



Foster Care, Pre-Adoptive, and Buddy Family Policies

For the purpose of these policies, “provider” refers to relative and non-relative foster, adoptive, and buddy families.

1. Provider Discipline Policy

Revised 2.17.2020

Ampersand Families’ mission statement includes the agency’s commitment to “champion practices in adoption and permanency that restore belonging, dignity and hope”. The agency’s mission and **MN Statute 2860.3080 Subp. 8** inform the agency’s policy on discipline of children.

Discipline strategies shall, to the greatest extent possible, include logical consequences that assist youth in connecting their decisions/behaviors with real-life outcomes. Adult role modeling of strategies for self-regulation are key during stressful periods. Providers *must consider the child's abuse history and developmental, cultural, disability, and gender-related needs when determining the disciplinary action to be taken with any individual child.*

Children must not be subjected to:

- (1) *corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects at the child, or spanking;*
- (2) *verbal abuse, including, but not limited to: name calling; derogatory statements about the child or child's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the child;*
- (3) *punishment for lapses in toilet habits, including bed wetting or soiling;*
- (4) *withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a child who destroys bedding or clothing, or uses these or other items to hurt the child's self or others, may be deprived of such articles according to the child's case plan;*
- (5) *assigning work that is dangerous or not consistent with the child's case plan;*
- (6) *disciplining one child for the unrelated behavior or action of another, except for the imposition of restrictions on the child's peer group as part of a recognized treatment program;*
- (7) *restrictions on a child's communications beyond the restrictions specified in the child's treatment plan or case plan, unless the restriction is approved by the child's case manager; and*
- (8) *requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel as punishment.*

The license holder:

- (1) *must not require a child to punish other children;*
- (2) *must follow the child's case plan regarding discipline;*
- (3) *must not use mechanical restraints or seclusion, as defined in part 2960.3010, subpart 38, with a foster child;*
- (4) *must ensure that the duration of time-out is appropriate to the age of the child; and must meet the requirements of part 9525.2700, subpart 2, item F, regarding the use of aversive or deprivation procedures with a foster child with a developmental disability.*

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2. Provider Drug and Alcohol Policy

Revised 2.17.2020

Providers, and others in the home who may have contact with agency youth, are prohibited from misusing prescription medication or being under the influence of a controlled substance, under Minnesota Statutes, chapter 152, at any time when responsible for care of a child placed in their home or while serving as a buddy family for a child.

In addition, Minnesota Statutes, section 245A.04, subdivision(c) states that an applicant or license holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care. The license holder must train employees, subcontractors, and volunteers about the program's drug and alcohol policy.

As part of the home study process, we will provide guidance to foster/pre-adoptive families on writing your own policy for your home regarding drug and alcohol use. The policy must clearly describe procedures for preventing youth/children from having access to medications and controlled substances within the home. Depending on the specific history and needs of the child(ren) placed in your home, we may also expect that alcohol is locked up or made otherwise inaccessible.

Ampersand Families prohibits the use, possession, distribution, manufacture, dispensation, or sale of illegal drugs, or controlled substances on the agency's property and/or in any licensed foster home. Any illegal substance found on agency property and/or in any licensed foster home will be turned over to the appropriate law enforcement agency and may result in criminal prosecution. Violations of this policy will result in corrective licensing action for licensed foster homes, and may result in removal of the child(ren) from the home.

Providers charged or convicted under any criminal drug statute or Driving Under the Influence/Driving While Intoxicated must notify their Ampersand Families' worker within 5 days of the charge and/or conviction. In determining what action to take, Ampersand Families will consider the nature of the charge, the circumstances of the conviction, the foster parent's record with the agency, and whether or not youth are placed in the home.

Providers, household members, and others in the home who might have contact with the youth, who intend to have limited, occasional and social use of alcohol (eg, a glass of wine with dinner or a beer at night) are expected to discuss such use with Ampersand Families during the home study process. Anticipated use levels and frequency will be outlined at that time, as will strategies for preventing children/youth from accessing alcohol in the home. Providers who have not discussed alcohol use with Ampersand Families may not drink when they are responsible for supervising a foster child.

Any instance of a youth/child accessing alcohol or a controlled substance, or inappropriate use or overdose of prescribed medication in the home must be reported to Ampersand Families as soon as it is reasonable to do so, always within 12 hours of the event.

Providers needing help with a substance abuse problem are asked to communicate directly with their Ampersand Families' worker to determine next steps as related to their role caring for children.

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3. Client/Stakeholder Grievance Policy and Procedure

Revised 2.17.2020

For the purpose of this policy and procedure, client/stakeholder includes providers as defined above, youth, household members of providers, relatives or parents for whom we have provided services, and referring county workers.

The purpose of the grievance procedure is to provide a means to resolve concerns with regards to the services they are receiving from Ampersand Families. It is expected that clients/stakeholders will attempt to address service concerns directly with the Ampersand staff member or volunteer who is involved with their case, prior to moving into the grievance process.

Definition of a Grievance

A concern or complaint regarding services received at Ampersand Families, which has not been addressed to the satisfaction of the client/stakeholder, becomes a grievance at the time the client/stakeholder initiates the process outlined below.

Timing for filing a grievance

In order to qualify for processing under this section, a grievance must be filed no later than thirty (30) calendar days after the date on which the aggrieved condition commenced.

Step One

The client/stakeholder shall verbally present his/her concern and relief requested to the immediate supervisor of the employee or volunteer involved in the situation. The client/stakeholder and supervisor will record the date and time they spoke regarding the concern. If the client/stakeholder has not spoken directly with the employee or volunteer involved in the situation, they may be instructed to do so once their concern is brought to the supervisor. If the client/stakeholder requests, the supervisor may assist in facilitating a problem-solving conversation between the client/stakeholder and involved employee or volunteer.

The supervisor shall have ten (10) regular working days from the date he/she was informed of the concern in which to respond to the concern and address the relief requested.

Should the supervisor fail to respond within this time limit or if the client/stakeholder finds the response unsatisfactory, the client/stakeholder is to proceed to step two, outlined below.

Step Two

If the client/stakeholder finds the response from step one unsatisfactory he/she is to submit their concern, in writing, to the Executive Director. The written concerns may be submitted on Ampersand Families' Client/Stakeholder Grievance Form, but is not required to be submitted such. The written concerns must be to the Executive Director within ten (10) regular working days from the time the first step answer was due or was given.

The Executive Director should respond in writing within ten (10) days of receipt. The Executive Director's decision cannot be appealed within the agency.

If the Executive Director fails to respond within ten (10) days, or if the client/stakeholder finds the response unsatisfactory, the client may proceed to Step Three.

Step Three

A client/stakeholder whose concern regarding services is not satisfactorily resolved through the involvement of the Executive Director is directed to contact the Licensing Division at Minnesota Department of Human Services.

Clients/stakeholders contemplating contacting the licensing division should note that Department of Human Services is only likely to become involved in a grievance against a licensed agency when the grievance includes the possible violation of

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licensing standards.

Minnesota Department of Human Services Licensing Division

PO Box 64242 St. Paul, MN 55164-0242 Phone: (651) 296-3971 Fax: (651) 297-1490

TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.