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|  | **PROFESSIONAL FAMILY DEVELOPMENT PLAN**  MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION | | | | | | | | |
| **PROFESSIONAL FAMILY DEVELOPMENT PLAN FOR:** | | | | | | | | | |
| **Vendor Name:** | | | | | | | | **DVN:** | |
| I. What are the family's parenting strengths? How does the family plan to build on these strengths? | | | | | | | | | |
| What are the concerns and stressors the family has regarding providing services as a resource provider? | | | | | | | | | |
| What are the family's goals within this program (continue as they are, change the ages of the children they accept for placement - take teens or infants, become behavioral foster care parents, etc. | | | | | | | | | |
| How is the family meeting each competency? | | | | | | | | | |
| 1) Protecting and Nurturing: | | | | | | | | | |
| 2) Meeting the Development Needs and Addressing Development Delays: | | | | | | | | | |
| 3) Supporting Relationships Between Children and Their Birth Families: | | | | | | | | | |
| 4) Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime: | | | | | | | | | |
| 5) Working as a Member of a Professional Team: | | | | | | | | | |
| II. What training needs can be identified to address the concerns and issues outlined in Section 1? (Targeted areas for skill development and enhancement – are they concerned about discipline techniques, need skills in working with teens, would like more information on working with children who have been sexually abused, etc.) | | | | | | | | | |
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| III. What specific areas will be improved when change has occurred? What will it look like when change has fully occurred? (Goals) | | | | | | | | | |
|  | | | | | | | | | |
| IV. Provider Tasks; **To Be Reviewed at Next Quarterly Visit** | | | | | | | | | |
|  | | | | | | Date to be Completed |  | | |
|  | | | | | | Date to be Completed |  | | |
|  | | | | | | Date to be Completed |  | | |
|  | | | | | | Date to be Completed |  | | |
| V. Worker Tasks; **To Be Reviewed at Next Quarterly Visit** | | | | | | | | | |
|  | | | | | | Date to be Completed |  | | |
|  | | | | | | Date to be Completed |  | | |
|  | | | | | | Date to be Completed |  | | |
|  | | | | | | Date to be Completed |  | | |
| VI. Signatures  I have reviewed this document and agree with the recommendations included. I also understand that the attached Performance Based Criteria may be utilized to appraise performance and to assist in determining training needs for the two year licensing period ending      . | | | | | | | | | |
|  | |  |  |  | | | | |  |
| Foster/Relative/Kinship Parent | | Date |  | Foster/Relative/Kinship Parent | | | | | Date |
|  | |  |  |  | | | | |  |
| Licensing Worker | | Date |  | Supervisor | | | | | Date |
| VII. EVALUATIONS AND SIGNATURES | | | | | | | | | |
| This plan was reviewed with the family:  1st **Quarter** | | | | | | | | | |
| The following changes were made to the plan at the quarterly review. | | | | | | | | | |
|  | | | | | | | | | |
| I agree with the changes made to this plan: | | | | | | | | | |
|  | |  |  |  | | | | |  |
| Foster/Relative/Kinship Parent | | Date |  | Foster/Relative/Kinship Parent | | | | | Date |
|  | |  |  |  | | | | |  |
| Licensing Worker | | Date |  | Supervisor | | | | | Date |
| This plan was reviewed with the family:  **2nd Quarter** | | | | | | | | | |
| The following changes were made to the plan at the quarterly review. | | | | | | | | | |
|  | | | | | | | | | |
| I agree with the changes made to this plan: | | | | | | | | | |
|  | |  |  |  | | | | | |
| Foster/Relative/Kinship Parent | | Date |  | Foster/Relative/Kinship Parent Date | | | | | |
|  | |  |  |  | | | | | |
| Licensing Worker | | Date |  | Supervisor Date | | | | | |
| This plan was reviewed with the family:  **3rd Quarter** | | | | | | | | | |
| The following changes were made to the plan at the quarterly review. | | | | | | | | | |
|  | | | | | | | | | |
| I agree with the changes made to this plan: | | | | | | | | | |
|  | |  |  |  | | | | |  |
| Foster/Relative/Kinship Parent | | Date |  | Foster/Relative/Kinship Parent | | | | | Date |
|  | |  |  |  | | | | |  |
| Licensing Worker | | Date |  | Supervisor | | | | | Date |
| **Annual Re-Evaluation**  This plan was reviewed with the family:  **Annual** | | | | | | | | | |
| 1. Has the resource family fulfilled the required 15 (16) hours of in-service training during the past year?     If not, how are they going to complete the required training for license renewal in the next 12 months? | | | | | | | | | |
| 2. What are some concerns the family has providing services? | | | | | | | | | |
| 3. How is the family meeting each competency? | | | | | | | | | |
| * Protecting and Nurturing: | | | | | | | | | |
| * Meeting the Development Needs and Addressing Development Delays: | | | | | | | | | |
| * Supporting Relationships Between Children and Their Birth Families: | | | | | | | | | |
| * Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime: | | | | | | | | | |
| * Working as a Member of a Professional Team: | | | | | | | | | |
| What training needs can be identified to address the concerns and issues outlined in question 1? | | | | | | | | | |
| The following changes were made to the plan at the annual review: | | | | | | | | | |
| I agree with the changes made to this plan: | | | | | | | | | |
|  | |  |  |  | | | | |  |
| Foster/Relative/Kinship Parent | | Date |  | Foster/Relative/Kinship Parent | | | | | Date |
|  | |  |  |  | | | | |  |
| Licensing Worker | | Date |  | Supervisor | | | | | Date |
| This plan was reviewed with the family:  **5th Quarter** | | | | | | | | | |
| The following changes were made to the plan at the quarterly review. | | | | | | | | | |
|  | | | | | | | | | |
| I agree with the changes made to this plan: | | | | | | | | | |
|  | |  |  | |  | | | |  |
| Foster/Relative/Kinship Parent | | Date |  | | Foster/Relative/Kinship Parent | | | | Date |
|  | |  |  | |  | | | |  |
| Licensing Worker | | Date |  | | Supervisor | | | | Date |
| This plan was reviewed with the family:  **6th Quarter** | | | | | | | | | |
| The following changes were made to the plan at the quarterly review. | | | | | | | | | |
|  | | | | | | | | | |
| I agree with the changes made to this plan: | | | | | | | | | |
|  | |  |  | |  | | | |  |
| Foster/Relative/Kinship Parent | | Date |  | | Foster/Relative/Kinship Parent | | | | Date |
|  | |  |  | |  | | | |  |
| Licensing Worker | | Date |  | | Supervisor | | | | Date |
| This plan was reviewed with the family:  **7th Quarter** | | | | | | | | | |
| The following changes were made to the plan at the quarterly review. | | | | | | | | | |
|  | | | | | | | | | |
| I agree with the changes made to this plan: | | | | | | | | | |
|  | |  |  | |  | | | |  |
| Foster/Relative/Kinship Parent | | Date |  | | Foster/Relative/Kinship Parent | | | | Date |
|  | |  |  | |  | | | |  |
| Licensing Worker | | Date |  | | Supervisor | | | | Date |

PERFORMANCE BASED CORE COMPETENCIES (IN-SERVICE) CRITERIA FOR RESOURCE PROVIDERS.

REFER TO CHILD WELFARE MANUAL SECTION 6 CHAPTER 2 SUBSECTION 5

This is not a comprehensive list. Other criteria may be found in the STARS curriculum, specifically Step 11, for each of the competencies and/ or may be suggested by the resource parents during the assessment process. These criteria should be utilized in evaluating the performance of resource parents during their license renewal process and are an integral part of developing an appropriate Professional Development Plan.

COMPETENCY – Protecting and Nurturing

* Accepts placements of foster youth with abuse/neglect histories on an emergency basis with little notice and works to learn and understand the impact of that history on the youth’s emotions and behaviors.
* Uses discretion in accepting placements in order to promote placement stability and minimize placement changes.
* Cooperates with and promotes keeping siblings in the same placement.
* Uses discretion in sharing information about foster youth placed in their home, within the guidelines established by the Foster Parent’s Bill of Rights.
* Does not discuss any permanency plan with the foster youth until this plan becomes the case goal (i.e. discussing adoption while case goal remains reunification).
* Works to protect the feelings of the foster youth by speaking positively about all members of the Family Support Team.
* Works with the other Family Support Team members to determine what negative information is appropriate to be shared with the foster youth and when.
* Works diligently to provide the child with opportunities for participation in tutoring, therapy, extracurricular activities, community events, and church which offer the child the opportunity to grow and develop in cognitive and interpersonal skills,
* Learns and applies appropriate and consistent parenting to include both nurturing activities and disciplinary techniques

COMPETENCY – Meeting developmental needs and addressing developmental delays

* Makes and keeps all medical, psychiatric, counseling, dental, and rehabilitation appointments including all required and emergency appointments, or requests timely assistance from the foster youth’s case worker for appointments which cannot be kept by the resource provider.
* Requests necessary diagnostic evaluations and once diagnoses are identified, learns the etiology and course of the diagnosed conditions and enlists the help of medical and psychiatric professionals to address the conditions identified.
* Maintains contact with the therapist on a regular basis for each foster youth placed in the home and participates in the therapy if requested by the therapist.
* Requests additional therapy and reports additional concerns to the Family Support Team when the need arises.
* Knows, understands, and follows the treatment plan developed by the therapist for each foster youth and assists in the development if requested.
* Documents both positive and negative examples of the foster youth’s behaviors at home and at school and provides the documentation to the worker and Family Support Team.
* Takes an active role in the school serving as the foster youth’s educational advocate, including requesting evaluation for an Individual Education Plan (IEP) if necessary, attending all IEP meetings, collecting report cards and other performance indicators, providing copies of the documents to the worker for the youth’s case file.
* Works with the biological family to help them understand and meet the special needs of the foster youth including but not limited to:
  + Shares information about the foster youth’s developmental and educational progress.
  + Invites the birth family (if appropriate) to participate in school programs, back to school nights, award assemblies and teacher’s conferences.

COMPETENCY – Supporting relationships between children and their birth families.

* Cooperates with the family and sibling visitation plan by working with all members of the Family Support Team and other resource parents involved in developing a visitation plan that considers the needs of all parties.
* Supervises visitation between the foster youth and family/siblings when necessary or requested.
* Is respectful of the birth family by speaking about and to the birth family kindly and respectfully.
* Works with the therapist regarding the most appropriate methods to provide difficult information regarding the parents and/or the case to the foster youth.
* Provides mentoring to the birth family to help work toward reunification.
* Provides transportation to and from visitation with the family as needed.
* Assists the birth family in identifying community resources which may be useful to them in meeting their children’s needs once the foster youth have transitioned back home.
* Keeps birth family informed of all appointments and school functions and invites them to these as appropriate.
* Provides the birth family with photographs, drawings, and other souvenirs which encourage their belief in their ongoing importance in the children’s lives.

COMPETENCY – Connecting children to safe, nurturing relationships intended to last a lifetime.

* Starts and maintains a life book on each child in their care to be sent with the child when they move or return home.
* Works to develop for and with the foster youth an understanding of their cultural and familial heritage, and encourages the foster youth to participate in activities which help them develop their individual identities.
* Finds opportunities for the foster youth to participate in activities in the community, school, church, etc.
* Supports the foster youth’s involvement in activities outside of the foster home by attending, photographing ,promoting, and encouraging the foster youth as he/she interacts with the larger community
* Supports transitions into permanent settings such as adoptive placement, kinship/relative placement, reunification, or an independent living arrangement by extending friendship, information, resources, and support to the other family/resource throughout the process of transition and as a support once the transition is complete.

COMPETENCY – Working as a member of a professional team.

* Attends Family Support Team Meetings and/or provides written report on the foster youth to include information on the child’s positive and negative behaviors, accomplishments, developmental needs, any services the resource provider believes are necessary which are not currently provided, and any reports on interactions observed between the foster youth and his/her parents, other service providers, and any other significant information.
* Knows and follows the Children’s Division policies and procedures and requests clarification or explanation of policies and procedures which are unclear to the resource provider.
* Supports the case plan developed by the Family Support Team even if they are not in agreement with the plan including but not limited to facilitating visits and appointments.
* Expresses their concerns regarding the case plan with the child’s worker and during team meetings and understands the Children’s Division’s grievance process to challenge decisions of the Family Support Team.
* Keeps the case manager or service worker informed of all the foster youth’s activities.
* Allows items purchased for the foster youth to go with the youth when they move or return home.
* Provides or makes arrangements for transportation for the foster youth as needed.