

## Child's Physical Health Needs:

Has the child received an initial health screening? If yes, review the findings and recommendations. Ensure that the recommendations are followed;

Are the child's immunizations up to date?

Has/does the child receive ongoing dental, hearing and vision screening and regular well-check assessments and preventative care? Ensure any resulting recommendations are followed;

Does the child require any additional medical services (nutritional, etc.)? Has the child requested any such services or might benefit from talking with a medical professional? and

Do foster parents/caregivers have the child's current health information? Are caregivers aware of any specific health needs that require specialized training, proper administration or specific supports?

## Child's Mental Health Needs and Appropriate Use of Psychotropic Medications:

Has a mental health screening and assessment been completed? If so, review findings and recommendations;

Have nutritional deficiencies been considered as a factor of mental health concerns?

Is the child receiving needed mental health treatment as recommended? Are the providers trauma-informed?

Are the foster parents/caregiver aware of and have current information needed to support treatment?

Has informed consent been obtained for the prescription of psychotropic medication? Did the person who provided consent participate in the medical appointment in which the medication was prescribed?

Is the child informed about why he or she is taking medication and the potential benefits, risks and side effects of the medication?

Review child's mental health history, including initial diagnosis, medications, and other forms of mental health treatment that he or she received in the past;

Consider the benefits, risks, and side effects of any prescribed psychotropic medications; and

For each psychotropic medication prescribed, know what diagnosis and symptoms are being treated, whether requisite lab work was completed, and any follow-up required. Be aware of any adverse reaction to medication (ex. weight loss/gain, sleepiness, over-sedation, over-stimulation, slurred speech, disorientation).

## Preserving Family Relationships and Sibling Connections:

Has the child been placed in the least restrictive setting appropriate to their needs?

Could the child be placed with relatives now or in the future?

Are familial connections maintained even if a relative cannot be a placement resource?

Does the child's placement proximity to their parents, siblings and family allow for continued connections?

Is the child placed with their siblings? If not, does the child have meaningful, regular visitation with both of their parents and siblings?

Are the father and paternal relatives identified and being actively engaged?

Has the child been asked who is important in their lives and who they would call for help if needed? (Often these are the people in their cell phones or who they have contact with via social networks); and

Have extensive and regular DFCS file reviews been conducted to find information on relatives or others with a connection to the child and/or family?

## Advocating for Normalcy:

Advocate for normalcy activities to be included in the child's case plan;

Advocate that fees/pre-requisites for activities be waived or given special consideration to allow time and flexibility;

Ensure the child's placement adheres to the Reasonable Prudent Parent Standard allowing for decision making and permission to participate in activities, visitation, etc.; and

Ask your child what activities he wishes to participate in, what his material needs and wishes are, what barriers need to be removed, etc.

*\*See the Education Advocacy, Special Education Advocacy, and Older Youth in Foster Care Quick-Reference Guides for additional information.*