

Glen Cove City School District - Foster Care Point of Contact Responsibilities

The Glen Cove City School District - POC [Assistant Superintendent for Business] serves as the primary contact between schools, families, the LDSS, and other service providers. The Glen Cove City School District POC [Assistant Superintendent for Business] also advocates for prompt and appropriate actions that further the educational well-being of students in foster care. The Glen Cove City School District POC [Assistant Superintendent for Business] has the capacity and resources to guide the implementation of state and federal requirements for students in foster care.

Responsibilities of the Glen Cove City School District POC [Assistant Superintendent for Business] include, but are not limited to the following:

- Coordinating with the LDSS to develop processes for implementing state and federal requirements
- Notifying the school building designee and other school personnel including, but not limited to, administration, transportation personnel, PPS personnel, and CPSE/CSE chairperson, as needed, of the student's placement in the school
- Facilitating immediate enrollment and transfer of records from the school district where the student's records are located
- Developing and coordinating transportation protocols and plans
- Participating in best interest determinations, as needed
- Facilitating the enrollment and regular attendance of students in foster care
- Assisting students who have transferred schools with integration into the new school environment
- Maintaining or increasing students' involvement in appropriate programming including, but not limited to, career and technical programs, advanced placement courses, and extracurricular activities
- Providing information and helping to educate school staff on meeting the needs of students in foster care; and
- Maintaining an updated list of school building designees

Glen Cove City School District's POC Foster Care to Follow

1. Upon receipt of LDSS notice, notify appropriate school personnel to ensure the educational stability of the student. At a minimum, the school personnel to be notified within two business days are:
 - a) School Building Designee
 - b) School District Superintendent
 - c) School District Pupil Personnel Services
 - d) School Building Principal (building of origin)
 - e) District Transportation Administrator
 - f) CSE/CPSE Chairperson (if applicable)

2. Received LDSS-2999, School District Notification of Child Entering Foster Care Placed in a Foster Family, Agency Boarding, or Group Home form informing District of Origin that student is placed in foster care and forwarded to Board of Education and other personnel, as appropriate. {Please Note- Districts have 10 days to dispute assignment as the District of Origin [EL §3202(4)(f)(2)].}

3. District of Origin received Best interest Determination Transmittal form from LDSS that student will continue attending school of origin in district, or that student will be attending school out of district.

4. District of attendance (if not district of origin) received Best interest Determination Transmittal document from LDSS that student will be attending school in district. Student is immediately enrolled.

5. District of Attendance immediately contacted the last school attended to obtain education records if student will be attending a new school.

6. District of Attendance ensured that the transportation office was informed immediately when the child was placed in foster care and that new transportation will need to be arranged. Information included the child's residential address, school building that the student will attend, and any other special transportation needs.

7. Completed and commenced the Individual Transportation Plan for a Student in Foster Care (within two to three business days for in-district transportation, or five to seven business days for out-of-district transportation) of notification of best interest determination.

Individual Transportation Plan for a Student in Foster Care

School District of Origin: _____

Student's Name: _____

Best interest Determination document received: Date ____ / ____ / ____

Date of Individual Transportation Plan for a Student in Foster Care completion (within two to three business days for in district, or five to seven business days for out-of-district of notification of best interest determination: ____ / ____ / ____

Plan reviewed annually: Date(s): ____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____

Date transportation must commence ____ / ____ / ____ (Same as time frame noted above)

Student Information:

Student's Date of Birth: ____ / ____ / ____

Student's current grade level: _____

School District of Residence (where different from District of Origin or District of Attendance): _____

School to be attended (address and contact info):

Placement Address (address from which transportation will be provided): _____

School District of Attendance (where different from Districts of Origin and Residence): _____

Local Department of Social Services' Contacts:

Name of Local Department of Social Services (LDSS): _____

LDSS POC: _____

Telephone and Email: (____) _____ - _____, _____ @ _____

LDSS Commissioner (Name, Telephone and Email: _____, (____) _____ - _____, _____ @ _____

Other (i.e., nonprofit, voluntary agency etc.) (Name and Contact Info): _____

School District Contacts:

Superintendent, District of Origin: _____

Telephone and Email: (____) _____ - _____, _____ @ _____

LEA POC, District of Origin: _____

Telephone and Email: (____) _____ - _____, _____ @ _____

Transportation Director (or equivalent), District of Origin: _____

Telephone and Email: (____) _____ - _____, _____ @ _____

Transportation Employing Agency (if not school district): _____

Contact Information for Districts of Attendance and/or Residence (if applicable): _____

Superintendent, District of Attendance: _____

Telephone and Email: (_____) - _____ , _____ @ _____

LEA POC District of Attendance: _____

Telephone and Email: (_____) - _____ , _____ @ _____

Transportation Director (or equivalent), District of Attendance: _____

Telephone and Email: (_____) - _____ , _____ @ _____

Superintendent, District of Residence: _____

Telephone and Email: (_____) - _____ , _____ @ _____

LEA Point of Contact District of Residence: _____

Telephone and Email: (_____) - _____ , _____ @ _____

Transportation Director (or equivalent), District of Residence: _____

Telephone and Email: (_____) - _____ , _____ @ _____

Approved Transportation Plan

1. (Until further revisions due to a change in services or a new school year)

Once the regular transportation arrangements are made, the child will (check appropriate box):

Walk (only if this is consistent with home to school travel policy for students living a similar distance from school)

Use public transportation (only if this is consistent with home to school travel policy for students in similar circumstances)

School-operated or contracted travel on a bus or other vehicle

a. If school-operated or contracted travel is the choice above, the student will travel on a vehicle owned and operated by _____

b. If a transfer between school buses is necessary, please describe below: _____

c. This is existing route # _____ (where applicable)

Private transportation services provided by the child welfare agency.

These transportation procedures were agreed to on the following date: _____ / _____ / _____

Authorized Signature for District of Origin _____

Authorized Signature for District of Attendance
(if not District of Origin) _____

Authorized Signature for District of Residence (if applicable)

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
**SCHOOL DISTRICT NOTIFICATION OF CHILD ENTERING FOSTER CARE
 PLACED IN A FOSTER FAMILY, AGENCY BOARDING, OR GROUP HOME**

(Please print information)

CHILD ENTERING FOSTER CARE (FULL NAME):		DATE OF BIRTH OR APPARENT AGE: / / , OR	
ADDRESS OF CHILD WHEN CHILD ENTERED FOSTER CARE:		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		DATE CHILD ENTERED FOSTER CARE: / /	
		DATE CHILD LEFT FOSTER CARE: / /	
FOSTER PARENT'S NAME(S):		(AREA CODE) TELEPHONE NO.: () -	
FOSTER PARENT'S NAME(S):		(AREA CODE) TELEPHONE NO.: () -	
ADDRESS OF FOSTER PARENT(S):			
Alternate living arrangement, Choose one: *Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Agency Boarding <input type="checkbox"/> Group Home <input type="checkbox"/>		(AREA CODE) CELL PHONE NO.: () -	(AREA CODE) TELEPHONE NO.: () -
NAME:			
ADDRESS:			
NAME OF SCHOOL DISTRICT CHILD RESIDED IN WHEN CHILD ENTERED FOSTER CARE (District of origin):		ADDRESS OF SCHOOL DISTRICT OF ORIGIN:	
NAME OF SCHOOL DISTRICT LAST ATTENDED (If different from above):		ADDRESS OF SCHOOL DISTRICT LAST ATTENDED:	

TO (School district child is attending, include full address):		FROM (County department of social services, include full address):	
Date entered this district / /		Does child have an IEP? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Pursuant to Section 445.1 of the Social Services Regulations, I am notifying you of the foster care placement of the above-named child. For additional information regarding this notification, please contact:			
CONTACT PERSON (Please print name):		TITLE:	(AREA CODE) TELEPHONE NO.: () -

NAME OF SOCIAL SERVICES COMMISSIONER CHARGED WITH CARE OF CHILD:		ADDRESS OF SOCIAL SERVICES COMMISSIONER CHARGED WITH CARE OF CHILD:	
NAME OF AUTHORIZED AGENCY ACTING FOR COMMISSIONER:		ADDRESS OF AUTHORIZED AGENCY ACTING FOR COMMISSIONER:	
SIGNATURE OF COMPLETING OFFICIAL:		TITLE:	DATE:
EMAIL:		(AREA CODE) TELEPHONE NO.: () -	

NAME OF CASEWORKER (Please Print):		(AREA CODE) TELEPHONE NUMBER: () -
COMMENTS:		

COMPLETE AND TRANSMIT WITHIN 10 DAYS OF CHILD ENTERING FOSTER CARE.
 One copy to originating agency, one copy to school district child now attends, and
 one copy to school district child resided in when child entered foster care

INSTRUCTIONS
(Please print all information clearly)

In the first bold box

- Enter name, address, and date of birth, OR age of child entering foster care.
- Enter the gender of the child entered into the foster care system.
- Enter date child entered and left the foster care system.
- Enter foster parent's name and phone number.
- Enter address of foster parents OR if applicable, enter name, address of guardian, agency boarding OR group home.
- Enter parent's name(s), address, phone number only if child is home on trial basis (HOTB)
- Enter name, address, and phone number of the school district the child resided in when the child entered foster care.
- Enter name of the school district the child last attended if different from the one entered above.

In the second bold box

- Enter the school district the child is attending.
- Enter the county department of social services handling foster care.
- Enter the date the child entered the district.
- Does the child have an Individualized Education Plan (IEP)?
- Enter a contact person's printed name and his/her phone number.

In the third bold box

- Enter the name and address of the social services commissioner charged with care of the child.
- Enter the name and address of the authorized agency acting for the commissioner.
- Signature of the completing official, his/her title, phone number, email, and date.

In the last box

- Print the name of the social services caseworker, his/her area code and phone number.
- Comments the social services caseworker may have.

Distribution of copies: One copy to LDSS, one copy to school district of attendance, and one copy to school district of origin, if different