

WHAT EVERY CHILD AND FOSTER PARENT HAS A RIGHT TO KNOW

At the time of placement, the CUA Case Manager is responsible for *full disclosure* to parents, youth and the kinship or resource parents about the implications of placement. This disclosure includes:

- A frank discussion with the child or youth regarding their permanency plan in a manner appropriate to their age and maturity. It is also expected that the behavioral, mental, and physical health of the child or youth as well as their best interests are taken into account when engaging in these discussions.
 - It is important that CUA CMs share as much information as possible with children and youth that is appropriate to their age regarding what is known about where they are going and the composition of the household or facility, etc. The trauma of placement cannot be underestimated or overlooked. Children and youth must be told what is happening to them and be reassured that the CUA CM will be there to help and support them after they get to their placement location.

- Additional issues to be discussed with kinship and resource families and congregate care setting staff, if applicable, include:
 - The Foster Care Bill of Rights, which includes their legal rights and responsibilities including their right to be aware of and participate in Court hearings and Family Team Conferences.
 - What they may need to adequately provide for the child or youth and what support services are available to help them.
 - The child's or youth's primary permanency goal, i.e. reunification, the importance of their support of that goal and that they are encouraged to consider becoming a permanency resource should reunification efforts fail.

- At the time of the initial placement and on an ongoing basis thereafter, kinship, resource parents, and congregate care setting staff must be told about all known:
 - Medical information and health concerns such as allergies, medications, immunization history, medical or behavioral health hospitalizations, medical or behavioral health diagnoses, family medical problems that could impact the child's or youth's health, current illnesses or injuries, dental, mental, or emotional problems, and issues experienced by the child's or youth's mother during pregnancy that impact the child or youth.
 - **Specific recommendations and diagnoses regarding the child or youth in psychiatric or psychiatric evaluations can be shared. Complete evaluations that often contain other family information cannot be shared.**
 - Current medical or behavioral health providers, or both, and next appointments.
 - Special dietary needs.
 - Educational needs including grade, school, progress, and IEPs, if applicable, as well as childcare needs or services.

- Body positioning and movement stimulation for children and youth with disabilities, if applicable.
 - Ongoing medical care needs.
 - Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.
 - Known incidents of aggressive or violent behavior, fire setting, or juvenile crime history.
 - Substance abuse history.
 - Sexual history or behavior patterns that may place the child or youth or other children and youth at a health or safety risk.
 - Any other information that is known particularly from the Level of Care tool that would contribute to the safety, well-being, and smooth transition during this highly emotional time for the children and youth being placed and ensure stabilization in the placement setting.
- As additional information becomes known, it must be shared with the kinship and resource parent.