdose, medical ailment
- ✦ In-appropriate disciplinary techniques, e.g., excessive, non-sanctioned
- ✦ Complaints arising from sexual contact between clients

8. Use of Physical Restraint

Any use of a physical restraint of a client in a residence licensed as a children's residence under the Child and Family Services Act that results in a) no injury, b) injury, c) allegation of abuse.

PROCEDURE TO BE FOLLOWED WHEN DEALING WITH A SERIOUS OCCURRENCE:

1. Immediate Response to Serious Occurrences

- a. The Ogwadeni:deo staff assigned to respond to a serious occurrence provides the client with immediate medical attention, if and as needed and if not already provided in the instance of a child/youth in care. As well, the assigned staff addressing any continuing risks to the health or safety of the client, other clients and/or others present.
- b. The assigned staff notify the local Coroner immediately in all cases involving death, regardless of location (e.g., hospital) or circumstances (e.g., 'Do Not Resuscitate' order was in effect, or death not considered questionable) unless this has already been done in the instance of a child/youth in care.
- c. If there is reason to suspect that a client has been abused (and/or in need of protection, in the case of a child).
- d. In the instance of child/youth in the care of An Ogwadeni:deo or a child/youth missing from their home in the instance of verified abuse) who has gone missing, the assigned Ogwadeni:deo worker(s):
 - i. Makes all reasonable attempts to locate and return the child/youth with the assistance of other Ogwadeni:deo Workers or other staff involved in the case.
 - ii. Reports to the police, and the ministry if appropriate, within 24 hours and describes in this report whether the client poses a serious risk to themselves or others, any attempts made to locate the client, prior client history of leaving without permission, client's state of mind before leaving, precipitating events, etc.
 - iii. Advises MCYS once the client has returned, regardless of the date/time, via telephone or e-mail message.
- e. In the instance of the threat of or attempted suicide, the assigned Ogwadeni:deo worker:
 - i. Arranges one-on-one supervision for the child.
 - ii. Initiates the process of revising the service plan, to include access to appropriate clinical assessment and intervention.
- f. In respect to a child/youth in care when there has been a serious occurrence, the assigned Ogwadeni:deo worker informs the parent/guardian unless such notification is contraindicated (e.g. the parent/guardian is alleged to have abused the child/youth).

2. Preliminary Inquiry

- a. In every instance of a (suspected) serious occurrence, as detailed above, the Ogwadeni:deo Director initiates a preliminary inquiry immediately through an

assigned Team Leader in order to gather information regarding alleged or actual occurrences. This Inquiry Report includes:

- i. A description of the occurrence,
 - ii. Client allegation (if applicable),
 - iii. Date, time, location,
 - iv. Reporting time,
 - v. Parties notified,
 - vi. People involved,
 - vii. Action taken,
 - viii. Current status,
 - ix. Reason for occurrence (if known),
 - c. Actions recommended.
- b. A finding of any of the following must be reported:
- i. Death of a child/youth while participating in a service;
 - ii. Serious injury to a child/youth while participating in a service;
 - iii. Injury to a child/youth caused by a service provider;
 - iv. Abuse or mistreatment of a child/youth which occurs while participating in a service (physical harm, sexual molestation or exploitation, failure to provide required medical treatment);
 - v. Complaint made by or about a child/youth that is considered by the Ogwadeni:deo to be of a serious nature;
 - vi. Complaint concerning operational, physical or safety standards considered by Ogwadeni:deo to be of a serious nature;
 - vii. Disaster such as fire on premises where a service is provided;
 - viii. The child/youth is missing and Ogwadeni:deo considers matter to be serious;
 - ix. Injuries to a child/youth which are non-accidental, including those self-inflicted or unexplained which require treatment by a medical practitioner including a nurse and dentist; and
 - x. Allegations and accusations of abuse or mistreatment of children/youth against staff, Kotinonha or volunteers.

3. Reporting

- a. Should the Ogwadeni:deo Director conclude, as a result of the preliminary assessment, that a “serious occurrence” has taken place, the assigned Ogwadeni:deo Team Leader informs the MCYS regional Office (as well as the Ogwadeni:deo Commission) within 24 hours by completing/submitting an Serious Occurrence Initial Notification Report (INR).
- b. Within 7 days, where it has been determined that a serious occurrence has taken place, a full report is submitted to MCYS (and the Chair of the Ogwadeni:deo Commission) - on the required form pursuant to Ministry Serious Occurrence Reporting Criteria and Procedures.

- c. In the instance of physical restraint, the SOR will describe the type of physical restraint used, use of less intrusive interventions before physical restraint, client and staff debriefing, legal status of the client, duration of the physical restraint, names of all parties notified, if the use of physical restraint resulted in a) no injury, b) injury, c) allegation of abuse.

If more than one physical restraint is used with a client in a 24-hour period, one SOR is submitted, describing the physical restraints used in the 24-hour period. Likewise, when physical restraint is used on more than one day in a 7-day period, one Inquiry Report (IR) is submitted, describing all incidents.

- d. In the instance of death, and in the event that the Chair of the MCYS Pediatric Death Review Committee (PDRC) determines (within 7 days of receipt of the SOR) that an Internal Child Death Review (ICDR) is required, and so informs the Program, Ogwadeni:deo will establish a review team (which includes an external reviewer with appropriate clinical expertise) and complete the ICDR within 90 days of receipt of the decision (depending on the findings of the review, the PDRC may subsequently conduct its own review).

4. Enhanced Serious Occurrence Reporting

- a. Enhanced SOR is required whenever a serious occurrence has involved emergency services (e.g. police, fire and/or ambulance) AND the incident is likely to result in significant public or media attention. If these conditions apply, Ogwadeni:deo will report the incident to MCYS within one hour using the Serious Occurrence Initial Notification Report (INR).
- b. The INR is submitted weekdays/evenings/overnight from Monday 6:30 AM to Friday, 6:00 PM via fax (1-866-312-0672) or, if no fax, by phone (1-866-312-0673) and is submitted weekends and holidays from Friday 6:00 PM to 6:30 AM Monday or the next government business day via fax (1-866-262-8881) or, if no fax, by phone (1-877-444-0424).
- c. Ogwadeni:deo will also call the “early alert system” to leave a voice message with the date and time the INR was faxed, leaving the name and a contact number for the assigned worker.

5. Follow-up

- a. In the wake of a serious occurrence, conclusion of an assessment and submission of an SOR, the Ogwadeni:deo Director will recommend to the Commission such changes (in terms of policy and procedure or organization) that will minimize the possibility of a repeat of the occurrence and will implement all recommendations approved.

- b. The Ogowadeni:deo Director will implement any changes recommended by the PDRC as appropriate and report on implementation progress every six months to MCYS.

RESTORATION OF PARENTAL RIGHTS

(Chapter 343, Laws of 2010): Allows the Family Court to reinstate a parent's parental rights after their rights have been terminated and to return the child to the custody and guardianship of the birth parent(s) in certain circumstances. The termination of parental rights must have taken place more than two years earlier and been based on a finding of abandonment, mental illness, mental retardation, or permanent neglect. The child must be at least 14 years of age, still be in foster care, and not have a goal of adoption. There must be clear and convincing proof that it is in the child's best interests to restore parental rights.

TRIAL DISCHARGES OF YOUTH AND VOLUNTARY RETURN TO CARE

(Chapter 342, Laws of 2010): Allows the Family Court to order (with the child's consent) ongoing and repeated "trial discharges" for youth over 18 years old until they are 21. Youth between 18 and 21 years of age, who have left foster care after age 18 at their own request, may ask the court to return and replace them in foster care within 24 months of the discharge from foster care.

TERMINATION OF PARENTAL RIGHTS AND INCARCERATED/INPATIENT PARENTS

(Chapter 113, Laws of 2010): States that, if a parent is incarcerated or in an inpatient facility for substance abuse, local departments of social service are **not** required to file a petition to terminate parental rights when a child has been in foster care for 15 of the previous 22 months.

SUBSIDIZED KINSHIP GUARDIANSHIP ASSISTANCE

(Chapter 58, Laws of 2010): Allows relatives to apply to local departments of social service for an ongoing subsidy outside of foster care or adoption. Relatives can then ask the court to appoint them as guardians. Relatives must be fully certified or approved as foster parents and the children must have lived with the relatives for a minimum period of time. The child's permanency goal may not be return to the parent or adoption and kinship guardianship must be an appropriate permanency option for the child. [Effective April 1, 2011.](#)

RIGHTS OF UNMARRIED PARTNERS TO ADOPT

(Chapter 509, Laws of 2010): Amends the standards of who may adopt to include two unmarried adult intimate partners. This codifies previous court decisions that authorized the adoption of a child by two unmarried persons.

CERTIFICATION AND APPROVAL OF FOSTER HOMES: CRITERIA FOR CERTIFICATION OR APPROVAL

Ogwadeni:deo ensures that all children/youth requiring Kotinonha are treated respectfully and are placed within well trained and equipped homes so that they safe and their needs are being met.

THE PURPOSE OF THE HOME STUDY IS:

1. To provide applicants with information regarding the prerequisites of Kotinonha in order to assist them to make a decision for or against, involvement in Kotinonha;
2. To provide applicants with tools to assess their suitability as Rontwatsiranonha.
3. To determine together with the applicants their suitability as Rontwatsiranonha;
4. To determine the age and behavioral patterns of children/youth best suited to their family;
5. To begin the training and education of Rontwatsiranonha for their role.

DETAILS:

To secure appropriate Kotinonha homes, every applicant (family or individual) screened into the process will undergo the Structured Analysis Family Evaluation (SAFE) Home Safety Checklist and the competency-based, Parent Resource for Information, Development and Education (PRIDE) training as well as any other training (e.g. Lifeline) that will ensure an adequate cultural/healing component, in order to strengthen the quality of family-based care. HEART and SPIRIT has been the selected choice of Ogwadeni:deo however until the exemption request has been approved, this policy will remain in effect.

PROCEDURE FOR APPROVAL:

1. An assigned Alternative Care Development Team member will conduct a minimum of one face-to-face interview with each person over the age of 18 living in the home. The interview will be held in the applicants' home. In a two-parent family, both parents will be seen and interviewed separately as well as together. Children of the applicants will be seen separately and will participate as their age and function allows.
2. The assigned Alternative Care Development Team member begins the home study process by completing the Structured Analysis Family Evaluation (SAFE) Home Safety Checklist.
3. The assigned Alternative Care Development Team member subsequently schedules and conducts the home study/assessment process over a number of visits (minimum 4) using the Structured Analysis Family Evaluation (SAFE) psycho-social inventory in a collaborative manner with all prospective Rontwatsiranonha.

Kotinonha are "certified" (the term used for nonrelative homes) or "approved" (the term used for relatives) according to the same standards. A home study and evaluation of the members of

the **Sakotinonha** and family household or the relative's family household must determine compliance with all of the following criteria for certification or approval:

HEALTH

Each member of the household of the Sakotinonha and family must be in good physical and mental health and free from communicable diseases. However, physical handicaps or illness of Sakotinonha or members of their household must be a consideration only as they affect the ability to provide adequate care to Alternative Care children or may affect an individual child's adjustment to the Sakotinonha and family. Cases must be evaluated on an individual basis with assistance of a medical consultant when indicated. A written report from a physician on the health of a family, including a complete physical examination of the applicant, must be filed with the agency initially and biennially thereafter. Additional medical reports must be furnished upon the request of either the ACTM or the Sakotinonha.

EMPLOYMENT

Employment of a Sakotinonha outside the home must be permitted when there are suitable plans for the care and supervision of the child at all times, including after school and during the summer. Such plans must be made part of the foster family record and must receive prior agency approval, unless only one of the two foster parents is working outside the home.

ABILITY AND MOTIVATION

The agency must explore each applicant's ability to be a Sakotinonha and must discuss the following topics:

- ✦ The reasons a person seeks to become a Sakotinonha
- ✦ The understanding of the Sakotinonha role, including the responsibilities of Sakotinonha in relation to the child, the agency, and the family
- ✦ The person's concerns and questions about Customary Care/Alternative Care
- ✦ The person's psychological readiness to assume responsibility for a child and his/her ability to provide for a child's physical and emotional needs
- ✦ The agency's role and authority to supervise the placement
- ✦ The attitudes that each person who would be sharing living accommodations with the child in Customary Care /Alternative Care has about Alternative Care and his/her concept of a child's role in the family
- ✦ The awareness of the impact that foster care responsibilities have upon family life, relationships, and current life style
- ✦ The principles related to the development and discipline of children and the need of each child for guidance, a supportive relationship, appropriate stimulation, and the opportunity to identify with a parent or surrogate whose history reflects a value system that is socially constructive
- ✦ A person's self-assessment of his/her capacity to provide a child with a stable and meaningful relationship. Kinship (relative) foster homes are approved (according to the

above criteria) to provide foster care for a specific child by a relative within the second or third degree to the parent(s) or stepparent(s) of the child. (See page 4 for more information.)

PLACE OF SAFETY

A potential Kotinonha or the home of a relative of a foster child may be certified or approved on an emergency or expedited basis under these circumstances:

- ✦ The child has been temporarily removed from his or her home or has been taken into protective
 - ✓ custody by a law enforcement officer, social services agent, or physician due to suspected child abuse or neglect; or
- ✦ The child is currently in a foster care setting and there is a compelling reason to place the child in a foster home on an emergency basis. The emergency foster parent should be a relative or eligible non-relative who has been identified as being potentially appropriate to provide care for the child. An eligible non-relative can include a godparent, neighbor, family friend, or an adult who has a positive relationship with the child.

BEFORE EMERGENCY APPROVAL, THE LOCAL AGENCY MUST:

- ✦ Obtain a signed statement from the potential emergency caretaker indicating, among other
 - ✓ things, his or her willingness to provide foster care for the child; and
- ✦ Perform an expedited home study, which assesses the potential or eligible relative's home
 - ✓ as supportive of the child's health and safety, the family's relationship with the child, a review of
 - ✓ records for prior history of abuse or maltreatment of children, and other factors.
- ✦ If the home is found to be suitable, it will be certified or approved on an emergency basis for 90 days from the date of placement of the child in the home. For Place of Safety Homes, all records checks and Alternative Care training must be completed in 60 days.

REVIEW OF BACKGROUND

As part of the agency's process of reviewing the backgrounds of applicants, information on employment history, employment references, and personal references will be required. Other background checks are listed below.

CHILD ABUSE/MALTREATMENT

All applicants and residents of the Kotinonha will have a records check with the Canadian Child Abuse Registry.

CRIMINAL HISTORY

Criminal background checks (fingerprinting) on applicants and family members age 18 or older will be conducted through the national Canadian Police Information Center (CPIC). As part of the required criminal history record check locally and nationally, an agency requires the applicant and anyone age 18 or over who is currently living in the home to have any criminal history evaluated before the Sakotinonha is finally approved or certified for the placement of an Alternative Care child.

DEPENDING ON THE TYPES OF CRIMES LISTED IN THE CRIMINAL HISTORY, SEVERAL ACTIONS COULD BE TAKEN:

- ✦ The application is rejected.
- ✦ The Sakotinonha is decertified; or approval of the Place of Safety or Kinship Care Home is revoked.
- ✦ The alternative care child is removed from the foster home. A history of a felony conviction of certain crimes will automatically disqualify an applicant (known as “mandatory disqualifying crimes”).

THESE INCLUDE:

- ✦ Child abuse or neglect.
- ✦ Spousal abuse.
- ✦ A crime against a child, including child pornography.
- ✦ A crime involving violence, including rape, sexual assault, or homicide other than a crime involving physical assault or battery.
- ✦ A felony conviction within the past five years for physical assault, battery, or a drug-related offense. When a criminal history record of the foster parent or anyone age 18 or over who lives in the home reveals a charge or conviction of any crime, the agency must perform a safety assessment of the conditions in the home.

THIS INCLUDES:

- ✦ Whether the subject of the charge or conviction lives in the household
- ✦ Extent to which the individual may have contact with the foster child or other children living in
 - ✓ the household.

- ✦ Place, date, and nature of the criminal charge or conviction. The agency must take all appropriate steps to protect the health and safety of the child or children, including removal from the home or denial of the application. The agency must document the safety assessment and the steps and actions taken to protect the health and safety of the child. In addition, applicants must sign a sworn statement indicating whether they or other adults in the home
 - ✓ have ever been convicted of a crime. This statement will be evaluated and checked against the information from the criminal history review described above.

APPENDIX A: CERTIFICATION AND APPROVAL OF FOSTER HOMES

Procedure:

1. An assigned Alternative Care Development Team member will conduct a minimum of one face-to-face interview with each person over the age of 18 living in the home. The interview will be held in the applicants' home. In a two-parent family, both parents will be seen and interviewed separately as well as together. Children of the applicants will be seen separately and will participate as their age and function allows.
2. The assigned Alternative Care Development Team member begins the home study process by completing the Structured Analysis Family Evaluation (SAFE) Home Safety Checklist.
3. The assigned Alternative Care Development Team member subsequently schedules and conducts the home study/assessment process over a number of visits (minimum 4) using the Structured Analysis Family Evaluation (SAFE) psycho-social inventory in a collaborative manner with all prospective Rontwatsiranonha.

MEDICAL REPORT

Applicants must submit a medical report form covering a physical examination within one year of application. A new report will be required every two years.

FOSTER PARENT ORIENTATION

Foster parent orientation takes place soon after the completed application is received. Orientation may take place as part of an individual session or in a group training program. Whenever possible, one-time orientation should take place in the applicant's home during the home study.

Foster parent orientation must orient applicants who have been accepted for a home study, or relatives who are in the process of a home study, to:

- ✦ The social, family, and personal problems that lead to family breakdown and the need for the
 - ✓ placement of children
- ✦ The problems and reactions of children upon separation, and the function and responsibility
 - ✓ of the foster family in relation to the child, the parents, and the agency staff
- ✦ The agency policy and practice to have defined goals to achieve permanency for each child
 - ✓ entering the foster care system
- ✦ The authority of the local social services districts, the Office of Children and Family Services,
 - ✓ and the Family Court to supervise the agency's practice
- ✦ The nature of the relationship of agency staff to foster parents and children, including definitions of the function and responsibility of the caseworkers assigned to the children and their families
- ✦ The payments to foster parents for care and expenses, the definition of foster family care, and
 - ✓ certification or approval of the home
- ✦ The rights and responsibilities of a foster parent as defined by a letter of understanding/
 - ✓ agreement that must be executed at the time of certification or approval

TRAINING

Agencies must provide training to each certified or approved foster parent in a training program approved by [OCFS](#) that will prepare foster parents to meet the needs of children in their care.

Before a child is placed in a foster home, the agency will provide training that prepares the foster parent with appropriate knowledge and skills to provide for the needs of the child. Such preparation must be continued, as needed, after the child is placed in the home.

See Chapter 1, "Being a Foster Parent," for morinformation about training for foster parents.

Annual renewal of certification/approval Foster home certification or approval must be renewed each year. The agency must document renewal with a written evaluation using the same criteria for initial certification or approval and including an evaluation of the care provided children in the home.

In addition, an oral review of the evaluation with the foster parent will take place before the renewal. A written statement by the family's doctor is also required if it has been two years since the last medical exam. Criminal history record checks and SCR database checks are also done when needed (e.g., when a foster parent or other person age 18 or over enters and is living in the home.)

**New York State Foster Parent Manual*

SIX NATIONS OF THE GRAND RIVER TERRITORY

OGWADENI:DEO

2.3 HOME STUDY & TRAINING

Subject: Home Study & Training	Policy number: KRDSM-002.3
	Date Effective: Date Revised:
	Authorized by:

POLICY:

Ogwadeni:deo ensures that all children/youth requiring Kotinonha are treated respectfully and are placed within well trained and equipped homes so that they safe and their needs are being met.

PURPOSE:

The purpose of the home study is:

1. To provide applicants with information regarding the prerequisites of Kotinonha in order to assist them to make a decision for or against, involvement in Kotinonha;
2. To provide applicants with tools to assess their suitability as Rontwatsiranonha.
3. To determine together with the applicants their suitability as Rontwatsiranonha;
4. To determine the age and behavioral patterns of children/youth best suited to their family;
5. To begin the training and education of Rontwatsiranonha for their role.

DETAILS: (OPTIONAL)

To secure appropriate Kotinonha homes, every applicant (family or individual) screened into the process will undergo the Structured Analysis Family Evaluation (SAFE) Home Safety Checklist and the competency-based, Parent Resource for Information, Development and Education (PRIDE) training as well as any other training (e.g. Lifeline) that will ensure an adequate cultural/healing component, in order to strengthen the quality of family-based care. *

Heart and Spirit has been the selected choice of Ogwadeni:deo however until the exemption request has been approved, this policy will remain in effect.

PROCEDURE:

1. An assigned Alternative Care Development Team member will conduct a minimum of one face-to-face interview with each person over the age of 18 living in the home. The interview will be held in the applicants' home. In a two-parent family, both parents will be seen and interviewed separately as well as together. Children of the applicants will be seen separately and will participate as their age and function allows.
2. The assigned Alternative Care Development Team member begins the home study process by completing the Structured Analysis Family Evaluation (SAFE) Home Safety Checklist.
3. The assigned Alternative Care Development Team member subsequently schedules and conducts the home study/assessment process over a number of visits (minimum 4) using the Structured Analysis Family Evaluation (SAFE) psycho-social inventory in a collaborative manner with all prospective Rontwatsiranonha.
4. As soon as possible, the Alternative Care Development Team will provide, as a minimum, Pre-Service PRIDE training to the prospective Sakotinonha.

APPENDIX B POSITIVE APPROACH TO DISCIPLINE

The following guidelines* for foster parents offer positive approaches to discipline.

- 1. State your expectations.** Be direct and clear in letting a child know what is expected of him or her. Do not assume that children know what you expect. Often this is not the case.
- 2. Be encouraging.** Use encouraging phrases that show you have confidence that a child can live up to your expectations. Examples of positive ways to phrase expectations are: It would be helpful if...; I am sure that...; I expect you to...; I know that you can....
- 3. Appreciate improvements.** Let a child know that you have noticed and appreciate his/her efforts to correct a misbehavior and that you are aware that he or she is trying to cooperate.
- 4. Spend a good deal of time praising, acknowledging, and appreciating a child's desirable behavior.** This encourages it and reinforces it.
- 5. Help change unacceptable behavior by making environmental changes:**
 - ✦ If a child is bored or restless, help him or her set up constructive activities (craft projects, games, etc.)

- ✦ If the environment has become too stimulating and active, re-direct the child to
 - ✓ a quieter activity.
- ✦ Arrange the living space for children for their age, height, and use. Adjust the
 - ✓ environment to meet the child's level by providing closet space, coat hooks, etc., where children can reach them. Not being able to handle the demands of their environment often makes children feel frustrated and helpless.

6. Prepare children for changes and transitions.

They will cooperate and feel better about themselves if they have time to adjust. For example, "In 10 minutes we'll be leaving for the store. Let's put these toys away and get ready." "This weekend you will be going to visit your parents, so let's think about what you will need to take along."

7. Consider the effect that emotional stresses (being away from home, going to a new school, etc. have on children's behavior.

Give a child plenty of opportunity to work through his or her feelings in appropriate ways.

8. Keep in mind the age and stage capabilities of children and what they are emotionally

ready to handle. Try not to ask too much or too little of a child. When there is a recurring conflict over the same situation, it could indicate that the child is not capable of what you are asking. Being familiar with child development stages can keep expectations realistic.

9. Avoid asking younger children questions that encourage a "no" answer. Instead of asking, "Do you want to get dressed for school?" be positive and say, "It's time to get dressed for school." Consider providing two or more acceptable choices, such as "Would you like to wear your red shirt or your green shirt?"

10. Be clear and emphatic when you need to be. Say, "You must wear your boots this morning. There is no choice in the matter."

11. Keep things simple. Don't make a long speech when a stern glance or brief "cut it out" is all that is needed.

12. Offer alternatives. Children need to know what they can do, not just what they cannot do. For example, "The living room is not the place to throw the ball. Go outside if you want to do that."

13. State the limit impersonally. For example, "Walls are not for writing on" is better than "You may not write on the walls." This puts the focus on the rules and not on the child.

14. Remember that rules can be bent for special occasions. If a special TV show is on, or there is a visitor, the bedtime hour can, at times, be extended.

15. Give a reason for your rules and limits.

16. Be prepared to repeat limits, perhaps several times, as most children can't be expected to respond the first time.

17. Give children a chance to express their feelings about a situation before expecting them to try to resolve it.

18. Allow a child in fantasy what he or she can't be allowed in reality: "You wish you were grown up and could make all your own rules, but now it's really time that you go to bed."

19. Teach a child to use words when he or she is angry, rather than kicks, hits, or bites. When a child needs a more forceful outlet than words, encourage him or her to hit a punching bag, a pillow, or a tennis ball against an appropriate outside wall, to vent feelings.

20. Tell a child when you are angry. Showing honest disapproval lets a child understand the consequences of behavior. He or she will tend to feel more secure when you show your feelings in an honest way.

21. Don't get involved in insignificant arguments. When you are in the middle of an argument that you realize you don't even care about, erase the scene and start again. Leave the room, come back, and suggest that everyone start over as if the conflict has never happened.

22. Offer clear-cut choices. "You have a choice. You can play ball outside or stay inside and do something else," and be prepared to follow through. If the child remains indoors and continues to throw the ball, take the ball away, saying, "You decided to stay inside; find something else to do." Choices help children become more responsible for their actions.

23. Give a child some control. As children get older, they need more flexibility. "You can do your homework whenever you want to, as long as it's done before you watch TV."

24. Begin a request with "as soon as." "As soon as you clean up your room, you can go outside."

25. Use role reversal, and pretend to be each other. Role playing can be used just for the fun of it, or for making a point in disciplinary situations. (A child should never be forced to reverse roles. This only works well if he or she is willing). When a child becomes the caretaker for a short time, he or she is not on the spot. It gives the child a few minutes to think the issue through. By playing the parent, the child gets to set the limits, and thus will often listen better. Switching roles lightens the atmosphere, and even younger children can appreciate the humor of a foster parent pretending to be a belligerent child.

26. Be humorous. Humor can be a great aid in resolving conflicts. Children of all ages appreciate humor at their level.

27. Use a game-like approach, which is often effective with younger children. “I’ll close my eyes and turn around three times, and then you’ll have your pajamas on” is often more effective than getting angry about the delay.

28. Put some requests in writing. When children are old enough to read, occasionally having a request in writing can make it easier to accept. “Dear Mary, you said you would have your room cleaned before you went to the movie. How about it?”

29. Approach issues as problems to solve. Foster parents can encourage children to think of ways to solve problems. Often children will come up with excellent original solutions. If not, you can offer several possible solutions and let the child join in the process of selecting from them. It’s good to discuss all the alternatives thoroughly and to try to agree on a solution that is acceptable to all. It’s easier for children to comply with a decision if they have helped make it and if their needs were genuinely respected in the process. This helps children develop skills of self-reliance and creative approaches to problem-solving.

APPENDIX C GUIDE TO CLOTHING INVENTORY LISTS

GIRLS AGED 12-20 YEARS

Categories Quantity

Section A—Year Round

Undershirt (tank tops, camisoles, etc.) 7

Undergarments (panties, etc.) 12

Sleepwear (pajamas, etc.) 3

Bathrobe 1

Socks (dress, casual, trouser socks) 12

Pantyhose (stockings, knee-highs, tights) 5

Bra (sports bra, etc.) 7

Slip 1

Casual Outfit 2

* Formal Outfit (suit/skirt with blazer, etc.) 2

Track Suit (sweat suit, wind suit, etc.) 2

Casual Shirt (t-shirts, turtlenecks, etc.) 7

* Dress Shirt (button-down, polo, etc.) 3

Casual Pant (jean, khaki, etc.) 7

Dress Pant (work wear, formal wear) 3

Skirt 2

Pullover (hooded sweatshirt, fleece, etc.) 4

Hat (cap, fitted hat, etc.) 3

Rain Gear 1
Shoes 2
Sneakers 1
Slippers 1

Section B—Summer

Lightweight Jacket 1
Shorts 6
Summer Shirts 5
Swimwear 1

Section C—Winter

Mittens or Gloves 1
Winter Jacket 1
Boots 1
Winter Hat 2
Additional Items
Luggage (suitcase, etc.) 2
Wallet 1
Purse 1
Belt 2
Book Bag (backpack, etc.) 1
Gym Bag (duffel, etc.) 1

APPENDIX C: GUIDE TO CLOTHING INVENTORY LISTS 86 GUIDE TO CLOTHING INVENTORY LISTS

BOYS AGED 12-20 YEARS

Section A—Year Round

Undershirt 10
Undergarments (boxers, briefs, etc.) 12
Sleepwear (pajamas, etc.) 3
Bathrobe 1
Socks (casual, dress, etc.) 12
Suit Jacket or Sport Coat 1
Track Suit (sweat suit, wind suit, etc.) 2
Casual Shirt (t-shirts, turtlenecks, etc.) 7
* Dress Shirt (button down, polo shirt, etc.) 3
Casual Pant (jean, khaki, etc.) 7
* Dress Pant (work wear, formal wear) 3
Pullover (hooded sweatshirt, fleece, etc.) 4
Hat (cap, fitted hat, etc.) 3
Rain Gear 1
Shoes 2

Sneakers 1
Slippers 1

Section B—Summer

Lightweight Jacket 1
Shorts 6
Summer shirts 5
Swimwear 1

Section C—Winter

Mittens or Gloves 1
Winter Jacket 1
Boots 1
Winter Hat 2
Additional Items
Luggage (suitcase, etc.) 2
Wallet 1
Tie 1
Belt 2
Book Bag (backpack, etc.) 1
Gym Bag (duffel, etc.) 1

SIX NATIONS OF THE GRAND RIVER TERRITORY

OGWADENI:DEO

4.7 CLOTHING AND ELECTRONICS INVENTORY

Subject: Service Agreement

Policy number: KRDSM-00X-X

Date Effective: **Date Revised:**

Authorized by:

Policy:

OGwadeni:deo will ensure a completed inventory of the Child/Youths personal belongs is identified on an inventory sheet at time of intake into a Sakontinonha.

Purpose:

To ensure the Child/Youth has all his/her belongs when being moved into a new Sakontinonha. This will promote honest, security and trust between the child/youth, Sakontinonha and the Resource Workers.

Details: (Optional):

APPENDIX C GUIDE TO CLOTHING INVENTORY LISTS

GIRLS AGED 12-20 YEARS

Categories Quantity

Section A—Year Round

Undershirt (tank tops, camisoles. etc.) 7
Undergarments (panties, etc.) 12
Sleepwear (pajamas, etc.) 3
Bathrobe 1
Socks (dress, casual, trouser socks) 12
Panty hose (stockings, knee-highs, tights) 5
Bra (sports bra, etc.) 7
Slip 1

Casual Outfit 2

* Formal Outfit (suit/skirt with blazer, etc.) 2
Track Suit (sweat suit, wind suit, etc.) 2
Casual Shirt (t-shirts, turtlenecks, etc.) 7
* Dress Shirt (button-down, polo, etc.) 3
Casual Pant (jean, khaki, etc.) 7
Dress Pant (work wear, formal wear) 3
Skirt 2
Pullover (hooded sweatshirt, fleece, etc.) 4
Hat (cap, fitted hat, etc.) 3
Rain Gear 1
Shoes 2
Sneakers 1
Slippers 1

Section B—Summer

Lightweight Jacket 1
Shorts 6
Summer Shirts 5
Swimwear 1

Section C—Winter

Mittens or Gloves 1
Winter Jacket 1
Boots 1
Winter Hat 2
Additional Items
Luggage (suitcase, etc.) 2
Wallet 1

Purse 1
Belt 2
Book Bag (backpack, etc.) 1
Gym Bag (duffel, etc.) 1

APPENDIX C: GUIDE TO CLOTHING INVENTORY LISTS. GUIDE TO CLOTHING INVENTORY LISTS

BOYS AGED 12-20 Years

Section A—Year Round

Undershirt 10
Undergarments (boxers, briefs, etc.) 12
Sleepwear (pajamas, etc.) 3
Bathrobe 1
Socks (casual, dress, etc.) 12
Suit Jacket or Sport Coat 1
Track Suit (sweat suit, wind suit, etc.) 2
Casual Shirt (t-shirts, turtlenecks, etc.) 7
* Dress Shirt (button down, polo shirt, etc.) 3
Casual Pant (jean, khaki, etc.) 7
* Dress Pant (work wear, formal wear) 3
Pullover (hooded sweatshirt, fleece, etc.) 4
Hat (cap, fitted hat, etc.) 3
Rain Gear 1
Shoes 2
Sneakers 1
Slippers 1

Section B—Summer

Lightweight Jacket 1
Shorts 6
Summer shirts 5
Swimwear 1

PROCEDURE:

1. The resource worker will complete an inventory list with the child under the age of 12 if he/she would like to participate.
2. The resource worker will complete an inventory list with the child and have them sign the list if he/she is over the age of 12 years of age.
3. A copy of the inventory list will be given to the Sakotinonha for the child's file.
4. The original copy will be filed in the Child's file with the resource worker.

Clothing and Electronic items belonging to the child/youth in care, that are lost during transportation to the Sakontinonha will need to be reported to the child/youth's resource worker immediately.

1. The resource worker will try to investigate if the item was left at their home or in the vehicle during transportation.
2. If the child/youth requests the item be replace after it is not found, the resource worker and AC manager will be reviewed case.
3. Reimbursement will be dealt with on case by case bases.

CHILD CARE EXPENDITURE APPENDIX:

Item	Expenditure
Camp	➤ Summer Camp arrangements shall be discussed with the child's worker and the arrangement and payments are generally made with the agency.
Clothing	<ul style="list-style-type: none"> ➤ When a child enters a home the wardrobe review should occur with the caregiver and the child's worker to determine what is needed. ➤ The Rontwatsiranonha may purchase clothing that the child requires and add to the expenses claim. ➤ Initial clothing should not exceed \$200 and approval is needed. ➤ All receipts will be required for expenses.
Cultural Items	<ul style="list-style-type: none"> ➤ The child/youths cultural activities shall be supported. ➤ All costs related to traditional dress, regalia for dance, drums, rattles and transportation to ceremonies are to be claimed on a regular expenses form,
Birthday Allowance	<ul style="list-style-type: none"> ➤ \$50 on birthday gifts for children. ➤ Receipts are required.
Holiday Allowance	➤ Caregivers may spend up to \$100 on Christmas gifts.
Haircuts/perms	<ul style="list-style-type: none"> ➤ Reimburse with a receipt. ➤ Submit an expense claim perms (once per year)

Baby Formula and Supplies	<ul style="list-style-type: none"> ➤ Diapers, baby formula and other baby care items should be claimed on the regular expense claim. ➤ Baby food jars and cereals should not be claimed as they are covered under the regular care rate.
Babysitting	<ul style="list-style-type: none"> ➤ Babysitting should be claimed on a baby sitting expense form. ➤ All sections must be completed. ➤ There is an exception that receipts will be obtained for babysitting expenses. ➤ Babysitting needs should be preapproved with the resource support in advance (ex, for recreation). ➤ 4.3 for any out of town training, in addition to the honorarium, when the situation requires, Ogwadeni:deo will reimburse accommodations, meals, mileage and babysitting claims.
Driver's Education	<ul style="list-style-type: none"> ➤ Youth are expected to earn half the cost of driving lessons and all the cost of care insurance. ➤ Caregivers are not expected to allow their car be used by the child.
Exceptional Costs	<ul style="list-style-type: none"> ➤ 4.8 To allow the Sakotinonha the ability to access the child's clothing inventory and identify additional clothing that is needed for which is appropriate for the child's age and development, seasonal and special occasions ie) Traditional clothing for religious faith events.
Grads and Bursaries	<ul style="list-style-type: none"> ➤ Nothing found in our policy.
Meals	<ul style="list-style-type: none"> ➤ Meals may be claimed for both the child and the caregiver when circumstances arise where they need to be away from home during the meal time and attend a specific event ie) Doctor Appointments, a special school event. ➤ These are reimbursed the same as staff: Breakfast \$8.00 Lunch \$12.00 Dinner \$18.00

	<ul style="list-style-type: none"> ➤ Receipts are required. ➤ Caregivers may claim up to a maximum of \$30.00 a month for restaurant or fast food snacks for the child. Receipts are required.
OCBE Funds/Activities	<ul style="list-style-type: none"> ➤ It is important that children in care feel supported and encouraged to participate in community recreation events. ➤ Memberships, lessons, uniforms, equipment and bicycles should be claimed on the expense form. ➤ Receipts are to be obtained. ➤ Prior approval should be obtained and all activities should be reflected in the child's care plan. ➤ Any activities in excess of \$100 will need approval by the Alternative Care Resource Leader.
Occasional Babysitting	<ul style="list-style-type: none"> ➤ Babysitting should be submitted on a babysitting expense form. ➤ All sections must be completed. ➤ There is an exception that receipts will be obtained on babysitting expenses. ➤ Babysitting needs should be preapproved with the resource support in advance (ie) For recreation.
School Expenses	<p>The following items may be included on an expense claim and receipts to be obtained when possible:</p> <ul style="list-style-type: none"> ➤ Beginning of the year expenses: lockers, gym fees, activities fees ➤ Day trips ➤ Graduations ➤ Bus passes ➤ Tickets for school ➤ Care providers may be reimbursed for up to \$7.50 a week for school lunches that the child purchases. This special lunch includes; pizza days or hotdog days. Receipts are not required for packed lunches (they are covered in the daily rate).

