The Kinship Connection

A Resource Guide for Kinship & Relative Foster Families in Nebraska



NEBRASKA FOSTER &
ADOPTIVE PARENT
ASSOCIATION

Nebraska Foster & Adoptive Parent Association
N · F · A · P · A

Sponsored by the Nebraska Department
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Introduction

This guide is a tool to help you care for children who may be placed in your home. We hope that you find this guide useful. For additional support and guidance, please contact the Nebraska Foster & Adoptive Parent Association at (402) 476-2273 or toll-free at (877) 257-0176.

Kinship & Relative Care Defined

Relatives and friends are the most natural resources there are to help and support bio-parents and children in need of out-of-home care. Because of this, DHHS is required by law to find and contact relatives and other people with close connections to the family.

You have a connection to this family that none of the professionals have. This connection is real and important, even if you "haven't talked in ages."
Because of your connection to the family, your home may:
· Best meet the child's needs.
· Better maintain the child's connections to family.
· Offer the permanency the child might need.

In Nebraska, there are three types of foster parents:

1. **Relative foster parents** are persons who are related to the children by blood, marriage or adoption.
2. **Kinship foster parents** are persons with whom the child or children have a significant pre-existing relationship, such as a neighbor or teacher.
3. The third type is persons who choose to become licensed foster parents for children they have not previously known.

Permanency Options

Legal permanency means a child/youth's relationship with a parenting adult is recognized by law – that the adult is the child's birth, kin, foster, guardianship or adoptive parent (Annie E. Casey Foundation, 2012). Before a relationship can be legally established, the child/youth's parents must be given a reasonable opportunity to respond to or oppose the new legal relationship that the relative or kinship caregiver is proposing to the court.

It is important that a relative or kinship caregiver establishes a legal relationship with the child/youth in his or her care. Having legal authority to care for the child/youth can provide many benefits. Without it, public agencies may not recognize legal authority for decision-making or benefits. Legal arrangements discussed below include legal custody (Temporary

Delegation of Parental Powers), informal arrangements, non-licensed kinship care, non-licensed relative care, licensed relative care, adoption and guardianship.

Reunification, in child welfare, refers to the process of returning children in temporary out-of-home care to their families of origin. Reunification is both the goal for children in out-of-home care as well as the most common outcome. Since the majority of children who leave foster care are reunified with their families, it is important to focus on practices that help achieve successful reunification.

Temporary Delegation of Parental Powers allows, by Nebraska statute, for a parent or legal guardian of a minor child to execute a power of attorney delegating to another person any of his or her powers regarding the care, custody or property of the minor child or ward. This statute does now allow for the person delegated to act to consent to marriage or adoption of the minor child. This form is often used where, due to the expected absence of a parent, another is authorized to consent to medical treatment, enrollment in school or other academic or athletic programs, etc.

This power of attorney is limited to a six-month period. After the six-month period, the parent or legal guardian may execute another Temporary Delegation of Parental Powers.

The Temporary Delegation of Parental Powers must be signed or acknowledged before a Notary Public. Once it is completed, a copy should be retained for your records.

To obtain this form visit: https://supremecourt.nebraska.gov/self-help/7253/temporary-delegation-parental-powers

Informal relative and kinship arrangements refer to the arrangements made between the parents and caregiver with no court order or involvement. Without a court order, caregivers do not have legal custody of the child/youth. Unless the parent has signed a Temporary Delegation of Parental Powers, caregivers will not have the authority to consent for medical treatment or to enroll the child/youth in school.

Informal arrangements are not ideal. The parents still have custody and can request the child/youth be returned to them at any time. If you will be caring for the child/youth long-term it is best to request a court order giving you authority for the child/youth.

It is generally believed that placement with relatives helps the child/youth feel more secure and less separated from their family and community. *The Fostering Connections to Success* and *Increasing Adoptions Act* and *Preventing Sex Trafficking and Strengthening Families Act* requires DHHS to contact all grandparents, other adult relatives and all parents of a sibling of

the child within 30 days of the child/youth's removal from the parental home and notify them of the following:

- The child/youth was removed from the home.
- Options available to the relative to participate in the plan of care for the child/youth.
- Consequences of the choice to not be involved.
- Requirements to become a licensed relative foster parent and services available to children/youth in foster care.

Non-licensed kinship care refers to the process where DHHS places the child/youth with the caregiver, that had a previous connection to the child, but the caregiver does not become licensed. *For a kinship caregiver to become licensed they have to complete all of the certification standards including pre-service training.* Non-licensed caregivers will still need to complete the following:

- A home study.
- A background check for everyone in the home that is over the age of 13.
- A check for confirmation of child abuse/neglect in Nebraska and all states any adults in the home have resided for the past five (5) years.

Non-licensed relative care refers to the process where DHHS places the child/youth with the caregiver that is related to the child by blood, marriage or adoption, but the caregiver does not become licensed. Non-licensed caregivers will still need to complete the following:

- A home study.
- A background check for everyone in the home that is over the age of 13.
- A check for confirmation of child abuse/neglect in Nebraska and all states any adults in the home have resided for the past five (5) years.

Licensed relative foster care is a caregiver related by blood, marriage or adoption, who is licensed as a family foster home by DHHS. Several non-safety certification standards may be waived for relative foster care. As a relative foster care provider, you may be certified as "child specific," meaning you are certified to care specifically for that child/youth. When the court orders a child/youth into foster care placement at the temporary custody hearing, the state of Nebraska maintains legal custody. Nebraska statute requires the court to advise birth parents that relatives may be considered as placement resources and requires the parents to identify suitable relatives.

Guardianship is a legal process during which the court appoints a guardian to make the personal decisions for the protected person or ward. The guardian has authority to make decisions on behalf of the protected person about residency, medical decisions, training and education, etc. Guardians of children who were previously in the custody of the Nebraska Department of Health and Human Services due to abuse and/or neglect face many issues that normally are not addressed in the probate code or in probate court proceedings. Prospective guardians should fully understand the permanency options of adoption and guardianship, including the rights, responsibilities and commitments necessary for each.

To register for the necessary training to become a guardian click here:
https://supremecourt.nebraska.gov/16766/training-dates-locations

It is important for relative and kinship caregivers to know that if they have guardianship, they can continue to receive the foster care maintenance reimbursement. Relative caregivers do not need to be licensed to receive this payment. However, kinship caregivers need to be licensed for 6 months prior to obtaining guardianship to continue to receive the foster care maintenance reimbursement.

Adoption is a legal process where all parental rights are permanently transferred to the adoptive parents. In order for kinship caregivers to adopt a child/youth in their care, the parents must either have relinquished their parental rights or the parent-child legal relationship must have been terminated by the court. A youth who is twelve years of age or older must consent to an adoption. Upon finalization of an adoption, the adoptive parents assume all legal rights and responsibilities with regard to the child.

Financial assistance is available to support the child after the adoption in the form of an adoption subsidy. Beginning on October 1, 2017, any child being adopted, regardless of age, time in placement or sibling placement status, will be categorically eligible for Title IV-E adoption assistance. Adoption assistance must be negotiated and an agreement signed with the state that has legal custody of the child before the adoption is finalized.

For more information about adoption, including adoption subsidies, visit:
http://dhhs.ne.gov/children_family_services/Pages/adoption.aspx

THE LEGAL PROCESS

Protective Custody or Detention Hearing
The judge has to sign an order for temporary protective custody within 48 hours of the child's removal from the home. After the order is signed by the judge, the date and time for the Protective Custody Hearing will be set, usually a few days after the order is signed. Prior to the hearing, the parties may attend a Pre-Hearing Conference where they may discuss services to be offered, how the child is doing, what visits between the parent and child will be and other issues. The Protective Custody Hearing provides due process for the parents and child to assure that the removal of the child was necessary and continues to be necessary. The judge will determine if there is a risk to the child's safety in sending him/her back home. If so, the judge will enter an order to remove the child from the home.

Adjudication Hearing
Generally occurs within 90 days of the child's removal from the home. This is the trial stage at which the court determines whether the allegations in the petition concerning the child

are proven by the evidence. Attorneys present evidence, the parties can have their attorney question witnesses, and the judge makes a decision. If the judge finds that the petition has not been proven, the child will be returned to the parent. If the judge decides there was abuse and neglect, he or she then directs that a plan be developed to correct the conditions of abuse and neglect.

Disposition Hearing
Generally occurs within 30 days after the adjudication hearing. At this hearing the judge decides what is best for the child and puts it in a court order. This is called a case plan. The plan could be to send the child home if she or he will be safe, or the plan could order the child to be placed in a safe foster care home or other placement. The judge may also order the caseworker to provide certain services for the child and the child's family. If the child is removed from the home, the judge will tell the child's parents that they must cooperate with the caseworker, follow the requirements included in the case plan and correct the conditions which required the child to be placed in foster care; otherwise, there is a risk of having parental rights to the child terminated.

Review Hearing
Generally occurs at least every 6 months after the initial disposition hearing. At this hearing, the court will review the status of the case. This will include examining progress made by the parent(s), determining whether court-ordered services were provided, allowing for changes to be made to the case plan and making sure that the case moves forward and the child spends as little time as possible in temporary placement.

Permanency Hearing
Generally held within 12 months after the child's removal from the home. This hearing is very similar to a review hearing, however, it will emphasize the child's permanent living situation. The judge will decide whether the parent(s) and the child are receiving and participating in the services that will help the family solve its problems. A permanency goal could be returning the child home, adoption, or guardianship.

Termination of Parental Rights (TPR)
May be required to be filed if the child has been out of the home for 15 of the last 22 months, unless the judge finds an exception under the statute. If the parents do not correct the conditions that led to the child's removal, the state may decide to file a motion to terminate their right to raise their child permanently. The judge would then have to find that there were grounds to terminate parental rights to the child and that it would be in the child's best interests. Termination of Parental Rights means that a parent no longer has any legal rights to a child and is no longer responsible for the child.

To learn more about the legal process, please visit: www.ccfl.unl.edu

Court Appointed Special Advocate (CASA) is a trained volunteer who is appointed to gather information in child abuse and neglect cases and speak to the court on behalf of the needs of the child/youth. The CASA volunteer explores the background of the child/youth, assess the situation and make recommendations to the court. Not all Judicial Districts have a CASA program. To learn more about the CASA program, please visit: www.nebraskacasa.org

Indian Child Welfare Act (ICWA)
This Federal Law enables the sovereign American Indian nations to have jurisdiction over American Indian children/youth who have membership or eligibility for membership in their Tribe. Tribes with jurisdiction or potential jurisdiction must be contacted to determine whether the tribal court wishes to take jurisdiction. DHHS, county attorneys, *guardian-ad-litems* (GAL) and district courts have a legal obligation to follow the Indian Child Welfare Act procedures. No one, including parents and relatives, has the authority to ignore the ICWA requirements. More information about ICWA:
www.cip.nebraska.gov/sites/cip.nebraska.gov/files/x0101abnnn_risiiicwacase_management_guide_051616_-_print_copy.pdf

Confidentiality Requirements
Kinship and relative caregivers are subject to the same laws of confidentiality that govern caseworkers, attorneys, and non-relative foster parents. Caregivers are limited in the information they can share, even with other family members, neighbors, and friends, about the child/youth or their family unless they receive permission from DHHS. Below is the DHHS confidentiality policy.

TITLE 395 CHILDREN AND FAMILY SERVICES PROTECTION AND SAFETY 3-001.12
Confidentiality: All information concerning a child and his or her family is considered confidential and will only be disclosed for purposes that benefit the child. **Pictures and information regarding the child will not be posted on social media sites.**

Working with DHHS
Sharing of information, understanding and coordinating with caseworkers for the treatment plan may be stressful. It is recommended that relative and kinship caregivers work with caseworkers to resolve conflict. If caregivers have barriers in working with the caseworker, they may talk with the caseworker's supervisor, moving to the administrator and if necessary, asking to speak with the director.

Family Engagement
Family engagement means joining with the relatives and other interested parties, such as Tribal representatives, therapists and school personnel, to establish common goals of safety, well-being, and permanency throughout the involvement and is inclusive of other systems. This is an overarching theme of practice throughout service assessment, planning and delivery.

Family engagement practice shall include, but not be limited to, family meetings, cultural responsiveness and reflect the core principles below:

- It focuses on the strengths and interests of the child, youth and family.
- It promotes family and youth choice through family and youth-driven decisions.
- It actively supports that all families receive timely access to culturally responsive services they identify as necessary to safely care for their children and youth, and results in meaningful family involvement.
- It supports relationship building and community participation.
- It fosters mutual trust and respect between families, youth, agency and stakeholders.
- It values the support network and relationships of each individual.
- Information sharing is open, honest and clear.
- It extends beyond the immediate family members to those identified by the family as a source of support and strength and who will serve beyond the involvement of the child welfare system to help sustain the reunification and/or ability to safely parent the children.

To learn more about more Family Team Meetings, please visit:
http://dhhs.ne.gov/children_family_services/Documents/PSP%2016-2015.pdf

The Interstate Compact for the Placement of Children (ICPC) is the process for out-of-state placements. The purpose is to assure that the placement is made in a timely and safe manner. The sending and receiving state authorities must have enough background information to make a decision about the appropriateness of the proposed placement, to arrange needed services for the child/youth and to designate where planning, financial, and jurisdictional responsibilities lie. The Interstate Compact must be followed when:

- A child/youth is in the custody of a county department or under the jurisdiction of a court in one state and is under consideration for placement with a parent, relatives, non-relatives, foster parents, adoptive parents or residential or group care in another state,
- An adjudicated delinquent is ordered by court into a non-public institution out-of-state, or
- A child is being considered for placement out-of-state by parents or legal guardians into facilities that are not designated as medical or educational organizations.

For more information about ICPC, visit:
http://dhhs.ne.gov/children_family_services/Pages/AdoptionICPC3.aspx

Visitation with parents

When DHHS has custody, the relative and kinship caregivers must comply with the visitation agreement in the court-ordered family treatment plan. It is considered normal for grief and loss issues to occur before and/or after each visit, and child/youth may be angry or sad. Caregivers may want help from caseworkers or therapists if a parent misses an anticipated visit, because loss and abandonment issues will increase. When a family's plan moves toward

reunification, the frequency and duration of visits will increase to facilitate a child/youth's move back home. Family Time Plans must never be used as a threat or form of discipline to the child, or to control or punish the parent.

Caregiver Information Form
You may submit written information to the court, and you can be heard at review and permanency hearings. You are encouraged to provide information based only on first-hand knowledge. You must submit the form to the Clerk of the Court two weeks in advance of the hearing. You have the right to be present at the hearing and you are encouraged to attend. To obtain a Caregiver Information Form visit:
http://www.fcro.nebraska.gov/pdf/Resources/Caregiver-Information-Report-Form.pdf

Youth Court Form
Updated in 2014 with the input of judges and youth councils, this older-youth questionnaire was designed as a way for young people to inform the judge of what is going on in their lives and to make requests about the case. Completing the form is voluntary, and all parties to the case have the opportunity to review the form.
This form can be found at:
https://cip.nebraska.gov/sites/cip.nebraska.gov/files/files/34/youth_court_form_june2014_0.pdf

Young Child Court Form: Children in the child welfare system typically want to talk to their judge and let him or her know what is going on in their life. Attending court hearings is a great way for the child to be involved and express his or her opinions. If that is not possible, the Young Child Court Form is a great alternative. The Young Child Court Form is intended for children around the developmental ages of 6 to 10. We encourage that a trusted person known to the child assist him or her in filling out the form. The form can be found here:
https://cip.nebraska.gov/sites/cip.nebraska.gov/files/young_child_court_form.pdf

Foster Care Bill of Rights
In 2003, the Governor's Youth Advisory Council developed a Foster Care Bill of Rights. These rights are important rights that you can advocate for; however, not all of the rights in the Bill of Rights are your actual legal rights, protected by law. Below, you can see both your legal rights and your rights according to the Foster Care Bill of Rights. For more information about your rights, visit: https://ccfl.unl.edu/publications/pdf/Know-Your-Rights.pdf

Foster Care Bill of Rights - LR76

1 Every child in foster care in Nebraska should be protected from physical, sexual, verbal, and emotional abuse and from spiritual neglect; and

2 Every reasonable effort should be made to enable a child to remain in his or her biological home, including provision of financial and other assistance or services as needed; and

3 Every child in foster care in Nebraska should have a placement plan that reflects the child's best interests and that is designed to facilitate the child's return home in a timely manner or a permanent placement appropriate to the needs of the child; and

4 Every child in foster care in Nebraska should receive an explanation, appropriate to the age of the child, as to why he or she has been placed in the custody of the Department of Health and Human Services and, if age appropriate, should be allowed to attend court hearings, speak to the judge, and be heard by the court; and

5 Every child in foster care in Nebraska should be placed in a home where the shelter or foster caregiver is aware of and understands the child's history, needs, and risk factors and the child should know in return what is expected of him or her in the foster placement by the foster caregiver; and

6 Every child in foster in Nebraska should expect to live in a safe, healthy, and comfortable placement, to receive adequate, healthy food and adequate clothing and to be treated with respect; and

7 Every child in foster care in Nebraska should receive medical, dental, vision, and mental health screening assessments and testing upon adjudication into foster care and should then receive whatever treatment or services are identified as necessary as soon as practical; and

Know Your Rights

As a youth in foster care in Nebraska you have some important legal rights.

1. You have the right to be protected from physical, sexual, verbal and emotional abuse.
2. You have the right to services to help you and your family.
3. You have the right to live in a safe, healthy home with adequate food and clothing.
4. You have the right to have a placement plan that is in your best interest and that will help you get to a permanent placement as soon as possible.
5. If you are 14 years or older,you have the right to notice of hearings about your case.
6. You have the right to receive medical, dental and vision treatment or services when necessary.
7. You have the right to attend school.

8 Every child in foster care in Nebraska should be able to attend school and participate in extracurricular activities and personal activities consistent with the child's age and development, should have social contacts with people outside of the foster care system, such as church members, friends, and teachers, and should be able to attend religious services of his or her choice; and

9 Every child in foster care in Nebraska should receive at least monthly communication from his or her caseworker and should receive honest and timely information about the decisions the department is making that affect his or her life; and

10 Every child in foster care in Nebraska should be free from repeated changes in placement before his or her return home or permanent placement; and

11 Every child in foster care in Nebraska should be able to visit and talk with biological parents, brothers and sisters, grandparents, and other friends and relatives who are important to the child, unless restricted by the court.

Public Education

Enrolling Children/Youth in School
A kinship or relative caregiver with custody may enroll the child/youth in school. When DHHS has custody, ask the caseworker for assistance with contacting the school to arrange for enrollment. If the parent maintains custody, caregivers need the parent to assist in enrolling the child/youth in school. This may be necessary when a voluntary placement agreement is used.

Concerns about academic or behavioral progress of the child/youth:

- Notify the teacher or school counselor and ask for a meeting.
- Gather and provide information about the specific strengths, homework samples, attitude about school, test scores, previous school experiences, peer relationships and challenges for the child/youth.
- Participate in discussions with the school staff about the student's specific strengths and needs.
- Develop interventions with school staff and monitor the progress towards meeting specific, measurable goals.

National School Lunch Program
Children/youth in the custody of DHHS are categorically eligible for free meals. Schools participating in the National School Lunch Program may also offer free breakfast and lunch during the summer. Contact the school to determine if they offer free breakfast and lunch during the summer.

Special Education Services
Caregivers that have legal custody of the child/youth may contact the principal or special education director and request special educational testing. If the child/youth is in the legal custody of DHHS, then the relative or kinship foster parent needs to collaborate with the caseworker to request educational testing. The school can provide information about the process for requesting educational testing.

Response to Intervention (RTI) is an approach that promotes an integrated system for general, compensatory, gifted and special education to provide quality, standards-based instruction and intervention that is matched to students' academic, social-emotional, and behavioral needs. The purpose of Response to Intervention is to improve educational outcomes for students. The problem-solving process of RTI is:

- Define the problem, directly measure behavior.
- Analyze the problem, validate the problem, identify variables.
- Develop plan, implement plan as intended, monitor progress, modify as necessary.
- Evaluate response to intervention.

For more information on RTI, visit: www.education.ne.gov/rti/

Head Start is a federally funded "all-day program" for preschoolers. It provides education, enrichment, and many other services to young children and their parents or caregivers. In order to be eligible, a child must be three (3) to five (5) years old no later than December 31st of the year of enrollment. For example, if the child is two years old in September when school starts, the child may be enrolled in the fall semester if reaching the age of three before December 31.

Generally, the program is free for families within income guidelines. The income of caregivers who have legal custody, guardianship, or have adopted a child may be considered for eligibility. If DHHS is the legal custodian and the caregiver is a kinship or relative foster care provider, the child is automatically eligible, and the caregiver needs to work with the caseworker to enroll the child in Head Start. Learn more about Head Start here: http://neheadstart.org/

Nebraska Early Development Network: Part C of the "Individuals with Disabilities Education Act" (IDEA) requires that children who are at risk of or have disabilities, birth through age two (2), are entitled to the following services free of charge:

- Screening or multi-disciplinary evaluation.
- An Individual Family Service Plan (IFSP).
- Service coordination.
- Procedural safeguards to ensure basic legal rights.

Early Intervention Nebraska for Infants, Toddlers, and Families (EIC) program is a voluntary program that provides developmental supports and services to children birth through 2 years of age. To learn more about these services, visit: https://edn.ne.gov/cms/

Child Care

Types of Child Care:

- In-home child care occurs when child care is provided in your home or the home of the provider. Providers of in-home care must be licensed with the State of Nebraska.
- Child care centers, nursery schools, or preschools may be part of a chain of providers, privately owned or supported by churches and social service groups. Child Care Centers must also be licensed by the State of Nebraska.

Regardless of the type of child care chosen, assess the child care home or center for safety and observe the following:

- Is it clean and safe?
- How does the child care provider manage meals and snacks?
- How does the child care provider discipline?
- What is the ratio of children to the adult caregiver?

- How does the staff interact with the children?
- Are age-appropriate educational and stimulating activities provided?

The child care home or center must be licensed by the State of Nebraska, which means that the home or center has met standards for cleanliness, safety, health conditions, staffing and program content. If you cannot find licensed child care in your area, please contact your caseworker about alternatives. The child care staff should also have basic training and experience in child development. Notice the availability of age-appropriate activities and toys and the quality of interaction between staff and children.

Once a provider has been chosen, you and the child care provider are now partners. Visiting and participating in events lets both the child and the provider know that you think what your child is doing and learning is important.

To learn more about licensed child care in Nebraska, including a list of providers, visit: http://dhhs.ne.gov/publichealth/Pages/chs_chc_chcindex.aspx

Respite
Families often feel high levels of emotional, physical and financial stress when they care for someone with special needs in the home. Because of the demands, many families do not have the occasional short term periods of rest and relief that are so important to everyone's health and family stability. By providing breaks to the family, respite services are a vital support to the ability of families to provide continued care in the home. Respite services provide temporary, short-term care for families in crisis, foster parents, and kinship/relative caregivers. To learn more about Respite care in Nebraska, visit: https://www.answers4families.org/family/grandparent-caregivers/changing-role/nebraska-statewide-respite-network

Health Care

Medical Services
Babies, children and youth need to have regular medical exams to monitor growth, development and health. Well-child checks are opportunities for communicating with the physician about any concerns or advice about normal development, nutrition, sleep, safety, infectious diseases, and other important topics. Take a note pad with your written questions, and you can write down the answers.

Doctors play a vital role in the lives of children/youth, so it is important to find a physician you can relate with and trust to provide the highest quality care. If possible, continued care with the child's current doctor is beneficial. Also, the caseworker may have a recommendation for a doctor.

If you choose to interview physicians before selecting one, here are questions to help facilitate the conversations:

- Will I have a primary doctor or do I see the doctor that is handling sick patients that day?
- How are calls for advice handled during office hours? During evenings and weekends?
- What is your philosophy for providing care via telephone? Medication/antibiotic use?
- Until what age will you continue to see my child/youth?
- Do all the doctors in your group participate in my insurance company or managed care plan's provider network? Are you still accepting new patients for my managed care plan?

If the child/youth is in the legal custody of the state, DHHS will provide a Medicaid card for the child/youth and a letter giving the caregiver authorization to obtain medical care. If the parent has legal custody, the parent must give written permission in order for caregivers to obtain medical care.

Required Appointments

Medical exam requirements for children/youth in the legal custody of the state include Early and Periodic Screening, Diagnostic, and Treatment exams (EPSDT) also known as a "Health Check." This includes the following:

- Health developmental history
- Comprehensive unclothed physical examination
- Immunizations
- Lab tests (as appropriate)
- Environmental investigation (as needed)
- Health education/anticipatory guidance
- Vision screen
- Hearing screen
- Dental screen

EPSDT exams must be provided within 14 days of placement for all children in out-of-home care. Visit this website to view the entire policy:
http://dhhs.ne.gov/children_family_services/Documents/PSP%2024-2016.pdf

Medical Conditions

If substance abuse has been a problem for the parents, be aware of conditions like Failure to Thrive, Fetal Alcohol Spectrum Disorder, Autism, and HIV/AIDS infection.

Failure to Thrive (FTT) is a medical term that describes poor weight gain and physical growth failure over an extended period of time during infancy. It includes poor physical growth of any cause and does not imply abnormal intellectual, social or emotional development. The

cause may be an identified medical condition or related to environmental factors. The two types of Failure to Thrive are organic and non-organic.

> **Organic:** Growth failure is due to an acute or chronic disorder that interferes with nutrient intake, absorption, metabolism or excretion, or that increases energy requirements. Illness of any organ system can be a cause.
>
> **Non-organic:** Most children with growth failure do not have an apparent growth-inhibiting (organic) disorder; growth failure occurs because of environmental neglect (e.g. lack of food or stimulation).

Fetal Alcohol Spectrum (FASD) is a term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. It refers to conditions such as Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), Alcohol-Related Neurodevelopmental Disorder (ARND), and Alcohol-Related Birth Defects (ARBD).
FASD is preventable by abstaining from alcohol while trying to get pregnant, during pregnancy, or after having unprotected sex where it is possible to get pregnant.
Caregivers of children with FASDs face unique challenges. A child/youth with an FASD may need to be given the same information repeatedly and may behave negatively without understanding the consequences. Early diagnosis and a stable, structured and positive environment can improve the outlook for children/youth with an FASD.

Autism and Autism Spectrum Disorders (ASDs) are a group of developmental disabilities defined by significant impairments in social interaction and communication and the presence of unusual behaviors and interests. Many people with ASDs also have unusual ways of learning, paying attention or reacting to different sensations. The thinking and learning abilities can vary from gifted to severely challenged. People with ASDs have serious impairments with social, emotional and communication skills. They may have repetitive behaviors and/or have difficulty changing their daily routine.

Dental Care
Good dental care involves taking steps to having healthy teeth and gums. Steps to a healthy mouth are:

- Brush and floss teeth at least twice a day.
- Visit a dentist every six months for a checkup and cleaning.
- Eat five servings of fruit and vegetables every day.
- Limit the amount of sugary foods eaten (such as candy and soda).

Medicaid covers dental services for all child enrollees as part of a comprehensive set of benefits, referred to as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Though oral screening may be part of a physical exam, it does not substitute for a dental examination performed by a dentist.

Dental services for children must minimally include:

- Relief of pain and infections.
- Restoration of teeth.
- Maintenance of dental health.

Routine preventative dental exams should be provided at least once per year starting at age one. If no dental provider is available for a child aged 1-3 years old, the EPSDT may serve as a dental exam. View the entire policy here:
http://dhhs.ne.gov/children_family_services/Documents/PSP%2024-2016.pdf

Mental Health Services
Mental health services can be a helpful way for caregivers and the children/youth in their care to talk about their concerns and to get some guidance from a qualified provider. The stresses of caring for a child/youth, along with the emotional and financial pressures of everyday living, can be overwhelming. The child/youth may have a variety of problems stemming from the loss of parents. In some situations, the child/youth may have been traumatized from abuse or neglect.

If the child/youth in your care is receiving Medicaid, mental health services will be covered. During the mental health intake, request a therapist who has experience with the area of concern (children/youth who have been abused and neglected, with disabilities, and children/youth who are abusing drugs and alcohol, etc.).
For more information on covered services, visit:
http://dhhs.ne.gov/medicaid/Pages/med_medserv.aspx#Mental

Well-being

Child and Adolescent Development Descriptions

0-6 months: The only way that new babies can communicate is by crying and some do it more than others. If the baby is unsettled, try to make them more settled by checking that they have a clean diaper, they are not hungry, or are not too hot or cold. Give babies as much attention as you can but if you feel that something is not right, or if it gets too stressful, then seek advice from a friend or health professional.

6-18 months: *The doing stage* – Around this age, children will begin to explore the world around them by touching, tasting, looking, and listening. They will begin to develop their own

initiative but will want you around to feel safe. They may become curious and easily distracted and their language skills will start to develop. They may want to try to feed themselves and become fussy about what they eat. Temper tantrums are a typical behavior at this age.

Tantrums are normal for this age, but tips for preventing and/or handling tantrums are:

- Ignore the tantrum as long as the child is safe.
- Try to anticipate the likely times these will occur and be prepared for situations you can't avoid (keep toys handy, etc.).
- Distract the child if you can.
- Comfort the child if they will let you.
- Schedule shopping and other activities around your child's naptimes.

18 months to 3 years: *The thinking stage* – Around this age, children will be testing their boundaries and beginning to understand the cause and effect of doing so. They will be able to follow simple commands and will be starting to think for themselves. They may want to have some say in how they dress and eat and they will be learning to play with other children. They will be developing the concepts of past and future, as well as expanding their knowledge of language and movement. They will also begin to develop a sense of humor.

It is typical of a child this age to:

- Play alongside, instead of with, other children.
- Resist any changes, test behaviors, and ask "why?"
- Develop definite ideas on what they will wear.
- Enjoy rituals and stories.
- Want to eat when hungry instead of the set meal times and can be messy with foods.

3 to 6 years: *The stage of self-awareness and imagination* – Around this age, children will be very aware of themselves and their place in the world but will also enjoy using their imagination. Throughout this stage, children will be starting to assert their own identity and learning that behavior has consequences as well as the effect that it has on others. They will begin to learn what is and is not socially acceptable and will be able to separate reality and fantasy. They will learn what they can and can't control, as well as continuing to develop their earlier abilities.

It is typical of a child this age to:

- Play in a fantasy world and create imaginary friends and try out different identities.
- Ask even more questions. In addition to "why," there's now "how" and "when."
- Set up power struggles and watch the power dynamics in family relationships.
- Begin to play cooperatively with others and develop an interest in games and rules.
- Practice social skills.

6 to 12 years: *The stage for limits and structure* – At this age, children will be learning to listen to get the information they need and to identify the difference between needs and wants. They will be checking out the family rules and learning the consequences of breaking them. They will be testing the family values and learning that there can be both disagreement and love in the family. They will also be learning about different boundaries and expectations outside the family, such as in school and clubs. They will begin to identify strongly with their own gender and learn about personal responsibility and self-control.

It is typical of a child this age to:

- Ask a lot of question to get the information they need.
- Choose to play with other children of the same sex.
- Argue about and challenge parental values (especially in the older child).
- Be moody (especially in the older child).

Adolescence: Children will make important transitions during their teenage years as they begin to develop from childhood to adulthood. They will begin a shift from following your rules to recognizing their own values and will define themselves by what they feel and think rather than by other people's opinions. They will also start the transition from living in a family to living independently out in the world.

It is typical for a child this age to:

- Have more interest in the opposite sex.
- Show more independence from parents.
- Have a deeper capacity for caring and sharing and for developing more intimate relationships.
- Spend less time with parents and more time with friends.
- Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex and other problems.

Tips for parenting any age: Remember that at whatever age a child/youth is, they still need love and understanding. With every age keep expectations realistic and acknowledge the good things children or adolescents do. Tips for communication:

- Stay calm, even when children/youth are deliberately trying to anger you.
- Give children/youth the opportunity to reply or participate in any discussion.
- Don't put your children/youth down or make fun of them.
- Avoid giving ultimatums and creating power struggles.
- Choose battles wisely – let some things go.

Emotional Impacts on Kinship and Relative Caregivers and the Children in Their Care

Trauma

Trauma occurs when children/youth are exposed to events or situations such as abuse and neglect, domestic violence, natural disasters, sudden loss, etc., and when this exposure overwhelms their ability to cope with what they have experienced.

Depending on their age and coping mechanisms, children/youth respond to traumatic stress in different ways (such as disturbed sleep, difficulty paying attention, anger, withdrawal, and intrusive thoughts) when confronted by anything that reminds them of their traumatic experiences. Some children/youth develop psychiatric conditions such as post-traumatic stress disorder, depression, anxiety and a variety of behavioral disorders.

While some children/youth "bounce back" after adversity, traumatic experiences can result in a significant disruption of child/youth development and have long-term consequences. Repeated exposure to traumatic events can affect the child's brain and nervous system and increase the risk of low academic performance, engagement in high-risk behaviors and difficulties in peer and family relationships. Fortunately, there are effective treatments for child traumatic stress. If you are concerned that a child or youth in your care is suffering from traumatic stress, contact the caseworker about seeking help from a mental health professional.

The child/youth is in your care because the parents could not or would not properly care for them. This can cause a variety of emotions in child/youth including:

Abandonment - Regardless of the situation for the loss, the child/youth can feel rejected or abandoned. Reaction to this often occurs in two ways:

- Not allowing themselves to get close to others so they are not abandoned again.
- Become very clingy and not letting loved ones out of their sight for fear they may leave also.

Guilt - They may think that somehow this situation is their fault.

Grief and loss - When separated from a significant figure in their life, children/youth experience a huge loss, which may cause feelings of grief. There are five identifiable stages of grief: Shock/denial, anger, bargaining, depression and acceptance. Children/youth may experience all or some of the stages.

Low self-esteem - It is a blow to a child/youth's self-esteem when someone they love, such as a parent, leaves and does not return. When this happens they can feel unwanted or that

something is wrong with them. If a parent continues to raise another sibling, the child/youth will often wonder why the parent kept the sibling and does not want them.

Fear - They may fear that they won't see their parents again, or that they may have to move again. If their caregiver is older, they may also fear what might happen to them if their caregiver passes away or for another reason is no longer able to care for them.

Anger - Is one of the most common feelings. Children/youth are angry with the parents for leaving, angry that they feel they have no control over their life, and just angry in general.

Confusion - Children/youth are often confused by having multiple feelings. For example, they are very angry with their parents for leaving, but at the same time are very sad because they miss them so much. A child/youth may believe they are betraying their caregiver by admitting that they miss their parents. These situations can be very difficult, and they are not sure how to verbalize their confusion.

A combination of any of these - It is normal and quite common for children/youth to have and more than one of these feelings at a time.

These issues may be acted out through the following symptoms and behaviors:

- Falling behind in school or frequently in trouble at school,
- Destructive to him/herself, others, animals or the environment,
- Lies frequently and for no apparent reason,
- Is not meeting developmental milestones, or
- Is abusing/using alcohol or drugs, or has inappropriate sexualized behavior.

Since each child/youth is different, the areas of impact and the severity may vary. Some may have extreme reactions, others may only be affected mildly and others may not react at all. Some situations may be handled by the caregiver, while others may require professional help.

It is difficult not knowing how to react to the child/youth's feelings and behaviors. Here are helpful hints:

- Provide consistent meals/mealtimes and routines.
- Have clear boundaries and consequences.
- Praise them often and reward good behaviors.
- Reassure the child/youth that they are safe with you.
- Allow the child/youth to talk with you or a therapist about their feelings.
- Remind them that this situation is not their fault.

For more tips, visit the National Child Traumatic Stress Network at www.nctsn.org

Talking With Children About Their Biological Parents

Discussing the parents' situation can be very difficult. You may not know where the parents are or be hesitant to discuss such grown-up topics with small children. When talking with the child/youth about their parents, consider using the following techniques:

- Do not lie, but tell the child/youth only as much as they really want to know and can understand.
- Never talk negatively about the parent in front of the child/youth, and explain the parents' situation as kindly as you can.
- When the child/youth asks tough questions, it is okay to say "I don't know," such as, "I don't know where your daddy is."
- If a parent is a substance user, it is okay to make statements such as, "When your mom drinks, it makes her too sick to take care of kids."
- If a parent misses a visit, comfort the child/youth and validate their feelings, "Sometimes dad's sickness makes it hard for him to remember."
- ALWAYS reassure the child/youth that this situation is not their fault.

It can also be helpful to recognize patterns that are triggering certain behaviors for the child/youth.

Journaling can be helpful for the caregiver and the child/youth to remember positive activities. Insert photographs with activities that were done together to create a life book that can serve as a lasting and tangible memory of the good moments that were shared.

Information is important to any child/youth separated from their parents, whether it's a photo or quote from the parent. Lifebooks helps the children/youth "put the pieces together" to help them make sense of the situation and feel good about their history. Lifebooks can be beneficial for a child/youth in kinship care. Here is a website to help caregivers get started with Lifebooks:
http://www.childwelfare.gov/adoption/adopt_parenting/lifebooks.cfm#resources

Normal Feelings for Kinship and Relative Caregivers

Just like the children, caregivers go through a wide range of emotions. Some of the feelings caregivers might be experiencing are:

Guilt - Caregivers may think that the situation is somehow their fault. If they had done something different when raising their child, (not fought so much with a sibling, etc.), that the biological parent would have turned out differently and this situation would not have happened.

Embarrassment - Caregivers may worry about what others may think, such as "the apple doesn't fall far from the tree."

Anger - Caregivers may be angry with the parents for putting the child/youth and the family members in this situation.

Grief - Caregivers may grieve the relationship they have with their adult child, sibling, or whomever the parent of the child/youth is and may grieve that they miss the traditional grandparent/grandchild relationship with the child/youth.
Resentment - There may be some resentment toward the biological parent for putting them in this situation. Many times caregivers have to retire early, delay travel plans, etc., in order to raise the child/youth.
Isolation - Caregivers may not socialize with friends or other family members as often. Many caregivers may lose friends who are not in the same situation because they don't want the children around.
Fear - Caregivers fear for the safety of the biological parent and fear that they will lose the child/youth to the unsafe situation with the parent, or to the court and child welfare systems.
Anxiety - Caregivers have valid anxiety-provoking concerns. Caregivers often worry about the biological parent's situation, the child/youth in their care, their own health concerns, how they are going to provide for the child/youth, and where the child/youth will go if something happens to them.
Depression - These situations are often very overwhelming and tiring. These feelings combined with isolation and any of these other emotions, can cause caregivers to become depressed.
Hope - Many caregivers have hope that the biological parent will stabilize their situation so that the child/youth can be returned to their care.
Love - No matter what the situation is, the caregivers love both the child/youth in their care and the biological parent. Sometimes, the caregiver's love is what helps them get through the situation.
A combination of any of these- It is normal and common for caregivers to have more than one of these feelings at the same time.

Some caregivers may be able to cope, while others may not. It is a sign of strength to ask for help. If caregivers become very overwhelmed, they should seek help from family, friends, and/or a mental health professional.

Coping Strategies for Caregivers
Although it is difficult, caregivers must remember that if they do not take proper care of themselves, they will not be able to take care of the child/youth. Here are some strategies:

- Learn to say "no" and cut back on activities that are not essential.
- Break down tasks to make them more manageable.
- Talk with friends about your feelings or join a support group.
- Set realistic goals and ask for help when you need it.
- Know your limits.

Redefining Roles

When you make the decision to become a relative/kinship caregiver, the existing roles and boundaries in your family will change when the child comes to live with you and you take on the role of parent. You may go:

From friend or equal to authority figure: Is one of the parents a close friend or relative? These relationships imply equality, with neither person having control or authority over the other person's life. Once you become a kinship or relative foster parent, you will make decisions normally made by the parents. This will complicate your relationship with the parents and may be a difficult adjustment for the child to make.

From bystander to responsible decision-maker: Relatives do not always have close relationships. You might only see the child and parents at family get-togethers or may not have seen them in years. You may go from playing a minor or non-existent role in the child's life to playing a major one. Not everyone will be comfortable with this shift.

From non-competitor to competitor: Even if it is not your intention, you may find yourself competing with the parents and other family members for the child's affection and authority.

From grandparent, aunt, or coach to "parent:" Being a relative is very different from being a parent. Relatives don't normally discipline children or provide for essential needs. Often, they do fun things with the child. Respect is assumed. When a relative takes on the role of parent, it can be a hard shift for both the relative and child to make.

From ally to enemy: Kinship and relative foster parents often find themselves in the difficult position of being between their families and DHHS. Once the department intervenes, DHHS can be seen as the "enemy." When you become involved as the child's caregiver, the parents and other family members may see you as being on DHHS's side. You might be insulted by, or even isolated from, some family members. It may seem that you constantly have to prove that you have the child's best interests at heart. Below are some tips for managing this delicate balancing act.

> *Focus on the child's best interests.* It's all about the child. He/she needs a safe place to live while in DHHS custody, where his or her emotional, medical, physical, and educational needs will be met.
>
> *Recognize that strong feelings are normal*. It's normal for parents to be angry and confused when they are separated from their children. Understand that these reactions are normal, even if they are directed at you.
>
> *Learn what the law requires DHHS to do to keep children safe.* Understanding the legal responsibilities of DHHS will help you better understand why they do what they do and what they need from you. Your role is to provide day-to-day care for the child.

Be aware of your own feelings and opinions. How do you feel about the child being in DHHS custody? Do you believe the abuse or neglect happened? Recognize that it will be difficult for you to work with DHHS if you have a different opinion about what led to their involvement.

NFAPA employs **Resource Family Consultants (RFC)** to support, educate and empower caregivers. The RFC builds one-on-one relationships, which provide foster/adoptive/kinship parents with emotional encouragement, skill reinforcement and parenting strategies unique to providing out-of-home care. Working with a RFC will help families enhance the quality of care provided and stabilize placements. The RFC can provide you with information on support groups in your area. Our Resource Family Consultants can be found on our staff page: http://nfapa.org/about_us/staff.html

Reasonable and Prudent Parenting Standard (RPPS)

RPPS is a provision of the Strengthening Families Act that passed Congress in 2014. This provision allows foster parents to exercise their best judgement as it relates to youths' activities and provide normalcy for youth in foster care.

Each caregiver shall use RPPS in determining whether to give permission for a child to participate in extracurricular, enrichment, cultural and social activities. When using RPPS the caregiver shall consider:

(1) The child's goals and input;
(2) To the extent possible, the input of the parent of the child;
(3) The child's age, maturity, and developmental level to maintain the overall health and safety of the child;
(4) The potential risk factors and the appropriateness of the extracurricular, enrichment, cultural, or social activity;
(5) The best interests of the child, based on information known by the caregiver;
(6) The importance of encouraging the child's emotional and developmental growth;
(7) The importance of providing the child with the most family-like living experience possible;
(8) The behavioral history of the child and the child's ability to safely participate in the proposed activity;
(9) The child's personal and cultural identity; and
(10) The individualized needs of the child.

Substance Abuse

It is important to educate the youth about drug abuse, especially if the parent has been an alcohol or drug abuser, or if there is a history of alcohol/drug abuse in the family.
Caregivers, or a therapist trained in this particular area, may talk with the youth about the damage alcohol, tobacco, and other drugs can cause or have caused in the family and try to

dispel myths. Caregivers should convey a genuine concern that youth remain drug free and that they can ask for help and information. Caregivers should educate themselves about drugs and warning signs of drug use. Model positive behavior including remaining drug free. If it is suspected that the youth has a problem with drugs or alcohol, get help immediately.

Signs of drug use:

- Depressant impairment - Drunken behavior and appearance, uncoordinated, drowsy, sluggish, disoriented and thick-slurred speech.
- Stimulant impairment - Restlessness, excitation, talkative, euphoria, exaggerated reflexes, anxiety, grinding teeth, redness to the nasal area, runny nose, and body tremors.
- Hallucinogens - Dazed appearance, disoriented, uncoordinated, body tremors, perspiring, paranoia, difficulty with speech, nausea and goosebumps
- Narcotics - Droopy eyelids, depressed reflexes, dry mouth, facial itching, low raspy speech, and possible puncture mark “tracks”.
- Marijuana - Very bloodshot eyes with pronounced veins in the eyeballs (looks like pink eye), body tremors, odor of marijuana, disoriented, relaxed inhibitions and difficulty in dividing attention.

Signs of substance abuse in youth:

- Sudden unexplained changes in mood/behavior such as becoming angry or depressed.
- Loss of interest in usual activities, hobbies or friends, and withdrawal from the family.
- Significant drop in grades at school.
- Sudden neglect of appearance, and decreased energy or drive.
- Overreaction to criticism.
- Unusual secretiveness (refusal to share where he is going or with whom).
- Health problems such as sleepiness, blood shot eyes, sudden weight gain or weight loss, blackouts, memory lapses, poor short-term memory, slurred speech, hallucinations, or delusions.

Some of these behaviors can seem like normal adolescent behaviors and some of them could be symptoms of sexual abuse trauma. When these behaviors are more frequent or intense than usual, seek professional help from a doctor or therapist. Contact the caseworker and ask for referral information for prevention and intervention for substance abuse.

Incarcerated Parents

Mothers and fathers who are incarcerated in Nebraska correctional facilities often rely on kinship and relative caregivers to raise their children. These caregivers have the added responsibility of making sure that the child/youth maintains a healthy relationship with the incarcerated parents. This can be particularly difficult for the caregiver because there can be

anger and resentment with their loved one for the behavior that led to their imprisonment. The most successful kinship/relative relationships involve a partnership between caregiver, parent, and child/youth, which all make an effort to keep each other informed about the health, welfare, education, and emotional well-being of the child/youth. A child/youth can maintain contact with their incarcerated parent through letters, visits, telephone calls, and other types of communication. The caseworker can assist in scheduling visitation as well as providing guidance about how children, youth, and families are affected by having an incarcerated relative.

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ)
Most lesbian, gay, bisexual, transgender, and questioning youth are happy and thrive during their adolescent years. Going to a school that creates a safe and supportive learning environment for all students and having caring and accepting caregivers are especially important. This helps all youth achieve good grades and maintain good mental and physical health. However, some LGBTQ youth are more likely than their heterosexual peers to experience difficulties in their lives and school environments, such as violence.

How caregivers respond to their LGBTQ youth can have a tremendous impact on their adolescent's current and future mental and physical health. Supportive reactions can help youth cope with the challenges of being an LGBTQ teen. However, some caregivers react negatively to learning that they may have an LGBTQ daughter or son. In some cases, caregivers no longer allow their teens to remain in the home. In other situations, stress and conflict at home can cause some youth to run away. As a result, LGBTQ youth are at greater risk for homelessness than their heterosexual peers.

To be supportive, caregivers should talk openly with their teen about any problems or concerns and be watchful of behaviors that might indicate their child is a victim of bullying or violence—or that their child may be victimizing others. If bullying, violence or depression is suspected, parents should take immediate action, working with school personnel and other adults in the community.

For more information, please visit: https://www.cdc.gov/lgbthealth/youth.htm

Safety

DHHS Discipline Policy
As a kinship or relative caregiver you may have previously disciplined the child(ren) in your care. In the past you may have spanked this child. It is important to know that now that this child is in the custody of DHHS, physical punishment is not allowed. On the next page you can read the DHHS discipline policy.

3-001.11 Discipline: The foster parent(s) must provide age appropriate discipline for children in their home. The following are prohibited by foster parents or any caregiver of the foster children: 1. Denial of necessities; 2. Chemical or mechanical restraints; 3. Derogatory remarks, abusive or profane language; 4. Yelling, screaming or threats of physical punishment; 5. Physical punishment of any kind to include spanking, slapping, shaking, biting, striking, kicking; 6. Rough handling; and 7. Denial of visits or contact with parent(s), sibling(s), or others, as designated by the Department. The foster parent shall not delegate discipline of a child to anyone who is not in a caregiver role.
More information on the discipline policy can be found here: **http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-395/Chapter-03.pdf**

SIDS and Safe Sleeping
SIDS (Sudden Infant Death Syndrome) is defined as the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. Adhering to the following safe sleeping practices helps to prevent occurrences of SIDS.

- Do not fall asleep with the baby in your bed.
- Do not allow the baby to sleep with other children. Babies should never bed-share with children or adults.
- Use a bare crib with a firm mattress. Put nothing in the bed but the baby and the clothes needed to stay warm but not too warm. Don't use pillows, positioning devices, blankets or other covers. Remove bumper pads from baby's crib. Make sure nothing can ever get close to his face. There is evidence that rebreathing (inhaling the air that was breathed out) can affect the infant's arousal.
- Keep the baby's crib in the caregivers' room until he is at least 1 year of age and has learned to easily roll both ways on his own.
- Babies should be safely put in a bare crib on their backs even when they are fretful, have a cold, or are otherwise needing extra comfort. Just keep the crib close to you and you will both be comforted. Babies with colds are at higher risk for sudden infant death.
- Do not allow anyone to smoke around the baby. Do not have your baby in a room or car where people have recently been smoking.
- Offer your baby a pacifier. Do not attach the pacifier to the baby or crib since it can cause a choking hazard. Several studies have found a lower risk of sleep-related death when babies use a pacifier.
- Give your baby plenty of interactive tummy playtime. This should never be in a bed. A good place for this is on a play mat on the floor. Never leave him on his stomach unattended. Play with him as he does his baby push-ups.
- When you travel with your baby, be sure to plan a safe place for him to sleep. Call

ahead to the hotel to make sure they have safe cribs available, or take your own portable crib.

- Do not put too many clothes on the baby or keep him in a room that is too hot. If the baby is sweating, remove some of the clothing.
- If your baby has periods of not breathing, going limp or turning blue, tell your pediatrician at once. If your baby stops breathing or gags excessively after spitting up, discuss this with your pediatrician immediately. If it is a medical emergency call 911.
- Thoroughly discuss each of the above points with all caregivers.
- If you take your baby to daycare or leave him with a sitter, provide a copy of this list to them. Make sure they follow all recommendations.

For more information about SIDS, visit: http://sids.org/

For the American Academy of Pediatrics guidelines for safe sleeping: https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/american-academy-of-pediatrics-announces-new-safe-sleep-recommendations-to-protect-against-sids.aspx

Child Abuse and Neglect

In Nebraska, the law requires anyone who has reasonable cause to believe a child has been subjected to child abuse or neglect or observes conditions that reasonably would result in child abuse or neglect, to report the information to law enforcement or the Child Abuse hotline.

Child Abuse Hotline: 800-652-1999

For more information, visit: http://dhhs.ne.gov/Pages/newsroom_newsreleases_2011_may_childabuse.aspx

Sexual Abuse

Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors. Non-touching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism or exposing the child to pornography. Children of all ages, races, ethnicities, and economic backgrounds may experience sexual abuse. Child sexual abuse affects both girls and boys in all kinds of neighborhoods and communities.

For more information on Child Sexual Abuse, please visit: http://www.nctsn.org/trauma-types/sexual-abuse

Shaken Baby Syndrome
Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) is a term used to describe the constellation of signs and symptoms resulting from violent shaking, or shaking and impacting of the head of an infant or small child. The American Academy of Pediatrics (AAP) describes SBS as a subset of AHT with injuries having the potential to result in death or permanent neurologic disability.

Possible Signs and Symptoms of SBS/AHT:

- Lethargy / decreased muscle tone
- Extreme irritability
- Decreased appetite, poor feeding or vomiting for no apparent reason
- Grab-type bruises on arms or chest
- No smiling or vocalization
- Poor sucking or swallowing
- Rigidity or posturing
- Difficulty breathing
- Decreased level of consciousness
- Seizures
- Head or forehead appears larger than usual
- Soft spot on head appears to be bulging
- Inability to lift head
- Inability of eyes to focus or track movement
- Unequal size of pupils

Please the National Center on Shaken Baby Syndrome's website for more information: www.dontshake.org

Domestic Violence/Sexual Assault
The Nebraska Domestic Violence Sexual Assault Coalition is a statewide advocacy organization committed to the prevention and elimination of sexual and domestic violence. The coalition works to enhance safety and justice for victims of domestic violence and sexual assault by supporting and building upon the services provided by the network of local programs.

National Domestic Violence Hotline: 1-800-799-SAFE (7233)
National Sexual Assault Hotline: 1-800-656-HOPE (4673)
National Teen Dating Abuse Helpline: 1-866-331-9474

To learn more about services in your area, visit the coalition website: http://ndvsac.org/get-help/

Cyber Safety
The Internet has become a tool that changes the way we communicate with one another. Unfortunately, it has also become a tool for predators and pedophiles. Nebraska's young people must learn to respect the dangers of the internet. Every day, new apps and websites are created, so there are always new dangers. Links to several websites with extensive information on cyber security can be found here: http://nfapa.org/training-resources/links.html

Cribs
Purchasing a crib from a secondhand store or using a hand-me-down crib is not recommended. The price may be more reasonable, it may "appear" to be safe, or there may be sentimental value, however there is too much uncertainty about safety that:

- All the parts are included.
- Product recalls may have occurred.
- The crib meets safety standards.

Crib safety tips: When using a crib, the following tips from the American Academy of Pediatrics - Injury Prevention Program and the Consumer Product Safety Commission (CPSC) will be helpful:

- Drop-side cribs or cribs that are 10 years or older do not meet current safety standards.
- Read the directions to set up, use, and care for the crib.
- Make sure the crib is assembled correctly and works properly. Test a crib for safety by shaking it. There should be no rattling noises or moving parts and the joints should fit tightly.
- The mattress should be the same size as the crib so there are no gaps to trap arms, body, or legs. If two fingers can fit between the mattress and the side of the crib, the crib should not be used.
- Corner posts should be flush or less than 1/16th inch tall to prevent child's clothing from catching on the post.
- The slats should be no more than 2-3/8 inches apart (the size of a soda can). Widely spaced slats can trap an infant's head.
- The end panels should be solid, without decorative cutouts. Cutout areas on panels can trap an infant's head.
- Hanging crib toys such as mobiles and crib gyms should be out of the baby's reach.
- Never place a crib near cords from a hanging window blind or drapery.
- Remove pillows, pillow-like bumper pads, quilts, comforters, sheepskins, stuffed toys, and other soft products from the crib.

Car Seat Requirements and Recommendations

Rear-Facing Car Seat

Birth to 12 months:
Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and all-in-one car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

1 to 3 years:
Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

Forward-Facing Car Seat

1 to 3 years:
Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

4 to 7 years:
Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

Booster Seat

4 to 7 years:
Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

8 to 12 years:
Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snugly across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

Seat Belt

8 to 12 years
Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snugly across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

To learn more information about car seats, visit: www.safercar.gov/parents/CarSeats/Car-Seat-Safety.htm?view=full

Public Benefits

The Nebraska Department of Health & Human Services (DHHS) is responsible for administering federal benefits programs such as Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) formerly known as the Food Stamp Program and Medicaid. To apply for these benefits visit: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx You may also call (800) 383-4278 to obtain a paper application. Other programs such as Supplemental Security Income (SSI) and Women, Infants, and Children Program (WIC) have different application processes, which will be described below.

Financial Assistance

Temporary Assistance to Needy Families, or TANF, is a program that provides monthly cash benefits to eligible low-income families with children/youth. There is a category of assistance available to **Non-Needy Relative Caretakers** for those who have a household income above the income guidelines. The application can be made on behalf of the child only. Kinship and relative caregivers must provide verification of their responsibility to the child/youth in their care and control. To be eligible for **Aid to Dependent Children (ADC)** cash assistance, a family must have net monthly income less than the program's need and payment standards.

ADC families who become ineligible for cash assistance because of an increase in pay may become eligible for extended assistance. These families may receive up to five transitional cash grants and six months of Medicaid coverage without consideration of income. Subsidized child care on a sliding fee schedule is also available to these families with income below 185% of the federal poverty level.

To apply for these benefits, visit: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx You may also call (800) 383-4278 to obtain a paper application.

Food Assistance

Supplemental Nutrition Assistance Program (SNAP) is the former name of the Food Stamp Program, although eligibility workers may still refer to it as the Food Stamp Program. The federal Supplemental Nutrition Assistance Program helps low-income people buy food. It's not necessary to be receiving other public assistance in order to be eligible, but people don't receive SNAP benefits automatically — they must apply and be found eligible.

Households that meet the program guidelines for income and resources receive SNAP benefits for free. A household can be one person or a group of people who purchase and prepare meals together. If groups live in the same house but buy food separately, the groups may qualify as separate households.

SNAP benefits can only be used to buy food. Alcoholic beverages, pet food, tobacco, paper products, or other non-food items can't be purchased with SNAP benefits. The benefit amount is placed in an electronic account which can be accessed with an Electronic Benefits Transfer (EBT) card. The EBT cards are accepted by most supermarkets and grocery stores.

To apply for these benefits, visit: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx You may also call (800) 383-4278 to obtain a paper application.

The Women, Infants, and Children Program (WIC) provides food assistance to:

- Pregnant women.
- Breastfeeding women.
- Newly delivered mothers.
- Infants.
- Children up to age 5.
- Foster children up to age 5.

To receive Nebraska WIC benefits, you must:

- Live in Nebraska.
- Meet current income requirements.
- Participate in a nutrition and health evaluation to determine nutritional risk.

To apply for WIC find a list of clinics here: http://dhhs.ne.gov/publichealth/Pages/wic_outreach_find-a-wic-clinic_index.aspx

Utility Assistance

Low-income Energy Assistance Program (LEAP) is a federally funded program, which provides cash assistance to help needy individuals meet the costs of winter home heating. This program is open to US citizens and legal residents of Nebraska. If you might be getting a utility shutoff, or have received a shutoff notice, you may be able to get a one-time crisis payment. To receive help with crisis assistance you must meet income guidelines, as well as crisis criteria or have an unforeseen household issue that created the crisis.
In most cases, the LIHEAP payment will be sent to the utility provider. For Federal Reporting, beginning in 2016, we will now be requesting utility bills that show provider name, client name and account number. If you have two providers, electric or gas for instance, both providers will be requested.

There is also a cooling program available to households in the summer. To be eligible for the cooling program, there must be someone in the household that is 70 years of age or older, or meets specific medical conditions that makes a person need air-conditioning, or be ADC grant eligible and have a child age 6 years or younger. The household must still meet the income guidelines.

To apply for these benefits, visit:
http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx You may also call (800) 383-4278 to obtain a paper application.

Medical Assistance
DHHS administers the Medicaid Program, which provides health care services to eligible elderly and disabled individuals and eligible low-income pregnant women, children and parents. Most foster children are covered by Medicaid and the caseworker should provide you with the insurance card. The Nebraska Medicaid Program pays for covered medical services for those persons who are unable to afford medically necessary services and who meet certain eligibility requirements. Nebraska Medicaid is funded jointly by the state and federal government.
To apply for these benefits visit:
http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx You may also call (800) 383-4278 to obtain a paper application.

Supplemental Security Income
This program provides monthly cash assistance to children/youth and adults who have qualifying conditions or disabilities and meet income eligibility. An application can be made with the Social Security Administration. In order to receive SSI, you or the child/youth that you are caring for must prove the disability and meet the income eligibility guidelines and citizen/qualified alien requirements. For more information visit: www.ssa.gov/disabilityssi/

National Family Caregiver Support Program
The National Family Caregiver Support Program (NFCSP) is a federally funded program under Title III-E of the Older Americans Act through state and local Area Agencies on Aging (AAA) and serves two populations of Nebraska resident caregivers:

- Those who are caring for persons 60 years and older; and
- Relative caregivers who are 55 and older and the primary caregiver for grandchildren or other related children/youth 18 and under who are living in their home.

The goal of this program is to relieve the emotional, physical, and financial hardships of These programs typically provide support groups and respite services for relative caregivers. There is no charge for services to caregivers of older persons or grandchildren. Services vary by location and some locations do not fund grandparent caregiver programs. Contact the local Area Agency on Aging to locate services that may be available.

For more information about these benefits, please visit:
www.aoa.acl.gov/AoA_Programs/HCLTC/Caregiver/

Other Resources

Tax Information
According to the Internal Revenue Service Publication 501, Exemptions, Standard Deduction and Filing Information, foster parents may be eligible to claim a Dependent Exemption for each child in foster care they care for during the tax year who is eligible to be considered a Qualifying Child. To obtain more information contact the IRS, your accountant or visit this website: www.fafsonline.org/fact_sheets/claiming-dependent-exemption-foster-care.pdf

Obtaining Required Documents
Nebraska Appleseed has developed a one-page checklist with the many important documents and other vital needs that should be met before a young person ages out of foster care or a case is closed to independent living. Visit their website where you can download the form: https://neappleseed.org/children

Keeping Track
Resource Parent Guide to Record Keeping is a resource to help in gathering, documenting and sharing information that is crucial for each individual child living in foster care. The book can be purchased from NFAPA for $5.

Bridge to Independence
Becoming an adult isn't easy for anyone. The years between 17 and 21 are when you finish high school, get through your first years of college or get established in a career, find a place of your own and learn how to support yourself. There's a lot going on!

And if you aged out of foster care, you may not have the support to answer your questions, to bounce back from a mistake, or just to talk through what you want to do next. That's why Nebraska started the Bridge to Independence program.

Bridge to Independence provides stable support for young people as they cross from foster care to adulthood. Young adults who join the program will have access to:

- A dedicated Independence Coordinator (IC) who will provide advice, help you access resources and help you identify next steps to meeting your unique goals.
- Health care coverage if eligible for Medicaid or Affordable Care Act (ACA).
- A monthly maintenance payment.

Bridge to Independence is available to young adults until age 21 who have aged out of foster care or were discharged to independent living. As long as you're in school, employed, or participating in an employment program, you're eligible.
To learn more about the Bridge to Independence Program, visit:
http://dhhs.ne.gov/children_family_services/BridgeToIndependence/Pages/Program.aspx

Foster Care Review Office
The Foster Care Review Office's mission is to ensure that the best interests of children in foster care are being met through external citizen review, by monitoring facilities that house the children and youth, maintaining up-to-date data on a statewide tracking system, utilizing legal standing when necessary, and by disseminating data and recommendations through an Annual Report. Visit the FCRO website: http://fcro.nebraska.gov/index.html

Foster Care Closet
The Intake CARE Center meets the immediate needs of youth entering the foster care system by providing clothing, personal care items, and a comfortable environment while placement is sought. The Foster CARE Closet provides new or high quality clothing to foster youth throughout the duration of their time in the foster care system. To learn more about Foster Care Closet and the services they provide visit their website at: http://fostercarecloset.org/

Casey Life Skills
Casey Life Skills (CLS) is a free tool that assesses the behaviors and competencies youth need to achieve their long term goals. It aims to set youth on their way toward developing healthy, productive lives. Examples of the life skills CLS helps youth self-evaluate include:

- Maintaining healthy relationships.

- Work and study habits.
- Planning and goal-setting.
- Using community resources.
- Daily living activities.
- Budgeting and paying bills.
- Computer literacy.
- Their permanent connections to caring adults.

To learn more about Casey Life Skills visit, their website: http://lifeskills.casey.org/

Foster Care Payments

When a child is initially removed from his or her home and placed in foster care, the foster parent will be reimbursed at the essential rate for the child's age. The CFS Specialist and the CFS Supervisor has a maximum of thirty (30) calendar days from the date of placement to complete an assessment of the child's needs and the Nebraska Caregiver Responsibility Tool **(**NCR Tool) to determine if a higher level of parenting will be needed by the foster parent to meet the child's needs.

Upon completion of the NCR Tool, the foster parent's rate of reimbursement may be increased from the essential level of parenting to the enhanced level of parenting or to the intensive level of parenting. The increased rate of reimbursement shall be effective on the date the CFS Supervisor approves signs and dates the hard copy of the NCR Tool. The NCR Tool must be scanned Into N-FOCUS only when the foster parent(s), foster care agency staff person (when present), CFS Specialist, and CFS Supervisor have all signed and dated the NCR Tool indicating their agreement with the information contained in the tool. The assigned Income Maintenance Foster Care (IMFC) Worker will authorize the foster care reimbursement rate once the NCR Tool has been scanned into N-FOCUS with all of the required signatures, with the start date being the signature date of the CFS Supervisor.

For more information, please visit:
http://dhhs.ne.gov/children_family_services/Documents/AM%204-2015.pdf

Important Phone Numbers

Nebraska Foster & Adoptive Parent Association: (402) 476-2273 | (877) 257-0176
Boys Town National Hotline: (800) 448-3000
Foster Care Closet: (402) 853-9990
Foster Care Review Office: (402) 471-4420
Nebraska Appleseed: (402) 438-8853
Nebraska CASA Association: 9402) 477-2788
Nebraska Department of Health & Human Services: (800) 383-4278
Nebraska Respite Network: (866) 737-7483
Project Everlast: (402) 476-9401

Definitions & Acronyms

Adjudication: A hearing to figure out if there has been a crime.

Abused, Neglected, and/or Dependent Minor: A child who has been harmed, or is at risk of being harmed by physical violence or emotional abuse, by someone responsible for caring for him or her; or a child who has been harmed, or is at risk of being harmed, because the person responsible for him or her does not provide the necessary care for the child.

Adoption: The creation of a new, permanent legal family for a child. The adoption process involves the termination of the bio-parents' rights and the creation of parental rights for a new caregiver.

Adoption & Safe Families Act (ASFA): A federal law, passed in 1997, which has many provisions related to the safety, permanence and well-being of children in foster care, including timelines states must follow, with some exceptions, related to the termination of parents' rights and securing permanent homes for children.

Aging Out: When a youth leaves foster care because they have reached age 19 without returning home or being adopted.

Allegations: These are statements of what is believed to have happened and reasons why the child needs to be in the State's custody.

Appeal: The legal request by a party in the case for a higher court to review the juvenile judge's decision.

Arraignment: The court gives an individual a chance to admit or deny the crime or to let the judge decide.

ASFA: The Adoption and Safe Families Act provides federal regulations that govern federal foster care law. ASFA was enacted to remedy problems with the child welfare system.

Biological Parents: The persons who gave birth or fathered the child.

Case Plan: This is the written plan developed by DHHS Child and Family Services and the parent(s) that describes the goals the parent must accomplish for the child to be returned home (e.g., maintain stable housing, attend frequent parenting time, complete an evaluation and follow recommendations, etc.). If the goal is not reunification, the case plan describes the steps that must be taken to reach another permanency objective.

CASA: Court Appointed Special Advocate. They are volunteers who advocate for the child's

best interests and safety.

Caseworker/ Family Permanence Worker: Works with youth and their families to provide services and support with the goal of permanent placement for the youth.

Child and Family Services: Child and Family Services formerly called Child Protective Services is a division of the Department of Health and Human Services that responds to allegations of child abuse or neglect.

Custodian: A person or agency designated by the court with the rights and duties to provide for all of the child's needs for protection, food, clothing, housing, education and medical care.

Dependency Case: Any juvenile who is homeless or destitute, or without proper support through no fault of his or her parent, guardian, or custodian.

DHHS: Department of Health & Human Services

Disposition: This is the court decision about where a youth should live as well as what the youth, the bio-parents and DHHS must do to change the problems.

Due Process: Refers to fairness in the court process according to the laws.

DV: Domestic violence

Emancipation: A youth who is legally declared an adult by the court, prior to age 19 in Nebraska.

EPSDT: The Medicaid Early, Periodic Screening, Diagnosis and Treatment Program. This program requires regular check-ups and screenings for physical and mental development.

Evidence: Proof or testimony submitted to the court to determine the truth or falsity of alleged facts.

Finding: A decision made by a judge.

Foster Care: Out-of-home care in a family setting provided to a child who is involved in an abuse or neglect case and who has been removed from his/her home. Foster care may include living with a relative or with a family the child does not know.

GAL: Guardian ad Litem. The GAL is an attorney who is legal counsel for the child and is also an advocate for the child's best interests. The GAL should meet regularly with the child.

Group Home: A home that cares for many foster youth, often using professionals for supervision rather than foster parents.

Guardian or Guardianship: A person who is not the parent of the child but has been appointed by the court to have responsibility for the child including certain legal rights.

Hearing: A formal proceeding where issues of fact or law are to be argued in a court before the judge. This is very similar to a trial.

ICPC: Interstate Compact on the Placement of Children (adopting/fostering children across state lines).

ICWA: The Indian Child Welfare Act is both a state and federal law, which regulates placement proceedings involving American Indian children. If the child is a member of a tribe or eligible for membership in a tribe, the child's family has the right to protection under the ICWA. These rights apply to any child protective case, adoption, guardianships, termination of parental rights action, runaway/truancy matter, or voluntary placement of the children. The goal of the act when it passed in 1978 was to strengthen and preserve Native American families and culture.

Independent Living: An approved type of living arrangement in which a child who is at least 16 years old resides with a relative, friend, dorm or in their own apartment without day-to-day supervision by an adult.

Independent Living Program: Federally funded program that provides services to foster youth age 14 and up to prepare for adulthood. This program provides classes for life skills and vocational training. It is also possible to receive scholarships and financial assistance.

Individualized Education Plan or IEP: A plan intended to improve success for individual students. Produced by a team of people including teachers, counselors, bio- parents and foster parents. This plan could include things like one-on-one assistance, tutoring and revised classroom settings.

Judge: One who conducts or presides over a court and resolves controversies between parties. Minor: This is a person who is under the age of legal competence. In Nebraska this age is 19 years of age.

Juvenile Court: A district court that deals only in matters involving children under age 18.

Life Book: Pages or a packet prepared with or for the child with information regarding background. It can include pictures and stories about people, places and events that are important to them.

Mediation: This is a facilitated process that typically involves the parents and the child welfare agency attempting to resolve a particular issue. Other family members are often included.

Notice of Hearing: Everyone involved in the case must be served with written notice telling them when and where the hearing will be held.

OCD: Obsessive Compulsive Disorder

ODD: Oppositional Defiant Disorder

Permanency Goal: The goal set by the judge for the permanent placement of the child (reunification with the parent, adoption, guardianship or independent living).

Permanency Planning: The caseworker coordinates services for the youth and family to address the problems that led to the youth's placement in foster care. The goal is to assure long-term placement for the youth. This may be going home, staying in long-term foster care or plans for adoption or guardianship.

Petition: The legal document that recites the allegations that the State believes support the court becoming involved with the child and family.

PTSD: Post Traumatic Stress Disorder

Pre-Hearing Conference (PHC): This is an informal, facilitated meeting prior to a court appearance. PHCs are most often held prior to the first court appearance. The purpose of a PHC is to help parents take an active role early on in their case, offer services and/or treatment to parents and children, and to develop a problem-solving atmosphere in the best interests of the child(ren).

RAD: Reactive Attachment Disorder

Reasonable Efforts: The efforts that DHHS Child and Family Services must make to prevent removal of the child from the home, to correct the conditions that led to the out-of-home placement, and to finalize the permanent placement. Reasonable efforts may include services such as substance abuse treatment, therapy, parenting time, financial assistance, and other services.

Respite Care: Temporary care for a youth placed in foster care, intended to give either the youth or the foster parents a break.

Reunification: The goal that children be returned to live with their parent(s).

State Ward: A child who is in the legal custody of the Nebraska Department of Health and Human Services.

Status Offender: A juvenile who has been charged with or adjudicated for conduct that would not be a crime if committed by an adult. Some examples are truancy, running away from parents or guardians, or being ungovernable and disobedient.

Surrogate Parent: A person who is appointed by the Department of Education to make sure that a child's special education needs are being met.

TANF: Temporary Assistance for Needy Families

TPR: Termination of parental rights. This means that a parent no longer has any legal rights to their child and is no longer responsible for the child.

3A: This is the label that a judge or an attorney might use to refer to an abuse and neglect or dependency case.

3B: This is the label that a judge or an attorney might use to refer to a status offender case.

WIC: Women, Infants and Children (supplemental nutrition program for children up to age 5)



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