



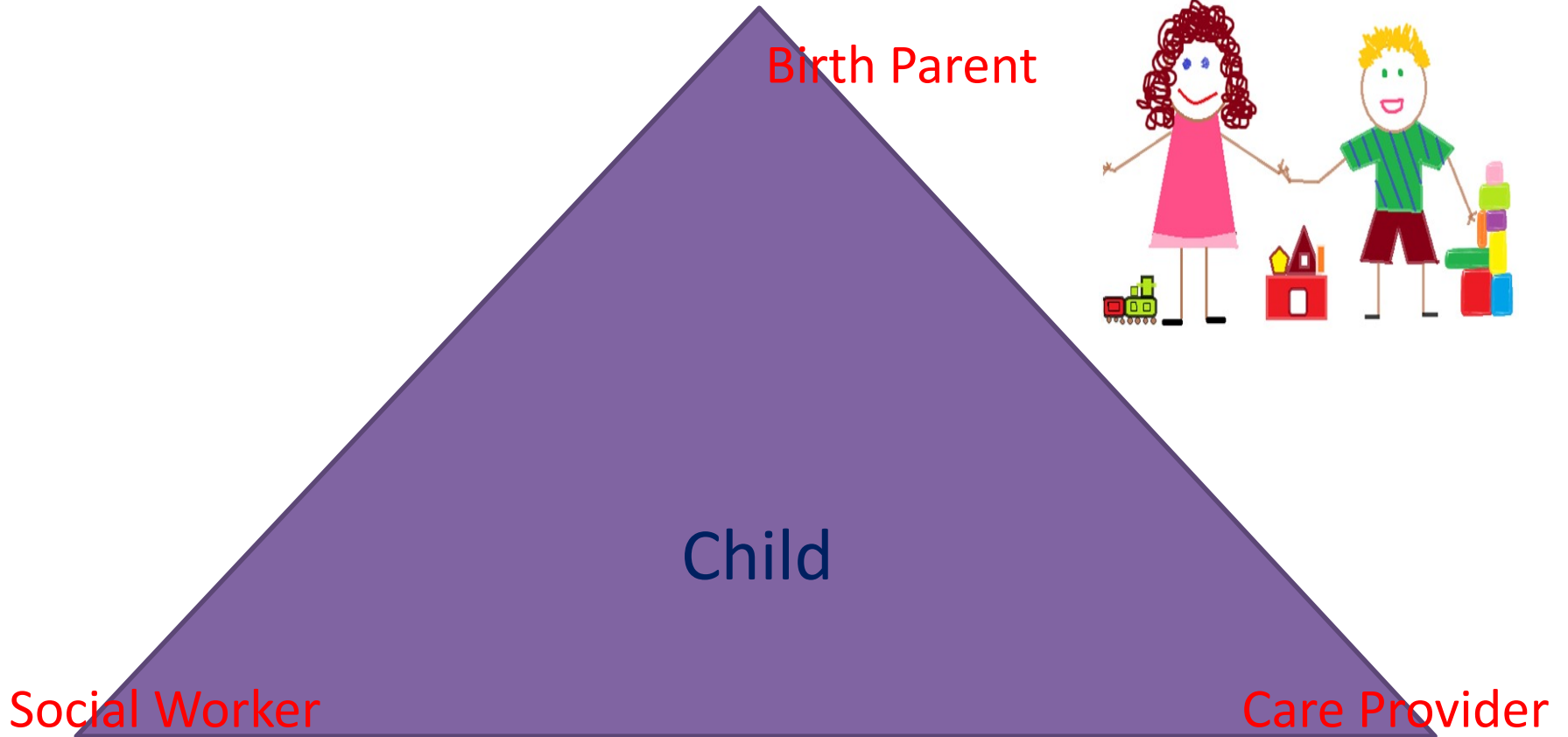
# Quality Parenting Initiative



Social Worker and Care Provider  
Training



# QPI Paradigm





# “Branding” Statement

Kings County Family Resource Care Providers value the children in our community. They are dedicated partners of a professionally trained team, who open their heart and homes to children. They ensure children are safe and part of a loving family, who respects a child’s identity, family connections and culture.

*- It is not a job; it is a commitment to our community’s children.*



# Partnership Plan

The partnership plan addresses the partnership between the care provider, the social worker and the birth parent.

The purpose of the plan is to lessen the trauma of transitions for the child.

## Partnership Plan for Children in Out-of-Home Care

**All** of us are responsible for the well being of children in the custody of Kings County Human Services – Child Protective Services (CPS). The children’s caregivers along with the CPS and community-based organizations, undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting which honors their loyalty to their biological family. The purpose of this document is to articulate a common understanding of the values, principles and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rule; however we will attempt to apply these laws and regulations in a manner consistent with these commitments.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, caregivers, community based organizations and CPS agency staff will work together in a respectful partnership.
2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.

3. Caregivers, the family, community partners and CPS agency staff will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child's care and future plans. Community partners and CPS agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.
4. Excellent parenting is a reasonable expectation of caregivers. Caregivers will provide and community partners and CPS agency staff will support excellent parenting. This requires a loving commitment to the child and the child's safety and well being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.
5. Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC and agency staff will provide caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.

6. Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.
7. Community Partners and CPS agency staff will provide caregivers with the services and support they need to enable them to provide quality care for the child.
8. Once a family accepts the responsibility of caring for the child, the child will be removed from that family only when the family is clearly unable to care for him or her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest.
9. If a child must leave the caregiver's home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.
10. When the plan for the child includes reunification, caregivers and cps agency staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.

11. Caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. Community Partners and CPS agency staff will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.
12. Caregivers will work in partnership with Community Partners and CPS agency staff to obtain and maintain records that are important to the child's well being including child resource records, medical records, school records, photographs, and records of special events and achievements.
13. Caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. CPS agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.
14. Caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers and CPS agency staff will share information with each other about the child's health and well being.



15. Caregivers will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child's progress and needs.

---

Signature of Out-of-Home Caregiver

---

Signature of Representative of Supervising Agency



# Partnership Roles

## Care Provider's Role:

- Accepting the child unconditionally;
- Preparing child for visits;
- Meeting the Birth Parents;
- Sharing information;
- Attending Court Hearings;
- Communicating w/the SW;
- Placement stabilization;
- Giving a 7-day notice.

## Social Worker's Role:

- Return phone calls timely;
- Being considerate of care provider's time;
- Validating efforts;
- Encouraging the care providers.
- Working as a team with care providers & community partners.



# Stabilization Forms

- Positive Family Visits (workbook)- completed by the child w/ the care provider.
- Things I would like others to know about my child – completed by the SW;
- Things that are important for the care provider to communicate to the birth parent;
- Things I want my care provider to know about me (under 10 years old);
- All about me (over 10 years old);
- Out of home exit interview.



# THINGS I WANT MY CARE PROVIDERS TO KNOW ABOUT ME

(10 year old and under)

Foods I like to eat



Foods I dislike



Things that make me HAPPY



Things that make me sad



Things I like to do for fun



Things I don't like to do



My favorite toy is



About my pet



I am really good at



My best friends name is



I get scared when...



Other things you should know about me



**All About Me**  
(Older Children)

My name is \_\_\_\_\_ and here is some information that might be helpful to my new care providers.

My date of birth is \_\_\_\_\_ which means I am \_\_\_\_\_ years old.

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters. Their names and ages are:

---

---

The last school I attended was \_\_\_\_\_ and I am in the \_\_\_\_\_ grade.

**Describing myself:**

I would describe myself as:

- |                                   |                                   |                                      |                                       |
|-----------------------------------|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> friendly | <input type="checkbox"/> quiet    | <input type="checkbox"/> artistic    | <input type="checkbox"/> talented     |
| <input type="checkbox"/> funny    | <input type="checkbox"/> loud     | <input type="checkbox"/> musical     | <input type="checkbox"/> shy          |
| <input type="checkbox"/> smart    | <input type="checkbox"/> athletic | <input type="checkbox"/> outgoing    | <input type="checkbox"/> good looking |
| <input type="checkbox"/> stylish  | <input type="checkbox"/> pretty   | <input type="checkbox"/> other _____ |                                       |

When I have a problem, here is how I try to handle it:

writing in a journal

talking to friends

getting angry and being mean

talking to a caring adult

talking to a counselor

going for a run

thinking about myself

other \_\_\_\_\_

I get angry when \_\_\_\_\_

It makes me scared when \_\_\_\_\_

I feel good about myself when \_\_\_\_\_



## **Favorites:**

Favorite subject in school: \_\_\_\_\_

Least favorite subject in school \_\_\_\_\_

Favorite kind of music \_\_\_\_\_ Group \_\_\_\_\_

Favorite movie \_\_\_\_\_ Book \_\_\_\_\_

## **Things I like to do:**

Things I love to do: \_\_\_\_\_

Things I like to do: \_\_\_\_\_

Things I want to learn: \_\_\_\_\_

I have these hobbies: \_\_\_\_\_

I need help finding some hobbies

## Living with me:

If it were up to me you would find my room:

- Messy                       Clean                       Somewhere in between

Chores and around the house I am pretty good at:

---

My sleeping habits are:

- I usually stay up late and sleep in                       I get up early in the morning  
 I have a hard time sleeping

It helps me get to sleep when:

---

---

My favorite foods are

---

My least favorite foods are

---



# Things That Are Important For The Care Provider To Communicate To The Parent

(Given to the care provider at the time of placement)

|  |                |
|--|----------------|
| Date:  |                |
| Parent(s) Name(s):                           |                |
| Child's Name:                                | Nickname:      |
| Age:   | Date of Birth: |
| What name the child calls the Care Provider: |                |

## **Medical information:**

Any medical appoints that the child attended since the parent last saw the child:

Illness

Special Needs Conditions

Allergies

Other issues

Was the child prescribed medication?

Explain:

---

---

Any mental health or emotional health concerns the care provider has regarding the child. Is the child attending therapy and how is that going? Was the child prescribed medication?

Explain:

---

---

**School Information**

The child attends \_\_\_\_\_ and is in \_\_\_\_\_ grade.

The child's teacher is: \_\_\_\_\_

Does the child have special services in school? (504 Plan, IEP?)

\_\_\_\_\_

Share issues positive and negative about the child's school experience or situation?

\_\_\_\_\_

\_\_\_\_\_

**Food / Daily Routine / Activities**

What are the child's favorite foods in your home:

\_\_\_\_\_

\_\_\_\_\_

What foods does the child dislike:

---

---

What are the child's routines related to breakfast / lunch / dinner?

---

---

What are the child's routines in your home after school?

---

---

Does the child participate in extracurricular activities? The child's favorite activity is:

---

---

What are the child's bedtime routines? (stories, prayer, comfort items)

---

---

The child usually goes to bed at \_\_\_\_\_

Special attachments:

Favorite toy - \_\_\_\_\_

Object for security (blanket, stuffed animal, other)

---

---

**Other information**

Are there any behaviors that the child may exhibit: (unsafe play, bed wetting, tantrums, etc.)

---

---

Does the child have any special fears or anxieties in the foster home? (example: afraid of the dark, dogs, spiders, etc).

---

---

How do you comfort the child?

---

---

Other information the care provider would like the parent to know about their child:

---

---

Some of the things that are really important for the parent to know about their child include:

\_\_\_ School/learning

Subjects the child is good in: \_\_\_\_\_

(The care provider can bring school work or pictures the child has completed at school or in the foster home).

\_\_\_ Extended family

Who the child talks about and really misses? \_\_\_\_\_

(Maybe the social worker can arrange for this person or persons to attend a visit).

\_\_\_ Sports

What sport is the child good at? \_\_\_\_\_

(Is it possible for the parent to attend a sports event that the child participates in?)

\_\_\_ Games

What games the child likes to play? \_\_\_\_\_

(Can the care provider bring the game to the visit for the parent and child to play?)

\_\_\_ Faith/Religion

What church you attend with the child? \_\_\_\_\_

(If applicable)



# Things That Are Important For The Care Provider To Communicate To the Birth Parent

|                      |              |
|----------------------|--------------|
| Care Provider: _____ | Child: _____ |
|----------------------|--------------|

1. How is the child is doing in school:

---

---

2. What the child likes to eat in the care providers home (favorite foods):

---

---

3. Who are the child's best friends at school and in the home:

---

---

4. What appointments the child had during the week:

Mental Health: \_\_\_\_\_

Doctor: \_\_\_\_\_

Dental: \_\_\_\_\_

Other health related issues:

\_\_\_\_\_  
\_\_\_\_\_

5. How the child is doing in out-of-home care:

Compliance with rules \_\_\_\_\_

Discipline \_\_\_\_\_

Bedtime \_\_\_\_\_

Other issues \_\_\_\_\_

6. Any concerns you have concerning the child's adjustment:

\_\_\_\_\_  
\_\_\_\_\_

7. Does the parent have any questions about their child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Out-Of-Home-Care Exit Interview/Questionnaire**  
(Social Worker to complete on behalf of the child)

|   |                              |
|---|------------------------------|
| Child's Name:   | Date of Birth:               |
| Date Exit Interview Completed:  |                              |
| Caregiver Name:   |                              |
| Moved From:   |                              |
| Home Type: <input type="checkbox"/> County Home <input type="checkbox"/> FFA <input type="checkbox"/> Group Home <input type="checkbox"/> Relative/NREFM <input type="checkbox"/> Other |                              |
| Date of move:   | Length of time in this home: |
| Reason for move:  |                              |
| Moved to:   |                              |
| <input type="checkbox"/> Returned home <input type="checkbox"/> Relatives <input type="checkbox"/> Permanent placement <input type="checkbox"/> Other _____                             |                              |
| Comments:   |                              |
| _____   |                              |
| _____   |                              |
| _____   |                              |

1. How and when were you informed of your move?

---

---

---

2. Do you understand about why you are being moved?

Yes

No

Explain:

---

---

---

3. Who has talked to you about your move?

---

---

---

4. Did your caregiver treat you as a fully included member of the family (activities, chores, celebrations, or outings)

---

---

---

5. What did you do for fun in this home?

---

---

6. If you did something you were not supposed to do, what happened?

---

---

Did you think this was fair?

---

---

7. Where you ever threatened with having to leave the home?

Yes

No

Explain:

---

---

---

8. What kinds of things did your caregiver know about you? (Examples: favorite foods, best friends, favorite subject in school, etc).

---

---

---

9. Were you able to participate in community and school activities while in this home? (Please explain)

Yes

No

Explain:

---

---

---

10. In what ways did your caregiver support your relationship with your biological family?

Explain:

---

---

In what ways did your caregiver support your culture?

---

---

In what ways did your caregiver support your religious beliefs?

---

---

11. What was the best thing about living in this home?

---

---

What was the worst thing about living in this home?

---

---

12. Did you have enough clothing that fit you to wear in this home?

Yes

No

Explain:

---

---

13. Did you have enough food to eat while you were with this caregiver?

Yes

No

Explain:

---

---

14. Did you feel respected in this home:

Yes

No

Explain:

---

---

---



15. Did you feel happy in this home?

Yes

No

Explain:

---

---

---

16. What do you think was the best thing about living with this family?

---

---

---

17. What things do you wish they had done differently in this home?

---

---

---

18. Did you feel safe and comfortable in this home?

Yes

No

Explain:

---

---

---

19. Are there any other things you would like to say about this family?

---

---

---

---



# Working Together as a Team

