Letting Kids Be Kids: Promoting Normalcy for Connecticut’s Youth in Foster Care

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I. Introduction

Engaging in the everyday activities of childhood and adolescence is essential to the maturing process for youth. Increasingly, there is consensus in the field of child welfare that the broader goal for youth in care should be to achieve some degree of “normalcy;” that is, that these youth should have the same, regular opportunities for age-appropriate social, emotional and developmental growth as youth not in out-of-home care. Social, extracurricular, and work activities are not only important for youth in care to avoid being isolated from their peers and community, but also to learn to manage the increasing responsibilities and independence of growing up. These experiences allow youth to explore their interests, learn new skills, and build relationships in their communities, all of which are essential to prepare them for the transition to adulthood. ¹

The maturation process is associated with “safe risk-taking,” frequently guided by a parental figure, which allows youth to safely experiment and assume new responsibilities in their daily lives while enforcing reasonable boundaries for safety and support. ² Unfortunately, due to well-intentioned efforts to keep youth in care safe from harm, many states have policies that limit the ability of youth in their care to engage in many developmentally appropriate activities. Burdensome approval requirements make it difficult for foster parents and other caregivers to ensure that youth in their care can participate in the same activities as their peers by denying them the power of last-minute decision-making available to caregivers of children not in out-of-home care.

Last year, Connecticut enacted robust normalcy provisions in Public Act 15-199, An Act Expanding Guardianship Opportunities For Children and Implementing Provisions of the Federal Strengthening Families Act. ³ The implementation of these normalcy provisions, which include a “reasonable and prudent parent standard” (RPP standard) and requirements for youth participation in case planning, offer a unique opportunity for the state and the Department of Children and Families (DCF) to reaffirm its commitment to the healthy development of the youth in its care.

This paper:

• evaluates the normalcy requirements of the Strengthening Families Act and Connecticut Public Act 15-199;
• examines current policies and practices in Connecticut;
• considers implementation of normalcy provisions in CT and how to incorporate national best practices;
• looks at areas of implementation in which, based on the experiences of other states, may be of concern going forward; and
• proposes a youth-focused strategy of ongoing, iterative efforts at normalcy implementation.
What is Normalcy?

Normalcy refers to the broad range of social, extracurricular, and work activities quintessential to growing up.

Normalcy activities encompass the age- and developmentally-appropriate activities typical of childhood and adolescence, including participation in extracurricular teams and clubs, sleepovers with friends, classes in the arts, out-of-state trips with family and friends, afterschool jobs, driving lessons, and so on.¹

These activities offer young people safe environments in which to learn the social, emotional, and practical skills they will need to transition to adulthood.

II. Normalcy Matters

Youth in foster care have worse educational, economic, and behavioral outcomes than the general population. Youth who are discharged from state care at age 18 (also known as youth who “age out” without a permanent placement) are especially likely to experience worse outcomes, including high dropout rates, longer periods of unemployment, and greater likelihood of criminal justice involvement, homelessness, substance abuse and untreated mental health problems.⁴ Youth involved in the foster care system, across all placements, have higher rates of educational disabilities, unemployment, substance abuse, and mental illness, and lower educational attainment, than their peers.⁵ With nearly 420,000 youth in foster care nationwide, and 4,000 youth in foster care in Connecticut, it is critical that we pursue programs and policies to improve these outcomes. Youth who experience a range of normal childhood experiences have better outcomes than those who do not: allowing kids to engage in the healthy risk-taking activities of childhood promotes healthy adolescent brain development and builds resilience.⁶ Thus, it is essential that we ensure that youth in foster care have access to the same opportunities as youth who are able to grow up in intact families.

A. Brain Development, Risk-taking, and Normalcy

Adolescence is a unique period of brain development and preparation for adulthood. During early childhood, the brain forms billions of new synapses (pathways connecting individual brain cells, or neurons) in response to new experiences. More frequently used pathways are strengthened over time, while less frequently used pathways, considered unimportant or redundant, are destroyed to maintain efficiency.⁷ This process, known as “synaptic pruning,” occurs throughout childhood, but peaks dramatically during adolescence, at which time unused pathways—up to 30,000 per second—are replaced by stronger, more frequently used connections in the brain.⁸ The adolescent brain is rapidly learning: maintaining the synapses used frequently, and therefore deemed important for future use. It is essential that adolescents be encouraged to practice skills and have experiences that will be useful in adulthood. If these connections are not used frequently throughout adolescence, they will be permanently destroyed.

Structural and hormonal changes in the brain increase the propensity for risk-taking activity during adolescence. A robust body of scientific and psychosocial literature has found that these changes in brain development, coupled with rising hormone levels, interact with distinct sociocultural influences to produce...
an increase in risk-seeking behavior. Distinct regions of the brain develop at different paces. The prefrontal regions, which are associated with top-down cognitive processes, develop later than the subcortical regions, which are implicated in emotional-motivational reasoning. That is, adults are more likely to act rationally, while children and adolescents are more likely to react emotionally. Adolescence is also marked by a dramatic increase in the release of the neurotransmitter dopamine in the brain, which promotes behaviors that have the potential for high and immediate rewards (if also the potential for high and immediate penalties). Because the pre-frontal regions are not yet fully developed, adolescents are less likely to weigh the pros and cons of these activities. The increase in dopamine makes this age group, even more than younger children (who similarly have under-developed frontal regions) particularly likely to engage in risky behaviors.

*Adolescents can and should engage in risk-taking, but, to the extent possible, it should be safe risk-taking.* Day-to-day risk-taking is low in childhood, peaks through adolescence and early adulthood (when there is an increased release of dopamine), and decreases again as the brain becomes fully developed. This trajectory has been observed in studies of substance use, unsafe sexual behaviors, and illegal activities. Studies of youth across the United States have found that risk-taking behaviors in adolescence are common across race, socioeconomic status, and other demographic factors. Adolescents are uniformly vulnerable to heightened risk-taking. In other words, risk-taking is a normal part of adolescence. It can be beneficial: teaching individuals which risks were sensible and which were not, and promoting smarter decision-making. However, while risk-taking is normal and can be positive, it can also be dangerous and have serious consequences. Part of ensuring that individuals can safely navigate through adolescence to a healthy adulthood is recognizing that risk-taking can and should take place, and providing individuals with the space in which to engage in it, while simultaneously providing a safety net to avoid any dire outcomes.

*Normalcy enables safe risk-taking during this period of unique brain development.* Increased risk-taking, the desire to become progressively more independent, and the need to take on greater responsibility are all normal behaviors for adolescents. Due to safety concerns, youth in foster care are frequently prevented from the risk-taking social and extracurricular activities that allow them to learn to assume responsibility and make better choices. Without access to these activities and experiences, youth cannot practice the skills they will need for adulthood. If we do not allow youth to practice these skills, they may lose the ability to do so later on. Normalcy provisions recognize the importance of adolescent brain development, and allow it to take place safely.

### B. Resilience and Normalcy

*Supportive relationships and social environments can help build youth resilience.* Resilience, or the ability to achieve positive adaptation and overcome adversity, is a crucial skill for youth in foster care to achieve positive outcomes. Nationwide, only 20 percent of foster youth who graduate from high school go on to college, and, of those youth, only between two and nine percent graduate with a Bachelor’s degree. Advocates and researchers believe that those former foster youth who graduate from college are a sub-set of the population that are particularly resilient. Qualitative studies of this population sub-set have identified several factors that appear to build resilience in youth: 1) having supportive relationships with non-parental adults; 2) developing independence and decision-making power over their own lives, and 3) having access to at least one environment in which they are successful (for example, school for academic success or sports for athletic success). Other researchers have identified similar core components to building youth...
resilience, including 1) ensuring that youth have caring relationships; 2) maintaining high expectations for these youth; and 3) providing youth with opportunities to participate in multiple communities (outside of just school and home). Youth are more likely to demonstrate resilience and succeed, despite past trauma, when these components are present in their lives.

**Increasing youth engagement in case planning and normalcy activities can build resilience for youth in foster care.** The state can give youth greater autonomy over their lives by allowing them to participate in decision-making about their own cases and futures. Additionally, when youth are able to participate in extracurricular activities and other “normal” experiences of childhood, they are more likely to interact with non-parental adults, who may function as mentors and permanency resources when they exit state care. These activities may also expose youth to new, safe environments in which to express their competence, building new skills in an environment in which they feel capable of meeting expectations. Together, normalcy activities can build youth resilience, which better prepares youth for the transition out of foster care.

**III. Addressing Barriers to Normalcy for Youth in State Care**

Historically, state child welfare agencies have been extremely risk-averse, putting safety above all other concerns. Youth in foster care are among our most vulnerable, and their physical, emotional, and financial safety is extremely important. Their safety should not come at the cost of healthy development, however. Requiring caregivers to seek state approval before permitting youth in their care to access the day-to-day social, extracurricular, and work experiences common to adolescents disallows caregivers from making even minute decisions in the lives of youth, limiting their ability to actually act as caregivers. These cumbersome approval requirements also make it less likely that youth will be able to participate in normalcy activities. Caregivers who know the individual needs and abilities of the children in their care should be able to allow and encourage youth to access the age- and developmentally-appropriate normalcy activities essential to healthy development.

The chief tool used in efforts to ensure access to normalcy activities for all foster youth has been the development of the “reasonable and prudent parent standard” (RPP standard). However, it is important to recognize that the RPP standard cannot meaningfully impact the lives of youth in care if the state does not address issues of caregiver liability. That is, if caregivers are concerned that they might be sued for the consequences of their decisions – e.g., if they give permission for the youth to play soccer and the youth then suffers a concussion – they will be less likely to allow youth to engage in normalcy activities, even if they are officially “allowed” to. Additionally, the RPP standard alone may not suffice in ensuring access to normalcy for our highest-risk youth, like those in more restrictive placement settings such as congregate facilities or therapeutic foster care.

**A. Reasonable and Prudent Parent Standard**

Under the RPP standard, a designated caregiver in the child’s placement has the authority to determine the types of activities in which the child can participate, without needing to request formal approval from the state’s child welfare agency. Insofar as the caregiver makes decisions the way that a reasonable and prudent parent would, the RPP standard empowers the caregiver to sign permission slips, approve social engagements, and place greater trust in the youth. This standard applies to youth in all placements;
caregivers can be foster parents, therapeutic foster parents, and designated staff members at congregate facilities.

There are multiple benefits to this standard. Because caregivers can give immediate approval, youth do not need to wait to hear back from the agency, which means youth are more likely to be able to participate in normalcy activities. Additionally, under this standard, caregivers who know the youth well are the ones who get to make the decisions that affect their lives. Because they know the strengths and weaknesses of the youth in their care, and because they know their histories and their needs, caregivers are better able to weigh the possible risks and rewards of the activity in question. This is preferable to existing decision-making structures, which require decisions to be made by the youths’ overworked social workers, agency staff who may not know the youth, or by a blanket rule applied to all youth in a particular region.

B. Liability

Enacting an RPP standard is a first step, but alone it will have limited impact for youth in care unless concerns about liability for caregivers are addressed. Historically, foster parents have been trained that safety should be their primary concern, and that the youth in their care should be prevented from taking any risks that could result in physical or emotional harm. For all activities, regardless of risk, caregivers have been required to consult the state child welfare agency: for instance, caregivers have been required to contact the agency or obtain court orders to sign permission slips for class trips or part-time jobs. Many states have required and still require background checks for all adults who might supervise youth in care, such as a part-time babysitter. Caregivers have been liable for any injury or harm resulting from their failure to properly consult the child welfare agency, and were subject to losing their licenses for breaking these rules.

Typically, when acting within the bounds of their training, caregivers are provided some degree of immunity from liability (varying from state to state). In order for the RPP standard to be effective, the law must guarantee that any caregivers who make the same decisions as a reasonable and prudent parent will not be liable for any consequences that follow from that decision (such as a concussion resulting from permission to play soccer). Only then will caregivers be willing to grant permission for activities that carry any degree of risk, however slight.

However, states must also address the questions of who determines whether a decision was “reasonable and prudent” or not, how that determination is made, and whether a caregiver is liable in the event that a decision is deemed unreasonable. If the state does not offer clear guidance on these questions, caregivers may still be unwilling to grant permission for any risk-taking activities, fearful that, if negative consequences ensure, they may be found to have acted unreasonably and to be personally liable as a result.

Foster parents and other licensed caregivers have long been trained to be cautious, and to err on the side of safety. States need to be clear about who is responsible in particular situations, or the implementation of the RPP standard will not change access to normalcy activities for youth in foster care.

C. Barriers Unique to Youth in Congregate Facilities

Taken alone, the RPP standard may also be insufficient to ensure normalcy for the highest-risk group of youth in care. Youth who have greater treatment needs, and who are subsequently placed in congregate facilities, live in more restrictive settings than youth in foster homes. Due to the unique nature of their placement settings, youth in congregate facilities face unique barriers to experiencing normalcy activities. In
particular, enhanced concerns about safety, and an institutional structure that makes it harder to foster adult-youth relationships, both present barriers to normalcy for youth in these settings.

Congregate care facilities frequently place additional restrictions on the types of activities in which youth can engage without direct staff supervision out of fears about safety. While some of these restrictions may be appropriate for particular youth, given their individual treatment plans, they may not be appropriate for all youth in the facility. Other restrictions may unnecessarily impede youth from developing the independence and responsibility critical for adulthood. Even with full implementation of the RPP standard, it is likely that youth in congregate facilities will still experience greater restrictions on normalcy activities than their peers in less restrictive settings, simply due to the nature of their placements and the fact that they are deemed high-risk.

Separately, due to the structure of congregate care facilities, youth cannot receive the individual attention that they would receive in a family setting: staff work in shifts, overseeing a number of youth each at all times. A designated caregiver at a congregate care facility is less likely to know the abilities and challenges of each youth in her care than is a foster parent or kinship caregiver, with fewer youth in her care. One of the reasons the RPP standard is an effective way to achieve normalcy for youth in care is because a designated caregiver is more likely to know the youth’s individual developmental profile, and is thus more capable of deciding whether certain activities are age- or developmentally-appropriate for the youth in their care. This may be less true for youth in congregate care.

Nevertheless, it is incontrovertible that youth in congregate care settings need access to a range of normal childhood experiences as much as, if not more than, any other youth in care. Research has long suggested that youth in family-based placements have better educational, emotional and social outcomes than youth in congregate care placements. Without the ability to build close relationships, take safe risks, and access the daily activities available to their peers in less restrictive settings, youth in congregate care placements cannot experience the benefits of normalcy available to their peers. If youth in congregate care placements are already behind their peers in care, having limited access to normalcy activities can only impede their development.

IV. Federal Legislation

In September 2014, Congress passed the Preventing Sex Trafficking and Strengthening Families Act (SFA), requiring states to pass legislation to support normalcy for youth in foster care. The SFA requires the state legislation to:

1) develop a “reasonable and prudent parent” standard for caregivers to empower them in their daily decision-making, and to limit their liability;
2) mandate that all youth in care age 14 and older be actively engaged in their case planning; and
3) forbid the use of “Another Planned Permanent Living Arrangement” (APPLA) as a case goal for any youth under the age of 16.

A. Federal Requirements for RPP Standards

The SFA defines the reasonable and prudent parent standard as “characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child.” The law requires all states to
implement a reasonable and prudent parent standard, applicable to all caregivers involved in out-of-home care.

Caregivers should use this standard in deciding whether a child may “engage in social, extracurricular, enrichment, cultural, and social activities…and [in] decisions involving the signing of permission slips and arranging of transportation.” Specifically, the statute states that caregivers should use this standard in deciding whether the child may participate in sports, field trips, and overnight activities. Many youth with knowledgeable, empowered caregivers and foster parents already have access to normalcy activities; the goal of the statute is to ensure that all youth in care have such access, regardless of their placement.

Additionally, all states must include language in their statutes limiting the liability of caregivers who behave in accordance with the reasonable and prudent parent standard.

**B. Federal Case Planning Requirements**

The SFA requires that states engage all youth age 14 and older in case planning. This includes encouraging them to attend permanency planning meetings, court hearings, and other decision-making meetings about their futures. Ideally, youth who attend these meetings will have more say in their case goals, placement decisions, and planning for their futures. They will have greater opportunities to speak directly to the adults who make decisions for them, including about what they need in order to participate in a range of normal childhood experiences. If youth are present for case planning, the state can regularly determine whether or not the youth has sufficient day-to-day access to normalcy activities, and the youth can submit their grievances about access to normalcy activities directly to those with the power to address them.

Youth with supportive social workers already participate in case planning in many states; this requirement formalizes their engagement, and expands it to all youth.

**C. Federal APPLA Requirements**

The case designation of Another Planned Permanent Living Arrangement (APPLA) indicates that the state does not expect a child will be reunified with family or adopted. The SFA forbids the use of this designation for any youth under the age of 16. This provision requires states to expand their efforts to find permanent placements for youth, and to actively work towards reunification and adoption for every youth under 16.

For youth age 16 and up with this designation, the SFA requires ongoing and active confirmation of access to normalcy activities in their lives. At each permanency hearing for these youth, the state child welfare agency representative must confirm that caregivers are employing the reasonable and prudent parent standard and that the youth have access to “regular, ongoing opportunities to engage in age- or developmentally-appropriate activities.” Ensuring normalcy for these youth is important, as they are expected to remain in state care until they age out.

**V. Connecticut Policy and Practice, Pre- and Post-SFA**

**A. Pre-SFA: Robust Adolescent Policy and Practice**

In many ways, Connecticut has been ahead of the curve on encouraging normalcy for foster youth. DCF’s adolescent services are robust, and offer financial support and diverse opportunities that promote youth access to normalcy activities.
**Social.** DCF provides adolescents up to $500.00 for senior year expenses (including yearbook-related expenses, prom expenses, senior class dues, class rings, class trips, and graduation caps and gowns). These expenses are all subject to DCF approval, and youth must provide supporting documentation of the cost of each expense.

**Skill-building.** DCF will pay 100 percent (formerly 50%) of the cost of driver’s education programs for youth age 16 or older. DCF also has longstanding work-to-learn programs in which youth can gain employment experience in various fields; life skills programs in which they are taught important financial, personal, and professional skills; and a mentorship program, in which youth are paired with adult mentors to advise them academically, socially, and professionally.

**Post-majority programs.** DCF offers a variety of programs for eligible youth over the age of 18 (“post-majority”). While not all youth can remain in DCF care post-majority, DCF offers independent and transitional living programs that serve youth who meet particular criteria. Youth who go on to post-secondary education can receive housing and tuition assistance from DCF until age 21 or age 23 (depending on the type and duration of the program in which they are enrolled).

**Youth Leadership.** Over the past few years, youth leaders involved with DCF’s Youth Advisory Boards (YABs) have worked to advocate for the importance of normalcy. In 2012, YAB members from Meriden, Waterbury, and New Britain collaborated on pamphlets advising other youth in care and foster parents about normalcy. In 2015, several YAB members represented Connecticut on the New England Youth Coalition, and worked to write a standard definition of normalcy for use across all six member states. In 2015, youth leaders from YABs across the state created the Adolescent Bill of Rights and Expectations (see Appendix A), outlining the rights and responsibilities of youth and foster parents, to be distributed to all youth and caregivers, and used in foster parent training. By supporting youth leadership on the issue of normalcy, DCF has encouraged youth in care to seek normalcy on their own behalf.

**B. Pre-SFA: Restrictive Caregiver Licensing Policy and Practice**

Despite adolescent practices that promote normalcy, Connecticut’s existing foster care licensing and procedural policies restrict the ability of caregivers to ensure normalcy for the youth in their care. Pre-SFA licensing regulations restrict foster parents’ ability to allow normalcy activities by requiring advance agency notice or approval for a variety of day-to-day situations.

**Advance permission for unsupervised activities, and advance screening of supervising adults.**
Existing foster care licensing regulations require advance permission from the Commissioner or Commissioner’s designee in all instances in which a foster child will remain unsupervised, and that all adults who may supervise a foster child be screened and approved by the Department in advance.\textsuperscript{23} Screening may include background checks and interviews.

**Agency confirmation of short-term supervising adults.** For short-term babysitters (“to enable the foster parents to attend to personal matters; for example, medical or school appointments or social functions”) and social functions in which children may stay in the care of another family (like sleepovers and birthday parties), foster parents may make arrangements without requesting background checks on all adults in the household in question, but must discuss the situation with a support worker in advance (i.e., select from a pre-approved list of people).\textsuperscript{24}
Agency approval of school activities. Foster parents are not allowed to sign permission slips for children to participate in school activities without authorization from a DCF worker, and must discuss the specific situation with them in advance. Foster parents must check with DCF before approving extracurricular activities, trips, and so on. This limits their ability to make day-to-day decisions to support normalcy for the youth in their care.

While these requirements may be necessary in some cases, they are cumbersome for many foster parents. Foster parents describe feeling limited by these regulations; if they do not follow them to the letter, they may lose their licenses. For youth, these regulations can have social, emotional, and concrete consequences: several youth described having been sent to respite care while their foster families went on vacation (due to the added cost of bringing them along, the complexity of getting approval for last-minute out-of-state multi-day trips, or both), missing school trips, being ostracized at school when their status as foster youth was revealed by the prolonged permission process for extracurricular activities, or even being locked outside of the house upon their return from school due to foster parents’ fears of leaving them in the house unsupervised (and thus never giving them a key).

Regulations in other out-of-home placements may be significantly more restrictive, depending on the type of placement involved.

C. Post-SFA: Public Act No. 15-199

In June 2015, the Connecticut legislature passed Public Act No. 15-199 (PA 15-199, “An Act Expanding Guardianship Opportunities for Children and Implementing Provisions of the Federal Preventing Sex Trafficking and Strengthening Families Act”). Effective July 1, 2015, the law contains three major changes in DCF-related statutes that impact normalcy:

- The legislation enables caregivers, using an RPP standard, to allow youth to participate in certain normalcy activities without prior DCF approval;
- The legislation requires that youth aged 12 and above be engaged in the development and amendment of their permanency plans; and
- The legislation limits the use of APPLA as a case goal to youth aged 16 or 17.

Establishment of state RPP standard. The state definition of the RPP standard abides by all federal requirements, but there are two key differences. First, the state allows caregivers relatively narrow authority with regard to overnight events. Caregivers may use the RPP standard to approve activities lasting “up to 48 hours” (for example, an overnight school trip), while the federal statute required that states use the RPP standard for overnight activities lasting “1 or more days.” Under the federal statute, the state could have broadened the allowable duration of activities eligible for caregiver permission, but chose to limit it to 48 hours only. For trips and activities that last more than two days, caregivers must still seek DCF approval.

Second, the federal statute suggests that the wishes of biological parents with regard to normalcy activities be considered, but does not create any specific guidelines to which states must hew. It merely offers technical assistance for states seeking methods for considering the wishes of biological parents in a non-binding way. The Connecticut statute requires that DCF document the normalcy activities of youth during home visits, communicate these normalcy activities to the youth’s biological parents, and convey their opinions back to the caregiver. The caregivers then “may consider” the parents’ input.
**Limiting APPLA to youth over age 16.** The Connecticut statute limits the designation of APPLA as a case goal to youth ages 16 and 17, as required by the SFA. The Connecticut statute, like the SFA, requires courts to track access to normalcy activities for this population.

**Requiring youth engagement in case and permanency planning.** The state statute, which requires youth engagement in case planning starting at age 12, goes beyond the federal requirement that youth engagement begin at age 14. In doing so, the state recognizes the importance of engaging youth in making decisions about their own lives and futures. Youth who are able to have more of a voice in their own case planning hopefully will be able to participate in a range of normal childhood experiences, enhancing their likelihood of life success.

VI. **Best Practices for Normalcy Implementation**
As states seek to comply with the federal mandate of the SFA, a national best practice framework has emerged around normalcy implementation. Based on the experiences of California, Washington, Florida, and other states with pre-SFA normalcy statutes, advocates have identified key areas of law, policy, and practice likely to be affected by normalcy provisions. These states' experiences, along with those of the first states to adopt post-SFA normalcy statutes, allow us to evaluate Connecticut’s progress and anticipate areas of normalcy implementation that may require further effort. Full implementation of normalcy provisions will require more than simply upholding the language of the Connecticut statute. Meaningful implementation of normalcy provisions will:

- impact the training and licensing of caregivers;
- affect liability protections for licensed caregivers;
- require training for other key adults in the lives of foster youth;
- change the role of biological parents in decision-making;
- require new funding for youth activities;
- require states to address additional transportation needs;
- require the state to address the unique challenges of congregate care facilities; and
- require the development of new tools to track and enforce accountability for normalcy activities.

A. **Licensing and Training of Caregivers**

*States should provide clear guidance to caregivers, especially for riskier activities.* States must train foster parents and other caregivers in how to use the RPP standard safely. The RPP standard should empower caregivers to make more day-to-day decisions that enable broader access to normalcy activities. To encourage caregivers to make appropriate choices, states must provide clear guidance on:

- the types of day-to-day activities fully covered by the RPP standard (for instance, school trips, permission slips for internships, and sleepovers)
- the types of activities that may be riskier, and how caregivers are expected to handle these situations (for instance, scuba diving lessons, contact sports, or hunting trips)
- the types of activities not covered by the RPP standard (for instance, medical decisions)
- the factors to be taken into account for the decision, including the age, maturity, and development of youth; the potential risks of the activity; and the desire to support the youth’s racial, sexual, or gender identity
By providing clear guidance on when the RPP standard applies, and what to take into account when applying it, states can ensure that caregivers are prepared to employ the standard safely. The RPP standard should be a central part of training for new caregivers, and upholding the standard should be a part of licensing requirements for foster parents and other licensed caregivers. States must train caregivers on how to use the RPP standard and encourage them to use it.

*Connecticut has released preliminary guidance for caregivers, but it must do more.* In December 2015, DCF released two key guidance documents for caregivers: a memo to foster parents and other licensed caregivers, and a Connecticut Normalcy Checklist (see Appendix B and Appendix C). Both documents provide guidance on what factors to consider when implementing the RPP standard, frequent issues that arise and may fall under the standard, and a list of priority normalcy activities for caregivers to promote. The memo to caregivers includes clear guidelines of what types of decisions caregivers may make using the RPP standard (those related to “social or recreational” activities), and those they may not (all legal, all medical, and certain educational decisions). It also offers several practical examples of how caregivers should use the RPP standard in certain scenarios, covering driver’s licenses, babysitting, time spent without direct adult supervision, and even haircuts and tattoos.

However, foster parents need more information on specific situations that may arise around riskier activities in Connecticut. If caregivers are unsure of what is “reasonable” in particular situations, they are likely to refuse permission or to default to asking for consent from the agency – in which case youth are no better off than they were before the RPP standard was enacted. Conversations with DCF suggest that the agency is now incorporating the RPP standard into caregiver training, although there are no current plans for the standard to affect licensing procedures. The state should continue to provide guidance to foster parents, and evaluate whether incorporating the RPP standard into licensing requirements may be of use going forward. Examples of useful guidance documents from other states can be found in Appendices D-G.

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**B. Liability of Caregivers**

*States should limit liability for caregivers who use the RPP standard.* To ensure meaningful implementation of normalcy provisions, states must empower caregivers to make decisions under the RPP standard. As long as caregivers feel that they may be liable for injuries sustained during an activity for which they gave permission, they will remain overly cautious in granting their approval, resulting in little meaningful change for youth in care. States must limit liability for caregivers who make reasonable and prudent decisions.

Separately, but importantly, as noted in Section III.B, above, states must make clear who determines whether a decision is “reasonable and prudent” or not, how that determination is made, and whether a caregiver is liable in the event that a decision is deemed unreasonable. States must illuminate the boundaries of caregiver liability, to ensure that all licensed caregivers feel empowered to make normalcy decisions, and youth in all placement types can access normalcy activities.

*Connecticut has liability protection for caregivers, but should train caregivers on the limits of that protection.* Connecticut currently provides immunity for foster parents in most cases, and conversations with DCF suggest that the new normalcy provisions would not significantly affect existing immunity provisions. It is critical that the state train foster parents on the limits of their existing liability protections, as well as provide answers to the questions outlined above. By thoroughly training caregivers on how they can...
use the RPP standard safely, the state can empower caregivers to use the RPP standard in all applicable situations.

C. Training Other Key Adults

States must commit to training all key adults in the lives of foster youth about the importance of normalcy for youth in care. States should train judges, social workers, court-appointed special advocates (CASAs), attorneys, mentors and/or educational surrogates about new normalcy provisions and the types of activities that youth should be able to access. These adults regularly interact with youth in care, and can help ensure that youth are benefiting from new normalcy provisions. If youth are not being allowed to access age- or developmentally-appropriate activities, the adults in these roles can help intervene on their behalf. These adults can also help track implementation of the law: in Florida, guardian ad litem volunteers (court-appointed special advocates) participated in surveys to evaluate the impact of their 2013 state normalcy provisions on the youth with whom they worked. Advocates compared their results to those obtained from foster parents and DCF regional administrators to address whether youth were actually better able to access normalcy activities after the passage of the law.30

Connecticut has started training all DCF employees, and should expand this training to other key adults. Conversations with DCF suggest that normalcy training has begun with an on-line RPP standard training module for all DCF employees, including adolescent social workers. In order to maximize the benefits of normalcy provisions for youth in foster care, the state should expand the scope of its training to include other key adults, and, if possible, make the training available to all adults listed on the permanency plans of each youth in care.

D. Role of Biological Parents

States that include biological parents in normalcy statutes must address how their wishes will be incorporated into normalcy decisions. The SFA does not require that state normalcy statutes include language about the inclusion of the wishes of biological parents in normalcy decisions, but several states, including Connecticut, have chosen to include this language in statute. These states must clearly delineate the role of biological parents in normalcy decisions, and how to factor their wishes into caregivers’ decisions. In the state of Washington, which has a biological parent clause, advocates suggest that the clause has been challenging to implement. It is difficult to both allow the biological parent to have meaningful input in controversial normalcy decisions and uphold the decision-making ability of the foster parent or caregiver. The state must provide guidance to caregivers about when they must consult biological parents, how to weigh their opinions, and how to proceed in cases of termination of parental rights or estrangement.

Connecticut has provided some guidance about when caregivers should consult parents, but this guidance should go further. In the RPP standard memo to caregivers, DCF suggests that foster parents should try to “form good working relationships” with the parents and DCF social workers of youth in their care, and that they should consult the parents and social worker “whenever prudent.” The memo highlights haircuts as one activity that might be best approved after consulting the youth’s biological parents. There is currently no specific guidance regarding cases of estrangement, termination of parental rights, or cases in which the youth may not want their biological parents to be contacted. Such guidance would be helpful for both caregivers and biological parents.

E. Funding
States need to find a way to fund normalcy activities. Funding is a universal challenge to implementation. Though the federal law does allow states to use John H. Chaffee Foster Care Independence Program funds to support youth access to normalcy activities, no additional funding is allocated for implementation until fiscal year 2020. In 2020, three million additional dollars will become available each year to all states through the federal Title IV-E Independent Living reimbursement program. Most activities associated with improving normalcy for youth in care have participation, travel, and other fees. Well-meaning foster parents may now give youth in their care permission to join sports teams, but receive no guaranteed additional funding to pay for uniforms and equipment. This creates a practical challenge to states seeking meaningful implementation of normalcy provisions; youth in care who were previously isolated from these activities due to bureaucratic and regulatory limitations may now be unable to participate due to lack of means.

Connecticut has not addressed how to ensure uniform access to funding for normalcy activities. The state's normalcy statute does not address the issue of funding, and the memo to caregivers merely restates the fact that the RPP standard does not cover who pays for normalcy activities. Currently, caregivers must consult a social worker to determine who will pay. Anecdotal evidence suggests that caregivers receive varying access to funding for “additional” activities based on geographic location and DCF office. Some foster parents have expressed concerns about how to support their foster children’s adolescent development on the limited daily reimbursement provided by the agency. Conversations with DCF suggest that funding for youth activities will continue to be handled regionally. The regionalized nature of the DCF system cannot be allowed to result in unequal treatment for the youth in its care. To ensure that all youth in foster care have equal access to funding for normalcy activities, the state should issue clear guidance to foster parents, caregivers, and social workers across the state regarding what types of funding are available for normalcy activity fees, and how to access those funds, and should consider creating a uniform, statewide application form or fund for youth and foster parents to access.

F. Transportation

States must address the additional challenge of transportation for normalcy activities. Transportation is another universal challenge to implementation, especially in congregate and therapeutic foster care settings. Due to the higher staff ratios required at certain types of out-of-home care facilities, staff may not be able to leave in order to transport youth to various activities, even if they have been permitted to attend. Foster parents may be unable or unwilling to transport foster youth. Transportation may present an insurmountable barrier to youth participation in normalcy activities, and states must address this barrier. Despite recognition of its importance, other states continue to struggle to find solutions to the transportation problem.

Connecticut must address the challenge of transportation. In Connecticut, adolescent foster parents are not expected to be able to provide transportation for youth in their care. Since youth should be practicing independent living skills, it is expected that they take public transportation on their own. While this may work for some youth, transportation may provide an unnecessary burden for others; if a normalcy activity is not easily accessible by public transit, a youth in care may be unable to participate. Social workers already assist adolescent youth with transportation to a variety of events, and cannot be expected to provide transportation to normalcy activities as well. For youth in congregate care facilities, the added costs of staffing and transportation may deter caregivers from approving certain normalcy activities. The state should
provide guidance to caregivers about how to secure transportation assistance, and set clear expectations around means of transportation for youth normalcy activities.

G. Congregate Care Placements

**States must address the unique challenges to normalcy in congregate care settings.** As discussed in part III.C of this report, youth in congregate care experience greater barriers to normalcy than youth in other placement settings. Congregate care settings tend to be more restrictive than other foster care placements; their structure makes it harder for youth to develop the personal relationship with their designated caregiver that is central to the application of the RPP standard, and the youth in these programs may have other health or behavioral challenges that limit their ability to participate fully in normalcy activities. Additionally, the logistical challenges of transportation are greater when there are eight or more youth (who may not be able or allowed to travel independently) in a single program. States must develop specific guidance to caregivers at congregate care facilities to ensure access to normalcy activities for these youth.

**Connecticut must provide more specific guidance to licensed caregivers regarding how to ensure equal access to normalcy activities for youth in their care.** Normalcy includes access to age- and developmentally-appropriate activities for all youth in the foster care system. Existing state normalcy guidance states explicitly that no DCF settings, including therapeutic foster care and congregate care settings, now require prior approval for age-appropriate activities. Although caregivers at these facilities no longer need to seek approval from DCF to approve normalcy activities, they may still restrict access to these activities for youth in their programs, due to the logistical challenges (for instance, costs of activity or transportation) or liability concerns. The state should explicitly encourage these caregivers to allow youth in their programs to access normalcy activities, and give guidance on when these caregivers may or may not disallow youth from pursuing normalcy activities for reasons other than safety. By also directly addressing the broader concerns of funding for activities, transportation, and liability, the state can ensure that normalcy provisions are implemented to the fullest extent possible in more restrictive settings.

H. Accountability and Data

**States must track the implementation of normalcy provisions, and establish clear grievance processes for youth denied access to normalcy activities.** To ensure that normalcy procedures are fully implemented, states should track and report participation in normalcy activities by youth in care. Data tracking access to normalcy activities should be regularly recorded at case or permanency planning meetings, and states should survey caregivers and other stakeholders about their experiences with normalcy provisions. States should consider requiring that these data be reported to the public, to ensure that tracking and implementation occur. As youth are frequently their own best advocates, states should also require that all youth be informed of the RPP standard and other normalcy provisions. To ensure that youth in all settings receive access to age- and developmentally-appropriate activities, states must establish a clear, easily accessible grievance process for youth who have been denied access to normalcy activities. If youth are being excluded from case planning meetings or feel that their caregivers are not employing the RPP standard, there should be an appeals process in place. This role is typically played by an ombudsman’s office, or the Office of the Child Advocate.

**Connecticut should provide guidance to youth on grievance procedures and develop a transparent process to track implementation.** The normalcy checklist requires that caregivers provide youth with
information about their legal rights and available resources, but does not include any discussion of grievance procedures for youth. To ensure full implementation of normalcy provisions, and promote self-advocacy, the state should train all youth in care about how to proceed if they feel they have been unfairly denied access to normalcy activities.

DCF has committed to collecting data on access to normalcy activities for all youth in care, which is a notable expansion of the data collection required by the SFA. Collecting normalcy data for all youth in care is a commendable first step in ensuring that all youth in care can access normalcy activities. DCF should also commit to an annual accounting of normalcy implementation to measure our progress, including meaningful, mixed-methods surveys of youth and key adults, and should publicly report these data.

VII. Recommendations
In order for Public Act 15-199 to have the full impact it was intended to have, Connecticut must:

• provide practical, more detailed training to caregivers and all adults in the lives of foster youth;
• provide more concrete guidance regarding the determination of when a decision will be deemed “reasonable and prudent,” and the boundaries of liability protection;
• provide universal, statewide guidance on funding for normalcy activities;
• directly address the challenges of transportation across all placement settings;
• issue direct guidance to congregate facilities for implementation, and incorporate the expectation of access to normalcy activities into future contracts with these facilities;
• clearly establish, and train all youth in, the grievance process for normalcy concerns; and
• collect data on how many youth are accessing normal childhood experiences, and the range and duration of these experiences, and publicly report its findings.

VIII. Conclusion
While Connecticut’s adolescent programs and policies are commendable, the state must do more to promote normalcy for youth in its care. Youth in state care experience worse social, behavioral, and economic outcomes than their peers. Normalcy is essential to healthy development and building resilience, especially in adolescence. By ensuring full access to normalcy activities for its youth, the state can better prepare these youth for the transition to adulthood and independence. DCF’s ongoing permanency promotion efforts, coupled with the meaningful implementation of normalcy provisions, will enable all youth in state care to experience as “normal” a childhood as possible, given their circumstances.

This paper identifies policy and practice recommendations designed to ensure that normalcy is implemented in name and in practice. By creating robust normalcy trainings for all stakeholders in the child welfare system, issuing clear guidance to caregivers and congregate facilities, and instituting robust grievance and reporting processes, the state can address practical and logistical barriers to normalcy implementation before they arise. Normalcy provisions offer immense promise to positively impact the lives of youth in foster care; meaningful implementation will require the state to go further in addressing its challenges.

In order to guarantee access to normalcy for youth in state care, Connecticut must commit to a shift in culture: from one focused on promoting safety at all costs toward one focused on promoting healthy child development whenever possible. To make this cultural shift, the state must ensure that all stakeholders in the child welfare system, at all levels, understand their common goal as one of raising children who will...
grow into successful and independent adults. Safety is important, but must be balanced with consideration of socioemotional and skill development. All DCF-involved youth and the influential adults in their lives must understand the importance of this balance, and strive to ensure access to normalcy activities for all.


9 Duijvenvoorde et al., 2015.


14 See Alice M. Hines, Joan Merdinger, and Paige Wyatt, “Former foster youth attending college: Resilience and the Transition to Young Adulthood,” American Journal of Orthopsychiatry 75 (2005), available at http://onlinelibrary.wiley.com/store/10.1037/0002-9432.75.3.381/asset/0002-9432.75.3.381.pdf?v=1&at=ijcxs8r8&x=53h9fa9c4bfc044642126e60e9c9a63f585e804.; See also Michael Hass, Quaylan Allen, and...


16 Ibid.


18 An APPLA designation indicates that a youth is not believed to be a candidate for reunification with biological parents or a candidate for adoption. APPLA designees are expected to remain in long-term foster care or other DCF placements until they become ineligible for DCF services (“aging out”).

19 Preventing Sex Trafficking and Strengthening Families Act, Public Law No. 113-183, §§ 111, 112.

20 Ibid.

21 Ibid.


26 P.A. No. 15-199, § 1.

27 P.L. No. 113-183 and P.A. No. 15-199.

28 PA 15-199.

29 Florida also set up a website for caregivers to access normalcy resources, with specific sections for youth, foster parents, and child welfare professionals, available at http://www.kidscentralinc.org/caregiver-guide-to-normalcy/.


31 P.L. 113-183.
State of Connecticut
Adolescents in Care Bill of Rights and Expectations

Preamble: The Department of Children and Families (DCF) recognizes the importance of honoring and
upholding the rights of youth in the foster care system. This Bill of Rights and Expectations is intended to
guide the Department, foster parents and care providers as well as ensure that the permanency, safety,
well-being and basic needs of adolescent youth in the foster care system are consistently met. Youth in
care must be supported to develop and maintain their own values, hopes, plans, goals, religion, spirituality
and identity (including their sexuality and gender identity with support of the LGBTQ* community if
desired) in a safe and caring environment. The content of this Bill was formulated by members of DCF
Youth Advisory Board with a goal of improving the foster care system for current and future youth in care.

Whereas: youth in foster care should be afforded stability, to the extent possible, while moving toward
legal and/or relational permanency;

Whereas: youth in foster care should have their basic needs met regardless of placement setting;

Whereas: consistent and outlined expectations of foster parents may facilitate improved outcomes for
youth in care;

Every youth in care, absent extraordinary circumstances related to safety or unless otherwise noted in the
youth’s case plan, shall be able to expect that:

1. Foster parents and social workers shall maintain a good relationship with youth in care as evidenced
by trust, understanding, empathy and open lines of communication (Examples of this type of
communication include, but are not limited to: Asking about and keeping up with youth’s daily
routines; making compromises; using proper reasoning and taking a youth’s trauma history into
account when using discipline; creating both positive and negative consequences for actions)

2. Foster parents will set appropriate boundaries around curfews, homework, household
responsibilities etc. in an attempt to provide normalcy for youth in care (It is expected that foster
parents and youth work together to create house rules and that foster parents create a safe
environment for youth in their homes to openly express their opinions)

3. Foster parents will be supportive of the need of youth in care to build life skills in the home. (e.g.
Youth often would like to gain experience grocery shopping, cooking, opening a bank account,
budgeting and paying bills, washing laundry etc. Foster parents are encouraged to make trips to the
store together with youth in their care and allow them to purchase their own items of necessity)

4. Foster parents will offer encouragement and assistance with obtaining a State ID, Driver’s Permit
and Driver’s License at the appropriate time(s). (Foster parents may be asked to assist with obtaining
and securing youth’s other important documents such as birth certificates, social security cards, etc.)

5. Foster parents will assist youth with gaining job readiness skills, networking and searching for
employment opportunities, and support youth desires for extracurricular activities. (Many
adolescent youth in care express the importance of working or playing sports as contributors to a
positive foster care experience. Youth in care also advocated they do not expect to be given anything
free of responsibility, but would appreciate normal opportunities to complete regular chores or tasks
around the home as a means of contributing to the household and earning money to spend and save)
6. Foster parents exhibit no differential treatment between youth in care and biological children in their home. (It is expected that the same age-appropriate house rules apply to all minors in the home, that all youth in a home have the same opportunities to participate in activities, that all youth are invited on family vacations, that similarly aged children have equal access to cell phones for communication purposes, and that one-on-one parental attention be made equally available to all youth in the home)

7. Foster parents are willing and encouraged to participate in joint family therapy sessions when appropriate or when asked by the youth they are caring for. (Youth in care acknowledged the critical role that foster parents play in the provision of successful therapeutic services for youth. As such they have invited foster parents to not only be aware of their clinical progress but also to actively participate in therapy sessions when requested)

8. Foster parents are willing and expected to cooperate with interactive refresher foster care trainings. (Youth in care stated they would like foster parents to be adequately prepared to understand a youth’s trauma history, to be trained in communication and problem solving skills, and how to cope with transitions in an adolescent’s life such as reuniting or reconnecting with biological family or going away to college)

9. Foster parents will allow youth in care to keep their personal belongings with them and to honor age appropriate privacy (Youth in care specified their expectation of privacy in relation to their personal items, journals, diaries, letters, emails, and telephone calls)

10. Foster parents will promote and support youth in care to participate in extracurricular and personal enrichment activities (Youth in care will be permitted to engage in activities consistent with age and ability, unrestricted from any experience simply due to their status in foster care or their particular type of placement)

Additionally, every youth in care, absent extraordinary circumstances related to safety or unless otherwise noted in the youth’s case plan, shall have the right to:

1. Visitation or ongoing contact with their parents, siblings, extended family and friends; and expect and receive help in reconnecting with their birth family if desired.

2. Be placed in their home communities, live in a safe environment and be entitled to pre-placement visits when possible.

3. Have meaningful participation in the development of their case plan, permanency plan, postsecondary education plan, and to have family members or other supportive people of their choice participate in Individual, Joint and Large Team meetings as part of the Child and Family Permanency Teaming (CF-PT) process.

4. Have purposeful and regular in person contact with their assigned social worker and have their phone calls and other correspondence responded to in a timely manner (youth in care stated they would like regular contact or communication with their social workers on a weekly basis).

5. Have educational stability with all available supports (including Educational Surrogate Parents when eligible) and postsecondary education preparation and planning.)
Appendix B. CT Normalcy Checklist

Connecticut Normalcy Checklist

**Reasonable Prudent Parent Standard:**
The standard characterized by careful and sensible parental decisions that maintain the child’s health, safety, and best interests while at the same time encouraging the child’s emotional and developmental growth, that a caregiver shall use when determining whether to allow a child in out-of-home care to participate in extracurricular, enrichment, social, and cultural activities.

*Note:* A caregiver is not liable for harm caused to a child during a normative event, provided that the decision was Reasonable and Prudent.

**What is the law?**
Caregivers must use a Reasonable Prudent Parent Standard to determine if child can participate in age-appropriate activity considering:
- The child’s age, maturity and developmental level
- Activities comply with child’s case plan
- Best interest of child
- Importance of child’s emotional & developmental growth
- Family-like living experience
- Behavioral history of the child & child’s ability to safely participate in activity

**Remove Barriers to Normative Events by Ensuring That:**
- DCF/TFC/Congregate Care settings do not require prior approval for age-appropriate activities
- There is an identified caregiver making these decisions
- Pre-existing Court orders do not conflict with Connecticut Law/normalcy decisions consistent with policies and practices of agencies & placements
- The Caregiver is making decisions consistent with Reasonable Prudent Parent Standards

**Frequent Issues**

**Social Media**
- Youth should be permitted to participate in social media as long as permission has been given by caregiver
- Caregiver must take into consideration the youth's maturity level along with risk factors identified in youth’s case plan

**Driving**
- Youth in care are allowed and encouraged to participate in driver’s education program whenever appropriate and practical
- Caregiver may sign youth for driver’s education program
- Obtain learner’s permit & driver’s license
- Obtain automobile insurance.

**Overnight/Planned Outings**
- The caregiver must determine that it is safe & appropriate
- Overnight activities away from the home for up to 48 hours do not require background screening; including but not limited to school field trips, after school activities or programs, recreational activities, sports, participating in clubs, cultural activities, sleeping over friends’ homes

**Babysitting**
- Youth is allowed to babysit consistent with their case plan
- A babysitting course is recommended
- Caregiver must ensure:
  - Babysitter is suitable for the age, developmental level and behaviors of child
  - Babysitter understands how to handle emergencies and have appropriate contact information
  - Discipline and confidentiality policies for the child have been explained
- Caregiver can have a babysitter in their home to provide short term babysitting and does not have to be in a licensed setting

**Vacations**
- Encouraging caregiver to take children on vacation give agencies notice

**Bank Accounts**
- Whenever it is appropriate, children should be encouraged to open and maintain bank accounts

**Special Considerations:**
- Disabled youth shall be provided with an equal opportunity to participate in activities.
- Confidentiality requirements for department records shall not restrict the child’s participation in customary activities appropriate for the child’s age and developmental level

**Children shall be given permission/encouragement to:**
- obtain employment
- have contact with family members
- have access to a phone
- have reasonable curfews
- travel with other youth or adults
- have his or her picture taken for publication in a newspaper or yearbook
- receive public recognition for accomplishments
- participate in school or after-school organizations or clubs
- participate in community events

**Children should be provided with information when it is appropriate regarding:**
- drug and alcohol use and abuse
- teen sexuality issues
- runaway prevention
- health services
- community involvement
- knowledge of available resources
- identifying legal issues
- understanding his or her legal rights
- accessing specific legal advice

*AS SOON as the CHILDREN WALK through MY door- THEY are PART of MY FAMILY*
To: Connecticut Licensed or Approved Foster and Adoptive Parents, Congregate Care Providers.

Re: Reasonable and Prudent Parent Standard - Definitions and FAQs

The federal Preventing Sex Trafficking and Strengthening Families Act requires states to develop and implement a reasonable and prudent standard (RPPS) for caregivers to use when determining a child’s participation in normal childhood activities. Subsequent Connecticut legislation further defines this standard and this document is meant to provide an overview, definitions and answers to frequently asked questions related to this new legislation.

Connecticut state legislation states that, “A caregiver shall have the authority, without prior approval of the department, Probate Court or Superior Court, to allow a child in his or her care that is the subject of a DCF case plan or safety plan to participate in normal childhood activities that are age appropriate or developmentally appropriate for such child based on a reasonable and prudent parent standard, provided (1) such activities comply with the provisions included in any existing DCF case plan or safety plan established by the department or court order, and (2) the parent or guardian of such child or youth shall be afforded an opportunity to provide input into the development of such service or safety plan”.

Reasonable and prudent parent standard is defined as the standard characterized by careful and sensible parental decisions that maintain the health, safety and best interest of a child.

Normal childhood activities are defined as extracurricular, enrichment, and social activities that may include, but not be limited to, overnight activities outside the direct supervision of the caregiver for periods of up to forty-eight hours.

Caregiver is defined to include a person who holds a license issued by the Department of Children and Families to provide foster care or approved by a child placing agency to provide foster care or a relative / fictive kin caregiver. Congregate care is considered to be foster care under the federal legislation.

FAQ

Q: What is the purpose of this legislation?

The RPPS legislation is meant to provide a more “normal” experience for all children in care by allowing their immediate caregiver to make timely and appropriate parental decisions that promote emotional and developmental growth.

Q: What types of decisions would fall under the RPPS standard?

The federal and state legislation identifies extracurricular, enrichment, and social activities that include overnight activities away from the foster parent for up to 48 hours. Examples of those activities would include afterschool activities or programs, recreational activities, sports, school trips, participation in groups or clubs, cultural activities and going to or sleeping over at friends’ houses.

Final Version
Q: What types of decisions are NOT included in this legislation?

This legislation does not make a caregiver the legal guardian of a child. The Department of Children and Families or a parent remains the legal guardian of the child placed in your home. A caregiver may not make legal or medical decisions for a child. You may not give permission for surgery or medical treatment or make significant decisions related to education that would fall under the purview of the child’s surrogate parent. You may not make legal decisions for the children in your care that are the responsibility of the child’s guardian or attorney.

Q: What do I need to consider when making these decisions?

Use the definitions of Reasonable and Prudent Parent above to guide your decisions. Every child is different – what may be okay for one 14 year-old may not be for another. Consider their chronological and emotional age, maturity, physical health, developmental level and behavioral propensities. Consider what is in the best interest of the child in trying to promote their development. Expanding the opportunities and responsibilities of children is good for their development.

The legislation also requires that your decisions comply with the child’s DCF case plan. If the child’s DCF case plan specifically excludes some activity you need to honor that. You should also continue to work cooperatively with the child’s DCF social worker and the child’s parents. It is important to form good working relationships with them and whenever prudent you should consult with them when making decisions related to their children.

Q: Aren’t background checks required on home occupants where children may sleep over?

No -- not if a foster child is sleeping over a friend’s homes as part of a recreational or social activity. Although sometimes people may think this is a requirement it has not been required for some time. As a foster parent you are entrusted with the responsibility to make sure that your foster child will be sleeping at a safe place. You should do what all parents would do and speak to the parents or adults in the home in which your child will be sleeping to make sure you are comfortable with the arrangements. The parents in the other home should be made aware of any special medical or emotional needs your foster child may have.

A foster child sleeping over at another person’s home (not at their friend’s home) because you need respite care is different because that is not a social or recreational activity meant to enrich the child’s life. You should make those arrangements with the child’s social worker or your TFC agency staff.

Q: Can I sign permission forms for my child?

As long and the permission form is for activities defined above, you may sign or otherwise give permission for your foster child to participate in those activities.

Final Version
Q. Does the legal status of the child make a difference?

The legal status of the child does not change the caregiver's ability to make decisions regarding normal childhood activities. The child’s legal status will have an impact on who can sign documents related to medical treatments and meeting the child’s educational needs.

Q: What about out of state travel?

Out of state travel not involving overnight stay has never required any special permission. If you and the child, or just the child, will be sleeping overnight out of state for more than 48 hours you still need to consult with the child’s DCF Social Worker or legal guardian prior to the trip. This legislation does not change that requirement.

Q: What if a child is injured participating in an activity that I gave permission for?

RPPS legislation states that caregivers “shall not be liable for any injury to a child that occurs as a result of a caregiver allowing a child to participate in normal childhood activities...unless the acts or omissions of...the caregiver...that cause such injury constitute gross, willful or wanton negligence”.

Q: When should I seek assistance in making these decisions?

Whenever you believe you need to. This legislation is meant to empower you to make the child’s day to day life more normal and not burden you with tough decisions. If you are unsure about a particular decision you should contact anyone who is part of your child’s treatment team (Biological parents/family, DCF Social Worker, Therapist, Teacher, TFC Agency, etc.) to talk things over or gather the information you need to make a good decision.

Q: Who pays for the activities I authorize?

Who pays for activities is not dictated by the RPPS. As is the current practice, if there is any question about who should pay for a certain activity you should talk with the child’s DCF worker.

A Few Practical Examples:

Haircuts: Experience has shown that this can quickly become a very emotional issue for all involved. While permission from the legal guardian is not required for a child to be taken for a haircut, it is always advisable for caregivers to communicate with biological parents, DCF, and of course the child about the type of hairstyle desired, and any special hair care needs.

Final Version
Piercings, Tattoos: Well, if you think haircuts can become an emotional issue........! This one is best left for the legal guardian to approve.

Driver’s Education: Youth in DCF care are allowed and encouraged to participate in driver’s education programs whenever appropriate and practical. Caregivers may sign youth up for driver’s education classes, but only the legal guardian may sign documents authorizing the youth to take the driver’s license exam.

Bank Accounts: Acquiring the skills necessary to handle one’s finances is vital for all of us, and children in DCF care are no exception to this. Whenever appropriate, children should be encouraged to open bank accounts. Savings accounts are a great place to start since the risk of impulsive spending leading to overdraft charges is eliminated. Our experience has been that variability exists among the various banking institutions on the issue of who can sign the paperwork allowing a minor to open up an account. We would suggest contacting your local bank and discussing this with the child’s DCF worker.

Short-Term Babysitting: This new law gives caregivers the authority to arrange for short-term occasional child care with a responsible person of their choosing without the need to have background checks performed or obtain DCF permission. Examples would be arranging for a neighbor to care for your kids while you run errands or attend to a medical appointment. Child care that occurs on a regular basis would still require background checks on the caregiver(s).

Independent Time in the Community: Caregivers can authorize independent time in the community for children and youth as long as it is in alignment with the written DCF case plan.

Work as a Regular Babysitter: Children and youth are allowed to work as babysitters as long as it is consistent with the DCF case plan. It is recommended that any youth working as a babysitter complete the Red Cross babysitting training course.

Social Media: Communication with friends and family via social media is a normal part of life for adolescents. Youth in foster homes and congregate settings should be provided with the guidance and support necessary to safely use these forms of communication. Caregivers should take into consideration the maturity level of the youth in their care along with risk factors identified in the DCF case plan when deciding on whether to allow a youth to access social media.
HANDOUT TWO:
CAREGIVER INFORMATION SHEET

EXTRACURRICULAR, ENRICHMENT AND SOCIAL ACTIVITIES,
AND THE REASONABLE AND PRUDENT PARENT STANDARD
September 2006

This Information Sheet is intended to give you information regarding current law which
entitles foster children to participate in age-appropriate, extracurricular, enrichment, and
social activities.

Current law contained in Section 362.05 of the Welfare and Institutions Code (W&IC)
provides that:

- Every child adjudged a dependent child of the juvenile court (a foster child) shall
  be entitled to participate in age-appropriate extracurricular, enrichment, and
  social activities.
- Caregivers must use a “prudent parent standard” in determining whether to give
  permission for a foster child to participate in extracurricular, enrichment, and
  social activities.
- Caregivers must take reasonable steps to determine the appropriateness of the
  activity in consideration of the child’s age, maturity, and developmental level.
- Any state or local regulation or policy which prevents or creates barriers to
  participation in those activities is prohibited.
- Each state and local entity is required to ensure that private agencies providing
  services to foster children have policies consistent with this section and that
  those agencies promote and protect the ability of foster children to participate in
  age-appropriate extracurricular, enrichment, and social activities.

New law added the term “reasonable” to expand the meaning of the current prudent
parent standard. Effective January 1, 2006, caregivers are required to use the new
reason able and prudent parent standard, which is defined as follows:

"Reasonable and prudent parent standard" means the standard
characterized by careful and sensible parental decisions that
maintain the child’s health, safety, and best interests.

Every day, parents make important decisions about their children’s activities. Foster
parents are faced with making the same decisions for the foster children in their care.
However, when foster parents make decisions they also must consider licensing or
approval laws and regulations to ensure the health and safety of foster children in care.
The California Department of Social Services understands that state law and regulations
have previously prohibited youth from participating in extracurricular activities unless
certain requirements were met. Now, however, W&IC Section 362.05 empowers foster
parents to approve or disapprove activities based on their own assessment using a
"reasonable and prudent parent standard" without prior approval of the child’s social
worker, the licensing or approval agency, or the juvenile court.

In enacting this law, the Legislature recognized the importance of making every effort to
normalize the lives of foster children. Typical childhood activities in which foster children
have been denied participation in the past include, for example, school-sponsored field
trips or sports, sleep-over with friends, scouting, and 4-H activities. Frequently, foster
parents are reluctant to sign permission slips for foster children, when this should not be the case. Participation in these types of activities is important to the child's well-being, not only emotionally, but in developing valuable life-coping skills.

In applying the "reasonable and prudent parent standard," foster parents are required to take "reasonable steps" to determine the appropriateness of the activity in consideration of the child's age, maturity, and developmental level. It is recognized that there are many different ways to determine whether an activity is appropriate for a foster child in your care.

Therefore, the following examples of "reasonable steps" that a foster parent may take in making this determination is provided as a guide to assist you in your decision-making process.

- Have adequate information about the foster child in your care so you can make informed decisions. For example, make an effort to be aware of anything in the foster child's history or case plan, and of any orders issued by the juvenile court that may suggest that a particular activity would not be appropriate for the foster child. If you are not aware of the child's history or if the case plan is silent on whether the proposed activity would be appropriate, you are encouraged to consult with the child's social worker.

- Take into account the type of activity and consider the foster child's mental and physical health, and behavioral propensities.

- Consider where the activity will be held, with whom the foster child will be going, and when they will return.

- Consider all the information you have gathered and ask the question: this an age-appropriate extracurricular, enrichment, or social activity?

- Take into account the reasonably foreseeable risks of an activity and what safety factors and direct supervision may be involved in the activity in order to prevent potential harm to the foster child. (i.e., hunting, paint ball, archery, or similar activities that may pose a higher risk).

This law only applies to participation in age-appropriate extracurricular, enrichment, and social activities. This law does not apply, for example, to unsupervised time at home. Any person having contact with a foster child for purposes other than those associated with a foster child's participation in age-appropriate, extracurricular, enrichment, and social activities must comply with existing criminal background check requirements specified in Health and Safety Code Section 1522 and W&IC Sections 39(d) and 361.4, as applicable.
This Information Sheet is intended to give you information regarding new law which allows caregivers to arrange for occasional, short-term care of a foster child for periods not to exceed 24 hours using a reasonable and prudent parent standard. The new law does not apply to child daycare providers.

Recognizing that current law and regulations regarding the use of temporary caregivers (babysitters) created barriers to finding and keeping high-quality foster parents, the Legislature enacted a new law and amended existing law to eliminate some of those barriers in order to give a more normalizing life experience for the caregiver and foster child.

Effective January 1, 2006, new provisions contained in Section 362.04 of the Welfare and Institutions Code (W&IC) provides that a caregiver can use a short-term babysitter (meaning no more than 24 hours) when a caregiver needs to attend various activities, including, but not limited to:

- a medical or other health care appointment
- grocery or other shopping
- personal grooming appointment
- a special event for the foster parent
- foster parent training classes
- school-related meetings (parent-teacher conferences)
- business meetings
- adult social gatherings
- an evening out.

The new law exempts the babysitter from having to have a health screening, cardio pulmonary resuscitation (CPR) certification, or training. Current law was also changed to exempt short-term babysitters from having to undergo a criminal record background check.

The new law requires the caregiver to use a specific standard for determining and selecting appropriate babysitters for occasional short-term use. Caregivers must use a reasonable and prudent parent standard, which is defined as follows:

"Reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interests.

Making careful and sensible parental decisions regarding the use of an occasional, short-term babysitter that maintains the child's health, safety, and best interest can be difficult. Caregivers should think about these additional considerations:

- The child's age, maturity, mental and physical health, developmental level, behavioral propensities and aptitude of the child, and the ability of the babysitter to give the necessary, appropriate care.
- Weigh the foreseeable risks in leaving the child with a babysitter.
• If unsure about the appropriateness of leaving the child with a babysitter, discuss your concerns with the child’s social worker.

The new law requires that caregivers must make an effort to give the babysitter the following information before leaving the child with a babysitter for short-term care:

• Information about the child’s emotional, behavioral, medical, or physical conditions, if any, necessary to provide care for the child during the time the foster child is being supervised by the babysitter,

• Any medication that should be administered to the foster child during the time the foster child is being supervised by the babysitter; and,

• Emergency contact information that is valid during the time the foster child is being supervised by the babysitter.
HANDOUT FOUR:
The Prudent Parent Standard: What are Reasonable Decisions?

Review the caregiver scenarios and rate the following scenarios on what is:

Red – This is not a reasonable decision to be made by out-of-home caregivers.

Yellow – This is a decision that should be discussed with the social worker.

Green – Falls within the reasonable and prudent standard.

1. A foster parent would like to get a babysitter because the foster parent wants to go out to a concert. The foster parent contacts his sister and asks if she would babysit two foster children ages 6 and 4. The foster children have been in the home for six months and have some difficulty getting to sleep in the evenings.

2. A 16-year-old in a group home would like to attend a one-day ski class with his high school. The trip requires a permission slip be signed. The 16-year-old has been in the group home for three months and has been doing well.

3. A relative/kin caregiver would like to take a three-day trip with their niece, age 2, and nephew, 4, who have been placed with them by the court, along with their own child, age 10, to Disneyland.

4. A 15-year-old would like to call her friend that is across town. It is a long distance call and the foster mother won’t allow any long distance calls.

5. A child’s attorney calls the social worker to complain that a foster family should have gotten the court’s permission to allow a 10-year-old to participate in skateboarding tournaments. The foster family has two children, ages 7 and 8, besides the 10-year-old. All of the children ride skateboards.

6. Foster parents go on a getaway weekend and leave two foster children, ages 12 and 15, with the foster aunt and uncle and their children.

7. A relative hires an evening babysitter for two foster children, ages 4 and 9. The relative does not disclose that these children are foster children, in order to avoid stigmatizing them.

8. A report comes into the hotline that a daycare provider has hired a babysitter to watch the children in daycare while the daycare provider attends a medical appointment.

9. A 17-year-old in foster care would like to get a work permit.

10. A foster parent asks her 17-year-old daughter to watch her foster children, ages 4 and 8, for 90 minutes so she can get her hair done. The daughter knows about the children and their behavior and knows how to reach the foster mother in an emergency.
HANDOUT FOUR:
The Prudent Parent Standard: What are Reasonable Decisions?

*Trainer/Facilitator Key*

Review the caregiver scenarios and rate the following scenarios on what is:

- **Red** — This is not a reasonable decision to be made by out of home caregivers.

- **Yellow** — This is a decision that should be discussed with the child welfare worker.

- **Green** — Falls within the reasonable and prudent standard.

1. A foster parent would like to get a babysitter because the foster parent wants to go out to a concert. The foster parent contacts his sister and asks if she would babysit two foster children, ages 6 and 4. The foster children have been in the home for six months and have some difficulty getting to sleep in the evenings.

- **Green** — If the foster parent works with the babysitter around the sleeping issue.

2. A 16-year-old in a group home would like to attend a one-day ski class with his high school. The trip requires a permission slip be signed. The 16-year-old has been in the group home for three months and has been doing well.

- **Green-Yellow** — Check with your current agency practice about a group home signing permission slips. Consider if the agency child welfare worker can sign. Research and advocate clarification if reasonable and the prudent parent standard is extended to group home settings.

3. A relative/kin caregiver would like to take a three-day trip with his niece, age 2, and nephew, 4, who have been placed with them by the court, along with their own child, age 10, to Disneyland.

- **Green** — Meets the reasonable and prudent parent standard as long as children do not have developmental/physical/behavioral problems that preclude the niece and nephew from going.
4. A 15-year-old would like to call her friend that is across town. It is a long distance call and the foster mother won’t allow any long distance calls.

Yellow – The 15-year-old can call her friend unless there is a concern about the friend. The issue is the long distance phone call. There needs to be a plan to address how the foster family will be reimbursed for the phone call.

5. A child’s attorney calls the child welfare worker to complain that a foster family should have gotten the court’s permission to allow a 10-year-old to participate in skateboarding tournaments. The foster family has two other children ages 7, 9, besides the 10-year-old. All of the children ride skateboards.

Green-Yellow – The activity has its risks, but if developmentally appropriate, falls within the reasonable and prudent parent standard of decisions on extracurricular activities. The child welfare worker may want to work with the attorney around the reasonable and prudent parent standard.

6. Foster parents go on a getaway weekend and leave two foster children, ages 12 and 15, with the foster aunt and uncle and their children.

Red – Currently the standard is for no more than 24 consecutive hours. In order for this to be permissible, the foster aunt and uncle would have to have appropriate clearances.

7. A relative hires an evening babysitter for two foster children, ages 4 and 9. The relative does not disclose that these children are foster children, in order to avoid stigmatizing them.

Red – The foster parent must disclose pertinent information to the babysitter, so that the babysitter is fully informed.

8. A report comes into the hotline that a daycare provider has hired a babysitter to watch the children in daycare while the daycare provider attends a medical appointment.

Red – The reasonable and prudent parent standard does not apply to day care providers.

9. A 17-year-old in foster care would like to get a work permit.
Date: August 8, 2013

To: Residential Contractors

From: Audrey Deckinga
Assistant Commissioner for Child Protective Services

Subject: Normalcy Activities for Children

DFPS encourages caregivers to allow every child, youth and young adult to have normal life experiences that enrich their lives. The child’s surroundings and experiences should reflect a family setting, but when a more structured setting is required, normalcy can be provided in those types of settings as well. These experiences would include home activity, school activity, employment opportunity, exercise and recreation with the freedom to make decisions. Children, youth and young adults should be allowed to participate in extracurricular activities in school such as proms, yearbook staff, sports (as a spectator or participant), and cheerleading. Social activities such as dating, going to the mall, joining the boy scouts or even having friends over to visit is important for youth to promote a feeling of normalcy. The same activities we arrange for our own children should be considered for every child, youth and young adult in foster care.

For decision-making regarding participation in activities, caseworkers and caregivers should apply a “prudent parent standard” and ask, what information would I require, before I would give my own child permission to engage in an activity? As a parent, we would not require background checks on all individuals 14 years of age or older who live in a home where my child wants to spend the night with a friend. As conservators and caregivers of a child or youth in foster care, we should apply a similar standard in making these decisions.

The foster parent and caseworker should have a discussion about the expectations for allowing the child or youth to participate in age-appropriate activities and should ensure that these are referenced in the service plan (at a level that allows for flexibility yet provides guidance as to which activities a child or youth is ready to participate).

When children, youth and young adults participate in these activities it allows them an opportunity to gain skills to become independent, and learn about making good decisions. DFPS understands that every child will test boundaries and break some rules like missing a curfew. However, with the oversight and guidance of the caregiver this is how the child, youth and young adult can learn about natural consequences of their choices and begin to gain an understanding of making positive choices.
The Department relies on input from children and youth, residential child care operations, foster parents/caregivers, and CPS workers to determine what is in the best interest of each child based on their developmental level, level of supervision required, and needs. These determinations are usually made during the service planning meetings. Below are a few frequently asked questions and responses which apply after the caregiver has considered the prudent parent standard:

Q: Can children spend the night at a friend’s house?
Yes. Spending the night at a friend's house can be an exciting experience for a child. The caregiver and CPS worker should discuss whether the child is ready to spend the night away from home, if it is appropriate for the child’s developmental level, and assess whether the friend’s home meets the “prudent parent standard”. In addition, it is important that the child and caregiver discuss and agree on any expectations for the overnight visit and what to do if they are uncomfortable during their visit.

Q: If a child spends the night at a friend’s house, is a background check needed on the friend and their family?
No. A background check is not required if a child spends the night at a friend’s house.

Q: If a child wants to have a friend come visit the foster home or spend the night, is a background check required?
No. A background check is not required unless there is reason to believe the child who is visiting has a criminal history. As conservators and caregivers of a child or youth, the prudent “parent standard” should be applied in making these decisions.

Q: Can a child have a job?
Yes. A part time or full time job can provide important opportunities for youth to apply the skills that they learn in job readiness and vocational training and engage them in learning essential life skills related to the working environment. The caregiver, CPS worker and youth should discuss the youth’s readiness for taking on a job and explore various options that allow learning in a workplace. Caregivers should refer youth to the Texas Workforce Solutions offices for assistance in looking for a job. Please refer to the Memo sent 5/30/2013 from Audrey Deckinga Assistant Commissioner for Child Protective Services titled “Accessing Workforce Services.”
Youth can also access Transition Service Centers http://www.dfps.state.tx.us/txyouth/resources/local/ in each region that serve as central locations for services such as Preparation for Adult Living (PAL), job readiness, job search help, exploring job options, help with enrolling in college, help with housing, and mentoring.

Q: Can a child participate in extracurricular activities?
Yes. It is encouraged that children participate in extracurricular activities to the extent that the caregiver and CPS worker feel the specific activity is appropriate for the child’s developmental level. Please refer to DFPS Memo sent March 5, 2012 from Audrey Deckinga, Assistant Commissioner for Child Protective Services titled “Enhancing Extracurricular, Social and Enrichment Activities for Children and Youth in Foster Care” which provides more information regarding the importance of Children’s participation in extracurricular, social and enrichment activities.

Q: Can a child date or attend the prom?
Yes. Caregivers can help youth understand healthy dating practices by assisting with recognizing healthy and unhealthy behavior, developing coping skills for addressing jealousy and anger, recognizing when a relationship may no longer be working, and knowing how to end a relationship. Prom can feel like a rite of passage for young people and the high school prom is usually the first formal event in the lives of young people. Attending Prom can be both exciting and stress producing but provide an opportunity for youth, caregivers and peers to collaborate in the development of planning for the event and engaging in communicate about logistics, behavior and contingencies.

Q: Can a child take driver’s education classes and/or get a license?
Yes. Youth can take driver’s education classes and/or get a driver’s license, although logistically, it may be difficult given the costs of driver’s education, car insurance and a vehicle. To help with cost of the driver’s license, caregivers, in collaboration with youth, may receive a driver’s license fee waiver through the local Department of Public Safety (DPS) Office. Foster parents should remember that if they are teaching the youth to drive, they should be the only passenger in the vehicle. Please refer to the CPS Handbook for policy regarding youth getting a driver license: [http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10600.asp#CPS_10642](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10600.asp#CPS_10642)

Caregivers should ensure that youth understand the importance of safe driving behavior and there are many resources for caregivers and teens to access to reinforce the “rules of the road”. The DPS website is a good place to start: [http://www.txdps.state.tx.us/DriverLicense/teendriver.htm](http://www.txdps.state.tx.us/DriverLicense/teendriver.htm) in addition to the American Automobile Association (AAA) website about Teen Driver Safety: [http://teendriving.aaa.com/TX/](http://teendriving.aaa.com/TX/).

Finally, caregivers, the youth and the CPS worker should discuss the child’s maturity level and consider issues that may need to be considered that may need to be documented in the youth’s service plan prior to driving a vehicle.

Q: Can a child ride in a vehicle with an underage friend who has a driver’s license?
Yes, however, caregivers must ensure that they have talked to Children and Youth about the importance of safe driving behavior and discussed such issues as using seat belts, not texting while driving, use of alcohol, number of passengers in car, and curfews.

The driver may also be assessed for any risks to include, having a valid driver license (which may include restrictions required by the Texas Graduated Driver Licensing Law (GDL) and having current insurance among other potential risk factors that are considered prudent by the caregiver and CPS worker. DFPS does not require a background check to be completed for a child to ride in a vehicle with a friend.

Q: Can a child have a cell phone?
Yes. However, there is no current policy and/or Minimum Standard that drives a decision to allow or not allow a youth to have a cell phone. When the caregiver and caseworker are considering allowing a youth to have a cell phone, some of the factors to consider include, but are not limited to:
- appropriateness based on the youth’s developmental level and maturity,
- the youth’s ability to be responsible for a cell phone,
types of cell phone and functions (calls, texting, web access, picture taking, etc.) that the youth is allowed to utilize,
• determination on payment arrangement, whether by foster parents or by the youth (CPS does not pay for youth cell phones),
• rules regarding the use of cell phone and consequences when rules are violated, and
• other Children/Youth having access to the phone is a concern if they are not approved to have a cell phone.

If the caregiver, caseworker, and youth decide that a cell phone is appropriate, an agreement can be developed and signed by all parties.

Q: Can a child participate in social media and have an account on with social media sites like Facebook, Twitter or Instagram?
Children, youth, and young adults in foster care are permitted to use email and the Internet, including social media sites, with age-appropriate supervision by their caregivers. The individual child, youth, or young adult’s age and developmental needs are taken into consideration when establishing guidelines for use. The established guidelines and level of supervision for each method of communication is documented in the child’s plan of service.

If a child, youth, or young adult in foster care wishes to use the Internet, including social media sites, the caseworker has regular and candid conversations with the child, youth, or young adult to discuss safe and appropriate practices. The caseworker speaks regularly with the caregiver to establish and review expectations, availability, and rules regarding use of the Internet and social media. The child, youth, or young adult must be included in the conversation.

The caseworker informs the caregiver and the foster child, youth, or young adult that information posted or shared with others on the Internet or through email is not private. Even with privacy settings, other people may be able to view this information. The caseworker explains that caution should be taken when providing any personal information via email or on the Internet or social networking sites.

Q: Can a child play on a playscape?
Yes, children can play in a public park on a playscape. Caregivers must provide supervision appropriate to the child's age and developmental level and use prudent judgment when assessing the safety of the playground equipment before letting a child play on it. When a playscape is on a GRO facility grounds then it must maintain compliance with RCCL Minimum Standards.

Q: Can a child participate in water sports?
Yes, children in care may participate in both swimming activities and watercraft activities. There are minimum standards which provide structure for safety and supervision while children participate in these activities.

Q: Can a child ride a bicycle, all-terrain vehicle (ATV), or motorcycle?
There are no standards prohibiting children from riding a bicycle, though a helmet and appropriate protective clothing are recommended. Use of an all-terrain vehicle (ATV) is considered a higher risk recreational activity; there are minimum standards which provide structure for safety and supervision as well as age restrictions for children to participate in this
activity. Those standards are not intended to limit the safe and appropriate use of utility vehicles, golf carts, riding mowers, etc. There are no standards specific to motorcycles, however the Texas Transportation Code prohibits allowing a child under five years old to ride on a motorcycle, unless seated in a sidecar. Additionally, whenever a child is being transported, the driver and all passengers must follow all federal, state, and local laws when driving, including laws on the use of child passenger safety systems, seat belts, and liability insurance.

Q: Can a child go on hunting trips or participate in other activities that involve firearms, weapons, explosives, projectiles, or toys that explode/shoot (such as BB guns)?
Yes, however there are requirements in Licensing Minimum Standards and CPS Policy.

While hunting and other outdoor experiences can be healthy activities for certain young people, the decision to allow the youth to engage in hunting must be considered carefully. The youth's safety and well-being are of primary importance. Therefore, the youth's individuals needs and current behavior must be the focal point of the decision making process.

Licensing Minimum Standards requires:

1. For facilities, children receiving emergency care services or treatment services are not permitted to use firearms, weapons, explosives, projectiles, or toys that explode/shoot. All children in RTCs are considered to be receiving treatment services, so this requirement applies to all children residing in RTCs.
2. For all other children residing in facilities and foster homes, the operation must determine that it is appropriate for a specific child to use firearms, weapons, explosives, projectiles, or toys that explode/shoot.

If a child is in the conservatorship of Child Protective Services (CPS), additional requirements apply.

Before CPS approves the use of firearms for hunting:

- the child must be at least 12 years old;
- the child must complete the Texas Hunter Education course facilitated by the Texas Parks and Wildlife Department;
- the child must purchase a hunting license;
- the CPS caseworker, CPS Supervisor, and CPS Program Director must grant permission for the activity; and
- the adult accompanying the child must sign Form 1704 “Acknowledgement of Hunting Supervision Responsibility for Youth in DFPS Conservatorship”, which is a statement acknowledging his or her responsibility in supervising the child. The signed Form 1704 “Acknowledgement of Hunting Supervision Responsibility for Youth in DFPS Conservatorship” must be filed in the child’s record.

The CPS caseworker grants permission for the activity based on the child’s history and behaviors and based on the recommendations of the caregiver after discussions with the child/youth (if appropriate). The child’s biological parents are consulted if parental rights have not been terminated and the parents can be located with reasonable efforts. Others may also be consulted, such as the child’s attorney ad litem or Court Appointed Special Advocate (CASA) worker.
RCW 74.13.710 authorizes caregivers to provide or withhold permission without prior approval of the CA worker or department to allow a child in their care to participate in normal childhood activities based on a reasonable and prudent standard. This standard is characterized by careful and thoughtful parental decisions intended to maintain a child’s health, safety, and best interest which encourage the child’s emotional growth and development.

A “normal childhood activity” includes “extracurricular, enrichment, and social activities, and may include overnight activities outside the direct supervision of the caregiver for period of over twenty-four hours and up to seventy-two hours.”

These guidelines do not apply to youth in the Extended Foster Care Program.

<table>
<thead>
<tr>
<th>Child Activity Category</th>
<th>Green – Examples of normal Childhood Activities (caregivers can approve independently)*</th>
<th>Red- Examples of childhood activities CA must approve* or obtain a court order</th>
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</thead>
</table>
| Family Recreation       | Movies  
Family Events (less than 72 hours)  
Camping (less than 72 hours)  
Hiking  
Boating wearing a lifejacket  
Swimming  
Biking using a helmet  
Other sporting activities using appropriate protective gear  
River tubing  
River rafting | Any events or activities over 72 hours |
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<tr>
<th>Child Activity Category</th>
<th><strong>Green</strong> – Examples of normal Childhood Activities caregivers can approve independently*</th>
<th><strong>Red</strong>- Examples of childhood activities CA must approve* or obtain a court order</th>
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<td>(CA worker approval or new court order is needed any time an activity is in conflict with any court order or supervision/safety plan)</td>
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<tr>
<td>Social/Extra-curricular Activities</td>
<td><strong>Less</strong> than 72 hours • Camps • Field Trips • School Related Activities • Church Activities • Youth Organization Activities • Sports Activities • Community Activities • Social Activities with Peers • Spending the night away from the caregiver’s home.</td>
<td><strong>More</strong> than 72 hours • Camps • Field Trips • School Related Activities • Church Activities • Youth Organization Activities • Sports Activities • Community Activities • Social Activities with Peers • Spending the night away from the caregiver’s home.</td>
</tr>
<tr>
<td>Motorized Activities</td>
<td>Children and caregivers must comply with all laws and use appropriate protective/safety gear. Children <strong>riding in</strong> a motorized vehicle with an adult including but not limited to: • Snowmobile • All-terrain vehicle • Jet ski • Tractor At <strong>least</strong> 14 years old operating motorized equipment or vehicle including but not limited to: • Lawn mower • Snowmobile • All-terrain vehicle • Jet ski • Tractor</td>
<td>Children <strong>under</strong> 14 years old are not permitted to operate motorized equipment or vehicles (e.g. lawn mower, motorcycle)</td>
</tr>
<tr>
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<td>Green – Examples of normal Childhood Activities caregivers can approve independently*</td>
<td>Red- Examples of childhood activities CA must approve* or obtain a court order</td>
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</tbody>
</table>
| Driving                 | • Caregiver acts as the “parent/guardian” for the purposes of the Intermediate Driver’s License Law.  
|                         | • Caregiver must provide and pay for insurance for the child driving and agrees to maintain insurance and pay for insurance until child reaches 18 or another responsible adult assumes financial liability risks for the child.  
|                         | ➢ Driver’s education classes  
|                         | ➢ Driver’s training  
|                         | ➢ Driver’s test  
|                         | ➢ Issuance of a driver’s license      |
| Travel                  | All travel within the United States **less** than 72 hours  
|                         | • All travel **more** than 72 hours.  
|                         | • All out-of-country travel  
|                         | Travel to the British Columbia (BC) territories of BC Rockies, Thompson/Okanogan and Vancouver Coast and Mountains are considered ‘border counties’ to Washington State and do not require out of country approval if less than 72 hours. All territories beyond are considered out of country travel.  
| Employment/Babysitting   | Youth **14 years old or older** and following [WAC 296-125](http://www.TeenWorkers.Lni.wa.gov)  
|                         | • Interview for employment  
|                         | • Continuation of current employment  
|                         | • Does not interfere with school  
|                         | Youth is **13 years or younger**  
|                         | **Reminder:**  
|                         | • Foster children may not babysit other foster children.  
|                         | • Sexually aggressive and physically assaultive youth may not babysit other children.  
| Religious Participation  | Attend a religious service of the child’s choice.  
|                         | Notify worker when the child and biological parent choices are in conflict. |
Age Appropriate Activities and Responsibilities:

This proposed list was developed by the State Youth Advisory Board March 2003 in Tallahassee, Florida

Age appropriate responsibilities:

Age 13:

* Keeping his/her room clean
* Doing his/her homework
* Maintaining hygiene
* Attend Court Hearings and take part in Case Planning
* Know judge and GAL(s)

Age 14:

* He/she should undertake one to two additional chores in the home
* Prioritize academics / schooling
* Wash his/ her own laundry
* Begin attaining effective studying/time management skills
* Become active in school and/or the community
* Youth should prepare for FCAT test, which is necessary for high school graduation
* Attend court hearings and take part in case plan planning

* Know judge and GAL(s)

* Introduce oneself to caseworker’s supervisor by personal contact, phone call, letter, or email

* Age 15:

  * Begin pursuing job opportunities suitable for age 16 (including volunteer opportunities)

  * Take Life Skills classes per pre-ILP requirements

  * Begin displaying effective studying/time management skills

  * Youth should prepare for ACT and SAT tests by enrolling in test prep classes and/or practicing with study aids (i.e. CD-ROMS, books, internet, etc.)

  * Attend court hearings and take part in case plan planning

  * Know judge and GAL(s)

  * Introduce oneself to caseworker’s supervisor by personal contact, phone call, letter, or email

* Age 16:

  * Youth should have a part – time job or be actively involved in school/community

  * Youth should continue to maintain stability in school (i.e. GPA)
* Youth should plan class schedules for remaining years/terms in high school or GED program

* Attend court hearings and take part in case plan planning

* Know judge and GAL(s)

* Introduce oneself to caseworker’s supervisor by personal contact, phone call, letter, or email

Age 17:

* Youth should have

* Youth should have an adequate amount saved up in his/ her account to start out on their own

* Youth should have all required courses for the arrival of their graduation

* Attend court hearings and take part in case plan planning

* Know judge and GAL(s)

* Introduce oneself to caseworker’s supervisor by personal contact, phone call, letter, or email

* Update caseworker of any changes in residence or contact information

* Clearly communicate academic and personal plans to one authorized to help make those plans reality

Age appropriate Activities:

Age 13:

* Youth should have some form of an after school program

* Youth should be able to participate in one sports club
* Youth should be able to attend the functions of other youth of the age with the supervision of their legal guardian

**Age 14:**

* Youth should have one after school program

* Youth should be able to attend extra curricular activities, but not exceeding over three per week

* Youth should be able to attend public places with their friends with the supervision of their legal guardian

**Age 15:**

* Youth should be able to attend extracurricular activities but not to exceed over four a week

* Youth should have off campus outings with their friends without the supervision of their guardian, activity should not exceed after 3 hours

* Youth should have a curfew of 8 p.m. on week days and 9 p.m. on week – ends

**Age 16:**

* Youth should have the same amount of extracurricular activities as of the age of 16

* Youth should be able to go on off campus trips without the supervision of their guardian but not over 6 hours

* Youth should have a curfew of 9 p.m. on week – days and 10 p.m. on week- ends

**Age 17:**

* Youth should be able to participate in all functions of their school including prom, homecoming, etc.
* Youth should have a curfew of 11 p.m. on week nights and 12 p.m. on week ends

* Youth should be able to go out with friends on outings and outings should not exceed past their curfew

**Age Appropriate Life Skills:**

* **Age 13:**

  * Youth should be aware of proper hygiene habits
  
  * Youth should have a working knowledge on how to have a clean room
  
  * Youth should have a working knowledge on how to wash his/ her laundry

* **Age 14:**

  * Youth should begin to learn how to cook
  
  * Youth should know the proper function of different cleaning materials teens, youth, foster care youth , normalcy
  
  * Youth should have a working knowledge on road and city maps and different means of transportation

* **Age 15:**

  * Youth should have proper cooking and cleaning habits
  
  * Youth should know how to write a job application
  
  * Youth should begin to know how to make a resume’

* **Age 16:**

  * Youth should know how to apply for a job
  
  * Youth should have interviewing skills
* Youth should know how to iron and color coordinate cloths for different events

Age 17:

* Youth should begin to learn or already know how to budget their money

* Youth should know how to look for a place to live

* Youth should have a working knowledge of the career plan that they have chosen, whether it is work force or to a college