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Informational Letter

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To: Local District Commissioners
Executive Directors of Voluntary Agencies
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Subject: Smoking in Foster Homes
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Foster Boarding Home-Finding Staff
Contact Person(s): See Page 3
Attachments: none
Attachment Available On – Line: N/A

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		Part 443		NYS Foster Parent Manual	

I. Purpose

The purpose of this Informational Letter is to recommend that local social services districts and voluntary agencies with foster boarding home programs review their current policy and practices concerning foster parents and foster children and the smoking of tobacco, if such a review has not been undertaken in the last few years. This review is recommended to support the good health of foster children residing in foster homes and to take necessary steps to avoid the dangers caused by a child smoking tobacco or being exposed to second-hand smoke.

II. Background

In Chapter 5, "Daily Life" of the NYS Foster Parent Manual (dated September 2002), there is a short section entitled "Smoking." The following is stated therein:

“Foster parents have the right to forbid or allow smoking in their own home, but given the known health risks, they should discourage foster children from starting or continuing smoking. Foster parents should not purchase tobacco products for any foster child, and it is illegal in New York State for children under 18 to purchase cigarettes.”

“Foster parents who smoke should do so in an area where foster children are not subjected to second-hand smoke. Smoking should never be allowed in the foster child’s sleeping area.”

Since then, the New York State Health Department has issued an on-line publication entitled, “Second-hand Smoke – It Takes Your Breath Away.” For your information, the link to the publication is

<http://www.health.state.ny.us/nysdoh/smoking/second/second.htm>.

The publication indicates that:

“Each year, an estimated 3000 American non-smokers die from lung cancer caused by second-hand smoke.”

A paragraph pertaining to children states:

“While second-hand smoke is dangerous for nonsmoking adults, it is even more dangerous for babies and children whose lungs are still developing. Infants and young children of parents who smoke are more likely to have lower respiratory tract infections, such as pneumonia and bronchitis. They are more likely to suffer from middle ear infections, sore throats and colds. And, second-hand smoke can cause youngsters with asthma or allergies to have longer and more severe attacks.”

III. Program Implications

There is extensive information that points to the danger associated with smoking and second-hand smoke, particularly concerning infants, young children and children with asthma and other allergies. As such, it is suggested that local districts and voluntary agencies with foster boarding home programs review their policies and practices pertaining to smoking, if such a review has not been undertaken in the last few years.

Case planners and foster parents should actively discourage foster children from smoking or continuing to smoke. They must not assist the foster child in purchasing or obtaining cigarettes. It is illegal for a child under 18 to purchase cigarettes. In a relationship between a foster parent or a case planner with an older foster child, there are numerous matters to attend to in terms of supporting the youth’s optimal development, promoting a desired permanency outcome and promoting independent living skills. It is not suggested that attention to smoking prevention necessarily be a top priority for the foster parent or the case planner. However, given the known health risks associated with smoking, it would be appropriate to attempt to educate the foster child about the potential negative health impact of smoking. Additionally, foster parents are on firm ground in preventing a foster child from smoking in their home.

In suggesting that counties and agencies review their policies as they pertain to foster parents smoking, please understand that it is not recommended that you establish any steps that are likely to reduce your

cadre of foster parents to an insufficient level to meet your projected need for foster homes. An alternative to establishing absolute restrictions may be to establish a policy wherein training and education are directed at both existing and new foster parents. Such training and education could spell out the risks associated with second-hand smoke, as described earlier in this Informational Letter and in the publications referenced earlier. In addition to outlining the risks associated with second-hand smoke, the following suggestions should be made to foster parents:

- attempt to limit smoking in their homes to the extent practicable
- in particular, avoid smoking where a foster child sleeps, eats and/or spends a lot of time
- avoid smoking in vehicles when transporting foster children
- be extra diligent in avoiding exposing young, allergenic and asthmatic children to second-hand smoke.

Given the known health risks, local districts and voluntary agencies should avoid placing very young, allergenic and asthmatic foster children in homes where one or more of the residents smoke. Where such a placement needs to occur because it is in the child's best interests or due to a lack of alternative foster homes, or happens inadvertently (i.e., it is learned after the placement that the child is allergenic or asthmatic) the local district or voluntary agency should especially educate the foster parents about the potential dangers to the child.

IV. Contact Information

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