IOWA Health and Human Services

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Foster Parent Handbook

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Introduction **1**

Who's Who? **1**

What is What (Meetings) **2**

441 Iowa Administrative Code Chapter 113 (Rules) **3**
Rights and Responsibilities of Foster Parents 3
Confidentiality 5
Social Media (Facebook, Blogs, etc.) 6
Foster Parent Address 6

Safe Sleep **6**

Swimming Pools, Hot tubs and Spas **7**

Weapons **7**

Medical Cannabis **8**

Partnering With a Child's Parents to Benefit Children **8**

Reasonable and Prudent Parenting Standard (RPPS) to Provide Normalcy **10**
The Reasonable and Prudent Parenting Standard Guide 11

Culture and Religion and Family Connections **11**
Sibling Connections 12
Discipline 12
Out-of-State and In-State Travel 13
Child's Unauthorized Absence from Placement 13

Medicaid for Children in Foster Care **14**
Medicaid ID Numbers 14
Consents and Authorization Required for Medical Care 14
Routine Medical Care for Children in Foster Care 14
Adolescent Sexual Health 15
Emergency Medical Care 15
Medications 16
Required Medical Care 16

Emergencies and Disasters **17**

Educational Needs **17**
Every Student Succeeds Act (ESSA) 17
Waiver of School Fees and Free School Lunch 18
School Fees That Are Not Waived 18

Payments and Special Issuance Reimbursements 18
Maintenance Payments 18
Clothing Allowance 19
Respite Care 20
Child Care for Iowa's Foster Families 21
Types of Child Care 21
Frequent Questions on Child Care: 22
Paying for Child Care: 22
Foster Care License or Approval Types 25
Reserve Bed Payments 25
Payment and Special Issuance Codes 26
Training Stipend 26

Juvenile Court 26

Ten Day Notice to Remove a Child 28

Corrective Action Plans 28

Foster Care Insurance 29

Additional Resources and Services 29
Achieving Maximum Potential (AMP) – Support for Children in Foster Care 29
What do AMP youth do? 29
Aftercare 30
Head Start Program 30
Iowa Foster and Adoptive Parent Association (IFAPA) 30
Women Infants and Children (WIC) 31

Notes 32

Introduction

If a child cannot be placed with a relative or fictive kin who has a relationship with the child, foster family care is available. Foster parents provide a temporary, safe, and stable home in a family environment to a child while simultaneously serving as a resource to the child's parents in their efforts to reunify with their child.

Who's Who?

Foster parents often have contact with many people who are involved in the life of the child placed in their home. The roles of Department of Health and Human Service (HHS), service providers, and others can be very confusing. Below is a description of the roles and responsibilities of HHS workers and service providers.

- **HHS Child Protection Worker (CPW)** – The CPW's role is to meet with a person or family when a child abuse allegation has been accepted for assessment. The CPW engages with the family to determine the family's capacity to keep children safe and ensure child protection. The CPW may initially make referral/placement in a foster home and the case will ultimately transfer to an ongoing Social Work Case Manager (SWCM).
- **HHS Social Work Case Manager (SWCM)**– The SWCM, also known as the HHS social worker case manager or HHS placing worker, is the HHS worker for the child, their parents/guardian, and the family. The case manager develops, monitors and can provide updates on the case plan and progress of the parents' efforts towards reunifying with the child. HHS SWCM's are required to see children in foster care at least every month, either in the foster home or away from the foster home.
- **Juvenile Court Officer (JCO)** – A child who has committed a crime will have a JCO assigned to provide services, oversee the child's rehabilitation and report the child's progress to the court.
- **HHS Licensing Worker** –The HHS licensing worker is responsible for ensuring all foster parent licensing requirements are met. The licensing worker also coordinates with the RRTS caseworker (see below) to address any concerns with a foster family.
- **Recruitment, Retention, Training and Support (RRTS) Contractor** –Four Oaks Foster Care Adoption & Kinship is the contracted agency that provides support, training and matching services for foster and adoptive families. Four Oaks Family Connections has subcontract relationships with LSI, Family Resources.. Each foster family has an assigned RRTS caseworker who will be the foster family's primary contact for questions, concerns and support needs. RRTS caseworkers will also contact foster families to best match a foster family to a child in need of foster family care. RRTS caseworkers are in regular communication with foster, pre-adopt and adoptive families to:
  - Monitor how a child is adjusting,
  - Offer specific and timely training,
  - Assist with problem-solving,

- Support foster and adoptive families to be successful caregivers and
- Offer Post Adoption support and services.

- **Behavioral Health Intervention Services (BHIS)** – Children who have a mental health condition may have a worker paid through Medicaid to provide services in the home where the child lives.
- **Family-Centered Services (FCS)** – Family-Centered Services are designed to deliver a flexible array of strategies and interventions to promote achievement of goals for child and family safety, permanency, well-being and reduction of risk. The FCS worker provides services directly to the child and the child's family.
- **SafeCare** - A home visitation-based parent training program conducted over 18 sessions. Parents who are at-risk for neglect are taught how to have positive parent-child and parent-infant interactions, keep homes safe and improve child health.
- **Court-Appointed Special Advocate (CASA)** – A CASA may be appointed by the juvenile court judge to act as an independent advocate for the long-term best interests of the child. The CASA:
  - Reviews records and talks to people involved with the child,
  - Submits a written report to the court outlining recommendations and
  - Acts as a liaison for the child by explaining the court process to the child and relaying the child's needs and interest to the attorney, HHS, the court and others.
  - A CASA has access to all information related to a child and does not need a release of information to be provided information.
- **Guardian-Ad-Litem (GAL)** – All children involved with Juvenile Court are assigned an attorney and guardian-ad-litem. A child's attorney represents the child's wishes. The GAL advocates for what is in the child's best interest. Both roles are typically handled by one attorney, but the roles may be split between two attorneys if there is conflict between the child's best interests and what the child desires. The legal term for this is bifurcation.

What is What (Meetings)

Foster Parents are invited and encouraged to attend many different meeting to help support the child(ren) placed in their home. Below is a definition of those meetings.

- Comfort Calls – Phone call between parents, foster parents and HHS that happens at the time of placement or within 24 hours. Purpose is to discuss important information including medical information, contact information, routines for the child and scheduling the bridge meeting.
- Bridge Meetings – Meeting that is facilitated by HHS and attended by parents and foster parents. Expectation is to hold the meeting in person when possible. Community partners may also attend this parent. HHS has a script that is followed during this meeting. The goal is to work through pragmatic issues that will help support the parents and caregivers.

- Initial Family Focused Meetings (FFM) - A Family Focused Meeting (FFM) is a way for the family to work together with CPS to make plans and decisions about how to help the family. It draws upon a family's strengths, experiences, knowledge, and resources that provide for the safety and well-being of children in the family.
- Youth Transition Decision Making – A meeting for youth with open child welfare cases to discuss and prepare for transitioning youth out of foster care. A key transition period is when the youth are between 16 ½ and 17 ½ years old.
- Post Removal Conference (PRC)- Meetings that may replace a Bridge Meeting. This meeting occurs immediately after a removal occurs. During the PRC a Family Interaction Plan will be developed. The meeting bring child welfare workers together with the family, informal supports such as extended-family members, formal supports such as medical providers or child care providers, a Parent Partner, and a trained facilitator. During the meeting, all present discuss how the removal and subsequent placement will occur and set up supports designed to meet the preliminary safety, mental, physical, and educational needs of the children. The meetings are strengths-based and child-focused; they center on whether a relative can care for the children and, if so, what supports they need.

441 Iowa Administrative Code Chapter 113 (Rules)

Rights and Responsibilities of Foster Parents

Foster parents are responsible for:

- Supporting the involvement of the child's parents (mentor them) and other relatives unless their involvement is evaluated and documented by the Department to be detrimental to the child's well-being.
- Participating in Comfort Calls, Bridge Meetings and post removal conferences.
- Knowing and adhering to foster home licensing requirements.
- Notifying HHS licensing worker and the RRTS caseworker within seven calendar days regarding any changes in residence or when a person moves into the home.
- Completing approved training **every licensing year** (even if it is a 2-year license) that has been approved at least 30 days before the training starts. This training is intended to increase the skills of foster parents in providing care for children placed in the home.

Foster parents will work with their RRTS caseworker to complete a training plan to ensure that all training is scheduled and completed timely. Foster parents must also complete mandatory child abuse reporter training every three years as approved by HHS. This training is available on the **Iowa HHS Learning Management System** and **https://hhs.iowa.gov/report-abuse-fraud/mandatory-reporters** and is free to complete.

- Staying current on foster home immunizations and vaccinations and providing up-to-date immunization verification or exception is required. The TDAP vaccine which protects against whooping cough is required for caregivers. If a foster parent has an

exemption for any reason, they will not be able to take infants under the age of one into their care for foster care placement due to the high mortality rate associated with this illness.

- Cooperate with the unannounced visit during the initial home study evaluation and annually after licensure.
- Accepting children for placement only within the licensed capacity, unless a variance is granted by the Department including when providing respite.
- Calling the Child Abuse Hotline and reporting to the HHS case manager or child protection worker any suspicion that a child in the foster home has been abused.
- Exercising reasonable and prudent decision making for children placed in the home to ensure children are able to participate in socially, developmentally, and culturally appropriate activities. Foster parents' decision-making includes, but not is not limited to, use of the Internet, social media, cell phones, power equipment, trampolines and swimming pools without obtaining HHS or parental consent.

  Special safety considerations must be given to swimming pools, trampolines, ATV use and railroad tracks that are close to the foster home residence. An approved fence for uncovered swimming pools that is non-climbable and at least 4' high is required as well as rescue equipment and constant and active supervision while the children use the pool.
- Complying with all laws, rules and policies regarding foster family care, and working with the Department in correcting identified deficiencies/concerns.
- Cooperating with professionals involved in the child's case or related to licensing and oversight of foster families.

Foster parents have the right to:

- Receive form **470-0716, Foster Family Placement Contract** that includes the placement worker and supervisor's office phone numbers and emergency phone numbers.
- Receive the **Family Case Plan** (case permanency plan).
- Be provided pertinent information on a child who may be placed in the home, including otherwise confidential information about a child as they consider the child for potential placement. This may also include HHS sharing phone contact information of a previous foster home contact information to support continuity of care for a child.
- Be notified about a law or regulation that would impact their obligations as a foster parent. (Notification would be through an email from HHS or a posting on the RRTS or HHS website)
- Have the right to say "No" to the placement of a child in their home.

- Receive support and supervision from the RRTS caseworker and the child's HHS case manager. HHS or a representative will visit a child within two weeks of a child placement and monthly thereafter.
- Be treated as a member of the team.
- Receive notice of all court actions.
- Be notified of any Family Focused Meeting, Youth Transition Decision-Making Meeting, Individual Education Plan (IEP) meeting, post removal meetings or medical meetings pertaining to the care of the child(ren) in the foster home. Attendance at these meetings will be determined by the child's parent(s).
- Be notified of any training HHS/RRTS believes would benefit them in the provision of foster care.
- Be provided written notice by HHS a minimum of 10-days prior to removal of and include the reasons for the child's removal from the home unless there is a health or safety issue in the home, the court orders removal from the home, or the child is being moved to the home of a parent/guardian.
- Be provided a written report by HHS detailing the conclusion of any assessment that may affect a foster parents' ability to provide foster care in the future.
- Provide foster care according to their individual foster parents' culture and beliefs so long as the parent/guardian of the child does not object.
- Have their needs and scheduling demands be considered when any type of visitation is scheduled for a child.
- Have an HHS-maintained electronic process that allows foster parents to file complaints regarding alleged violations of this section: **Electronic Complaint Process**
  - This feedback will go directly to service area leadership for review and resolution and HHS staff will contact the complainant by phone within two working days from the receipt of the email.

Confidentiality

According to Iowa law, **all** information regarding children in foster care obtained through or from the Department of Health and Human Services is confidential. Knowing when to share information about a child placed in foster family care can be complicated. It is expected that information about a child in care is shared conservatively including acknowledging the child is in foster care.

Foster parents must receive written consent from the child's parent or legal guardian in order to release information concerning the child. A child's sexual orientation should not be released without the parents'/guardians and child's consent. The HHS case manager is generally the person responsible to obtain consents. **EXCEPTION**: Information may be

shared without a signed authorization on a “need-to-know” basis (to the extent that it is necessary for the person to provide adequate services to the child) with:

- Medical providers
- Agencies providing services to the child or family
- The court
- The child’s guardian ad litem, CASA, or attorney
- Law enforcement

Social Media (Facebook, Blogs, etc.)

Foster parents shall **not**, without parent/guardian **and** Department consent, post pictures or information concerning a child in foster care on any Internet website or on social media. Children’s names or any indication that a child is in foster care cannot be shared without consent.

Care must also be taken when sharing experiences, both positive and negative, on social media. Foster parents may experience frustration for many reasons and may be tempted to share that frustration on social media. Information put on social media becomes public without intending it to be which can compromise a child’s confidentiality.

Children will have their photos taken in a variety of social, educational, and extra-curricular settings. Please consider the Reasonable and Prudent Parenting Standards when allowing participation in these situations.

Foster Parent Address

Iowa law prohibits the disclosure of foster parents’ residential address to biological parents without prior written consent. HHS and contractors are prohibited from verbally disclosing a foster parent’s address to a biological parent. Foster parents may disclosure at their discretion their physical address.

Safe Sleep

Each year there are approximately 3,500 to 3,700 sleep-related deaths among U.S. babies. Iowa HHS is entrusted to support caregivers in providing the safest environments possible for children. One of the ways HHS can do this is to evaluate and discuss sleep practices for children under one year of age during interactions with caregivers.

Foster parents must provide a crib for infants placed in their care. Infants (under age one) shall be placed on their back to sleep. The crib will have a firm mattress with a tight-fitting sheet. The infant shall not be allowed to sleep on a soft surface bed, sofa or air mattress. There should be no toys, soft objects, stuffed animals, pillows, bumper pads, blankets or loose bedding allowed in the sleeping area of the infant within their crib. If an alternative sleeping position is needed for an infant, a signed authorization with a statement of medical need is required to be submitted by

a medical physician. Please see American Academy of Pediatrics for any questions regarding safe sleep: **AAP Safe Sleep**

Co-sleeping is **never** allowed.

Swimming Pools, Hot tubs and Spas

Swimming pools, hot tubs and spas must meet the following to ensure they are safe, and hazard free (and additionally must meet all state, tribal and/or local safety requirements):

1. Swimming pools must have a barrier on all sides.
2. An above ground or in-ground swimming pool, or hot tub that is not fenced shall have safety covers that have reasonable barriers in place when not in use.
3. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.
4. Swimming pools must be equipped with a life-saving device, such as a ring buoy.
5. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.

The foster parent or other adult shall provide reasonable supervision according to the ages and swimming abilities of the foster children when they are using the pool.

Prior to adding a swimming pool to a residence, please discuss with the RRTS support caseworker to ensure that all Iowa Administrative Code requirements are understood.

Weapons

All weapons, firearms, and ammunition shall be **inaccessible** to a child of **any age**. The following weapons must be stored in an inoperative condition in a locked area inaccessible to children:

1. Firearms;
2. Air guns;
3. BB guns;
4. Hunting slingshots;
5. Any other projectile weapon

All ammunition, arrows or projectiles for such weapons shall be maintained in a **locked place separate from the firearms**.

Any motor vehicles used to transport foster children **shall not** contain a loaded gun, and any ammunition in the vehicle **shall be** kept in a separate, locked container.

Foster parents who are also law enforcement officials and can document that their jurisdiction requires them to have ready and immediate access to their weapons may be exempt from these weapon requirements provided they follow a safety plan approved by HHS.

Medical Cannabis

What should I know to keep children safe if I plan to use Medical Cannabis or consumable hemp?

- Make sure there is another person who can safely care for children.
- Using cannabis (or consumable hemp) can make some activities more dangerous.
- Driving a car while under the influence of cannabis and/or consumable hemp is not safe for the driver or passengers.
- Tell children and teens not to ride in a car if the driver is under the influence of cannabis and/or consumable hemp.
- It is not safe for young children to sleep with you, especially if you are under the influence of cannabis and/or consumable hemp

Legal does not mean safe. Think about alcohol, cigarettes, or prescription medications. They are legal to use but have risks. Cannabis also has risks even though some forms may legally be used with a medical cannabis/cannabidiol registration card and others are readily available in stores.

If a foster parent has a medical cannabis/cannabidiol registration card, they will be asked to show their RRTS licensing and support worker for verification and documentation purposes. You will also be asked to show the product purchased and where it will be stored to ensure the safety of the children placed in the foster home. Foster parents are held to a higher standard than the general public. The use of Medical Cannabis is a sensitive subject and may be viewed differently from legal parties and professionals that will be present in your home on a consistent basis.

Partnering With a Child's Parents to Benefit Children

The role of foster parenting includes an expectation to partner with the parents/guardians and other family members of the children placed in the home. Most children enter care as a result of neglect. Substance use, mental health and domestic violence are key contributors to family instability. By far, most parents/guardians genuinely love their children and want their children to grow up healthy, safe and nurtured.

Foster parents play a key role in helping children reunite with their parents/guardians by partnering with and mentoring parents/guardians, and by helping children maintain important family connections. This partnership facilitates and supports reunification or another permanency plan. Studies have shown children who have regular contact with their parents/guardians are more likely to reunify successfully.

Children will have feelings of grief and loss being separated from their parents/guardians and other family members. Regular parent/guardian-child contact has several benefits to children and their parents/guardians, including:

- Helping children and parents/guardians work through grief and loss issues around removal.
- Allowing children and parents/guardians to maintain continuity in their relationships, and assistance improving their relationships.
- Preparing children and their parents/guardians for reunification.
- Providing parents/guardians with opportunities to learn and practice parenting skills.
- Giving caseworkers opportunities to observe and assess family progress.

Foster parents also benefit by working with the child's parents/guardians, including:

- Helping to gain a clearer understanding of the challenges facing parents/guardians.
- Participating in Comfort Calls and Bridge Meetings with parents/guardians.
- Increasing feelings of empathy appreciation for the efforts parents/guardians are making to meet case plan goals.
- Reassuring parents/guardians that their children are being well cared for.
- Modeling effective parenting and providing learning opportunities for parents/guardians to enhance their parenting skills.
- Foster Parents are not obligated to release their confidential residential address.

There are several things foster parents can do to help develop positive shared parenting relationships with parents/guardians during Comfort Calls, Bridge Meetings and beyond, including:

- Asking parents/guardians about children's schedules, food preferences, and other likes and dislikes
- Showing respect for parents/guardians by using that information to ease transitions to the foster home.
- Consulting parents/guardians on decisions regarding their child and involving the child's parents/guardians when possible, on day-to-day decisions about their child.

Foster parents provide a vital service to children and their families by providing a safe, nurturing, temporary home in order for parents/guardians to make necessary changes to safely care for their children. Building relationships with a child's family may be challenging but showing respect, empathy and a genuine desire to partner with parents/guardians will lead to positive results for children.

Increased behaviors around visits and parental interactions are expected and normal. These behaviors do not indicate that the family interactions are not going well. Child resolve trauma in many different ways including increased behaviors before and after parent interactions. These should be discussed with HHS case manager and the child's therapist.

Reasonable and Prudent Parenting Standard (RPPS) to Provide Normalcy

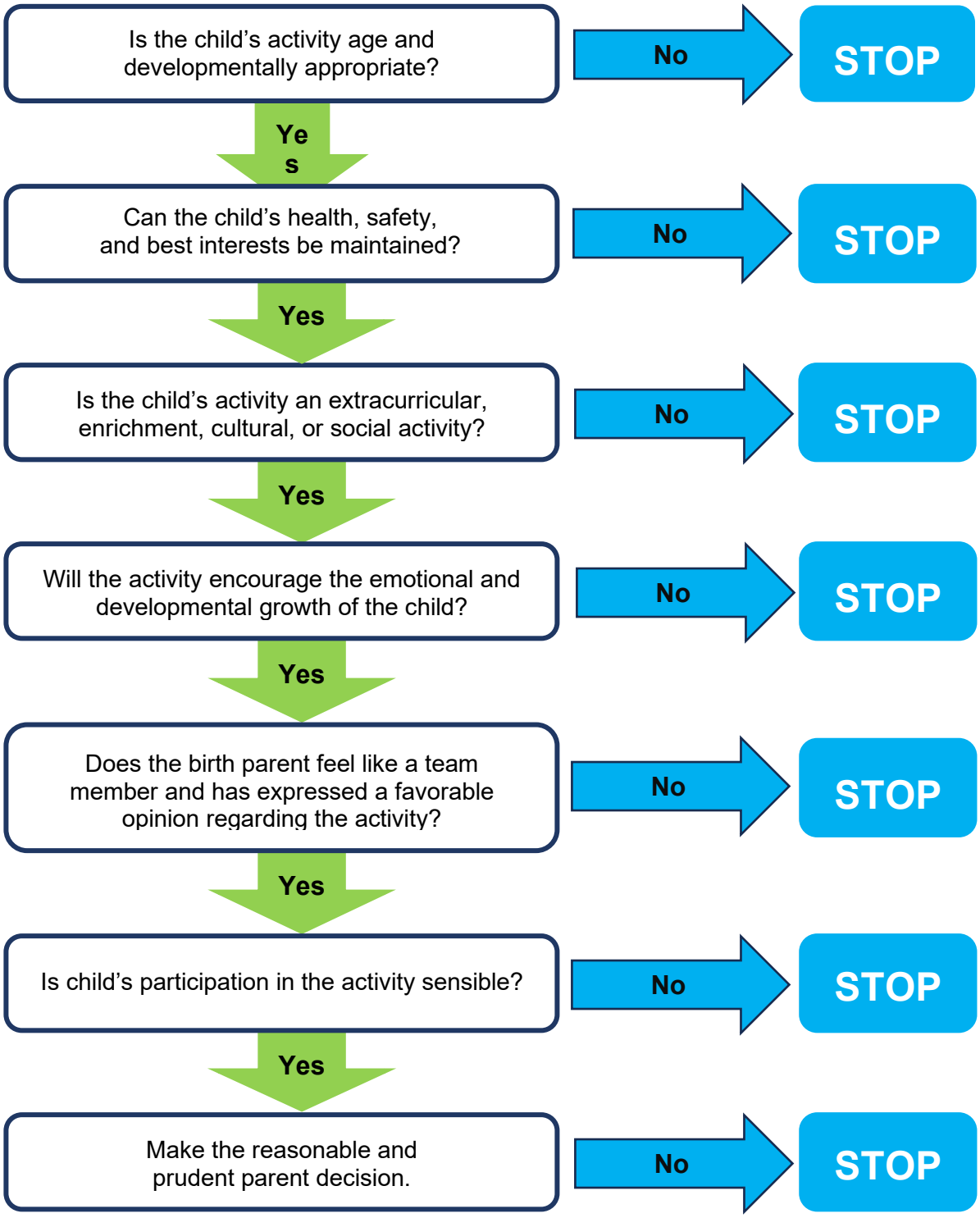
Foster parents are responsible for providing reasonable and prudent parenting of children placed in the home to ensure their safety while also facilitating children in their care have access to activities and opportunities like their peers that are not in foster care. Children in foster care should be able to have experiences that are age and developmentally appropriate.

Foster parents can make age-appropriate decisions about the activities in which children can participate without HHS or parental consent, though should discuss this with the child's parent and consider their input when making the decision. This includes social, cultural, and extracurricular activities.

Ideally, pre-discussions and ongoing communication with the child's parents/guardians should occur but day-to-day decisions can be made by foster parents. This would include decisions to allow the foster child to have an overnight with a peer or with a friend or family member of the foster parent. Foster parents are also able to make independent decisions on child care, babysitters and unlicensed respite providers. If the respite provider is wanting financial compensation the foster parent must use a licensed foster parent to provide respite.

The chart below is a tool to assist foster parents making decisions about appropriate activities:

The Reasonable and Prudent Parenting Standard Guide



Culture and Religion and Family Connections

- Foster parents provide an opportunity for healthy social relationships through participation in neighborhood, cultural, social, school and community or group activities. This includes having a child's friends come into the foster home and allowing the child to visit their friends' homes.
- Foster parents must respect the right to religious freedom and culture of children in their care by:
  - Demonstrating respect for the child's culture, religious background and affiliation.
  - Respecting cultural clothing or hair styles.
  - Providing children with the opportunity to attend religious services of their religion and religious instruction.
  - Not requiring children to participate in any religious training or observances contrary to their wishes or the wishes of the parents or guardian.
  - Foster parents shall respect the child's beliefs and not actively discourage the child regarding their beliefs.

Sibling Connections

The Department must make a reasonable effort to:

- Place siblings together in the same foster home, and
- Provide frequent and ongoing interaction between the child in placement and the child's siblings when they do not live together.

At times it is not possible to keep siblings together in the same home. The HHS case manager must arrange frequent visitation and ongoing interaction between the siblings unless it is suspended or terminated by the court. FCS workers often assist in making the arrangements and facilitating contact.

Maintaining sibling contact is critical and just as important as contact with their parents/guardian. It is important that foster parents work with the HHS case manager to support and maintain interactions between siblings. Interactions may be in person, by phone or by various forms of video conferencing. Visits may take place in the children's parents'/guardian's home, at an HHS office, in the community or in the foster home.

Discipline

Discipline shall be handled with kindness and understanding and shall not include withholding of basic necessities such as food, clothing or sleep. Withholding contact with birth family member or guardian would also not be appropriate. A child shall not be locked in a room, closet, box or other device, nor be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. Restraints shall not be used as a

form of discipline. Children should not be isolated in their rooms or “grounded” for excessive periods of time.

Corporal or degrading punishment of any kind on any child in foster care in the home or in the presence of a child in foster care is prohibited. This includes spanking, putting soap or other toxic items in a child’s mouth, excessive physical exercise, requiring children to stand in a designated area for an excessive time or other types of physical punishments.

Children in foster care who have been physically abused or witnessed domestic violence have experienced extreme trauma and need to feel safe. Foster parents need to have an understanding of the effects of trauma and remember the child’s behavior may be a learned response to stress.

Out-of-State and In-State Travel

Travel decisions are a part of reasonable and prudent parenting. Foster parents can take a foster child in their care on trips within the state and out-of-state without HHS or parental consent. Although parental consent is not required, the parent/guardian should be informed and consulted. The child’s HHS case manager must be notified if the trip is longer than one overnight.

When traveling out-of-state, the foster parent must have the emergency contact information for the Child’s HHS case manager and the child’s parent/guardian in case medical care is needed. The child’s HHS case manager can provide written consent for foster parents to obtain medical care in case of an emergency by providing the foster parent with the form **470-5079, Out-of-State Travel Permit**. If the travel extends to more than five days, or if the foster child must travel by air to the travel destination, HHS and/or parental consent will be required including completion of form 470-5079, Out-of-State Travel Permit.

Consideration should always be given to the child’s schedule, family interactions, or other appointments when travel is extended over several days. Foster parents, the child’s parents, and the HHS case manager should discuss plans and work cooperatively to ensure the child is able to participate whenever possible.

Parental/guardian consent is required for travel out of the country.

Child’s Unauthorized Absence from Placement

Immediately contact law enforcement if the child runs away, is missing or has been abducted. Contact the child’s HHS case manager immediately after reporting to law enforcement. If the HHS case manager is not available, contact the HHS child abuse hotline at 1-800-362-2178 and ask to speak to the worker’s supervisor or an on-call HHS staff person.

Medicaid for Children in Foster Care

HHS transitioned most Iowa Medicaid members to a managed care program called **IA Health Link**. The **IA Health Link** program is administered by contracted Managed Care Organizations (MCOs). which provide members with comprehensive health care services, including physical and behavioral health and long-term care services. The MCOs have a comprehensive network of health care providers that ensures quality care to all Medicaid members. When contacting an MCO, the foster parent must identify themselves as the child's foster parent. Foster parents **cannot** change the child's assigned MCO or sign up for the patient portal.

Medicaid ID Numbers

Foster parents will receive a Medicaid card with the child's Medicaid number. This number is given to the child's medical, dental, mental health or other providers when the child receives services. Providers bill Medicaid directly.

If a child needs medical care prior to receiving the Medicaid card, the foster parent should reach out to HHS for the State ID to provide to the medical provider for payment purposes. This form can be requested from the child's HHS case manager.

Consents and Authorization Required for Medical Care

Routine Medical Care for Children in Foster Care

At the time of placement, the child's HHS case manager will give you information about the plan for the child's physical or medical care. This should include the health of the child and the results of medical examinations, directions in carrying out specific medical recommendations, special advice if the child has a physical or developmental disability and procedures for accessing medical services. If you have questions about the child's physical or medical needs at the time of placement, please discuss with the case manager. If for any reason the case manager is not making the initial placement into the foster home, please reach out to the case manager or the case manager's supervisor with any questions.

Foster parents **do not** have the authority to consent to medical care unless HHS has delegated consent for routine and emergency medical care using **form 470-0172** . Only the child's parents/legal guardian may consent to routine medical care and procedures unless the authority has been granted to the foster parent. Either the foster parent or HHS case manager can contact the child's parents or guardian to engage them in the process of accessing routine medical and dental care for their child unless parental rights have been terminated. If the child needs care and the parent refuses to consent or is unavailable, the court may order medical care.

If a medical professional recommends specific treatment or testing for a child, contact the child's HHS case manager. The HHS case manager will seek parental consent. There may be other circumstances where the HHS case manager will seek a court

order regarding the medical or dental care for a child in foster care or provide delegated consent.

Adolescent Sexual Health

Caregivers and parents/guardians are one of the most important people in an adolescent's life, when caregiving is disrupted, many aspects of the youth's life come into question. Foster parents/guardians are key to reestablishing connections and supporting the young person through open and respectful conversations.

Young people need help and guidance to understand all the changes going on in and with their own body through adolescence including puberty, growth and development, communication, emotions, consent, contraception, and the basics of healthy relationships. Foster parents/guardians can provide information to the youth in their care by being open, honest, trustworthy and open to conversation. It has been mistakenly understood that foster parents can't or shouldn't talk about these aspects of growing up with their foster child and that is NOT the truth. You have that right, responsibility, and can provide trusted medically accurate resources to the youth in your care. (Prudent Parenting)

Adolescence can be a scary and uneasy time for many, especially if they don't know why these changes are happening. Please take the time to educate your foster child on puberty and how to protect themselves from unwanted pregnancies and sexually transmitted infections (STIs). Reach out to their medical provider for age-appropriate resources.

Remind the youth that consent is key in all types of relationships. One must ask for permission to hug, kiss, borrow clothing and almost everything else to ensure everyone is understood. If there is not a verbal YES then you can't borrow their jacket or get a hug. It is your responsibility to help the youth understand the value of knowing their own boundaries and expressing their feelings and emotions.

Emergency Medical Care

Foster parents can provide consent in case of an emergency or in an urgent situation requiring medical care and treatment of an acute illness, disease or condition of the child when a delay or inability to access parental or Department consent for medical care or treatment would endanger the health or physical well-being of the child. If a child is ill and needs to be seen by a doctor, the foster parent can take the child to the doctor without HHS or parental consent. If the child needs immediate medical care, the foster parents can take the child to the hospital for treatment.

The foster parent should be in consistent contact with the HHS Case Manager /Supervisor regarding the progress/needs of the child in foster care during a medical emergency. Case Managers are obligated to provide an emergency contact number

including the HHS after-hour number, for emergency situations that occur after normal working hours or during weekends. If for any reason you have not received these contact number(s) from the Case Manager, reach out to the Social Work Supervisor so you are prepared for any emergency that may arise.

Medications

All prescription and over-the-counter medications shall be kept secured from access by children. All prescription medications shall be administered by the foster parent as prescribed.. All over-the-counter medications must be administered by the foster parent according to label instructions. Foster parents may allow developmentally appropriate children to administer their own medication as long as they are supervised by the foster parent.

Required Medical Care

Children in foster care should receive medical care as follows:

- Pre-placement and annual medical examinations by a physician, or a nurse practitioner working under the supervision of a physician. If the child did not receive a pre-placement medical examination or has been in foster care and has not received one in the last year, you will need to schedule a complete physical exam with the child's physician within fourteen calendar days of placement. Ask the child's caseworker for form **470-0580, Physical Record** to give to the child's physician to complete. After the physician completes the form, keep a copy in your child's file and give the completed form to the child's caseworker.
- Immunization against common contagious diseases. If the child is just coming into foster care, the child's case manager may be able to give you the immunization information that the Department of Health has and work with the child's parents/guardians in obtaining medical information of the child.
- At least, semi-annual dental exams, annual eye and ear examinations and routine treatment of illnesses.
- Emergency medical care in cases of sudden illness or accident. Always contact the child's HHS case manager if emergency medical care is necessary. Foster parents should contact after hours hotline number in case of emergency.
- Foster parents may be delegated consent for Routine and Emergency Medical Care, using request form **470-0172** which covers preventive and non-emergency medical visits (excluding vaccinations), routine dental and vision care, and necessary medications.
    - This delegation remains in effect for the duration of the child's placement with the named caregiver unless revoked in writing by HHS.
    - This does not include new or changes to psychotropic or mental-health prescriptions, which still require parental consent.

- Emergency medical care includes life-threatening or serious illnesses or injuries requiring immediate attention. The caregiver must make reasonable efforts to inform and involve the child's parent or guardian and notify HHS of any emergency treatment (after hours number is **800-362-2178**).

Emergencies and Disasters

If a disaster occurs that requires evacuation, the family must notify the child's HHS case manager of their temporary address and phone number within 48 hours of evacuation.

Go to the Ready Iowa website and click on **Be Aware** which lists various emergencies and disasters. Then click on the type of emergency or disaster you need more information regarding.

Educational Needs

Children placed in foster care face challenges to successfully completing their education. Ensuring educational stability for every child in care promotes positive learning experiences, reduces school disengagement and reduces interrupted progress.

Foster parents may not homeschool children in foster care. Private instruction may be permitted when the foster parent is an Iowa-licensed teacher who is qualified to provide instruction in all required subject areas, the curriculum is approved by the AEA or local school district, and permission is obtained from the child's guardian, parent, or legal custodian.

Multiple documents about foster care and education may be found on the Department of Education website: **Education of Children in Foster Care/Iowa Department of Education**.

Every Student Succeeds Act (ESSA)

The Every Student Succeeds Act (2015)(ESSA) in coordination with the Fostering Connections to Success and Increasing Adoptions Act of 2008, provides educational stability protections for the time students are in foster care. The laws provide that when students in foster care change living placements, they remain in the school they have been attending (school of origin) unless a determination is made that a school move is in their best interest.

If this is determined, the student shall be immediately enrolled in the new school and records transferred.

The HHS case manager will:

- Ensure immediate enrollment of the child in the new educational setting.
- Make sure that the local education agencies have transferred the child's educational records to the new educational setting within five days of notice that the child is changing schools.

- Coordinate with the local education agencies to identify how the child can remain in the educational setting in which the child is enrolled at time of placement.

It is the responsibility of the school district and HHS to arrange transportation to keep a child in their home school. The HHS case manager and school district representatives work collaboratively to enlist an educator, foster family, family member of the child, or other support persons to assist. Foster parents may need to transport the child to their school for a few days until school transportation is set up.

Waiver of School Fees and Free School Lunch

Schools waive class and activity fees for children in care. The child's HHS case manager can request a waiver application form from the school. An application can be received at any time but must be renewed at the beginning of the school year. Course offerings include, and are not limited to, driver's education.

HHS and the Department of Education electronically match names of children who are eligible for free school lunches, including children in foster care. Children who are successfully matched will receive a free lunch approval letter from the school. No further actions are needed by foster parents or the HHS social work case manager in order for children to access free lunch.

School Fees That Are Not Waived

Payment for school fees that are not waived for a child in foster family care that exceed $5 may be authorized in an amount not to exceed $100 per year. "Required school fees" include:

- Fees required for participation in school or extracurricular activities, and
- Fees related to enrolling a child in preschool when a mental health or intellectual disability professional has recommended school attendance.

Payments and Special Issuance Reimbursements

Maintenance Payments

Foster parents receive a payment each month to assist with the cost of caring for a child placed in the home. Payments are based on a daily rate according to the child's age. Foster parents are to use the monthly payments to purchase clothing, food, and other items for the daily care of the child. Payments are made on the first of the month for the previous month. Payments are made for the first day a child enters a foster home but not for the day the child leaves the foster home.

After a child has been in a foster home for 30 days, the rate may change based upon an assessment of the child's needs and behaviors as identified on the **Foster Child Behavioral Assessment Form, 470-4401**. Foster parents, the child's HHS case manager,

teachers, providers, and others involved with the child may complete the assessment to assist in determining the appropriate rate for the child. HHS complete the form and make the final decision regarding an increased rate.

The rate increase would not begin until the first of the following month after the assessment was signed by the supervisor. For example, if the assessment was completed on 6/29, and the Supervisor signs it on 7/1, the rate increase is effective 8/1. The assessment is repeated whenever there is a substantial change in the child's behaviors, the child changes placement settings, and to negotiate adoption subsidy or subsidized guardianship rates when appropriate. The RRTS caseworker should be contacted if there are unreasonable delays in getting payments from HHS.

The foster family payment rates are as follows:

Foster Family Care Payment Rates

Age of Child in years	**Basic Daily Rate**	Maintenance plus $4.81 per day	Maintenance plus $9.62 per day	Maintenance plus $14.44 per day
0 – 5	18.50	23.31	28.12	32.94
6 – 11	19.24	24.05	28.86	33.68
12 – 15	21.06	25.87	30.68	35.50
16 – 20	21.34	26.15	30.96	35.78

Additional foster family payments that are not included for adoption subsidy payments:

Sibling Groups (Three or more siblings placed in the same foster home)	**Transportation for Visits**	**Annual Clothing Allowance age 12 & under**	**Annual Clothing Allowance age 13 & older**	**School Fees**
$1.00/Child	$1.00/Day	$500	$750	$50.00

Clothing Allowance

Paying for clothing is part of the monthly foster care maintenance payment, however the child's HHS case manger may authorize an additional clothing allowance when clothing is needed at the time the child is removed from their home and placed in foster care. The clothing allowance may be authorized and cannot exceed $500 per year for ages 0-12 and $750 per year for ages 13 and older to purchase clothing. The time frame starts when the child is placed.

The form **470-1952, Foster Care Clothing Allowance** is requested from the child's HHS worker. The form with receipts attached is submitted to the child's HHS social work case manager within 30 days of purchasing clothing in order to be reimbursed. The RRTS caseworker can assist in obtaining the form.

Respite Care

Up to 24 days of paid respite care per calendar year per child is available to foster parents.

For example: A child is placed in a foster family home on January 5. The foster family uses respite for one day but no overnight in February (1 respite day). The family uses 6 days which include overnights in April (5 respite days). The family has used 6 days of respite. The child moves to another foster home on July 7. The new foster family has 24 days of respite from July 7 to January 1.

The respite provider must be a licensed respite home in order for the Department to pay for the respite days. Respite is paid for the day in and successive days but not the day out if overnight stays are involved. A respite "day" does not require the child to stay overnight or be in a respite home a specific time. The respite foster family or family support home is paid the same rate the placement family receives for the child. Children in respite care are counted towards licensed capacity which cannot be exceeded without HHS variance. Documentation in writing of respite must be provided to the child's HHS case manager by the placement foster family. The child's HHS case manager will issue payment directly to the respite provider.

Notify the RRTS caseworker of the need for respite as soon as possible. The RRTS caseworker can assist with securing respite and coordinating with HHS and the respite provider. Provide the following information to the respite provider:

- Important contact info for the child
- Who the child can have contact with while in respite
- Any scheduled appointments/family interactions
- Any medical needs
- Any known behavioral triggers that could provoke challenging behaviors
- Intervention strategies that have been successful with the child

Reasonable and prudent parenting allows foster parents to use an adult caregiver or babysitter to care for children in their home as needed... The adult caregiver or babysitter does not have to be a licensed foster parent, have background checks completed or be approved by HHS as this is not the same as respite care.

This type of care will not be reimbursed by HHS. In situations where a child is staying a night or weekend with a peer's family or the family or friend of the foster parent, HHS permission is not required. If the foster parent is traveling and the child is staying longer than a weekend with either of the situations listed above, HHS should be notified so that they are aware of the child's whereabouts.

NOTE: Foster parents will need to assess the specific needs of foster children when they made the decision between using an adult caregiver or a teen babysitter.

Child Care for Iowa's Foster Families

We recognize that for many foster families, your ability to accept a child into your home depends on your ability to secure child care. When the HHS case worker determines that child care is necessary, care provided to that child will be paid by either the Child Care Assistance (CCA) program or the foster care program without regard to the parents' income or other need for service. This will remain until the need for child care no longer exists.

The typical CCA process for foster care generally works like this:

1. The HHS case worker will apply for Child Care Assistance (CCA) on behalf of the foster family.
2. HHS will obtain and verify the parents' schedule to determine the number of authorized child care units. (A unit is one 5-hour block of time, so an average full-time schedule would be 10 units/week.)
3. Once the parents select a child care provider with a valid CCA provider agreement, the family is 'attached' to the provider.
4. HHS will mail the family a notice of decision that includes the authorized units.

Types of Child Care

Licensed Child Care Center: A licensed child care center cares for seven or more children, usually with classrooms for different aged children. It is the most common type of provider available. If there aren't any vacancies in your community at a licensed center, there are still a few options you can explore. There are three types of home-based child care providers that are options for foster families under the right circumstances.

Child Development Home: A child development home is a person or program registered under Iowa Code 237A.3A that may provide child care to six or more children at any time. There are three categories of child development homes: A, B and C.

Child Care Home: A child care home is a person or program providing child care to five or fewer children and one school aged child, at any one time that is not registered to provide child care but does have an active child care assistance provider agreement.

In-home Providers: An in-home provider is a nonregistered provider who comes into your home to care for your child(ren). There must be at least three CCA eligible children needing child care to be approved as this type of provider. There is an exception process that can be pursued for those situations where there are not 3 eligible children or any other alternative care options available. More information about the exception process can be found on the HHS website.

Frequent Questions on Child Care:

1. Can I use a child care home or in home provider if a licensed provider is available in my community?
   a. No, if a licensed center, registered child development home, or child care home with a child care assistance provider agreement are available, they must be utilized first. According to Iowa Administrative Code 441-156.8(8)b(1), child care services must be provided by a licensed foster parent or a licensed child-care provider when available. If it is not possible to use a licensed center, registered child development home, or child care home with a child care assistance provider agreement, the rules allow an alternative which would be a child care home without a CCA provider agreement. The rules are permissive regarding the use of a child care provider. In-home care as arranged by the foster parents may also be used.

   Note: When a foster parent also operates a child development home or a child care home, HHS cannot reimburse child care costs if the child is placed in their home as a foster child.
2. How can I find a child care option?
   a. The first primary source for finding a child care option is a website with a powerful provider search tool named Iowa Child Care Connect (C3). Families can search for child care options based on their location or along specific routes, making it easier to find suitable care that fits their daily routines. Access the C3 website here: **https://iachildcareconnect.org/**
   b. The second primary source for helping you find child care is Iowa's Child Care Resource and Referral (CCR&R) Parent Services Team. CCR&R parent referral specialists are available to assist families in reviewing your child care needs and referring you to providers who best meet the needs of your family.

There are several ways to connect with the CCR&R:

- Access the CCR&R website: **www.iowaccrr.org**
- Text: IAchildcare to 59925
- Email: **childcare@episervice.org** or
- Call: 1-855-244-5301

Paying for Child Care:

Child care providers participating in the CCA program are required to communicate their billing practices and rates prior to providing services for families. There are potential fees depending on the provider chosen. If the child care provider charges above the state approved CCA rate, foster parents would be required to pay the difference. (HHS Child Welfare Foster Family Home Manual 18-D(1) pg. 59)

If the child care provider charges private pay families for absent days, the CCA program will pay for up to four absent days a month. The foster parents would be required to pay for any additional absent days beyond the four allowable absences in a month.

If the foster child attends child care for more units of child care than what is authorized by the CCA program, the foster parents are responsible for paying for the additional units. The foster parent(s) are responsible for expenses such as registration fees and certain summer programing fees.

Child care expenses are reimbursed at the Child Care Assistance rates in the charts below effective June 1, 2026

Half-Day Rate Ceilings for (Licensed Center)								
	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant & Toddler	25.66	$51.94	25.66	$51.94	25.66	$51.94	27.00	$51.94
Preschool	19.50	$30.43	20.25	$30.43	21.50	$30.43	22.97	$30.43
School Age	16.50	$30.34	17.10	$30.34	17.50	$30.34	18.50	$30.34

Half-Day Rate Ceilings for (Child Development Home A or B)								
	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant & Toddler	16.63	24.95	16.63	24.95	16.63	24.95	17.50	26.25
Preschool	15.00	22.50	15.50	23.25	16.00	24.00	17.00	25.50
School Age	15.00	22.50	15.25	22.88	15.50	23.25	15.75	23.63

Half-Day Rate Ceilings for (Child Development Home C)								
	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant & Toddler	18.00	27.00	18.00	27.00	18.00	27.00	18.50	27.75
Preschool	16.28	24.42	17.00	25.50	17.50	26.25	18.50	27.75
School Age	15.00	22.50	15.73	23.63	16.44	24.66	15.50	26.25

Half-Day Rate Ceilings for child care homes (not registered)		
Age Group	Basic	Special Needs
Infant & Toddler	16.63	24.95

Preschool	15.00	22.50
School Age	15.00	22.50

The following definitions apply in the use of the rate tables:

"**Child care home (not registered**)" means a family child care home caring for six or fewer children (including relative care) that is not registered with the state. This is also the rate used for out-of-state family home-based providers.

"**Child development home**" means a person or program that has received a certificate of registration from the state to provide child care to six or more children at any one time.

"**Infant and toddler**" means a child aged two weeks to three years.

"**Licensed center**" means a child care center licensed in Iowa. This is also the maximum rate used for an out-of-state center provider.

"**Preschool**" means a child aged three years to kindergarten ("school aged"). Approve preschool rates for summer hours before kindergarten classes begin.

"**School aged**" means a child in attendance in full-day or half-day classes, including kindergarten.

If the child care provider charges private pay clients above the state approved CCA rate, foster parents would be required to pay the difference. Families can find child care in their area through **Iowa Child Care Connect**.

The Child Care Overview page has a link to the **Complaints and Compliance Reports** page that provides additional information about child care providers.

When a foster parent is also a registered in-home child care provider, HHS cannot reimburse child care costs if the child in foster care remains in the foster parent's home for child care. If the child is not yet school-aged and remains in the home during child care hours, the child must be counted toward the maximum number of children the foster parent is approved to care for under their child care registration.

When possible, it is generally preferable for the child to remain in the foster home where they reside. However, if child care services are needed and reimbursement is requested, the foster parent may utilize another registered Child Care Assistance (CCA) provider, registered child development home, or licensed child care center. In those circumstances, HHS may reimburse the allowable child care costs in accordance with policy.

Foster parents are required to be registered as a childcare provider whenever, in addition to being a foster parent, they are also a childcare provider.

Foster Care License or Approval Types

Respite – A respite license allows foster parents to provide respite to children in foster care. A respite license is limited to respite only and does not allow for foster care placements.

Therapeutic Foster Care (TFC) - TFC is intended to be a therapeutic, short-term setting. It is not intended to replace or emulate a permanency setting such as the youth's family or guardianship or adoption options for those seeking permanency. This is not an emergency placement. The service is expected to last no more than twelve months and may be extended to facilitate stable placement. In addition, pre-services of up to 30 days and post-discharge supports for the youth and family may occur as needed after the youth leaves the TFC resource home. Licensed foster homes must be approved for TFC to provide this level of care.

Kinship Foster Care - Kinship care is the full-time care and nurturing of a child by a family member or someone with a significant emotional connection to the child (i.e. fictive kin) when out of-home placement is needed. Kinship care is the preferred option if a removal is warranted. There are many benefits to placing children with kinship caregivers including increased stability and safety, reduced trauma, and an increased sense of connection and belonging. Kinship foster care approval is a separate licensing type from foster care.

Adoption – Iowa adoption approval is a separate approval type. To adopt in Iowa, prospective parents must have a completed and approved adoption home study. This approval is separate from foster care licensing approval.

Emergency Foster Care – Iowa licensed foster parents may be approved to allow emergency foster care services to children that are in crisis and need emergency foster care placement. To be considered for Emergency Foster Care you must be a licensed foster care home. Emergency foster care allows placement for up to 14 days but not to exceed 30 days.

Reserve Bed Payments

Foster parents continue to receive the daily rate for a child in care up to 14 days when the child is:

- On a home visit,
- In the hospital,
- Has run away, or
- On a pre-placement visit.

Payment shall not exceed 14 consecutive days, except upon prior written approval of the Service Area Manager. Payment can never exceed 30 consecutive days.

In order for payments to continue, the intent must be for the child to return to the foster home and their bed must be held.

Payment and Special Issuance Codes

Foster parents receive a statement when payments are issued. There are codes on the statement that identify the type of payment. The codes below will help identify the type of payment:

F01	Ancillary Services	F05	School Fees
F02	Child Care	F06	Transportation
F03	Tangible Goods	F13	Same Day Entry-Exit
F04	Clothing Allowance	F14	Respite

Training Stipend

Foster parents receive $100.00 per year to assist with costs related to training, such as child care, registration or transportation costs. Foster parents will discuss training needs with the RRTS caseworker during monthly contacts to ensure that required training is completed timely. RRTS will work with the foster parent and HHS to develop a training plan that will be adhered to.

Foster parents will receive the training stipend at the time of their initial licensure from the RRTS contractor and then yearly following the completion of each foster parent's in-service training once they are licensed.

Juvenile Court

Children in foster care are involved in juvenile court proceedings. As described above, each child is appointed a Guardian ad Litem (GAL) to advocate for the child's best interests in court. In some cases, the GAL also serves as the child's attorney and advocates for the child's expressed wishes. In other cases, the court may appoint separate individuals to serve as the child's attorney and Guardian ad Litem.

The child's parents/guardians may also be represented by an attorney. The state is represented by the County Attorney's office.

Children who are generally age 10 or older should be given the opportunity to attend juvenile court hearings and family meetings involving placement options or services, unless their attorney determines attendance is not in the child's best interests.

Foster parents have a right to attend hearings and be heard by the court . Foster parents are not a party to the case and may or may not have an opportunity to speak a Judge. Foster parents may provide a written report to the court.

Foster parent(s) have a right to receive court documents submitted by HHS as they pertain to the child. If not received at the court hearing, foster parents can request that the case manager

provide the documents to them in person, email, or via the US Postal Service. Court hearings held throughout a child's case are required at specific times. Each type of hearing is designated by a title.

- **Ex Parte**: This is a request outside a scheduled hearing and is often done in order to obtain a removal order. HHS works with the County Attorney to request an order from the court to remove a child due to safety concerns.
- **Removal hearing**: A removal hearing is required within 10 days of a child's court-ordered removal from their parental or guardian home. The judge will determine:
  - If the child should remain in foster care,
  - Be returned to their parent or guardian, or
  - Be placed with a relative or other suitable person.
- **Adjudication**: At this hearing the judge determines if the child meets the legal criteria to be a child in need of assistance and requires the court's involvement to resolve safety concerns.
- **Disposition**: The HHS case manager presents the case plan to the court at the disposition hearing. The case plan serves as the plan for services to remove or alleviate the safety concerns that caused the child to be removed.
- **Review**: Review hearings are held at a minimum of six months after disposition but may be held more often. During the hearing the case plan is reviewed to determine progress toward reunification, and to determine if the family is receiving appropriate services.
- **Modification**: These hearings are held when one of the parties files a motion to request a change in the case between review hearings. Changes may include:
  - Placement changes,
  - Reunification with parents/legal guardian,
  - Changes in family interactions, or
  - A change in services.
- **Permanency**: The court must hold a permanency hearing no later than 12 months from the date of the child's removal from home. The judge may:
  - Return the child to their parents/legal guardian,
  - Grant an additional six months to work toward reunification, or
  - Order the filing of a petition to terminate parental rights.

  For children over age 14 who will remain in care, a permanency hearing must be held every 12 months.
- **Termination of parental rights**: When the judge has determined a child cannot safely return home, a hearing is held to terminate the rights of the child's parents. If the court orders termination of the parents' rights to their child, they no longer have a legal relationship to their child, and the child may be adopted.
- **Adoption**: At this hearing a court gives adoptive parents the same legal rights and responsibilities of a child as if the child were born into the family.

Ten Day Notice to Remove a Child

Foster parents often find challenges in parenting children who have a trauma background and managing the behaviors that result from trauma. Children may have behaviors ranging from:

- Hitting and kicking adults or other children in the home,
- Running away,
- Inappropriate sexual behaviors with other children,
- Lying,
- Stealing or
- Excessive tantrums.

Foster parents may find that for a variety of reasons they are not able to parent a child in their home. HHS case manager will offer the family a stability staffing in attempts to preserve the placement from disruption.

Every time a child moves from a home it causes additional trauma. It is important that efforts are made to maintain a child's place in the foster family. It is critical that foster parents contact their RRTS caseworker as early as possible when struggling with parenting a child. The RRTS caseworker can provide strategies to help with challenging behaviors, training or other resources that can help the family.

If keeping the child in the home is not possible, foster parents must provide the child's HHS case manager with a minimum of 10 days' notice to request a child be placed elsewhere. The RRTS caseworker and the HHS case manager will find another appropriate placement for the child.

HHS must also provide 10 day written notice to a foster family when a child is to be moved from the home, unless there are concerns to the child's physical or emotional well-being, there is a Court Order, or the child is returning to a parent/guardian. If there are safety concerns, the HHS may move a child immediately.

Foster parents can request a conference with HHS Service Area Leadership by providing a written request to the case manager within seven days of receiving the notice the child is moving.

Corrective Action Plans

Foster parents are responsible for meeting all licensing rules. If a family consistently does not meet specific rules, or if there are serious concerns about the care of a child, a Corrective Action Plan may be put in place. The plan is developed by the HHS licensing worker, the RRTS caseworker and the foster family when appropriate. The plan is to assist the family in coming into compliance with licensing rules or to help the family better care for a child. The plan has specific action steps and timeframes for completion. The family must agree to the plan and sign the plan.

A Corrective Action Plan provides documentation of identified needs in a foster home. If the plan is not followed, or the deficiencies cannot be corrected, there may need to be action taken against the license or the family can choose to end their license.

Foster Care Insurance

All licensed foster parents have property damage protections. Each foster family will have a total annual loss limit of $5,000 (regardless of number or type of claims) and a deductible per claim of $150. Claims will be paid for personal property owned by the foster family or others that is damaged by a child in foster care while living in the home of a licensed foster family.

Claims should be sent to:

ERS@EMCINS.COM
EMC Risk Services
Foster Home Property Damage Fund
PO Box 9399
Des Moines, IA 50306

All claims must be submitted with the following information:

- Notice of loss form
- Picture(s) of damaged property
- Receipt(s) for the replacement of damaged property (as similar as reasonably possible), **and/or**
- Receipt(s) or Estimate for the repair of damaged property from a licensed contractor **and/or**
- Receipt(s) for the material(s) used by the foster family to repair the damaged property

Additional Resources and Services

Achieving Maximum Potential (AMP) – Support for Children in Foster Care

AMP is a youth-driven, statewide foster care youth council that seeks to unleash the full potential for personal growth among foster and adoptive children in Iowa. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational and vocational assistance.

AMP members are ages 6 - 22 who have been involved in foster care, adoption or other out-of-home placements may apply.

What do AMP youth do?

- Train to become advocates for themselves and others.
- Participate in valuable leadership opportunities.
- Develop their voices by telling their own stories.

- Educate legislators, foster parents, the public, child welfare professionals and juvenile court representatives about foster care and adoption from the youth perspective.
- Build youth and adult partnerships in the community that create opportunities for service learning.
- Encourage others to open their homes to teens in foster care or those available for adoption.
- Provide understanding, support and encouragement to one another.
- Explore educational and vocational options to chart their path to become successful productive adults.

Foster parents are highly encouraged to have children placed in their home apply for an AMP council position when they are available in the area. More information can be found at **https://www.weareampiowa.com/**

Aftercare

Iowa Aftercare Services provides case management, life-skills training, and financial support to youth aging out of the system. Participants can start the program at age 17 and may continue until they reach age 23. Each youth works with a Self-Sufficiency Advocate (SSA) who meets with them at least twice monthly to assess needs, set goals, and support progress. Most participants receive budgeting, financial management, mentoring, and support with housing, health, education, and employment. More information can be found on the Aftercare website **https://iowaaftercare.org/**

Head Start Program

Foster children are automatically eligible for admission to Head Start, a federally and state funded comprehensive preschool program that provides education, health, nutrition, and handicapped services to children three to five years old. Enrollment begins in August and the child's parents, or guardian, must sign for enrollment into the Head Start program.

Iowa Foster and Adoptive Parent Association (IFAPA)

The **IFAPA website** has several resources and tools to use to help foster parents find in-service training. IFAPA also offers Life Book and Welcome Book pages, as well as other publications that can be downloaded. Foster parents can sign up to receive the Weekly Word newsletter by email.

Women Infants and Children (WIC)

WIC is a supplemental nutrition program for babies, children under the age of five, pregnant women, breastfeeding women, and women who have had a baby in the last six months. Fathers, stepparents, grandparents, and **foster parents** may also apply for WIC. WIC agencies provide services locally to the WIC families including:

- Nutrition education,
- Breastfeeding promotion and support,
- Nutritious food packages and
- Referrals to other health programs.

For more information about WIC, call 1-800-532-1579 or (515) 281-6650.

Notes