



State of Delaware

**Department of Services For Children, Youth and
Their Families, Division of Family Services**

USER MANUAL May 2020

DFS Policy Migration #1 xx/xx/xx

101- Policy on Policy (new- no replacement)
105- Supervision & Case Conference
106- Continuous Quality Improvement (new)
109- Case Documentation Standards
204- Serious Injury Child Death Reports
303- Treatment Response (New)
403- Family Contacts
404- Foster Care (Client) Contacts
405- Diligent Efforts for Contacts
411- Considered Removal TDM
414- Missing/Abducted/Runaway Children
415- Human Trafficking
503- Post-Permanency Financial Assistance
602- Safe Arms for Babies
612- Termination of Parental Rights
613- Adoption Petitions to the Court
614- Extended Jurisdiction Petition and Hearings (new)
701- Educational Decision Maker (new in policy)*
702- Educational Surrogate Parent
804- Advanced Healthcare Directive * (power of attorney)
901- Infants with Prenatal Substance Exposure*
1005- Visitation *
1013- Indian Child Welfare Act (ICWA)
1101- Permanency Planning Committee
1102- Exploring Adoptive Resources *
1103- Approval of Foster/Adoptive Homes
1104- Pre-Adoption Services
1105- Adoption Placement Supervision
1106- Guardianship and Permanent Guardianship
1107- APPLA- Compelling Reasons & Diligent Efforts
1108- APPLA- Long Term Care Agreements
1109- Multi-Ethnic Placements (new)
1201- Eligibility & Initiation of Independent Living Services
1202- Basic Life Skills Assessment

1203- Independent Living Service Plan
1204- Basic Life Skills Development & Training
1206 Exit Conference & Planning
1207- Transitional Housing Agreement
1208- Independent Living Aftercare
1209- Termination of Independent Living Services
1210- National Youth in Transition Database (new)
1307- Department Employees as Foster Resource
1501- Child Protection Registry

Principles of Practice

SERVICES FOR ALL FAMILIES

Intake: *Case Decision Point #1*

Investigation & Assessment: *Case
Decision Point #2*

Treatment for Children & Intact
Families: *Case Decision Point #3*

**SERVICES TO CHILDREN IN
OUT-OF-HOME CARE**

Out-of-Home Placement: *Case Decision
Point #4*

Permanency In Alternative Settings:
Case Decision Point #5

Independent Living Preparation
Case Decision Point #6

Administration

Foster Home Placement Resources

~Last Edit: 3/22/19~

Table of Contents	Page
Principles for Child Welfare Practice	vi
<i>Services for All Families</i>	
Intake: Case Decision Point #1	2
Intake: <i>Critical Standards</i>	
A. Receiving Reports	3
B. Screening Reports	6
C. Special Circumstances	7
1. Serious Injury/Child Death (204)	
2. Medical Neglect/Religious Exemptions	
3. Home Alone	
4. Institutional Abuse	
5. Safe Arms for Babies (602)	
6. Extrafamilial Abuse	
7. Substance Exposed Infants (901)	
8. Dependent Children Active with DPBS and the Division of Youth Rehabilitative Services	
Intake & Investigation of Child Abuse and Neglect On Open Treatment Cases – Chart	12
Investigation Response chart	13
Investigation and Assessment: Case Decision Point #2	13
Investigation and Assessment: <i>Critical Standards</i>	
A. Investigation Protocol (Diligent Efforts for Contacts 405)	14
B. Safety Assessment	19
C. Risk Assessment	19
D. Special Circumstances	21
1. Client Lack of Cooperation	
2. Temporary Emergency Protective Custody	
3. Medical Examinations	
4. Institutional Abuse and Neglect	
5. Investigation of Division Employee—Physical/Sexual Abuse of a Client	
6. Investigation of Division Employee—Intrafamilial Abuse/Neglect	
7. Investigation of Division Employee’s Relative	
8. Investigation of Department Employee/Department Employee’s Relative	
9. Request for Investigation by Child Protective Services in Another State	
10. Safe Arms for Babies (602)	
11. Reports Alleging Abuse/Neglect by the Non-Custodial Parent in an Active Case in Investigation or Treatment	
12. Dependent Children Active with the Division of Child Mental Health or the Division of Youth Rehabilitative Services (or Active with Both Divisions)	
13. Criteria for Abbreviating the Investigation Process and Documentation Requirements (Tier I Investigation)	
14. Special Investigators (SI)	
15. Substance Exposed Infants & the Plan of Care (901)	
16. Supervision & Case Conference (105)	
Collateral Matrix	37

Table of Contents	Page
Response Chart including Diligent Efforts	38
Collateral Contact Chart	43
Medical Examination Protocol	44
Treatment for Children & Intact Families: Case Decision Point #3:	45
Treatment: <i>Critical Standards</i>	
A. Safety Planning	45
B. Family Assessment	45
C. Developing the Family Service Plan	50
D. Case Management (Family Contracts 403, Client Contact 404, Diligent Efforts for Contacts 405)	52
E. Quarterly Case Reviews	54
F. <i>Supervisory Reviews (Supervision & Case Conference 105)</i>	56
G. Reasonable Efforts to Prevent Placement	56
a. Emergency Placement Prevention Services	
H. Custody Guideline (Considered Removal TDM 411)	58
I. Concurrent Planning	61
J. Case Closure	61
K. Special Circumstances	62
1. New Reports on Active Cases	
2. Emergency Placements	
3. Out-of-State Placements	
4. Minor Mother/ Baby	
5. Lack of Cooperation with Treatment	
6. Locating Parents	
7. Inter-Region Case Transfers	
8. Case Closure When Parents Aren't Cooperative	
9. Abridged Case Closure	
L. Indian Child Welfare Act (ICWA 1013)	71
 <i>Services to Children In Out-of-Home Care</i>	
 Placement: When A Child Must Leave the Home:	
Case Decision Point #4:	73

Table of Contents

Page

Placement: *Critical Standards*

A. Placing a Child in Out-of-Home Care	74
B. Relative and Non Relative Placement	78
C. <i>Family Visitation with the Child (1005)</i>	79
D. Medical Consent and Health Care	80
• Consenting to Medical & Mental Health Treatment Chart	84
E. Completing the Placement Package	86
• Deprivation Definitions Chart	90
F. Developing the Child Plan (<i>Educational Surrogate Parent 702 & Educational Decision Maker 701</i>)	93
G. <i>Caseworker/Foster Child/Family Contact Schedule (404)</i>	96
• <i>Foster Care Contacts Chart (405)</i>	
H. Case Management and Monitoring the Child In Care (<i>Visitation 1005</i>)	96
I. Prepare All Parties for the New Placement	97
J. Transition from Placement	101
K. Special Circumstances	103
a. Out-of-State Placements	
b. Minor Mother/Baby	
c. Extending Foster Care Beyond Age 18	
d. Extensions for Youth Receiving Social Security	
e. Converting to Child Only Cases	
f. Medical/Dental Records for Youth Exiting Care Age 18 or Older	
L. Required Case Reviews (<i>PPC 1101</i>)	
M. Driver's License for Youth in Placement	111
N. Prudent Foster Caregiver Standards	115

Permanency In Alternative Settings: Case Decision Point #5: 117

Permanency: *Critical Standards*

A. <i>Permanency Planning Committee (1101)</i>	118
B. <i>Termination of Parental Rights (612)</i>	118
C. Concurrent Planning	118
D. Permanency Hearing (Family Court)	120
E. <i>Exploring Adoptive Resources (1102)</i>	121
F. <i>Pre-Placement Adoption Services (1104)</i>	121
F-2 <i>Approval of Fost/Adopt Homes (1103)</i>	121
G. Required Case Reviews	121
H. <i>Adoption Placement Supervision (1105)</i>	121
I. <i>Adoption Petitions to the Court (613)</i>	121
J1. <i>Adoption Assistance/Subsidy (503)</i>	121
J2. <i>Medicaid (503)</i>	121
J3. <i>Psychological Subsidy (503)</i>	121
J4. <i>Non-Recurring Adoption Expenses (503)</i>	121
J5. Appeals/Fair Hearing	121
K. <i>Guardianship (1106)</i>	122
L. APPLA: Compelling Reasons (1107)	122
M. APPLA: Diligent Efforts (1107)	122
N. APPLA: Long Term Foster Care Agreement (1108)	122

Table of Contents	Page
Independent Living Preparation: Case Decision #6	123
Independent Living: <i>Critical Standards</i>	
A. Eligibility (1201)	123
B. Initiating Independent Living Services (1201)	123
C. Basic Life Skills Assessments (1202)	123
D. Completing an IL Service Plan/Plan Reviews (1203)	123
E. Basic Life Skills Development and Training (1204)	123
F. Transition/Exit Conference and Planning (1206)	124
G. Transitional Housing Arrangement (1207)	124
H. Independent Living Aftercare (1208)	124
I. Termination of Aftercare Independent Living Services (1209)	124
J. Victims of Sex Trafficking (415)	124
Administration	125
Administration: <i>Critical Standards</i>	
A. <i>Substantiation Hearings (Pre 2/1/03 Incidents) (1501)</i>	125
a. <i>Notification Letters</i>	
b. <i>Substantiation Hearing Request Process</i>	
c. <i>Hearing Officer Procedures – Not Listed in Regulations</i>	
d. <i>Appeals to Family Court</i>	
B. Appeals/Fair Hearing - Treatment, Foster Care, Adoption	125
C. Confidentiality	126
D. DELJIS	127
E. Locating Parents	128
F. Parental Substance Abuse	129
G. <i>Petition for Substantiation/Removal from the Registry (Post 2/1/03 Incidents) (1501)</i>	131
a. <i>Notification Letters</i>	
b. <i>Hearing Request Forms</i>	
c. <i>Petition for Substantiation in Family Court</i>	
d. <i>Removal from the Child Protection Registry</i>	
e. <i>Criminal Charges, Proceedings, and Outcomes</i>	
f. <i>FOCUS</i>	
H. Transportation	131
I. NCIC	132
J. <i>Sex Trafficking Legislation (Human Trafficking 415 & Missing Children 414)</i>	133
Placement Resources	134
Foster Home: <i>Critical Standards</i>	
A. Recruitment of Foster Family Homes	135
B. Approval of Foster Family Homes	135
C. Financial Support for Foster Family Homes	143
D. Monitoring and Supporting Foster Parents	145
E. <i>Standards for Department Employees to Become Approved Foster Family Provider (1307)</i>	154
F. Respite Care	154

Table of Contents

Page

G. Emergency Foster Care	158
H. Documenting Approval of Foster Homes	160
I. Assessing Non-Approved Relatives/Non-Relatives	164
J. Foster Youth Drivers	165
K. Prudent Foster Caregiver Standards	165

Principles for Child Welfare Practice	
<p>“It is the intent of the General Assembly that the primary purpose of the child welfare policy of this state shall be to ensure the best interest and safety of the child, including preserving the family unit whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide for comprehensive protective services for abused and neglected children by mandating that reports of such abuse or neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services.”</p>	<p>Child Abuse Prevention Act of 1997</p> <p>State of Delaware</p>
<p><i>Based on the enabling legislation and good practice standards, the Division operates its child abuse and neglect services guided by the following principles.</i></p>	
<p>It is the policy of the Division of Family Services that the protection and safety of a child is always its first priority. Services provided are child centered and family focused. The Division of Family Services has a comprehensive Child Safety Model for the purpose of “promoting the well-being and safety of children and their families through prevention, protection and permanency.”</p>	<p>One</p>
<p>The Division uses the Safety Assessment and Planning System to assess immediate safety concerns and implement needed safety responses. This system is used throughout a family’s work with the Division.</p> <p>A child is deemed safe when consideration of available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of serious harm, and no safety interventions are necessary.</p>	<p>Two</p>
<p>Nationally and in Delaware, 50% to 80% of the families served in child protective services have been affected negatively by alcohol or other drugs.</p> <p>Parental substance abuse in and of itself is not child abuse or neglect. However, parental substance abuse often seriously impacts parents’ ability to meet children’s needs and reduces their ability to provide a safe environment. Caseworkers must focus on the risks associated with parental substance abuse and the behavior of the parent:</p>	<p>Three</p>

Principles for Child Welfare Practice	
<ul style="list-style-type: none">• Depending on the effects of the type of drug used, parents may be unavailable to attend to their children's basic needs and emotional needs while using.• Children may be left alone physically while the parent obtains and uses substances.• Money which is needed for food, shelter and other necessities may be spent on substances.• Children in substance abusing families are more likely to experience frequent moves and homelessness. They are often exposed to criminal activity including domestic violence.• Because parents who abuse substances have poor impulse control, children are more likely to be abused or neglected.	Three
<p>Because of the relationship between parental substance abuse and child abuse or neglect, the presence of substance abuse will always be assessed in determining safety and the need for protective services. When parental substance abuse is known or suspected, DFS will refer to a substance abuse treatment agency for evaluation and recommendations. Substance abuse will be specifically ruled present or out during all assessments. This policy pertains to reports at any stage of activity with the Division, including those received by the report line, cases under investigation and open in treatment and adoption.</p>	Four
<p>Evaluating the safety of a child is a discrete function within DFS that is separate from validating the presence of child abuse or neglect and assessing and identifying risk of maltreatment.</p> <p>A child's safety shall be assessed:</p> <ul style="list-style-type: none">• At the time of the initial face to face contact with the identified victim and household caregivers; and• Prior to returning a child home; and• Prior to case closure; and• Whenever circumstances suggest that the child's safety may be jeopardized.	Five
<p>Consent to obtain and release information will be requested from and signed by the parent, custodian, guardian, or child over age 12 years for every case opened for initial assessment or treatment.</p>	Six

Principles for Child Welfare Practice	
<p>The Initial Assessment shall identify and analyze family strengths and safety influences (negative factors which place the child at risk of maltreatment) to determine if the child is safe or, if not safe, those factors which continue to affect the risk to the child.</p> <p>There are two time frames in which staff evaluate safety, as follows: case circumstances are explosive requiring immediate decisions and actions based on alarming and clear information (occurs in one day), or case circumstances allow for deliberate information gathering and assessment (occurs in a few days).</p>	Seven
<p>Safety evaluations which result in a safety plan MUST control for safety from the present time, and beyond the family assessment when case circumstances require continued control for the safety of children.</p>	Eight
<p>Evaluating the safety of a child is a discrete function which is separate from validating the presence of child abuse or neglect and assessing and identifying risk of maltreatment</p>	Nine
<p>Many families experience disruption or continued disruption when they cannot provide a specific basic need at a single point in time. Casework, by itself, may not be effective when a family is without housing, transportation, food, medication, etc. It is the belief of the Division that the provision of a needed emergency placement prevention service with casework aimed at preventing the recurrence of the problem has several benefits:</p> <ul style="list-style-type: none"> • maintenance/promotion of family unit integrity • development of problem-solving skills • reduction in number or length of placements • improve outcomes for children 	Ten
<p>It is good social work practice to involve parents in case planning. This includes informing parents of their rights and responsibilities when major decisions regarding their children are being made. It is important that parents make placement decisions voluntarily and knowingly. The Division is committed to achieving permanency in the shortest possible period of time.</p>	Eleven
<p>The Division is committed to maintaining a child with his or her family as long as safety and permanence can be achieved and to returning the child to the family as soon as that is possible.</p>	Twelve

Principles for Child Welfare Practice	
Foster care and other out of home care placements are temporary services to achieve safety for a child. When a child is placed in foster care, the caseworker will diligently work with the family to reduce the risk and achieve the case plan so that the child may return home as quickly as possible.	Thirteen
When it is determined that a child needs to be placed in out-of-home care, the child's age, relationship to parents and siblings, his physical, intellectual and emotional composition must be considered in selecting the most appropriate placement to meet his needs.	Fourteen
Placement of children outside of their home should take place only as an intervention necessary for the protection of the child. While separated from the family, any positive relationships the child may have had with family members should be maintained if they are in the best interest of the child. In determining a visiting schedule, the caseworker will take into consideration the amount of time that a child can tolerate before he begins to form a new psychological bond.	Fifteen
It has been established that the number of moves a child has disturbs his stability and impacts negatively upon emotional development.	Sixteen
Both the child and the family must be adequately prepared for the child's move into the family in order to achieve permanency in adoption.	Seventeen

<u>Intake: Case Decision Point #1</u> #1.1 Screen the Report – Accept or Reject for Investigation #1.2 Determine Urgency for Response	Intake
<p>Purpose</p> <p>The Division receives and screens reports alleging abuse, neglect, and/or dependency to determine if an investigation is appropriate to protect the safety of children in the State of Delaware in accordance with the Child Abuse Prevention Act of 1997.</p> <p>Scope</p> <p>The Division is mandated to receive reports twenty-four (24) hours a day, seven (7) days a week and receives reports by telephone, in writing, or in person.</p> <p>Decisions</p> <p>A. The Intake caseworker will determine whether the report:</p> <ol style="list-style-type: none">1. Involves a child(ren) between the ages of birth to 18.2. Alleges child abuse, neglect, or dependency as defined in statute or risk thereof.3. Alleges intra-familial or institutional abuse. <p>B. When the Intake caseworker has collected and assessed all of the information the supervisor must make the final decision to:</p> <ol style="list-style-type: none">1. Screen the report – accept or reject for investigation.2. Determine the urgency for response. <p>Client Pathway</p> <p>The Intake Flow Chart illustrates the process by which a report comes into the Division, the decision that will be made for each situation and the resulting outcomes for each decision.</p>	Client Pathway

[illegible]

To Search for a Call

- a. Complete steps a-f in A-2.
 - b. The search can be conducted by the catalogue (will search every day for 6 months), the date (if you do not know who made the call), or by phone extension
 - c. Type if the field and value, click on the binoculars or hit enter
 - d. Delete the field and value after the search is completed
- A-2. The caseworker will immediately complete a FOCUS Family Abuse Report when the purpose of the telephone call is to report child abuse, neglect or dependency, or risk thereof, by a parent, custodian, relative, or by a person acting in a caretaker role (e.g., paramour of the parent).
- A-3. The person completing the hotline report will request information about known or suspected substance abuse and domestic violence, which is documented in the hotline report.
- A-4. When other pertinent information is needed to direct staff in locating an individual or there are concerns about staff safety, the Intake caseworker will note this information on the Family Abuse Report.
- A-5. The Intake caseworker will record information gathered during the Intake process on the FOCUS Family Abuse Report. The narrative of the report will only contain the information known to and given by the reporter. Additional information discovered by Intake staff subsequent to receiving the report (e.g., from the Division's historical records in CYCIS and FOCUS) will be documented in the Intervention Notes/Directions or CYCIS/FOCUS Inquiry sections of the FOCUS Family Abuse Report.
- A-6. When a written report is received, the Intake caseworker transfers the information to the narrative section of the FOCUS Family Abuse Report.
- A-7. When there is insufficient information to make decisions about the appropriateness of the report for the Division of Family Services or the urgency for response, the Intake caseworker will contact the reporter for additional information, if possible.
- A-8. The Intake caseworker should obtain sufficient information from the reporter to:
- a. Identify and locate the child(ren), the parent or caretaker.
 - b. Determine if the report is appropriate to DFS.
 - c. Assess the seriousness of the situation and consider the urgency for response.
 - d. Understand the relationship, role, actions and motives of the reporter.
- A-9. In the process of gathering the information from the reporter, the Intake caseworker will consider the following:
- a. Is the reporter's source of information personal or from other sources?
 - b. What is the level of knowledge about this family?
 - c. Is the reporter able to give consistent information?

**Searching
for Call**

Intake

**Information
from the
Reporter**

- d. Is the information being reported by a person outside the family, by a professional, or by another person who is in regular contact with the child?
- e. Determine whether violence is indicated.

A-10. Lack of information must be interpreted as reason for concern.

A-11. The Intake caseworker will make an inquiry into FOCUS and CYCIS regarding reported household members to determine if the DSCYF has possible information on any family member that might be useful in the investigation. If information indicates any of the following situations, these must be noted in the CYCIS/FOCUS Inquiry section of the FOCUS Family Abuse Report:

- a. A family member or individual in the household has been active or is currently active with any Division within DSCYF
- b. A family member or individual in the household is or has been active with the Division's Office of Child Care Licensing

A-12. A review of DELJIS may be conducted by the Report Line to:

- a. Assist the screening of reported information
- b. Verify criminal history information in the report
- c. Locate a family active with the Division when the whereabouts of the family are unknown; and to
- d. Assess the potential safety issues for the investigator going to the home

When the Report Line has not conducted a review of DELJIS, the assigned investigator must conduct a review of DELJIS prior to response.

A-13. If a family member or individual in the household has a criminal history in DELJIS, this must be noted on the FOCUS Background Check Findings screen. This screen is accessible to Division staff only, with the exception of the Report Line.

A-14. When the name of the alleged perpetrator is unknown, the case will be opened in the custodial parent's name.

A-15. Release of the Reporter's Identity or Report Line Audiolog

A-15.1 Upon receipt of a subpoena for disclosure of the reporter's identity or a copy of the Report Line Audiolog, the caseworker shall fax a copy of the subpoena to a regional Deputy Attorney General to discuss the origin of the subpoena.

A-15.2 If the subpoena originated with a party that is not a Federal, State, or local governmental entity, or any agent of such entity involved in the investigation, assessment, prosecution, or treatment of child abuse and neglect, the caseworker shall request that the Deputy Attorney General oppose the subpoena.

**Search for
Historical
Information**

**DELJIS
Criminal
History
Check**

**See
DELJIS
User
Manual
for
Appropriate
Search
Screens**

<p>A-15.3 If the subpoena: (1) originated with a party that is a Federal, State, or local governmental entity, or any agent of such entity involved in the investigation, assessment, prosecution, or treatment of child abuse and neglect, and (2) specifies why disclosure of the reporter's name or a copy of the Audiolog may assist in the investigation, assessment, prosecution, or treatment of child abuse and neglect, and thereby protect children, the caseworker shall release the information. A Reporter/Report Line Audiolog Disclosure Letter (Document Number 37-06-10/06/02-16) shall be included with the release of the reporter's identity or copy of the Report Line Audiolog.</p>	<p>Release of the Reporter's Name or Report Line Audiolog</p>
<p>B. Screening Reports</p>	
<p>B-1. The following situations must be processed as new reports regardless of case activity in the Division, i.e., family unknown to the system, family was previously opened, currently in Investigation or in Treatment:</p> <ul style="list-style-type: none"> a. New incident of abuse or neglect – This includes any incident that is different from what was previously investigated or currently being investigated. It does not matter if both incidents were the same type such as physical abuse or sexual abuse. b. Different victim – This occurs when the information alleges abuse/neglect to a child other than the child originally alleged to be or substantiated as a victim. c. Different perpetrator – This occurs when the information alleges a different parent/custodian/caretaker is the perpetrator rather than the individual originally alleged or substantiated (e.g., mother rather than the father). d. Court Order – This occurs when Family Court orders (per court order) DFS to investigate. Note: When documents (e.g., copies of petitions) are mailed to DFS and DFS' role is unclear, the Report Line should fax the court order or documents to the Regional Deputy Attorney General who should obtain clarification from the Court. e. Serious Injury – a serious injury is a non-accidental injury that (1) appears to have an assignable cause originating with the parent/caretaker and requires hospitalization and (2) includes life-threatening neglect requiring hospitalization. f. Potential criminal charges – any new act perpetrated against a child that may result in criminal charges against the parent/caretaker. It does not matter if the new act is similar to a previous act that did not result in a charge. A report of intrafamilial abuse/neglect should be taken even if the police will be the primary investigators (e.g., baby selling, kidnapping, child pornography). g. Runaway – Out-of-state runaways reported by the police are to be considered dependent children unless the child has proof of legal emancipation in another state. h. If substance abuse has not been identified as a known risk factor in an existing Treatment case at the time the hotline report is made regarding the drug- 	<p>Situations Processed As New Reports</p>

<p>exposed newborn, the case will be assigned an urgent response time and the assigned investigation worker will complete a full investigation.</p> <p>B-2. The following situations should be written as FOCUS Progress Notes:</p> <ul style="list-style-type: none"> a. Duplicate report – This occurs when two or more reports are made regarding the same abuse/neglect incident and the first incident is currently being investigated. b. Collateral contacts – Collateral contacts are often made to the caseworker by professionals or relatives to update information on a case. When the information indicates a <u>continuation</u> of abuse/neglect previously substantiated, it should be written as a progress note. c. Runaway behavior/AWOL – These behaviors are generally reported about children in the custody or care of DFS by facilities such as foster homes, group homes or shelters. <p>B-3. The Intake caseworker will instruct the reporter to notify the appropriate law enforcement authority when a report of maltreatment is received involving a child from birth to 18 years of age in which the maltreater is not the parent, custodian, caretaker, or child care facility.</p>	<p>Situations Processed as FOCUS Progress Notes</p>
<p>B-4. The following reports shall not be accepted absent allegations of child abuse, neglect, or dependency:</p> <ul style="list-style-type: none"> a. Adolescent issues – parent/child conflicts, individual adjustment problems, alcohol and other drugs, mental health problems. b. Self-referrals to access Division contracted services. c. School reports alleging child is afraid to go home due to fear of abuse (e.g., poor report card), but no known prior child abuse. d. Placements with non-relatives for the purpose of attending a specific school for a specific period of time. e. Referrals from Family Court requesting home studies for custody or visitation as a result of a contested divorce or other dispute – request the assistance of the Deputy Attorney General regarding court orders. <p>For the above and all other inappropriate reports, the Intake caseworker shall provide available information about community resources to the reporter.</p>	<p>Inappropriate Reports</p>
<p>B-5. When insufficient information is provided to identify/locate the family, or to make a decision to either accept or reject the report, the Intake caseworker shall seek additional information, if possible, from the reporter or other information sources (Office of Child Care Licensing, law enforcement, Division of Public Health, Probation and Parole, DELJIS).</p>	<p>Insufficient Report Information</p>

<p>C. Special Circumstances</p> <p>C-1. Serious Injury/Child Death Please refer to Policy 204 – Serious Injury Child Death Reports</p>	
--	--

**Medical
neglect/
religious
exemptions**

C-2. Medical Neglect/Religious Exemptions

1. The caseworker will contact the Deputy Attorney General to discuss the report and to confirm the appropriate petition to be filed.
2. The Division will file a petition to seek guardianship whenever religious belief is the basis of medical non-treatment. Because the child is a minor and the parents will not consent, the child needs a guardian to protect his/her best interest. Guardianship has no dependency/neglect issues. The Division's petition for guardianship should be limited to medical treatment.
3. The petition for guardianship should address why the parents are refusing to consent to medical treatment, the medical diagnosis of the child, the child's current medical condition, and prognosis if the recommended medical treatment is ordered.
4. When the caseworker is unable to file a petition for guardianship, the caseworker will file a dependency/neglect petition for custody. However, Delaware statute and case law may preclude a finding of dependency/neglect if the parents belong to the Church of Christ Science, resulting in custody being retained by the parents.
5. The caseworker will initiate an investigation of a report of medical neglect based on religious belief.

C-3. Home Alone

1. When a report is made to the appropriate law enforcement jurisdiction, the law enforcement jurisdiction will determine whether a criminal investigative response is warranted. When a criminal investigative response is warranted:
 - a. The Division staff and law enforcement jurisdiction will communicate and coordinate a response. The appropriate law enforcement jurisdiction will take the lead in the joint investigation, and the caseworker will begin the investigation process following Division policy.
2. When a report is made to the appropriate law enforcement jurisdiction, and a criminal investigative response is not warranted, the caseworker will begin the investigation process following Division policy.
3. When a report alleges that a parent/custodian/caretaker has left a child alone or without adequate supervision, and the whereabouts of the parent/custodian is unknown:
 - a. The caseworker will request that law enforcement transport the child to the police station or Division office to meet with the caseworker when the whereabouts of the parent/custodian is unknown. The caseworker will then begin the investigation process following Division policy.
4. Division staff will assess and document factors to determine the ability of a child to be left without supervision in consideration of other factors such as the child's level of functioning, maturity, physical and mental health, disabilities, length of time left alone and time of day.

C-4. Institutional Abuse

Institution al Abuse

1. The Report Line caseworker will accept institutional abuse reports. The caseworker will record the report on the FOCUS Facility Complaint screen and check the Institutional Abuse box.
2. The DFS Report Line will check in FOCUS (Person Search, Licensing Search, CYCIS Inquiry, Provider Screening, and Hotline Search) to determine if the perpetrator or victim had current or previous activity with DSCYF. Any activity should be noted in FOCUS. During periods of computer downtime, the Report Line staff shall use a hard copy of the FOCUS Facility Complaint Screen. As soon as the system is available, this information must be entered into the system. Delays in entry into the computer system will be noted in FOCUS.

Each report of institutional abuse is to be screened by the DFS Report Line supervisor for completeness of information, prior Division activity on FOCUS, and the appropriateness of referral. A response time will be assigned in compliance with OCS policy.

If appropriate, the DFS Report Line Supervisor will assign the report to the Institutional Abuse Supervisor. The Institutional Abuse Supervisor will notify the appropriate Regulatory Body that an institutional abuse report has been accepted.

In some instances, reports to the Report Line will allege “Delacare” violations that are not child abuse/neglect. These reports, which are entered on the FOCUS Facility Complaint Screen, will be forwarded to the appropriate Regulatory Body.

Intake Responsibilities are as follows:

- a. *Facility Reports:* When a case is active with DFS, the Report Line Supervisor will send a certified e-mail to:
 - 1) Notify Regional OCCL Supervisor; also notify DSCYF Contract Manager if applicable.
 - 2) Regional OCCL Supervisor notifies assigned facility licensing specialist.
 - 3) Inform facility about the report.
 - 4) Facility informs parents/custodian(s) of alleged victims.
- b. *DFS Foster Home Reports:* When a case is active with DFS, the Report Line Supervisor will send a certified e-mail to:
 - 1) Notify assigned Regional Foster Care Unit Supervisor.
 - 2) Foster Care Unit Supervisor notifies assigned Foster Care Coordinator and the caseworkers of other children in the foster home.
 - 3) Inform alleged foster parent perpetrator about the report.

- 4) The DFS caseworkers for the alleged victims will inform the parents/guardians.

When the Institutional Abuse Report involves adults or children with active Interstate Compact Cases, the DSCYF Interstate Compact Administrator must be notified.

Report Line staff will notify OCCL and the appropriate police jurisdiction when the Division receives child abuse/neglect reports about unlicensed facilities. (Only OCCL should be notified if no child abuse/neglect is alleged).

Immediate face-to-face contact by the DFS caseworker is required when:

- 1) The administrator of the facility is implicated in the allegation and there is no other person in a position to credibly assess risk to the child.
- 2) It is not known whether the facility can or will take action to ensure the safety of the child.
- 3) A child needs medical examination or treatment due to abuse or neglect and no medical care is being provided.
- 4) A child is seriously injured.
- 5) A child is at continued risk of harm.

Contact within 24 hours by the DFS caseworker is required when:

- 1) There is any injury to the child.
- 2) There is no evidence that abuse is likely to occur within the 24- hour period following the report.

Institutional Abuse Reports Made After-Hours

- 1) When a report of institutional abuse is made to the Report Line after normal work hours, the screening process will be the same as during regular work hours.
- 2) In addition to reviewing the FOCUS Facility Complaint Screens for completeness of information and appropriateness of referral, the after-hours supervisor will also determine the need for response by after-hours staff.
- 3) The DFS after-hours caseworker will conduct an assessment, when required.
- 4) The DFS after-hours caseworker shall not interview the alleged perpetrator or witnesses.

When an institutional abuse report involves a Delaware resident at a known DSCYF contracted out-of-state facility, the Report Line staff will immediately contact the child protection agency or the police in that state to request an investigation, if the report has not already been made. If the caller states a report has been made to the child protection agency or police in the other state, the Report Line staff must confirm the report was made.

C-5. Safe Arms for Babies

Please refer to [POLICY 602 – Safe Arms for Babies](#)

C-6. Extrafamilial Abuse

C-7. Substance Exposed Infant

Please refer to [Policy 901 – Infants with Prenatal Substance Exposure](#)

C-8. Dependent Children Active with the Division of Prevention and Behavioral Health Services or the Division of Youth Rehabilitative Services

1. A report accepted involving a child who is expected to successfully complete (i.e., having met primary treatment goals) DPBHS residential treatment services within 90 days will be assigned a routine response time (within 10 calendar days).
2. A report accepted involving a youth age 13 or younger detained in a Division of Youth Rehabilitative Services Detention Facility for one or more misdemeanor charges of a less serious nature will be assigned a urgent response time (within one hour).
3. A report accepted involving a youth age 13 or younger detained in a Division of Youth Rehabilitative Services Treatment Facility for one or more felony or serious misdemeanor charges will be assigned a urgent response time (within 24 hours).
4. A report accepted involving a youth in a Division of Youth Rehabilitative Services Treatment Facility or Correctional Facility will be assigned a routine response (within 10 calendar days).

**Abandoned
Baby**

**Dependency
DPBHS/DYRS**

FORMS UTILIZED:

Child Abuse/Neglect Mandatory Report Form
[Serious Injury/Death](#)
Child Death Data Sheets

FOCUS EVENTS:

FOCUS Hotline Family Abuse Report
Facility Complaint Screen

TRAINING MODULES:

Risk Management
DELJIS
Domestic Violence
Substance Abuse

INTAKE & INVESTIGATION OF CHILD ABUSE AND NEGLECT ON OPEN TREATMENT CASES

All investigations of reports on active treatment cases will be conducted according to investigation policies and procedures.

Intake Process	
<ul style="list-style-type: none"> • New Report • Report is screened and accepted or rejected • Report Line supervisor alerts treatment worker and supervisor by e-mail that a report has been accepted • Investigation is worklisted to investigation supervisor 	
Investigation Process	
<ul style="list-style-type: none"> • Collaboration with treatment worker and supervisor is based on child safety; investigation supervisor determines when contact with treatment supervisor occurs • Case is assigned to investigation worker • Case is investigated per policy including: <ul style="list-style-type: none"> • historical information • safety assessment • collateral contacts • interviews with all parties – investigation worker can request treatment worker's assistance if necessary and treatment worker can request to be present • criminal background checks 	
Placement Process	
Placement During Investigation if Assigned Treatment Worker Cannot Be Made Available	Placement During Investigation if Assigned Treatment Worker Can Be Made Available
Investigation Duties: <ul style="list-style-type: none"> • medical exam • petition • request foster home • approval of relatives if appropriate • placement • probable cause hearing • testify at adjudicatory hearing 	Investigation Duties: <ul style="list-style-type: none"> • medical exam • petition • joint placement • probable cause hearing • testify at adjudicatory hearing
Treatment Duties: <ul style="list-style-type: none"> • Child Plan, follow up visit • Placement even in FOCUS • all placement paperwork, LOC • physicals • attend probable cause hearing • coordinate adjudicatory hearing • case planning • school notification/registration • notify service providers 	Treatment Duties: <ul style="list-style-type: none"> • may assist with medical exam • request foster home/approve relatives • joint placement • Child Plan, follow up visit • all placement paperwork, LOC • attend probable cause hearing • coordinate adjudicatory hearing • case planning • school notification/registration • notify service providers

Investigation & Assessment

- ### Decisions:

Is This Child Safe?

- ## Is This Child Maltreated?

D-3. Is there a preponderance of the evidence (50% or greater likelihood) to civilly substantiate child abuse or neglect?

- If so, what is the appropriate Child Protection Level?

Is Initial Placement Required?

Case Process:	
A. Investigation Protocol	
<p>A-1. The Division caseworker upon receipt of a report of abuse or neglect will assess the allegation to determine if the police should be contacted. The Division caseworker will contact the appropriate police department when a report indicates a crime may have been committed against a child by the person responsible for the care, custody, and control of the child. (Note: care, custody, or control is not needed when sexual abuse is alleged).</p> <p>A-2. Prior to initial contact with the family, the investigation worker will review the content of the FOCUS Family Abuse Report and will determine whether any member of the family/household is/has been active within DSCYF or the Office of Child Care Licensing. The caseworker will complete these preparatory activities unless the supervisor waives the activities due to the urgency of response. The supervisor will document such a waiver in a progress note.</p> <p>A-3. For all cases assigned a Priority 1 (P1) response time, the initial contact must be completed within 24 hours of receipt of the report and include a face to face interview/observation by the caseworker with:</p> <ul style="list-style-type: none"> • The identified victims in the report, • Any other victims identified during the initial contact, and • The household caregivers. <p><u>Not Safe</u> When the reported victims are determined to be not safe, all other children not identified as victims must be interviewed/observed within 24 hours of receipt of the report.</p> <p><u>Safe</u> When the identified victims are determined to not be victims or the victims are determined to be safe, other children that have not been identified as potential victims will be interviewed/observed within 10 calendar days of receipt of the initial report. (For expediency, the children not identified as potential victims may also be interviewed/observed during the Initial Contact if available).</p> <p>The caseworker will provide, at minimum, information on all P1 responses to the supervisor within 10 calendar days of the date the report was accepted.</p>	<p>Joint Investigations / Law Enforcement</p> <p>Begin with Record Review and a Historical Review</p>

- A-4. For all cases assigned P2 or P3 response times, the initial contact must be completed within 3 and 10 calendar days, respectively of the receipt of the report and include a face to face interview/observation by the caseworker with:
- The identified victims in the report,
 - Any other victims identified during the initial contact, and
 - The household caregivers.

When the reported victims identify other potential victims, and those victims are not available for interview/observation during the same contact, the caseworker will interview/observe the other potential victims within the designated response time for the report.

Not Safe

When the reported victims are determined to be not safe, all other children not identified as victims must be interviewed/observed within 24 hours of the determination that the reported victims are not safe.

Safe

When the identified victims are determined to not be victims or the victims are determined to be safe, other children that have not been identified as potential victims will be interviewed/observed within 20 calendar days of receipt of the initial report. (For expediency, the children not identified as potential victims may also be interviewed/observed during the Initial Contact if available).

- A-5. Please refer to [Policy 405 – Diligent Efforts for Contacts](#)

- A-6. Upon initial telephone or face-to-face contact, the Division of Family Services Investigator will notify the individual who is the subject of a child abuse and neglect report of the reported allegations against the individual (e.g., physical neglect, sexual abuse), except where circumstances indicated prior notification will endanger the safety of the child or when law enforcement requests that the Division not contact the alleged perpetrator. When the report indicates there may be more than one individual responsible for child abuse or neglect, all individuals shall be notified.

In addition, when the parent/custodian of the child is not the subject of the investigation, the Division will inform the parent/custodian that a report has been made prior to initiating an investigation. These notification contacts should be documented in FOCUS.

- A-7. The investigation worker shall make personal contact with the involved child(ren), parent/custodian, or caretaker within the assigned response time. It is important for the caseworker to make contact with the victimized child(ren) during the first interview in order to immediately begin assessing safety and the degree of risk.
- A-8. Division staff is not required to advise the family members about their Miranda Rights because the Division conducts civil, not criminal, investigations. When the police are involved in a joint or concurrent investigation with the Division, it is their responsibility to advise the family members about their Miranda Rights. Furthermore, Division staff shall not discuss polygraph (lie detector) testing with family members. Division staff shall inform family members as follows: “The only advice I am authorized to give you about polygraph testing

**Required by
CAPTA**

**No Miranda
Rights**

is that you should contact your attorney or the agency that issued the polygraph regarding the results.”

- A-9. When possible, family members should be interviewed alone in the following order:

- The identified child victim(s);
- Siblings and other children in the home;
- Adult caretakers who are not alleged to have maltreated the child;
- The person who allegedly maltreated the child; and
- The family as a whole.

All interviews should be documented in the FOCUS Initial Contact Note or subsequent FOCUS Progress Note. Observation of non-verbal children should also be documented.

- A-10. When the person who allegedly maltreated the child resides in a different household, any children residing in that household shall also be interviewed, as well as the adult caretaker not alleged to have maltreated the child.

- A-11. Regardless of whether or not substance abuse is mentioned in the Hotline report, the investigation caseworker will assess the use of substances during their interviews and in completing the investigation risk assessment.

- A-12. The investigation worker shall assess the presence of domestic violence by the caretakers. Adult victims of domestic violence should never be interviewed in the presence of the alleged abuser.

- A-13. When a child has been placed out of the home, the investigator should dispose of the case within 20 calendar days. This will enable the Division to better comply with the case planning timeframes of the Adoption and Safe Families Act (ASFA).

- A-14. If the investigation process exceeds 45 calendar days the caseworker will document the circumstances. Authorization or an extension must be approved by the supervisor and documented in a Progress Note.

- a. Investigation Cases open for longer than 45 days will need a contact schedule established by the supervisor and documented in a Note or Case Conference. The Investigation Supervisor should take into consideration the current SDM® Caregiver Safety Assessment.

No Safety Plan	Safety Plan	DFS Custody
Biweekly-Monthly	Weekly-Biweekly	Monthly

- A-15. The investigation worker shall make one or more contacts with the family to gather enough information to determine the safety and risk to **all** children, as well as the need for continued service by this Division. Analysis of these factors will be assisted by the worker’s understanding of the family’s strengths and needs.

These contacts shall include, but not be limited to:

Interview Protocol

Always Assess for Substance Abuse And DV

Disposition Timeframes Determined

- a. All children in the home. Children who are verbal shall be interviewed and non-verbal children shall be observed; and
 - b. All adults residing in the household with caretaking responsibilities for the child(ren) must be individually assessed for risk to the child(ren); and
 - c. A parent not residing in the household who has routine contact with the alleged victimized child(ren); and
 - d. An adult caretaker (e.g., paramour, relative) not residing in the household who is alleged as a perpetrator in a report under investigation.
- A-16. All contacts shall be documented in FOCUS progress notes. Ideally, the contacts should include the following information:
- Date of contact.
 - Time of contact.
 - Type of contact (e.g., home visit, telephone call to/from).
 - Who was involved in the contact (e.g., name of Division staff, name of family member, collateral name).
 - Note if the person recording the contact is different than the parties involved in the contact.
 - Purpose of the contact (e.g., worker called to discuss, client called because).
 - How were the parents and children interviewed (e.g., sequence, alone or in combinations)? Why was it done this way?
 - Note if the perpetrator was only interviewed by the police and DFS observed the interview.
 - Was the victim interview conducted by the CAC? Document if DFS observed the interview.
 - Describe observations (e.g., appearance of the home – if dirty describe what was observed, demeanor of parties interviewed).
 - Detail of the interview (e.g., what each family member said about the allegations, if the children are safe, existence of substance abuse, existence of domestic violence, etc.)
- Information should be factual. The worker's impressions should be clearly labeled as impressions and should explain why the worker had those impressions.
- A-17. During the investigation, the caseworker will encourage the family to sign the appropriate Consent to Obtain/Release Information Form.
- A-18. The Division will share a copy of the signed consent form with individuals the Division is requesting information from and will request a copy of a signed consent when other parties, individuals or agencies request information from the Division.

**FOCUS
Progress
Notes**

**Obtain
Informed
Consent**

- A-19. If the family is unwilling to consent to the Division obtaining information, the parent cannot be located, or the parent refuses to meet face-to-face with the caseworkers, and the child is in significant risk and information is needed immediately, the Division is permitted to request relevant information without a signed consent.
- A-20. Alcohol and other drug information, sexually transmitted disease information, and HIV/AIDS information can only be obtained and/or shared with a specific signed consent. The information should be documented in a running Progress Note labeled “Federally Protected.”
- A-21. All reports assigned for investigation must include a minimum of two collateral contacts for additional information. Collateral contacts are to be made during the course of an investigation (not at the conclusion of the investigation) for the purpose of obtaining additional information to assist the caseworker in the decision-making process. It is the responsibility of the caseworker to determine and select the appropriate collateral contacts, alone or in consultation with the supervisor, based on the allegations in the report and other factors learned about the family during the investigation. A collateral contact may or may not have been involved with the family prior to the report. The caseworker should consider the subjectivity/objectivity of any relative used as a collateral.
- A-22. Collateral contacts with law enforcement shall document the date and time of the contact but shall not contain information about the law enforcement officer’s personal impressions or reveal details about the investigation.
- A-23. The investigation shall include a review of the criminal background information (DELJIS) of the adult household members and juveniles over age 13. The family’s consent is not needed for Division staff to obtain DELJIS information. The caseworker will document the results of the search in the FOCUS Criminal Background Checks finding screen as a note labeled “History.” NCIC should be searched as needed.
- A-24. Former (still working at DFS) or current caseworkers (active Treatment case) providing services to the family should be consulted to gather information. In addition, if other DSCYF Divisions are active with a child those caseworkers should be consulted.
- A-25. The Investigation shall include a review of previous hotline reports, a review of previous risk assessment narratives and investigation dispositions, a review of treatment case closure narratives, and termination of parental rights reports if accessible. The caseworker will summarize information from the historical review in a FOCUS Progress Note labeled “History.”
- A-26. If the family indicates or the caseworker has reason to believe the family may be or may have been active with another state, information should be requested from that state.
- A-27. All information gathered shall be entered on the appropriate FOCUS event within 48 hours of receipt.

**Interview
Collateral
Contacts**

**See Collateral
Contact Chart
on page**

**SEE: DELJIS
User Manual
for
Appropriate
DELJIS
Screens**

**Historical
record Review**

There must be documentation of the child's verbal skills or ability to respond to the worker or others if the child is non-verbal. There needs to be a general physical assessment of infants and disabled children (e.g., autistic, mute).

If the Division documents a concern regarding child well-being, the investigation shall document how the concern was addressed and can include:

- Recommendation to schedule an exam and/or assessment per standard of care
- Referral for services
- Family engagement around the identified need

C-2. If the investigation included multiple reports, the FOCUS Risk Assessment Narrative should be clear if the reports had similar or different allegations, whether they were investigated at the same time or in sequence, and what the finding is for each report.

C-3. FOCUS Investigation Dispositions will be selected using the following guidelines:

- a. Maltreatment Founded (Substantiated): An incident of child abuse, neglect or dependency has been substantiated by a preponderance of the evidence. Abuse findings shall be guided by 11 Del. Code § 468. Founded cases of abuse or neglect (not dependency) will be entered on the Child Protection Registry which identifies perpetrators.
- b. Maltreatment Unfounded (Unsubstantiated), but risk exists: An alleged incident of child abuse, neglect or dependency has not been founded or identified if not alleged. However, information gathered indicates risk/safety factors exist for a child. These cases will not be entered on the Child Protection Registry.

Please refer to [Policy 1501 – Child Protection Registry](#)

- c. Maltreatment Unfounded, no treatment.

C-4. The caseworker and supervisor shall decide in a case conference whether the case will be closed or opened for Division treatment services or referred for treatment services by a contracted agency

C-5. Abridged Assessment

- a. The process for abridging a case can be considered when, after the report has been accepted for investigation, information is received that negates the need for further investigation by the Division. These circumstances are unusual and may be considered in the following circumstances:
 - An erroneous report – Example – no heat but a call to the utility company confirms no interruption of service, wrong family
 - Referrals for dependency through another Division or Family Court where it is immediately determined that the information in their report is incorrect. – Example – the parent was not notified of a bail hearing or it was reported that the parent was not willing to take the child and upon our first contact, it is determined the information is incorrect. (Note: If the Division has been awarded custody, at a minimum the Division must abbreviate)

**Abbreviated
FOCUS
Documentation**

**Select
Disposition**

**Abridged
Investigation
Process**

- Referral information which is clearly refuted by medical evidence. – Example – report for abuse but medically determined to be Mongolian spots
 - b. The possible ability of the Division to abridge a case does not negate the
 - a. Division's responsibility to meet the designated response time frames or
 - b. disposition date.
 - c. An abridged assessment includes the following:
 - At least one in person contact with child (victim) and the parent/caretaker.
 - Additional collaterals contacts as needed to rule out maltreatment or risk of maltreatment.
 - d. The required documentation for a false report are initial interview notes and a supervisory case review.
- C-6. The only exception of the use of the FOCUS Investigation Risk Assessment Event is an abridged assessment or Tier One.

D. Special Circumstances	
<p>D-1. Client Lack of Cooperation</p> <ol style="list-style-type: none"> 1. Division staff will pursue face-to-face contact with the non-cooperative and/or non-compliant client in a diligent and timely manner with a focus on assessing the safety of the child(ren). The case may be new (Investigation) or active (Investigation/Treatment). <p>DFS will interview the child without parental/custodial knowledge or consent when the report indicates a child may be at imminent risk of harm.</p> <ol style="list-style-type: none"> 2. The decision to interview a child without parental/custodial consent will be made jointly by the supervisor and caseworker on a case-by- case basis. For example, a child interview without consent may be warranted if the child is currently being sexually abused, if a child has been abandoned, or if the child is a runaway from another state. 3. When a parent who lives outside the home shares legal custody of children, the Division will enlist their assistance when possible to take children for medical examinations/screenings, for example, or to enable the caseworker to find and interview child. 4. This policy does not preclude a higher response level by the caseworker based on the circumstances of the case (e.g., danger-loaded elements) and the age of the child. 5. Priority 1 Response <ol style="list-style-type: none"> a. The caseworker will, at minimum, make two attempts to establish face-to-face contact with both the parent/custodian/caretaker and child, but not 	<p>Client Lack of Cooperation</p> <p>Interviewing A Child Without Consent</p> <p>Urgent Response</p>

more than four unsuccessful contacts during the 24-hour urgent response period, documenting dates and times of attempted contacts.

- b. The caseworker should be creative about ways to make contact with the family such as use of the second and third shifts to make early morning or late evening unscheduled home visits, waiting for a child to be picked up at daycare or school, etc.
 - c. Police assistance will be requested after the second failed contact. (For additional information, refer to the appropriate regional Memorandum of Understanding between DSCYF, the Delaware Police Departments and the Department of Justice).
6. If the caseworker establishes face-to-face contact, but is refused entry to the residence, the parent/custodian/caretaker will be requested to meet with the caseworker in the Division's local office. If this fails, discuss further attempts to contact with supervisor.
7. When the caseworker is responding to an urgent report directly related to hazardous or unhealthy conditions in the residence, and is refused admittance, the caseworker will immediately request police assistance to gain entrance.
8. When all attempts to make face-to-face contact with the parent/custodian/caretaker and child have failed, the caseworker will contact the regional Deputy Attorney General (DAG) to discuss appropriate legal action (e.g., Petition to Compel Cooperation, Petition for Custody). The caseworker will fax to the DAG a completed copy of the Deputy Attorney General's Request to Compel Cooperation with Investigation form.
9. Priority 2 and 3 Responses
 - a. The caseworker will, at minimum, make two attempts to establish face-to-face contact beyond the initial contact attempt (within 10 calendar days). The second and third attempts are to be made between 10-15 calendar days. After the third attempt, the caseworker will send the parent/custodial/caretaker a form letter (one certified, return receipt requested and one First Class U.S. mail) which cites the Delaware Code and advises the parent/custodian/caretaker if s/he does not meet with the caseworker, the matter will be referred to the Attorney General's Office for action.
 - b. If the parent/custodian/caretaker does not contact the caseworker within seven calendar days of the posted date of the letter, the caseworker will contact a regional Deputy Attorney General to take appropriate action. Generally, the Deputy Attorney General will write another letter asking the parent/custodian/caretaker to contact the caseworker to schedule an appointment within one week of receipt of the DAG letter. The caseworker should request a copy of the DAG's letter, to be filed in the hard copy record.
10. If the parent/custodian/caretaker does not respond within one week of the posted date of the Deputy Attorney General's letter, the caseworker will discuss the case with their supervisor and contact a regional Deputy Attorney General to discuss possible legal options as described below.

**Request
Police
Assistance**

**Contact
Deputy
Attorney
General**

11. Legal Options

The caseworker and supervisor will review the situation in detail with the Deputy Attorney General, including specific allegations in the report, dates and times of attempted visits and phone calls, dates of letters, how the family has failed to cooperate or comply, etc. The array of legal options will be considered on a case-by-case basis including filing a Petition for Custody or a Protection from Abuse Act (PFA) petition.

Legal Options

12. Petition to Compel Cooperation

- a. The Petition to Compel Cooperation will be considered primarily in cases indicating serious risk requiring a Priority 1 response. The legal standard will be: Is there probable cause to investigate the case? (Do the allegations indicate serious risk of harm to the child)?
- b. When the decision is made to file a Petition to Compel Cooperation, the Deputy Attorney General will file the petition, attaching:
- c. Affidavit of caseworker which includes facts to support the petition (information regarding serious child abuse/neglect report which requires investigation, dates and times of attempted contacts with family members, copies of letters to the family).
- d. Affidavits of others (report, school contact, other involved professionals).

Request for a Court Order

SEE: Court Procedure

D-2. **Temporary Emergency Protective Custody**

1. The investigating caseworker will first determine if police intervention is necessary to protect the well-being of the caseworker, as well as the child.
2. The investigator will contact his/her supervisor to discuss casework options.
3. When a decision is made to invoke Temporary Emergency Protective Custody, the investigator will inform the school, day care facility, or child care facility prior to leaving the school or facility with the child and should make reasonable attempts to advise parents, guardians, or others legally responsible for the child's care.
4. The investigator has three options after invoking Temporary Emergency Protective Custody:
 - a. When the investigating caseworker suspects a crime has been committed against the child the caseworker will transport the child to the nearest law enforcement agency and request assistance.
 - b. When the investigating caseworker does not suspect a crime has been committed against the child, the child will be transported to a DFS office site so the parents can be contacted to come for an interview.

Temporary Emergency Protective Custody

- c. When the extent of the child's injuries appear to put the child in imminent danger of further harm, the investigating caseworker will transport or seek emergency medical transport of the child to a medical facility for a medical examination to determine the extent of the injuries.
5. During the maximum four (4) hour period permitted for Temporary Emergency Protective Custody, the Division must file a petition for custody and obtain legal custody of the child within the 4-hour period or return the child to the parent/custodian/guardian
6. As required by statute, the investigating caseworker will document in a FOCUS Progress Note the facts and circumstances which gave them cause to believe the child was in danger of suffering serious physical harm or threat to life no later than twelve (12) hours after assuming Temporary Emergency Protective Custody.

D-3. Medical Examinations

1. When a report of physical abuse, sexual abuse, physical neglect, or medical neglect is made about a child from birth to age 8 by a physician or hospital as a consequence of a medical examination of the child, an additional medical examination is not required unless requested by law enforcement or the Attorney General's Office during the course of a criminal investigation.
2. When a report of physical abuse or sexual abuse (involving external contact and injury is not alleged or suspected) is made about a child from ages 9 to 18 by a registered nurse or physician's assistant as a consequence of a medical screening, an additional medical screening is not required unless requested by law enforcement or the Attorney General's Office during the course of a criminal investigation.
3. When a medical examination or medical screening is indicated by the protocol, the medical examination or medical screening should be obtained as soon as possible after the alleged occurrence of the injury and while it is still evident.
4. Division staff should request a written copy of the medical examination or medical screening at the time of the visit and file it in the medical section of the hard copy record. If the medical examination report cannot be provided at the conclusion of the exam, Division staff should provide a mailing address.
5. Medical Examination Locations (Children Birth to Age 8)
 - a. New Castle County: All examinations are to be conducted at the duPont Hospital for Children, unless a law enforcement agency requests that the examination be conducted at Christiana Care.
 - b. Kent and Sussex Counties: All serious physical abuse and sexual abuse examinations are to be conducted at the Children's Advocacy Centers (CAC). All other examinations will be conducted at the duPont Hospital for Children satellite clinics. If satellite clinics are not available, examinations are to be conducted by the family's primary care physician or hospital.

**Locations
for Medical
Examination
s**

6. Authorization

When the DFS caseworker determines that a medical examination or screening is required per the Medical Examination Protocol, they will first attempt to gain the family's cooperation in obtaining the medical procedure. The caseworker will determine on a case by case basis whether they need to accompany the family for the examination or screening, however, when serious physical abuse or sexual abuse has been alleged it is not appropriate to have the alleged perpetrator transport the child.

7. When the caseworker determines that a medical examination or medical screening is required, but the family refuses to allow the procedure, the caseworker will consult with his/her supervisor in a time frame consistent with the urgency of the case.
8. Once it has been determined that the family does not intend to cooperate to obtain the medical examination or medical screening, the decision to obtain authorization should include consideration of the child's overall safety plan. For example, if the Division plans to file for ex parte custody of the child and place the child out of the home, it will not be necessary to obtain medical authorization because custody, if granted, will allow for that.
9. When it is known that authorization is the appropriate course of action, the caseworker shall request authorization to secure the procedure by contacting the Director's designee, which is the Assistant Regional Administrator (ARA) in each locale. When the ARA is not available, the caseworker should contact the Regional Administrator. In the event the Regional Administrator is also not available the caseworker should contact the Administrator of the Office of Children Services.
10. The caseworker will complete the Authorization for Medical Examination During Investigation Form. The form should succinctly enumerate the reasons why a medical examination or screening is required. A decision to seek screening rather than examination must be documented with specific reasons approved by the supervisor.
11. The Assistant Regional Administrator will review the authorization form and sign if approved. If authorization is denied, the ARA will document the reason on the form.
12. After normal work hours, the caseworker should contact the assigned on duty ARA for approval.
13. The caseworker will file the authorization approval in the medical section of the hard copy case record.
14. Once the authorization is approved, the caseworker will provide the examiner/screener with a copy of the authorization, secure the examinations/screening, and document the case activity in FOCUS.
15. The caseworker should request the assistance of the local police, as needed, once medical authorization has been approved.

Authorization on Procedure

When the Family Refuses to Obtain Medical Examination

16. Payment

Medical bills are to be paid by the parents'/custodians' medical insurance or Medicaid. It is expected that the parents/custodians will provide relevant insurance/Medicaid information to the billing office of the examiner/screener when accompanying the child to the medical examination/screening.

17. Even when the caseworker has been authorized to obtain a medical examination, the caseworker should still ask the parents/custodians for medical insurance information. If the parents/custodians refuse to give the information and do not attend the examinations/screening, the caseworker should inform them that the medical provider will be requested to bill the family directly. (The Division has statutory authority to obtain a medical examination and the statute specifies that a child's health insurance must provide coverage for a child referred by the Division. In addition, the Division has no legal responsibility to pay for the examination if it does not have legal custody of the child).

18. If an arrest has been made for child abuse, the medical examination may be paid by the Victims Crime Compensation Board if no other medical coverage exists. The caseworker should contact the Criminal Division Deputy Attorney General or Victim/Witness Assistance Program assigned to the case to assist with this application.

19. A.I duPont Hospital for Children

a. DFS staff in New Castle County must utilize the services of duPont Hospital for Children; however, the services of the hospital are also available to DFS staff in Kent and Sussex Counties if necessary.

b. Between the hours of 9:00 a.m. to 6:00 p.m. Monday through Friday, the DFS caseworker should contact the A.I. duPont case manager of the emergency room to facilitate an examination. The case manager can be reached at 651-4255 or by beeper at (302) 426-2015.

c. At all other times, the DFS caseworker may contact the on-call social worker for the hospital. The social worker can be reached by calling 651-4000 and request the individual be paged (may be in the hospital or at home).

d. The A.I. duPont case manager will also assist the family with arranging the payment of services (e.g., filling out forms or applying for Victims of Crime Compensation). In some instances, the case manager may assist the family in applying for the Nemours Foundation financial assistance fund. Note: DFS staff is not able to apply for the Foundation assistance on behalf of the family.

(1) The A. I. medical case manager will be responsible for the following tasks:

a) Expediting the medical exam by guiding the DFS worker to the quickest medically indicated source of evaluation.

b) Conduct a brief assessment of the situation, history and circumstance surrounding the alleged incident.

c) Collaborate with the DFS worker and police in collection of evidence, release of information, medical findings and interpretation of those

Payment for Medical Bills

Examination s for Sexual Assault and Serious Physical Abuse and Neglect

findings.

- d) Advocate for the child.
- e) Coordinate the multiple interests of all involved personnel and agency staff.
- f) Provide crisis intervention to the child and family when indicated.
- g) Serve as a liaison between the physician and agency workers.
- h) DFS clients referred to A.I. duPont for medical examinations to assist in the investigation determination of abuse or neglect will be seen through the Emergency Services capability by use of the FAST TRACK system that will provide separate physical space for ambulatory, non-urgent patients including all medically stable DFS clients under investigation for abuse and neglect.
- i) FAST TRACK physicians are Board Certified Pediatrician dedicated only to FAST TRACK patients with priority treatment given to all identified DFS cases.
- j) The FAST TRACK service hours are 1:00 pm through midnight seven days per week.
- k) The FAST TRACK system will provide first priority service to the DFS worker and child in need of a medical examination even if other patients have been waiting to see the physician prior to the DFS worker's arrival. (Exception being an internal or external Disaster requiring full allocation of medical staff to disaster victims).
- l) *Develop a target timeline whereby DFS cases are seen within one hour of arrival.
- m) Monitor the timeline.

(2) The FAST TRACK system will operate as follows:

- a) DFS case triaged at regular Emergency Room triage area.
- b) Emergency Room Case Manager will be notified to assist DFS worker as defined above.
- c) Triage staff and/or ER Case Manager will immediately bring the DFS worker and patient to the FAST TRACK services area.
- d) DFS worker and child victim will be brought to the next available patient examination room.
- e) The child victim will be medically evaluated by a Board Certified Pediatrician.

*DFS cases should be seen within the target timeline of 60 minutes. The target timeline is a goal the hospital will make every effort to meet barring unforeseen medical emergencies that may occur in the FAST TRACK service area.

EXCEPTIONS: Acute rape victims and medically unstable child victims identified in the ER triage area will remain in the Emergency Services area and be seen at that acute level of care for their safety.

20. Hospital High Risk Medical Discharge Protocol

Upon request of any statewide hospital, the caseworker will attend a discharge planning meeting when the following conditions apply:

- a. Drug-exposed/Fetal Alcohol Syndrome Infant - A Discharge Plan of Safe Care shall be developed for the following conditions:
 - (1) Significant non-compliance with care of the infant; not visiting or participating in care
 - (2) Substance use, (Illegal, illicit or not in compliance with the directions for the administration of a prescription drug as directed by the prescribing medical professional), but not participating in a treatment program
 - (3) Evidence of current substance use that impairs caregiving ability
 - (4) Infant length of stay is greater than 30 days due to NAS treatment as a proxy for severity
 - (5) Poly substance use
 - (6) Medically unstable/complex medical care in addition to a concern about the ability of the caregiver to meet the infant's needs

Medically complex child (Birth -18) - a child at an increased risk for physical, developmental, behavioral or emotional conditions that require health and related services of a type or amount beyond that required by a child generally, and the child's family is unable or unwilling to provide or ensure the necessary care.

21. Children's Advocacy Center (CAC)

The CAC provides a multi-disciplinary assessment of sexual and serious physical abuse and neglect. Delaware has three Child Advocacy Centers:

- New Castle County – duPont Hospital for Children
1600 Rockland Road
Wilmington, DE 19803
(302)651-4566
- Kent County – 611 South Dupont Highway
Suite 201
Dover, DE 19901
(302)741-2123
- Sussex County – Children and Families First
410 S. Bedford Street
Georgetown, DE 19947
(302)854-0323

- a. When a referral is made to the New Castle CAC for an interview only, there are no fiscal charges. However, when a referral is made to either CAC and a medical examination is also needed, the CAC staff will direct the DFS caseworker or family to the appropriate billing representative at the duPont Hospital for Children. The billing representative will work with the family to get the exam paid through the family's insurance or through the Victim's Crime Compensation Board or through the Nemours Financial Assistance fund.

22. A medical examination/screening is to be documented in a FOCUS Progress Note. Documentation is to include the name of the child, location of the examination/screening, and any other pertinent information (e.g., child transported by caseworker or family).

D-4. Institutional Abuse and Neglect

- D-4.1. The DSCYF Institutional Abuse Investigation Unit (IAIU) provides a coordinated and efficient approach to the investigation of allegations of physical and sexual abuse or neglect in out-of-home settings. It is responsible for the following actions:
- a. Determine whether children in an out-of-home care setting named in an allegation or identified in the course of an investigation have been abused and/or neglected; and to
 - b. Identify concerns in the out-of-home care setting which do not rise to the level of abuse or neglect but effect the safety or well-being of children.
- D-4.2. The IAIU investigation shall adhere to the response and disposition time frames established for intrafamilial investigations.
- D-4.3. The IAIU investigation shall adhere to the statutory requirement and MOU with law enforcement and the Department of Justice regarding the reporting of potential criminal violations against a child to law enforcement.
- D-4.4. Institutional Abuse (IA) Facility Safety Assessment
- D-4.4.1 The following issues represent the minimum safety items to be addressed during the IA investigation and each issue shall be documented in the FOCUS IA Note.
1. Is the child fearful of others (adults or children) in the home or facility?
 2. Does the alleged child victim know whether other children in the home or facility have also been victimized?
 3. Are the foster home parents or management of the child care facility cooperating with the DFS investigation?
 4. Does the alleged perpetrator have access to the alleged child victim?
- D-4.4.2. Based on the IA Facility Safety Assessment, the IA caseworker will document in the FOCUS IA Note whether the alleged victim is safe or unsafe.
- D-4.4.3 When the alleged child victim is unsafe, the IA caseworker will notify the appropriate DSCYF caseworker for the alleged child victim as soon as possible after the Initial Interview so a plan can be made for the child's safety (e.g., removal). In addition, the IA caseworker will notify the appropriate DSCYF caseworker(s) for the foster home, child care facility (to whom the license is issued), and OCCL or the administrator of the license exempt facility to facilitate further decision-making about safety (e.g., foster home

**Institutional
Abuse &
Neglect**

closure, removal of the alleged perpetrator from the facility, license suspension).

D-4.5. The Risk Assessment processes shall not apply to institutional abuse investigations. Investigation findings will be incident based only (not risk based).

D-4.6. The final investigation report shall be written in the following format:

Director's Name
Facility's Name
Facility's Address
IA FOCUS Investigation Identification Number

- I. Reported Incident
 - A. Date and method of report to IA Unit
 - B. Narrative of the referral source – includes facility name, date or incident, alleged victim, and alleged perpetrator
- II. Investigation
 - A. Contacts
 - B. Findings
 1. Statement of the alleged victim
 2. Statement of the alleged perpetrator
 3. Statement of witnesses
 - a. Residents
 - b. Staff
 - c. Other collateral resources
 4. Statement of facility administrator
 5. Medical statement/reports
 6. Additional information
- III. Conclusions
 - A. Statement of the finding
 - B. Identified concerns
- IV. For Review and Action as Necessary – identifies violation of Delacare licensing regulations or policy violation in unlicensed facilities.
- V. Signatures
 - A. Investigator
 - B. Supervisor

D-5. **Investigation of Division Employee – Physical/Sexual Abuse of a Client**
Reports that allege a Division employee physically or sexually abused a client shall be referred to IAIU for coordination with and/or joint investigation with law enforcement.

D-6. **Investigation of Division Employee – Intra-familial Abuse/ Neglect**

D-6.1. Upon acceptance of an intra-familial child abuse and neglect report involving a Division staff employee, the screening supervisor will immediately notify the Regional Administrator or designee.

**IA Report
Format**

**DFS
Employee
Investigation**

D-6.2. Assignment of report for investigation:

- a. When the report involves Division line staff (including support staff), a supervisor, or Assistant Regional Administrator, the Regional Administrator will request that the report be assigned to a supervisor in another region via that Regional Administrator for investigation. A report involving a Program Manager or other Central Office administrator or support staff will be investigated in the county of residence.
- b. The Division Director will appoint an investigator they deem appropriate when the report involves a Deputy Director, a direct report of the Director, or a Regional Administrator.
- c. The Department Secretary will appoint an investigator they deem appropriate when the report involves the Division Director.

D-6.3. When the report involves an allegation of child abuse/neglect in an institution by a Division employee, the report will be investigated by the Institutional Abuse Investigator.

D-6.4. The Regional Administrator will verbally notify the Division Director of the report and case assignment as soon as possible, but not later than the close of the same workday.

D-6.5. As soon as the report is received, the Division Director will notify the Cabinet Secretary and keep him/her informed throughout the process.

D-6.6. Based on the degree of risk alleged in the report, the Regional Administrator will consult with the Division Director and the Human Resources Office to decide if the situation warrants suspension of the employee's official duties.

D-6.7. The Regional Administrator will notify the employee that a report has been accepted for investigation and give the name of the assigned Investigation Unit Supervisor or assigned Investigation Caseworker, if known. The Regional Administrator will also discuss any change in employment status that is deemed necessary.

D-6.8. The Office of Children's Services Administrator shall notify the Quality Assurance Administrator that the employee is to be blocked from FOCUS access to the investigation events. In addition, the employee shall not access the content of the investigation through another employee's computer. These actions are subject to disciplinary action.

D-6.9. The Cabinet Secretary, Division Director, Deputy Director, involved Regional Directors, investigating supervisor and Report Line/regional intake staff will maintain strict confidentiality regarding the identity of the employee and all records pertaining to the investigation.

D-6.10. At the conclusion of the investigation, the supervisor will inform the employee's respective Regional Administrator who may access the investigation via FOCUS.

- D-6.11. The Regional Administrator will forward two copies of the Initial Assessment and Safety Evaluation Worksheet and Conclusion to the Division Director who will forward one copy to the Department Secretary.
- D-6.12. When a case involving Division staff below the Regional Administrator level needs to remain open for continuing treatment services, case assignment will be determined by the Regional Administrator in consultation with the Office of Children's Services Administrator.
- D-6.13. Continuing protective services case assignment for employees at Regional Administrator level or above will be decided by the Division Director in consultation with the Cabinet Secretary.
- D-6.14. The assigned protective services caseworker and assigned caseworker's supervisor will maintain strict confidentiality regarding the investigation and treatment services offered to the employee and storage of all records pertaining to the case.
- D-6.15. The investigating caseworker's Regional Administrator will ensure the reported information and investigation findings are entered on FOCUS at the conclusion of the investigation.

D-7. Investigation of Division Employee's Relative

- D-7.1. Upon receipt of an intra-familial report involving a known member of any Division employee's immediate family or near-relatives, the screening supervisor will forward the report to the employee's Regional Administrator for review.
- D-7.2. The Regional Administrator will verbally notify the Office of Children's Services Administrator of reports involving relatives when there is high media potential.
- D-7.3. The Regional Administrator will consult with the Office of Children's Services Administrator on a case-by-case basis whether the situation warrants a special investigation process (e.g., investigation by staff in a different regional office).
- D-7.4. Reports not requiring a special investigation process will be returned to the screening supervisor for assignment per the routing procedure. The screening supervisor will advise the receiving investigation supervisor of the family's relationship to staff.
- D-7.5. The Division staff related to the subject of a report will not play an official role in the case other than participating as an interviewee upon the request of the investigating caseworker and the employee shall not be allowed access to records pertaining to the case.
- D-7.6. Reports not requiring a special investigation process will be entered on FOCUS per normal procedures.
- D-7.7. The Investigation supervisor will assign the family to a caseworker who is experienced in handling sensitive issues.

**DFS
Investigation
of
Employee's
Relative**

D-7.8. In all cases, involved Division staff will maintain strict confidentiality during the investigation and with storage of all records pertaining to the case.

D-7.9. If a caseworker learns during the investigation process that the case involves a relative of a DFS employee, the caseworker will notify the Regional Administrator through the chain-of-command and proceed with the investigation.

D-7.10. When the report involves an allegation of child abuse/neglect in an institution by a relative of a Division employee, the report will be investigated by the Institutional Abuse Investigator.

D-8. Investigation of Department Employee/Department Employee Relative

D-8.1 Upon acceptance of an child abuse and neglect report involving a Department employee or relative of the employee, the screening supervisor will immediately notify the Division of Family Services Division Director and the Criminal History Unit. The Criminal History Unit will notify the appropriate Division Director of the employee and Departmental Human Resources.

D-8.2 Case assignment: an intra-familial report will be investigated by a regional office. A report alleging abuse of a Department client will be investigated by the Institutional Abuse Unit.

D-8.3 The office of Children's Services Administrator shall notify the Quality Assurance Administrator that the Department employee is to be blocked from FOCUS access to the investigation events.

D-8.4. A DFS employee under investigation shall not access the content of the investigation through another employee's computer. Employee access to investigation events about the employee on FOCUS is subject to disciplinary action for the employee and any other DFS employee that assists with access.

D-9. Request for Investigation by Child Protective Services in Another State

D-9.1. Scenario #1: Perpetrator lives outside the State of DE, the abuse incident occurred outside the State of DE, but the child victim lives or is visiting in DE – The Division will do a courtesy interview of the child victim.

D-9.2. Scenario #2: The family lives outside the State of DE, but the alleged abuse occurred in DE and the family is temporarily located in DE – The Division shall conduct an investigation. If the Division substantiates abuse, a referral will be made by the Division to the child protective services agency in the state where the family resides.

D-10 Safe Arms for Babies

Please refer to [POLICY 602 – Safe Arms for Babies](#)

**Also see
Department
Policy #305
– Conditions
of
Continued
Employment
, Standards
of Conduct**

**Investigatio
ns Involving
Other
States**

**Abandoned
Baby**

**Investigation
of Non-
Custodial
Parent**

D-11 Reports Alleging Abuse/Neglect by the Non-Custodial Parent in an Active Case in Investigation or Treatment

D-11.1 The investigating caseworker shall conduct a Safety Assessment and investigative interview with the child victims residing with the active custodial parent and also with any child residing with the non-custodial parent within the same response timeframe.

D-12 Dependent Children Active with the Division of Prevention and Behavioral Health or the Division of Youth Rehabilitative Services (or active with both Divisions)

D-12.2 Children Active with DPBHS

D-12.2.1 If the investigation determines the parents/caretakers are capable of providing care, but refuse to allow the child to return home, the Division will make a substantiation finding of neglect.

D-12.3 Youth Active with DYRS

D-12.3.1 If the bail order permits the child's release from the detention facility (Youth with misdemeanor charges of a less serious nature), the Division will petition for emergency custody and place the child.

D-12.3.2 Youth who have serious misdemeanor or felony charges will remain in detention. The Division will convene an emergency interdivisional team meeting composed of all Divisions no later than the next business day after the report is accepted to determine the most appropriate type of placement for the child.

D-12.4 Youth Active with DYRS Treatment Facility or Correctional Facility

D-12.4.1 When the Division makes a determination that a youth is dependent, the Division will petition for custody even if the youth is in the Department's custody.

D-12.4.2 The Division will make a substantiation finding of neglect when the parents/caretakers are capable of providing care, but refuse to allow the child to come home.

D-13. Tier I Investigation

Upon completion of the initial interview the supervisor will determine whether the case requires a full investigation or a Tier I process can be used. The Tier One process cannot be used for any case that will be substantiated or unsubstantiated with risk.

D-13.1. A Tier I response must include the following but could include additional actions:

- Initial Interview
- History and Criminal Background Review
- Safety Assessment

- Supervisory Consultation

Please refer to [Policy 105 Supervision & Case Conference](#)

D-13.2. A Tier I response must include compliance with all Memoranda of Understandings and statutes.

D-13.3. Tier I process:

1. Within 3 working days of the initial interview, the investigator will consult with the supervisor if they believe a Tier I response is appropriate.
2. The supervisor will review information from the initial interview, history /background checks and safety assessment to determine if further actions are required such as additional interviews, collaterals, etc.
3. Children not interviewed/observed should not be validated in the FOCUS participant group. All adults may be validated.
4. Any person alleged to be the perpetrator in the case must be notified of the allegation in person or by phone. If the alleged perpetrator makes a request for an “in person” meeting, one will be held.
5. The parent/caretaker will be verbally notified, person to person, that DFS plans to close the investigation.
6. As an interim measure, the case will be abridged as an “Administrative Closure” with “Tier I” entered in the subject line. FOCUS changes are forthcoming that will offer Tier I Response as an abridge option.
7. Generally, a Tier I response should be completed within 10 working days of the Initial Interview.
8. Closure information should be captured in the Notes section of the Case Abridge Event.
9. A Tier I response may be used for already active cases that have been seen within the past 30 days and meet other requirements (absent timelines).

D-14. **Special Investigators (SI)**

For the following requests originating After-Hours, the After-Hours Supervisor should contact the SIs directly when:

1. Law enforcement requests SI participation in a police action, or
2. A young (ages birth to 12) or special needs child in DFS custody is missing.

For work extending beyond weekday hours, the Supervisor, Regional Administrator or Assistant Regional Administrator should contact the SIs directly when their assistance is needed for:

1. Transporting or retrieving children in DFS custody out-of-state,
2. Conducting surveillance for the purpose of gathering evidence for civil proceedings or to verify compliance with safety plans, or
3. Locating children in urgent cases that could potentially be in imminent risk.
4. Accompanying workers to potentially volatile or dangerous situations or neighborhoods,

5. Assisting workers in removing children from their own homes when there is a potential danger or reason to believe there is danger to the workers safety, or
6. Locating children when DFS is given ex parte custody and the location of the children is unknown.

The Statewide Services Administrator (SSA) should be notified directly or electronically by the Supervisor, Regional Administrator, or Assistant Regional Administrator to inform the SSA an SI request was made from Numbers 1. or 2. above.

The OCS Administrator or SSA should be contacted if a Critical Incident Stress Debriefing is needed regardless of working hours.

D-15 Substance Exposed Infants and the Plan of Safe Care

Please Refer to [Policy 901 – Infants with Prenatal Substance Exposure & Plan of Safe Care](#)

D-16 Supervision & Case Conference

Please refer to [Policy 105 Supervision & Case Conference](#)

DIVISION OF FAMILY SERVICE COLLATERAL MATRIX

<u>Areas of Concern</u>	<u>Recommended Collaterals</u>
Physical abuse/physical injury	Extended Family, Household members, medical doctor, any witness to the abuse, Previous DFS/DSCYF staff (for families with agency or department history)
Sexual Abuse/Exploitation	Extended Family, Other children in and out of the home, Medical Doctor, Police, Attorney General's Office (Criminal), Children's Advocacy Center (CAC), probation officer, therapist, Previous DFS/DSCYF staff (for families with agency or department history)
Substance Abuse	Extended Family, Other household members, school staff, Substance Abuse Providers, Children in and out of the home, Doctor, Law Enforcement or Probation, Previous DFS/DSCYF staff (for families with agency or department history)
Physical Neglect/Medical Neglect/Child Well Being	Extended Family, Other Household Members, children in and out of the home, Medical Doctor, School, Daycare, Child Development Watch, Code Enforcement, License and Inspection, Guidance Counselor other service providers , Previous DFS/DSCYF staff (for families with agency or department history)
Domestic Violence	Extended Family, Household members, Children in and out of the home, Law Enforcement, Attorney General's Office (Criminal), DV Liaison, Medical Doctor, Service Providers, Previous DFS/DSCYF staff (for families with agency or department history), Previous DFS/DSCYF staff (for families with agency or department history)
Emotional Abuse/Neglect	Extended Family, Household Members, Children in and out of the home, School, Guidance Counselor, Service Providers, therapist, Medical Doctor, Psychologist/Psychiatrist, Previous DFS/DSCYF staff (for families with agency or department history)
Dependency/Permanency	Extended Family, Household Members, Alternative Caretakers, School, Service Providers, Previous DFS/DSCYF Staff (for families with agency or department history)

* Collaterals are required for all investigation cases where there are known or suspected concerns related to the areas identified above. Collaterals are warranted any time there is a new or ongoing concern in any of the areas identified above.

*Collaterals are warranted for any family open for ongoing treatment services with the Division. Collaterals should be conducted at regular intervals throughout the life of the treatment case, particularly in coordination with assessment, case planning and re-assessment events used throughout treatment. Collaterals are useful in determining the family or child's progress on any plans in place. Collaterals required prior to the closure of any treatment case.

Please refer to [Policy 405 – Diligent Efforts for Contacts](#)

		Programs Involved							Response		
Investigation Types	After-Hours (Urgent Response)	Investigation	Treatment	Institutional Abuse	Foster Care Coordinator	Permanency	OCCL	ICPC/ICJ	Lead Worker	Safety Assessment Conducted By	Child Removal Decision
Investigation											
One Report	X	X							Inv.	Inv.	Inv.
Requirements: Basic Safety Assessment											
Multiple Reports	X	X							Inv.	Inv.	Inv.
Requirements: Basic Safety Assessment											
Report involving abuse in State residential facility (License exempt)				X					IA	IA	Report to Administrator
Requirement: IA Safety Assessment											
Out-of-state courtesy -- child in DE with non-offending parent/caretaker	X	X							Inv.	Inv.	Inv.
Requirement: Basic Safety Assessment											
Out-of-state courtesy -- perpetrator in DE with children in home	X	X							Inv.	Inv.	Inv.
Requirement: Basic Safety Assessment											
Treatment											
New report (Intact Family)	X	X	X						Inv.	Inv.	Inv.
Requirement: Basic Safety Assessment											
Foster Care											
Report involving foster children (DFS Foster Care)	X	If case is active X	X	X	X	X	X		IA	A-H or IA	A-H or child's assigned worker and Foster Home Coordinator jointly. When a DFS foster home is under investigation for Levels III or IV child abuse/neglect, and there appears to be validity after interviewing the alleged victim, all foster children will be replaced until the investigation is concluded and the Foster Home Coordinator and Supervisor determine that the children can be returned safely to the foster home.
Requirements: IA Safety Assessment											
Report involving foster children (contracted foster care)	X	X	X	X	Foster Care Contract Manager		X		IA	NA-Delacare rules dictate closure of home	Delacare rules and DFS contracts specify child removal
Requirements: IA Safety Assessment not needed per Delacare rules											

Report involving foster children (DFS foster care) and foster parents own children		X	X	X	X	X		X		Inv. & IA for respective reports	Inv.-Foster family's own children; Child's assigned worker and Foster Home Coordinator jointly for foster children. When a DFS foster home is under investigation for Levels III or IV child abuse/neglect, and there appears to be validity after interviewing the alleged victim, all foster children will be replaced until the investigation is concluded and the Foster Home Coordinator and Supervisor determine that the children can be returned safely to the foster home. Regardless of the allegation level, the Treatment worker has the discretion to remove children from the home.
Requirements: 1. Basic Safety Assessment for foster parents own children 2. IA Safety Assessment for foster children 3. During the investigation period, the Foster Home Coordinator will have a teleconference/meeting with the caseworkers for all children in the home to discuss further planning.										Inv.& IA	
Report involving DFS foster parents own children, but not the DFS foster children		X	X	X		X				Inv.	Inv. Inv. - When a DFS foster home is under investigation for Levels III or IV child abuse/neglect, and there appears to be validity after interviewing the alleged victim, all foster children will be replaced until the investigation is concluded and the Foster Home Coordinator and Supervisor determine that the children can be returned safely to the foster home. Regardless of the allegation level, the Treatment worker has the discretion to remove children from the home.
Requirements: Basic Safety Assessment											
Report involving foster children (contracted foster care) and foster parents own children		X	X	X	X		X	X		Inv. & IA for respective reports	Delacare rules specify removal of foster children and Inv.-foster parent's own children
Requirements: 1. Basic Safety Assessment for foster parents own children 2. IA Safety Assessment for contracted foster children 3. During the investigation period, the Foster Home Coordinator will have a teleconference/meeting with the caseworkers for all children in the home to discuss further planning.										Inv. & IA	
Report involving contracted foster parents own children, but not the foster children		X	X		X	Contract Manager	X If appropriate			Inv.	Inv. Inv.
Requirements: Basic Safety Assessment											

Child Care Provider											
Report involving licensing facility issue/regulation -- no abuse							X		OCCL	NA	NA
Requirements: No Safety Assessment needed											
Report involving child care children	X		X	X	X	X	X		IA	IA	Parents/Caretakers unless in foster care
Requirements: IA will notify Treatment if the alleged victims are also foster children											
Report involving provider's own children	X	X					X		Inv.	Inv.	Investigation
Requirements: Basic Safety Assessment											
Report involving child care children and own children	X	X		X			X		Inv.	Inv.	Inv. (Own) and Parents/Caretakers (Child Care)
Requirements: Basic Safety Assessment and IA Safety Assessment											
Report involving daycare child in DFS custody	X	X If not in foster care	X	X If in foster care	X If in foster care	X If appropriate	X		IA	IA	Treatment/ Permanency./ OCCL/Caretaker from child care home/facility
Requirements: Basic Safety Assessment when child not is in foster care and IA Safety Assessment when child is in foster care											
Report involving DFS/contracted foster care children and child care provider's own children	X	X	X	X	X or Contract Manager	X If appropriate	X if Contract		Inv. & IA	Inv. & IA	Inv. (Own) and OCCL (Contracted foster care and child care)
Requirements: Basic Safety Assessment and IA Safety Assessment											
Report involving abuse in State residential facility	X			X			X		IA	IA	Staff removal per <i>Delacare</i> or DYRS/DCMH policies apply for license exempt - report to Administrator
Requirements: IA Safety Assessment											
Report involving child care, foster care, and own children	X	X	X	X	X or Contract Manager	X If appropriate	X		Inv. & IA	Inv. & IA	OCCL - <i>Delacare</i> requires closure of home
Requirements: Basic Safety Assessment and IA Safety Assessment											

ICPC/ICJ								
Report involving abuse by parent/relative of DFS/DYRS supervised ICPC/ICJ child	X				X		X	X
Requirements: IA Safety Assessment								
Report involving abuse of ICPC/ICJ child by parent/relative supervised by DSCYF Contract	X				X		X	X
Requirements: IA Safety Assessment								
Report involving abuse of ICPC/ICJ child by parent/relative supervised by non-DSCYF Contractor/ private agency	X				X		X	X
Requirements: IA Safety Assessment								
Report involving abuse of own child by parent/relative of DFS/DYRS supervised ICPC/ICJ child	X	X					X	X
Requirements: Basic Safety Assessment								
Report involving abuse of own child by parent/relative in DSCYF Contracted supervision of ICPC/ICJ child	X	X					X	X
Requirements: Basic Safety Assessment								
Report involving abuse of own child by non-DSCYF contracted supervision of ICPC/ICJ child	X	X					X	X
Requirements: Basic Safety Assessment								

IA	IA	When a DFS/DYRS supervised ICPC/ICJ parent/relative is under investigation for Levels III or IV child abuse/neglect, and there appears to be validity after interviewing the alleged victims, the ICPC/ICJ child will be replaced until the investigation is concluded and the ICPC/ICJ Coordinator determines the ICPC/ICJ child can be returned safely to the home. The ICPC/ICJ Coordinator also has the discretion to return the ICPC/ICJ child to the sending state.
IA	IA	OCCL - <i>Delacare</i> requires closure of home
IA	IA	OCCL - <i>Delacare</i> requires closure of home
Inv.	Inv.	Inv.
Inv.	Inv.	OCCL - <i>Delacare</i> requires closure of home
Inv.	Inv.	OCCL - <i>Delacare</i> requires closure of home

[illegible]

COLLATERAL CONTACT CHART

ALLEGATION/ISSUE IN A REPORT	APPROPRIATE COLLATERAL CONTACT
Physical Abuse	Medical Doctor, Any Witnesses to the Abuse
Sex Abuse	Medical Doctor, Police, Attorney General's Office (Criminal Division), Children's Advocacy Program, Victim/Witness Assistance Program
Medical Neglect	Medical Doctor, Physician's Assistant, Registered Nurse, Child Development Watch Team, Division of Public Health
Physical Neglect	Medical Doctor, Registered Nurse, Neighbor, Relative, Daycare Provider, Teacher
Child Development	Medical Doctor, Physician's Assistant, Registered Nurse, Child Development Watch Team, Part C, Part B, Daycare Provider, Teacher
Child Abuse/Neglect of any School Aged Child	Teacher, School Nurse, Guidance Counselor
Lead Paint Poisoning	Division of Public Health Lead Poisoning Prevention Program
Hazardous Physical Environment in the Home	License and Inspection
Domestic Violence	Family Court, Police Victims Services, Attorney General's Office-Victim/Witness Assistance Program, Local Domestic Violence Counseling Agency
Incarceration (Adult)	Pre-Sentence Office, Superior Court, Detention Facility Social Worker
Prior Criminal Activity	Attorney General's Office (Criminal Division), Probation and Parole
Prior Child Protective Services Activity	In Delaware: The previously assigned worker or supervisor; Out-of-State: The previously assigned worker or supervisor.

Medical Examination Protocol

AGE OF CHILD	ABUSE		NEGLECT	
	PHYSICAL	SEXUAL	PHYSICAL	MEDICAL
BIRTH TO 8 YEARS	Any infant or child who is the alleged victim of a physical abuse report must receive a medical examination by a pediatrician or family practitioner as soon as possible. A Supervisor may waive the examination when there are no visible injuries, significant bruises, and the infant or child does not appear to be in physical pain. In New Castle County, all children will be examined at the A.I. duPont Hospital for Children unless otherwise directed by law enforcement. If necessary, the appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.	Any infant or child who is the alleged victim of sexual abuse which involves external contact, fondling, penetration, intercourse, or when injury is alleged or suspected must receive a medical examination by a trained pediatrician or physician as soon as possible. All children statewide will be interviewed at one of the Children's Advocacy Centers of Delaware and, in New Castle County, all children will be examined at the Children's Advocacy Center unless otherwise directed by law enforcement. The appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.	Any infant or child who is the alleged victim of a report of physical neglect that may be life threatening (e.g., Non-organic Failure to Thrive, malnutrition) must be examined by a pediatrician or family practitioner as soon as possible. In New Castle County, all children will be examined at the A.I. duPont Hospital for Children unless otherwise directed by law enforcement. If necessary, the appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding. Also, a referral must be made to Part C (birth to age 3).	Any infant or child who is the alleged victim of a medical neglect report that may be life threatening (e.g., failure to administer prescribed medication, failure to use an apnea monitor, untreated asthma) must receive a medical examination by a pediatrician or family practitioner as soon as possible. In New Castle County, all children will be examined at the A.I. duPont Hospital for Children unless otherwise directed by law enforcement. A referral should also be made to the Division of Public Health. If necessary, the appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.
9 to 18 YEARS	A child who is the alleged victim of a physical abuse report with observable injuries must be screened, at minimum, by a registered nurse or a physician's assistant to determine if more in-depth medical care is needed. A Supervisor may waive the screening if there is minor bruising and the child does not indicate they are in physical pain. The child may be screened by a school nurse, a school-based well-child clinic, a state service center clinic, or Managed Care Organization. This location decision will be made on a case by case basis. If necessary, the appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.	Any child who is the alleged victim of sexual abuse which involves external contact or fondling and injury is not alleged or suspected, must be screened, at minimum, by a registered nurse or physician's assistant to determine if more in-depth medical care is needed. (refer to physical abuse for screening locations). A child who is the alleged victim of sexual abuse which involves penetration, intercourse, or where injury is alleged or suspected must be examined by a trained pediatrician or as soon as possible. All children statewide will be interviewed at one of the Children's Advocacy Centers of Delaware and, in New Castle County, children will be examined at the Children's Advocacy Center unless otherwise directed. The appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.	A child who is the alleged victim of a report of physical neglect that may be life threatening must be examined by a pediatrician or family practitioner as soon as possible. In New Castle County, all children will be examined at the A.I. duPont Hospital for Children. If necessary, parental neglect will be reported to the appropriate Police Department and the Department of Justice per the Memorandum of Understanding.	Refer to Medical Neglect (Birth to 8 years)

<p>Treatment for Children & Intact Families: Case Decision Point #3:</p> <p>3.1. <i>Ensure Children Are Safe</i> 3.2. <i>Assess Family for Strength and Needs</i> 3.3. <i>Develop Family Service Plan</i> 3.4. <i>Review Family Service Plan Quarterly</i> 3.5. <i>When Placement is Necessary</i> 3.6. <i>Assess Case for Closure</i></p>	<p>Treatment for Children & Intact Families</p>
<p>Decisions:</p> <p>A. Complete Safety Assessment to determine if children are safe.</p> <p>B. Complete the Family Strengths and Needs Guide to determine the strengths and needs of the children and their family.</p> <p>C. Negotiate a Family Service Plan with the family members that outline the activities that all parties will undertake to resolve the problems that place the child at risk.</p> <p>D. Determine when there is a need for emergency placement prevention services.</p> <p>E. Prepare for placement and select an appropriate caregiver when the safety of the child requires removal from the home. These case decisions related to foster care will occur simultaneously with the treatment and case management decisions. (See Case Decision #4: Placement).</p> <p>F. Continuously monitor the child's ongoing safety and the progress of all parties toward the Family Service Plan goals for each party.</p> <p>G. Determine when it is appropriate to close the case.</p>	<p>Are Treatment Services Required?</p> <p>Creating the Family Service Plan</p> <p>Is the Child Safe? Preparing for Placement If Required</p> <p>Monitoring the Parties' Progress</p>

Case Process:	
A. Safety Assessment	
<p>A-1. The assigned DFS treatment worker will complete a safety assessment for every child residing in the home at the time of their initial face-to-face contact.</p> <p>A-2. The Safety Assessment will consider safety factors involving</p> <ul style="list-style-type: none"> a. All adults residing in the home regardless of caretaking responsibilities; b. Family members or significant others routinely functioning in a caretaking role; and c. Caretakers alleged to be perpetrators but residing out of the home <p>A-3. An initial Safety Assessment does NOT need to be completed at the time of case transfer for any child that was removed from the home and placed in out-of-home care while the case was in investigation. However, subsequent Safety Assessments must be completed in accordance with the policy i.e. whenever there is significant change in the household, etc.</p> <p>A-4. The worker will complete a new Safety Assessment for children residing in the home or visiting the home whenever a safety factor has been identified or there has been a significant change in the family. A significant change could be the birth of a child, a parent is released from prison, a paramour moves in or out of the home, etc. An updated criminal background check must be completed whenever a new Safety Assessment is done.</p> <p>A-5. If the Safety Assessment determines that a child is not safe, the worker must explain why the child does not need to be removed from the home, a safety plan must be developed, or the child was taken into DFS custody and placed in out-of-home care.</p> <p>A-6. If the parent refuses to abide by or sign the safety plan, the DFS worker will petition for ex parte custody.</p> <p>A-7. At no time should the Safety Plan be used as a tool to effect a placement of a child. DFS may only remove a child from the family's home and subsequently make arrangements for placement elsewhere if the DSCYF/DFS holds legal custody of the child.</p> <p>A-8. A Safety Assessment must be completed seven (7) days prior to reunifying a child with their family. The purpose of doing a Safety Assessment at this time is to assure that all safety issues have been addressed prior to reunification.</p> <p>A-9. A Safety Assessment must be completed within 30 days prior to closing the case to determine that the children are safe and no longer in need of DFS intervention.</p> <p>A-10. Safety Assessments do not need to be completed before closing a case if there are NO children under 18 residing in the home at the time of closure.</p>	Safety Assessment
B. Family Assessment	
<p>B-1. The initial assessment process begins when the completed Investigation Risk Assessment indicates the need for continued Division of Family Services</p>	

involvement, and a treatment case is opened. The assessment process consists of gathering information and completing the Family Strengths and Needs Guide (FSNG).

B-2. The Family Strengths and Needs Guide shall be completed within the first 6 weeks, depending on the cooperation of the family and responsiveness of collateral sources. An extension beyond six weeks requires supervisory approval, which will be indicated in a treatment note.

B-3. All information gathered will be entered on the appropriate FOCUS Screen within 48 hours.

B-4. Once a treatment case is opened, the caseworker continues to gather information needed to complete the assessment, addressing any gaps and areas requiring a more in-depth review. Within the first six weeks of transfer to treatment, the caseworker may obtain information from the following sources:

- a. Interviewing the family, including extended family members and other significant individuals,
- b. Reviewing available written information, previous and current case records, and other historical information available through FOCUS;
- c. Interviewing and observing the family together;
- d. Securing other professional opinions and evaluation; and
- e. Interviewing collateral sources. Collateral contacts should be chosen from amongst people who have had enough contact with the family and/or children to provide pertinent information. The collateral contact should be able to provide information related to a particular concern or area of risk or strength for the family or child(ren). Collaterals should be a balance of professional and non-professional sources.

B-5. A review of DELJIS may be conducted to:

- a. Assist the screening of reported information;
- b. Verify criminal history information discussed by family members with division staff;
- c. Locate a family active with the Division when the whereabouts of the family are unknown.

B-6. Division staff with direct access to DELJIS must meet the appropriate security clearance, and shall only conduct background checks meeting the criteria specified.

B-7. Information collected during the assessment period will be documented in both Treatment Notes and the Family Assessment Form.

**Complete the
Family
Strengths
and Needs
Guide within
6 weeks of
case opening**

FOCUS

**Review
history
and
interview
all parties**

FOCUS

**DELJIS
SEE:**

**DELJIS
(Administration
)**

**Document
Findings in
Treatment**

Notes

**Assessing
Strengths
and
Concerns**

SEE: Petition
for
Abuse/Neglec
†

**Describe the
information**

- B-8. In completing the assessment the caseworker shall address the following elements for each parent involved in the case (including parents not residing in the child's home):
- a. The nature and extent of the problem in the family;
 - b. Family behavior;
 - c. Family relationships and patterns of interaction;
 - d. Each family member's level of functioning, including intellectual capacity;
 - e. The physical, environmental and economic conditions that affect each individual;
 - f. The problem solving competence of each individual within the family;
 - g. The family history;
 - h. The parenting styles and family values; and
 - i. The clients' opinion and perceptions about themselves, their problems and family services intervention;
 - j. The opinions and working relationship of other professionals, including OCCL, DYRS, PBHS, the children's school, and the Division of Public Health.
- B-9. The caseworker will consider the following:
- a. All areas rated as a 1 are considered strengths and are actively helping to create child safety, permanency, or well-being;
 - b. All areas rated a 2 are neither significant strengths nor barriers for the child
 - c. All areas rated as a 3 are considered barriers to the child's long-term safety, permanency, or well-being; or
 - d. All areas rated as a 4 contribute to imminent danger of serious physical or emotional harm to the child.
- B-10. The worker, in collaboration with the parent, will identify outcomes appropriate to the most critical risk contributors. Client outcomes determined in the assessment phase form the basis for the Family Service Plan. Careful assessment of major risk contributors will result in a limited number of reasons for the existence of risk and determination of their priority for planning change. Client outcomes are desired behaviors/skills which will indicate that the client has overcome the identified causes for risk.
- B-13. If, during the assessment process, the caseworker and supervisor determine the need for placement of child(ren) as the control necessary to protect the child during this process, the worker shall refer to Placement Policies for information related to this process.
- B-14. Each domain contains an area to provide detail explaining the score for that particular domain of the FSNG. The caseworker should utilize the information

**gathered
and
determine
the
treatment
implications**

gathered during the investigation and assessment activities. The following information should be summarized for each scored domain:

- a. Summarize the behaviors/conditions that impact on the safety or risk of children. At this point, the caseworker shall decide which elements contribute most to risk and analyze these critical elements to determine their cause.
- b. Identify individual and family strengths. The caseworker shall identify elements within the forces which are functional/strong and consider how strong elements can affect the negative elements.
- c. Identify barriers to protective treatment services. The caseworker shall identify barriers to achieving the identified outcomes as determined in the assessment phase. At this time, the caseworker begins to consider requirements necessary to achieve the outcome and considers the likelihood that outcomes will be achieved.
- d. The narrative should also summarize all assessment activities to support the FSNG. The caseworker shall specify if there is a Safety Plan currently in place.

B-15. The FSNG will provide documentation in and of itself to support the need for Division involvement and to direct further case intervention. The Family Service Plan utilizes outcomes determined in the FSNG. In addition, the narrative section of the FSNG provides valuable information in developing a strategy to achieve the outcomes.

B-16. The caseworker finalizes the FSNG and it is automatically work listed to the supervisor for approval. If the assessment process determines that the degree of risk does not warrant continued Division involvement, the caseworker will complete the SDM® Risk Reassessment the case may be closed at this point. This decision will be stated in the narrative along with the reasons for the decision. All Memoranda of Understanding related to closure must be followed.

B-17. The FSNG requires the approval of the supervisor.

B-18. The Division shall assess every child, birth to eighteen, in four areas: physical health, dental health, mental health and education. The division shall gather enough information to make this assessment, including their standard of care.

The American Academy of Pediatrics (AAP) developed a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence. The AAP recommends the following schedule of well-child visits:

- First week visit – 3 to 5 days old
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 2 years old

- 2 ½ years old
- Yearly from 3 – 21 years old

The American Academy of Pediatric Dentistry (AAPD) recommends the first examination at the time of the eruption of the first tooth and no later than 12 months of age. The most common interval for examination is six months; however, some patients may require examination and preventive services at more or less frequency intervals, based upon historical, clinical and radiographic findings.

If the Division identifies concerns around child well-being in the areas of physical health, dental health, mental health and education, the Division shall document the concern and how the concern was addressed and can include but not limited to the following:

- Recommendation to schedule an exam and/or assessment per standard of care
- Referral for services
- Family Engagement around the identified need.

C. Develop Family Service Plan

- C-1. Caseworkers will develop a Family Service Plan for all families immediately following the completion of the SDM® Family Strengths and Needs Guide. The caseworker must attempt to develop a Family Service Plan for each parent in the case, even though both parents may not live in the same household or even be an active participant in the child's life. In the case of an absent parent, the caseworker must clearly document their attempts to locate and engage the parent.
- C-2. The caseworker should consult with other service providers during the planning process to ensure their full cooperation in implementation of the Plan.
- C-3. Focusing on safety and permanency, the Family Service Plan will attempt to resolve the problems that were identified in the FSNG. The Family Service Plan should be considered a working document used to move a case to closure, protect children and protect the rights of parents. It must clearly identify the changes parents must make and how the Division will measure those changes.
- C-4. When parental substance abuse is indicated, the Family Service Plan must focus on behavior related to substance abuse and parenting. Substance abuse treatment will be an integral service in all such service plans.
- C-5. A written Family Service Plan will be developed for each family opened for treatment services with the Division of Family Services. Each plan will include written information describing the appeal process and Right to a Fair Hearing if the children are not in care.
- C-6. A client will receive a copy of each critical case decision (such as removal from the home), and the notification must explain the right to appeal and the right to request a Fair Hearing.

**Focus on
safety
and
permanency**

**See:
Appeals/Fair Hearings
Administration
on Section**

<p>C-7. Once the outcome is established, the caseworker and family develop the rest of the plan to promote achievement of that outcome. The caseworker describes the Family Service Plan issues to be reviewed jointly by the client and caseworker in writing in the plan. The content to be jointly developed may be the service, the goal, or the outcome, depending upon the stage in the process. The caseworker identifies a date for the joint review of these issues.</p>	<p>Select appropriate goals with the family</p>
<p>C-8. The next step for the caseworker is the selection of appropriate goals, which are critical to an effective Family Service Plan. Goals must be selected which will lead to the achievement of the desired outcome with an understanding that one or more goals may be necessary to actually reach that outcome.</p>	
<p>C-9. Whenever possible, the caseworker, the client, and other identified participants shall jointly develop these goals which are stated in behavioral terms. Ideally, the client will support the selection of the goals, but, at minimum, will have been provided an explanation for these goals. If joint development is not possible, the caseworker shall document the reason in the Treatment Notes.</p>	
<p>C-10. The caseworker should have a conversation with the parents to develop a concurrent plan. Parents should be advised that this concurrent plan will be their backup plan in the event that the children need to be removed from their home. The concurrent plan can include identification of caregivers that will care for the children. They should be advised that the Division will always try to explore relative resources prior to considering a foster care placement.</p>	
<p>C-11. Family Service Plans require the approval and signature of supervisor prior to implementation.</p>	
<p>C-12. All information contained in the Family Service Plan and Family Service Plan Review shall be entered into FOCUS and updated at each review date.</p>	
<p>C-13. Caseworkers must consult with other service providers during the planning process to ensure their full cooperation in implementation of the Plan. When more than one Division within the Department of Services for Children, Youth and Their Families is active with the family, an Integrated Service Plan must be completed.</p>	<p>Child Plan</p>
<p>C-14. When children are in foster care, the caseworker shall complete the Family Service Plan and Child Plan. The Family Service Plan and Child Plan must be presented to Family Court at the Adjudicatory Hearing.</p>	
<p>C-15. The caseworker has responsibility for Family Service Planning with the caretakers of all children in the family unless a decision has been made and documented in the record that services to a portion of the family are no longer needed. For instance, if the Division is providing services to a mother and four children and during the provision of services, the father of two of the children gets custody of those two children, the caseworker is responsible for completing a separate family assessment of the father and his two children:</p> <p>a. If the family assessment indicates a lack of service needs and the father is not requesting services, the supervisor shall document in a treatment note that services will no longer be provided to the two children living with the father.</p>	

<p>b. If the family assessment indicates safety concerns and treatment needs and the physical custody arrangements are not transitory, a separate treatment case needs to be opened in FOCUS in the father's name. The new treatment case should be linked to the most recent investigation.</p> <p>c. The decision to open a separate treatment case must be documented in the mother's treatment case.</p> <p>C-16. If subsequently, a hotline report is received on the children living with the father, an investigation case will be opened in the father's name.</p>	
D. Case Management	
<p>D-1. At the point of Investigation Disposition, a treatment case is opened in FOCUS and assigned to the appropriate treatment supervisor, who reviews the case and assigns it to the treatment caseworker within three working days.</p> <p>Please refer to Policy 404 – Family Contacts and Policy 405 – Foster Care (Client) Contacts</p> <p>D-2. A safety assessment must be completed during the face-to-face contact.</p> <p>D-3. Please refer to Policy 403 – Family Contacts Please refer to Policy 405 – Diligent Efforts for Contacts</p> <p>D-4. All Treatment Notes should focus on safety assessment and implementation of the Family Service Plan.</p> <p>D-5. If a safety plan was established, the treatment caseworker shall monitor the safety plan established in investigation and make changes where needed to protect the children.</p> <p>D-6. Reasonable efforts will be exercised through the provision of case management services and other appropriate services to meet the family's needs to prevent or eliminate the need for separation of the child from his family and/or to make it possible for the child to return to his family; and enhance the location of an adoptive home or other permanent setting for a child.</p> <p>D-7. A review of DELJIS may be conducted to:</p> <p>a. Assist the screening of reported information;</p> <p>b. Verify criminal history information discussed by family members with division staff;</p> <p>c. Locate a family active with the Division when the whereabouts of the family are unknown.</p> <p>D-8. Division staff with direct access to DELJIS must meet the appropriate security clearance, and shall only conduct background checks meeting the criteria specified.</p>	<p>Monitor Existing Safety Plan</p> <p>Reasonable Efforts to Prevent Placement</p> <p>DELJIS (See DELJIS in Administration)</p>

**Obtain
Informed
Consent**

**See:
(Confidentiality in
Administration)**

- D-9. The caseworker conducting the initial assessment will request that a parent, custodian, or guardian sign the Consent to Obtain/Release Information Form or the Interagency Consent for Release of Information Form, if the documents have not been signed in investigation or have expired.
- D-10. The caseworker will obtain a separate Release of Information form for each member of the family.
- D-11. If the client cannot read, the caseworker will read the consent form for the client, and a neutral third party will witness and sign the consent form.
- D-12. The caseworker will ensure that the client understands why the Release of Information form is needed, what persons or agencies will be contacted and how the information will be used. The caseworker will not pressure the parent, custodian, or guardian to sign the Release of Information.
- D-13. The client should specify on the Release of Information form any collateral sources who are not to be contacted.
- D-14. The Release of Information form will be valid for a period no longer than six (6) months or upon case closure, whichever date comes first. If the form expires while a case is active with the Division, the assigned caseworker will request another form be signed.
- D-15. The Division will share a copy of the signed Release of Information form with individuals the Division is requesting information from and will request a copy of a signed consent when other parties, individuals or agencies request information from the Division.
- D-16. The following are the only situations when information can be released without a signed consent:
 - a. When making or receiving a report of child abuse or neglect.
 - b. During the treatment period when communication is with a Federal, state or local governmental entity that is also responsible under the law to protect children from abuse or neglect (Attorney General's Office, police, Family Court, Superior Court, Public Health).
- D-17. Alcohol and other drug information, sexually transmitted disease information, and HIV/AIDS information can only be obtained and/or shared with specific signed Release.
- D-18. When a Release of Information is revoked and the caseworker needs information about the child/family, the caseworker will contact their supervisor or regional Deputy Attorney General to discuss options acquiring the information. The options will be documented on a FOCUS treatment note.
- D-19. Treatment caseworkers will continue to assess the possibility of parental substance abuse during the assessment phase and in ongoing safety planning.
- D-20. If parental substance abuse is known to be or is suspected to be a significant risk contributor, the caseworker must arrange for an evaluation by a parental

substance abuse treatment professional, unless completed during investigation or unless the parent(s) is already involved in a substance abuse treatment program. When a referral for a substance abuse evaluation is made, the caseworker will complete the FOCUS Service Referral, documenting the date the referral was made and the date services were initiated.

- D-21. Toxicology screens may be useful in working with families affected by substance abuse and child abuse or neglect. It is important to remember that toxicology screens determine only whether or not a client has used a particular drug or alcohol during a specified time period. It does not determine whether a client uses drugs on a regular basis or what the effects on parenting are.
- D-22. When a parent is in recovery and making progress in completing a Family Service Plan and relapses, the nature and extent of relapse will be considered. In all situations, it will be necessary for the caseworker to consult with the client's treatment provider.
- D-23. When children are in out-of-home placement because of abuse/neglect related to parental substance abuse, six months documented treatment and recovery prior to return home is recommended, unless a substance abuse evaluation indicates that the use of drugs/alcohol is not a significant concern. Earlier return home may be considered if the client is succeeding in recovery and if a safety plan can be put into place that does not depend solely on the recovery parent. However, there will always be a minimum of 3 months of sobriety and a recommendation from the substance abuse treatment agency that the client is succeeding in recovery.

**Consult with
substance
abuse
treatment
provider**

E. Quarterly Case Reviews

- E-1. Review of the case is conducted every three months and should be done with the family:

SDM® RISK REASSESSMENT

- a. For intact families, the caseworker completes the SDM® Risk Reassessment.

The caseworker will assess the progress for each domain that has been identified that relates to risk reduction, with a particular emphasis on maintaining the child's safety. Assessment of progress will include gathering information from other agencies providing services to the family as well as reflecting on the caseworker's contact with the family during the prior 90 days. The caseworker will then use that information to complete the SDM® Risk Reassessment. The following guide provides recommendations for next steps following completion of the SDM® Risk Reassessment:

Risk-Based Case Open/Close Guide	
Risk Level	Recommendation
Low	Close, if there are no unresolved safety threats
Moderate	Close, if there are no unresolved safety threats
High	Case remains open
Very High	Case remains open

**Quarterly
Case
Reviews**

**Is the child
safe?**

**Are all
parties
making
progress?**

**Are the
child's**

SDM® REUNIFICATION REASSESSMENT

- b. For placement cases, the SDM® Reunification Reassessment must be conducted every 90 days after the first Family Service Plan has been completed and every 90 days thereafter.

The baseline for all reunification reassessments is the risk level. Generally, the correct risk level will be the final risk level from the original household risk assessment. However, if a household has experienced one or more subsequent investigations, regardless of whether the allegation was substantiated, there should be a new risk assessment completed on that household. In this case, enter the most recent risk assessment result. Consider only the period of time since the original assessment or the most recent reunification reassessment.

The caseworker shall also determine progress toward Family Service Plan goals in consultation with the household and all service providers who have been working with the family. Consider only the period of time since the most recent reunification reassessment was completed.

The caseworker shall also determine progress toward Family Service Plan goals in consultation with the household and all service providers who have been working with the family. Consider only the period of time since the most recent reunification reassessment was completed.

The caseworker must also assess visitation frequency and quality. Regarding quality – the caseworker must consider multiple sources of information, e.g., social worker observation, caregiver report, foster parent report, child report, etc.

SDM® REUNIFICATION SAFETY ASSESSMENT

The caseworker must consider how safe the child would be if they were to return home at this time. Consider current conditions in the home, current caregiver characteristics, child characteristics, and interactions between the caregiver and child during visitation. Prior to assessing the current safety, the caseworker should review the safety assessment that led to removal. The caseworker shall indicate whether any child vulnerabilities are present and then consider these vulnerabilities when reviewing safety items. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

- E-2. As a part of the review, the caseworker shall consider what changes, if any, are required in the Family Service Plan to ensure progress toward outcome achievement.

**needs being
met?**

FOCUS

- E-3. Subsequent Family Service Plans should focus on resolving issues identified during the most recent reassessment.
- E-4. If services have been successful in reducing risk, and the SDM® Risk Reassessment indicates the case may be considered for closure, the caseworker should consider Treatment Case Closure.
- E-6. The caseworker should complete the Family Service Plan Review event in FOCUS. The caseworker finalizes the Family Service Plan Review event, which is work listed to the supervisor for review and approval.

F. Case Conference

Please refer to [Policy 105 Supervision & Case Conference](#)

G. Reasonable Efforts to Prevent Placement

G-1. Emergency Placement Prevention Services

- G-1.1. Emergency placement prevention funds may be used to provide specific basic necessities or child/family related needs. Families eligible for items/services from this fund are those in which the lack of specific basic necessities may cause placement of a child. Emergency Placement Prevention Funds may not be used for foster families. The following categories are examples of basic needs that may be provided with emergency placement prevention funds:
 - a. Furniture, basic appliances, household necessities
 - b. Clothing
 - c. Security Deposit, one time only rent
 - d. Heat, water, electric or gas service
- G-1.2. Items and/or services that are related to other child or family needs, which are not otherwise available to the family, may also be paid from this fund. While needs will vary from family to family, examples may include medical needs, educational supplies, job-readiness needs, and interpreter services.
- G-1.3. The maximum amount of funds available to a family is \$1,000 within any 12-month period. While a family may receive assistance from this fund on more than one occasion during this period, the same item or type of service may not be provided to this family more than once. Exceptions to the above will be made only with the approval of the Division Director. These funds will be managed at the local regional offices.
- G-1.4. All items/services provided through this fund must meet the following criteria:
 - a. The sole purpose of the service or commodity is to prevent placement of the children.
 - b. This service will be used as a last resort, with documentation

**Emergency
Placement
Prevention
Services**

**Maximum
Assistance
Level Criteria
for Emergency
Funds**

showing all other avenues explored.

- c. Casework planning must be in place to prevent this problem in the future.
- d. Approval by the supervisor and regional administrator or designee is required for each service.

G-1.5. Families currently receiving family preservation services through specific family preservation contracts are not eligible for these services if the contract provides for emergency financial assistance. However, upon ending the above programs, families may be eligible for these services. The caseworker must take into account any emergency placement prevention services received by these families through the contract agencies when determining eligibility.

G-1.6. Placement prevention funds may not be used in combination with service integration funds. Service integration funds may be available to assist with longer-term intervention needs.

G-1.7. Charge accounts may be used to provide short-term specific basic necessities or child/family related needs. The following categories are examples of basic needs which may be provided:

- a. Emergency food supplies (e.g., bread, milk, peanut butter)
- b. Prescription medications
- c. Necessary over the counter medications, including but not limited to lice medication
- d. Diapers, formula, baby food (2 days' supply maximum)

G-1.8. For intact families, a maximum of \$50 can be charged for any single purchase. The accounts can be accessed once per year per client family. Exceptions can be made by the Division Director or designee. There is no maximum amount that can be charged to purchase prescription medications for children in the custody of the Division. It is expected that foster families will only utilize these funds at initial placement. However, other family crises may necessitate use but this should be discussed with the foster home coordinator prior to use.

G-1.9. In order to access Emergency Placement Prevention Funds, the caseworker must ascertain that:

- a. The need is immediate and will enable the family to remain intact
- b. The service cannot be provided through other sources
- c. Casework planning can prevent a recurrence of the same problem

**Use of
Charge
Accounts**

**Approval
Process**

- G-1.10. If Emergency Placement Prevention Funds are to be utilized and the service meets the above criteria, the caseworker will complete the Funding Request event in FOCUS.
- a. Approval is required by the Supervisor and by the Regional Administrator (or designee). If the Supervisor and Regional Administrator approve, payment will be made either by purchase order or a check issued by the regional office in the name of the service provider. It is the responsibility of the caseworker to arrange for the service provider to receive the check.
 - b. If either the Supervisor or the Regional Administrator does not feel that the service is appropriate, or requires more information, the application will be denied. The reason for denial will be included. Reapplication can be made if additional information is obtained.
 - c. If the Supervisor and the Regional Administrator believe that an exception should be made to the time frame, maximum amount, or the nature of the service, the Regional Administrator must receive the verbal approval of the Division Director. If the Division Director approves the exception, the Regional Administrator will note this on the application along with the date of this approval.
- G-1.11. In order to access charge accounts, the caseworker must ascertain that:
- a. For assistance to intact families, the purchase is necessary to meet the basic needs of the family and that failure to provide the service could result in placement of children, or the purchase is needed to meet the basic needs of children in foster care, and the service cannot be provided through other sources
 - b. If the purchase is to assist an intact family, the caseworker will obtain verbal approval from their supervisor to purchase the required items prior to purchase.
 - c. The caseworker will purchase the items and sign the charge slip.
 - d. The caseworker will complete the Funding Requests event in FOCUS.
- G-1.12. Approval is required by the Supervisor and by the Regional Administrator (or designee).
- G-1.13. The Funding Request event will be completed within 48 hours of purchase.
- G-1.14. The signed charge slip will be forwarded to the Division of Management Services, Client Payments Section.

H. Custody Guidelines

H-1 to H-3

Please refer to [Policy 411 – Considered Removal TDM](#)

- H-4. Either prior to or within 30 days of removal from the home, DFS must identify and provide notice to all grandparents and other adult relatives of a child that the child has been removed from his or her home. If DFS determines that contact with adult relatives is harmful to the child's safety and/or well-being, the impact that continued contact will have on the child must be documented in the record before contact ceases.
- H-5. Once relatives have been identified, DFS is required to notify relatives of:
- The need for a foster home, the option to become a placement resource, and the possible need for permanent placement;
 - Their duty to ensure that the agency has their current address
 - That they may participate in the care and planning for the child and that they may lose that right if they fail to respond to the notice;
 - Of family foster care licensing requirements and procedures.
- H-6. Adult relatives include:
- Brother
 - Sister
 - Mother or father's adult sisters or brothers (child's aunt or uncle)
 - Grandparents
- H-7. Reasonable efforts to identify and notify relatives include:
- Asking the custodial parent to provide information about the nonresident parent and any other adult relatives;
 - Checking the state child support system;
 - Reviewing prior DFS case history;
 - Asking the youth, if appropriate, to identify relatives.
- H-8. Frequently, a family's circumstances may change over time. For this very reason, it is incumbent upon the caseworker to continue to reach out to relative and non-relative resources to determine the type, if any, of support they are willing and able to provide to youth in foster care. To help facilitate this effort, the caseworker must send a letter to identified relatives and non-relatives. The purpose of the letter is to maintain contact with relatives, provide them with contact information for DFS, and to solicit their support for the youth in foster care. This letter must be mailed to relatives and non-relatives immediately after a child has been removed from the home.
- H-9. Once DFS obtains custody, if it appears that it may be necessary to make a life ending decision for the child, DFS will immediately consult the child's appointed Attorney or CASA. If the child does not have an appointed CASA or Attorney, DFS decisions will always be to continue the life of the child until one is appointed or absent a court order. A court order will be required to ensure all factors are considered before making a final life ending decision. Life ending decisions include "Do Not Resuscitate" orders or removal of life support.

I. Concurrent Planning

-
- | | |
|------|--|
| I-1. | While providing services to intact families, the caseworker shall explore family support systems to both ensure safety, enlist assistance in helping families change, and identify possible resources, should children need to come into care. All efforts should be clearly documented in a Treatment Note. |
| I-2. | When a child is placed in foster care, the caseworker must make diligent efforts to plan with both parents of each child. In all placement cases, relative and non-relative resources need to be identified from the beginning in case reunification is not possible. The caseworker shall diligently explore the possibility of placement with family or kin members. |
| I-3. | The caseworker shall provide appropriate treatment services to parents while simultaneously exploring possible alternative options such as kinship care, adoptive or foster adoptive families. Parents must be kept fully informed about all concurrent planning activities. Full disclosure applies to all parties involved with the case, including parents, foster families, CASA's, etc. |
| I-4. | Whenever possible, the caseworker shall use non-adversarial problem solving approaches. An example of this would be the use of a Family Group Decision Making meeting soon after the child comes into care. |
| I-5. | Timely, accurate assessment of the causes of risk of maltreatment must occur and be clearly documented in the Family Assessment Form. The worker shall document reasons for selection of services in a Treatment Note. |
| I-6. | All efforts to provide reunification services must be documented in a Treatment Note. If waiting lists exist for services, this must be clearly noted in the record. |
| I-7. | Case documentation shall focus on case planning efforts and assessment of progress. Families must be advised that the caseworker will pursue the alternative permanency planning option if sufficient progress is not made on the Family Service Plan. |
| I-8. | When the permanency committee or Family Court has determined TPR/Adoption is in the best interest of the child, the caseworker shall petition Family Court for Termination of Parental Rights while simultaneously recruiting, identifying and processing a qualified family for adoption. |
| I-9. | When the permanency committee has approved a goal of relative custody, guardianship, long-term foster care, or independent living, the worker shall take whatever legal steps are necessary to implement the alternative goal while simultaneously preparing the child and family. |
-

J. Case Closure

J-1.	<p>The Division shall close family cases in the following circumstances:</p> <ul style="list-style-type: none"> a. In the majority of cases, the decision to close a case is a result of the casework process, where there is an indication of a reduction in risk and/or substantial changes in the family. b. Occasionally, the decision to close is not as directly related to risk reduction or successful completion of a plan; for example, court order, death of client, client no longer within the state, unable to locate the family, no children under the age of 18, lack of cooperation from the family. c. Parental rights of a child have been terminated and there are no other children in the home. d. When services have been provided to a family where there are both children in foster care and children at home, DFS has made a determination that protective treatment services to children at home are no longer needed, and Family Court has approved an alternate permanency goal for children still in foster care, the family case can be closed and child only cases can be opened. e. Present case to Treatment Program Manager if investigation risk rating is over 2.0 and the parent(s) refuse services or no progress is being made on the Family Service Plan. 	<p>Case Closure</p> <p>SEE: Special Circumstances :</p> <p>When Parents Won't Cooperate</p> <p>Converting to Child Only Cases</p>
J-2.	<p>Utilizing the Case Closure Event, the caseworker shall list the original risk contributors plus any additional risk contributors identified during the casework process.</p>	<p>Case Close Event</p>
J-3.	<p>The caseworker will complete the Case Closure Recommendation event and include the following information:</p> <ul style="list-style-type: none"> • When and why the case was opened • Services provided to the family • The family's compliance with the Family Service Plan • Any changes observed with the family • Location and custodial status of each child in the home at the time of case closure i.e. child now resides with maternal aunt, maternal aunt has guardianship • Any remaining areas of concern at the time of case closure • Whether the case was closed successfully vs. unsuccessfully 	
J-4.	<p>Parents will be notified in writing of the decision to close their case.</p>	

K. Special Circumstances		
K-1. New Reports on Active Cases		
K-1.1.	All new reports of abuse, neglect, and dependency for families active in Investigation or Treatment shall be investigated per the policies in Case Decision Point #2: Investigation & Assessment.	Abuse or Neglect
K-1.2.	<p>The following situations must be processed as new reports regardless of case activity in the Division, i.e., family unknown to the system, family was previously opened, currently in Investigation or in Treatment:</p> <ul style="list-style-type: none"> a. New incident of abuse or neglect - This includes any incident that is different from what was previously investigated or currently being investigated. It does not matter if both incidents were the same type such as physical abuse or sexual abuse. b. Different victim - This occurs when the information alleges abuse/neglect to a child other than the child originally alleged to be or substantiated as a victim. c. Different perpetrator - This occurs when the information alleges a different parent/custodian/caretaker is the perpetrator rather than the individual originally alleged or substantiated (e.g., mother rather than the father). d. Court Order - This occurs when Family Court orders (per court order) DFS to investigate. e. Please refer to Policy 204 – Serious Injury Child Death Reports f. Potential criminal charges - New act perpetrated against a child which may result in criminal charges against the parent/caretaker. It does not matter if the new act is similar to a previous act that did not result in a charge. A report of intra-familial abuse/neglect should be taken even if the police will be the primary investigators (e.g., baby selling, kidnapping, child pornography). g. Runaway - Out-of-state runaways reported by the police are to be considered dependent children unless the child has proof of legal emancipation in another state. 	Process As New Reports

<p>K-1.3. The following situations should be written as treatment notes:</p> <ul style="list-style-type: none"> a. Duplicate report - This occurs when two or more reports are made regarding the same abuse/neglect incident and the first incident is currently being investigated. b. Collateral contacts - Collateral contacts are often made to the caseworker by professionals or relatives to update information on a case. When the information indicates a continuation of abuse/neglect previously substantiated, it should be written as a Progress or Treatment Note. c. Runaway behavior/AWOL - These behaviors are generally reported about children in the custody or care of DFS by facilities such as foster homes, group homes or shelters. 	<p>Record in Notes Only</p> <p><i>FOCUS</i></p>
<p>K-2. Emergency Placements</p>	
<p>K-2.1. If the child is not currently in a Division approved placement and it has been determined that emergency placement is necessary, the caseworker shall:</p> <ul style="list-style-type: none"> a. Determine if the child can be kept safe via a safety plan during the period of time it will take the Family Court to issue an ExParte Court Order for custody and placement. The Department has authority to take custody of the child for a maximum of four hours. If the child cannot be kept safe during or beyond this time, the caseworker will contact the police who will take the child into custody and subsequently turn the child over to the Division. b. Gather as much information as possible about the child's situation. c. File a Dependency/Neglect Petition for Custody <p>K-2.2. If the child is currently in a Division approved placement and replacement is necessary without opportunity for prior planning, the caseworker will take steps to make the transition as smooth as possible.</p> <p>K-2.3. The caseworker will follow the procedures outlined in the policy on Preparation for Placement, as much as possible.</p> <p>K-2.4. The caseworker shall notify the parents of Agency's action and record in a FOCUS note.</p>	<p>Emergency Placements</p>
<p>K-3. Out-of-State Placements</p>	
<p>K-3. When a plan is made to send a child in the custody of the Division of Family Services to a placement outside Delaware, the caseworker and supervisor will comply with all procedures as identified in the Interstate Compact on the Placement of Children. The DFS caseworker must conduct a home visit with the child in their out-of-state placement at least once every six months.</p>	<p>Out-of-State Placements SEE Administration</p>

K-4. Minor Mother/Baby	
<p>K-4.1. When a minor in substitute care gives birth, the baby may remain with the minor parent in substitute care under one of the following conditions:</p> <ul style="list-style-type: none"> a. Emergency petition for custody; b. Remaining in the minor mother's custody with special arrangements made for payment; c. Through application for TANF for the baby (if the minor mother is not receiving IV-E foster care benefits). <p>K-4.2. Based on an assessment of the minor mother's age, maturity, level of demonstrated responsibility, and willingness to care for her baby, the caseworker will determine whether the agency needs to petition for custody of the baby. The baby's placement, although with the mother, would follow the standard placement procedures.</p> <p>K-4.3. If the caseworker determines that the mother is responsible enough to care for her baby while the baby remains in her custody, the caseworker will submit a memo to Client Payments, which would make a single payment possible (mother and baby combined). The caseworker will also submit the Placement Event for the mother and the Level of Care Survey for the mother. The baby would not be considered a separate placement and would not be subject to reviews mandated by state and federal regulations.</p> <p>K-4.4. If the minor mother is assessed to be responsible enough to care for the baby and the minor mother is not receiving IVE foster care, the minor mother can retain custody of the baby. The caseworker will advise the mother to apply for AFDC benefits for the baby.</p> <p>K-4.5. In cases where DFS has legal custody of both a minor mother and her child and they are <u>not</u> placed together in the same out-of-home setting, DFS will open up a second treatment case under the minor mother's name and assign a separate worker to the child to ensure that the minor mother's child is appropriately cared for and has adequate protection.</p>	Minor Mother/Ba by
K-5. Lack of Cooperation With Treatment	
<p>K-5.1. When the family/caretaker will not cooperate with treatment services that have been determined to be necessary to protect the children, Division staff will pursue face-to-face contact with the non-cooperative and/or non-compliant client in a diligent and timely manner with a focus on assessing the safety of the child(ren). This policy shall apply to cases open in protective treatment services and is applicable at any stage in the process.</p> <p>K-5.2. The caseworker should be creative about ways to make contact with the family such as early morning or late evening unscheduled home visits, waiting for a child to be picked up at daycare or school, requesting assistance from collateral contacts or safety plan participants. If the parent is on probation or parole, the caseworker should contact the probation or parole officer to see if they can</p>	Lack of Cooperatio n With Treatment

compel the client to comply with treatment. The caseworker can request assistance from the 2nd or weekend shift, where appropriate.

- K-5.3. If lack of cooperation is inhibiting the caseworker's ability to complete the assessment process within the required time frames, maintain established contact schedule, or provide services to reduce risk, the caseworker must immediately bring it to the supervisor's attention. The supervisor can then strategize with the worker other techniques to engage the client. The supervisor may recommend that another unit member accompany the worker for the next home visit. The supervisor may also accompany the worker on a home visit. The caseworker and the supervisor will decide whether efforts to control safety are in place without the cooperation or compliance of the client.
- K-5.4. The caseworker and the supervisor will decide whether the case warrants continued supervision. If not, presentation to the Treatment Program Manager should be considered.
- K-5.5. If continued supervision is needed, the caseworker and/or supervisor will review the situation in detail with the Deputy Attorney General, including substantiated incidents, assessment of risk, dates and times of attempted visits and phone calls, dates of letters, how the family has failed to cooperate or comply with the Family Service Planning process, etc. All legal options will be considered on a case-by-case basis including petitioning for custody. The caseworker and supervisor will make a decision based on the safety of the child(ren) in the home.
- K-5.6. If the decision is made to close the case, the worker must clearly document their attempts to engage the client and the results of their attempts. Documentation should include the number of attempted home visits, phone calls, letters and the results of those contacts as well as a summary of any other attempts the worker may have made to engage the client i.e. conducting a home visit with another unit member or supervisor, contact with the client's probation or parole officer, contact with the child at school, attempted contact with relatives, etc.
-
- K-5.7. When families refuse to cooperate, the following guidelines should be considered prior to making the decision to close the case:
1. A safety assessment has been completed within the past 7 days and no safety issues have been identified.
 2. The family's problems and need for service are adequately addressed by another agency's involvement.
 3. There is documentation indicating communication between DFS and other agencies involved with the family. The other agencies involved with the family are aware that DFS will be closing the case.
 4. Current progress and the prospect for future progress are insufficient to justify the expenditure of additional resources; problems are chronic and risk is low.
-

5. Parental functioning is problematic and parents have not responded to casework attempts aimed at improvement; however, the child appears to function adequately in the community, school, self-care, etc.
6. Documentation will corroborate attempts made to engage the client. Additionally, there will be documentation verifying that collateral contacts have been made verifying the safety and well-being of the child.
7. There is continued risk to the children yet the family is not cooperating with services. The record contains supporting documentation indicating the worker's attempts to engage the family, which may include re-assignment to a new worker. Upon consultation with our attorney, it is determined that the Division has no legal recourse to force the family's cooperation.
8. Review the history of the family as part of the determination to close the family's case.
9. If substance abuse has been identified as an issue for the caretaker, it hasn't had a detrimental effect on the child's well-being.
10. Case has been presented to Case Closure Committee if investigation risk score is 2.0 or higher.

K-6	Locating Parents	Locating Parents
K-6.1.	The caseworker or family service assistant will make every effort to locate the last known address of a missing parent using the following procedures:	
K-6.2.	<p>Determine if the parent is listed in the current telephone and cross -reference (street) directories for your locality.</p> <ol style="list-style-type: none"> a. Contact the school, if applicable, where the child(ren) last attended. b. Contact all significant relatives if known. c. Complete a DELJIS search. d. Complete a search of DHSS programs (TANF, Medicaid, Child Support). e. Complete a Department of Motor Vehicle (DMV) search. f. Post Master Letter - Send an Address Information Request Form to the Post Master of the local post office for the last known residence of the parent. Enclose the pre-printed, self-addressed envelope for your office. 	Check with Child Support Enforceme nt
K-6.3.	If after the above procedures have been completed, a missing parent's address still cannot be found, contact the Division of Child Support Enforcement (DCSE) to ascertain whether they have an address for the parent. DCSE will be able to check NEW HIRES, which is a registry of all new hires in the State and includes the employee's address. DCSE will check federal sources that include the Social Security Administration and Internal Revenue Service. The procedure to obtain this information is:	

<ul style="list-style-type: none">a. Complete the Quick Locate Request Form that can be found on the u-drive (DFS Files) under Quick Locate Req Frm.b. The parent to be located must have a date of birth or social security number to be searched. DCSE requests the last known address in order to match our information with theirs.c. Send the Quick Locate Request Form via an e-mail attachment to the New Castle County Locate Supervisor.d. DCSE will return the results of their search via e-mail attachment within 72 hours of the request.	Document Address If Located
K-6.4. The locate activities and results must be documented in a FOCUS Progress or Treatment Note.	
K-6.5. Once the caseworker has obtained an address on a parent, the caseworker will make a home visit or if the location is out of state will contact the parent by phone or mail. The purpose of the visit will be to inform the parent of the situation involving their child and to ascertain their interest and willingness to work with the agency in the best interests of the child.	
K-6.6. If a child enters out-of-home care, DCSE will complete a full federal locate that includes Department of Defense, Department of Veterans Affairs, National Personnel Record Center, and State Employment Securities Agencies upon completion of the Child Support Application.	
K-6.7. Another resource to locate Missing Parents is through the public library website. To access the public library website, go to www.lib.de.us , click REFERENCE, click REFERENCE USA. Click on RESIDENTIAL DATABASE, then search for the individual by name, city, state, etc.	

K-7. Inter-Region Case Transfers		
K-7.	Guidelines for inter-region transfer of cases - These guidelines are included to provide specific case situations during treatment and placement cases, with the action to be taken in reference to the transfer of the case.	
K-7.1.	Intact family relocates to another region. Entire case is transferred.	Intact Family
K-7.2.	Intact family relocates only a short distance over the region line, but continues with the same service providers. Regional Administrator from the region servicing the family discusses with the Regional Administrator of the adjoining region which region will most effectively service the family. When the current worker leaves the caseload, the case will be transferred to the region in which the family is living.	
K-7.3.	Parents separate, living in separate regions - no children in placement. Region where children are located carries the case. If both parents have children, separate cases are opened and assigned to the appropriate worker in each region.	Parents Separate, No Children in Care
K-7.4.	A child moves to another region to live with a relative or non-relative placement. An intrastate investigation request is made to the region where the child is located to assess the appropriateness of the placement. Case remains in the region of origin.	Child Placed with Relative in Another Region
K-7.5.	Family relocates to another region; child(ren) remain in DFS foster home or relative in original region. Family case is transferred, child(ren's) case remains.	Placement Cases
K-7.6.	Child(ren) placed in DFS foster home or with relative in region other than where parents reside. If the family remains involved, the family case will remain. <ul style="list-style-type: none"> a. The child(ren's) case is transferred. If the placement disrupts, the family's caseworker and the child's caseworker will work together to provide the best plan for the child. The family's caseworker has primary responsibility for finding alternative placement. The child's caseworker will provide assistance as needed. b. If the family case is closed, (i.e. parents are dead, the agency holds parental rights or there is a permanent placement agreement), the location of the child will determine case assignment. 	Children in Placement in one Region, Parents live in Another

K-7.7.	Parents separate; children in placement in two regions. If parents living in 2 regions, separate family cases are created and carried by the region in which the parent lives. Children's cases carried where the children are located.	Parents live in Separate Regions, Children in Placement in Separate Regions
K-7.8.	Purchase of Service Case (POS) or Division of Developmental Disabilities Services. <ul style="list-style-type: none"> a. If the family remains involved, the case will remain with the region in which the family lives. b. If the family case is closed, (i.e. parents are dead, the agency holds parental rights or there is a permanent placement agreement), the location of the child will determine case assignment. 	POS or DDDS Placement s
K-7.9.	Child placed in Purchase of Care group home/RTC/YRS institution, in region other than where the family resides. <ul style="list-style-type: none"> a. If family is involved, the case will remain active in the region where the family is located. b. If the family case is closed the expected length of the placement will determine case assignment. If the placement or treatment service is expected to last less than 1 year, the case will remain active in the region which initiated the placement. c. If the placement is expected to be long term, the location of the child will determine case assignment. 	Group Home, RTC, YRS Placement s
K-7.10.	Cases will be reviewed on a case by case basis on the child's relationship with the worker and the stability of the placement. Stability is determined if the child has maintained a placement for a minimum of sixty (60) days and the placement has demonstrated a commitment to the youth.	
K-7.11	If the APPLA placement disrupts shortly after the case has been transferred to another region or there are reasons why the case should no remain in the receiving region, there should be discussion between regions regarding what is in the best interest of the child.	
K-7.12	When transferring the child's case, the transferring worker should make copies of all relevant documents contained in the family's hard file.	
K-7.13.	Only one child with a goal of APPLA <ul style="list-style-type: none"> a. Close the family case b. Open child only case c. Send record to receiving region 	

<p>K-7.14. Multiple children in family but only one child has a goal of APPLA</p> <ul style="list-style-type: none"> a. Open child only case b. Send copies of documents in the record that are essential to the child, i.e., parent's psychological evaluations, court documents, etc. <p>K-7.15. Case transfer summary for any permanency goal change should include:</p> <ul style="list-style-type: none"> a. Legal status of youth b. Legal status of parents c. Educational placement, special education needs d. Medical needs of child, medication e. Dates and times of any upcoming counseling appointments f. Location of parents g. Mental health diagnosis of parents h. Any outstanding issues the receiving worker should be aware of i. Family resources j. Visitation circumstances, i.e., next visit, conditions k. List any pending reviews, court hearings, or next steps that need to be taken 	<p>APPLA Cases</p>
<p>K-8. Case Closure When Parents Aren't Cooperative</p> <p>K-8.1. Case closure may be considered even when there is no indication of a reduction in risk. The caseworker and supervisor review the record for the following:</p> <ul style="list-style-type: none"> a. The caseworker has worked with the family for at least six months. Cases where the Division has worked with the family for less than six months can be considered at the recommendation of the supervisor and Treatment Program Manager and/or Assistant Regional Administrator. b. Reasonable but unsuccessful attempts to engage the family in the treatment process have been made. All efforts must be thoroughly documented and should clearly demonstrate all attempted efforts to engage the client. c. Other agencies or support systems have regular contact with the child and would report suspected child abuse or neglect. <p>K-8.2. The caseworker and supervisor will determine whether DFS involvement plays a role in maintaining the safety of the children, even if the parents are not cooperating. If no improvement in family functioning is expected, the Division does not play a role in safety, and the children remain at risk, the caseworker shall:</p> <ul style="list-style-type: none"> a. Consult with the Deputy Attorney General to determine if legal action can and should be taken. If legal action is possible, it should be taken immediately. b. If legal action is not possible, discuss the possibility of closure with all other agencies involved with the family. All MOU's with other agencies and joint service plans must be considered and discussed. 	<p>Case Closure When Parents Aren't Cooperativ e</p>

<p>K-8.3. The supervisor will forward to the Assistant Regional Administrator the names of any families being considered for closure where there has been no reduction in risk.</p> <p>K-8.4. The Assistant Regional Administrator will forward those names to the Treatment Program Manager, requesting the records be reviewed.</p> <p>K-8.5. The Treatment Program Manager will review the record and discuss the case with the worker, supervisor, and the Assistant Regional Administrator. Based on that review, a recommendation for continued efforts to engage the family with specific action steps may be made in writing. If the Treatment Program Manager feels the case should be closed after reviewing the case and considering the efforts made by the caseworker to engage the family, the ongoing risk to the child, other support systems and needs of the family, and the resources available to the Division, a decision will be made to close the case and will be documented on a Treatment Case Closure Form.</p>	<p>Regional Approval</p> <p>SEE: Abridged Case Closure</p>
<p>K-9. Abridged Case Closure</p>	<p>Abridged Case Closure</p>
<p>K-9.1. An abridged case closure may be completed in the following situations:</p> <ul style="list-style-type: none"> a. Youngest child in the family reaches 18 years of age. b. Family moves out of state (supervisor and worker should consider a referral to that state). c. Adolescent cases in which the parents have initiated the referral, no abuse or neglect has been alleged or indicated, and the family is not complying with Family Service Plans; for example, the family does not show for two consecutive counseling sessions or the caseworker has made three documented attempts to meet with the family and they have not been available. d. The Division is court ordered to close the case. e. Family moves and cannot be located. f. Parental rights to a child have been terminated and there are no other children in the home. g. If the family refuses to cooperate and there are no grounds for obtaining custody, the treatment supervisor will determine whether this case should be abridged. 	<p>Abridged Case Closure</p>
<p>L. Indian Child Welfare Act</p>	
<p>Please refer to Policy 1013 – Indian Child Welfare Act (ICWA)</p>	

FORMS UTILIZED

Department Confidentiality Form Family Assessment Form Family Service Plan Family Service Plan Review Interagency Consent for Release of Information Form DFS Consent to Obtain/Release Information Form Safety Assessment Treatment Note	
---	--

Placement: When a Child Must Leave the Home: Case Decision Point #4	Out-of-Home Placement
<p>4.1 Foster Care/Is Initial Placement Appropriate? Is Child Safe?</p> <p>4.2 Pursuing Resources for Children in Foster Care (Financial Resources)</p> <p>4.3 Child Well-Being & Safety</p> <p>4.4 What Is the Appropriate Permanency Goal? (Court Action)</p> <p>4.5 Reunification Achieved/Is Child Safe? (Court Action)</p> <p>4.6 Do Conditions Exist for Expedited TPR? (Court Action)</p>	
<p>Decisions:</p> <p>A. Selecting the most appropriate placement to meet the child’s needs.</p> <p>B. Obtaining the appropriate financial resources for children in care.</p> <p>C. Developing and implementing a plan that will meet the child’s needs for well-being, and safety.</p> <p>D. Developing and implementing the appropriate permanency goal.</p> <p>E. Determining if there is justification for expedited termination of parental rights (TPR).</p> <p>F. Determining that a child should be returned home, and preparing for successful reunification.</p>	

Case Process:	
A. Placing a Child in Out-of-Home Care	
A-1. A child is considered in placement if he or she is not living with a legal parent, and the Division of Family Services has planning responsibility for the child, and legal custody of the child has been awarded to the Division by the Family Court.	Placement Defined
A-2. The home of a relative caretaker is considered to be a placement if the Division holds custody.	
A-3. When it is determined by the caseworker that a child must be separated from his family to ensure his safety, the caseworker will petition the Family Court for custody.	
A-4. The caseworker will include in the petition for custody, the service needs of the family, the services offered and provided to the family, and the family's participation and response to the services offered and/or provided; or in the case of emergency, the reasons why the Division could not provide services to protect the child and keep him safe in the home.	Petition for Custody
A-5. The caseworker must be prepared to testify to the information contained in the Custody Petition. The DAG will ensure that the Division's efforts to prevent placement or reunify children is part of the case presentation to the Family Court.	
A-6. The Court will make a determination, along with its decision for custody, as to whether the Division did make reasonable efforts to prevent the child's placement or is making efforts to reunify the family.	
A-7. Emergencies exist when: 1) the child is at imminent risk of harm and is in need of protection; 2) emergency medical care is required for a child in the care of DFS or emergency medical care is required due to medical neglect report.	Court Petition and Determination
A-8. At the time it becomes apparent that the child will need to be removed from the home, the caseworker must ask both parents to identify relative and non-relative resources that may be willing to take the child into their home. The caseworker must provide notification to all grandparents and other adult relatives, as well as to the other parents of the child's siblings when the other parent has legal custody of such siblings. Such notification to grandparents and other adult relatives is required regardless of whether the sibling's parent(s) have a status of Termination of Parental Rights (Parental Rights were terminated). If the child is old enough, the caseworker may also ask the youth to identify relative and non-relative resources. It may also be necessary for the caseworker to review prior DFS cases to see if other relatives may have been identified in prior cases. The caseworker must make efforts to contact the relative and non-relative resources to begin the process of ruling them in or out as possible placement options.	
A-9. In keeping with the Division's philosophy, relative homes will be the first considered. If relatives are unwilling or unsuitable for placement, DFS will	

consider non-relative placements next. Foster homes will be considered after all other relative and non-relative resources have been explored. If relative, non-relative and foster home resources have been explored and ruled out, then group care settings will be explored.

- A-10. The Division will make every effort to keep siblings together. The Foster Care Coordinator will document in a search effort note why siblings cannot be placed together. The assigned Caseworker will document in their case notes what efforts have been made to keep siblings together. During directed case conference, the Supervisor will review with the assigned Caseworker why siblings are not placed together and what efforts have been made to reunite them as soon as possible. When siblings are separated, the Caseworker will have ongoing discussions with the siblings' caregivers about the caregivers' ability to reunify the siblings in their homes. These conversations will be documented in the Caseworker's case notes. When separation is because of lack of resources, a Level of Care will be sent to the Foster Care Unit to continue a search for a foster home for the sibling group together.

**Keep
Siblings
Together**

- A-11. The caseworker will consider placement in a relative's home after exploring the following factors:

- a. The relative's relationship to and with the child;
- b. The relative's willingness and ability to care for the child;
- c. The relative's willingness to cooperate with the division in cases where the division retains custody;
- d. The relative's relationship with the child's parents;
- e. The physical condition of the home;

**Selecting
the
Placement**

Relatives

- A-12. The caseworker will consider placement in a shelter for the following reasons:

- a. Children over 12 years of age who need care on a temporary basis while a thorough assessment of the family situation is made;
- b. Children who need planned shelter for the following reasons:
 - c. Medical or dental treatment (rural to city)
 - d. Legal parent(s) is hospitalized or incarcerated and no homemaker is available
 - e. Family situation is not safe for the child
- f. Children who need emergency placement due to being abandoned, suddenly stranded because of hospitalization of their parents, or in such physical or emotional danger in their own homes that the situation cannot wait for temporary improvement by casework methods;
- g. Children who have run away from home.

**Shelter
Placements**

A-13.	<p>The caseworker will consider placement in a foster home for the following reasons:</p> <ul style="list-style-type: none">a. Children under 12 years of age who need emergency placement due to being abandoned, suddenly stranded because of hospitalization of their parents or in imminent physical or emotional danger in their own homes.b. Children under 12 years of age who need temporary care while a thorough assessment of the family situation is made.c. Children who need temporary care when there is no other resource available to a parent who cannot provide care due to a temporary condition (i.e., illness);d. Children of any age up to 18 who need permanent care and the close family ties which can develop in a foster home, but for one reason or another, cannot be placed for adoption.	Foster Home
A-14.	<p>The caseworker will consider placement in a residential group home for the following reasons:</p> <ul style="list-style-type: none">a. Children who need placement for whom neither relative nor foster home is appropriate;b. Children who cannot at the time take advantage of the opportunities offered by family living (i.e., children who need a neutral setting).c. Children who are at a stage of development (i.e., adolescence) when they are trying to emancipate themselves from family ties;d. Children who are influenced more by peer relationships than by family values;e. Children who cannot meet the expectations of a family, or accept the intimacy of family relations;f. Children who are members of a large sibling group for whom a foster home is not available;g. Children who have a strong relationship with their parents and are not able to adjust to living with another family.	Residential Group Home
A-15.	<p>The caseworker will consider placement in a treatment facility for children who are emotionally disabled when their behavior cannot be appropriately managed in a family or community setting. The caseworker will refer the child to the Division of Child Mental Health.</p>	Treatment Facility for ED Children
A-16.	<p>The caseworker will consider out-of-state placement for the following reasons:</p> <ul style="list-style-type: none">a. Children whose family or relatives are technically residents of another state;b. Children for whom there would be a placement disruption if they could not accompany foster parents who move out of state.	

**Court
Action**

- A-17. The caseworker will consider a non-relative placement when the child has placed himself or has been placed by his parent in a home that is not an approved Division foster home. The caseworker will discuss the option of foster parenting with the non-relative and refer to the foster home coordinator unit following the policy on Provisional Approval Process for consideration if the non-relative is interested.
- A-18. Reasonable efforts to find an adoptive home or other permanent living arrangement will be documented on the plan for child in care and submitted as part of the documents submitted to the Family Court for the Permanency Hearing.
- A-19. Frequently, a family's circumstances may change over time. For this very reason, it is incumbent upon the caseworker to continue to reach out to relative and non-relative resources to determine the type, if any, of support they are willing and able to provide to youth in foster care. To help facilitate this effort, the caseworker must send a letter to identified relatives and non-relatives. The purpose of the letter is to maintain contact with relatives, provide them with contact information for DFS, and to continually solicit their support for the youth in foster care. This letter must be mailed to relatives and non-relatives immediately after a child has been removed from the home and then every six (6) months thereafter.
- A-20. A review of DELJIS *will* be conducted for:
- All adult and juvenile (age 13 years or older) household members prior to placement when a relative or non-relative requests to become the caretaker for a child placed by the Division in out-of-home care (legal custody);
 - Any adult or juvenile (age 13 years or older) who moves into the residence of a family currently active with the Division in Investigation, Treatment, or through the Interstate Compact.
- A-21. A review of DELJIS *may* be conducted:
- On a party not residing in a household active with the Division when that party is significant (e.g., the paramour of the parent, a grandparent) in the overall dynamics of the household, and Division staff perceive that safety issues exist. The safety issues may be case related or personal.
 - To confirm the existence of additional criminal activity or domestic violence since the case was opened in Investigation or Treatment.

B. RELATIVE AND NON RELATIVE PLACEMENT	
<p>B-1. Relative Placement</p> <p>B-1.1 If children are removed from the home of their parent and placed with relatives, the Division has an obligation to provide reunification services to the family and supportive services to the relatives. The Division also has an obligation to ensure that the relatives are aware of what will be expected of them and the ramifications of that decision, as well as to offer support to them.</p> <p>B-1.2 If children are placed with relatives and are not in the custody of DFS, the decision as to whether DFS will petition for custody must be made in a timely manner.</p> <p>B-1.3. Even if relatives receive custody of the child, a treatment case must be opened for the parents. Efforts must be made to engage the family and work towards reunification. There is no time period required to work towards reunification but meaningful efforts to engage and assist the family are required. In some cases it may be appropriate to delay case planning with families; for example, if a parent is incarcerated for a significant period of time. In those situations, when the parent's situation changes, they can contact DFS and ask for a treatment case to be opened.</p> <p>B-1.4. If the parent has made arrangements for the child to live with a relative, it is not necessary to file for custody but it IS necessary to complete a relative Home Assessment. This process is initiated by the assigned caseworker for the family.</p> <p>B-1.5. The Home Assessment should include a review of the following areas:</p> <ul style="list-style-type: none"> • Obtaining the caregiver's Social Security Number • Obtaining the caregiver's drivers license number as well as the expiration date • A list of all other individuals residing in the home, including birthdates • The names and addresses of the child's parents/custodians • The school and grade level for each child • The circumstances surrounding the placement • A visual inspection of the home, including where the child will be sleeping • A discussion with the caregiver about their economic situation • How the caretaker plans on meeting the financial, medical, supervisory, school and transportation needs of the child being placed in their home. • Whether the caretakers have resided in any other state within the past five (5) years. • A criminal background check for all caregivers residing in the home. If either caregiver has lived in a state other than Delaware within the past five (5) years of them taking the child into their home, and NCIC check must be completed. • Complete a Child Abuse Registry check and a DFS history check. 	
<p>B-1.6. A foster home coordinator will complete Part II of the Home Assessment after the child has been placed in the home.</p> <p>B-1.7. The Division should ensure that relatives understand their responsibilities and ability to protect the child from the parents and to discuss their willingness to care for the child both long term and short term. The Foster Home Coordinator will ensure that the</p>	<p>Relative and Non- Relative</p>

<p>relatives understand the options available to them, up to and including DFS getting custody and them becoming foster parents. The Foster Home Coordinator should explain Temporary Assistance to Needy Families (TANF) as well as foster home qualifications and expectations. Relatives must understand that if they choose to become foster parents and reunification is not successful, DFS will, in most cases, move to have younger children adopted or finalize another permanent goal such as permanent guardianship. They must also understand that if they choose to get custody of the children and DFS closes the case, there will be no on-going support to the family.</p> <p>B-1.8. If DFS feels that the relatives are able and willing to protect the child now and in the future, and the relatives wish to petition for custody, DFS can support that petition.</p> <p>B-1.9. If DFS determines that relatives are able to adequately care for the child and it is not necessary for DFS to petition for custody, DFS will ensure that the relatives petition for custody before closing the case.</p> <p>B-2. Non-Relative Placement</p> <p>B-2.1. In most situations, when a child must be removed from the home and placed with non-relatives, DFS will file for ex parte custody.</p> <p>B-2.2. The Home Assessment procedures described above for relative placement must be followed for non-relative placements as well.</p> <p>B-3. Bedroom and Sleeping Arrangements</p> <p>B-3.1 Children in the home should have space for his/her own exclusive use which is sufficient to ensure a reasonable amount of privacy and to enable the child a degree of self-expression. Convenient, accessible space shall be provided for the storage of each child's clothing and other accessories.</p> <p>B-3.2 A separate bed shall be provided for each child. Foster children over three (3) years of age shall share bedrooms only with children of the same sex.</p> <p>B-3.3 No child over the age of one (1) shall share a bedroom with any adult except upon documentation that the child's physical, mental or medical condition requires an adult to be present.</p>	<p>Approval Process</p>
<p>C. Family Visitation with the Child</p>	
<p>Please refer to Policy 1005 – Visitation</p>	

D. Medical Consent and Health Care	
D-1. The Division will make every attempt to utilize the family health insurance coverage for the child by requesting the information from the family.	Medical & Mental Health Treatment
D-2. Unless parental rights have been terminated or legal guardianship transferred by the court, parents maintain the right to consent to any medical treatment and to remain informed about their child's condition and wherever possible, participate in any medical decision-making. Therefore, DFS will make reasonable efforts to obtain consent of the parent, and to notify the child's legal representation (guardian ad litem or court appointed special advocate), prior to obtaining medical care.	
D-3. Per Title 13, Section 2521(2) of the Delaware Code the Division of Family Services is statutorily granted certain powers and duties, including: <ul style="list-style-type: none"> a. Consenting to medical care for the child b. Consenting for medical examinations for the child c. Consenting to medical treatment for the child, including surgical procedures d. Consenting for mental health treatment, except in-patient psychiatric hospitalization 	
D-4. The Division cannot sign or consent for medical or mental health treatment required for a child in the following circumstances: <ul style="list-style-type: none"> a. Inpatient psychiatric admissions; b. Involuntary substance abuse treatment; c. In-patient substance abuse treatment for a child over the age of 12; d. Treatment related to contagious, infectious or communicable disease as well as obtaining birth control (12 years of age or older); e. Life ending decisions, including "Do Not Resuscitate orders or removal from life support. 	
D-5. Once DFS obtains custody, if it appears that it may be necessary to make a life ending decision for the child, DFS will immediately consult the child's appointed Attorney or CASA. If the child does not have an appointed CASA or Attorney, DFS decisions will always be to continue the life of the child until one is appointed or absent a court order. A court order will be required to ensure all factors are considered before making a final life ending decision. Life ending decisions include "Do Not Resuscitate" order or removal of life support.	Obtain Parental Consent to Medical Treatment for Children
D-6. The caseworker will keep the child's parent(s) informed about the child's health care and will encourage the parent(s) to participate in the child's medical appointments	

D-7.	Informed consent to an HIV-related test shall consist of a voluntary agreement executed by the subject of the test or the subject's legal guardian. If the agreement is oral, the facts pertaining thereto must be documented by customary practice. Informed consent shall consist of at least the following <ul style="list-style-type: none">a. An explanation of the test, including its purpose, potential uses, limitations and the meaning of its results;b. An explanation of the procedure to be followed, including that the test is voluntary, that consent may be withdrawn and the extent and limitations of the manner in which the results will be confidential;c. An explanation of the nature of AIDS and other manifestations of HIV infection and the relationship between the test result and those diseases; andd. Information about behaviors known to pose risks for transmission of HIV infections.	Informed Consent
D-8.	A child is high risk for infection with HIV if any of the following criteria apply.	Risk Factors for HIV
D-9.	Mother of child or mother's sex partner(s) have any of the following risk factors since 1978: <ul style="list-style-type: none">a. Known to have HIV or AIDS;b. Have previously delivered a child infected perinatally with HIV*;c. Signs or symptoms consistent with HIV disease or AIDS (e.g. Weight loss, fatigue, night sweats, fevers, swollen lymph nodes, chronic cough, chronic diarrhea, thrush);d. Has a positive toxicology screen, a history or physical evidence of drug use, including, but not limited to cocaine, opiates, methamphetamines, and PCP*;e. Has had sex with a man who has had a homosexual relationship;f. Current practice or history of trading sex for drugs or money;g. Received blood products (i.e., transfusions, factor concentrates), or tissue or organ transplant from an unscreened donor between January 1, 1978, and June 1, 1985;h. A history of sexually transmitted diseases (e.g., gonorrhea, syphilis, chlamydia);i. Has had multiple partners and/or engages in high-risk sexual behavior <p>*Although sharing needles is the most direct way that drug use spreads HIV, other drug use, such as "crack" or alcohol, can make a person more likely to engage in other high-risk behavior such as having unprotected sex with multiple partners or trading sex for drugs. These sex partners may be HIV infected and are able to transmit the disease to a partner. Therefore, any</p>	

history of substance abuse is a reason to consider the potential for risk to HIV and to do a risk assessment.

D-10. Newborns at risk of HIV include:

- a. All infants born of drug using mothers.
- b. Infants born with sexually transmitted diseases, (e.g. syphilis, gonorrhea, chlamydia).
- c. Infants born of HIV infected mothers.

**Newborns at
Risk Of HIV**

D-11. Although these infants seem healthy at birth, there is a 30 to 40 percent chance that they will be HIV infected. They will require close medical surveillance up to age 2 by specialists where aggressive, early life-saving medical interventions are available, if the infant becomes ill.

D-12. Because all infants born of HIV infected mothers will test HIV positive at birth due to the presence of the mother's antibodies in their blood, most hospitals will not test the infant until 3 or 4 months of age. For DFS purposes, the infant does not have to be tested at birth if it can be documented that the mother or other siblings are HIV positive.

D-13. Children (up to age 12) who have any of the following risk factors may be tested for the presence of HIV:

- a. Symptoms of drug-effects or positive screen for drugs, neonatal or otherwise, including, but not limited to cocaine, opiates, amphetamines, and PCP;
- b. Received blood products (e.g., transfusion, factor concentrates), or tissue or organ transplant from an unscreened donor between January 1, 1978 and June 1, 1985;
- c. History of sexual abuse involving intimate sexual contact, e.g., intercourse, anal and oral intercourse;
- d. Signs and symptoms consistent with HIV infection or AIDS (e.g., chronic pneumonia, recurrent infections, chronic diarrhea, failure to thrive, developmental delay, or unusual neurologic symptoms);
- e. No history available - e.g., abandoned infant.

**Child At
risk of
HIV (up to
age 12)**

D-14. Per Del Code Title 13, Chapter 7, Section 710, states that a minor twelve (12) years of age or over who professes to be either pregnant or afflicted with contagious, infectious, or communicable diseases or who professes to be exposed to the chance of becoming pregnant may give written consent, except for abortion, for any diagnostic, preventive (including birth control), lawful therapeutic procedures, medical or surgical care and treatment, including x-rays, by any licensed physician, hospital or public clinic, their qualified employees or agents while acting within the scope of their employment.

**Identifying
Parental &
Child Risk
Factors**

D-15. The caseworker will obtain a family history regarding the use of injecting drugs and sexual contacts to establish if a parent is involved in risk behaviors. This requires

that caseworkers first inform parents of behaviors which pose a risk for HIV infection and ask the parent specific questions.

D-16. If it appears that the parent is at risk for HIV infection, the caseworker shall refer the parent to a recognized testing and counseling center.

D-17. If the child is under 12 years of age and is at high risk for HIV infections, the caseworker shall refer the child to their physician to see if an HIV test is warranted.

D-18. If the physician determines that the child's history and/or symptoms warrant HIV testing, the caseworker may sign the informed consent to the HIV test if:

- a. The agency has legal custody or
- b. The parent(s) had previously signed their consent to examination, treatment-information form.

D-19. The caseworker may share information regarding the results of the HIV test with the foster parent or other care provider for the purpose of day-to-day physical care and appropriate medical follow-up on a need-to-know basis.

D-20. If a child needs psychiatric hospitalization, the caseworker must contact the Division of Preventative Behavioral Health Services (PBHS). The caseworker calls the intake number, 633-2571 or 633-2591 from 8:00 a.m. to 4:30 p.m. and the PBHS Mobile Crisis Services after normal work hours. The phone numbers are:

- Northern New Castle County - 1-800 - 772-7710
- Southern New Castle County - 1-800 - 969-4357
- Kent and Sussex Counties - (302) 424-4357

D-21. Once it is determined that a child needs to be hospitalized, the caseworker shall contact the parents to obtain parental consent. Efforts to contact the parent(s) to advise them of the situation and obtain consent shall be documented in the case notes in FOCUS.

D-22. In cases where a child or adolescent must be hospitalized immediately for psychological or psychiatric reasons, and there is no parent or legal guardian available or willing to sign the minor into the hospital, the Delaware Code authorizes two kinds of involuntary mental hospital admissions. A psychiatrist or medical doctor may provisionally admit the child for 72 hours.

D-23. The designated hospital for involuntary admissions for children is HCA-Rockford Center. No other hospital can accept involuntary admissions.

**When
Caseworker
May Sign
Informed
Consent**

**Sharing
HIV/AIDS
Information
With Foster
Parents
Psychiatric
Treatment
for
Children in
DFS
Custody**

CONSENTING TO MEDICAL & MENTAL HEALTH TREATMENT

	DFS caseworker can sign	DFS can sign after authorization by Regional Administrator	DFS Director or Designee authorization is required	DFS cannot sign	Court Order Required	Comments
Well Child Visits	√					
Sick Child Visits	√					
Dental Appointments	√					
Immunizations	√					
Psychological and psychiatric testing and evaluation	√					
Counseling, out-patient mental health or substance abuse treatment	√					
Routine medical testing such as x-rays, blood work, urinalysis	√					
In-patient mental health/psychiatric admissions				√		Consult DPBHS as appropriate
Parent disagrees with proposed medical treatment			√			
Parent opposes or is unable to consent to the use of psychotropic medication			√			
Involuntary substance abuse treatment				√	√	
Serious non-routine medical treatment including surgery			√			
Non-routine procedures, including surgery		√				
In-patient substance abuse treatment (under 12)		√				
In-patient substance abuse treatment (over 12)				√		Child signs
Consent for treatment related to contagious, infection or communicable disease as well as obtaining birth control (12 years old, and older)				√		Child signs
Consent for treatment related to contagious, infection or communicable disease as well as obtaining birth control (under 12 years of age)		√				
Emergency Room Treatment	√					
Life Ending Decisions (Do Not Resuscitate order or removal from life support)				√	√	Child's Attorney or CASA must be consulted, DAG and court order required

MEDICAL & MENTAL HEALTH CONSENT CHECKLIST REGIONAL ADMINISTRATOR/DIRECTOR LEVEL APPROVALS

Child's Name:

Worker's Name:

Date:

Parental Consent: ☐ Yes ☐ No ☐ N/A

Notes:

Child's Attorney/CASA Notified: ☐ Yes ☐ No ☐ N/A

Notes:

Child's Primary Care Physician Review and Approval of Medical Procedure: ☐ Yes ☐ No ☐ N/A

Attending Physician (Specialist/ER): ☐ Yes ☐ No ☐ N/A

Provide description of medical procedure that outlines the risks and benefits:

Notes:

DAG for child advised of procedure: ☐ Yes ☐ No ☐ N/A

Notes:

E. Completing the Placement Package	
<p>E-1. The caseworker/FSA will <u>notify via e-mail</u> both the assigned Medicaid social worker and the DMSS eligibility unit supervisor that a child has entered out-of-home care <u>on the day the child enters care</u>. The e-mail needs to include the child's name, MCI #, date of birth, date of placement, placement resource, and the following statement: "We intend to apply for Medicaid for this child". This will ensure a protected filing date for the start of the child's Medicaid coverage.</p> <p>E-2. It is the responsibility of the DFS caseworker to complete the Title IV-E application. This includes obtaining copies of the child's birth certificate for children placed in out-of-home care and determining deprivation (see attached chart).</p> <p>E-3. If a client is not a citizen of the United States, the DFS caseworker should attempt to obtain proof of non-citizenship. The following documents will verify an individual's non-citizenship status:</p> <ul style="list-style-type: none"> a. Department of Homeland Security Documents b. Green Card (I-551, I-151) c. INS Documents d. US Citizenship & Immigration Services Documents <p>E-4. If proof of identity is necessary, the Eligibility Unit will provide the worker with a list of documents that verify either citizenship or identity.</p> <p>E-5. The eligibility specialist in DMSS must re-determine a child's eligibility for Medicaid and Title IV-E annually. The eligibility specialist will complete the re-determination application for the caseworker/FSA. The eligibility specialist will notify the caseworker when there are other documents, which are needed for the re-determination (e.g., copy of the signed custody order). The caseworker/FSA will submit the requested information to the eligibility specialist within 10 working days of receipt of the request.</p> <p>E-6. Medicaid and Title IV-E eligibility statuses: e.g. approvals, denials and closings, are accessible in FOCUS (Person View, Select Person Information, select Client, select Eligibility Summary)</p> <p>E-7. The caseworker will complete a child support application in FOCUS within ten (10) days of a child entering a paid foster care placement. Applications delayed due to requirements noted in E.7.d. should be completed as soon as possible.</p> <ul style="list-style-type: none"> a. At least one non-custodial parent must be included on the child support application. b. In some instances it may not be appropriate to apply for child support from a non-custodial parent. The caseworker and supervisor shall review cases to determine if any of the following conditions apply and if so document in FOCUS why an application was not appropriate: <ul style="list-style-type: none"> • The foster child is expected to be in care for a short period of time or before the child support obligation 	<p>Financial and Medical Resources for Children in Out-of- Home Care</p>

- can be established; for example, the child is likely to exit a paid placement by the adjudicatory or dispositional hearing.
- A determination that parent(s) would be unable to comply with an established reunification plan due to the financial hardship caused by paying child support.
- Termination of parental rights is imminent and likely to occur prior to the establishment of a child support order.
- The non-custodial parent is a potential placement resource.
- c. The caseworker shall complete separate applications in FOCUS for multiple alleged fathers listing the mother and the child(ren) on each application.
- d. The caseworker will complete the application with as much information as is available to them. Enter only non-custodial parents from whom child support is sought. The following is required:
 - Known mother and/or father names, and other identifying information
 - Mother and/or father PID numbers
 - Child's social security number as available
 - Child's MCI number
 - Cost of care using the monthly board payment amount (estimate is acceptable)
- e. The caseworker will update the Division of Child Support Specialist of any changes that occur such as paternity, parental change of address, name changes, and vital statistic updates via email or telephone.
- f. Only legal, biological, and adoptive parents can be named on the application. Relatives, non-relatives, and parents whose parental rights have been terminated are not liable for child support.
- g. A foster care board rate or per diem purchased rate is the minimum definition of 'paid' placement. An estimated monthly total should be entered on the application.
- h. The caseworker shall complete FOCUS data entry fields within five (5) days of the following case activities:
 - Custody returned to parents
 - Placement exit to guardianship
 - Placement exit to permanent guardianship
 - Exit from paid foster care placement setting
 - Termination of parents rights date
- i. The Division of Child Support Services stops collecting current child support when these FOCUS placement removal reasons are chosen:
 - Adoption finalized
 - Custody to Non-Relative (Not Original Custodian)
 - Custody to Relatives (Not Original Custodian)
 - Guardianship
 - Majority, Married, Emancipated

- Custody Rescinded To Parents/Original Custodian
- Deceased
- Runaway/No DFS Custody

The following DFS Placement Continue Reasons also trigger current child support termination:

- Return Home/DFS Custody (Trial Reunification)
- Replacement into Boarding School – DFS Custody
- Replacement with Non-Relative – DFS Custody
- Replacement with Relative – DFS Custody
- PBHS Placement -DFS Custody
- PBHS Placement - No DFS Custody
- YRS Placement/Detention - DFS Custody
- YRS Placement/Detention - No DFS Custody

These placement end or continue reasons apply to current child support collections. Arrears payments can still be collected.

- j. When children exit and then re-enter paid foster care placement in the same foster care episode, a subsequent child support application must be completed. When information is available, caseworkers will complete this second support application referencing prior child support order number, order date, jurisdiction location amount ordered, court or direct payment, frequency of payment, and active status of the prior child support activity.
- k. When children exit and then re-enter care due to a new removal or removal from an adoptive home, a new child support application shall be completed. If removed from adoptive home, submit only the adoptive parents' information.

- E-8. If the child has an elderly, disabled or deceased parent, the caseworker will determine whether if the child is receiving Old Age, Survivor, Disability Insurance (OASDI) benefits. If the child is receiving benefits, the caseworker will notify the contractor to file a payee change request form with the Social Security Administration on behalf of the child and DSCYF.
- E-9. If the child is not receiving OASDI benefits, the DFS caseworker will call the Social Security Administration to determine if the child may be eligible for benefits. If the child is eligible, the DFS caseworker will complete an SSA/SSI Advocacy referral form found on the DSCYF intranet website. This will notify the contractor to review the child's file and determine if the contractor needs to file for Social Security benefits on behalf of the child and DSCYF.
- E-10. Some children in foster care may be eligible for Supplemental Security Income if they have a physical or mental impairment. The caseworker will review any medical, psychological, and educational history on a child to determine whether he may be a candidate for SSI. If the DFS caseworker feels the child may be eligible, the caseworker will Complete and SSA/SSI Advocacy referral form found on the DSCYF intranet website. This will notify the contractor to review the child's file and determine if the contractor needs to file for Social Security benefits

**Social
Security
Benefit
Applications**

on behalf of the child and DSCYF.

- E-11. Each child in placement will be assigned a Level of Care (LOC) rating. The LOC determines the amount of the LOC supplement to the foster care board payment made to an approved caretaker. The LOC rating is also used to generate system-wide data; the LOC form itself may also be used as a summary source of information about a child.
- E-12. The LOC is completed as part of the placement request for new and all subsequent placements. A copy should be given to the foster family. Caretakers will be informed of the LOC rating assigned a child in their care, should be given an opportunity for sharing their experience in caring for the child when a new rating is being done on a child in their care, and may appeal the Level of Care if in disagreement. The LOC should be completed yearly when there has been significant changes in the child's circumstances. For all children with a goal change to TPR/Adoption, a new LOC will be completed within 3 months after the change in goal and/or the child's case has been transferred to the Permanency Unit.
- E-13. The supervisor reviews the LOC survey form for accuracy and completeness.
- E-14. The caseworker must review the child's LOC at the same time the Child Plan is reviewed. The caretaker should be involved in reviewing the Level of Care.
- E-15. A caseworker or supervisor in conjunction with the care provider may review and change the child's Level of Care at any time.
- E-16. The LOC may be reviewed at any time by request of the placement resource. The caretaker should request a review of the assigned LOC by contacting the child's caseworker. The caseworker should record the date of the request in a Treatment Note form.
- E-17. Disagreement over the LOC assigned to a child may be appealed by the placement resource to the Division of Family Services supervisor. This will be recorded on a Treatment Note. If the supervisor agrees that the LOC should be changed, a copy of the new LOC form will be forwarded by the caseworker to the placement resource within ten working days. The caseworker will complete a new Child Payment form reflecting the change and forward it through county channels to client payments. If an agreement on a child's LOC is not achieved, the supervisor will send the placement resource written notification reflecting this decision.
- E-18. If caretakers wish to appeal the supervisor's decision, they should appeal in writing to the Regional Administrator within ten days, providing a brief description of the issues involved. Upon receipt of the appeal, the Regional Administrator will schedule a meeting of all appropriate parties within 15 days. The Regional Administrator will provide the placement resource with a written

**Level of
Care
Survey**

**Changing
the Level
of Care**

decision within five working days of the meeting.

E-19. If the caretaker is appealing a LOC rating at the time it is originally issued, and has requested the review of the rating within 15 days of receipt, any change in the child's LOC will be retroactive to the original effective date of the LOC rating in question. If more than 15 days has passed since the caretaker received the rating, any changes would be effective the date the caretaker contacted the worker requesting a review of the level of care rating. If any changes are made through the review process, a new level of care must be completed and forwarded to the fiscal office.

DEPRIVATION DEFINITIONS

Deprivation Terminology	Definition	DFS Documentation Required
Continued Absence from Home	<p><u>Initial Determination</u> Natural or Adoptive Parent not present in the home the child was removed from and does not provide for the child's support. If one or both of the parents is not in the home, it meets the criteria.</p> <p><u>Redetermination – Child Plan</u> Whereabouts of natural or adoptive parent(s) are unknown -When the nature of the absence is such as either to interrupt or to terminate the parent's functioning as provider of maintenance, physical care, or guidance for the child, and the known or indefinite duration of the absence precludes counting on the parent's performance of the function of planning for the present support or care of the child. NOTE: Child removed from relative: Relative home is reviewed for deprivation – "Continued absence" applies when one or both natural or adoptive parent(s) are not living in the relative household at the time of Redetermination.</p>	<p><u>Initial Determination</u> -Court order documenting parent was absent from the home. -Documentation in client's file or FOCUS that parent was not living in the home when the child was removed. -Other reliable source of documentation NOTE: Absence due to military active duty or seeking employment elsewhere does not meet "continued absence from the home".</p> <p><u>Redetermination – Child Plan</u> -Court order documenting parent(s) whereabouts are unknown. -Other reliable source Documentation in client's file or FOCUS</p>
Death of One Parent	<p><u>Initial & Redetermination</u> One natural or adoptive parent is deceased.</p>	<p><u>Initial & Redetermination</u> Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FOCUS.</p>
Death of Both Parents	<p><u>Initial & Redetermination</u> Both natural or adoptive parents are deceased.</p>	<p><u>Initial & Redetermination</u> Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FOCUS.</p>
Incapacity/Disability	<p><u>Initial & Redetermination</u> One or both natural or adoptive parents (residing in the home the child was</p>	<p><u>Initial & Redetermination</u> Is parent receiving SSI? - Medical records</p>

	removed from) are mentally or physically disabled and are substantially incapable of caring for the child. This does not include a birth parent that resides in a separate residence.	<ul style="list-style-type: none"> - case notes (DFS worker witness account) - Social Security Award letter - -Verification of SSI Medicaid Eligibility (category 51) - Other reliable source Documentation in client's file or FOCUS.
Unemployment/Underemployment of Principal Wage Earner	<p><u>Initial & Redetermination</u> The natural or adoptive parent (residing in the home the child was removed from) that is the principal wage earner is unemployed or underemployed & meets the following conditions: Principal wage earner must:</p> <ul style="list-style-type: none"> - be unemployed or underemployed for at least 30 days prior to the day the petition for custody was initiated. -Not refuse employment without good cause -Must apply for unemployment -Earned at least \$50.00 in at least 6 of any 13 quarter period that ends within 1 year prior to the month the petition for custody was initiated. <p><u>Redetermination – Child Plan</u> The natural or adoptive parent (residing in the home the child was removed from) that is the principal wage earner is unemployed or underemployed & meets the following conditions: Principal wage earner must:</p> <ul style="list-style-type: none"> - be unemployed or underemployed for at least 30 days. -Not refuse employment without good cause -Must apply for unemployment -Earned at least \$50.00 in at least 6 of any 13 quarter period that ends within 1 year. 	<p><u>Initial & Redetermination</u> Statement of wages; Earnings records, Dept. of Labor information showing little to no income; Statement from family/neighbors; statement from DFS investigation or treatment worker; or other reliable source documentation in client's file or FOCUS.</p>
Un-established Paternity	<p><u>Initial & Redetermination</u> Father of the child has not been identified/paternity in question</p>	<p><u>Initial & Redetermination</u> -Paternity testing required documentation -court order stating father unknown -Paternity outcome pending -Mother states father is unknown -Other reliable source Documentation in client's file or FOCUS.</p>
Incarceration of One Parent	<u>Initial & Redetermination</u>	<u>Initial & Redetermination</u>

	One of the natural or adoptive parents is incarcerated (jailed).	Statement from family members or neighbors; court documents or other reliable source. Documentation in client's file or FOCUS.
Incarceration of Both Parents	<u>Initial & Redetermination</u> Both of the natural or adoptive parents are incarcerated (jailed).	<u>Initial & Redetermination</u> Statement from family members or neighbors; court documents; or other reliable source. Documentation in client's file or FOCUS.
TPR	<u>Initial & TPR</u> Parental rights have been terminated by court order, must provide date of TPR in the provided box. TPR would require both parents. If one parent lives elsewhere and had the rights terminated previously, the child would be deprived under the Continued Absence from the Home selection above.	<u>Initial & Redetermination</u> Court papers showing TPR – must be dated and signed by a Judge. TPR must be scanned in FOCUS or faxed to the Client Eligibility Unit.

F. Developing the Child Plan	
F-1. When DFS obtains legal custody of a child and the child is removed from the home, the caseworker shall complete the Family Service Plan and Child Plan.	Child Plan
<p>F-2. The caseworker will complete the Child Plan as follows:</p> <p>a. 5-Day Plan is to be completed prior to or within five working days of the child's placement. The intent of this plan is to identify immediate steps that need to be taken to stabilize the child in their placement setting. Areas that must be addressed include: the child's medical and dental conditions and current medications, if any, health provider information, and current school information including grade and educational classification. Whenever possible, the child should remain in the school they are enrolled in at the time of removal unless that would not be in the child's best interest. As soon as a child is removed from his/her home or whenever placement changes, the child's school must be notified immediately and a Best Interest Meeting must be scheduled before there is any change in the child's school placement. It is the responsibility of DFS to notify the District homeless Liaison about the child's change in living situation so that the meeting can be called. It is the responsibility of DFS to notify the child's parents, the CASA or Child Attorney, the Educational Surrogate Parent if applicable, and any other persons DFS identifies as necessary participants. The child shall NOT change school placement until after the Best Interest Meeting has been held and the team determines which school the child will attend.</p> <p>If it is not in the child's best interest to remain in the same school, the plan must include steps that will be taken to ensure immediate enrollment in a new school. Five-Day Plan must be redone every time a child changes placement except when the child is going from a shelter to another placement. In that case, if immediate needs have not changed significantly, it may be indicated that the proposed placement became effective by naming the placement and adding the date. The plan should be developed jointly with or reviewed by the child, parent, caretaker, caseworker and supervisor, and Purchase of Care Agency (if applicable). All parties will acknowledge the plan by their signature. DFS must complete a 5-Day Plan within five (5) days regardless of whether the dependent youth is still residing in a DYRS placement or a PBHS facility.</p> <p>b. Child Plan - The Child Plan is to be completed within 30 calendar days every time a child moves to a new placement. The plan must be developed jointly at a team meeting which includes the child (if age appropriate), parent(s), foster parent/caretaker, caseworker, and Purchase of Service/Purchase of Care agency (if applicable). All parties will acknowledge the plan by their signature.</p> <p>c. The Child Plan, must still be completed within 30 days of DFS obtaining legal custody regardless of whether the youth is still in a DYRS placement or a PBHS facility and should comply with the protocol listed above. Additionally, a Child Plan, must be manually generated and completed in FOCUS for all youth active with either PBHS or DYRS once it is determined that the youth is dependent.</p>	<p>Child Placement Plan (Immediate) 5-Day Plan</p> <p>Child Plan Developed Within 30 Days</p>

For youth 14 years of age and older, the Child Plan must include a written description of the program and services which will help the youth prepare for the transition from foster care to successful adulthood.

- d. Every time a Child Plan is completed, DFS must determine if the child is still deprived of the care and support of one or both parents. Deprivation is only determined in relation to a child's natural or adoptive parents. It is important to note that the reason for deprivation can change at redetermination.
- e. Child Plan Review: This plan must be reviewed every six months (6) using the Child Plan Review. New plans should be completed when the child has been in care for one year or when the goal changes. All team members should participate in the review. For youth age 14 and older, the review must be completed in consultation with the youth. At the option of the youth, 2 individuals chosen by the youth and who is not a foster parent of, or caseworker to the youth, may participate. The DFS caseworker must document the individuals the youth wanted to invite to participate in the review.

**Determine
Deprivation**

**Child Plan
Review**

**Planning
Includes All
Parties**

- F-3. It is expected that planning will be done jointly with all the parties. For youth age 14 and older, the plan must be developed in consultation with the youth. At the option of the youth, 2 individuals chosen by the youth and who is not a foster parent of, or caseworker to the youth, may participate. The DFS caseworker must document the individuals the youth wanted to invite to participate in the review. The state may reject an individual selected by the youth to be a member if the case planning team at any time believes it has good cause to believe that the individual would not act in the youth's best interest. If DFS rejects an individual selected by the youth, the caseworker must document the reasons. One individual selected by the youth to be a member of the youth's case planning team may be designated to be the youth's advisor and as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the youth. All parties will acknowledge the plan by their signature.

The DFS caseworker shall explain to all school aged children entering foster care that they have certain rights. These rights are stated in the Rights of Youth in DSCYF Custody document.

For all children 14 and older, the primary caseworker shall give them a copy of the Rights of youth in DSCYF Custody document and explain it to them in language they understand. This will be done at the initial planning meeting for the child in care.

**Rights of
Children in
DSCYF
Custody**

For those children currently in foster care, the primary caseworker shall give and explain the rights of Youth in DSCYF Custody document at the next available case planning meeting and when signed by the youth is considered part of the plan.

<p>F-4. Until Family Court terminates parental rights, parents should still be included in the development and review of the Child Plan series. There will be times when it is not appropriate to have the parents present in the development of the plan. In cases where it is not appropriate or scheduling is such that all parties cannot meet prior to the 30 days, the reason for the parties' absence will be documented in the case record, and efforts will be made to review the plan with the missing party. When the absent party signs off on the plan, it should be noted next to their signature that it was reviewed only.</p>	<p>Document Exceptions to Required Participants</p>
<p>F-5. All parts of the Child Plan should be copied and given to all parties involved in the plan development (foster parents, child's parents, POC/POS agency). The child/youth shall acknowledge their receipt of the Rights of Children in DSCYF Custody by signing the appropriate space. The Rights shall then be attached to the Child Plan.</p> <p>Staff should be careful not to divulge information that may put a foster parent in jeopardy. For example, the name and address of the foster parent may need to be obscured if it is determined that the child's safety may be at risk if the family knows where the child is placed. The Child Plan should be filed in the appropriate section of the case record.</p>	<p>Distribute Copies to All Parties</p>
<p>F-6. Educational services provided to children should be appropriate for age and emotional development.</p>	<p>Educational Services</p>
<p>F-7. The caseworker will:</p> <ul style="list-style-type: none">a. Ensure that the child is enrolled in the appropriate school. For children in out-of-home care, children must be enrolled in the school assigned to the caregivers' address. Any exceptions must be approved by the caseworker.b. Notify in writing the principal of the school of a child in placement entering, leaving, or transferring into the school.c. Advocate with the Department of Education for appropriate educational placement. This includes: private placement when an appropriate program is not available in the public school system; provision of tutors; participation in special education; remedial, gifted or vocational training; GED; and other related programs as indicated.d. Provide access to educational opportunities for each child beyond the high school level by referral to and coordination of available resources based on the child's ability.e. Periodically, but no less than once a year, request information from the child's school about the child's behavior and grades. This report should be filed in the child's record.	<p>Ensure school enrollment</p> <p>Advocate for appropriate educational services</p> <p>Obtain current grades and school records</p>
<p>F-8. The caseworker will participate in school conferences and encourage the parent and caretaker to also attend.</p>	
<p>F-9. Foster children are generally expected to attend school within the regular school program. If the caretaker wishes to send a child to a private or parochial school, the caretaker is responsible for all</p>	

<p>expenses involved. Approval for such a placement must be given by the caseworker in conjunction with the supervisor and legal parents and recorded in the case record.</p> <p>F-10 and F-11. Please refer to Policy 702 – Educational Surrogate Parent</p> <p>F-12 Please refer to Policy 701 – Educational Decision Maker</p>	<p>Approval for Private School Enrollments</p>
<p>G. Caseworker/Foster Child/Family Contact Schedule</p>	
<p>Please refer to Policy 404 – Family Contacts and Policy 405 – Foster Care (Client) Contacts</p>	
<p>H. Case Management and Monitoring the Child in Care</p>	
<p>H-1. The family caseworker shall:</p> <ul style="list-style-type: none"> a. Help the foster family increase their understanding of the child, his legal family and their own feelings as foster parents. b. Keep the foster family informed in a timely manner of all plans for the child and progress of the family toward case plan goals. c. Encourage the foster parents to participate in all planning meetings, court hearings, and treatment sessions. d. Meet with the foster family regularly to discuss the child's progress and problems. e. Consider the foster family when determining visitation schedules. f. Determine if the child is receiving care in accordance with acceptable standards and in relation to the child's adjustment in the home and the way foster parents carry out their responsibilities. g. Include discussion about special financial arrangements and provisions for medical care in casework activity. Discuss level of care revisions as needed. h. Assist the foster parents in maintaining a harmonious relationship with the child's legal parents, staying uninvolved in the legal parents' personal problems, avoiding conflict with hostile, overly critical or otherwise disturbed parents, and helping the child avoid conflict of loyalties between foster parents and legal parents. 	<p>Role of the Caseworker With Foster Parents</p>

<p>H-2. If, during contact with the foster family, concerns about the care of the child, condition of the home, or significant changes are noted, address those concerns with the family and attempt to resolve the problems. If unable to resolve them, report those concerns to the foster home coordinator and ask for assistance. Document those concerns in FOCUS and notify the foster home coordinator.</p> <p>H-3. Keep the foster home coordinator informed of any concerns about the care of the child, condition of the home, or significant changes in the home.</p> <p>H-4. If the plan is to remove the child from the foster home to another placement or to his own home, the caseworker must help the foster parents with the separation trauma that often accompanies such a move prior to the move.</p> <p>H-5. Please refer to Policy 1005 – Visitation</p> <p>H-6. The caseworker must keep both parents informed of the child's adjustment and placement including the following:</p> <ul style="list-style-type: none"> a. His daily routine. b. Meaningful persons in his life while he has been away from home. c. Feelings about returning home. d. School adjustment and school-related problems that will need to be addressed when child returns home. e. Medical and dental needs that must be followed up after child returns home. 	<p>Keep the Parents Informed About Their Child</p>
---	---

<p>I. Prepare All Parties for the New Placement</p>	
<p>I-1. The caseworker placing a child must prepare the child for placement as follows:</p> <ul style="list-style-type: none"> a. Explain why he is being placed, where, and anticipated length of stay. b. Give a realistic view of the placement selected, what he can expect and what is expected of him. c. Inform the child of the visitation schedule that has been established with his family or other relatives. d. If possible, arrange for the child to visit the placement resource prior to actual placement, particularly in the case of a child who is over six years old. If not possible, give the child information about the placement resource (i.e., family members, pets, activities, etc.). e. Inform the child of caseworker's continued contacts and role with them, their family, and the placement resource. 	<p>Preparation for Placement</p> <p>Child</p>

<ul style="list-style-type: none"> f. Obtain a physical examination and immunization record prior to placement or within two weeks after placement in an emergency situation. g. The caseworker will make every effort to obtain the child's own clothing and personal belongings. Ask the child or family if there are any special possessions and make arrangements for the child to have them if possible. h. Ask the provider to complete the clothing inventory and submit to DFS. If clothing is determined to be inadequate, caseworker should request an emergency clothing allowance. i. Obtain report card and arrange for transfer of school records, if applicable. Enroll the child in school. Ask the foster parent to accompany, if possible. j. Obtain psychiatric and/or psychological evaluation if need is indicated. 	<p>SEE: Meeting the Child's Needs</p>
<p>I-2. The caseworker placing the child must prepare the child's family for the child's placement as follows:</p> <ul style="list-style-type: none"> 1) Explain why placement is necessary, and the anticipated length of stay. 2) Help the family understand what separation may mean to them. 3) Help the family understand the court procedures for custody. 4) Seek participation from the family in developing a service plan for the child. 5) Give the parent a realistic view of the placement selected. 6) Explain why regular visitation is important to the child and develop a visitation plan with the family. 	<p>Prepare the Family</p>
<p>I-3. If group care is selected, arrange for the parent to visit the placement setting prior to or at the time of placement. If foster care is selected, provide the family with information about the foster family in conjunction with insuring that foster family safety is not compromised.</p>	<p>Obtain Current Information About the Child</p>
<p>I-4. Obtain pertinent information from the parent(s) concerning the child's health; i.e., allergies, medical needs, eating habits, fears, favorite pastimes, hobbies, etc., and any other information that would assist the caseworker and new care giver in helping the child make a smoother adjustment to placement. Obtain information about the child's educational history and academic needs which should include schools attended, grade level completed, academic standing (grades) and other special needs. All of this information should be captured on the Transfer Instruction Sheet. It is the responsibility of the child's caregiver at the time of removal to complete this form. The DFS caseworker must ensure that the caretaker completes the form in its entirety. The top copy is then provided to the caregiver that will be receiving the child, one copy remains with the caregiver that completed the form, and one copy is filed in the child's record.</p>	
<p>I-5. Inform legal parents of their rights and responsibilities.</p>	

- I-11. The caseworker will monitor the information needed by care providers on the Foster Care/Placement Checklist. The Foster Care/Placement checklist will be signed by the care provider at the time of initial placement. The white copy will be retained by the care provider, and the yellow copy will be used by the caseworker to track additional material to be provided to the care provider at a future date.
- I-12. The caseworker and the caregivers are responsible for the quantity and quality of the clothes of a child in out-of-home care. Each child who is placed in a foster home or licensed residential facility should maintain an adequate supply of clothing. The Provider should use the Clothing Inventory Checklist.
- I-13. Children in foster care placement for the first time without necessary items of clothing are entitled to receive funds to allow the caretaker to purchase an initial clothing supply.
- I-14. The caregivers are responsible for procuring all clothing needed by a child placed in their care. The caseworker will:
- Make every effort to obtain the child's own clothing and personal belongings.
 - Evaluate with the foster parent the quantity and quality of clothes, which the child brings with him to the placement.
 - If it is necessary to supplement the child's clothing supply, the caseworker may request an initial clothing allowance by completing a FOCUS Funding Request and sending it through the appropriate approval channels in FOCUS.
 - After approval by the Regional Administrator, the request will be assigned to the Office Manager who will write a check from the Petty Cash Account in the amount appropriate to the child's age.
 - Each region will develop a system of regional approval that will move the request in a timely manner so that the provider can receive the check at the time of placement or on the next working day.
 - The care provider must submit receipts to the caseworker immediately after making the purchases. The caseworker will submit the receipts to the Office Manager. The caseworker may wish to give the provider a stamped business enveloped addressed to the Division so the receipts will be returned in a timely manner.
 - The Office Manager will maintain a log of checks written for the purpose of initial clothing and will confirm the actual submittal of purchase receipts to the caseworker and record such receipts with the check number and payee.
- I-15. For all school age children (5 years and older) in the care and custody of the Division on July 31 of every year, the foster parent, relative care provider or group home will receive a \$150 stipend per child to be used to purchase school clothing and school supplies for the up-coming school year. Providers need to keep receipts for all purchases and forward the receipts to the child's worker. The child's worker will file the receipts in the case record.
- I-16. In order for this to occur, all placements, replacements and removals need to be entered into FOCUS by July 31.
- I-17. Providers will receive this school stipend on August 15 of each year.

**Foster
Care/
Placement
Checklist**

**Meeting the
Child's
Needs**

**Caseworker
Monitors
Adequacy
of Clothing**

- I-18. Providers of children entering foster care after July 31, but prior to September 30, or children who turn five after July 31 and will be attending school, may submit receipts to the child's worker for school clothing and supplies for reimbursement up to \$150. The child's worker will complete the request for non-contract services (foster care) in FOCUS and forward for approval. Then, the child's worker will forward the receipts to Client Payments. Receipts must be received by October 30 for reimbursement.
- I-19. Each child who is graduating shall receive assistance in obtaining graduation items. For foster children graduating from high school, the Division will help supplement the cost of the graduation expenses. Each child is eligible to receive up to \$300 towards the cost of items such as announcements, class pictures, graduation gown and yearbook. Providers need to keep receipts for all purchases and forward the receipts to the child's worker. The child's worker will complete the request for non-contract services (foster care) in FOCUS and forward for approval. Then, the child's worker will forward the receipts to Client Payments.
- I-20. Caretakers may receive a small amount of money for miscellaneous expenses by or on behalf of a child in the custody of the Division of Family Services. For most children in care, the incidental costs for miscellaneous expenditures will be included in the standard or special care payment made to the foster parent or residential facility. This incidental amount is indicated on the payment schedule and should be used to purchase goods or services for the child other than food, clothing and shelter. (For instance, Scout dues, movie tickets, toys, etc.) For the child aged 11 to 17, this amount should be used for a spending allowance. Although it is the responsibility of the foster parent or facility to teach the child the value of money, he should be given the opportunity to spend his allowance as he wishes.
- I-21. For children in the custody of the Division but for whom the Division is not making board payments, the caseworker will request approval to pay for clothing and incidentals in the amount specified in the payment schedule.
- I-22. The caseworker will review the amount and purpose in incidental money with all providers.

**Graduation
Expenses**

**Incidentals/
Child's
Allowance**

J. Transition from Placement

- J-1. To support all parties involved in the transition, the caseworker will:
- Give the foster parent or placement agency at least a two-week notice prior to removal of the child and work with the child and family or agency to make the transition as smooth as possible, unless removal is precipitated by an unexpected event.
 - Provide services during the transition period to prepare the foster family/agency and the child for separation and help them cope with their feelings about it.

**Schedule
Transitions
In Advance**

**Prepare the
Child and
Caregiver
for the
Separation**

<ul style="list-style-type: none"> c. When the plan following termination of placement is continued placement in another home or facility, prepare the child for placement. d. Give special emphasis on adequate communication among the foster family, parents, child, caretaker and the division. e. A completed Transfer Instruction Sheet must be provided to the receiving caregiver for the child. The Transfer Instruction Sheet captures the most current information regarding the child's medical, psychological and educational needs/status. It is the responsibility of the child's previous placement to complete the form at the time the child is removed from the home. The individual completing the form should keep one copy, one copy should be provided to the caregiver that is receiving the child, and the final copy should be filed in the child's record. f. Inform the foster parents about the appeal process should they disagree with the plan for the child. g. Remove the child from care on FOCUS. 	<p>SEE Appeals/Fair Hearings</p> <p>Transfer Instruction Sheet</p>
<p>J-2. If DFS feels that the family has made sufficient progress to allow reunification to occur, the child should be sent home for a Trial Home Visit. A Trial Home Visit is a placement setting that occurs when a child has been removed from their current foster care placement and is returned to their parent/primary caretaker for the purpose of reunification but the child is still in the legal custody of DFS.</p> <p>J-3. The length of time a child may be on a trial home visit is dependent on whether there is a court order specifying a time period. If there is no court order, the trial home visit must not extend beyond six months from the date the child was removed from the foster care placement and returned to the parent/primary caretaker</p> <p>J-4. Prior to the six-month time frame, the child must be removed from the trial home visit and either exited from care or a new court order must be obtained to continue custody with the Division of Family Services.</p> <p>J-5. During the time the child is home for a trial home visit, the Division continues to hold supervisory responsibility of the child's safety and well-being.</p> <p>J-6. During the time a child is on a trial home visit, the caseworker must continue to make monthly contact with the child, the majority of which must occur in the home. During these monthly contacts, the caseworker must discuss safety and well-being issues with the child.</p> <p>J-7. Careful planning will precede the child's return home, ensuring that all parties are adequately prepared, except in emergency or unusual circumstances. When it is possible and feasible for the child to return home, the caseworker will:</p> <ul style="list-style-type: none"> a. Assist the child in understanding how his family has been able to plan for his return home. 	<p>Planning for Return Home</p> <p>Prepare the Child Through Frequent Visits</p>

<ul style="list-style-type: none"> a. Assist the child in working out feelings about separation from his foster family. b. Arrange more frequent and/or extended visits as the return home approaches. c. Plan for continued visits with the foster family if such visits are desirable and feasible. d. Enlist the foster parents' help in the child's return home by offering support to the child, discussing with the child his feelings about the move, seeing that the child has sufficient clothing, arranging school transfers, if necessary, and securing medical and dental help for the child prior to the return home if necessary. f. Provide the child or his parent with any important documents including medical history, educational history, birth certificate and social security card. <p>J-8. Foster parents or agencies that request termination of a placement shall give the caseworker at least a two-week notice and shall participate in planning for removal of the child from their home, except in emergency situations.</p>	<p>Transfer All Documents About The Child Provider Request to Change Placement</p>
--	---

K. Special Circumstances	
K-1. Out-of-State Placements	
<p>K-1.1. When Delaware is the receiving state and the maltreating parent or caretaker is not being studied:</p> <ul style="list-style-type: none"> a. All requests for placement of a child or evaluation of a proposed placement of a child are sent directly to the Delaware Interstate Officer, hereinafter referred to as the Interstate Office. The Interstate Office will forward requests for evaluations and/or supervision to the Regional Administrator who will assign the request to the appropriate worker. b. If evaluation is requested, the caseworker will interview all interested parties gathering and recording information on the Evaluation Worksheet. Personal references will be gathered using the Personal Reference Form. In cases where foster care and adoptive placements are proposed, compliance with the Criminal History Statute (31 <u>Del.C.</u> §309) is required. The caseworker will have the Home Evaluation Worksheet typed and prepare a cover letter to the sending state, recommending approval or denial of the placement. The typed worksheet and cover letter will be reviewed by the supervisor and sent to the Interstate Office in triplicate. c. The caseworker will complete the evaluation within thirty calendar days of receipt of the request. If a delay in responding is anticipated, the Interstate 	<p>Out-of-State Placements</p>

Office will be notified in writing. The caseworker will receive a copy of the Interstate Office's approval or disapproval of the placement on a Form 100A.

- d. If approval is indicated and the child is placed in Delaware, the Division assumes responsibility for ongoing supervision. The case will be opened in FOCUS as a treatment case under the child's name. The risk management methodology is suspended. The caseworker will complete all applicable Significant Event forms and the progress reports will serve as narratives regarding the services the Division is providing and the child's progress and adjustment. The caseworker will supervise the placement and provide the Interstate Office with quarterly progress reports. After approval by the supervisor and Regional Administrator, three copies of the reports will be forwarded to the Interstate Office. If placement is not going well, it is expected that the caseworker will have phone contact with the worker in the sending state for the purposes of problem solving and planning.
- e. When the ICPC request is for Delaware to approve a new foster home for placement, all approval criteria must be met. The initial 30 day report will address the suitability of the home in meeting the child's needs. Placement will not be approved until all foster home requirements are met, including background checks and training.
- f. If the placement disrupts while the child is in Delaware, the caseworker should notify the Interstate Office immediately. The sending state has fiscal and planning responsibility for the return of the child or placement. The caseworker will not request or accept custody of the child. Cooperative planning will occur to decide whether to return the child to the sending state or to find emergency short-term placement in Delaware. When the child is returned to the sending state, a final progress report must be completed and forwarded to the Interstate Office. The sending state may not dismiss its jurisdiction without the concurrence of the Delaware Interstate Office.

K-1.2. When Delaware is the receiving state and the maltreating parent or caretaker is being studied:

- a. All requests for placement of a child or evaluation of a proposed placement of a child are sent directly to the Delaware Interstate Officer, hereinafter referred to as the Interstate Office. The Interstate Office will forward requests for evaluations and/or supervision to the Regional Administrator who will assign the request to the appropriate worker.
- b. If evaluation is requested, the caseworker will interview all interested parties using the risk management methodology. In cases where foster care and adoptive placements are proposed, compliance with Criminal History Statute (31 Del.C. §309) is required. The caseworker will have the risk assessment worksheets typed and prepare a cover letter to the sending state, recommending approval or denial of the placement. The typed assessment worksheet and cover letter will be reviewed by the supervisor and sent to the Interstate Office in triplicate.
- c. The caseworker will complete the evaluation within thirty calendar days of receipt of the request. If a delay in responding is anticipated, the Interstate

Office will be notified in writing. The caseworker will receive a copy of the Interstate Office's approval or disapproval of the placement on a Form 100A.

- d. If approval is indicated and the child is placed in Delaware, the Division assumes responsibility for ongoing supervision. The case will be opened in FOCUS as a treatment case under the child's name. The risk management methodology continues to be used with the focus on protecting the child. The caseworker will supervise the placement and provide the Interstate Office with quarterly progress reports. After approval by the supervisor and Regional Administrator, three copies of the reports will be forwarded to the Interstate Office. If placement is not going well, it is expected that the caseworker will have phone contact with the worker in the sending state for the purposes of problem solving and planning.
- e. If the placement disrupts while the child is in Delaware, the caseworker should notify the Interstate Office immediately. The sending state has fiscal and planning responsibility for the return of the child or placement. The caseworker will not request or accept custody of the child. Cooperative planning will occur to decide whether to return the child to the sending state or to find emergency short-term placement in Delaware. When the child is returned to the sending state, a final progress report must be completed and forwarded to the Interstate Office. The sending state may not dismiss its jurisdiction without the concurrence of the Delaware Interstate Office.

K-1.3. In all cases where Delaware is the receiving state and approval is not given, the placement cannot be made. If the placement is made after disapproval or if a placement is made into Delaware without requesting ICPC approval, the caseworker should notify the Interstate Office as soon as it is known. The Interstate Office and the Department's Deputy Attorney General will determine enforcement action.

K-1.4. ICPC services in which Delaware is the receiving state may be terminated under the following circumstances:

- a. Adoption is finalized.
- b. The child reaches 18 or becomes self-supporting.
- c. The child dies.
- d. The child is discharged from custody.
- e. The child leaves the state.
- f. When ICPC services are terminated, a short summary explaining the reason for termination and a copy of the appropriate order should be forwarded by the caseworker to the Interstate Office in triplicate.
- g. The caseworker will close the case in FOCUS.

K-1.5. When the decision is made to request placement of a child in the custody of the Division of Family Services out-of-state, Delaware is considered the sending state and the Division has the following responsibilities:

- a. The caseworker will forward to the supervisor the following: From 100A; three copies of: the child's social history; IV-E documentation; the custody order; and a cover letter to the receiving state. After approval by the supervisor, the request will be sent to the Regional Administrator for approval, and then forwarded to the Delaware Interstate Office.
- b. The child's social history must include identifying information, developmental history, legal status, pertinent background information and the reason for the placement request. The cover letter should include the reason for the placement request, any pending court dates and a request for an evaluation of the proposed placement. If the Division is requesting an evaluation for foster care or adoption purposes, a criminal history check is required. The caseworker will consult the criminal history specialist.
- c. The Interstate Office will review the submitted information and, if appropriate, will forward the referral to the receiving state.
- d. Delaware shall treat the receiving state's report as meeting home study requirements unless Delaware determines within 14 days, placement is contrary to the welfare of the child based on the report's content. Clarification or further information may be requested from the receiving state.
- e. If placement is approved by the receiving state and the child is placed, the Division retains planning and financial responsibility for the child. Custody will be retained until the Interstate Office agrees custody may be transferred to the parents, relatives, caretakers or agency in the receiving state.
- f. Upon approval of the placement, the caseworker will complete and forward Form 100B to Interstate Office indicating the date of placement.
- g. The case will remain open in the Division and assigned to the caseworker who will monitor the services provided to the child and case progress.
- h. If placement is approved by the receiving state but the child is not placed, the caseworker must send Form 100B to Interstate Office indicating this.
- i. In addition to the monthly contact reports, the receiving state will provide quarterly progress reports while the child is placed. If the placement disrupts, it is Delaware's responsibility to make arrangements for the child's return home or emergency placement. The Division remains fiscally responsible for the costs of the child's return to Delaware.
- j. If approval is not granted, the placement cannot occur.

K-1.6. ICPC services in which Delaware is the sending state may be terminated under the following circumstances:

- a. The adoption is finalized.

<ul style="list-style-type: none"> b. The child reaches eighteen. c. The child dies. d. The child’s custody is rescinded to parents or other caretaker or the receiving state agrees to accept custody. e. When an ICPC case is terminated by Delaware as the sending state, the caseworker will prepare Form 100B and a short summary explaining the reason for closure, forwarding them to the supervisor and Regional Administrator. The 100B will be forwarded to the Interstate Office. <p>K-1.7. If a child is dependent and delinquent or on runaway, the child may be eligible for services under the Interstate Compact on Juveniles. Contact the Delaware Interstate Office for consultation. The “Voluntary Consent to Return” (ICJ Form III) should be signed by runaway youths before a judge to protect the child’s due process rights.</p>	
K-2. Minor Mother/Baby	
<p>K-2.1. Based on an assessment of the minor mother's age, maturity, level of demonstrated responsibility, and willingness to care for her baby, the caseworker will determine whether the agency needs to petition for custody of the baby. The baby's placement, although with the mother, would follow the standard placement procedures.</p> <p>K-2.2. If the caseworker determines that the mother is responsible enough to care for her baby while the baby remains in her custody, the caseworker will submit the Level of Care Survey for the mother. The baby would not be considered a separate placement and would not be subject to reviews mandated by state and federal regulations.</p> <p>K-2.3. If the minor mother is assessed to be responsible enough to care for the baby and the minor mother is not receiving IVE foster care, the minor mother can retain custody of the baby. The caseworker will advise the mother to apply for TANF benefits for the baby.</p>	Minor Mother/Baby
K-3. EXTENDING FOSTER CARE BEYOND AGE 18	
<p><u>High School Students</u></p> <p>K-3.1. Absent emergency circumstances, the caseworker must request approval no less than 3 months prior to the youth’s 18th birthday through a Board Extension Request to the Regional Administrator.</p> <p>This Board Extension Request must include a statement from the youth’s high school indicating that the youth is making satisfactory educational progress and include a copy of their most recent report card and IEP (if applicable). In no event shall an extension of foster care board and medical coverage continue beyond the latter of the youth’s 19th birthday or the close of the school year in which the youth turns 19.</p>	Extending Foster Care Payments Beyond Age 18

<p>A review of the youth's educational progress will occur each high school semester in order to approve the continuation of the foster care board extension. This review will ensure that the youth continues to make satisfactory educational progress.</p> <p>For youth who are not in special education who will not be able to graduate high school within one school year after the school year in which the youth turned eighteen, caseworkers must seek an alternate education plan to increase the likelihood of education completion. Youth in special education should be considered for alternate education planning as appropriate.</p> <p><u>GED Programs</u></p> <p>K-3-2 Youth pursuing a GED are eligible for a board extension. The caseworker must request approval no less than 3 months prior to the youth's 18th birthday through a Board Extension Request to the Regional Administrator. A statement from the youth's GED program must indicate that the youth is making satisfactory educational progress and is expected to conclude the GED program within one year following his or her eighteenth birthday. Review and approval to continue under a foster care board extension must occur every 3 months post eighteen, not to exceed one year. This review will ensure that the youth continues to make satisfactory educational progress.</p> <p>K-3.3. The youth's caseworker will be notified as to whether their request is approved by the Regional Administrator.</p> <p>K-3.4. The caseworker will send copies of the Board Extension Request form and the school statement to both the Client Payments and Client Eligibility Unit.</p>	
<p>K-4 EXTENTIONS FOR YOUTH RECEIVING SOCIAL SECURITY</p>	
<p>K-4.1 If the youth receives SSI, a copy of extension approval should not be sent to the Medicaid Unit, as he will continue to receive medical coverage under the SSI grant.</p> <p>K-4.2 In arranging for board extensions for a youth who receives social security, the caseworker will:</p> <ul style="list-style-type: none"> a. Arrange for social security benefits to be mailed directly to the youth; b. See that suitable arrangements are made for the youth to make payments to the caretaker; c. Request board extension for the difference when the amount of the benefit is less than the monthly standard care rate. 	<p>Extensions for Youth Receiving Social Security</p>
<p>K-5. CONVERTING TO CHILD ONLY CASES</p>	
<p>K-5.1. There are occasions when it is effective to close the family case and open child only cases. This decision should be based on the best interest of children and families, safety of all children concerned and whether or not ongoing protective treatment services are needed.</p>	<p>Converting to Child Only Cases</p>

<p>a. All Children In Out-Of-Home Care with a Goal of Adoption AND Children Remain in the Home: When the Permanency Committee recommends the goal of adoption or Alternative Permanency Planned Living Arrangement (APPLA) with or without agreement for children in care and there are other children remaining with the birth family, consideration should be given as to whether or not the family case should be closed. The caseworker will complete a family assessment and if appropriate, a case closure recommendation. If protective treatment services need to continue, a child only case will be opened for the children in care and transferred to a permanency worker. The family case will remain with the treatment caseworker for ongoing services. If it is determined that treatment services to the intact family are not needed, the family case will be closed and a child only case will be opened and transferred to a permanency worker. The permanency worker is responsible for maintaining sufficient contact with the birth family and documenting appropriately.</p> <p>b. All Children In Out-Of-Home Care with a Goal of Alternative Permanency Planned Living Arrangement (APPLA) AND Children Remain in the Home: Generally, when the Permanency Committee approves the goal of Alternative Permanency Planned Living Arrangement (APPLA) for children in care and protective treatment services need to be provided to the other children in the family, both the family case and child case will continue with the caseworker. However, there may be cases where there is no expectation of ongoing contact between the birth family and the child in care. In these situations, with the approval of the Assistant Regional Administrator, a child only case can be opened and transferred to a permanency worker.</p> <p>K-5.2. When children are in foster care, decisions to close family cases will generally be made at the Permanency Committee. In those situations where the Permanency Committee has recommended a goal other than return home and situations change, the supervisor may recommend to the Assistant Regional Administrator that the family case be closed. This recommendation will be noted in the Treatment Notes. The Assistant Regional Administrator will review the case and if in agreement, document that decision in Treatment Notes. A child only case will be opened in FOCUS and the family case will be closed.</p> <p>K-5.3. When a child only case has been opened, the family case has been closed and a complaint of child abuse or neglect is made concerning the intact family, it will be investigated per policy by an investigation unit and if necessary, transferred to a treatment unit for ongoing services. Assignment will be based on the best interests of the child and family. The Regional Administrator or Assistant Regional Administrator will make a determination to assign the case to the caseworker currently assigned to the children in foster care or to another worker.</p> <p>K-5.4. In situations where services are being provided to a family with children both at home and in Alternative Permanency Planned Living Arrangement (APPLA), the caseworker and supervisor shall determine if it is necessary to continue to provide services to the children at home. If the Permanency Committee has recommended a goal change for the child(ren) in foster care as other than return home, and there is an indication of a reduction in risk in the intact family, the family case may be considered for closure.</p>	<p>Permanency Committee Role In Closing Family Cases</p> <p><i>FOCUS</i></p>
--	--

K-6 MEDICAL/DENTAL RECORDS FOR YOUTH EXITING CARE AGE 18 OR OLDER	
<p>K-6.1. Section 475(5)(D) of the Social Security Act requires the Division of Family Services to provide health and education records to youth aging out of foster care.</p> <p>K-6.2. DFS must provide youth with an actual copy of the most recent, relevant health and education records that were used to complete the youth's Child Plan and/or Family Service Plan AND that are contained in the DFS record. This is in addition to providing the youth with a completed Transfer Instruction Sheet at the time of their exit from car.</p> <p>K-6.3. To the extent available and accessible, the health and education records of the youth should include:</p> <ul style="list-style-type: none"> • The names and addresses of the youth's health and education providers; • The youth's grade level performance; • The youth's school records; • A record of the youth's immunizations; • The youth's known medical problems; • The youth's medications; • Any other relevant health and education information concerning the youth determined to be appropriate by the Division of Family Services <p>K-6.4 The Division will not provide the youth with copies of any psychological or psychiatric evaluations. Instead, DFS will provide the youth the names, addresses and phone numbers of any professionals who may have completed a psychological or psychiatric evaluation on the youth so that they may obtain those reports directly from the provider.</p> <p>K-6.5. The Division of Family Services will not charge the youth for copies of their health and educational records.</p>	
<p style="text-align: center;">L. Required Case Reviews</p>	
<p>L-1. Please refer to POLICY 1101- Permanency Planning Committee</p>	

**SEE:
Case
Decision
on
#5:
Perma
nency**

- L-2. Permanency Hearing:** The Division will petition the Family Court for a Permanency Hearing within the required timeframes. A permanency hearing must occur within 12 months of a child's placement and every 12 months thereafter, as long as the child remains continuously in placement. The Family Court will hold the initial hearing in the 11th month but no later than the 12th month of the child's placement and thereafter yearly. The Division of Family Services caseworker will ensure that the child's caregiver (relative, non-relative, or adoptive) are provided with a notice of the hearing and the right to be heard. Until such time that the court terminates parental rights, both parents of a child must be invited to attend the Permanency Hearing. The Permanency Hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, or placed for adoption and the State will file a petition for termination of parental rights, or referred to legal guardianship, or in the case of a child who has attained the age of 16 or older, another planned permanent living arrangement (APPLA). If the permanency plan choice is APPLA, the State must document to the Court the compelling reasons why it would not be in the youth's best interest to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative or with a legal guardian.

M. Driver's Licenses for Youth In Placement

- M-1.** Prior to signing for a youth to obtain their driver's license, a collaborative discussion must occur between the DFS caseworker, the youth, birth parents and the youth's care giver. The purpose of this discussion is to ensure that the youth is aware of their responsibility if they should obtain their driver's license and that the caregiver is aware of their responsibility/liability by having a licensed teenage driver residing in their home. All parties must be informed of roles, responsibilities, expectations and liability issues so that an informed decision can be made.
- M-2.** Prior to obtaining a driver's license, the youth and the youth's placement **MUST** have insurance that will cover the youth while he/she is driving a car. Those options include finding an insurance company that is willing to write a "Named Operator" or "Named Non-Owned" policy for the youth and/or having their foster parent(s) add them to their insurance policy. If the foster parent is unwilling to add the youth to their policy and the youth is unable to obtain a "Named Operator" or "Named Non-Owner" policy, then the youth will be prohibited from obtaining a driver's license.
- M-3.** Prior to obtaining a driver's license, the youth must be able to provide the following information to their DFS caseworker:
- Successful completion of a driver education class.
 - A list of individuals that will supervise the youth's practice hours. The list must include names, addresses and phone numbers for all of those individuals and include:
 - Foster parents;
 - Group home staff;
 - Agency approved mentors;
 - Employers;
 - Birth parents, if appropriate;
 - And other responsible licensed drivers.

- Individuals that will be supervising the youth's practice hours must provide DFS with a copy of their car insurance and driver's license.
- If the youth is able to obtain a "Named Operator" or "Named Non-Owned" policy, the youth must have a mechanism for paying the insurance premium.
- A mechanism for paying the fees associated with applying for a driver's license.
- Once the youth has completed 50 hours of practice driving (10 of which must take place during night time hours), the must provide their DFS caseworker with a copy of the driving log for inclusion in the youth's record.
- If a road test is required, the youth must arrange for a registered and insured vehicle. Caseworker approval of the owner is required.

M-4. The DFS caseworker may deny the youth's request to obtain a driver's license due to the following specific circumstances and conditions:

- A medical doctor or mental health professional recommends in writing to the DFS caseworker that the youth not drive due to physical, mental or emotional conditions that would significantly impair the youth's functioning and judgment making the youth a threat to themselves or others when operating a motor vehicle.
- Any evidence or suspicion of drug or alcohol use by the youth during the previous six months.
- Incidents of violent and unsafe behavior by the youth during the previous six months.
- Incidents of suspension, non-attendance, or expulsion from school by the youth during the previous six months of the school year.
- Other unsafe behaviors and/or irresponsible behaviors that a reasonable person would consider to be evidence of poor judgment related to the operation of a motor vehicle.
- A history of running away.
- Any criminal activity.

M-5. The youth's caseworker, supervisor, and regional administrator may deny the youth's request for driver education, interrupt the driver education and licensing process, or revoke the youth's license at any time due to circumstances and conditions outlined above in M-4.

M-6. For any youth who has been denied approval during any part of the process in obtaining their permit and driver's license, the caseworker will document the reasons and inform the youth what is expected of them to continue the process of obtaining their driver's license.

M-7. Responsibilities for individuals supervising the youth's practice hours:

- Provide DFS with a current copy of their car insurance and driver's license.
- Sign a Consent to Release Information Form, thereby giving DFS the authority to complete a Division of Motor Vehicle check.
- Sign youth's Driving Log verifying the date and length of time they supervise a youth's driving.

M-8. The youth's caseworker must consider all of the above criteria prior to signing for a youth to obtain their driver's license. Once the youth provides a list of

**Caseworker
Responsibility**

individuals that will supervise the youth's practice hours, DFS will have them sign a Consent to Release Information Form so that a DMV check can be completed prior to providing any driving supervision hours.

- M-9. After the DFS caseworker has determined that the youth meets the criteria to obtain a driver's license, the caseworker will facilitate a discussion between the foster parent, birth parents, the youth and the CASA or Attorney. The purpose of this meeting is to discuss possible implications for the foster parent and to inform the foster parent to contact their personal auto insurance provider to get the details of the impact on their own policy.

Once all barriers have been addressed and the caseworker determines that the youth has met the DFS criteria to obtain a driver's license, the caseworker will sign for the youth to obtain their driver's license

- M-10. If the youth changes residences, the caseworker must ensure that the youth informs the DMV.

- M-11. The DFS caseworker must make the youth's caregiver aware of the following:

- a) Discuss with the foster parents the rights/responsibilities/ expectations of having a licensed foster child residing in the home.
- b) Youth will be strongly encouraged to obtain a "Named Operator" or "Named Non-Owner's" insurance policy offered.
- c) If the youth's insurance company revokes or refuses to renew the youth's insurance, the caseworker must notify the foster parent. The foster parent must then decide whether to add or exclude the youth from their insurance policy.
- d) In the event that a claim is filed and the youth had a "Named Operator" or "Named Non-Owner's" insurance policy, the youth's policy will be the primary insurance.
- e) Caregivers must take an affirmative step when a licensed teenage driver is residing in their home. They must either add the youth to their policy or they must exclude the youth from their policy.
- f) If the caregiver plans on allowing the youth to drive one of their vehicles, they must contact their insurance company and add the youth to their policy as a licensed driver residing in the home.
- g) If the caregiver does not want the youth to drive any of their vehicles, they must contact their insurance company and specifically exclude the youth from their policy.
- h) If the caregiver has made the decision to not allow the youth to drive their vehicles, and they have excluded the youth from their insurance policy, they must keep the vehicle keys in a secure location.
- i) The caregiver should discuss the benefits of increasing their insurance coverage as well as to discuss any other issues related to having a licensed driver residing in their home with their insurance company.
- j) If the youth's insurance is revoked, the caregiver must be notified so that they can review their decision to either include or exclude the youth from their insurance policy.

- M-12. The Division of Family Services will not be responsible for the insurance premiums of the caregiver. Likewise, DFS will not be responsible for paying the youth's insurance premium.

M-13. Once a youth has obtained a driver's license, any new placement that the youth moves to must be informed of that fact. If the new placement is unwilling to add the youth to their insurance policy and the youth does not have a "Named Operator" or a "Named Non-Owner" policy, the youth must turn their driver's license in to the Division of Motor Vehicles.

M. Prudent Foster Caregiver Standards	
<p>N-1. The child's caseworker will consult with the child and their parents, or guardians, regarding the child's interests and activities promoting age and developmentally appropriate growth.</p> <p>N-2. The child's caseworker will inform the foster caregiver of the child's interests and activities, including factors such as developmental maturity and background on the child/youth, necessary to make reasonable and prudent caregiver decisions. N-3. As part of regular permanency review hearings, the child's caseworker will inform the Family Court of the types of decisions foster caregivers will make based on child's interests and activities and parental information.</p> <p>N-4. At each permanency hearing DFS will document the steps the agency is taking to ensure that:</p> <ul style="list-style-type: none">•the child's foster family home or child care institution is following the reasonable and prudent parent standard; and•the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities (including consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities) <p>N-5. Caregivers should consider these factors when making decisions:</p> <ul style="list-style-type: none">• Child's age• Maturity• Developmental level• Potential risk factors• Best interest of the child based on information known by the caregiver• Wishes of the child• Wishes of the parent• Parent or guardian input as to child's interests and background• Court Appointed Special Advocate or Guardian ad Litem input• Importance of promoting the child's emotional and developmental growth• Importance of providing the child with the most family-like living experience possible• Behavioral history of the child• For older youth, promoting skills needed for living independently after foster care to be practiced in a protective setting• Active court order and Child's Plan requirements	

-
- N-6. Foster caregivers/foster parents will make decisions regarding a child's participation in activities based on age and developmental appropriateness; and in the best interest of the child in promoting cognitive, emotional, physical and behavioral growth. Decisions will be made reasonably and prudently such as those made for the family's birth children. Foster caregivers should seek help from the child's team for any decision they are uncomfortable making alone. Decisions foster caregivers can make without agency approval may include:
- Permission for youth to go on dates
 - Signing work permit and other employment related consents
 - Consenting for Division of Motor Vehicle issued identification cards
 - Signing school/camp/extracurricular activity permission slips
 - Permission for youth to be transported by a licensed/insured driver (to/from activities, school, other events and activities)
 - Arranging occasional short-term (under 24 hours) babysitting/child care
 - Consenting for overnight trips/activities (not including caregiver respite care) with notification, but without the consent or prior approval of DFS for periods not to exceed 48 hours
 - Traveling with foster child outside of Delaware without the consent or prior approval of DFS for periods not to exceed 48 hours
- N-7. For overnight visits and travel, DFS caseworker will be notified by the foster caregiver no later than 24 hours of child's location, name of supervising adult and contact number. Foster caregivers will be provided with an out-of-state travel letter in the placement packet. For youth on probation, caregivers must contact Division of Youth Rehabilitative Services for approval prior to taking the youth out of state.
- N-8. The caseworker will document in progress notes information received on the child's activities promoting cognitive, emotional, physical and behavioral growth. Specific information regarding overnight visits and travel will be documented in progress notes.
- N-9. The child's caseworker will keep the parent or guardian, Court Appointed Special Advocate or Guardian ad Litem informed of the child's activities and events promoting developmental, physical and emotional growth.
- N-10. The caseworker will document the child's activities and be prepared to discuss in judicial hearings the youth's activities and any efforts to engage the youth in age or developmentally-appropriate activities. Judicial determinations are necessary at each hearing.
- N-11. Decisions made by foster caregivers must comply with safety plans, case plans, terms of probation and court orders.
-

Permanency in Alternative Settings: Case Decision Point #5

#5.1 – Court approves permanency plan (Court Action)

**#5.2 – Placement for alternative permanency goal/Is child safe? #5.3 -
Termination of Parental Rights (Court Action)**

#5.4 – Adoption Petition Approved (Court Action)

#5.5 – Adoption Placement Supervision/Case Closed/Is child safe?

Purpose:

Permanency, as it relates to children, is the placement of a child with a family or caretaker with which or whom it is believed that the child will remain until he/she reaches adulthood. It is a resource that can meet the child's needs physically, emotionally, educationally, medically and psychologically. This resource is legally sanctioned by the court.

Scope:

Permanency options that exist for children are as follows and are listed in order of preference:

- Reunification with parents
- Custody and Guardianship with a relative/kinship caretaker
- TPR and Adoption
- Permanent Guardianship
- Guardianship with an approved non-relative caretaker
- Alternative Planned Permanent Living Arrangement (APPLA) with Agreement
- Alternative Planned Permanent Living Arrangement (APPLA)

Decisions:

- A. Reunification with parents
- B. Placement of the child with an appropriate adoptive family.
- C. Creation of a new parent-child relationship through termination of parental rights and adoption
- D. Transfer of legal custody and guardianship
- E. Alternative Planned Permanent living arrangement

A. Permanency Planning Committee		
Please refer to Policy 1101 – Permanency Planning Committee		
B. Termination of Parental Rights (TPR)		
Please refer to Policy 612 – Termination of Parental Rights		
C. Concurrent Planning		
C-1.	The goals of the Concurrent Planning are:	GOALS
	<ul style="list-style-type: none"> To consider all options open to children and families; To support safety and well-being of children and families; To promote early permanency decisions for children; To decrease length of time in foster care; To reduce the number of moves children experience in foster care. 	
C-2.	Concurrent planning occurs in all stages of service provision to families active with the Division of Family Services.	
	<ul style="list-style-type: none"> For intact families, concurrent planning is the provision of rehabilitative services while exploring family resources for safety and support or for possible placement, if necessary. Once placement occurs, concurrent planning is used to explore other permanency options for children if they cannot return home. When petitioning Family Court for Termination of Parental Rights, concurrent planning consists of providing reasonable efforts to the family toward reunification while simultaneously providing child specific services to prepare the child for adoption. When a child has an approved goal of APPLA, concurrent planning involves a continual review of the resources in the youth's life for potential permanent placements and relationships. 	
C-3.	To facilitate the practice of concurrent planning when the Permanency Committee has recommended a goal change to Termination of Parental Rights and Adoption, a child-only FOCUS case is created and assigned to a permanency worker.	
C-4.	Case assignment occurs after the Permanency Committee has made a recommendation, even if Family Court has not yet approved the goal change. Each region shall monitor compliance with case transfers and assignments within six weeks of the Permanency Committee recommendation.	Case Assignment
C-5.	Case management duties shall be shared by the treatment worker and the permanency worker in accordance with the chart below. Sharing of duties shall remain in place until the Court relieves DFS of case planning responsibilities.	Case Management

Case Management Duties

	<i>Treatment Worker</i>	<i>Permanency Worker</i>
Visitation Supervision	Primary	50%, but no more than 2 visits per month
Visitation Coordination	Coordinates with parent(s) and the Permanency Worker	Permanency Worker will work with Treatment worker as far as the child and foster parent's schedule
Visitation Affidavit	Provides information to the Permanency Supervisor and worker	Permanency Worker and Supervisor will draft with information provided by the treatment worker.
Child Appointments	None, unless otherwise agreed upon.	100%
Parent Contact	All communication regarding the case plan and case direction will be handled by the treatment worker.	None, except when supervising visitation
Parent Transportation	100%	None, unless otherwise agreed upon.
Permanency Hearing	Will attend and be prepared to testify to all treatment planning activities.	Will attend and be prepared to testify to all child-related activities since assigned to the case.
Child Plan	None, unless otherwise agreed upon.	100%
Case Plan Activities	100%	None, unless otherwise agreed upon
Placement Activities	None, unless otherwise agreed upon.	100%
CPRB	Will attend and be prepared to testify to all treatment planning activities.	Will attend and be prepared to testify to all child-related activities since assigned to the case.

D. Permanency Hearing (Family Court)	
<p>D-1. The Permanency Hearing is held to determine the future status of a child. A child is considered to have entered foster care on the date the Division receives legal custody of the child. The hearings are held within 12 months of the adjudicatory hearing or 60 days after the child's entry into foster care, whichever is earlier, and yearly thereafter. If age appropriate, the child should be invited to the Permanency Hearing. The Court will consider both in-state and out-of-state options for placement that are in the child's best interest. The Court's finding may include, but is not limited to, whether the child:</p> <ul style="list-style-type: none"> a. Can be returned to the parent and when. b. Should continue in foster care for a specified period of time pending permanence. c. Should, because of the child's special need or circumstances, continue in foster care on a permanent basis. d. Should be considered for legal guardianship or permanent guardianship. e. Should be TPRd. f. Should be placed for adoption. g. Has an appropriate independent living plan if age 14 years of age or older. <p>The Court's findings include a determination of reasonable efforts to finalize the permanency plan in effect, including judicial determinations that reasonable efforts are not required, are explicitly documented and made on a case-by-case basis, and so stated in the Court order and included in all subsequent Court orders until permanency has been established.</p>	<p>Family Court Permanency Hearing</p> <p>SEE Court Action</p> <p>SEE Appeals/ Fair Hearings</p>
<p>D-2. For the purpose of this requirement, a permanency hearing shall determine:</p> <ul style="list-style-type: none"> a. The permanency plan for the child that includes whether and, if applicable, when the child will be: <ul style="list-style-type: none"> • returned to the parent; or • placed for adoption and the State will file a petition for termination parental rights; or • referred to legal guardianship; or • in cases where the State agency has documented to the Court a compelling reason for determination that it would not be in the best interest of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian, placed in another planned permanent living arrangement, b. In the case of a child who will not be returned to the parent, the hearing shall consider in-state and out-of-state placement options, c. In the case of a child placed out of the state in which the home of the parent(s) of the child is located, the hearing shall determine whether the out-of-state 	<p>Permanency Hearing Scheduled Every 12 Months</p>

<p>placement continues to be appropriate and in the best interests of the child, and,</p> <p>d. In the case of the child who has attained age 16, the services needed to assist the child to make the transition from foster care to independent living.</p> <p>D-3. In any permanency hearing held with respect to the child, including any hearing regarding the transition of the child from foster care to independence, the Court consults, in an age-appropriate manner, with the child regarding the proposed permanency or transition plan for the child.</p> <p>D-4. In the event that the Division seeks to change the goal for the child, a motion shall be filed at least 30 days prior to the next scheduled hearing. The motion shall notify all parties and the Court of a proposed change of goal. The motion shall set forth the grounds for the proposed modification and proposed goal for the child (Court rules effective 12/1/02).</p> <p>D-5. A youth who has attained his/her eighteenth (18th) birthday, although continuing to be under the care and supervision of the Division of Family Services, may be exempt from a Permanency Hearing.</p>	<p>Motion Filed 30 Days Prior</p>
<p>E. Exploring Adoptive Resources Please refer to Policy 1102 – Exploring Adoptive Resources</p>	
<p>F. Pre-Placement Adoption Services Please refer to Policy 1104 – Pre-Adoption Services</p>	
<p>F-2. APPROVAL OF FOSTER/ADOPTION (FOST/ADOPT) HOMES Please refer to Policy 1103 – Approval of Foster/Adoption Homes</p>	
<p>G. Adoption Placement Supervision Please refer to Policy 1105 – Adoption Placement Supervision</p>	
<p>H. Adoption Petitions to the Court Please refer to Policy 613 – Adoption Petition</p>	
<p>I. Adoption Assistance/Subsidy Please refer to Policy 503 – Post-Permanency Financial Assistance</p>	
<p>J-2. Medicaid Please refer to Policy 503 – Post-Permanency Financial Assistance</p>	
<p>J-3. Psychological Subsidy Please refer to Policy 503 – Post-Permanency Financial Assistance</p>	
<p>J-4. Non-Recurring Adoption Expenses Please refer to Policy 503 – Post-Permanency Financial Assistance</p>	

J-5. Appeals/Fair Hearings	
<p>J-5-1. The purpose of an appeal/fair hearing is to examine the Division's adoption assistance/subsidy determination when preadoptive/adoptive parents feel benefits have been wrongly denied on behalf of the adoptive child.</p> <p>J-5-2. Grounds for appeals include, but are not limited to:</p> <ul style="list-style-type: none"> • Relevant facts about the child were known but not presented to the adoptive parents prior to the finalization of the adoption • Denial of assistance based upon a means test • Adoptive family disagreed with the ineligibility determination • Failure of DFS to advise adoptive parents of Adoption Assistance availability • Delay or denial of inter-jurisdictional placements • Denial of a request for a change in the amount due to a change in the adoptive parents' circumstances <p>J-5-3. It is the preadoptive/adoptive parents' responsibility to notify the Adoption Assistance/Subsidy Specialist in writing within 30 days of receipt of the initial or annual agreement of their desire to appeal the determination.</p> <p>J-5-4. The Adoption Assistance/Subsidy Specialist will review the decision with the Adoption Program Manager. If the family still wishes to take the appeal to the next level, an internal panel will review the assistance/subsidy determination. If the decision of the internal review panel is appealed, a hearing officer will be appointed to the case.</p> <p>J-5-5. Decisions regarding Psychological Subsidy are not subject to appeal.</p>	
K. Guardianship	
<p>Please refer to Policy 1106 – Guardianship and Permanent Guardianship</p>	
L. APPLA: Compelling Reasons	
<p><i>(APPLA stands for Another Planned Permanent Living Arrangement)</i> Please refer to Policy 1107 – APPLA- Compelling Reasons and Diligent Efforts.</p>	
M. APPLA: Diligent Efforts	
<p><i>(APPLA stands for Another Planned Permanent Living Arrangement)</i> Please refer to Policy 1107 – APPLA- Compelling Reasons and Diligent Efforts</p>	
N. APPLA: Long Term Foster Care Agreement	
<p><i>(APPLA stands for Another Planned Permanent Living Arrangement)</i> Please refer to Policy 1108 – APPLA- Long Term Care Agreement</p>	

Independent Living: Case Decision Point #6

Decisions:

- A. Referral to Independent Living Program
- B. Basic Life Skills Assessment
- C. Completing an IL Service Plan
- D. Basic Life Skills Development and Training
- E. Transitional Living Arrangement
- F. Independent Living After Care
- G. Termination of Independent Living Services

Case Process

A. Eligibility

Please refer to [Policy 1201 – Eligibility & Initiation of Independent Living Services](#)

B. Initiating Independent Living Services

Please refer to [Policy 1201 – Eligibility & Initiation of Independent Living Services](#)

C. Basic Life Skills Assessments

Please refer to [Policy 1202 – Basic Life Skills Assessment](#)

D. Completing an Independent Living (IL) Service Plan/Plan Reviews

Please refer to [Policy 1203 – Independent Living Service Plan](#)

E. Basic Life Skills Development and Training

Please refer to [Policy 1204 – Basic Life Skills Development & Training](#)

F. Transition/Exit Conference and Planning

- F-1. A transition conference (Stairways To Encourage Personal Success-STEPS Meeting) shall be held within thirty (30) days of the youth turning seventeen (17) to develop a personalized transitional plan that will assist the youth after he/she exits foster care.
- F-2. The STEPS meeting is an opportunity for the youth to advocate for themselves and the meeting shall be youth driven. The meeting shall be held at a DFS office. The DFS caseworker shall contact an objective facilitator that will schedule the STEPS meeting.
- F-3. The Independent Living (IL) worker shall assist the youth with completing the STEPS Prep Form. If the youth does not have a designated IL worker, the DFS caseworker shall assist the youth with completing the STEPS Prep Form prior to the meeting.
- F-4. The DFS caseworker will participate in the STEPS meeting along with the IL worker. The DFS caseworker will ensure the youth is made aware of the conference and that the youth attends the meeting. Youth must attend the STEPS meeting and shall consider inviting supportive adults, such as their family and/or friends. Additional suggested participants include the Child Attorney and/or CASA, foster parent or caregiver, foster care worker, DDDS, PBH, YRS, or DSAMH worker, or therapists. The conference facilitator will follow up with any outstanding participants and invite them to the meeting.
- F-5. The youth's personalized plan must include specific options on housing, health insurance, education, local opportunities for mentors, continuing support services, workforce supports and employment services. The facilitator shall take notes during the STEPS meeting on the Plan Form and share the Plan Form with all participants within two (2) weeks of having the meeting. The Plan Form shall be uploaded to FOCUS by the DFS caseworker.
- F-6. Please refer to [Policy – 1206 Exit Conference & Planning](#)
- Please refer to [Policy 804 – Advanced Healthcare Directive](#)

G. Transitional Housing Arrangement

Please refer to [Policy – 1207 Transitional Housing Assistance](#)

H. Independent Living After Care

Please refer to [Policy – 1208 Independent Living Aftercare](#)

I. Termination of Aftercare Independent Living Services

Please refer to [Policy 1209 – Termination of Independent Living Services](#)

J. Victims of Sex Trafficking

Please refer to [Policy 415 – Human Trafficking](#)

Administration	
Decisions:	
<ul style="list-style-type: none"> A. Substantiation Hearings (Pre 2/1/03 Incidents) B. Appeals/Fair Hearings – Treatment, Foster Care, and Adoption C. Confidentiality D. DELJIS E. Locating Parents F. Parental Substance Abuse G. Petition for Substantiation/Removal from the Registry (Post 2/1/03 Incidents) H. Transportation I. NCIC J. Sex Trafficking Victims 	
A. Substantiation Hearings (Pre 2/1/03 Incidents)	
Please refer to Policy 1501 – Child Protective Registry	
B. Appeals/Fair Hearings – Treatment, Foster Care, and Adoption	
<p>B-1. Initiation of the Appeal Process – The appeal process is initiated when the complainant sends a written request of appeal to the Substantiation Hearing Coordinator. The appeal letter should describe the critical decision issues and specify what relief is requested. The appeal request must be made within thirty-three calendar days of the critical decision notification (posted date). The complainant’s request for an Appeal Hearing must be date-stamped on the day it is received by the Division. Oral appeals will only be accepted if the appellant is unable to read/write.</p> <p>If the written request is mailed or hand-delivered to a regional Division office, the request should be accepted and date-stamped on the date it is received. The request should be faxed on the date it is received to the Substantiation Hearing Coordinator and the original request should be mailed to the Substantiation Hearing Coordinator. Although the Division shall not exclude such requests when received within 33 calendar days of the date of the critical decision, Division staff shall not encourage the submission of appeals in this manner.</p> <p>B-2. A request for a Fair Hearing shall not automatically halt case activity. The decision to halt activity is a case-by-case decision-making process and depends on what is being appealed.</p> <p>B-3. All requests for appeal will be logged and tracked by the Substantiation Hearing Coordinator’s office.</p> <p>B-4. The Substantiation Hearing Coordinator’s office will review the request to determine if the appeal was made timely and to determine that the person making the request is the person impacted by the critical decision. Regional offices may be contacted for input.</p>	<p>How to Request an Appeal – Treatment, Foster Care, Adoption</p>

<p>B-5. Role of the Hearing Officer – The Hearing Officer should be an impartial fact finder and decision maker who creates a non-adversarial and respectful environment to discuss the case. The Hearing Officer shall:</p> <ul style="list-style-type: none"> a. Schedule the Appeal Hearing within the designated timeframe. b. Ensure that all parties have been notified of the date, time, and location of the hearing. c. Decide which evidence and witnesses will be considered d. Mediate the hearing. e. Decide the merits of the appeal. f. Write an appeal decision. g. Ensure that all parties receive a copy of the decision. <p>B-6. Hearing Officer Procedures</p> <ul style="list-style-type: none"> a. All procedures listed under Investigation (A-3.1 through A-3.11) apply except A-3.10a and A-3.10b. b. Evidence – There are no rules of evidence, but the Hearing Officer may accept relevant evidence from the appellant or the Division. The Hearing Officer must ensure adherence to the Department and Division’s confidentiality policies during the appeal process. c. Appeal Hearing Decision – The Hearing Officer’s decision will be written and sent to the appellant by certified mail within thirty (30) calendar days of the final hearing date. A copy of the decision will also be mailed to the Division caseworker and regional Deputy Attorney General (if applicable) by First Class U.S. mail within thirty calendar days. 	<p>Hearing Officer Procedures</p>
--	--

<p>C. Confidentiality</p>
<p>C-1. The caseworker conducting an initial assessment will request that a parent, custodian, or guardian sign the Consent to Obtain/Release Information Form of the Interagency Consent for Release of Information form. The caseworker will explain the purpose for obtaining consent.</p> <p>C-2. The caseworker will obtain a separate form for each member of the family.</p> <p>C-3. If the client cannot read, the caseworker will read the consent form for the client. An independent witness must be present and should sign the consent as a witness.</p> <p>C-4. The caseworker will ensure that the client understands why the consent form is needed, what persons or agencies will be contacted and how the information will be used. The caseworker will not pressure the parent, custodian, or guardian to sign the consent.</p> <p>C-5. The client should specify on the consent form any collateral sources who are not to be contacted.</p>

C-6. The consent form will be valid for a period no longer than six (6) months or upon case closure, whichever date comes first. If the form expires while a case is active with the Division, the assigned caseworker will request another form by signed.

C-7. When a parent, custodian, or guardian refuses to sign a consent form, the caseworker will contact their supervisor or the designated regional Deputy Attorney General to determine what action may be taken to receive or release information. The agreed upon action will be documented on a FOCUS note.

C-8. When consent is revoked and the caseworker needs information about the child/family, the caseworker will contact their supervisor or regional Deputy Attorney General to discuss options for acquiring the information. The options will be documented on a FOCUS note.

D. DELJIS

- D-1. The assigned investigator researching DELJIS prior to response will document the results of the search in the FOCUS Criminal Background Checks finding screen as a note labeled "History." The note shall document the date and time of the search and the name of the investigator who conducted the search.
- D-2. Any other Division staff person entering information in the DELJIS Background Checks Findings function shall document the date of the DELJIS search and the name of the staff who had conducted the search.
- D-3. The following DELJIS information shall be reviewed and summarized for the FOCUS Background Check Findings function:
 - a. Printed Criminal History (Rap Sheet)
 - b. Protection from Abuse Orders (PFA)
 - c. Wanted Person File
 - d. Sex Offender Search
- D-4. The FOCUS Background Check Findings function shall contain, at a minimum, the following information:
 - a. Length in years of criminal history (e.g., Criminal History from 1975 - 1994)
 - b. Types of charges and convictions (e.g., 3 charges for theft, 2 charges for assault 2nd, 2 convictions for theft and 1 conviction for assault); especially note offenses that were violent, offenses with weapons, offenses against children, and sex offenses
 - c. Domestic violence incidents (e.g., number of PFA orders, if incidents involved current household members)
- D-5. If the subject of a search on DELJIS does not have a criminal history, the FOCUS Background Check Findings function should document "No criminal history".

E. Locating Parents	
<p>E-1. The caseworker or family service assistant will make every effort to locate the last known address of a missing parent using the following procedures:</p> <ul style="list-style-type: none"> a. Determine if the parent is listed in the current telephone and cross-reference (street) directories for your locality. b. Contact the school, if applicable, where the child(ren) last attended. c. Contact all significant relatives, if known. d. Complete a DELJIS search. e. Complete a search of DHSS programs, (TANF, Medicaid, Child Support) f. Complete a Department of Motor Vehicle (DMV) search. g. Postmaster Letter – Send an Address Information Request Form to the Postmaster of the local post office for the last known residence of the parent. Enclose the pre-printed, self-addressed envelope for your office. <p>E-2. The caseworker or family services assistant may also check several internet sites to locate missing parents. The procedure to obtain this information is:</p> <ul style="list-style-type: none"> a. Access DSCYF Intranet Site b. Select Internet/Intranet Links c. Select folder (groups) d. Select People Search e. Access the Web Sites and search for the person. The websites are: <ul style="list-style-type: none"> 1. www.555-1212.com 2. www.bigbook.com 3. www.lookupusa.com 4. www.databaseamerica.com 5. www.switchboard.com <p>E-3. If after the above procedures have been completed, a missing parent's address still cannot be found, contact the Division of Child Support Enforcement (DCSE) to ascertain whether they have an address for the parent. DCSE will be able to check NEW HIRES, which is a registry of all new hire in the State and includes the employee's address. DCSE will check federal sources that include the Social Security Administration an Internal Revenue Service. The procedure to obtain this information is:</p> <ul style="list-style-type: none"> a. Complete the Quick Locate Request Form that can be found on the U- Drive (DFS Files) under Quick Locate Req. Frm. 	<p>Locating Parents</p>

- b. The parent to be located must have a date of birth or social security number to be searched. DCSE requests the last known address in order to match our information with theirs.
- c. Send the Quick Locate Request Form via an e-mail attachment to the New Castle County Locate Supervisor.
- d. DCSE will return the results of their search via e-mail attachment within 72 hours of the request.

E-4. The locate activities and results must be documented in a FOCUS Note.

E-5. Once the caseworker has obtained an address on a parent, the caseworker will make a home visit or if the location is out of state will contact the parent by phone or mail. The purpose of the visit will be to inform the parent of the situation involving their child and to ascertain their interest and willingness to work with the agency in the best interests of the child.

F. Parental Substance Abuse

F-1. Information collected during the risk assessment process will be documented in both progress notes and in the Initial Safety Assessment. If parental substance abuse has been ruled out, this will be specifically documented in progress notes.

F-2. Because more than 50% of cases active in protective treatment list parental substance abuse as a risk contributor, diagnosis in treatment will ALWAYS include assessment of this risk factor by the social worker.

F-3. If parental substance abuse is a serious risk problem, treatment services will be ineffective unless the problem is addressed. Where parental substance abuse is indicated, the primary focus of all initial family service plans will be evaluation and treatment. If a client refused to submit to an evaluation, this is a “red flag” and the caseworker must examine safety more closely. In all cases transferred from investigation where an infant was born prenatally exposed to drugs, a substance abuse evaluation must be completed.

F-4. Abuse of debilitating drugs or alcohol is an indicator that protective treatment services may not be effective. If children are in foster care with parental substance abuse as the most significant risk factor AND the parent abused drugs/alcohol during pregnancy or the parent’s only visible means of support is found in criminal activity related to illegal drugs, including prostitution, the treatment worker will aggressively use concurrent planning to make a permanent plan for the child.

F-5. Relapse may be part of recovery and must be considered carefully when making plans to return children home or in developing a safety plan. Recovery from addiction to alcohol or drugs is a life-long process. Relapse is common during the initial stages of treatment. When a parent is in recovery and making progress in completing the family service plan and relapses, the nature and extent of relapse will be considered. In all situations, it will be necessary for the caseworker to consult with the client’s treatment provider.

- F-6 When children are in out-of-home placement because of abuse/neglect related to parental substance abuse, six months documented treatment and recovery prior to return home is recommended, unless a substance abuse evaluation indicates that the use of drugs/alcohol is not a significant concern. Earlier return home may be considered if the client is succeeding in recovery and if a safety plan can be put into place that does not depend solely on the recovering parent. However, there will always be a minimum of 3 months sobriety and a recommendation from the substance abuse treatment agency that the client is succeeding in recovery.
 - F-7. In situations of in utero exposure where a child is experiencing medical complications due to such use, the worker must consider petitioning for custody of the child unless an adequate safety plan utilizing persons other than the substance abusing parent can be established. Consideration must be given to the parent's recent use and the likelihood that use will continue and that such use will put the infant at likely risk of harm.
 - F-8. Because of the serious risk factors involved in prenatal exposure, cases will generally be transferred to treatment at the conclusion of investigation. If the case is going to be closed in investigation, the caseworker will document the reasons why the children are not at risk related to the mother's drug use.
 - F-9. Caseworkers will assess the use and extent of use of substances during interviews with clients. Collateral contacts will verify information obtained in interviews with the client and family. DELJIS screens will determine if past criminal charges are related to drug use. Past reports and DFS history will be considered. Worker observations and reports from other professionals will assist the caseworker in determining the possibility of substance abuse. This process will be utilized by caseworkers during all investigations regardless of whether or not substance abuse is indicated in the report. If the caseworker determines that parental substance abuse is not a significant risk factor, this is documented in the investigation risk assessment. If parental substance is a risk factor, the impact of the substance abuse will be considered in the investigation risk assessment and in safety planning.
 - F-10. Evaluation by a substance abuse treatment professional can occur during investigation or during protective treatment services. The investigation caseworker and supervisor will determine if it is necessary to have an evaluation completed during investigation in order to develop an adequate safety plan or determine if ongoing services are needed.
 - F-11. When a referral for a substance abuse evaluation is made, the caseworker will complete the FOCUS Service Referral documenting the date the referral was made and the date services were initiated.
 - F-12. Treatment caseworkers will continue to assess the possibility of parental substance abuse during the assessment process and in ongoing safety planning.
 - F-13. If parental substance abuse is known to be or is suspected to be a significant risk contributor, the caseworker must arrange for an evaluation by a parental substance abuse treatment professional, unless completed during investigation or unless the parent(s) is already involved in a substance abuse treatment program. When a referral for a substance abuse evaluation is made, the caseworker will complete the
-

<p>FOCUS Service Referral, documenting the date the referral was made and the date services were initiated.</p> <p>F-14. When parental substance abuse is indicated, family service plans must focus on behavior related to substance abuse and parenting. Substance abuse treatment will be an integral service in all such family service plans.</p> <p>F-15. Toxicology screens may be useful in determining the extent of use and recovery. They should be seen as a part of therapeutic efforts and not a replacement for services and supports to protect the child and strengthen the family. A positive toxicology screen should establish the need for a further, more comprehensive assessment of the family's strengths and needs and of the potential risk of the child.</p> <p>F-16. Toxicology screens should be used during participation in a substance abuse treatment program. Where appropriate, DFS caseworkers will obtain funds or utilize contracted services to pay for Toxicology screens.</p>	<p>FOCUS Service Referral</p>
<p>G. Petition for Substantiation/Removal from the Registry (Post 2/1/03 Incidents)</p>	
<p>Please refer to Policy 1501 – Child Protection Registry</p>	
<p>H. Transportation</p> <p>H-1. These procedures provide guidelines to Division staff form providing transportation assistance. It does not preclude other types of transportation assistance. It does not preclude other types of transportation assistance to which Division staff should refer clients/parents (e.g., DAST).</p> <p>H-2. If the parent is in agreement with the purpose for the appointment, but is unable or unavailable to transport the child and it is in the child's best interest to not reschedule the appointment, the caseworker will offer transportation assistance for the child.</p> <p>H-3. Prior to the transport, the parent/custodian must sign the Consent to Transport form. If the parent/custodian cannot read, the form is to be read and explained to them.</p> <p>H-4. Division staff will ensure that the expiration date is specified at the time the consent is given, that the form is signed in his/her presence and that all signatures are dated.</p> <p>H-5. The Consent to Transport will be valid for a period not longer than six months or upon case closure, whichever comes first.</p> <p>H-6. A Consent to Transport is not needed when the parent/custodian accomplishes his/her child to an appointment with division staff.</p>	<p>See Forms Manual</p>

I. NCIC	
<p>I-1. The Portal Manual for NCIC, NLETS and DELJIS shall be used for detailed procedures on accessing and using the Portal, for additional security requirements and for various query codes.</p> <p>I-2. When conducting NCIC queries, the following information shall be used which is specific to Division of Family Services cases of abuse and neglect:</p> <ul style="list-style-type: none"> a. Originating Agency Identifier (ORI) = DE002015F b. Purpose Code = C c. Reason for Request = DFS case number that you are conducting the query for. <p>I-3. The following queries shall be conducted in the order they appear below:</p> <ul style="list-style-type: none"> a. QW – Query Person – To determine if person is wanted by police and if any Protection From Abuse orders exist. b. QH – Query Individual – To determine if person has local (Delaware) or out of state (National) criminal charges. c. QR – Query Criminal History Full Record – To get entire criminal history. Note: This check is only conducted if you get a criminal record hit under the QH query. <p>I-4. Additional query codes may be used as needed.</p>	<p>NCIC Queries</p>
<p>I-5. When printing NCIC information, a Secondary Dissemination Log will appear on the computer screen. The first and last name of the staff person requesting the information should be entered.</p> <p>I-6. Printed NCIC information shall be shredded after viewing. It shall not be maintained in case files or any other location.</p> <p>I-7. When disseminating NCIC information to another Family Services employee, an NCIC Dissemination Log must be maintained which is different from the dissemination log mentioned in I-5. The NCIC Dissemination Log appears at the end of these procedures.</p>	<p>Printing</p> <p>Dissemination</p>
<p>I-8. The staff person viewing NCIC information shall document the results of the search in the FOCUS Criminal Background Checks finding screen as a note labeled “NCIC History.” The note shall document:</p> <ul style="list-style-type: none"> a. Date of search. b. First and last name of person who conducted the search. c. “No NCIC criminal history” or “Yes NCIC criminal history.” 	<p>Documenting Results of Queries</p>

- | | |
|---|-------------------------|
| I-9. The note shall NOT contain any specific details relating to criminal charges or any other information from the NCIC screens. | Exit
Portals |
| I-10. The staff person querying NCIC shall exit Portals when the check(s) are complete. This should be done by clicking on File in the top left corner of the screen and then click on Exit under File. | |

J. Sex Trafficking Victims	
-----------------------------------	--

Please refer to Policy 415 – Human Trafficking	
--	--

<u>J-1. Child Reported as Missing:</u>	
---	--

Please refer to Policy 414 – Missing/Abducted/Runaway Children	
--	--

Placement Resources	Placement Resources
<p>P.1 Does the foster family meet the critical standards for approval of foster home providers?</p> <p>P.2 Are foster home services comprehensive and appropriate?</p> <p>P.3 Is the coordination between treatment caseworkers and Foster Home Coordinators effective in utilizing foster families as members of the treatment team?</p>	
<p>Decisions:</p> <p>1. Does the foster family meet the critical standards for approval of foster home providers?</p> <p>2. Are foster home services comprehensive and appropriate?</p> <p>3. Is the coordination between treatment caseworkers and foster care coordinators effective in utilizing foster families as members of the treatment team?</p>	

A. Recruitment of Foster Family Homes	
<p>A-1. The Foster Home Coordinators in each county shall cooperate with, and participate in, the Department's foster family recruitment activities. Such activities shall include (but are not limited to):</p> <ul style="list-style-type: none"> a. Media coverage such as newspaper articles, radio and television ads, talk shows, public service announcements; b. Dissemination of printed materials (posters, brochures, flyers, etc.); c. Speaking opportunities to community, church, fraternal, civic groups; d. Public events such as community fairs; e. Foster parent recognition events which publicize the contribution of foster parents; f. Committee meetings for planning and implementing foster home recruitment activities. <p>A-2. Each county Foster Home Coordinator is required to participate in at least five annual recruitment activities. These activities shall be coordinated with the Department's recruitment program.</p> <p>A-3. Whenever possible, experienced foster parents shall be enlisted to assist with foster family recruitment. Foster parents participating in recruitment activities shall receive orientation from Department staff or the DFS Foster Home Coordinator regarding confidentiality, recruitment principles, and how and when to refer questions/concerns to appropriate staff.</p> <p>A-4. Any information to be disseminated to the media (such as press releases, radio or TV public service announcements, printed materials) shall be approved by the Foster Care Manager and the Division Director at least five days prior to its release. The Director's office will send the approved release to the Office of the Secretary for review.</p>	<p>Recruitment</p>
B. Approval of Foster Family Homes	
<p>B-1. The foster family home evaluation process is a mutual process in which the applicant and the Division participate together in assessing the applicant's desire and ability to provide foster care. Appropriate decisions result when the applicant:</p> <ul style="list-style-type: none"> a. Gains a clear understanding of the nature of the foster care program including requirements, expectations, effects of separation on children, and roles of agency, foster, and biological parents; and b. Participates with the Foster Home Coordinator in determining whether the applicant's skills, strengths, qualifications, and life experiences are consistent with the requirements and needs of the program. 	

<p>B-2. The Division will give applications for prospective foster families prompt consideration in order to assure that children in need of foster home placements may be placed in suitable homes in the timeliest fashion possible.</p>	<p>Timeframes for Approval</p>
<p>B-3. Upon receipt of an inquiry, the Foster Home Coordinator shall invite prospective applicants to attend the next scheduled public orientation meeting, or the prospective applicant shall be offered an orientation interview with the Foster Home Coordinator.</p>	
<p>B-4. Prospective applicants who elect, upon orientation, to proceed with their application by attending pre-service training shall be invited to the next scheduled training series. Pre-service training shall be offered at least four times each year, except if fewer than six (6) prospective families have elected to participate. In this case, training may be postponed until six families are registered. Training may be offered to fewer than six applicants, or the Foster Home Coordinator and Supervisor may elect to offer the training to applicants on an individual basis.</p>	<p>Foster PRIDE Pre- Service Training</p>
<p>B-5. Prospective foster families shall be given a foster home application packet no later than the second meeting of the pre-service training. Upon receipt of the applicant's completed written application, the Supervisor shall assign the case to a Foster Home Coordinator for completion of the foster home evaluation. Before the Foster Home Coordinator begins the evaluation, a DELJIS Criminal Background Check must be completed. The evaluation shall be completed and a decision shall be reached to grant or withhold approval no later than ninety (90) days after the date of assignment except as follows:</p>	<p>Application Packet Provided During Foster PRIDE Training</p>
<p>B-6. If completion of the home evaluation is delayed by the applicant's failure to provide required information or documentation, an extension may be granted upon the approval of Foster Home Coordinator and Supervisor. Such extension shall be made for a specified time in order to complete a specific part of the evaluation.</p>	
<p>B-7. Foster home evaluations not completed within ninety (90) days after assignment shall be withdrawn without prejudice. The applicant shall be notified in writing of the reason and shall be given the option to re-apply at a later date</p>	
<p>B-8. Applicants shall be informed in writing within fifteen (15) days of the decision to recommend granting or withholding approval and shall be informed of their right to appeal the decision.</p>	<p>Evaluations Must Be Completed In 90 Days</p>
<p>B-9. The Foster Family Evaluation Report shall be completed within fifteen (15) days after the decision to recommend the family for approval has been reached by the Foster Home Coordinator and Supervisor.</p>	<p>Family Evaluation Report Completed Qualifications</p>
<p>B-10. Qualifications:</p> <p>a. Age: Foster parents shall be at least 21 years of age and may be over 65 years of age if agency observation verifies the ability of the foster parent(s) to provide adequate child care.</p>	
<p>b. Income:</p> <p>1. Foster parents shall have sufficient income to meet their needs and ensure the security and stability of the household independent of foster care board maintenance payments;</p>	

2. Foster parent's work outside the home, businesses conducted in the home, or care or supervision of children or adults by foster parents for other programs must not interfere with the ability of the foster parent(s) to provide adequate care for DFS children placed in their care.
 3. A single foster parent or couple who both work outside the home must obtain approval from the agency for their plan for caring for children during their absence.
 4. Foster parents who conduct a business in their home shall demonstrate that activities related to this business will not interfere with the care of the children and that they have obtained all of the necessary business licenses. The foster parent must provide the Foster Home Coordinator with a copy of applicable business licenses.
 5. Foster families who choose to provide care or supervision in their homes for children or adults under the auspices of another in-home care program (whether on a 24 hour basis or during daytime hours only) must obtain approval in writing from both placing/licensing agencies. They must comply with any special rules or restrictions imposed by either or both agencies so as to ensure that all clients in the home can receive adequate care.
 6. The Foster Home Coordinator will obtain approval for foster families providing such dual services or in-home care as mentioned in #5 by documenting that adequate care for DFS foster children is assured and by providing a copy of written agreement from the other agency involved.
 7. Employment and income status will be examined by the Division during the foster home application process and at annual reviews thereafter. The Foster Home Coordinator will ensure that the appropriate financial pages of the application are complete and will file the applicant's copy of their pay stub, W-2, or previous year's income tax return in the foster home record. If it appears that the foster parent applicant's income cannot meet their financial obligations, then the Foster Home Coordinator will discuss this with the applicants, disapprove the application and inform the applicant that they may reapply without prejudice when their financial status changes.
- c. **Health:** Foster parents and all other members of the household must be free of illnesses or disabilities which would endanger the health of the children or interfere with the capability of the household to provide care for children.
1. Disabilities of foster parents or household members shall be considered only as they affect the care of a child.
 2. The Foster Home Coordinator:
 - Shall obtain information on the health history of every member of the household;

Health

- Shall require applicants to obtain, prior to initial approval, a written physician's report regarding the findings of a physical examination conducted within one year prior to approval;
 - Shall require applicants to obtain, prior to initial approval, written verification from a physician or public health service that the applicants have been tested for tuberculosis within six months prior to approval and are free of the disease;
 - May, at any time, require the applicant to provide a medical statement from a physician verifying that they are free of communicable diseases, specific illnesses, or disabilities which would either endanger the health of a child or interfere with the care of the child;
 - Shall consider the health of foster parents during the foster family evaluation and annual review processes.
- d. **Marital Status:** Foster parents may be a married, unmarried, single, or adults (related or unrelated) who share a home. Foster parents shall have a stable living arrangement which ensures that both the physical household and composition of the household members are reliable, likely to continue, and are resistant to sudden change or deterioration.
- Married or unmarried couples shall demonstrate a stable relationship and shall have been married or living together for at least one year.
- e. **Family Composition:** A foster family may not have more than a total of five children, including foster children and their own children, in the foster home.
- A foster family may not care for more than two children under two years of age.
- f. Exceptions to the number of children in a foster home may be approved by the Foster Care Program Manager, Assistant Regional Administrator via a memo submitted by the Foster Home Coordinator and supervisor. Such a memo documents the following:
- Reason for exception.
 - Expected duration of the exception.
 - Foster family's ability to care for additional children.
- g. Foster parents shall be required to report any changes in marital status, household composition or residence to the Foster Home Coordinator immediately. Failure to report may result in removal of children and immediate closure of the home. Changes are evaluated by the Foster Home Coordinator and considered in terms of continued use of the home.
- h. Any person aged 13 or older who moves into an approved foster home must submit within one month to a criminal background search.

**Marital
Status and
Family
Composition**

- i. **Licenses and Insurance:** Each foster home must have a car available or a means to transport children. A foster parent who owns or operates a motor vehicle shall provide proof of a valid driver's license. A foster parent who owns or operates a motor vehicle shall provide proof of automobile insurance. The Foster Home Coordinator will document on the Physical Environment Checklist that the foster parent has shown proof of a valid driver's license and proof of automobile insurance.
 1. A foster parent who has a foster child placed in the home is required to purchase liability insurance when such a policy is available through a foster parent association.
 2. A foster parent may choose to purchase an individual insurance policy rather than the group liability insurance policy through a foster parent association. They must provide the declaration sheet and a letter from the insurance carrier to the Foster Home Coordinator documenting that they have liability insurance.
 3. A foster parent who chooses not to purchase liability insurance through a foster parent association must sign a Foster Parent Liability Insurance Waiver which must be witnessed by a Foster Home Coordinator. The Foster Home Coordinator must review and renew the Foster Parent Liability Insurance Waiver with the foster parent at the time of the annual review.
- j. **Criminal History:** Foster parent applicant(s) and all other members of the household 18 years of age or older shall submit to a criminal history background investigation in compliance with 31 Del.C. §309.
 1. Applicants and all other members of the household 18 years of age and older must be found “not unsuitable” by the criminal background specialist. Applicants and adult household members who have a history of gross irresponsibility or disregard for the safety of others or serious violations of accepted standards of honesty or ethical conduct, may be disapproved even if found “not unsuitable” by the criminal background specialist.
 2. Applicants who have the following felony convictions will not be approved as foster parents:
 - Child abuse or neglect
 - Spousal abuse
 - Any crime involving violence
 - Physical assault or battery committed within the past 5 years
 - Drug related offense committed within the past 5 years
 3. Failure to disclose criminal arrests or child abuse reports on the application may be cause for disapproval of the foster home.

Transportation, Licenses and Insurance

Criminal History Review

4. Annual criminal record checks from DELJIS will be conducted on all approved foster homes. Foster parents and all other members of the household 18 years of age or older must continue to meet the standards required in the initial home assessment process and must exhibit behavior consistent with providing children a safe and healthy environment.
5. The Foster Home Coordinator may request a criminal background check on family members or friends who do not live in the home but spend a significant amount of time in the home or who have regular or direct access to children in the foster home.
6. The Foster Home Coordinator will advise all foster parent applicants of the State Law, Federal Law and Department Regulations governing criminal background checks. The Federal Law, the Adoption and Safe Families Act of 1997 establishes additional prohibited crimes not covered by the state statute. Background checks will include requirements of the Adam Walsh Child Protection Act of 2006. The Act requires States to check child abuse and neglect registries in all States in which any prospective foster or adoptive parent and any other adult living in the home has resided in the preceding five (5) years. This must take place before the prospective foster or adoptive parent receives final approval for placement of a child.
7. The Foster Home Coordinator will consider the foster parent applicant(s)' criminal record in determining their ability to meet the PRIDE competency regarding protecting and nurturing children.
8. If the applicant has a criminal record, the Foster Home Coordinator will discuss the criminal background report individually with the applicant and document the applicant's report of the incident(s). The coordinator may not disclose an individual's criminal background to the spouse or partner of the applicant or to any person other than the individual. The Foster Home Coordinator will discuss all criminal record information and the client's response to it with the supervisor as part of the approval process. Exceptions to the Criminal History Background Check will be documented in FOCUS.
9. Once an applicant has been approved as a foster parent, the Foster Home Coordinator will inform the foster parent(s):
 - That all arrests and child abuse reports must be reported to the Division within five days of its occurrence.
 - That failure to disclose the above information may result in the closure of the foster home.
 - That the Division will conduct a DELJIS check every year on the foster parents, other adults living in the home and each child 13 years or older living in the home.
10. The Foster Home Coordinator will discuss any reports of criminal activity or child abuse reports with the supervisor to determine if the family shall

**Criminal
Background
Checks and
Adam Walsh
Child
Protection
Act of 2006**

remain open and if remedial training is required to assist the family in meeting the PRIDE competencies.

11. The Foster Home Coordinator supervisor will conduct a yearly criminal record check using the DELJIS system on each foster parent, other adults living in the home and each child 13 years or older living in the home. Results will be documented in the FOCUS Background Check Findings Screen.
 12. The Foster Home Coordinator Supervisor may, at his or her discretion, contact the Criminal History Specialist for clarification and technical assistance on any new arrests or convictions disclosed through the DELJIS check.
 - If the offenses are prohibited, the Criminal History Specialist will prepare a letter from the Director stating that the foster parents are not suitable to continue to be foster parents. If there are foster children in the home, the Foster Home Coordinator will notify the child's worker and assist in replacement. The Foster Home Coordinator will close the home.
 - If the offenses are not prohibited, the Criminal History Specialist will make a recommendation to the supervisor regarding the foster parent's continued suitability. This recommendation will be used in determining the continued status of the foster home. The Foster Home Coordinator supervisor will notify the Criminal History Specialist of any decision made regarding the ongoing status of the foster home.
 - If the DELJIS report shows arrests which have not been reported to the Foster Home Coordinator, the coordinator must assess whether the foster home shall remain open. The coordinator will meet with the individual foster parent whose record showed criminal activity to discuss the record check. The Foster Home Coordinator may also request the submission of other documentation, including but not limited to, police and court reports in order to evaluate whether the foster family can continue to meet foster home standards. Failure to report arrests or child abuse reports may result in remedial training or foster home closure regardless of the nature of the offense.
- k. **Physical Environment:** A foster home shall be reasonably safe, in good repair, and comparable in appearance and maintenance to other family homes in the community. It shall meet or exceed the requirements on the Physical Environment Checklist.
1. A foster home shall be in compliance with state and local standards, ordinances, and regulations for residential use.

**Biennial
Criminal
Record
Checks
Required**

**Physical
Environment**

2. The Foster Home Coordinator will review and complete the Physical Environment Checklist with the foster parent(s) to identify the conditions in the home which must be corrected for approval or continuation of approved status. All unshaded areas under the observe/interview sections on the Physical Environmental Checklist must be checked by the Foster Home Coordinator at the time of the home visit. All standards answered “not applicable”, require an explanation in the comments section.
3. The Physical Environmental Checklist must be completed once during the application process and yearly during the foster family’s annual review. The Physical Environment Checklist will be completed within two weeks after a foster family moves to a new address/location or before a child is placed in the new foster home. Corrective Actions will be noted in the Comments and Recommendations section of the Physical Environment Checklist form with clear timeframes for compliance and coordinator follow-up. Follow up will be documented by the coordinator in a FOCUS Progress Note.
4. If the safety of the water is not assured or is in question, the Foster Home Coordinator shall require the foster parent to have the water supply approved by local health authorities.
5. Exceptions which are granted pursuant to this policy shall be documented in the foster home record. The Exception to Physical Environment form needs to be completed, signed by the foster parent, Foster Home Coordinator, supervisor and approved by the Program Manager or designee. Any exception should be reviewed during the annual review and re-issued as warranted.

FOCUS

I. ***Physical Environment Checklist.***

1. The foster home and the exterior around the home shall be free from objects, materials, and conditions which constitute a danger to the child served.
2. The child in the home should have space for his/her own exclusive use which is sufficient to ensure a reasonable amount of privacy and to enable the child a degree of self expression through decoration and choice of articles to display. Convenient accessible space shall be provided for the storage of each child’s clothing and other possessions.
3. A separate bed shall be provided for each child in foster care. Foster children over three years of age shall share bedrooms only with children of the same sex. Exceptions may be granted by the Foster Home Coordinator upon documentation that the health, safety and well-being of children will not be endangered.
4. No child over the age of one year shall share a bedroom with any adult, except upon documentation that the child’s physical disability, mental or medical condition requires an adult to be present in the child’s bedroom. Exceptions may be made by the Foster Home Coordinator in consultation with the supervisor.

**Physical
Environment
Checklist**

5. A foster home shall be reasonably free from fire hazards. Generally accepted fire safety precautions shall be taken to ensure that if a fire occurs, the danger to the residents will be kept to a minimum. Foster parents shall, at the request of the agency, submit their home to inspection by a fire safety expert. The home shall be equipped with the appropriate number of operating smoke alarms, as required by the agency, with a minimum of one smoke alarm per floor including the basement.
6. Foster parents shall ensure that each child, as appropriate to age and developmental level, knows how to evacuate the home in the event of a fire, and shall conduct periodic evacuation drills with the child.
7. Foster parents shall keep the home clean and free of hazards to the health and physical well being of the family. The home shall have a continuous supply of safe drinking water.
8. A foster home shall have a telephone in operating condition at all times.

C. Financial Support for Foster Family Homes

- C-1. All approved foster parents will be assigned a level (0-5) based on their skills, training, and the specialized services they provide. Each child in placement will be assigned a LOC rating (0-5) based on the number of issues and degree of special needs. The child's LOC determines the amount of the LOC supplement to the foster care board payment made to an approved foster parent leveled minimally at the corresponding level that the child needs. Adjustments to the LOC supplement can be made at the discretion of the Foster Care Program Manager or designee. The LOC rating is also used to generate system-wide data; the LOC form itself may also be used as a summary source of information about a child.
- C-2. The Level of Care is assigned upon the completion of a survey form, which describes behavioral, emotional, physical and medical characteristics, and special placement needs of a child. The LOC survey must be completed at the child's initial placement, and thereafter at the Plan for Child in Care Review. There are five levels of care: Basic Level I; Moderate Level II; Intensive Level III; Intensive Level IV or Intensive Level V.
- C-3. Providers will be informed of the LOC rating assigned to a child at the time of placement and will receive a copy of the LOC in the Placement Packet. Case providers should be given an opportunity to share their experience caring for a child every time a new rating is conducted on a child in their care.
 - a. Providers may appeal the LOC rating to the supervisor. If the supervisor agrees that the LOC should be changed, the caseworker will change the LOC in FOCUS and forward a copy to the care provider within 10 days. If the supervisor does not agree that the LOC should be changed, the supervisor will send the care provider written notification reflecting this decision.

**Level of
Care Rating**

**Appealing
Level of
Care Rating**

<ul style="list-style-type: none">b. If providers wish to appeal the supervisor's decision, they should appeal in writing to the Regional Administrator within 10 days. Upon receipt of the appeal, the Regional Administrator will schedule a meeting with the appropriate parties within 15 days. The Regional Administrator will provide the care provider with a written decision within five working days of the meeting.c. If the provider appeals the original LOC rating within 15 days of receiving the LOC form and the supervisor approves the appeal, any change in the LOC will be retroactive to the date of placement. For any appeals received after the initial 15 days, any change in the LOC will be retroactive to the date the care provider contacted the caseworker to request a change in the LOC.	Retroactive Changes in Level of Care
<p>C-4. The caseworker and the foster parent or licensed residential facility are jointly accountable for ensuring that each child has an adequate supply of clothing. Clothing must be suitable for the weather. The providers are responsible for procuring all clothing needed by a child placed in their care. In some cases it may be necessary to request a supplemental clothing allowance.</p> <p>C-5. For all school age children (5 years and older) in the care and custody of the Division on July 31 of every year, the foster parent, kinship care provider group home will receive a \$150 stipend per child to purchase school clothing and school supplies.</p> <ul style="list-style-type: none">a. Providers will receive the school stipend on August 15 each year.b. Providers need to keep receipts for all purchases and forward the receipts to the child's caseworker.c. Providers of children entering foster care after July 31, but prior to September 30, or children who turn five after July 31 and will attend school, may submit receipts to the child's worker for school clothing and supplies for reimbursement up to \$150. The child's caseworker should submit a non-contract funding request. Receipts must be received by Client Payment by October 30 for reimbursement.	Clothing and Expenses
<p>C-6. For all children in the care and custody of the Division on May 31 of every year, the foster parent, kinship care provider, and group homes will receive a \$100 summer stipend.</p> <ul style="list-style-type: none">a. Providers will receive the summer stipend on June 15 each year.b. Providers should use the summer experience to purchase play equipment (bicycles, sandbox, etc.) or providing day trips, etc. The summer stipend can be used for camp activity/trip fees for children attending summer camp.	Summer Stipend
<p>C-7. The Division will help supplement the cost of graduation expenses for children in foster or group care. Each child is eligible to receive up to \$300 toward the cost of items such as announcements, class pictures, graduation gown and yearbook. Providers must send the receipts for all purchases to the child's caseworker who should complete a non-contract funding request. The</p>	Graduation Expenses

caseworker should send the receipts to Client Payments so the provider can be reimbursed.

- C-8. Caretakers may receive a small amount of money for miscellaneous expenses by or on behalf of a child in the custody of the Division of Family Services. For most children in care, the incidental costs for miscellaneous expenditures will be included in the standard or special care payment made to the foster parent or residential facility. This incidental amount is indicated on the payment schedule and should be used to purchase goods or services for the child other than food, clothing and shelter. (For instance, Scout dues, movie tickets, toys, etc). For the child aged 11 to 17, this amount should be used for a spending allowance. Although it is the responsibility of the foster parent or facility to teach the child the value of money, he should be given the opportunity to spend his allowance as he wishes.
- C-9. All foster parents upon approval must fill out an IRS W-9 form. The form is required by the Delaware Division of Accounting for tracking expenditures and must be filled out prior to issuing payment. A W-9 is also required with any change of address or name.

D. Monitoring and Supporting Foster Parents

- D-1. Information sharing among Foster Home Coordinators and caseworkers regarding foster homes is critical in the ongoing supervision of foster children.
- D-2. The Foster Home Coordinator shall:
- b. Participate in at least five recruitment activities per year
 - c. Approve and maintain foster homes
 - d. Prepare foster parents to anticipate the frequency of interviews between caseworker and child, the possible need for treatment of child by a psychologist, psychiatrist or counselor, the special medical needs, and the continuing relationship the child will have with his/her natural family.
 - e. Assist the caseworker in addressing problems or concerns with the care of the child.
 - f. Maintain contact with the foster home in accordance with the contact schedule policy.
 - g. Promote the competence of the foster parent by:
 - Increasing the foster parent's understanding of the child's behavior.
 - Giving information and guidance to the foster parents.
 - Identifying areas of strengths and needs of the foster parent.
 - Providing support during difficult times of placement.

**Foster Home
Coordinator**

- g. Keep the child's caseworker informed of significant changes in the foster home which may impact on the foster family's ability to care for the child.
- h. Assist the foster parent in working within the system and handling administrative chores such as dealing with late payments and reimbursements for medication, etc.
- i. Help the foster parent understand the various roles within the agency and within the community (i.e. Educational Surrogate Parents, CASA's, etc).
- j. When caseworkers make the coordinator aware of concerns about the foster parents' care of the child, condition of the home, or significant changes in the family, the Coordinator shall take appropriate steps to address and correct the problem.

- D-3. The Coordinator will convene semiannual staffings to assure communication among the parties involved in foster homes in a continuing effort to provide quality foster care services to children and families.
- D-4. Staffings will be held quarterly on those homes identified by the supervisor and coordinator to be highly active and/or problematic.
- D-5. The Foster Home Coordinator will schedule a staffing of each foster home in his/her caseload. The Foster Home Coordinator will send notice of the staffing to the caseworker for each child in the home. Notice will be given three weeks in advance via memo which will include the date and time of the staffing.
- D-6. The Foster Home Coordinator will also send notice of the staffing to any caseworker who had a child in the foster home for a portion of the period being reviewed. Workers should give their input by completing of Nos. 5-8 of the Foster Home Staffing Minutes form. Attendance at the staffing is voluntary for workers who no longer have a child in the home.
- D-7. The child's caseworker must attend the staffing and be prepared to discuss how the foster family is meeting the needs of the foster child, any accomplishments the caseworker has seen, and any areas of concern the caseworker has. The family service assistant must also attend if involved with the child in the foster home and be prepared to share experiences and observations. If the caseworker cannot attend the staffing, the supervisor will attend with information from the caseworker.
 - a. The Foster Home Coordinator will chair the staffing, use the Foster Home Staffing Minutes form as a guide for discussion, and record the discussion on the form. Any areas of concern that need follow-up will be discussed during the staffing with recommendations and staff responsible for action recorded in the minutes.
 - b. The staffing will also be used by the caseworkers to help coordinate their own schedule of activity in and out of a foster home.
 - c. The Foster Home Coordinator will send the caseworker's supervisor a copy of the minutes.
 - d. The coordinator's supervisor and the caseworker's supervisor will ensure that

**Regular
Staffing of
Foster Homes**

**Treatment
Caseworker
Must
Participate**

**Format for
the Staffing**

the recommendations are implemented.

- D-8. Between staffings, caseworkers will share significant accomplishments or concerns about the foster family with the Foster Home Coordinator. This communication and subsequent follow up will be documented in FOCUS.
- D-9. In order to adequately prepare children and families for foster care placement, caseworkers will have quick and easy access to basic information on a foster family to share with the family and the child.
- D-10. After approval, the Foster Home Coordinator or assistant will complete the Foster Family Fact Sheet which contains basic information about the foster family.
- D-11. Each county will have a Foster Family Directory, which will consist of a Foster Family Fact Sheet on each approved foster family. The Directory will be available at each office site.
- D-12. The Foster Home Coordinator will update the Foster Family Fact Sheet at the time of the annual review. The treatment caseworker will read the Foster Family Fact Sheet and share appropriate information with the family and the child.
- D-13. The Foster Home Coordinator will visit each foster family within 5 working days of a new placement. The Placement Visit form will be completed at the initial placement visit. The purpose of the visit is to determine how both the child and the foster family are adjusting to each other and to offer support as necessary.
- D-14. Subsequent visits to the foster home by the Foster Home Coordinator will occur on an as needed basis but must occur at least quarterly for all foster families and every other month for foster families who have been approved for one year or less. Quarterly visits will be suspended for those families who do not have a foster child placed in their home during the previous quarter but will take place within 5 days of a new placement.
- D-15. Visits shall also occur in the event of impending disruptions, requests for help or other signals of distress in the foster home. Visits will take place in the foster home and will include both foster parents whenever possible.
- D-16. Visits may be announced or unannounced but at least one visit per year will be unannounced. The Foster Home Coordinators will adhere to the conditions governing unannounced visits.
- D-17. The Foster Home Coordinator will address the following during home visits and record in the Foster Parent Contact form:
 - a. Any changes in household composition.
 - b. Any changes in physical environment.
 - c. Significant life events within household (birth, death).
 - d. Stressors (current/within last 3 months) i.e., lost job; separation, divorce, etc.
 - e. Any substance abuse in family.

**Foster Home
Fact Sheet**

**Foster Home
Contact
Schedule**

**New
Placement**

- f. Change of employment.
- g. Any issues or problems working with the foster child, the child's family, or the child's caseworker.
- h. In cases where the child in the foster home has a sibling in care that is separated, the Coordinator will discuss with the foster parent if the separated sibling could join their home and plans for visits between separated siblings. If the foster parent is agreeable, the Coordinator will let the caseworker know for consideration of sibling reunification.

D-18. The Foster Home Coordinator will record the home visit and important information discussed on a FOCUS Progress Note. Significant information about a foster child or his family will be shared with the child's worker.

D-19. The Foster Home Coordinator will conduct exit interviews by phone or in-person with all foster parents who have a child leave their home if the child has been there three months or more or if there is a placement disruption. The Foster Home Coordinator and the foster parent will record the interview on the Exit Interview form. The purpose of the exit interview is to review the placement, help the foster family deal with any issues related to separation and loss, and address any other concerns the foster family may have.

D-20. Foster Home Coordinators may be required to visit at the onset and conclusion of formal investigations of abuse/neglect complaints in accordance with the investigation strategy agreed upon in the pre-investigation staffing with the investigation staff assigned to the case.

D-21. The supervisor will monitor the Foster Home Coordinator's compliance with the contact schedule in accordance with the Foster Home Visits/Tracking System. The supervisor will assist the coordinator in meeting the contact schedule if necessary.

D-22. The supervisor will document when the contact schedule cannot be kept due to workload, vacation or illness. If a pattern of noncompliance persists with the contact schedule related to worker performance, a corrective action plan will be developed and monitored by the supervisor.

D-23. The family caseworker and the Foster Home Coordinator work with foster families in a collaborative manner to ensure that services provided to the family are comprehensive and appropriate.

D-24. The treatment caseworker shall:

- a. Help the foster family increase their understanding of the child, the child's birth family and their own feelings as foster parents.
- b. Keep the foster family informed in a timely manner of all plans for the child and progress of the family toward case plan goals.
- c. Encourage the foster parents to participate in all planning meetings, court hearings and treatment sessions.

**Role of
Supervisor**

**Role of the
Treatment
Caseworker**

- d. Meet with the foster family regularly to discuss the child's progress and problems.
- e. Consider the foster family when determining visitation schedules.
- f. Determine if the child is receiving care in accordance with acceptable standards and in relation to the child's adjustment in the home and the way foster parents carry out their responsibilities.
- g. Include discussion about special financial arrangements and provisions for medical care in casework activity. Discuss level of care revisions as needed.
- h. Assist the foster parents in maintaining a harmonious relationship with the child's birth parents, staying uninvolved in the birth parents' personal problems, avoiding conflict with hostile, overly critical or otherwise disturbed birth parents, and helping the child avoid conflict of loyalties between foster parents and birth parents.
- i. If, during contact with the foster family, concerns about the care of the child, condition of the home, or significant changes are noted, the caseworker addresses those concerns with the family and attempts to resolve the problems. If unable to resolve them, the caseworker reports those concerns to the Foster Home Coordinator and asks for assistance.
- j. Keep the Foster Home Coordinator informed of any concerns about the care of the child, condition of the home, or significant changes in the home.
- k. If the plan is to remove the child from the foster home to another placement or to his own home, the caseworker must help the foster parents with the separation trauma that often accompanies such a move prior to the move.

D-25. Foster parent in-service training requirements are outlined on the Foster Care Model.

- a. During the first year of fostering, foster parents must complete Module One (12 hours), Love and Logic (12 hours) and First Aid/CPR.
- b. After foster parents have met the training requirements of Level I of the Foster Care Model (see D-25 a and b), they must meet a minimum training requirement of 5 hours per year.
- c. If one foster parent in a foster home meets the training/skills requirements for a higher level on the Foster Care Model than the other parent, the foster home may be qualified at the level of the most trained/skilled parent providing the second parent meets the Level 1 requirements and continues to participate in a minimum of five hours of in-service training per year.

**Annual
Training
Requirement
s**

- D-26. Participation in in-service training classes offered by DFS or private foster care agencies is the preferred method for foster parents to meet their training requirements. However, Foster Home Coordinators may approve equivalent training or experience if such training or experience develops the competencies for DFS classes listed on the Foster Care Model. For classes where competencies have not been outlined by DFS, the DFS Foster Care Training Administrator must approve substitute training or experience. In some instances, Foster Home Coordinators may approve alternative learning methods in consultation with the DFS Foster Care Training Administrator. Foster parents must get pre-approved for any substitution for DFS or private foster care agency training.
- D-27. Foster parents who do not meet the training requirements of Level I (Foster Care Model) within two years, or who do not meet their annual five-hour training requirements beyond Level I, shall have no additional children placed in their home until the training requirement for the current year is met. Each foster parent in the home must meet the training requirements for Level I within two years and the minimum five hour annual training thereafter. Exceptions where there are special circumstances may be granted by the Foster Home Coordinator with the approval of the Supervisor.
- D-28. At the time of the foster parent's Annual Review, the foster parent and Foster Home Coordinator will mutually review the foster parent's strengths/needs and develop a training plan for the coming year. In foster homes where there is more than one parent, each parent may have a different plan depending on his/her strengths/needs.
- D-29. DFS will make every attempt to offer child care during in-service foster parent training as much as possible. When no child care is offered or when child care is full, foster parents who must pay a babysitter may request assistance in meeting those costs. Request for assistance may be directed to the DFS trainer or to the DFS staff person assisting with the class.
- D-30. Attendance lists for Department-sponsored in-service training will be supplied to Foster Home Coordinators by the DFS Foster Care Training Administrator at the end of fall classes and the end of spring classes.
- D-31. Children need routine preventive medical and dental care as well as prompt, appropriate medical attention for illness or debilitating conditions. Under normal circumstances, foster parents or residential facility staff are expected to arrange medical care and transport and accompany the child to medical appointments.
- D-32. Foster parents are encouraged to influence children's behavior by showing respect for the child's uniqueness and individuality. Respect is demonstrated through actions such as listening, giving encouragement, allowing the child to express himself/herself and offering choices whenever possible. Discipline is to be administered in ways that "teach children what they need to know to become responsible adults and setting limits for their safety and the comfort of others until they are able to control their own behavior".

**Certificate
of
Attendance
for Outside
Training**

**Arranging
Routine
Medical
Care
Influencing
Children's
Behavior/
Discipline**

**Teaching
Children
Behavior**

- D-33. There are many ways to teach. Foster parents are encouraged to teach children in their home by:
- a. Modeling appropriate behavior
 - b. Providing positive reinforcement for appropriate behavior
 - c. Providing consequences for inappropriate behavior
 - d. Allowing children the opportunity to explore and to learn from their mistakes

- D-34. Foster parents shall implement consequences which are:
- a. Administered as soon after the inappropriate behavior as possible
 - b. Reasonably related to the nature of the behavior and are not excessive
 - c. Motivated by the desire to assist the child in learning from the experience not from anger, resentment or hostility.

- D-35. Punishment, which is often confused with "discipline", is likely to arouse or reinforce the child's negative feelings about himself/herself, cause resentment, and take away the child's incentive to improve his/her behavior.

**Discipline
vs.
Punishment**

- D-36. State regulations (Delacare: Requirements for Child Placing Agencies, #103, p. 15) for children in foster care specifically prohibit the following kinds of punishment:

**Prohibited
Disciplinary
Actions**

- a. Punishment including any type of physical hitting or any type of physical punishment inflicted in any manner upon the body
- b. Requiring or forcing the child to take a painfully uncomfortable position, such as squatting or bending, or requiring or forcing the child to repeat physical movements when used solely as a means of punishment.
- c. Punishment which subject the child to verbal abuse, ridicule or humiliation
- d. Denial of elements of the service plan (for instance, withholding visitation or phone calls with the parents, counseling appointments, etc.)
- e. Delegation of discipline to any person other than a responsible adult known to the child
- f. Assignment of physically strenuous exercise or physically strenuous work solely as punishment
- g. Denial of visiting or communication privileges with family solely as a means of punishment
- h. Withholding of any meals
- i. Denial of sufficient sleep
- j. Requiring the child to remain silent or isolated for long periods of time

- k. Denial of shelter, clothing or bedding
- l. Extensive withholding of emotional response or stimulation

D-37. Foster parents shall, in their absence, ensure that any caretaker of the child in placement abides by DFS' discipline policy.

D-38. The Foster Home Coordinators shall ensure that:

- a. Each foster parent participates in pre-service and in-service which equips them with skills to develop discipline alternatives to physical punishment and to expand their abilities to cope effectively with children's behaviors
- b. Each foster parent receives, at the time the home evaluation is completed, a copy of the agency's brochure, "Fostering Discipline" by Patricia Ryan, and a copy of the Foster Parent Handbook, including a description of the DFS policy on discipline. Foster Home Coordinators will discuss the contents with foster parents to ensure that they understand.
- c. Questions or concerns in relation to discipline policies or expectations are discussed with the foster parent as they arise and/or during the annual review
- d. Foster parents understand that caretakers in their absence must understand and agree to abide by the discipline policy.

D-39. The child's caseworker shall be responsible for:

- a. Supporting the foster parents in identifying effective, appropriate discipline methods for the specific child
- b. Monitoring the foster parents' methods of discipline
- c. Consulting with the foster parents and offering alternatives when the child is not responding well to the foster parents' efforts to discipline
- d. Working with the foster parents to understand the child's behavior and develop plans for change
- e. Monitoring to ensure that, in the absence of the foster parent(s), any caretaker of the child in placement understands and abides by the DFS discipline policy.

D-40. The Foster Home Coordinator shall:

- a. Complete an annual review on each approved foster home within 30 days prior to the certificate end date.
- b. Conduct the review during a home visit with the foster parent(s) and any other appropriate foster family member.
- c. Use the Foster Family Annual Mutual Review form to guide and record the discussion of the annual review interview.

**Foster Home
Coordinator's
Role in
Discipline**

**Treatment
Caseworker's
Role in
Discipline**

**Annual
Review**

- d. Annual foster family review is valid only upon date of signatures of the foster parent(s), foster home coordinator and supervisor. Foster parent will be given a certificate of approval with start and end noted on certificate.
- e. File the review in the foster home record and send a copy to the foster parent
- f. Inform the foster parent that they have the opportunity to appeal the review decision.

D-41. Foster Home Coordinator shall:

- a. Meet with Foster Family to develop an improvement plan – Foster family and Foster Home Coordinator sign plan. Foster Family received a copy of plan.
- b. Review foster care agreement with foster family, have them sign and give them a copy.
- c. Give foster family training materials (i.e., books, magazine article, video, etc.) to address area of complaint.
- d. Make referral to outside resource when appropriate. (i.e., Prevent Child Abuse Delaware or other as needed).
- e. Follow up unannounced visit to foster family within 15 working days, a second unannounced visit within 20 working days after first unannounced visit. Third unannounced visit within 45 working days of second visit.
- f. Foster Home Coordinator should review each individual case with supervisor before above steps are taken. Supervisor will have discretion on follow on compliant up based on information.

- D-42. It is the responsibility of the Division to protect the confidentiality of families when placing children with relatives/non-relatives. To this end, staff will only share information on a need to know basis with resource providers and in court proceedings when placing children with relatives/ non-relatives. Need-to-know information should include information that will assist in providing the best care possible to the child in care. Need to know information will and should be focused around safety and well being of the child and without inclusion of information about what brought the child into care, and/or any information regarding the child's family that does not have any relevance to the needs of the child being placed.

- D-43. For the safety and protection of all children who enter out of home placement, will have their picture taken within 72 hours of placement. The initial photo will be taken by the investigative worker or the worker who is responsible for the child's initial placement. The photo will be kept in the child's file and an updated photo will be taken annually as long as the child remains in care.

- D-44. Prior to any placement the foster home coordinator will do a safety assessment on the potential identified placement resource. The safety assessment gives the foster home coordinator an opportunity to assess who is in the home and how the identified child fits into that home. It is not intended to question the

**Corrective
Action**

**Protecting
Confidentiality
When
Recommending
Placement with
Relatives/Non-
Relatives**

**Photo
Children In
Out of
Home Care**

Foster Home Safety Assessment

Please refer to [Policy 1307 – Department Employees as Foster Resource](#)

Respite Care

Qualification s of Respite Providers

must give evidence of the ability to provide nurturing care, appropriate supervision, reasonable discipline, and a home-like environment to children.

- F-10. Respite providers will demonstrate the capacity to set realistic expectations for behavior and performance based on the age, abilities, and special needs of children.
- F-11. Respite providers will demonstrate an understanding of and respect for why families caring for children active with DFS require respite services.
- F-12. The Foster Home Coordinator will submit the following documentation to the Regional Administrator or Assistant Regional Administrator:
 - a. Written application for respite care.
 - b. Satisfactory medical report for parent(s).
 - c. Four personal references.
 - d. Satisfactory review of Family Court, Division of Family Services, and Criminal Background Check including fingerprints.
 - e. A signed consent to Release of Information Form.
 - f. Completion of three (3) family interviews in the respite provider's home where the respite program is explained.
 - g. Satisfactory review of affiliation with other child placing agencies.
 - h. Review by the Foster Home Coordinator and supervisor of the applicant's qualifications and recommendation by the coordinator or supervisor to approve the home.
 - i. Documentation stating they completed the thirteen (13) hours of training required for respite only providers:
 - 1. Connecting with PRIDE/working as a team (2 hrs)
 - 2. Crisis Intervention (5 hrs)
 - 3. First Aide/CPR/Universal Precautions (5 hrs)
 - 4. First 24 hour video (1 hr)
 - j. Completion of the written evaluation of the prospective respite provider(s), which includes material submitted by the applicant and the Family Assessment prepared by the Foster Home Coordinator. The evaluation must be approved by the supervisor and will address/include:
 - 1. Motivation for becoming respite provider(s).
 - 2. Information on medical or health conditions which might affect the respite provider's ability to care for a child.

**Documenting
Applicant's
Qualifications**

<ol style="list-style-type: none">3. Statement about criminal background check and other record checks.4. Name and needs of each child approved for respite care.5. Ability to understand and perform the five basic competencies:<ol style="list-style-type: none">(i). Protecting and nurturing children.(ii). Meeting children's developmental needs and addressing developmental delays.(iii). Supporting relationships between children and their families.(iv). Connecting children to safe nurturing relationships intended to last a lifetime.(v). Working as a member of a professional team.	
F-13.	The Assistant Regional Administrator will review the Family Assessment and sign the Respite Home Agreement (RHA) if approved. The RHA will be returned to the Foster Home Coordinator and supervisor for their signatures. Upon completion of all signatures, the Foster Home Coordinator will send a copy of the RHA and Family Assessment to the respite providers.
F-14.	Applicants reapplying after one calendar year may, at the discretion of the Foster Home Coordinator and supervisor, be studied on the basis of previously submitted materials, or may be required to provide new information and materials.
F-15.	Exceptions to the policy on Respite Home Approval may be granted to relatives, neighbors and friends who have already provided quality short-term care to a specific child(ren) upon documentation that it is in the best interest of the child(ren) and family to continue using this provider for respite services. However, these respite providers may not provide respite services to any additional children unless they become approved through the regular approval process.
	<ol style="list-style-type: none">a. In the event that a family identifies a suitable relative, neighbor or friend who knows the child(ren) and his needs and has provided care for the child, and who indicates an interest in continuing to provide such services as a respite providers for DFS for the specified child(ren) only, the Foster Home Coordinator will send out the foster care application to the prospective respite provider within five working days of the prospective provider's request.b. The Foster Home Coordinator will submit the following documentation to the Regional Administrator:<ol style="list-style-type: none">1. Written application for respite care.2. Satisfactory medical report for parent(s).3. Two personal references.4. Satisfactory review of Family Court, Division of Family Services, and Criminal Background Check including fingerprints.

**Approval by
Program
Manager**

**Special
Respite
Home
Approval
Process**

	<ul style="list-style-type: none">5. A signed Consent to Release of Information Form.6. Completion of one family interview in the respite provider's home where the respite program is explained.7. Satisfactory review of affiliation with other child placing agencies.8. Review by the Foster Home Coordinator and supervisor of the applicant's qualifications and recommendation by the coordinator and supervisor to approve the home.9. Completion of the written evaluation of the prospective respite provider(s), which includes material submitted by the applicant and the Family Assessment prepared by the Foster Home Coordinator. The evaluation must be approved by the supervisor and will address/include:<ul style="list-style-type: none">(i) Motivation to become respite provider(s).(ii) Information on medical or health conditions which might affect the respite provider's ability to care for the child.(iii) Statement about criminal background check and other record checks.(iv) Name and needs of child(ren) approved for respite care.(v) Ability to understand and perform the five basic competencies:<ul style="list-style-type: none">◆ Protecting and nurturing children.◆ Meeting children's developmental needs and addressing developmental delays.◆ Supporting relationships between children and their families.◆ Connecting children to safe nurturing relationships intended to last a lifetime.◆ Working as a member of a professional team.	
F-16.	<ul style="list-style-type: none">c. The rest of the process will then continue as for regular respite providers.The caseworker will discuss the availability of respite care with the caregiver or foster parent to determine their interest in using this service.<ul style="list-style-type: none">a. The child's caseworker will initiate a referral for respite care to the Foster Home Coordinator at least seven days in advance of the desired respite.b. The Foster Home Coordinator will match children with respite providers. Matches will be made based on the skills and availability of providers.	Referral and Use of Respite Care

	<ul style="list-style-type: none"> c. The Foster Home Coordinator will call the providers to determine their interest and availability. The Foster Home Coordinator will provide the child's caseworker with the name and phone number of the respite provider. d. The child's caseworker will contact the respite provider to discuss the plan and to arrange for the respite provider and the caregiver or foster parent(s) to discuss more specifics regarding the child's special care needs and other details of the respite care arrangements. If the child has not previously met the respite provider, a pre-placement visit should be held. e. When respite has been completed, the respite provider will submit the Respite Care Bill for Services (RCBS) to the child's caseworker or the Foster Home Coordinator for approval. The caseworker will submit the original RCBS to the Foster Care Program Manager for payment. 	
F-17.	The caseworker should keep track of the number of respite days used by the child and notify the foster parent(s) when the child's limit has been reached.	

G. Emergency Foster Care		
G-1. Emergency Foster Care		
G-1.1.	Emergency Foster Care: The emergency foster care homes are only to be used for emergency and new placements where there is substantiated abuse/neglect/dependency present and the children are at risk. These homes are not to be used primarily for placement disruptions, psychiatric hospital discharges, etc., but as a resource for the Division to assess the immediate needs of new children entering placement for the purpose of obtaining the most appropriate resource as quickly as possible.	Emergency Foster Care
G-1.2.	<p>Applicants for emergency foster care homes must be approved foster parents which meet the following criteria:</p> <ul style="list-style-type: none"> a. Skills in assessing the needs of foster children b. Skills in working with the birth families/caretakers c. The ability to work with the agency as a team member d. Willingness to accept children of all races, with physical and medical conditions e. Trained and certified in CPR and first aid or willing to be trained f. Shall not have violated the physical discipline policy for foster parents at any time g. Favorable annual mutual reviews and a recommendation from their Foster Home Coordinator to be an emergency foster care home for the division 	

-
- h. At least one of the foster parents must not work outside of the home
- G-1.3. Foster parents will need to be available and will be provided a beeper when they are away from their home.
- G-1.4. The emergency foster care parent must be able to transport the child to medical and other evaluative appointments during this period of emergency care. Also, under certain situations the foster parent may need to make arrangements to transport a child to and from school while in emergency foster care.
- G-1.5. Due to the nature of the emergency foster care home, the foster parents must have a regular supply of baby items, and clothes for children, and personal items, i.e., tooth brush, comb, etc. on hand or have immediate access to them on a regular basis.
- G-1.6. The emergency foster care family will be responsible for completing a written assessment on the child's needs and behaviors to assist the agency in matching the child with the most appropriate placement resource. The Division will provide training in this and other related areas to the emergency foster care family.
- G-1.7. Emergency foster care parents shall be available to share information about the child's care and assessment while in the emergency foster care home with the next placement provider.
- G-1.8. The emergency foster care family will be paid a per diem rate when a child is placed in emergency care.
- G-1.9. The emergency foster care family and the agency will sign an agreement delineating responsibilities for an emergency foster care home.
- G-1.10. The Foster Home Coordinator will consider the criteria when reviewing the applicants for emergency foster care. An exception to the criteria may be made upon documentation by the Foster Home Coordinator, supervisor and Program Manager that the needs of children will be met while not compromising the purpose of the program.
- G-1.11. The emergency foster care family will be available for emergency placements at all times. Monday through Friday, every weekend, and on State holidays. The Division shall provide a beeper for the foster care family so the foster parents can be reached at all times. The emergency foster care family will contact their Foster Home Coordinator the next working day following a placement of a child in the home.
- G-1.12. Foster Home Coordinators will be assigned to the supervision, monitoring and support, to the emergency foster care family and the back-up families. The Foster Home Coordinator will have regular contact with the emergency foster care family to assist the foster parents in adjusting to their new role and its impact on their own family.

<p>G-1.13. After-hours shifts will access the emergency foster homes by calling or beeping the foster parents. The caseworker will make arrangements with the emergency foster care parents to place the child(ren). The caseworker will share all information gathered from the child's family about the child with the emergency foster care parents.</p> <p>G-1.14. Once placement has occurred, the caseworker will complete the Child Payment Form indicating the date of placement. Since the emergency foster care home will be paid by agreement and not through the Child Payment Form process, the payment code - "no payment".</p> <p>G-1.15. There may be instances in which a child has been placed in the emergency foster care home for 30 days, an appropriate resource cannot be located, and the emergency foster care family requests the child remain in placement in their home. The Foster Home Coordinator, supervisor, and the emergency foster care parents will discuss the available options and how this placement will affect their role as emergency foster care providers, impact on their own family, payment issues, etc.</p>	
H. Documenting Approval of Foster Homes	
<p>H-1. Critical standards are required for the foster family to be approved. The Foster Home Coordinator will submit to the Foster Care Manager or Assistant Regional Administrator documentation that the standards have been met.</p> <p>H-2. The following critical standards are required for the foster family to be approved. The Foster Home Coordinator and Supervisor will submit to the Program Manager or designee documentation that these standards have been met:</p> <ul style="list-style-type: none"> a. Written application including family and self-assessments for all members of the family. Document date application sent and received on Foster Parent Application Event in FOCUS. b. Satisfactory medical report for parent(s) and for any other family member as required in Delacare Regulations for Child Placing Agencies and using a form acceptable to the Division. c. Four written references attesting to the applicant's character and qualifications, at least two of which are not related to the foster parents by blood or marriage and at least one of which is a neighbor or regular visitor to the home. If references prefer to give information by phone, the Foster Home Coordinator will record responses on the reference form, indicate that the response was by phone, and sign the form. (Sample letter and personal reference form). d. Satisfactory review of Family Court records, criminal background check, Child Abuse Registry, and a letter of suitability from the Division Director. e. Completed Information Waiver obtained from each adult household member of the applicant family. (The Foster Home Coordinator will use the release to follow up on any areas of concern). 	<p>Critical Standards for Approval of Foster Care Homes</p> <p>FOCUS</p>

	<ul style="list-style-type: none">f. Satisfactory school reference report for each school age child in the home (see sample letter and School Reference Form).g. Satisfactory completion of Foster PRIDE pre-training and assessment.h. Completion of three family interviews by the Foster Home Coordinator. Two family interviews shall take place in the foster home. Every member of the household shall be included in the interview process.i. One unannounced interview so the Foster Home Coordinator can observe normal family activities. The following conditions will govern unannounced visits:<ul style="list-style-type: none">1. Shall be conducted during reasonable daytime hours. No earlier than 8:30 a.m. and no later than 8:00 p.m.2. Shall not take place in the absence of an adult member of the foster family.3. Interviews shall be limited in extent to no more than 30 minutes except by agreement of the foster parents.4. Visits may be deferred to another time upon reasonable request of the foster applicant (if worker arrives just as the foster parent is leaving for an appointment, if members of the household are ill, etc.)j. Completion and review with the Foster Home Coordinator of the Foster Home Physical Environment Checklist that will be completed during the unannounced visit. Non-compliance items should be documented on the FOCUS Physical Environment Checklist Event.k. For applicants who rent, a satisfactory response from the landlord indicating that applicant's lease would permit the care of additional children in the home.l. Satisfactory review of affiliations with other child placing agencies.m. Submission of a signed Confidential Pledge for Foster Parents.	<p>Family Interviews and Home Visits</p> <p>FOCUS</p>
<p>H-3.</p>	<p>Review by the Foster Home Coordinator and supervisor of the applicant's qualifications and recommendation for approval/denial.</p> <ul style="list-style-type: none">a. The FOCUS Family Assessment Event and a written evaluation of the prospective foster family must be completed, which includes material submitted by the applicant and material prepared by the Foster Home Coordinator. The evaluation must be approved by the supervisor and will address:<ul style="list-style-type: none">1. Ability to protect and nurture children.2. Ability to meet children's developmental needs and address developmental delays.	<p>Physical Environment Checklist</p> <p>FOCUS</p> <p>Evaluation of the Prospective Foster Family</p> <p>FOCUS</p>

3. Understanding of the importance of supporting relationships between children and their families.
4. Willingness and ability to work as members of the professional team.
5. Understanding of the importance of connecting children to safe nurturing relationships intended to last a lifetime.
6. Motivation to become foster parent(s).
7. Attitudes of members of the household toward accepting foster children.
8. Attitudes toward birth parents of foster children.
9. Emotional strengths and weaknesses of foster parents, how they see themselves and other members of the family.
10. Ability to communicate and solve problems; philosophies on child rearing, discipline, and parental roles; experience with children, and ways of coping with problems.
11. Family history including descriptions of early home life.
12. Information on medical or health conditions which might affect the foster parents' ability to care for children.
13. Adjustments of children, if any, in the home.
14. Description of the home.
15. Community relationships and connections attitudes toward helping professionals.
16. Financial status of family, management of income, and employment history.
17. Experience in coping with special needs of children or adults.
18. Type of children desired, recommendations concerning types of children most suitable for placement in the home, and types of children not suitable for placement.
19. Assessment of participation in pre-service training and identification of areas of need for future training.

- H-4. The Foster Home Coordinator will explain the Foster Family Agreement with the foster parent applicants during pre-service training and again when the applicant is asked to sign the document. The Foster Home Coordinator will explain that even though the applicant has signed the agreement, the final approval of the home is contingent upon approval and signature of the program manager.

**Foster Family
Agreement Is
Signed by the
Family**

H-5.	Complete Foster Parent Agreement Event on FOCUS.	FOCUS
H-6.	The Foster Home Coordinator will submit the Foster Family Agreement to the Program Manager with the documentation of all the components of the foster home approval process.	
H-7.	Upon completion of the Program Manager's review of documentation of activity and components, the Program Manager shall indicate on the Foster Home Evaluation Checklist his/her concurrence with the recommendation for approval of the foster home applicant.	Submit to Regional Administrator or Assistant Regional Administrator to Approve and Sign the Agreement
H-8.	The Program Manager will then sign the Foster Family Agreement and return it to the Foster Home Coordinator and supervisor for their signatures. Upon completion of all signatures, the Foster Home Coordinator will send a copy of the Foster Family Agreement and the evaluation to the foster parents.	Reapplying Within Two Years
H-9.	Applicants reapplying within two years, at the discretion of the Foster Home Coordinator and supervisor, may be studied on previously submitted material; however, the information must be updated and verified. Pre-service training may be waived if pre-service training was completed prior and within the two years.	
H-10.	Upon completion of all elements of the Foster Family Evaluation Report above, the Foster Home Coordinator completes FOCUS Registration Forms and sends it through county channels to Client Payments, Division of Management Support Services. Complete the Foster Parent Status Event and enter FOCUS Service Provider Agreement function.	Complete Registration Forms
H-11.	In the event that a child is already in the home, the child's caseworker will follow the Non-relative Placement Safety Assessment Process.	Provisional Approval Process
	a. Once the referral is received by the Foster Home Coordinator supervisor, the supervisor will assign the referral to a Foster Home Coordinator within two working days.	FOCUS
	b. The Foster Home Coordinator will call the prospective foster parent(s) and discuss foster parenting and the approval process. The Coordinator will send out the foster parent application to the prospective foster parent within five (5) working days.	
	c. The Foster Home Coordinator will then follow the same critical standards that are required for approval of all foster homes, with the exception of completion of the Foster PRIDE pre-training.	
	d. Upon completion of all elements of the Foster Family Evaluation Report, the Foster Home Coordinator completes the appropriate FOCUS event, indicates the provisional nature of the approval on the form, and sends it through county channels to Client Payments, Division of Management Support Services.	FOCUS
	e. Once the home is provisionally approved, foster care payments minus general assistance payments received may be made retroactive to one of	

the following: (Either way, the child must be in placement as a result of custody awarded to the Division of Family Court.)

1. The date of the submitted fully completed foster parent application including self-assessments if the child was already in the home at that date; or
 2. The date of the child's placement if subsequent to the submission of the application.
- f. Once the applicant(s) meet the above-required standards, the Program Manager may grant provisional approval 90 days.
- g. During the 90-day provisional period, the applicant(s) must enroll in the next available Foster PRIDE training session. Continuation of payment is contingent upon the applicant(s)' attendance at Foster PRIDE training and will be authorized on a month-to-month basis until completion of the training. This information will be included in the foster home study of which the applicant receives a copy.
- h. The Foster Home Coordinator will keep the treatment caseworker apprised of the applicant(s)' attendance via a Treatment note. If the applicant does not attend, the caseworker must submit the proper paperwork to stop payment unless the absence is justified by good cause.
- i. An applicant(s)' lack of follow through on training is cause for removal of the child and home closure.
- j. The Program Manager may grant an extension of the 90-day provisional status if there is not a Foster PRIDE training class offered within 90-day time period.

For prospective foster parents completing Foster PRIDE training and who may have components of the regular evaluation not submitted or complete, the Program Manager may grant provisional approval up to 90 days upon submission of written justification from the Foster Home Coordinator and supervisor.

**Approval Is
Provisional Up
to 90 Days**

**Foster PRIDE
Training Must
Be Completed**

Extensions

I. Assessing Non-Approved Relatives/Non-Relatives

I-1. Protocol for Relatives/Non-Relative Assessments of Children in DFS Custody

- a. The Investigation or Treatment Supervisor will email the Foster Home Coordinator Supervisor of relative/non-relative placement and transfer the Tickler Placement Event to the Foster Care Supervisor (email will expedite information to the Foster Care Unit).
- b. Prior to the placement of the child, Part I of the Home Safety Assessment (which is inclusive of criminal history and child abuse registry checks on family members) will be conducted by the Caseworker. DFS must also complete a Motor Vehicle check for any proposed caregiver.

- c. The Foster Home Coordinator Supervisor will assign family to Coordinator who is responsible for that cluster area.
- d. Prior to the Foster Home Coordinator visit, a discussion between the Coordinator and Caseworker should occur to address plans for continued custody.
- e. Within 5 days of placement, the Foster Home Coordinator and worker will conduct joint visits (whenever possible) to discuss foster parenting options and resources available to family such as TANF, GA, guardianship and custody to relatives.
- f. The Coordinator will complete the Part II of the Non-Relative Caretaker Follow-up Evaluation in FOCUS (this event will need to be transferred to Foster Home Coordinator and back to caseworker once completed).
- g. Disposition of assessment will be completed by the Investigation/ Treatment or Permanency Supervisor.
- h. The Foster Home Coordinator will document the outcome of the visit and enter a progress note in FOCUS.
- i. Should foster parenting be selected as an option, the Coordinator will move forward in the process.
- j. Should the individual NOT be interested or not meet the requirements for foster parenting, the Foster Home Coordinator will provide the family with information that will connect them to other resources within the community.

I-2. Addressing Safety Concerns

- a. Workers are expected to discuss any and all safety concerns. Investigations and Treatment workers will make the decision on safety. The Foster Home Coordinator will make the decision on whether or not the home meets the requirements for approval as a foster home. Homes not meeting the standards of expectation to become a foster home will not automatically imply that the child is in danger or is not safe.
- b. If the Foster Home Coordinator believes the home may not be safe, the Foster Home Coordinator Supervisor will discuss these concerns with the Investigation or Treatment supervisor. The Investigation or Treatment supervisor is responsible for ensuring safety in the home.

J. Foster Youth Drivers

<p>J-1. The youth's caseworker will discuss the expectations, responsibilities, and steps involved with respect to obtaining a driver's license and encourage the youth to enroll in an approved driver education school in the near future. The youth's foster care provider will be given the same information as the youth regarding responsibilities and expectations to secure driver's permit and/or driver's license.</p> <p>J-2. Prior to obtaining a driver's license or permit, the youth will provide their caseworker with a list of the names of individuals who are willing to supervise their practice driving time. This will give the caseworker time to review the list and perform any background checks on individuals at their discretion.</p> <p>The Division may approve the following individuals to assist the youth with meeting the 50 practice driving hours requirement. All individuals assisting the youth with their practice driving hours must be insured to the minimum liability, or other coverage limits required by the law as verified by the youth's caseworker:</p> <ul style="list-style-type: none"> • Foster parents; • Group home staff; • Agency approved mentors; • Employers; • Birth parents, if appropriate; • And other responsible licensed drivers. <p>J-3. For any youth who has been denied approval during any part of the process for obtaining their permit and/or driver's license, the caseworker will document the reasons for the denial of approval and specifically tell the youth what is expected of them in order for them to continue the process of obtaining their driver's license.</p> <p>J-4. The youth must explore various insurance options. Those options include finding an insurance company that is willing to write a "Named Operator" or "Named Non-Owner" policy for them or having their foster parent(s) add them to their insurance policy.</p> <p>J-5. If youth is named as an exclusion from the foster care provider's insurance policy then the foster care provider must secure keys at all times and at no time give youth consent to driver or operate their vehicle.</p> <p>J-6. The Division of Family Services is at no time responsible for the foster care provider's insurance premium.</p> <p>J-7. Foster care provider must inform the caseworker of behavior that raises concerns about the youth's and community's safety while the youth is operating a car.</p> <p>J-8. Foster care providers are encouraged to discuss the level of coverage or any other issue related to the youth in their care with their insurance agency. Caregivers must take an affirmative step when a licensed teenage driver is residing in their home. They must either add the youth to their policy or they must exclude the youth from their policy.</p>	<p>Youth Driver's License Approval</p>
<p>K Prudent Foster Caregiver Standards</p>	

-
- K-1. Pre-service training for prospective foster parents will include information related to meeting the prudent parent standard in making decisions on behalf of foster children in their care.
- K-2. Caregivers should consider these factors when making decisions:
- Child's age
 - Maturity
 - Developmental level
 - Potential risk factors
 - Best interest of the child based on information known by the caregiver
 - Wishes of the child
 - Wishes of the parent
 - Parent or guardian input as to child's interests and background
 - Importance of promoting the child's emotional and developmental growth
 - Importance of providing the child with the most family like living experience possible
 - Behavioral history of the child
 - For older youth, promoting skills needed for living independently after foster care to be practiced in a protective setting
 - Active court order and Child's Plan requirements
- K-3. Decisions foster caregivers can make without agency approval may include:
- Permission for youth to go on dates
 - Signing work permit and other employment related consents
 - Consenting for Division of Motor Vehicle issued identification cards
 - Signing school/camp/extracurricular activity permission slips
 - Permission for youth to be transported by a licensed/insured driver (to/from activities, school, other events and activities)
 - Occasional short-term (under 24 hours) babysitting/child care
 - Consenting for overnight trips/activities (not including caregiver respite care) with notification, but without the consent or prior approval of DFS for periods not to exceed 48 hours
 - Traveling with foster child outside of Delaware without the consent or prior approval of DFS for periods not to exceed 48 hours
 - For youth on probation, caregivers must contact Division of Youth Rehabilitative Services for approval prior to taking the youth out of state.
- K-4. Foster caregivers should seek help from the child's team for any decision they are uncomfortable making alone.
- K-5. Decisions made by foster caregivers must comply with safety plans, case plans, terms of probation and court orders.
- K-6. Foster caregivers will communicate to the child's caseworker, Court Appointed Special Advocate and Child Attorney as to the activities promoting the child's cognitive, emotional, physical and behavioral growth.
-

Section K. Prudent Foster Caregiver Standards

FORMS UTILIZED:

|

Application Form
Application Home Study
Confidentiality Pledge
Exit Interview Form
FOCUS Progress Note
Foster Family Annual Mutual Review
Foster Home Memorandum
Foster Home Quarterly Staffing
Foster Parent Contact (Quarterly) Form
Foster Parent Liability Insurance Waiver
Foster Parent Recruitment Agreement
Information Waiver
Initial Placement Visit Form
Landlord Letter
Level of Care Clothing Inventory (Placement Packet)
Out-of-Home Placement Form
Personal Reference Form/Letter
Physical Environment Checklist
Placement Visit Form
Respite Call Bill for Services
Respite Home Agreement
Safety Assessment: Pre-Placement
School Reference Form

TRAINING MATERIALS:

Fostering Discipline Brochure