

*Concerns for Bryan based on excerpts from the DFPS Handbook (n.d.)*

- It is considered the duty of a medical consentor (in Bryan's case, Ms. Long) to "act in the best interests of the child" and "participate in the health care appointments of the child." I feel that Ms. Long does not properly question doctors about Bryan's medical condition, perhaps does not provide proper background information, and readily accept medical decisions for which most parents would ask more questions. Despite several concerns from the school nurse which turned out to be very legitimate health issues, Ms. Long continues to treat any medical/health opinion from the school as a personal attack on herself.
- "Treatment services for children with mental retardation" should include "a minimum of one hour per day of visual, auditory and tactile stimulation to enhance the child's physical, neurological, and emotional development;" and "an educational or training plan encouraging normalization appropriate to the child's functioning." I do not see any evidence that Ms. Long makes significant efforts in these areas outside of the services provided at school. If a program to enhance development and normalization is in place at home, no information has been shared with the school, and offers of parent training from the school have been refused.
- "The caregiver must: A) Ensure that opportunities to participate in community activities, such as school sports or other extracurricular school activities, religious activities, or local social events, are available to the child; and (B) Organize family activities, religious activities, or local social events that are available to the child." Ms. Long does not involve Bryan in extracurricular activities related to the school (despite information routinely sent home) and has not responded to questions sent home about "What did you do this weekend" or other prompts designed to help Bryan share with us

about his life outside school.

- "A child receiving treatment services for primary medical needs or mental retardation must have a schedule that is based on the normalization principle. In order to help the child obtain an existence as normal as possible, the daily schedule must: (1) Demonstrate an understanding of normal child development; and (2) Enhance the child's physical, emotional, and social development." "The child's surroundings and experiences must reflect normal patterns of community living as closely as possible and as appropriate for the child's special needs." Bryan's home environment appears to be far from normal, and little effort seems to be made to appropriately include any of Ms. Long's wards with normal life and typically developing children outside of school.
- "The primary consideration in selecting an adoptive home for a child is the child's best interest. In pursuit of the child's best interest, CPS bases each placement on an informed evaluation and understanding of the child's needs and on the adoptive family's understanding of and potential for meeting those needs." The adoptive family's evaluation should include: "The family's understanding and awareness of the following issues: recognition of and sensitivity to any social or adjustment problems a particular child may face," and "awareness of the kinds of situations that might threaten a child's self-esteem as he or she grows through different developmental levels." Ms. Long does not seem to have a great deal of concern for the children's self-esteem as evidenced by their clothing and odor. On St. Patrick's Day of 2008, which was not a school "dress up day," Ms. Long painted the children's faces with a green highlighter in clown-like dots and sent them to school looking like clowns, with no explanation and certainly without any provocation by the school (she had never before even seemed interested in school dress-up days or holiday clothing). This was both a very random act for her and an incredibly insensitive thing

to do to the children.

- The adoptive parent evaluation should "also consider: the child's known or predicted needs for special services after the adoptive placement, including therapy or special medical care... the personalities, temperaments, and life styles of the child and of the adoptive family, the family's ability to accept and develop the child's intellectual and scholastic capabilities," and "the family's commitment to ensuring that the child has a permanent placement."
- "Adoption of the child by the child's foster parents is appropriate if... it is in the best interest of the child to continue the child's relationship with the foster parents through adoption." I would argue, strongly, that while Ms. Long's home is probably a safe foster placement, it is not in Bryan's best interest for this to be his permanent placement or for Ms. Long to have any legal guardianship of Bryan.

In the online DFPS document stating the *Rights of Children and Youth in Foster Care* (2009), I found the following concerns for Bryan:

- "I have the right to clothing that fits comfortably and is similar to clothing worn by other children in my community." Bryan's clothes frequently do not match, often are obvious hand-me-downs (with slogans and mascots of non-local elementary schools), and many times are actually meant to be girls' clothing. On many occasions, clothing has been too loose or too tight to be functional or comfortable (in particular, Bryan's pants and shoes). While Ms. Long insists that this is "her style," it only serves to further stigmatize a young boy who is trying to fit in.
- "I have the right to have visitors." Ms. Long has refused to allow me (and other teachers) to visit students in her home.