State of Delaware

Department of Services For Children, Youth and Their Families

Division of Family Services

USER MANUAL

September 2021

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

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Table of Contents Page

Principles for Child Welfare Practice v

Services for All Families

Intake: Case Decision Point #1 2

Intake: *Critical Standards*
A. Receiving Reports 3
B. Screening Reports 7

C. Special Circumstances
1. Serious Injury/Child Death 9
2. Medical Neglect/Religious Exemptions 9
3. Home Alone 11
4. Institutional Abuse 11
5. Safe Arms for Babies 13
6. Extrafamilial Abuse 13
7. Substance Exposed Infants 14
8. Dependent Children Active with DBPS and the Division of Youth Rehabilitative Services

Intake & Investigation of Child Abuse and Neglect On Open Treatment Cases – Chart 19
20

Investigation and Assessment: Case Decision Point #2 21

Investigation and Assessment: *Critical Standards*
A. Investigation Protocol 22
B. Safety Assessment 25
C. Risk Assessment 26
D. Special Circumstances
1. Client Lack of Cooperation 26
2. Temporary Emergency Protective Custody 28
3. Medical Examinations 29
4. Institutional Abuse and Neglect 29
5. Investigation of Division Employee—Physical/Sexual Abuse of a Client 30
6. Investigation of Division Employee—Intrafamilial Abuse/Neglect 31
7. Investigation of Division Employee's Relative 38
8. Investigation of Department Employee/Department Employee's Relative 39
9. Request for Investigation by Child Protective Services in Another State 39
10. Safe Arms for Babies 40
11. Reports Alleging Abuse/Neglect by the Non-Custodial Parent in an Active Case in Investigation or Treatment 40

Table of Contents Page

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 41
14. Special Investigators (SI) 41
15. Substance Exposed Infants & the Plan of Care 43

Contact Chart Initial Contact, Initial Safety Response, Diligent Efforts, and Lack of Cooperation, Urgent/Routine Response Requirements 50
Safety Assessment Matrix Chart 52
Collateral Contact Chart 54
Division of Family Services—Medical Examination Protocol 55

Treatment for Children & Intact Families: Case Decision Point #3: 56

Treatment: *Critical Standards*
A. Safety Planning 57
B. Family Assessment 59
C. Developing the Family Service Plan 63
D. Case Management 66
E. Quarterly Case Reviews 69
F. Supervisory Reviews 71
G. Reasonable Efforts to Prevent Placement 72
a. Emergency Placement Prevention Services 72
H. Custody Guideline 75
I. Concurrent Planning 77
J. Case Closure 78
K. Special Circumstances 79
1. New Reports on Active Cases 80
2. Emergency Placements 81
3. Out-of-State Placements 83
4. Minor Mother/ Baby 83
5. Lack of Cooperation with Treatment 85
6. Locating Parents 87
7. Inter-Region Case Transfers 88
8. Case Closure When Parents Aren't Cooperative 88
9. Abridged Case Closure 89

Services to Children In Out-of-Home Care

Placement: When A Child Must Leave the Home:
Case Decision Point #4: 93

Table of Contents Page

Placement: *Critical Standards*

A. Placing a Child in Out-of-Home Care 96
B. Relative and Non Relative Placement 102
C. Family Visitation with the Child 106
D. Medical Consent and Health Care 107
- Consenting to Medical & Mental Health Treatment Chart 108

E. Completing the Placement Package 117
- Deprivation Definitions Chart 122

F. Developing the Child Plan 125
G. Caseworker/Foster Child/Family Contact Schedule 130
- Foster Care Contacts Chart 133

H. Case Management and Monitoring the Child In Care 134
I. Prepare All Parties for the New Placement 136
J. Transition from Placement 141
K. Special Circumstances
  a. Out-of-State Placements 143
  b. Minor Mother/Baby 143
  c. Extending Foster Care Beyond Age 18 143
  d. Extensions for Youth Receiving Social Security 143
  e. Converting to Child Only Cases 143
  f. Medical/Dental Records for Youth Exiting Care Age 18 or Older 144
L. Required Case Reviews 152
M. Driver's License for Youth in Placement 153
N. Prudent Foster Caregiver Standards 157

Permanency In Alternative Settings: Case Decision Point #5: 145

Permanency: *Critical Standards*

A. Permanency Planning Committee 146
B. Termination of Parental Rights 149
C. Concurrent Planning 153
D. Permanency Hearing (Family Court) 155
E. Exploring Adoptive Resources 157
F. Pre-Placement Adoption Services 162
F-2 Approval of Fost/Adopt Homes 163
G. Required Case Reviews 167
H. Adoption Placement Supervision 168
I. Adoption Petitions to the Court 170
J1. Adoption Assistance/Subsidy 172
J2. Medicaid 175
J3. Psychological Subsidy 176
J4. Non-Recurring Adoption Expenses 177
J5. Appeals/Fair Hearing 178
K. Guardianship 179
L. APPLA: Compelling Reasons 183
M. APPLA: Diligent Efforts 185
N. APPLA: Long Term Foster Care Agreement 187

Table of Contents Page

Independent Living Preparation: Case Decision #6 204

Independent Living: *Critical Standards*
A. Eligibility 204
B. Initiating Independent Living Services 205
C. Basic Life Skills Assessments 206
D. Completing an IL Service Plan/Plan Reviews 207
E. Basic Life Skills Development and Training 209
F. Transition/Exit Conference and Planning 211
G. Transitional Housing Arrangement 213
H. Independent Living Aftercare 214
I. Termination of Aftercare Independent Living Services 215
J. Victims of Sex Trafficking 215

Administration 2217

Administration: Critical Standards
A. Substantiation Hearings (Pre 2/1/03 Incidents) 218
a. Notification Letters 219
b. Substantiation Hearing Request Process 220
c. Hearing Officer Procedures – Not Listed in Regulations 220
d. Appeals to Family Court 223
B. Appeals/Fair Hearing - Treatment, Foster Care, Adoption 224
C. Confidentiality 226
D. DELJIS 227
E. Locating Parents 228
F. Parental Substance Abuse 230
G. Petition for Substantiation/Removal from the Registry (Post 2/1/03 Incidents) 232
a. Notification Letters 233
b. Hearing Request Forms 236
c. Petition for Substantiation in Family Court 237
d. Removal from the Child Protection Registry 239
e. Criminal Charges, Proceedings, and Outcomes 241
f. FOCUS 243
H. Transportation 245
I. NCIC 246
J. Sex Trafficking Legislation 248

Placement Resources 253

Foster Home: *Critical Standards*
A. Recruitment of Foster Family Homes 253
B. Approval of Foster Family Homes 254
C. Financial Support for Foster Family Homes 255
D. Monitoring and Supporting Foster Parents 256
E. Standards for Department Employees to Become Approved Foster Family Provider 257

Table of Contents Page

F. Respite Care 269
G. Emergency Foster Care 274
H. Documenting Approval of Foster Homes 267
I. Assessing Non-Approved Relatives/Non-Relatives 272
J. Foster Youth Drivers 274
K. Prudent Foster Caregiver Standards

Principles for Child Welfare Practice	
"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."	**Child Abuse Prevention Act of 1997** **State of Delaware**
Based on the enabling legislation and good practice standards, the Division operates its child abuse and neglect services guided by the following principles.	
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."	**One**
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. 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.	**Two**
Nationally and in Delaware, 50% to 80% of the families served in child protective services have been affected negatively by alcohol or other drugs. 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:	**Three**

Principles for Child Welfare Practice	
• 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**
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.	**Four**
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. A child's safety shall be assessed: • 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**
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.	**Six**

Principles for Child Welfare Practice	
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. 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).	**Seven**
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.	**Eight**
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	**Nine**
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: • maintenance/promotion of family unit integrity • development of problem-solving skills • reduction in number or length of placements • improve outcomes for children	**Ten**
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.	**Eleven**

Principles for Child Welfare Practice	
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.	**Twelve**
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**

Intake: Case Decision Point #1

Intake

#1.1 Screen the Report – Accept or Reject for Investigation
#1.2 Determine Urgency for Response

Purpose

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.

Scope

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.

Decisions

A. The Intake caseworker will determine whether the report:

1. Involves a child(ren) between the ages of birth to 18.
1. Alleges child abuse, neglect, or dependency as defined in statute or risk thereof.
3. Alleges intra-familial or institutional abuse.

B. When the Intake caseworker has collected and assessed all of the information the supervisor must make the final decision to:

1. Screen the report – accept or reject for investigation.
2. Determine the urgency for response.

Client Pathway

Client Pathway

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.

Case Process:

A. Receiving Reports

A –1. The caseworker receiving a telephone call to the Report Line will record information for each call on the AudioLog.

Report Line Recording

Incoming Calls

Incoming Calls

a. Click on the AudioLog Player Client Icon.
b. Click on the green menu at the top of the screen.
c. Log on-
   - Click user name (phone extension where call is coming in)
   - Click password
   - Click server in place
d. Green menu
   - Click find
e. Click the plus sign (+) next to Catalogue
   - Click the plus sign (+) next to date to get phone extension
f. Click the phone extension
g. Click reference field on the catalogue screen
   - Type in the last name first then the first initial of the caller
   - After the caller's first initial put a dash (-) then the source of the call: parent (P), MGM (Maternal Grandmother), MGF (Maternal Grandfather), PGM (Paternal Grandmother), PGF (Paternal Grandfather), STMO (Stepmother), STFA (Stepfather), Neighbor (Nbr), first name of school and level—high school (HS), middle school (MS), elementary school (ES), hospital (HOS), doctor (DR), nurse (N), police (POL)
h. Double click folder for memo
   - Type first initial and the last name of the caseworker receiving the call
   - Type client name
   - Type client address
   - Type the reporter's phone number
   - Specify the type of call: report/information/progress note
i. To listen to the call, double click the call
j. Click the refresh button after concluding the call

Outgoing Calls

Outgoing Calls

a. Complete steps a-f in A-2.
b. Click reference field on the catalogue screen
   - Type in the last name first then the first initial of the caller
   - After the caller's first initial put a dash (-) then the source of the call: parent (P), Neighbor (Nbr), first name of the school and level—high school (HS), middle school (MS), elementary school (ES), hospital (HOS), doctor (DR), nurse (N), police (POL)
   - If making a personal call type personal under Reference
c. Double click folder for memo

- Type the first initial and last name of the caseworker making the call out
- Type report status then a dash (-): accepted/rejected or information (means that the call was made to gather more information) or VM (check voice mail)

d. Click on the refresh button after concluding the call

Searching for a Call

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).

FOCUS

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.

Intake

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.

FOCUS

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:

Information from the Reporter

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?

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.

Search for Historical Information

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

DELJIS Criminal History Check

FOCUS

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.

See DELJIS User Manual for Appropriate Search Screens

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.

Release of the Reporter's Name or Report Line Audiolog

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.

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.

B. Screening Reports

Situations Processed As New Reports

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:

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-exposed newborn, the case will be assigned an urgent response time and the assigned investigation worker will complete a full investigation.

B-2. The following situations should be written as FOCUS Progress Notes:

Situations

Processed as FOCUS Progress Notes

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 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.

Inappropriate Reports

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.

B-4. The following reports shall not be accepted absent allegations of child abuse, neglect, or dependency:

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.

For the above and all other inappropriate reports, the Intake caseworker shall provide available information about community resources to the reporter.

Insufficient Report Information

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).

C. Special Circumstances

C-1 Serious Injury/Child Death

Serious injury/ child death

1. *Verbal and Written Notification*

a. During normal work hours (8:00 a.m. – 4:30 p.m.), the regional staff (e.g., caseworker, supervisor) will verbally notify the Regional Administrator through the local chain-of-command immediately. The Regional Administrator will then notify the OCS Administrator immediately.

FOCUS

b. A Serious Injury/Child Death Notice Report will be completed within 24 hours by the assigned worker/supervisor and submitted via e-mail to the Division Director, Division Deputy Director, Executive Assistant to the Director, OCS Administrator, Statewide Services Administrator, the assigned Investigation Supervisor, and his/her Regional Administrator. If the case is active, the report will also be sent to the Assistant Regional Administrator in addition to the above.

c. A copy of the report will be filed in the review section of the case record.

d. When the regional after-hours (4:30 p.m. – 8:00 a.m.) caseworker is notified of a serious injury or death after-hours, during the weekend, or on a holiday, the caseworker will use the local chain-of-command to verbally notify the Statewide Services Administrator who supervises the after-hours staff. The Statewide Services Administrator will then notify the OCS Administrator. A Serious Injury/Child Death notice report will be completed within 24 hours or by the close of the next working day by the assigned caseworker.

FOCUS

e. The verbal report should provide as much information as possible regarding the history and circumstances of the serious injury/death.

f. When a case is active with the Division, the DFS caseworker will notify other known service providers who are active with the family within 24 hours.

Follow-up Activity

Cases previously unknown: The Risk Management Initial Assessment and Safety Evaluation: Worksheet and Conclusion must be completed in forty-five (45) calendar days. In addition, the Child Death Data Sheets used by the statewide Child Death Review Panels must be completed within the same time frame and filed in the review section of the case record.

Active cases or closed within one year: If the child was active with the Division or closed within one year and death is due to abuse or neglect is suspected, the Regional Administrator will complete an internal review and submit a report to the OCS Administrator within 30 days. Responsibility for the review may be designated to others not currently assigned to the case. The internal review may or may not include interviews and should address at a minimum, the following issues:

1) Reason for the Report.
2) Date and circumstances of current incident.
3) Background Information.
4) Dates and nature of prior reports (in-state and, if known, out-of-state), as well as investigation findings
5) Chronology of events and Division involvement (must include face to face contacts)
6) Key collateral involvement (e.g., police/criminal history, Family Court activity, current medical issues, mental health issues).
7) Services offered and provided to the family by the Division or that are known by other parties
8) Other relevant information (e.g., alleged abuser was in foster care as a child)
9) Potential Problem Areas (if they exist).
10) Current response and plan of action.

C-2 Medical Neglect/Religious Exemptions

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

Institutional 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.

FOCUS

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:

c. 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.

d. It is not known whether the facility can or will take action to ensure the safety of the child.

e. A child needs medical examination or treatment due to abuse or neglect and no medical care is being provided.

f. A child is seriously injured.

g. A child is at continued risk of harm.

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

h. There is any injury to the child.

i. There is no evidence that abuse is likely to occur within the 24-hour period following the report.

Institutional Abuse Reports Made After-Hours

j. 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.

k. 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.

l. The DFS after-hours caseworker will conduct an assessment, when required.

m. 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

Abandoned Baby

When hospital emergency room staff notifies the Division that an infant less than two weeks old has been abandoned, the Division will accept the report and assign a Priority 1 response time.

Prenatal Exposure to Drugs

C-7 Substance Exposed Infants

Upon notification of an infant with prenatal substance use exposure to the Division's Report Line by the healthcare provider, the notification will be documented in the Division's internal information system.

Upon notification of an infant with prenatal substance use exposure to the Division by the healthcare provider, the notification will be screened utilizing the Structure Decision Making®(SDM®) Screening Assessment. For the purposes of data and reports, all notifications to the Division of an infant with prenatal substance exposure will have a Structured Decision Making® maltreatment type identified as Neglect/Risk of neglect/Chronic and/or severe substance abuse: Drug exposed infant or Neglect/Risk of neglect/Chronic and/or severe substance abuse: FASD (Fetal Alcohol Spectrum Disorder).

Upon notification, the below table will be used to determine who the Plan of Safe Care (POSC) Coordinator will be:

Case Type/Case Condition	Plan of Safe Care Coordinator
Mother is prescribed a prescription drug (including methadone and Suboxone), which has been verified by the prescriber, the mother is in compliance, and there are no other risk factors to the infant.	Substance use disorder treatment center
Mother or infant test positive for marijuana and there are no other risk factors to the infant.	Contracted agency
Mother is prescribed a prescription drug **AND** there are concerns with compliance **OR** there are risk factors to the infant.	Division of Family Services
Mother or infant test positive for marijuana and there are risk factors to the infant.	Division of Family Services
Mother or infant test positive for any other illicit substance or Fetal Alcohol Spectrum Disorder (FASD).	Division of Family Services

Dependency-DPBHS/DYRS

If substance use has already been identified as a known risk factor in a current treatment case, a new investigation is not warranted. The assigned treatment worker will be responsible for responding, completing a new Structured Decision Making® Caregiver Safety Assessment and implementing, coordinating, and monitoring the Plan of Safe Care.

Reports involving active Treatment cases:

If substance abuse has already been identified as a known risk factor in a current treatment case, a new investigation is not warranted. The assigned treatment worker will be responsible for responding and completing a new Safety Assessment. The investigation case will be abridged.

Dependent Children Active with the Division of Prevention and Behavioral Health Services or the Division of Youth Rehabilitative Services

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).

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).

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).

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).

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.

<table>
<tr><th colspan="2">Intake Process</th></tr>
<tr><td colspan="2">

- 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

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<tr><th colspan="2">Investigation Process</th></tr>
<tr><td colspan="2">

- 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:
    - 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

</td></tr>
<tr><th colspan="2">Placement Process</th></tr>
<tr><th>Placement During Investigation if Assigned Treatment Worker Cannot Be Made Available</th><th>Placement During Investigation if Assigned Treatment Worker Can Be Made Available</th></tr>
<tr><td>

Investigation Duties:
- medical exam
- petition
- request foster home
- approval of relatives if appropriate
- placement
- probable cause hearing
- testify at adjudicatory hearing

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Investigation Duties:
- medical exam
- petition
- joint placement
- probable cause hearing
- testify at adjudicatory hearing

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<tr><td>

Treatment Duties:
- 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

</td><td>

Treatment Duties:
- 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

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Investigation & Family Assessment: Case Decision Point #2

Investigation & Assessment

#2.1. **Determining Whether The Child Is Safe**
#2.2. **Preparing a Child Safety Agreement and/or Arranging An Initial Placement**
#2.3. **Determining Maltreatment or Risk of Maltreatment**
#2.4. **Will Family Receive Treatment?**

Decisions:

A. Six key investigation decisions will be made by the caseworker, in collaboration with the supervisor, based on the information gathered from the family (including children), reporter, and/or other persons who have information about the allegations and/or conditions of the family members. They key decision points are:

Is This Child Safe?

1. Is the child safe?

Is This Child Maltreated?

2. Has this child been abused or neglected or is the child dependent?
3. Is the child at risk of being abused, neglected or dependent?
4. Per DE statute, do the allegations require a multi-disciplinary response (referral to law enforcement, the Department of Justice, and Children's Advocacy Center)?
5. Are services needed for this family?
   - Are there outstanding safety threats?
   - What is the assessed risk level?
   - Has Family Court ordered DFS to provide services or awarded DFS custody of any children?
   -
6. 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?

B. If at any point in the investigation or family assessment process it is determined that the children are not currently safe or at significant risk of maltreatment, immediate action will be taken to protect the children.

Case Process:

A. Investigation Protocol

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).

Joint Investigations/ Law Enforcement

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.

Begin with Record Review and a Historical Review

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:

- The identified victims in the report,
- Any other victims identified during the initial contact, and
- The household caregivers.

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 receipt of the report.

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 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).

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.

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. When a Contact is not made on time, the caseworker shall document the reasons why in a FOCUS Progress Note. For Family Contracts, the caseworker will mark the contact as "missed."

Diligent Efforts

Diligent Efforts to comply with the contact timeframe will be approved by the Supervisor when the caseworker made two attempted face-to-face contacts to comply with the Initial Contact policy, but were unable to interview/observe the child victims and primary adult caretakers due to circumstances beyond the worker's control. Diligent Efforts include, but are not limited to, the following:

- Visits to the child's home address at different times of the day and on different days.
- Attempts to make contact by telephone or text.
- Mailed or Certified letter.
- Visits to child's school or daycare.
- Contact with family supports.
- Contact with the client's attorney and DAG.
- Steps taken to locate the family (Refer to Policy on Locating Parents)
- Steps taken to compel cooperation (Refer to Policy on Resistant Clients).

If the caseworker did not make efforts to make contact then the Supervisor will document that criteria was not met for the diligent effort.

Supervisors will indicate whether or not the caseworker met the criteria for a diligent effort within 48 hours of receipt of the diligent effort record in FOCUS.

Required by CAPTA

The following circumstances meet the criteria for diligent efforts (Criteria Met):

- Family and/or children are out of state or on vacation: The worker must attempt to contact the parents, if whereabouts information is known. Document attempts.

- Death in Family/Illness/Hospitalization: This does not include the death of the alleged victim or child illness related to abuse or neglect. Document the reason.
- Client refuses to meet on advice of attorney: This should be verified by the worker requesting the client's attorney's name and by having the DFS Deputy Attorney General call the client's attorney. Document attempts to coordinate contact.
- Client required accommodations: Document attempts to acquire assistance to meet the client's special needs (e.g., translations services, sign language).
- Inaccurate or insufficient address. Check all locator options (e.g., DELJIS, street directory). Refer to Policy on Locating Parents.
- Lack of cooperation: Client refuses to establish contact with caseworker or client repeatedly misses or reschedules appointment. Document steps indicated in Policy – Compelling Cooperation with Resistant Clients. This does not include the client not being able to meet within the contact timeframe.
- Client Special Conditions: Client was unable to meet within the contact timeframe due to circumstances out of their control. This should be clearly documented and include attempts to meet the client's needs.
- Timely contact not yet in FOCUS: Document the actual date of the contact.
- Weather-related difficulties: State offices are closed due to weather conditions or weather conditions are dangerous and the contact could not be rescheduled within the contact timeframe. Document the reason.
- Whereabouts of caretakers or victims unknown: Document attempts to locate the family. Refer to Policy on Locating Parents.

The following circumstances meet the criteria for diligent efforts with an exception (Criteria Met with Exception):

- Case transferred to a different worker: The contact was due within 2 weeks of transfer.
- Family resides in a different county. The other county is not able to assist or accommodate a courtesy contact within the contact timeframe. Document attempts.
- Delay due to law enforcement/CAC/DOJ. Document discussions and reason for delay.
- Extension approved by Supervisor: Document what the extension is based on. For example, case priorities, cancelled by agency for unforeseen emergency (worker accident), etc.

Diligent Efforts did not meet the criteria when no efforts have been made to comply with the contact timeframe (Criteria Not Met).

No Miranda Rights

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

Interview Protocol

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.

Always Assess for Substance Abuse And DV

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.

Disposition Timeframes Determined

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-14.1 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:

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.

FOCUS Progress Notes

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.

Obtain Informed Consent

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.

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."

Interview Collateral Contacts

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.

See Collateral Contact Chart on page

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.

SEE: DELJIS User Manual for Appropriate DELJIS Screens

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.

Historical record Review

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.

Letters described in Substantiation Hearing – Investigation Policy

A-28. At the conclusion of the investigation, the alleged perpetrator shall be informed in writing about the outcome of the investigation utilizing the standardized letters located on the Division's U drive.

A-29. When the identity of the perpetrator is unknown at the conclusion of the investigation and the case will be transferred to Treatment, it may be necessary to open the case in the custodial parent's name, the non-custodial parent's name, or both.

A-30.	All contacts with a civil/criminal Deputy Attorney General (Department of Justice) are to be documented in a running Progress Note called "Confidential DOJ."	
A-31.	All required notifications such as HIPAA, the Parent Handbook, Birth to Three, etc. shall be documented in a single Progress Note labeled "DOJ or Client/Attorney Privilege."	**Contacts with a DAG**
	B. Safety Assessment	
B-1.	A Safety Assessment will be conducted for each new report accepted for investigation utilizing Structured Decision-Making ® policies and procedures.	**Safety Assessment**
B-2.	If the safety assessment determines that the child must be removed and placed, the caseworker will follow the policy and procedures for Case Decision #4: Placement.	**Placement**

C. Risk Assessment

C-1. As required by CAPTA, each investigation will document child well-being in three areas: physical health, mental health, and education. Each investigation will also document child well-being in the area of dental health. These will be documented in the Structured Decision Making® Risk Assessment.

GENERAL CHILD WELL-BEING DOCUMENTATION GUIDELINES

PHYSICAL HEALTH	MENTAL HEALTH	EDUCATION	DENTAL HEALTH
Ability to interact with others	Known diagnoses or medications	Educational level	Status of dental/oral health
Appropriate clothing	Notable behaviors	Educational performance	Last dental/oral exam
Developmental milestones			Presence of dental/oral conditions
Status of physical health			
Last well child exam			
Presence of illness			
Presence of medication			
Presence of injury			

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.

Abbreviated FOCUS Documentation

Select Disposition

FOCUS

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.

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.

Abridged Investigation Process

C-5. Abridged Assessment

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)
- Referral information which is clearly refuted by medical evidence. – Example – report for abuse but medically determined to be Mongolian spots

C-5.1. The possible ability of the Division to abridge a case does not negate the Division's responsibility to meet the designated response time frames or disposition date.

C-5.2. An abridged assessment includes the following:

a. At least one in person contact with child (victim) and the parent/caretaker.

b. Additional collaterals contacts as needed to rule out maltreatment or risk of maltreatment.

C-5.3.- 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

D-1. Client Lack of Cooperation

Client Lack of Cooperation

D-1.1. 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).

Interviewing A Child Without Consent

DFS will interview the child without parental/custodial knowledge or consent when the report indicates a child may be at imminent risk of harm.

D-1.2. 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.

D-1.3. 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.

D-1.4. 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.

Urgent Response

D-1.5. Priority 1 Response

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 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.

Request Police Assistance

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).

D-1.6. 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.

D-1.7. 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.

Contact Deputy Attorney General

D-1.8. 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.

See Forms Manual

D-1.9. 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.

D-1.10. 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.

Legal Options

D-1.11. 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.

Request for a Court Order

D-1.12. 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)?

SEE: Court Procedure

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).

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

Temporary Emergency Protective Custody

D-2.1. The investigating caseworker will first determine if police intervention is necessary to protect the well-being of the caseworker, as well as the child.

D-2.2. The investigator will contact his/her supervisor to discuss casework options.

D-2.3. 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.

D-2.4. 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.

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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.

D-2.5. During the maximum four (4) hour period permitted for Temporary Emergency Protective Custody, the Division must file a petition for custody <u>and</u> obtain legal custody of the child within the 4-hour period or return the child to the parent/custodian/guardian.

D-2.6. 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**

D-3.1. 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.

D-3.2. 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.

D-3.3. 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.

D-3.4. 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.

Locations for Medical Examinations

D-3.5. 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.

D-3.6. Authorization

Authorization Procedure

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.

When the Family Refuses to Obtain Medical Examination

D-3.7. 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.

D-3.8. 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.

D-3.9. 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.

D-3.10. 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.

D-3.11. 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.

D-3.12. After normal work hours, the caseworker should contact the assigned on duty ARA for approval.

D-3.13. The caseworker will file the authorization approval in the medical section of the hard copy case record.

Payment for Medical Bills

D-3.14. 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.

D-3.15. The caseworker should request the assistance of the local police, as needed, once medical authorization has been approved.

D-3.16. 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.

D-3.17. 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).

D-3.18. 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.

D-3.19. 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.

Examinations for Sexual Assault and Serious Physical Abuse and Neglect

(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 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.

FAST TRACK EXAMINATIONS

(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.

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(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.

D-3.20 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
b. 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.

D-3.21 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.

D-3.22. 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:**

Institutional Abuse & 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.

IA Report Format

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 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

DFS Employee Investigation

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.

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.

DFS Investigation of Employee's Relative

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.

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**

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

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.

Conduct

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**

Investigations Involving Other States

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**

Abandoned Baby

D-10.1 When a parent chooses to abandon their baby at a hospital emergency room, the hospital will attempt to obtain medical information about the infant from the parent.

D-10.2 The hospital will give and explain counseling and referral information to the parent.

D-10.3 The hospital will take Temporary Emergency Protective Custody of the baby.

D-10.4 The hospital will provide an identification number for the baby. The parent shall be given the number in case they want to contact the Division about reunification with the baby prior to 30 days.

D-10.5. The hospital will notify the Delaware State Police and the Division.

D-10.6. The Delaware State Police will conduct a missing child check on the baby.

D-10.7. When a Delaware hospital emergency room contacts the Division about an abandoned baby less than two weeks, the Division should request that the hospital establish a birth date for the baby. Also, request that the hospital keep the baby 24 hours for observation. Although the hospital may not agree, explain that the Division wants to be sure the infant does not have any serious health issues. If the hospital does not agree to keep the baby for observation, Division staff shall make plans to place the infant in foster care. Division staff shall obtain ex parte custody.

D-10.8. The Investigation caseworker must appear at the hospital within 4 hours and give the hospital a copy of the court order.

D-10.9. Placement of the baby:

- Weekdays – utilize the process in place with the Foster Care Unit
- After-hours – utilize an emergency foster home, foster-adoptive home, or adoptive home of a private agency

The foster-adoptive or pre-adoptive caregiver will be allowed to name the baby.

Naming the Baby

D-10.10. Division staff shall publish notice of the abandoned infant in the newspaper.

D-10.11. The Investigation caseworker shall make a referral to the Permanency Committee within 20 days.

D-10.12 The Investigation caseworker shall attend the Probable Cause and Adjudicatory hearings, but the case can be transferred after the Probable Cause hearing if all needed activities are done.

D-10.13 Division staff shall complete all needed placement events on FOCUS.

D-10.14. Division staff shall apply for a birth certificates for baby boy/girl Doe. Use first name given by foster-adoptive or pre-adoptive caregiver. The last name is Doe.

D-10.15.The Investigation caseworker shall follow up regarding the Delaware State Police missing child check.

D-10.16 The Investigation caseworker shall complete the Risk Assessment with all known information. The case shall be substantiated for dependency and shall not be listed on the Child Protection Registry.

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 (using the Supervisory Directed Case Conference Event)

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

D-15.1. The POSC focuses on the identified needs, risks, and interventions for the family and is broken down into the following areas: Family information, Plan of Safe Care Coordinator, Identified Providers for Infant and Family Care, Identified Needs, Risk, and Interventions for the Infant, Maternal, and Paternal/Secondary Caregiver, Other Support Services for the Family, and Discharge and Follow up.

D-15.2. The POSC should ensure that a comprehensive assessment has been completed on the areas of infant, maternal, and paternal/secondary caregiver areas of risk and that referrals, information, and linkages to the community are completed prior to the discharge of the infant, as well as considering how the family's existing support network will support the POSC and discharge of the infant. The purpose of identifying the needs of the infant and family is to provide services, with the goal of strengthening the family and maintaining the infant safely in the home, shall be explained to the family.

D-15.3. The POSC does not replace the Child Safety Agreement. The Structured Decision Making® tools should be completed, whether by Investigation or Treatment staff, and if a safety threat is identified, a Child Safety Agreement should be completed with the family.

D-15.4. The development of the POSC will begin in the healthcare setting prior to discharge, and if the parent(s) is(are) already involved in a substance use disorder treatment center, that center may have already initiated the POSC with that parent. When identified early, the POSC ensures pregnant women who are using substances receive access to

appropriate treatment, prenatal care and preparation for the birth of an infant who may experience Neonatal Abstinence Syndrome (NAS).

D-15.5 The POSC Coordinator will be responsible for developing and implementing a POSC with the family to ensure the safety and well-being of the infant upon discharge from the healthcare provider. For those notifications screened in for an investigation, the POSC Coordinator is the Division. For those notification screened in for an assessment, the POSC Coordinator is the contracted agency.

D-15.6. The POSC is prepared by the POSC Coordinator who is responsible for gathering information from the multidisciplinary team and coordinating the referrals provided at the infant's discharge. In order to develop a coordinated and comprehensive assessment of the needs of the infant and family, the multidisciplinary team may include, but shall not be limited to: DFS, medical personnel, substance use disorder treatment, mental health, early childhood intervention, home visitors, public health, Investigation Coordinator, and any other community supports as appropriate.

D-15.7. The POSC will be completed by the time the infant is discharged and will entail a review process of the POSC. The POSC is a fluid document and may not have all of the components completed upon discharge, especially in those infants and families who are discharged within 48 – 72 hours from the healthcare setting. If the infant is discharged within 48 – 72 hours of the notification, the POSC may be preliminary and should focus on the immediate risk and needs of the infant and family. It is then expected that any additional components of the POSC will be completed during the POSC review process.

D-15.8. 11. The POSC Coordinator shall coordinate with the hospital social worker in scheduling the Plan of Safe Care Discharge Meeting with the family. The POSC will be reviewed and signed at the Plan of Safe Care Discharge Meeting at the time of discharge . At a minimum, the POSC Coordinator, the family, and someone from the birthing hospital will be present at the POSC Discharge Meeting; however, any other POSC participants should be invited to the meeting. All necessary follow up items will be identified. The POSC will also be reviewed and signed by the supervisor of the POSC Coordinator. The POSC Coordinator shall ensure that the family and the Plan Participants listed in the POSC receive a copy of the POSC within 48 hours after discharge.

D-15.9. Prior to discharge, hospital education should be provided to the family as well as any referrals to appropriate home visiting programs. The infant's first pediatric appointment should be scheduled prior to discharge.

D-15.10. The POSC Coordinator will be responsible for the ongoing review of the POSC and any referrals or community linkages completed throughout the life of the family's involvement with the Division post discharge. This review should include supervisor oversight. The POSC should be reviewed at a minimum bi-weekly within the first 30 days with a minimum contact schedule (frequency of contact) of bi-weekly within the first 30 days. In determining the contact schedule of the infant and family, a balanced assessment should take place considering the needs, strengths, risk level, support system (internal and external), and any conditions that may arise post discharge of the infant.

D-15.11. The POSC Coordinator will be responsible for determining how long the POSC remains in place and should include input and collateral information from the multidisciplinary POSC members as well as an ongoing assessment of the risks, needs, complicating factors, and supports and services in place. The POSC should be updated as needed to continuously monitor additional needs identified and referrals for service. The POSC is a fluid plan and the length of the POSC is dependent upon the infant and their family.

D-15.12. If the POSC Coordinator determines that the family is in need of ongoing services, and the family is not already active in Treatment, the case will be referred to Treatment for ongoing services. If the POSC is still in place, the POSC Coordinator will be the assigned Treatment worker. The assigned Treatment worker will then be responsible for the review of the POSC and any monitoring of referrals or services. The referrals and services may also be incorporated in the family's Service Plan. It is best practice that group supervision utilizing the Consultation and Information Sharing Framework be considered on these cases. Further, it is best practice that a handoff between Investigation and Treatment take place on these cases.

D-15.13. Upon closure of the case by DFS, the most updated Plan of Safe Care shall be provided to the family who has the option to continue services and monitoring by community services and resources. When the case is closed, the POSC participants shall be notified that the POSC is being terminated by DFS but that the family may continue with their services and resources.

D-15.14. The POSC and any contacts with the infant and family, referrals completed on behalf of the family, and the coordination of the POSC will be documented in the internal FOCUS system within 48 hours. The POSC may be uploaded into FOCUS.

D-15.15. The POSC must be signed by the family at a minimum and should include signatures by the other POSC participants. If the parent/caregiver(s) refuses to sign the POSC, this should be documented on the POSC. This does not impact DFS continuing with any other assessments, including the SDM® Caregiver Safety Assessment, case activities, or referrals made on behalf of the family.

D-15.16. The POSC contains a signature page to indicate that the POSC has been reviewed and discussed with the parents/caregivers and other plan

participants and that the multidisciplinary team is in agreement with the POSC. Upon signature, the parent or other caregiver(s) consent to the sharing of the POSC or other pertinent information with the plan participants, and the plan participants agree to regularly communicate and share information. Of note, some of the plan participants (example pediatrician) may not be present at the Plan of Safe Care Discharge Meeting but are still a plan participant and are afforded a copy of the POSC. Further upon signature, the plan participants agree to ensure confidentiality of the information received through the POSC and agree to only share information with the plan participants and family providers. It is best practice to sign an Authorization to Release Information for all plan participants.

D-16 Supervision & Case Conference

Individual Supervision:

D-16.1 Supervisors shall regularly schedule individual supervision with their workers as needed but no less than once per month. Supervisors will take in consideration the caseworker's experience when determining the frequency of individual supervision.

D-16.2 This review will be documented in the Directed Case Conference or a progress note in FOCUS.

- Investigation: The Directed Case Conference must be completed in FOCUS prior to the Investigation disposition.
- Treatment/Permanency: The Directed Case Conference must be completed quarterly in FOCUS.

D-16.3 Supervisors should be aware, and take into account:

- Family's history with the Department of Services for Children, Youth and Their Families
- DELJIS
- Reason for referral
- Caseworker contacts with family
- Collateral contacts
- Safety assessment
- Risk assessment
- Planning (safety, family, child, case, permanency)
- Child vulnerabilities
- Child well-being
- Family Search and Engagement
- Caregiver behaviors
- Whereabouts of the children
- Complicating factors
- Strengths
- Progress towards goal
- Any new circumstances or changes in the family that affect safety, placement and planning
- Barriers
- Case Requirements
- Next Steps

D-16.4 Supervisors shall review and evaluate each case at each decision point in the case to include:

Investigation:

- Receipt of Intake/Hotline
- Uncooperative or unable to locate family
- Initial contact
- Safety assessment and development of a Child Safety Agreement (if applicable)
- Circumstances that affect safety
- Removal and placement
- Investigation outcome (i.e., No Evidence to Substantiate, Unsubstantiated, Unsubstantiated with Concern or Substantiation)
- Investigation disposition (i.e., Closed, Link to Treatment, Refer to Treatment)

Treatment:

- Receipt of Treatment case
- Uncooperative or unable to locate family
- Completion of assessments
- Removal and placement
- Planning
- Prior to case closure
- Changes in the family
- Goal change

Permanency:

- Receipt of Permanency case
- Placement of disruption
- Planning
- Permanency planning and resources

Group Supervision

D16.5 Supervisors will utilize group supervision through the use of the Consultation and Information Sharing Framework (The Framework).

D16.6 The Framework is mandatory for:

- Any case transferred across functions with an active Child Safety Agreement.

D16.7 The Framework may also be utilized for the following additional purposes:

- RED Team/Administrative review
- Case direction
- Case closure
- Closure against the Structured Decision Making® case disposition
- Next steps
- Consultation in assessment or service planning
- Provide oversight in complex, high risk, or multidisciplinary cases

D16.8 The Framework will be documented in the Framework FOCUS record.

DIVISION OF FAMILY SERVICE COLLATERAL MATRIX

Areas of Concern	Recommended Collaterals
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.

The following circumstances meet the criteria for diligent efforts (Criteria Met):

- **Family and/or Children are out of State or on Vacation:** The worker must attempt to contact the parent, if wheareabouts information is known. Document the attempts.
- **Death in Family/Illness/Hospitalization:** This does not include the death of the alleged child victim or child illness related to abuse or neglect. Document the reason.
- **Client Refuses to Meet on Advice of Attorney:** This should be verified by the worker requesting the client's attorney's name and by having the DFS DAG call the client's attorney. Document attempts to coordinate contact.
- **Client Required Accommodations:** Document attempts to acquire assistance to meet the client's special needs. For example, translation services, sign language interpreter, etc.
- **Inaccurate or Insufficient Address:** Check and document all locator options. Refer to Policy 306, Locating Parents.
- **Lack of Cooperation:** Client refuses to establish contact with caseworker or client repeatedly misses or reschedules appointment. Document steps indicated in Policy 1401 – Compelling Cooperation with Resistant Clients. This does not include the client not being able to meet within the contact timeframe.

- **Client Special Conditions:** Client was unable to meet within the contact timeframe due to circumstances out of their control. This should be clearly documented and include attempts to meet the client's needs.
- **Timely Contact not yet in FOCUS:** Document the actual date of the contact.
- **Weather-Related Difficulties:** State offices are closed due to weather conditions or weather conditions are dangerous and the contact could not be rescheduled with the contact timeframe. Document the reason.
- **Whereabouts of Caretakers or Victims Unknown:** Document attempts to locate the family. Document attempts to locate the family. Refer to Policy 306, Locating Parents.

The following circumstances meet the criteria for diligent efforts with an exception (Criteria Met With Exception):

- **Case Transferred to a Different Worker:** The contact was due within 2 weeks of transfer.
- **Family Resides in a Different County:** The other county is not able to assist or accommodate a courtesy contact within the contact timeframe. Document attempts.
- **Delay due to Law Enforcement/CAC/DOJ:** Document discussions and reason for delay.
- **Extension approved by Supervisor:** Document what the extension is based on. For example, case priorities, cancelled by agency for unforeseen emergency (worker accident), etc.

Diligent Efforts did not meet the criteria when no efforts have been made to comply with the contact timeframe (Criteria Not Met).

		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			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	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.											
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	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.											
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
Requirments: 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
Requriements: 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 Con-tract		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 *Delacare* 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 - *Delacare* 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	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.
Requirements: IA Safety Assessment											
Report involving abuse of ICPC/ICJ child by parent/relative supervised by DSCYF Contract	X			X			X	X	IA	IA	OCCL - *Delacare* requires closure of home
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	IA	IA	OCCL - *Delacare* requries closure of hoime
Requirements: IA Safety Assessment											
Report involvlng abuse of own child by parent/relative of DFS/DYRS supervised ICPC/ICJ child	X	X					X	X	Inv.	Inv.	Inv.
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	Inv.	Inv.	OCCL - *Delacare* requires closure of home
Requirements: Basic Safety Assessment											
Report involving abuse of own child by non-DSCYF contracted supervision of ICPC/ICJ child	X	X					X	X	Inv.	Inv.	OCCL - *Delacare* requires closure of home
Requirments: Basic Safety Assessment											

Report involving abuse of DFS/DYRS supervised ICPC/ICJ child and own child	X	X		X			X	X	Inv. And IA.	Inv. And 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.
Requiirements: 1. Basic Safety Assessment for parents/relatives own childand 2. IA Safety Assessment for ICPC/ICJ child											
Report involving abuse of ICPC/ICJ child and own child by parent/relative in DSCYF contracted supervison of ICPC/ICJ child	X	X		X			X	X	Inv. And IA	Inv. And IA	OCCL -*Delacare* requries closure of home
Requirements: 1. Basic Safety Assessment for parents/relatives own child 2. IA Safety Assessment for ICPC/ICJ child											
Report involving abuse of own child and ICPC/ICJ child by non-DSCYF contractedupervision of ICPC/ICJ child	X	X		X			X	X	Inv. and IA	Inv. and IA	OCCL - Delacare requires closure of home
Requirements: 1. Basic Safety Assessment for parents/relatives own child 2. IA Safety Assessment for ICPC/ICJ child											

KEY:

Report means:		Child Abuse/Neglect unless noted otherwise
Contracted Home means:		Relative, Foster or Pre-Adoptive, ICPC, ICJ
Cells highlighted with yellow :		Communication is needed by the Investigator with these program areas
Cells highlighted with blue :		Communication is needed with OCCL if dually approved licensed/DSCYF contracted provider and childcare provider

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)

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

3.1. ***Ensure Children Are Safe***
3.2. ***Assess Family for Strength and Needs***
3.3. ***Develop Family Service Plan***
3.4. ***Review Family Service Plan Quarterly***
3.5. ***When Placement is Necessary***
3.6. ***Assess Case for Closure***

Treatment for Children & Intact Families

Decisions:

A. Complete Safety Assessment to determine if children are safe.

B. Complete the Family Strengths and Needs Guide to determine the strengths and needs of the children and their family.

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.

D. Determine when there is a need for emergency placement prevention services.

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).

F. Continuously monitor the child's ongoing safety and the progress of all parties toward the Family Service Plan goals for each party.

G. Determine when it is appropriate to close the case.

Are Treatment Services Required?

Creating the Family Service Plan

Is the Child Safe?

Preparing for Placement If Required

Monitoring the Parties' Progress

Case Process:	
A. Safety Assessment	
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.	
A-2. The Safety Assessment will consider safety factors involving 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	
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.	
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.	**Safety Assessment**
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.	
A-6. If the parent refuses to abide by or sign the safety plan, the DFS worker will petition for ex parte custody.	
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.	
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.	
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.	

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.	

B. Family Assessment

B-1. The initial assessment process begins when the completed Investigation Risk Assessment indicates the need for continued Division of Family Services 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.

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

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:

FOCUS

Review history and interview all parties

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;

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.

DELJIS SEE:

DELJIS (Administration)

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.

Document Findings in Treatment Notes

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:

FOCUS Assessing Strengths and Concerns

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.

SEE: Petition for Abuse/Neglect

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

Describe the information gathered and determine the treatment implications

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.	**Focus on safety and permanency**
C-6. 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-7. 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.	**See: Appeals/Fair Hearings Administration Section**
C-8. 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.	
C-9. 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.	**Select appropriate goals with the family**
C-10. 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.	

C-11. 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.

C-12. 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.

FOCUS

C-13. Family Service Plans require the approval and signature of supervisor prior to implementation.

Interdivisional Family Service Planning

C-14. All information contained in the Family Service Plan and Family Service Plan Review shall be entered into FOCUS and updated at each review date.

C-15. 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.

C-16. 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.

Child Plan

C-17. 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:

Include all children in the family in the Family Service Plan

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.

FOCUS

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.

c. The decision to open a separate treatment case must be documented in the mother's treatment case.

C-18. 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.

D. Case Management

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.

CASEWORKER RESPONSIBILITIES

1. Contact the family within the timeframe indicated for initial contact.
   - The supervisor determines the initial contact date at case assignment based on safety and risk factors.

2. Maintain the contact requirement established by the supervisor.
   - Every Treatment Case has a contact requirement established upon case assignment.
   - Contacts should be made through announced and unannounced visits.
   - Face to Face Contact allows the caseworker to:
     - Assess safety and risk
     - Assess the family/child using the Family and Child Strengths and Needs Guide
     - Monitor planning with the family
     - Engage with the family
     - Develop and explore support networks
   - A portion of face-to-face contacts should be conducted in the home setting

SDM® Risk Level	Minimum Number of Visits in the home/ month
Low/Moderate Risk	1
High Risk	1
Very High Risk	2

3. Make additional face-to-face contacts that may be recommended in some cases. Some examples include:
   - Increased risk
   - Changes in circumstances
   - Safety concerns and/or safety plan in place

4. Document Face-to-Face Contacts in FOCUS
   - Enter a note in FOCUS for each contact using the Contact Template.
   - Enter the date of each contact in the Family Contact Chart in FOCUS.
   - If a contact was missed, enter a note in FOCUS indicating the reason for the missed contact.

Service Monitoring

SUPERVISOR RESPONSIBILITES

1. Assign the initial contact
   a. The initial contact in Treatment cases is established when the supervisor assigns the case to a caseworker.
      - The initial contact is assigned within 1-10 working days of the opening of the Treatment Case.
      - When assigning the initial contact, the supervisor should take into consideration the risk level from the Investigation Risk Assessment and safety factors.

SDM® Risk Level	No Safety Plan	Safety Plan	DFS Custody
Low/Moderate Risk	10 working days	5-10 working days	10 working days
High Risk	4-8 working days	1-5 working days	5-10 working days
Very High Risk	1-5 working days	1-2 working days	5-10 working days

2. Assign the Ongoing Contact Schedule
   a. Investigation Cases open for longer than 45 days will need a contact schedule 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

   b. When assigning the ongoing contact schedule in Treatment Cases the supervisor will take into consideration the current risk level from the Investigation Risk Assessment and safety concerns. For example:

SDM® Risk Level	No Safety Plan	Safety Plan	DFS Custody
Low/Moderate Risk	Biweekly	Weekly-Biweekly	Biweekly
High Risk	Weekly - Biweekly	Weekly – Biweekly	Biweekly
Very High Risk	Weekly	Weekly	Biweekly

3. Review the contact schedule during case conferences and at critical decision points and adjust the contact schedule as needed.
   - Examples of critical decision points:
     - Completion of the Family & Child Strengths and Needs Guide
     - Completion of the Family Service Plan
     - Completion of Risk Reassessment or Reunification Reassessment

- Changes in the family (circumstance, risk, safety, etc.)

- The ongoing contact schedule will take into consideration the current SDM risk level and safety concerns determined by the most current SDM® Reunification Reassessment . For example:

SDM® Risk Level	No Safety Plan	Safety Plan	DFS Custody
Low/Moderate Risk	Monthly	Biweekly – Monthly	Monthly
High Risk	Biweekly – Monthly	Weekly – Biweekly	Monthly
Very High Risk	Weekly – Biweekly	Weekly	Monthly

- Any adjustment to the contact schedule is documented in a Note or Case Conference in FOCUS.

EXCEPTIONS

- Exceptions to contact requirements may be made on a case-by-case basis with input from the Assistant Regional Administrator, Regional Administrator, or Program Manager. Reasons for the exception and appropriate approval must be documented in a Note in FOCUS.

D-2. A safety assessment must be completed during the face-to-face contact.

D-3. The caseworker shall utilize FOCUS Notes along with the Family Contact Template to document all Face to Face Contacts.

- All face to face contacts will be documented timely in the Family Contact Schedule in FOCUS
- The Family Contact Template details the contact in case note. The Family Contact Template includes the following information (see Family Contact Template).

a. Type of Contact
   - What type of face-to-face visit is being made (ex. Unannounced home visit, scheduled home visit, office visit)

b. Date, Time and Location
   - Enter the date and time of the contact, as well as, the address (or identifying information)

c. Participants
   - Indicate who participated in the contact and their role

d. Purpose of the Contact
   - Indicate the reason for the meeting (Safety Planning/ Review, response to new hotline report, Family Service Planning/Review, FSNG)

e. Issues discussed

- What was discussed in the meeting (relevant details)
- Were any Safety Organized Practice (SOP) tools used and the outcome
- What is working well
- What are the worries

f. Observations
- Describe observations during the visit (ex. Condition of the home, parent/child interaction, parent/parent interaction, etc.)

g. Whether the child(ren) is/are safe and why/why not
- Explain why the child is or is not safe

h. Next Steps
- Indicate what each of the participants is going to do before the next contact

- Supervisors should document decisions regarding assignments of contact schedules.
  - Initial Assignment
  - Case Conferences
  - Notes Under the Case

a. All significant phone calls, attempted contacts, school visits, etc.
b. Information related to providing and/or arranging services defined in the Family Service Plan
c Any other important information related to the case..

D-3.1 When a Contact is not made on time, the caseworker shall document the reasons why in a FOCUS Progress Note. For Family Contacts, the caseworker will mark the contact as “missed.”

Diligent Efforts to comply with the contact timeframe will be approved by the Supervisor when the caseworker made two attempted face-to-face contacts to comply with the Initial Contact policy, but were unable to interview/observe the child victims and primary adult caretakers due to circumstances beyond the worker’s control. Diligent Efforts include, but are not limited to, the following:

- Visits to the child’s home address at different times of the day and on different days.
- Attempts to make contact by telephone or text.
- Mailed or Certified letter
- Visits to child’s school or daycare.
- Contact with family supports.
- Contact with the client’s attorney and DAG.
- Steps taken to compel cooperation (Refer to Policy on Resistant Clients).

If the caseworker did not make efforts to make contact then the Supervisor will document that criteria was not met for the Diligent Effort.

Supervisors will indicate whether or not the caseworker met the criteria for a diligent effort within 48 hours of receipt of the diligent effort record in FOCUS.

The following circumstances meet the criteria for diligent efforts (Criteria Met):

- Family and/or children are out of state or on vation: The worker must attempt to contact the parents, if whereabouts information is known. Document attempts.
- Death in Family/Illness/Hospitalization: This does not include the death of the alleged child victim or child illness related to abuse or neglect. Document the reason.
- Client refuses to meet on advice of attorney: This should be verified by the worker requesting the client's attorney's name and by having the DFS Deputy Attorney General call the client's attorney. Document attempts to coordinate contact.
- Client required accommodations: Document attempts to acquire assistance to meet the client's special needs (e.g., translations services, sign language).
- Inaccurate or insufficient address. Check all locator options (e.g., DELJIS street directory). Refer to Policy on Locating Parents.
- Lack of cooperation: Client refuses to establish contact with caseworker or client repeatedly misses or reschedules appointment. Document steps indicated in Policy – Compelling Cooperation with Resistant Clients. This does not include the client not being able to meet within the contact timeframe.
- Client Special Conditions: Client was unable to meet within the contact timeframe due to circumstances out of their control. This should be clearly documented and include attempts to meet the client's needs.
- Timely contact not yet in FOCUS: Document the actual date of the contact.
- Weather-related difficulties: State offices are closed due to weather conditions or weather conditions are dangerous and the contact could not be rescheduled within the contact timeframe. Document the reason.
- Whereabouts of caretakers or victims unknown: Document attempts to locate the family. Refer to Policy on Locating Parents.

The following circumstances meet the criteria for diligent efforts with an exception (Criteria Met with Exception):

- Case transferred to a different worker: The contact was due within 2 weeks of transfer.
- Family resides in a different county. The other county is not able to assist or accommodate a courtesy contact within the contact timeframe. Document attempts.
- Delay due to law enforcement/CAC/DOJ. Document discussions and reason for delay.
- Extension approved by Supervisor: Document what the extension is based on. For example, case priorities, cancelled by agency for unforeseen emergency (worker accident), etc.

Diligent Efforts did not meet the criteria when no efforts have been made to comply with the contact timeframe (Criteria Not Met).

D-4. All Treatment Notes should focus on safety assessment and implementation of the Family Service Plan.

Monitor Existing Safety Plan

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.

Reasonable Efforts to Prevent Placement

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.

DELJIS (See DELJIS in Administration)

D-7. 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.

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.

Obtain Informed Consent

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.

See: (Confidentiality in Administration)

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 form 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.	**Consult with substance abuse 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.	

E. Quarterly Case Reviews

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:

Is the child safe?

Are all parties making progress?

Are the child's needs being met?

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

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.

E-3. Subsequent Family Service Plans should focus on resolving issues identified during the most recent reassessment.

FOCUS

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	

Quarterly Case Reviews

Individual Supervision

F-1. Supervisors shall regularly schedule individual supervision with their workers as needed but no less often than once per month. Supervisors shall take into consideration the caseworker's experience when determining the frequency of individual supervision.

F-2. This review will be documented in the Directed Case Conference or a progress note in FOCUS.

- Investigation: The Directed Case Conference must be completed in FOCUS prior to the investigation disposition.
- Treatment/Permanency: The Directed Case Conference must be completed quarterly in FOCUS.

F-3. Supervisors should be aware, and take into account:

- Family's history with the Department of Services for Children, Youth and Their Families
- DELJIS
- Reason for referral
- Caseworker contacts with family
- Collateral contacts
- Safety assessment
- Risk assessment
- Planning (safety, family, child, case, permanency)
- Child vulnerabilities
- Child well-being
- Family Search and Engagement
- Caregiver behaviors
- Whereabouts of the children
- Complicating factors
- Strengths
- Progress towards goal
- Any new circumstances or changes in the family that affect safety, placement and planning
- Barriers
- Case Requirements
- Next Steps

F-4. Supervisors shall review and evaluate each case at each decision point in the case to include:

Investigation:

- Receipt of Intake/Hotline
- Uncooperative or unable to locate family
- Initial contact
- Safety assessment and development of a Child Safety Agreement (if applicable)
- Circumstances that affect safety
- Removal and placement
- Investigation outcome (i.e., No Evidence to Substantiate, Unsubstantiated, Unsubstantiated with Concern, or Substantiation

Treatment:

- Receipt of Treatment case
- Uncooperative or unable to locate family
- Completion of assessments
- Removal and placement
- Planning
- Prior to case closure
- Changes in the family
- Goal change

Permanency:

- Receipt of Permanency case
- Placement disruption
- Planning
- Permanency planning and resources

Group Supervision

F-5. Supervisors will utilize group supervision through the use of the Consultation and Information Sharing Framework (The Framework).

F-6. The Framework is mandatory for:

- Any case transferred across functions with an active Child Safety Agreement.

F-7. The Framework may also be utilized for the following additional purposes:

- RED Team/Administrative review
- Case direction
- Case closure
- Closure against the Structured Decision Making® case disposition
- Next steps
- Consultation in assessment or service planning
- Provide oversight in complex, high risk or multidisciplinary cases

F-8. The Framework will be documented in the Framework FOCUS record.

G. Reasonable Efforts to Prevent Placement

G-1. Emergency Placement Prevention Services

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.

Maximum Assistance Level Criteria for Emergency Funds

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 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.

Use of Charge Accounts

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

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.

Approval Process

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. Oftentimes, DFS receives a report that a child has been seriously injured. In making the decision whether to petition for custody or not, DFS should consider the following variables:

a. Whether the perpetrator is known or unknown;
b. Whether there is a protective parent capable of making decisions;
c. Whether there is a medical finding that abuse/neglect is clearly indicated or whether it is a possible accidental injury;
d. Projected length of stay in the hospital;
e. Severity of injury;
f. Ability of parents to make major decisions about the child's medical treatment;
g. Safety of other children;
h. Whether appropriate relatives are involved and willing to protect the child; and
i. Police involvement and pending charges

H-2. In most situations, DFS should petition for ex parte custody of the injured child and the other children in the home when the following conditions exist:

a. Abuse/neglect is strongly suspected; and
b. Parents are suspected to have caused the injury or the perpetrator is unknown and parents/caretakers are suspects; and
c. The injury is severe

H-3. If it is not necessary for DFS to get custody, the caseworker will document reasons for this decision. In all situations regarding abuse or neglect where the parent is a suspect, DFS will complete an immediate safety plan for the injured child and other children or petition for custody.

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.

Life Ending Decisions

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

Case Closure

J-1. The Division shall close family cases in the following circumstances:

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.

SEE: Special Circumstances:

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.

When Parents Won't Cooperate

c. Parental rights of a child have been terminated and there are no other children in the home.

Converting to Child Only Cases

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.

Case Close Event

J-2. Utilizing the Case Closure Event, the caseworker shall list the original risk contributors plus any additional risk contributors identified during the casework process.

J-3. The caseworker will complete the Case Closure Recommendation event and include the following information:

- 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

FOCUS

J-4. Parents will be notified in writing of the decision to close their case.

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. 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:

Process As New Reports

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. Serious Injury - (Serious Injury/Death Notice), 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 - 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.

K-1.3. The following situations should be written as treatment notes: 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.	**Record in Notes Only** **FOCUS**
K-2. Emergency Placements	
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: 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 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. K-2.3. The caseworker will follow the procedures outlined in the policy on Preparation for Placement, as much as possible. K-2.4. The caseworker shall notify the parents of Agency's action and record in a FOCUS note.	**Emergency Placements** **FOCUS**
K-3. Out-of-State Placements	
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	**Out-of-State Placements SEE Administration**

visit with the child in their out-of-state placement at least once every six months.

K-4. Minor Mother/Baby

Minor Mother/Baby

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:

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).

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.

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.

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.

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.

K-5. Lack of Cooperation With Treatment

Lack of Cooperation With Treatment

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.

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 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. conducing 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. Determine if the parent is listed in the current telephone and cross - reference (street) directories for your locality.

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 Enforcement

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:

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.

FOCUS

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.

Intact Family

K-7.1. Intact family relocates to another region. Entire case is transferred.

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.

Parents Separate, No Children in Care

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.

Child Placed with Relative in Another Region

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.

Placement Cases

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.

Children in Placement in one Region, Parents live in Another

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.

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.

Parents live in Separate Regions, Children in Placement in Separate Regions

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.

POS or DDDS Placements

K-7.8. Purchase of Service Case (POS) or Division of Developmental Disabilities Services.

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.

Group Home, RTC, YRS Placements

K-7.9. Child placed in Purchase of Care group home/RTC/YRS institution, in region other than where the family resides.

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.

APPLA Cases

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

a. Close the family case
b. Open child only case
c. Send record to receiving region

K-7.14. Multiple children in family but only one child has a goal of APPLA

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.

K-7.15. Case transfer summary for any permanency goal change should include:

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

K-8. Case Closure When Parents Aren't Cooperative

Case Closure When Parents Aren't Cooperative

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:

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.

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:

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.

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.

K-8.4. The Assistant Regional Administrator will forward those names to the Treatment Program Manager, requesting the records be reviewed.

Regional Approval

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.

SEE: Abridged Case Closure

K-9. Abridged Case Closure

Abridged Case Closure

K-9.1. An abridged case closure may be completed in the following situations:

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.

L. Indian Child Welfare Act

L-1 Identification and Eligibility

In the course of collecting demographic data on a case, caseworkers shall ask the parent(s) and child if they have Native American heritage. This should be done at intake, investigation, placement and any time the permanency plan is changed.

If a family identifies as having Native American heritage and the child is subject of a custody proceeding as a result of abuse/neglect/ dependency, the caseworker shall ask the family what tribe the family is a member of or is eligible for membership in. If the family is unwilling or unable to identify Native American heritage, the worker shall follow-up with relatives. Efforts to determine Native American heritage must be documented in the case file and asked or revisited at any case decision point and in every court proceeding. The tribe must be a federally recognized tribe in order for the protections of ICWA to apply; however, caseworkers shall continue to search for and engage family members and make efforts to maintain cultural connections.

L-1.1. If the family identifies a specific tribe, the caseworker must contact the tribal contact within 24 hours (via phone or e-mail) to determine if the family is a member or if they would be eligible for membership. Contacts should be documented in case notes. Within 7 days, the caseworker shall send the tribe a letter providing information gathered on how the child is of Native American descent (extended family connections, for example who are tribal members) and requesting verification that the child is an enrolled member or eligible to be enrolled. This must be sent by certified mail with return receipt requested.

- *www.bia.gov*. Use this site to identify the tribe and tribal contact

Cases will follow ICWA procedures until the verification of Indian status is received by the tribe.

L-1.2. When no specific tribe can be ascertained, but ICWA eligibility is possible, the Bureau of Indian Affairs shall be notified by certified letter with return receipt required. If there is no federally recognized tribe identified, the caseworker will continue to follow policy that applies to all children and families where abuse/neglect/dependency is identified. If the family indicates that they are affiliated with the two Indian tribes in Delaware, the Nanticoke and Lenape, and they wish to have the tribe involved in planning or tribal families considered as a placement resource; the caseworker should contact the tribal leader for assistance in identifying families (look up each tribe on line and contact the chief using the contacts provided). The local tribe may also offer suggestions of services that are culturally appropriate and opportunities for the child to be connected to their heritage. These resources may also be accessible for any Indian child and family who is interested.

L.2 Investigation and Treatment Services

L-2.1. The caseworker should be aware that Reasonable Efforts to prevent removal of a child has a higher standard for Native American families. Called “Active Efforts” it is defined as affirmative, active, thorough and timely efforts intended primarily to maintain or reunite an Indian child with his or her family. For example, the caseworker must actively engage the family in services if they are referred for services. This may include providing transportation if needed. Other examples may include any and all concrete services provided to the family such as financial assistance, food, housing, and so forth, if needed. Caseworkers must actively engage the family when completing Family and Child Strengths and Needs Guide activities. Caseworkers are to provide direct assistance, not just referrals, to obtain services and resources. Including tribal representation in all planning is also considered an active effort. All efforts must be documented in the case and included on the family plan. The provision of Active Efforts also must be judicially determined should custody/placement occur.

L-2.2. The Team Decision Making Meeting (TDM) is another way to document efforts to prevent placement. The caseworker shall invite relevant tribal members to be part of the discussion.

L-2.3. If there is any indication that the child has Native American heritage or the child belongs to a federally recognized tribe, the caseworker shall provide the child and family info on ICWA and an ICWA contact person as well as Native American advocates in the community, and services available. The court shall also be notified that a child who is the subject of a custody proceeding may belong to a recognized tribe.

L.3 Foster Care and Pre-Adoptive Placement

L-3.1. If the result of the TDM is placement of the child, the caseworker must consider tribal placement. The preferred order of placement for Native American children includes:

- A member of the Indian child’s extended family
- A foster home licensed, approved, or specified by the Indian child’s tribe
- An Indian foster home licensed or approved by an authorized non-Indian licensing authority
- An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the child’s needs
- A placement that complies with the order of preference for foster care or pre-adoptive placements established by an Indian child’s tribe, in accordance with 25 U.S.C. 1915 (c). This requires the caseworker to ask the tribal contact if the tribe has an approved order of preference.

L-3.2. Preference options must be strictly followed. Placement of a Native American child into a non-Native American home is the last option after all other options are exhausted. When appropriate, the preference of the child and parent shall be considered. However,

parental preference alone is not sufficient reason for not following the placement preference requirement.

L-3.3. The caseworker shall document in case notes that each option was explored and the outcome of each.

L-3.4. As with any child needing placement, the caseworker will also consider the least restrictive setting, proximity to parents and the ability of the placement resource to meet the child's needs.

L-3.5. If the caseworker and supervisor believe that good cause exists for not placing the child in one of the placements in the order of preference, the caseworker/supervisor shall obtain an assessment by a qualified expert and seek approval from the court

L-3.6. Any party may assert that good cause not to follow the placement preferences exists, the reasons for such belief or assertion must be stated on the record or in writing and made available to the parties to the proceeding and the Indian child's tribe.

L-3.7. The party seeking departure from the preferences bears the burden of proving by clear and convincing evidence the existence of "good cause" to deviate from the placement preferences.

L-3.8. A determination of good cause to depart from the placement preferences must be based on one or more of the following considerations:

- The request of the parents, if both parents attest that they have reviewed the placement options that comply with the order of preference.
- The request of the child, if the child is able to understand and comprehend the decision that is being made
- The extraordinary physical or emotional needs of the child, such as specialized treatment services that may be unavailable in the community where families who meet the criteria live, as established by a qualified expert; provided that extraordinary physical or emotional needs of the child does not include ordinary bonding or attachment that may have occurred as a result of a placement or the fact that the child has, for an extended amount of time, been in another placement that does not comply with the ICWA.
- The unavailability of a placement and a determination by the court that active efforts have been made to find placements meeting the preference criteria, but none have been located. For purposes of this analysis, a placement may not be considered unavailable if the placement conforms to the prevailing social and cultural standards of the Indian community in which the Indian child's parent or extended family resides or with which the Indian child's parent or extended family members maintain social and cultural ties.
- The court should consider only whether a placement in accordance with the preferences meets the physical, mental and emotional needs of the child; and may not depart from the preferences based on the socio-economic status of any placement relative to another placement.

L4. Court Proceedings

L-4.1. State courts must ask each participant in an emergency or voluntary or involuntary child-custody proceeding whether the participant knows or has reason to know that the child is an Indian child. If a

new child-custody action (such as a proceeding to terminate parental rights, obtain guardianship or adoption) is initiated for the same child, the court must make a new determination as to tribal membership and eligibility.

L-4.2. If the child belongs to a federally recognized tribe, the caseworker must notify the parents and the tribe regarding State proceedings involving the child and their right to intervene. Tribes have the right to intervene in State proceedings or request a transfer to tribal jurisdiction.

L-4.3. When placement preferences are not followed, the court will determine that active efforts have been made to find placements meeting the preference criteria.

L-4.4.The court should consider only whether a placement in accordance with the preferences meets the physical, mental and emotional needs of the child; and may not depart from the preferences based on the socio-economic status of any placement relative to another placement.

L-4.5. A qualified expert witness, not the child's caseworker, must testify as to best interest of the child to not follow placement preferences.

L-4.3. Either parent, the Indian custodian, or the Indian child's tribe may request, orally on the record or in writing, that the State court transfer each distinct Indian child custody proceeding to the tribal court of the child's tribe.

L-4.4. Upon receipt of a transfer petition the State court must promptly notify the tribal court in writing of the transfer petition and request a response regarding whether the tribal court wishes to decline the transfer. The notice should specify how much time the tribal court has to make its decision; provided that the tribal court has at least 20 days from the receipt of notice of a transfer petition to decide whether to accept or decline the transfer.

L-4.5. The court shall determine good cause in cases where the state court denies the transfer.

L-4.6. The caseworker shall close the case once the case is transferred to tribal court.

L5. Tribal Rights and Responsibilities

L-5.1. If a child is determined to be a member or eligible for enrollment in a federally recognized tribe, the tribe has a right to the following:

- Be informed of all progress and proceedings regarding the child
- Determine placement (tribal home)
- Allow the placement of a child by the local department
- Intervene in court proceedings including TPR and adoption proceedings

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

4.1 Foster Care/Is Initial Placement Appropriate? Is Child Safe?
4.2 Pursuing Resources for Children in Foster Care (Financial Resources)
4.3 Child Well-Being & Safety
4.4 What Is the Appropriate Permanency Goal? (Court Action)
4.5 Reunification Achieved/Is Child Safe? (Court Action)
4.6 Do Conditions Exist for Expedited TPR? (Court Action)

Decisions:

A. Selecting the most appropriate placement to meet the child's needs.

B. Obtaining the appropriate financial resources for children in care.

C. Developing and implementing a plan that will meet the child's needs for well-being, and safety.

D. Developing and implementing the appropriate permanency goal.

E. Determining if there is justification for expedited termination of parental rights (TPR).

F. Determining that a child should be returned home, and preparing for successful reunification.

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.	**Petition 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.	
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.	**Court Petition and Determination**
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.	**SEE Case Decision #3: Treatment**
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.	**Emergency Placements**
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	**Consider Relative Homes First**

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.

Keep Siblings Together

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.

Selecting the Placement

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

Relatives

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;

Shelter Placements

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.

A-13. The caseworker will consider placement in a foster home for the following reasons:

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

Residential Group Home

A-14. The caseworker will consider placement in a residential group home for the following reasons:

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.

Treatment Facility for ED Children

A-15. 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.

A-16. The caseworker will consider out-of-state placement for the following reasons:

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.

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.

Court Action

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.

Relative and Non-Relative Approval Process

A-20. A review of DELJIS *will* be conducted for:

a. 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);

b. 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:

a. 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, <u>and</u> Division staff perceive that safety issues exist. The safety issues may be case related or personal.

b. 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

B-1. **Relative Placement**

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.

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.

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.

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.

B-1.5. The Home Assessment should include a review of the following areas:

- 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.

B-1.6. A foster home coordinator will complete Part II of the Home Assessment after the child has been placed in the home.

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 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.

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.

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.

B-2. **Non-Relative Placement**

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.

B-2.2. The Home Assessment procedures described above for relative placement must be followed for non-relative placements as well.

B-3. **Bedroom and Sleeping Arrangements**

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.

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.

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.

C. Family Visitation with the Child

C-1. The primary purpose of visitation is to maintain the parent-child attachment, reduce a child's sense of abandonment, and preserve their sense of belonging as part of a family and community. A child needs to see and have regular contact with their parent(s), as this relationship is the foundation of child development.

Visitation is fundamental to permanency. It facilitates permanency planning, promotes timely reunification, and helps in the decision-making process to establish alternative permanency plans.

Maintaining family connections has life-long significance for a child. Visitation maintains their relationships with siblings and others who have a significant role in a child's life. When a child loses family connections, they also lose family history, medical history, and cultural information. Even when reunification is not likely, parents, siblings and extended family continue to be important in a child's life.

C-2. The family's visitation plan should be developed jointly by the caseworker and the parents or guardians, and in consultation with the child's attorney, the child's tribe if the child is an Indian child, the child's foster parents, and where appropriate, the child. The Visitation Plan shall be clearly documented in both the Family Service Plan and the Child Plan.

The Visitation Plan must contain the following elements:

- Date the plan starts;
- Person to be present for visits (parents, siblings, grandparents, kin, etc.;
- Frequency;
- Arrangements for monitoring or supervision if necessary;
- Visitation location;
- Transportation arrangements.

C-3 . The caseworker, in conjunction with the parents, determines the location of the visit. Visits may take place in the family home, foster home, DFS office, recreational or other areas suitable for the purpose of the visit. It is important to find ways for the parent and child to have natural interactions.

Possible objectives for family visits may include:

- Establishing and/or strengthening the parent-child relationship;
- Instructing parents in child care skills;
- Helping parents become involved in the child's school, church or community activities;
- Helping parents gain confidence in meeting their child's needs.

Visitation

Ideally, visits should involve parents in routine activities of parenting, such as attending the child's school functions, special occasions and medical check-ups.

C-4. Fathers have a significant impact on the lives of their children, and should receive equal consideration and involvement in visitation. They should also be kept equally informed about their child's appointments and activities.

C-5. When a child's parent is incarcerated, special arrangements will be necessary to support visitation. If the parent's incarceration was related to abusing a child, the impact of contact with the parent(s) on the child will need to be assessed. A therapist's assessment and recommendation should be considered before implementation of the visitation plan.

A child should be prepared about the contact they will have with a parent in prison. They should know if contact with the parent will be via telephone or if they will be seeing their parent in a small room versus a large room with other inmates.

C-6. For youth aging out of foster care, increased visitation with their family is key to determining which family members will be a supportive resource to them when they leave.

C-7. All contacts between a youth and their family must continue to be documented in FACTS using a treatment note.

C-8. Visitation should not be used as a punishment or reward. Increased or reduced visitation should be related to an assessment of safety, and not linked to other measurements.

C-9. Visitation between a youth and their family can only be suspended by DFS for two reasons:

- Continued contact present safety concerns for the youth
- Continued contact with the family would not be in the best interest of the youth

C-10. If the family or youth decides that they no longer want to have continued involvement, this must be clearly documented in the record. Efforts to resolve the issues surrounding the decision to cease contact must be documented as well.

D. Medical Consent and Health Care

Medical & Mental Health Treatment

Obtaining Consent for Treatment

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.

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:

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:

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.

Informed Consent

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:

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; and

d. Information about behaviors known to pose risks for transmission of HIV infections.

Risk Factors for HIV

D-8. A child is high risk for infection with HIV if any of the following criteria apply.

D-9. Mother of child or mother's sex partner(s) have any of the following risk factors since 1978:

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.

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

Newborns at Risk Of HIV

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.

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.

Child At risk of HIV (up to age 12)

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.

Identifying Parental & Child Risk Factors

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.

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.

When Caseworker May Sign Informed Consent

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.

Sharing HIV/AIDS Information With Foster Parents

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.

Psychiatric Treatment for Children in DFS Custody

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.

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				√		Child signs

control (12 years old, and older)						
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

Financial and Medical Resources for Children in Out-of-Home Care

E-1. The caseworker/FSA will notify via e-mail both the assigned Medicaid social worker and the DMSS eligibility unit supervisor that a child has entered out-of-home care on the day the child enters care. 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.

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).

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:

a. Department of Homeland Security Documents
b. Green Card (I-551, I-151)
c. INS Documents
d. US Citizenship & Immigration Services Documents

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.

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.

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)

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.

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:
    - The foster child is expected to be in care for a short period of time or before the child support obligation

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.

Social Security Benefit Applications

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 on behalf of the child and DSCYF.

Level of Care Survey

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.

Changing the Level of Care

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 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	Initial Determination 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. Redetermination – Child Plan 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.	Initial Determination -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". Redetermination – Child Plan -Court order documenting parent(s) whereabouts are unknown. -Other reliable source Documentation in client's file or FOCUS
Death of One Parent	Initial & Redetermination One natural or adoptive parent is deceased.	Initial & Redetermination Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FOCUS.
Death of Both Parents	Initial & Redetermination Both natural or adoptive parents are deceased.	Initial & Redetermination Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FOCUS.

Incapacity/Disability	Initial & Redetermination One or both natural or adoptive parents (residing in the home the child was 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.	Initial & Redetermination Is parent receiving SSI? - Medical records - 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	Initial & Redetermination 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: - 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. Redetermination – Child Plan 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: - 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.	Initial & Redetermination 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.
Un-established Paternity	Initial & Redetermination	Initial & Redetermination

	Father of the child has not been identified/paternity in question	-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.
Incarceration of One Parent	Initial & Redetermination One of the natural or adoptive parents is incarcerated (jailed).	Initial & Redetermination Statement from family members or neighbors; court documents or other reliable source. Documentation in client's file or FOCUS.
Incarceration of Both Parents	Initial & Redetermination Both of the natural or adoptive parents are incarcerated (jailed).	Initial & Redetermination Statement from family members or neighbors; court documents; or other reliable source. Documentation in client's file or FOCUS.
TPR	Initial & TPR 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.	Initial & Redetermination 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

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.

F-2. The caseworker will complete the Child Plan as follows:

Child Placement Plan (Immediate) 5-Day Plan

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.
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.

Child Plan Developed Within 30 Days

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.

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.

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.

Determine Deprivation

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.

Child Plan Review

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.

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.

Rights of Children in DSCYF Custody

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.

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.

Document Exceptions to Required Participants

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.

Distribute Copies to All Parties

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.

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.

Educational Services

F-6. Educational services provided to children should be appropriate for age and emotional development.

F-7. The caseworker will:

Ensure school enrollment

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.

Advocate for appropriate educational services

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.

Obtain current grades and school records

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.

F-8. The caseworker will participate in school conferences and encourage the parent and caretaker to also attend.

Approval for Private School Enrollments

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 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.

Special Educational Needs

F-10. A child in Division out-of-home care who does not have a parent available and willing to advocate for special educational needs is entitled to receive the services of an authorized Educational Surrogate Parent. Neither caseworkers nor caretakers may sign individual education plans but may assist the school in getting the parent(s)'s signature.

Request an Educational Surrogate When Parents Are Unavailable

F-11 . If a child's parent(s) are unknown or unavailable and the child has been determined to need special education services, the caseworker will complete an Educational Surrogate Parent Program Referral Form and forward it to the Educational Surrogate Parent Coordinator, sending a copy to the school district's special education supervisor. In some cases, foster parents may be willing to consider becoming educational surrogate parents and should be referred to the Education Surrogate Program.

F-12 An Education Decision Maker can be appointed by the Court for any child who is abused, dependent, neglected, delinquent, or who is in the Department's custody who does not have an available parent or guardian or the court finds it is in the child's best interests to limit a parent's rights to make educational decisions for the child.

The Education Decision Maker is a responsible adult who is known to the child and willing to serve as the child's Education Decision Maker. A Court Appointed Special Advocate (CASA) volunteer may serve as an Education Decision Maker.

If a child's parents are unknown, unavailable, or it's in the best interests of the child to limit a parent's or guardian's ability to make educational decisions, the caseworker will discuss with the Deputy Attorney General (DAG) the need for an Education Decision Maker.

The Education Decision Maker makes appropriate inquiries and takes appropriate action regarding the child's educational stability or educational placement, school discipline matters, transition planning

for independent living, education services and accommodations that will allow the child to meet state standards, consent to or prohibit the release of information from the child's school records as a parent in accordance with the Family Educational Rights and Privacy Act, and make educational decisions based on the best interests of the child. The Education Decision Maker will notify the Division if a child is suspected of having a disability. The Division shall request an Educational Surrogate Parent for special education purposes.

The caseworker will explore with the child and family if there is a responsible adult relative or other adult known to the child who is available and willing to serve as the child's Education Decision Maker. The CASA may be appointed as the Education Decision Maker. The Caseworker and Education Decision Maker will work together to ensure the child's educational needs are being met.

An Education Decision Maker may serve as an Educational Surrogate Parent if they meet the qualifications. If a child is already assigned an Educational Surrogate Parent, the Court may appoint an Education Decision Maker to make all educational decisions relating to the child that are not the responsibility of the Educational Surrogate Parent.

G. Caseworker/Foster Child/Family Contact Schedule

Caseworker Contact

G-1. All placements will be made by the child's caseworker whenever possible. Within five working days of a child's placement with a foster family, the caseworker responsible for the child shall visit the child and the foster family at the foster home. For all other out of home placements, a follow-up contact must be made within 5 days by the child's caseworker.

G-2. Exceptions to this will be children placed after hours. These children will be contacted by the assigned worker on the next working day and visited within 5 working days of the contact. This visit shall occur in the foster home with one or both foster parents included.

G-3. The caseworker will maintain consistent, regular contact with children under the care, custody and supervision of DFS and placed in out-of-home care. The purpose of this contact is to build relationships with the child, help bridge gaps between the child and the parent, support the child in his out-of-home placement and to ensure the child's safety in their current placement.

G-4. After the initial visit, all children residing in out-of-home placement must be seen in their current placement according to the process outlined in the attached chart. A minimum of 7 out of every 12 monthly contacts must occur in the child's current placement.

G-5. Although the majority of visits (a minimum of 7 out of 12) with the foster child must occur in their current placement, all other contacts may occur at sites other than the foster home (i.e., school, clinic).

G-6. If a foster child has been returned to their original home for a trial reunification, they must still have a monthly visit in their home. The monthly visits will continue until such time as DFS relinquishes custody of the child. Visits from that point on will comply with the visitation schedule established between the DFS worker and their supervisor.

G-7. With supervisory approval, the Family Service Assistant or another caseworker in the same unit may visit the child in their placement instead of the child's caseworker. The supervisor must document his/her approval on a note in FOCUS.

G-8. All monthly visits with the foster child must be completed confidentially, thereby providing the child with the opportunity to discuss any safety concerns they may be experiencing. IN addition to discussing safety in their living environment, in the family, or with their own family, the worker (POC and/or DFS) must also discuss any issues, fears and concerns the child may have. While meeting with the child, the worker must discuss issues, objectives and goals identified in the Family Service Plan and the Child Plan as they relate to the child. If services are in place for the child, there should be some discussion as to progress, and whether there is a need for additional services. This discussion should take place with the foster parents as

well, although this discussion must be separate from the discussion with the child. A summation of each contact between the child and the caseworker must be documented in a treatment note, including an impression of the child's safety.

G-9. All monthly contacts between the child and the worker must be written in a running treatment note labeled "Monthly Foster Care Contact." In the event that an FSA makes the monthly contact, the FSA must create a separate treatment note in the FOCUS record also titled "Monthly Foster Care Contact – FSA". If another worker in the unit will be making the contact, they should create their own note in the FOCUS record and label it "Monthly Foster Care Contact – insert their name".

G-10. Workers and supervisors may use their own discretion to determine if they want to create a separate "Monthly Foster Care Contact" note for each child in the home or if they want to create one note per family. If the worker chooses to create one note per family, the contact with each child must be clearly identified as well as a summary of the contact, including any safety concerns, a discussion regarding applicable issues, objectives and goals in the Family Service Plan and Child Plan, a discussion of any services that are in place for the youth, and an assessment of the youth's safety.

G-11. If a child has been placed in an out-of-state placement, the worker must include a request for monthly in-home contacts on the ICPC 100A form and that a copy of those monthly reports be forwarded to the Division of Family Services.

Contacts with children in contracted or group placements

G-12. If a youth is in a Purchase of Care placement, the contractor is responsible for making monthly contact with the youth in their residence. The POC worker will provide a summary of each monthly contact to the youth's assigned DFS caseworker. This summary should be cut and pasted into a separate log entitled "Monthly Foster Care Contact – POC)".

G-13. DFS is required to visit children in their purchase of care placement, or out-of-state placement every six months. A summary of the contact is entered in FOCUS. (See G-8 for summary content.) A report is sent to the parents' supervising agency if residing in another state.

Children in Mental Health or Delinquency Placements

G-14. Children who are temporarily out of their placement either receiving mental health treatment in a psychiatric hospital or temporarily detained as a result of criminal charges need not be visited within five days; however, the caseworker must continue the contact schedule previously in place for that child.

Alternative Planned Permanent Living Arrangement

G-15. For children in an alternative planned permanent living arrangement with a signed agreement, the caseworker will visit monthly.

G-16. While separated from the family, any positive relationships the child may have had with family members and within their community should be maintained if those relationships are in the best interest of the child.	

FOSTER CARE CONTACTS

Placement Setting	Contact Frequency	Who is Responsible
Within 5 days of placement – All placement settings.	Child is visited in their placement. For children placed after hours, phone contact the next working day and visited within 5 working days of that contact. Visit must include one or both of the foster parents/caretakers.	DFS Caseworker
Ongoing Visits After Initial		
DSCYF or DFS Custody - In State Placement Setting		
• Relative/Non-Relative • DFS Foster Care/Pre-Adoptive Homes • Group Care • Ferris School/Detention • Hospitalization/RTC	Monthly contact. The majority of the monthly contacts must be in the child's current placement and completed confidentially.	DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FOCUS.)
Purchase of Care Placements		
• Foster Care Homes • Pre-Adoptive Homes	A) Monthly contact in child's residence and completed confidentially. B) Contact every six months in the child's residence and completed confidentially.	A) POC Worker B) DFS Caseworker
Out of State Placement Settings (ICPC)		
• DFS • Pre-Adoptive • Involving Other DSCYF Divisions (YRS/PBHS)	A) Monthly contact in child's residence and completed confidentially. B) Contact every six months in the child's residence and completed confidentially.	A) POC Worker or Public CPS Agency Worker (monthly contact to be requested in the 100A). B) DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FOCUS.)
Non-DFS Placement within the State		
• DDDS placement	Monthly contact. The majority of the monthly contacts must be in the child's current placement and completed confidentially.	DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FOCUS.)
Trial Reunification		
• Returned home in DFS custody	Monthly contact until such time as the Court relinquishes custody. The majority of the monthly contacts must be in the child's residence and completed confidentially.	DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FOCUS.)

H. Case Management and Monitoring the Child in Care

Role of the Caseworker With Foster Parents

H-1. The family caseworker shall:

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.

FOCUS

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.

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.

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.

Visitation: Maintaining Family Ties

H-5. 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. The purpose of the parent/child visit is to:

a. Maintain family relationships.

b. Maintain psychological ties between parent and child.

c. Prepare for reunification.

Keep the Parents Informed About Their Child

H-6. The caseworker must keep both parents informed of the child's adjustment and placement including the following:

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.

I. Prepare All Parties for the New Placement

Preparation for Placement

I-1. The caseworker placing a child must prepare the child for placement as follows:

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.

Child

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.

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.

SEE: Meeting the Child's Needs

j. Obtain psychiatric and/or psychological evaluation if need is indicated.

Prepare the Family

I-2. The caseworker placing the child must prepare the child's family for the child's placement as follows:

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.

Obtain Current Information About the Child

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.

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 compete 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.

I-5. Inform legal parents of their rights and responsibilities.

I-6. Inform the family of the caseworker's continued contacts and role with them and the child.

Prepare the Relatives

I-7. If the child is being placed with relatives, the placing caseworker must prepare relatives for placement of a child as follows:

1) Provide information (if necessary) concerning the child, their personality, habits, abilities, etc., using the Guidelines for Sharing Information with Foster Parents and Other Placement Resources. Supply a completed copy of the Initial Information for Placement form.

2) Explain fully the agency's role and expectations, including appropriate methods of discipline.

3) Provide details concerning financial arrangements, clothing, medical and dental care.

4) Inform the relatives of the visitation schedule that has been established. Visits by parents should be explored and agreed upon prior to placement.

Prepare the Foster Family

I-8. If the child is being placed in a foster home, the placing caseworker must prepare the foster family for placement as follows:

a. Supply the provider with the following at the time of placement:
   1). Transfer Instruction Sheet
   2). Foster placement verification letter from DFS (on applicable county letterhead) stating the child is in the care of the provider)
   3). Current Medicaid card (if available)
   4). Medication(s) (if applicable)
   5). Clothing Inventory form
   6). Initial Clothing Allowance (if necessary)
   7). Consent to Examination, Treatment – Information form
   8). Copy of the Foster Care/ Placement Checklist form

b. Additional documents to be supplied to foster parents within five days include:
   1). Level of Care (LOC)
   2). 5-Day Plan
   3). W.I.C letter (for children under 5 years of age)
   4). "Life Book" envelope
   5). Copies of Immunization records, Custody Order
   6). Copies of birth certificate and social security card.

Enroll the Child in School

I-9. Within five days, the treatment work will enroll the child in school with the foster parents' assistance. The items needed for enrollment are a copy of the child's Birth Certificate, immunization records, foster parent verification letter, foster parent's proof of residency, and a copy of the child's Social Security card.

I-10. Additional documents to be supplied to foster parents within thirty days include:

1) Child Plan (30 days)
2) Individualized Educational Plan (I.E.P.), if applicable
3) Report Card
4) Most Recent Physical

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:

Foster Care/ Placement Checklist

Meeting the Child's Needs

a. Make every effort to obtain the child's own clothing and personal belongings.

b. Evaluate with the foster parent the quantity and quality of clothes, which the child brings with him to the placement.

c. 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.

d. 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.

e. 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.

Caseworker Monitors Adequacy of Clothing

f. 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.

g. 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.

FOCUS

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.

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.

Graduation Expenses

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.

Incidentals/ Child's Allowance

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.

J. Transition from Placement

J-1. To support all parties involved in the transition, the caseworker will:

a. 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.

Schedule Transitions In Advance

b. 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.

Prepare the Child and Caregiver for the Separation

c. When the plan following termination of placement is continued placement in another home or facility, prepare the child for placement.

SEE Appeals/Fair Hearings

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.

Transfer Instruction Sheet

f. Inform the foster parents about the appeal process should they disagree with the plan for the child.

FOCUS

g. Remove the child from care on FOCUS.

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.

Planning for Return Home

Prepare the Child Through Frequent Visits

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

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.

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.

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.

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:

a. Assist the child in understanding how his family has been able to plan for his return home.

n. Assist the child in working out feelings about separation from his foster family.

o. Arrange more frequent and/or extended visits as the return home approaches.

p. Plan for continued visits with the foster family if such visits are desirable and feasible.

q. 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.

Transfer All Documents About The Child

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.

Provider Request to Change Placement

K. Special Circumstances

K-1. Out-of-State Placements

Out-of-State Placements

K-1.1. When Delaware is the receiving state and the maltreating parent or caretaker is not 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 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 Del.C. §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 latter 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 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 From 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.

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.

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.

K-2. CHANGES THAT MAY AFFECT PLACEMENT

K-2. Minor Mother/Baby

Minor Mother/Baby

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.

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.

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.

K-3. EXTENDING FOSTER CARE BEYOND AGE 18

Extending Foster Care Payments Beyond Age 18

High School Students

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.

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.

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.

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.

GED Programs

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.

K-3.3. The youth's caseworker will be notified as to whether their request is approved by the Regional Administrator.

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.

K-4 EXTENTIONS FOR YOUTH RECEIVING SOCIAL SECURITY

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.

K-4.2 In arranging for board extensions for a youth who receives social security, the caseworker will:

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.

Extensions for Youth Receiving Social Security

K-5. CONVERTING TO CHILD ONLY CASES

Converting to Child Only Cases

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.

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.

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.

Permanency Committee Role In Closing Family Cases

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.

FOCUS

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.

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.

K-6 MEDICAL/DENTAL RECORDS FOR YOUTH EXITING CARE AGE 18 OR OLDER

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.

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.

K-6.3. To the extent available and accessible, the health and education records of the youth should include:

- 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

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.

K-6.5. The Division of Family Services will not charge the youth for copies of their health and educational records.

L. Required Case Reviews

L-1. **Permanency Planning Committee:** When a child has not been reunited with his family within 9 months of entering foster care or has been in care for a total 9 out of 16 months, the case should be referred to the Permanency Planning Committee for review of the permanency options for that particular child and goal recommendation. This recommendation will be presented to Family Court at the next Permanency Hearing for the child.

In addition to reviewing cases meeting the criteria above, the Permanency Planning Committee should be reviewing a case any time there is a consideration of a goal change, regardless of the time that the child has been in care.

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.

SEE: Case Decision #5: Permanency

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.

Caseworker Responsibility

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 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.	

Section N. Prudent Foster Caregiver Standards

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.

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.

N-4. At each permanency hearing DFS will document the steps the agency is taking to ensure that:
•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)

N-5. 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
- 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

A-1. The PPC will be comprised of the following people:

a. The Regional Administrator (Chairperson)
b. The Assistant Regional Administrator (Vice Chairperson)
c. The Permanency Supervisor in the region (May not vote on cases in the unit supervised by them)
d. One (1) Supervisor not directly involved with the case
e. The Program Manager of Adoption Services or designee
f. The Deputy Attorney General for the county (non-voting member)
g. A Foster Care Supervisor
h. The Permanency Coordinator
i. Representative from the Division of Youth Rehabilitative Services
j. Representative from the Division of Prevention and Behavioral Health.
k. The DFS Psychologist, Office of Evidence Based Practice
l. The Regional Administrator may appoint a TPR/Adoption permanency worker, other supervisors, and may invite professionals representing other disciplines, as appropriate, to join the Committee permanently or on an as needed basis. These additional members will not be voting members unless appointed as permanent members to the committee.

A-2. The Regional Administrator, or designee, is the chair of the Committee in each Region. Assistant Regional Administrators are Vice Chairs and act as the chair in the absence of the regional Administrator. Permanency Supervisors may be designated as the chair of the committee in the region where a permanency unit is located.

A-3. The Regional Administrator or designee will establish a monthly meeting date for the Committee. The group may meet more often if the need arises. Staff in the region will be informed of the meeting dates. If the Committee needs to review a pressing case outside of the regular Committee meeting, they may do so in person or via teleconference, as long as a quorum exists. Meetings can only be cancelled by the chair or designee if there are no cases to review.

A-4. The Committee Chair will be responsible for running the meeting and will follow the rules of order with regard to information presentation, discussion, and voting. The minimum number of voting committee members required for a committee meeting shall be five (5). In the event of a tie in voting, the Regional Administrator will break the tie.

A-5. The Permanency Coordinator or designee will write the notes from the meeting to enter into the FOCUS case within 14 work days of the meeting.

A-6. Once the caseworker and supervisor have completed the referral, the committee chairperson or designee will confirm the acceptance of the referral via FOCUS and will notify the worker and the supervisor of the review date and time.

A-7. The chairperson or designee will distribute PPC referrals and supporting documentation to committee members five working days prior to the committee meeting or caseworkers will bring copies to the meeting to distribute as needed. The referrals may also be reviewed in FOCUS.

A-8. The PPC shall discuss the case based on the presented information and decide whether to recommend a change in goal. In addition, the PPC may defer the decision, and may outline further steps to be taken in working with the parents, or may recommend another course of action in the case such as concurrent planning. Concurrent planning typically allows for more than one goal to be pursued at the same time. If policy or statute exists for a particular permanency option (termination of parental rights, adoptive resource, guardianship), the Committee will follow the decision-making guidelines stated in those policies or laws.

A-9. If the PPC recommends the family service plan and the child's plan change from reunification to another permanency goal, compelling reasons for the goal change and reasons why other permanency options have been ruled out will be documented in the PPC notes.

A-10. If the PPC recommends the goal of TPR and it is not appropriate to attempt reunification with a parent, the Division's recommendation not to provide reasonable efforts to reunify the child with the family must be submitted to Family Court for approval.

A-11 If TPR and adoption is the chosen goal, the PPC shall discuss possible adoption options such as kin, fit and willing relatives, foster family, family friends, and others who may have expressed an interest.

A-12. A case can be referred to the PPC at any time to review permanency options or to obtain case permanency guidance. However, when a child has not been reunited with his family within 9 months of entering foster care, or has been in care for a total of 9 out of 15 months, the case PC recommend the most appropriate permanency option for the child.

A-13. If the next scheduled court hearing is a Review Hearing, the caseworker may refer the case to the PPC after that hearing and at least 30 days prior to the permanency hearing for a goal recommendation.

A-14. The Permanency Coordinator will track all foster children needing a PPC review and will keep the regions informed.

A-15. Once a permanency goal has been decided by the PPC, any further change in the goal requires a new review and decision by the PPC.

A-16. The Supervisor shall direct the caseworker to refer the case for review by the PPC by the 9th month of foster care or if the child has been in foster care nine (9) out of fifteen (15) months for an agency recommended permanency goal.

A-17. The caseworker shall complete the PPC Referral Event in FOCUS for all permanency options other than adoptive resource approval and subsidized permanent guardianship. If the caseworker is recommending Permanent Guardianship Assistance/Subsidy, the caseworker shall also complete the Guardianship Referral Event and not the regular PPC referral in FOCUS. The caseworker and supervisor will assign the Event to the committee chair or designee in the region ten working days before the scheduled PPC meeting.

A-18. In cases where the parent resides in one county and the child(ren) in another, the caseworker referral shall be sent to the committee chair or designee in the county in which the parent resides for that Committee review. If there are siblings residing in different counties, the caseworker shall refer the case to the county where the parent resides or where the family case is open.

A-19. The caseworker shall complete the Adoption Placement Resource Review Even when the selection of an adoptive resource is being sought.

A-20. The caseworker shall include the following in the PPC referral:

- Brief description of why and when the child entered care
- Summary of case plan elements and parent progress
- Best interest and wishes of the child
- Brief description of the child
- Efforts in exploring relatives for placement and/or support
- Caseworker's recommendation

A-21. The caseworker shall present a brief case summary using the PPC Checklist as a guide and will bring copies of significant documents (case plans, letters, e-mails, etc.) for PPC members to review).

A-22. For a child in Purchase of Service/Purchase of Care resource, the caseworker will discuss with the contracted worker the need to present the case to the PPC prior to the referral being made. The Contractor may also initiate this discussion if he/she believes other permanency options need to be explored for the child.

A-23. The caseworker and supervisor are responsible for ensuring that key participants in the case, i.e. the CASA, PCA, the contracted agency worker(s) if applicable, the foster home coordinator, and foster parent(s) are invited to participate in the review.

A-24. Once the goal is approved by PPC, the caseworker shall ensure that it is presented in Family Court for judicial approval and subsequently changed on the case plan. The new goal will be used during any agency review of the case.

B. Termination of Parental Rights (TPR)

B-1. If legal grounds exist to TPR as stated in 13 Del Code Ch. 11 and it is in the child's best interest to do so, the Permanency Committee will recommend a change in goal. This recommendation will be presented to Family Court at the permanency hearing.

Other Permanency Options

B-2. If TPR and adoption are not in the best interest of the child, the Permanency Committee may recommend alternative permanency options specific to the individual case. TPR may be pursued but is not required under the following types of situations:

a. The child is in the care of an approved relative; or

b. The Division has not provided or did not have adequate resources and services available to fulfill the requirements of the case plan to facilitate reunification of the child; or

c. There are one or more compelling reasons not to pursue TPR. Following is a list that is to be used as a guide in decision-making. However, each case decision needs to be made individually based on the specific factors of the case and the child's best interest.

- Parent(s) are making progress in treatment and/or are complying with their case plan with the expectation of successful completion within the next six months. and there is an existing relationship between the child and the parent(s).
- The Division is working with relatives to develop a plan of custody and/or guardianship with an expectation that it will be achieved within the next six months.
- The child is 12 years of age or older and has been diagnosed with a mental illness requiring long term treatment, has serious delinquency charges or has a history of delinquent acts that would seriously hinder locating an adoptive resource.
- The child is 12 years of age or older, has a relationship with his/her family and does not wish to be adopted.
- The parent is incarcerated or is hospitalized, with release expected within the next 6 months; the child has an existing relationship with the parent, and the parent will be able to assume parenting responsibilities upon release.

Grounds for Termination of Parental Rights

B-3. The grounds for termination are as follows:

a. The parent(s) desires to relinquish such parental rights for the purpose of adoption; or

b. The child has been abandoned; or

c. The parent(s) is/are found by the Court to be mentally incompetent and, from evidence of two qualified psychiatrists selected by the Court, found to be unable to discharge parental responsibilities in the foreseeable future; or

d. The parent or parents of a child have been found by a court of competent jurisdiction to have:

1) committed a felony crime against a person in which any child is a victim, or

2) aided, abetted or conspired to commit such a crime stated in Chapter 11, Section 1103 (4) a, or

3) committed the offense of Dealing in Children; or

e. The parent(s) is/are not able or has/have failed to plan adequately for the child's physical needs or his/her mental and emotional health and development, and one or more of the following exists:

1) The child has been in the care of the Department or licensed agency for a period of one year, or for a period of six months in the case of a child who comes into care as an infant, or there is a previous placement history of this child; or,

2) There is a history of neglect, abuse or lack of care of this child or other children by this parent; or

3) The parent is incapable of discharging parental responsibilities because of extended or repeated incarceration, except that the court may consider post-conviction conduct of the parent(s); or

4) The parent is not able or willing to assume legal and physical custody of the child and pay child support; or

5) Continuation of the relationship between the child and parent would result in physical risk to or emotional instability of the child.

f. Previous involuntary termination of parental rights of another child.

B-4. The Committee's recommendation will be documented within 14 days of the meeting by the Permanency Supervisor or their designee, in the Permanency Committee Review Event in FOCUS.

FOCUS

B-5. The parents may appeal the Permanency Committee recommendation of TPR in Family Court.

B-6. When the goal has been changed to TPR, consultation with the DAG should occur. If visitation is part of a Family Court order, any changes in visitation need to be approved by Family Court.

ASFA deadline

B-7. Petitions for TPR should be filed as expeditiously as possible, but no more than three (3) months after the Permanency Committee decision, or in accordance with the Family Court order. If the deadline under the Adoption and Safe Families Act is approaching, the petition should be filed as soon as possible.

However, the TPR petition ***must*** be filed at the 15th month for children in care 15 out of 22 months. In calculating when to file a petition for termination of parental rights, the State will not include trial home visits or runaway episodes in calculating 15 months in foster care. Exceptions or compelling reasons for not filing the TPR petition will be noted in the Permanency Committee notes.

B-8. Delaware Code requires a petitioner for termination of parental rights or adoption regarding a child less than one (1) year of age to obtain a certificate of search of the registry if the father – child relationship has not been established (13 Del. C. § 8-421). The form "Request to Search Registry for Paternity" should be completed by the worker preparing the TPR petition. When a search is requested, the Office of Vital Statistics completes the search and provides a certificate to the requester. When the certificate is obtained, it should be filed with the court as an exhibit to the TPR petition.

B-9. The Termination of Parental Rights petition and social report will be prepared by the assigned treatment worker. In Purchase of Service cases, the private agency social worker will be assigned to prepare the petition and social report.

B-10. The assigned treatment worker shall prepare the petition and accompanying documentation in accordance with 13 Del. C. Ch.11 §1105.

6 Month Reports

B-11. In any case in which a petition for the termination of parental rights has been filed, and the Department is a party to the proceeding, a social report will be completed and sent to Family Court two weeks before the first scheduled hearing or as required by Delaware Code Title 13. When TPR is pursued on the grounds of abandonment, the social report must be filed with the TPR petition.

B-12. Once the Court has transferred parental rights from the parents to the Department/ Division, the permanency worker will submit to the Court a brief report on the progress of establishing permanency for the child.

Conditional TPRs

B-13. The report will be submitted to the Court in the county in which parental rights were terminated. The report is due by each six (6) month anniversary of the date of the order terminating parental rights until the child is finalized in adoption or reaches age 18.

B-14. The Division will not accept conditional voluntary Termination of Parental Rights except in limited circumstances.

B-15. Abandonment shall be interpreted as referring to any child who has not received reasonable and consistent financial support from his/her parent, has not had regular communication or contact with his/her parent, and for whom his/her parent has not manifested an ability and willingness to exercise parental responsibilities. For application, refer to Delaware Code, Title 13 § 1103.

B-16. Abandonment shall also be interpreted as referring to a single act of placing an infant in a circumstance which presents substantial risk of injury or death. Examples are placing an infant in a trash can, leaving an infant in a train or bus station, or leaving the infant where exposure to the weather could result in death.

C. Concurrent Planning

C-1. The goals of the Concurrent Planning are:

- 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.

GOALS

C-2. Concurrent planning occurs in all stages of service provision to families active with the Division of Family Services.

- 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.

Case Assignment

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 Management

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 Duties

	Treatment Worker	***Permanency Worker***
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)

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:

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.

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.

Family Court Permanency Hearing

SEE Court Action

SEE Appeals/ Fair Hearings

Permanency Hearing Scheduled Every 12 Months

D-2. For the purpose of this requirement, a permanency hearing shall determine:

a. 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 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 placement continues to be appropriate and in the best interests of the child, and,

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.

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.

Motion Filed 30 Days Prior

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).

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.

E. Exploring Adoptive Resources

E-1. A child for whom DFS has approved the goal of TPR/adoption needs the permanency of adoption as soon as an appropriate adoption resource can be identified. When no relative is appropriate or available for adoption and the foster home is not an adoptive resource, approved adoptive families will be sought from licensed and authorized adoption agencies.

E-2. Good social work practice dictates that every effort is made to identify appropriate adoptive resources for a child so that the child may find permanency as quickly as possible.

E-3. The Division will strive to place a child with the best adoptive resource available in order to achieve permanency without undue delay. When the risk to achieving the termination of parental rights is minimal, a child may be placed with an adoptive family before the adjudication of parental rights. Legal risk placements are the best option when a child must move from a foster family placement and TPR/adoption is the goal. It has been established that multiple moves disrupts a child's stability and impacts negatively upon emotional development.

E-4. Both the child and the family must be adequately prepared for the child's move into the family in order to achieve permanency through adoption.

E-5. It is critical that adoptive placements endure so that the child does not have yet another rejection with which to deal. Careful matching and planning at the beginning is necessary to prevent the dissolution of the adoption years after it is legally finalized.

E-6. A child for whom the goal is TPR/adoption may be placed with an adoptive family approved by a licensed or authorized agency with the criminal history record check as required by 31 Del. C. §309.

E-7. The permanency worker will explore adoptive resources for the child. Adoption resources may include the following: blood relatives, the current foster family, private agencies, and adoption exchanges and registries. All recruitment activities and finding will be discussed with the supervisor and documented in a separate FOCUS treatment note labeled "Recruitment".

E-8. The permanency worker and supervisor will decide if remaining within the extended family would be in the child's best interest. Factors to consider are the following:

a. Type and degree of abuse/neglect by parents
b. Functional level of the members of the extended family
c. Demonstrated ability of the relative to parent
d. Accessibility of the child to the birth parents and it's positive and negative effects upon the child and the adopting relative
e. The ability of the relative to meet the child's needs in both the short and long term

f. Ability of the relative in terms of age and health status to parent the child to the age of majority
g. The relationship between the relative and the child

E-9. The permanency worker will consider all possible relatives and kin, including those who were unable or unwilling to provide for the child in foster care.

E-10. The permanency worker will approach those relatives and ~~king~~ kin who are potential adoptive resources for the child to ascertain the interest in and ability to provide for the child.

E-11. If the relative family has been approved for foster care, the procedures for the Approval of Fost/Adopt Homes will be followed.

E-12. If the family is not a Division of Family Services approved foster family, the family will need to have an approved adoption home study submitted by a licensed or authorized agency.

E-13. Although foster care is viewed as temporary care for a child until that child can achieve permanency, there are cases in which the foster family may be considered as an adoptive resource for a child. Factors to be considered in evaluating the foster family for the purpose of adoption include the following:

a. Relationship of the child to the foster family
b. The effect of the child of moving from the foster family
c. Ability of the foster family to accept and to commit to the child
d. Length of time child has been residing with the foster family
e. The ability of the foster family to meet the child's needs in both the short and long term
f. Ability of the foster family in terms of age and health status to parent the child to the age of majority
g. Ability of the foster family to validate the child's cultural, racial and ethnic background

E-14. When a child has bonded with the family and the family is assessed to be a good permanent home for the child, the caseworker and foster home coordinator may approach the foster family about adoption. It is reasonable to expect that foster parents, who come into the foster care program because they want short-term commitment to a child, may decide not to become an adoptive resource for a child. The foster family's decision is to be respected and supported. A foster family will help the child transition from the foster home to an adoptive placement in order to minimize the trauma of moving to another family.

E-15. The permanency worker will evaluate the child's relationship with the foster family and the appropriateness of the foster family to provide for the child on a permanent basis and explore the foster family's willingness to adopt. The permanency worker will discuss with the foster home coordinator and will conference with the supervisor the

facts, information and recommendation in regard to the foster family as a possible adoptive resource for a child.

E-16. The adoptive home study for DFS foster parents is the responsibility of the foster home coordinator and should be in compliance with the Delacare regulations, including the criminal record checks and child abuse checks as required. The adoptive home study must be reviewed and signed by the foster family, foster home coordinator and foster care supervisor.

E-17. The foster home coordinator will present the foster family home study to the Permanency Committee for approval. The committee may recommend recruiting before making a decision about the foster family. This will be discussed at the time the goal is changed to TPR.

E-18. When the Permanency Committee approves the family for adoption, the placement modify event should be completed 30 days after the termination of parental rights, if the order is not appealed. The permanency worker will change the child's status in FOCUS from 'foster care' to 'foster care—pre-adoptive' in the 'pay type' and 'service'. This applies to both the DFS foster parents and private agency families.

E-19. When the child's status with the family is changed to 'foster care pre-adoptive', the family may claim the child as a dependent, according to IRS regulations.

E-20. A child for whom DFS has approved the goal of TPR/adoption needs the permanency of adoption as soon as an appropriate adoptive resource can be identified. When no relative is appropriate or available for adoption and the foster home is not an adoption resource, approved adoptive families will be sought from licensed private adoptive agencies.

E-21. The permanency worker will contact licensed private adoption agencies nationwide to seek appropriate approved adoptive families for a child if relatives or the child's foster family are not adoptive resources. The child will not be placed with an adoptive family without the approval of the Permanency Committee.

E-22. The permanency worker will share with the agency staff person information on the child, family of origin, placement history, and his legal, medical, educational and emotional status. This will be done both verbally and in the form of a child profile/summary to be completed by the permanency worker or contracted agency.

E-23. The permanency worker and supervisor will review the approved home studies that are submitted from the agencies, narrow it down to three families which can best meet the needs of the child, and refer those home studies to the members of the Permanency Committee for discussion. The CASA and/or Attorney for the child are permitted to contact the worker to schedule a time to review the home studies in the DFS office location prior to the permanency

committee meeting so their recommendation may be included in the decision making process. These activities must be documented in a separate FOCUS treatment note, labeled "Recruitment". The family's social worker should attend the meeting in person or via telephone. If the foster family has decided to adopt and is appropriate, it will be referred for fost/adopt training and an adoption home study. In these cases, no additional home studies are required unless recommended by the Permanency Committee.

E-24. If the child has been TPRd and listed on the Deladopt list, adoption exchanges, i.e., AdoptUsKids and National Adoption Center, for child-specific recruitment, etc., for a minimum of six (6) months (or a specified time determined by worker and supervisor) and the permanency worker has only one appropriate adoption home study, this home study should be presented to the Permanency Committee for discussion.

E-25. The Permanency Administrator at central office will list a child on Deladopt as soon as the recommendation is made by the Permanency Committee to change the goal to TPR/adoption with no adoption resource available. After the child has been TPR'd, the child shall also be registered with regional and local exchanges, such as National Adoption Center and AdoptUsKids, by the assigned permanency worker or designee.

E-26. The child will remain on Deladopt and on exchanges until an adoptive placement has been approved by the Permanency Committee or the Permanency Committee changes the goal from adoption to another permanency goal.

E-27. The permanency worker will respond to inquiries from licensed or authorized adoption agencies about the child who is listed on Deladopt or on an exchange, sharing information about the child, including his/her health history, placement history, current status and potential for the future.

E-28. Children should be placed expeditiously with an appropriate adoptive family. The Division may not delay or deny the placement of a child for adoption based solely on the race, color, or national origin of the adoptive parent or the child. The cultural, ethnic, or racial background of the child and the capacity of the prospective adoptive parents to meet the needs of the child may be considered along with other factors used to determine the best placement for a particular child.

E-29. Children who are members of a sibling group are to be placed together whenever possible. Exceptions are made when it is determined that the children would be better separated in adoption. The child's DFS worker and supervisor should determine whether or not it is appropriate to place the siblings in separate adoptive homes based on their knowledge of the children's history, current and past behaviors, and knowledge of the children's special needs, safety issues and whether or not it is in the child's best interest. Generally, the Division will recruit for six months (or a specified time determined by worker and

supervisor) for an adoptive resource for all siblings together before looking for separate adoptive placements. E-30. The Division will consult with the sibling's current therapist/counselor to help assess the degree of bonding and the benefit or harm that would be done in placing the siblings in separate adoptive placements. The Division may request a written report from the sibling's therapist/counselor as to his/her findings and recommendations regarding placement. The written report should contain detailed information such as when the therapy began, how long the child has been in therapy, details of the child's placement(s) while in foster care, how often the child visits with the siblings, whether the therapist has observed the siblings together, the basis for the therapists/counselors recommendations, etc. Depending upon the circumstances of the case and/or if the children are not currently under the care of a therapist/counselor, a formal psychological evaluation may be utilized to help assess the degree of bonding and the benefit or harm that may occur in placing siblings in separate adoptive placements.	

F. Pre-Placement Adoption Services		
F-1.	The permanency worker will prepare the child for adoption by working on issues dealing with the loss of birth family and separation from family of origin. The permanency worker will compile as much information, pictures, and medical history on the family as possible. The child's life book is a good tool to record the reasons the child came into care, the child's foster care placements, child's educational history, and medical records.	**Pre-placement Adoption Services**
F-2.	The permanency worker will work with the private agency social worker for those children in a contractual foster care situation that the child is prepared for adoption.	**Prepare Child For Separation From Family of Origin**
F-3.	The permanency worker may have diagnostic evaluations and psychological testing done, if appropriate or deemed necessary by the child's therapist or caseworker. This information is critical to understanding the child and to selecting the most appropriate adoptive family for the child.	**Obtain Current Evaluations**
F-4.	The permanency worker will present to the Permanency Committee information on those families that the caseworker and supervisor consider appropriate resources for the child, along with their reasons. The committee makes the decision as to the best adoptive placement available for the child.	**Provide Information on Adoptive Family to Child**
F-5.	When the family has been selected, the permanency worker will give the child information about the family, which may include pictures, videos, letters, etc. to familiarize the child with the family and the home.	
F-6.	If the placement is out of the state of Delaware, the permanency worker will comply with the procedures of the Interstate Compact on the Placement of Children, and approval must be received prior to the child's placement with the family.	
F-7.	The permanency worker will plan pre-placement activities with the family's worker to ease the child into the family. Pre-placement activities include, but are not limited to, face-to-face meetings, short outings, and the overnight stays that gradually transition the child from his/her present home to the adoptive home.	**Plan Pre-Placement Activities**
F-8.	The permanency worker will see that the family's worker has helped the family locate day care, register in school, and locate therapists/doctors, as appropriate, etc.	
F-9.	The permanency worker will submit an application for adoption assistance/subsidy for the child. This application is sent to the Central Office Adoption Assistance/Subsidy Program Specialist. The application should be completed within 3 months of receipt of a new adoption case. If the adoptive family has not yet been identified, the application will consist of the first FOCUS screen for each child in the sibling group [page one (1) of the application]. The determination of "special needs" may be made from this information.	

F-2. APPROVAL OF FOSTER/ADOPTION (FOST/ADOPT) HOMES

Goals of Foster/Adoption Homes

F-2-1. The goals of foster/adoption are:
- To minimize delays in identifying and approving DFS foster families to adopt foster children with a goal of TPR/Adoption.
- To streamline the adoption process for DFS foster families
- To minimize the number of moves a foster child must make.

Eligibility

F-2-2. The prospective adoptive parent or family must be a Division of Family Services approved foster parent.

F-2-3. The DFS foster parent application is for families considering both foster care and adoption.

F-2-4. The foster home coordinators will maintain a list of those foster parents wanting to adopt, willing to accept legal risk placements, and prepared to work towards reunification until the court directs DFS otherwise.

F-2-5. When the foster parent(s) wants to adopt a child in their home, this information shall be shared with the Permanency Committee at critical decision points.

Letter of Intent

F-2-6. When the foster parent(s) wants to adopt a child in their home, the foster parent(s) shall submit a letter of intent to adopt. The letter of intent should be addressed to the foster home coordinator and copied to the permanency supervisor in that county.

F-2-7. Once the letter of intent is received, the permanency supervisor will send a letter of reply to the foster parent. The letter of reply will generally inform the foster parent(s) of the adoption process, outlining DFS's expectations of the foster parent and describe what the foster parent can expect of DFS.

F-2-8. The foster family will be scheduled for mandatory foster/adoption training when a minimum of five (5) foster families have expressed interest in adoption.

Purpose

F-2-9. The purpose of the foster/adoption training is:
- To educate foster families so they can make an informed decision about adopting a child
- To teach acceptance of the child's history
- To help foster families identify their values and expectations as they relate to adoption
- To begin to know applicants so that recommendations can be made as to appropriate adoption selection
- To nurture a working relationship between the family and the agency

F-2-10. Permanency staff and an adoptive parent will co-train the foster/adoption training with a foster home coordinator present at all sessions.

Content/Training

F-2-11. Content/Training Areas:

- An overview of adoption, the adoption process, and the role/function of DFS
- How adoption affects the adoptive family
- Teamwork and using community resources
- The role and importance of the biological family
- Attachment and separation issues
- Normal child development and the impact of abuse/neglect
- Parenting the sexually abused child
- Discipline and behavior management
- Talking with a child about adoption
- Adoptive parent/child issues
- Subsidy and legal issues

Foster/Adoption Home study

F-2-12. The foster home coordinator will complete and present the adoption home study to the Permanency Committee after consulting with the permanency worker about the foster family, the child's level of care and the availability of an adoption subsidy.

Goals of the Adoption Home study

F-2-13. The goals of the adoption home study are:

- To educate foster/adoptive applicants and initiate the self-screening process
- To learn enough about the adoptive applicants so DFS can make an informed decision about them as adoptive parent(s) of a foster child(ren)
- To help the family explore values, expectations and motivations
- To help the family identify and highlight strengths and limitations
- To define, develop and strengthen the collaborative relationship between the family and the agency
- To document information learned and serve as a record of the foster/adoption process

F-2-14. The adoption home study will be completed within three (3) months of the completion of the foster/adoption training, unless court ordered or under an ASFA deadline.

F-2-15. The adoption home study shall include, but is not limited to, information regarding the foster family's composition and lifestyle, financial resources, access to and willingness to use family, friend and community resources, and the family's growth through the training and home study process.

F-2-16. The adoption home study assessment criteria are:

- Parent(s)' Expectations for Adoption
- Personal and Emotional Maturity
- Stability and Quality of Interpersonal Relationships
- Resilience, Coping Skills, and History of Stress Management
- Openness of the Family System
- Parenting Skills and Abilities
- Empathy and Perspective-taking Ability

- Entitlement
- Ability for "Hands-On" Parenting
- Lifelong Commitment

F-2-17. Paperwork requirements for the home study are:

- Application for adoption, if not completed when the individual(s) became foster parents
- Updated home safety inspection by foster home coordinator
- Updated background checks/fingerprinting
- Physicals completed no more than one year prior to the completion of the home study
- Financial worksheet
- Autobiography
- References

Home study Paperwork Requirements

F-2-18. The foster home coordinator should schedule as many interviews as needed to complete the home study in order to recommend or deny the family. This needs to be two interviews, at least one of the interviews must occur in the home. Each household member must be interviewed.

Interviews

F-2-19. The adoption home study and other home studies, if appropriate, will be presented to the Permanency Committee for recommendation and approval.

Presenting to the PPC

F-2-20. When the Permanency Committee approves the foster family as the adoptive resource, the foster home coordinator will continue to supervise the foster home while the permanency worker supervises the placement until the adoption is finalized. The adoption home study will be current and approved during the placement until the adoption is finalized, as per the DELACARE and IV-E requirements.

F-2-21. The foster home coordinator will discuss the foster family's continued desire to foster or adopt and whether or not their home should be placed on hold. This discussion and decision will be documented in the DFS foster home record. After finalization no child should be placed in the foster/adoption home for a minimum period of one (1) year.

F-2-22. For foster parents who want to adopt a foster child not placed in their home, the procedures outlined above shall be followed in addition to:

- The child's worker (if applicable), foster home coordinator, and foster parent will meet to discuss this option and the foster/adoption process.
- If the adoption home study is more than 18 months old, the foster home coordinator will update it prior to presenting the adoption home study to the Permanency Committee.
- If the foster family is approved by the permanency committee, the coordinator and the DFS worker will develop a transition plan for the child.

For a child not placed in their foster home

- The foster home coordinator will continue to supervise the foster home while the permanency worker supervises the placement until the adoption is finalized.
- The foster home coordinator and the foster family will discuss their continued desire to foster or adopt and whether or not the foster family should be placed on hold.

F-2-23. If the foster family is unable to make the necessary steps towards the completion of their adoption home study within three (3) months, DFS will recruit for other adoptive resources. The reasons should be documented by the Foster Home Coordinator.

F-2-24. The adoptive home study needs to be approved prior to the time of the pre-adoptive placement and remain current and approved up through the time the adoption is finalized by Family Court.

F-2-25. All efforts regarding the foster/adoption process should be documented in a FOCUSS treatment note labeled “Recruitment”.

G. Adoption Placement Supervision

Adoption Placement Supervision

G-1. Delacare regulations require the following services be provided to the adoptive family:

a. The supervising agency shall assign a social worker to each adoptive family. The social worker shall be responsible for providing direct services to the adoptive family until the adoption is finalized.

b. The supervising agency shall assist adoptive parents to integrate the child into the family by giving casework assistance on a continuing basis during the period of supervision.

c. The supervising agency shall assist adoptive parents and the child with any issues relating to adoption. Such assistance shall include, but is not limited to, offering services provided by the agency and/or help in applying for other services.

d. The supervising agency shall arrange regular visits to the adoptive family, including home or office contacts.

Types of Adoption Placements

G-2. Types of adoptive placements include:

a. Relative placements

b. Kin placements

c. DFS approved foster home

d. Adoptive family through a private, licensed child placing agency

G-3. The permanency worker will:

a. Comply with the ICPC procedures for cases in which the ICPC applies, including the Safe and Timely Interstate Placement Act and the Adam Walsh Child Protection and Safety Act of 2006.

b. Modify the child's placement in FOCUS to "foster care—pre-adoptive" in “pay type” and “service” at the point the child is legally free and the family is approved as the adoptive resource.

c. Monitor the progress of the case toward finalization of adoption and make sure the private agency social worker secures the resources needed by the family and by the child.

d. Assist the family in applying for TANF or GA, if needed.

e. Submit the application for Adoption Assistance/Subsidy for any child who may have "special needs” within 3 months of receipt of a new adoption case.

f. Submit the reports required for 6 month post TPR reports (13 Del. C. 1114), and 12 month permanency hearings.	
G-4. The permanency worker will maintain the case should the placement disrupt prior to the finalization of adoption and will provide services needed to meet the child's needs.	
G-5. When a child cannot be reared by his birth parents, it is often best for the child to be parented by someone within the family framework. Relatives, godparents and close family friends which make up the network of the extended family can often provide the stability, consistency, and connectedness that the child needs to maximize hi/her potential.	**Relative/Kin Adoptions**
G-6. Blood relatives are legal petitioners for the termination of parental rights (13 Del. C. §1104). The Division may rescind custody of the child to the blood relative and close the case. If the Division has been granted parental rights over the child, the case must remain open until the finalization of adoption.	
G-7. The time the child spent with the family in supervised care may be counted toward the mandated time of supervision with the family in adoption.	
G-8. The permanency worker will supervise the adoptive placement of the child with the DFS approved foster family and prepare the child and the family for the finalization of adoption.	**Supervision Responsibilities**
G-9. The monthly contacts with the child will be in the child's residence and will be completed confidentially; and the worker will assess child safety at each contact.	

H. Adoption Petitions to the Court	
H-1. When the period of adoption supervision has satisfied the requirements of the law and all involved parties agree, the permanency worker will see that the adoption petition is filed in a timely manner and in accordance with the ASFA deadlines.	
H-2 All adoption petitions for children for whom the Department/Division holds parental rights are to be filed in Delaware Family Court and fulfill the requirements of 13 Del. C. Ch. 9 §906.	
H-3. All adoption petitions shall have attached a social report that includes the following requirements of §912: a. Information regarding the child, his/her background, his/her eligibility for adoption b. Information regarding the adoptive parent or parents and the proposed adoptive home c. Information regarding the physical and mental condition of the child d. Information regarding the suitability of the placement e. A statement as to whether all requirements of the chapter have been met with, and f. A recommendation regarding the proposed adoption.	
H-4. All adoption petitions are to have a completed Adoption Data Sheet attached to the social report.	
H-5. The permanency worker will write the social report or see that the private agency social worker submits the social report. The social report will be reviewed by the supervisor and submitted to the Regional Administrator for approval.	
H-6. The permanency worker will obtain certified copies of the child's birth certificate, the termination of parental rights order and parent's death certificate, as appropriate.	
H-7. The permanency worker will contact the Adoption Assistance/Subsidy Specialist to verify that signed Adoption Assistance/Subsidy Agreements are on file for the Adoption Assistance/Subsidy program prior to filing the adoption petition.	
H-8. The permanency worker will obtain from the adoptive parents signed consents to the adoption and the filing fee. If a private agency is involved, the private agency social worker will obtain these items and forward to the permanency worker.	
H-9. The Regional Administrator will sign the consent to the adoption.	
H-10. The petition will be filed in Delaware Family Court.	

I. Adoption Assistance/Subsidy

Support for Special Needs Children

I-1-1 The Division administers the Adoption Assistance/Subsidy program in order to reduce the barriers to adoption for children who are determined "special needs". The determination of "special needs" and the approval of the child for the assistance or subsidies must be done prior to the finalization of adoption.

Adoption Assistance/ Subsidy

J-1-1. Adoptive families are informed of the adoption tax credit at the time of the verbal request for information on adoption, the information is included in the packet sent to the inquiring families, and a statement is included in the initial adoption assistance /subsidy agreement sent to the family to sign and return to DFS.

J-1-2. Adoption Assistance is state and federally funded payments for children who are Title IV-E eligible or SSI eligible. Adoption Subsidy is fully state funded payments for those children who are not Title IV-E eligible.

J-1-3. The permanency worker will submit an application for Adoption Assistance/Subsidy three (3) months after receipt of an adoption case. The application will be submitted to the Adoption Assistance/Subsidy Specialist in Central Office. If a family has not yet been determined, the application will consist of the first FOCUS screen for each child. The Adoption Assistance/Subsidy Specialist will make an initial determination of eligibility within two (2) weeks of receipt of the application. The outcome will be communicated to the permanency worker to assist with recruitment activities. Once a family is selected, the Adoption Assistance/Subsidy amount will be determined.

J-1-4. The Permanency worker will submit the family information (via e-mail to the Adoption Assistance/Subsidy Specialist) when the family for the child has been selected by the Permanency Planning Committee.

J-1-5. A child may receive a monthly payment based on his or her needs and the family's capacity to incorporate the child into their household as well as their overall capacity to meet the immediate and future needs of the child. The amount of such payments will be negotiated by the Adoption Assistance/Subsidy Specialist or Adoption Program Manager or both and cannot exceed what the child would have received in foster care. A signed Initial Adoption Assistance/Subsidy Agreement must be in place prior to the finalization of the adoption.

J-1-6. Since the Adoption Assistance/Subsidy is intended to encourage a lifelong social benefit, not to meet short-term monetary needs, the following factors are used to determine Adoption Assistance/Subsidy amounts. However, the uniqueness of each child/family situation may result in different amounts of payment.

1. The child's current functioning. This information is gained from the Request Assistance event in FOCUS; the child's Level of Care, which must be updated annually; Child Plan Resource Review

FOCUS event; and on-going treatment and case progress notes; AND

2. The adoptive family's capacity to incorporate the child into its household.

Review Agreement Annually

J-1-7. Adoption Assistance/Subsidy agreements are updated annually via correspondence with the adoptive family regarding the child's current status and the signing of a new agreement and Medicaid application (if the family resides in Delaware). Any request for changes in the assistance/subsidy amount must be accompanied by independent documentation from a doctor, psychologist, school, etc. Any changes to the assistance/subsidy agreement must be done with the concurrence of the adopted family.

J-1-8. A child may receive supports under the Adoption Assistance/Subsidy program until he or she is 18 years old. Support may be extended until the individual graduates from high school, receives his or her GED or equivalent, or prior to the youth's 21st birthday, depending upon the case circumstances.

J-1-9. Adoption Assistance/Subsidy agreements shall remain in effect regardless of the state in which the adoptive parent(s) reside at any given time. When a family moves to another state, Delaware's rates, not those of the receiving state, apply.

J-1-10. Under no circumstances shall DFS use the provision of Adoption Assistance/Subsidy as a cause for monitoring family functioning after the adoption is finalized.

J-1-11. It is the adoptive family's responsibility to notify the Division of Family Services of any changes in family circumstances within seven (7) days. Examples of such changes include, but are not limited to, change in address; change in banking information; change in the adopted person's legal guardian; date the adopted person is no longer in the home; date of completing high school, date adoptive parents are no longer legally responsible to support the adopted person; and any other financial benefits received (e.g. SSI and child support).

J-1-12. Signed annual adoption assistance/subsidy agreements must be returned to the Adoption Assistance/Subsidy Specialist no later than the anniversary month the child was adopted. A letter will accompany the annual agreement indicating the due date. If the agreement is not returned by the due date, other attempts will be made via letter, e-mail and phone contact to obtain a signed agreement.

Agreement Termination

J-1-13. Termination of an Adoption Assistance/Subsidy agreement will occur under three circumstances: 1. the child has attained the age of 18 (or 21 if Division of Family Services has determined that the child has mental or physical limitations which would warrant continuation of assistance); 2. the Division of Family Services determines that the adoptive parents are no longer legally responsible for support of the child (TPR, emancipated minor, marriage, military enlistment); 3. or the Division of Family Services determines that the adoptive parents are no

longer providing any support (defined as financial) to the child. (See PA 0101).

J-1-14. If an adoptive child is in an out of home placement, the Division will contact the adoptive parent and other agencies, if applicable, to determine the legal obligation or actual financial support to the child. If the adoptive parent is not legally responsible or not financially supporting the child, the adoption assistance to the parent will be terminated (ACYF-CB-PA-01-01). A letter notifying the parents of any change will be mailed to the family stating the reason for such change.

J-1-15. The Division of Family Services reserves the right to recoup misappropriated adoption assistance/subsidy payments.

J-2. Medicaid	
J-2-1. A child with an adoption assistance agreement receives Medicaid in the state of residence via ICAMA if he/she meets Title IV-E eligibility guidelines. J-2-2. A child who is not Title IV-E eligible may receive Delaware Medicaid if the adoptive family resides in DE and if the child was eligible for Delaware Medicaid while in foster care. J-2-3. Medicaid may be the primary medical coverage for the adopted child. Medicaid does not require families to enroll through their private insurance the adopted child. The adoptive family may decide if it is necessary for the child to be covered by both insurance policies. J-2-4 A signed annual Medicaid application and a signed adoption assistance/subsidy agreement (for Delaware residents only) must be received by the Adoption Assistance/Subsidy Specialist no later than the anniversary month the child was adopted. Failure to return the Medicaid application will result in the loss of Medicaid for the child.	**Loss of Medicaid**

J-3. Psychological Subsidy

J-3-1. In addition to the Adoption Assistance/Subsidy payment, adopted children are eligible for the Psychological subsidy. This subsidy provides reimbursements up to $3,000 per year per child for:

- Psychological services not covered under the state's Medicaid Plan or the parents' private insurance.
- Special medical needs/equipment as prescribed by a licensed physician and not covered by private insurance or Medicaid

A child may be approved for the Psychological subsidy for problems which are actual or potential if identified prior to the finalization of the adoption.

J-3-2. Expenses NOT covered by the Psychological subsidy include, but are not limited to the following:

- Dance, music, acting, modeling classes/lessons
- Daycare/Pre-kindergarten
- Day treatment
- Eye glasses
- Psychiatric hospitalization
- Orthodontia
- Residential child care facilities
- Routine medication that is not related to the child's special needs
- School tuition, books, computers
- Summer camp
- Transportation
- Tutoring
- Any other items not meeting the criteria set forth in K-3-1

Expenses Not Covered

J-3-3. All requests for Psychological subsidy should be directed to the Adoption Assistance/Subsidy Specialist and must be approved prior to provision of service. Before approval will be given, independent documentation from a doctor, psychologist, school, etc., **must** be received verifying the need for the requested service. Once service is rendered, a receipt or bill is required to process payment. Payment may be direct to the provider or reimbursed to the parent.

J-3-4. Decisions regarding the Psychological Subsidy are not subject to appeal.

Prior Authorization

J-4. Non-Recurring Adoption Expenses	
J-4-1. Non-recurring Adoption Expenses are reasonable and necessary expenses up to $2000 which are directly related to the legal adoption of a child and cannot be paid or reimbursed by another source.	
J-4-2. To be eligible for non-recurring Adoption Expense reimbursement, the adoptive family must be adopting a child who meets the definition of special needs and have received prior approval for the expenses. Request for reimbursement must be made prior to the finalization of adoption.	
J-4-3. Examples of expenses covered are: adoption fees, court costs, and attorney fees (only when the adoption cannot be finalized by DFS).	

J-5. Appeals/Fair Hearings

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.

J-5-2. Grounds for appeals include, but are not limited to:

- 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

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.

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.

J-5-5. Decisions regarding Psychological Subsidy are not subject to appeal.

K. Guardianship

Adoption Is Not Feasible

K-1. When all efforts to reunify the family have been exhausted and the child cannot be returned home, and all reasonable efforts to secure adoption of the child have been unsuccessful, or when it has been determined that adoption is not possible or in the best interest of the child, the next priorities for permanency are permanent guardianship and guardianship.

K-2. Once the worker and supervisor have ruled out other permanency options, the Permanency Committee will review the case to determine if grounds exist for permanent guardianship.

K-3. Standards for permanent guardianship are (Title 13 Chapter 2353):

Conditions for Guardianship

- One of the statutory grounds for termination of parental rights has been met
- Adoption of the child is not possible or appropriate
- Permanent guardianship is in the best interest of the child
- The proposed permanent guardian:
  - Is emotionally, mentally, physically and financially suitable to become the permanent guardian;
  - Is a foster parent(s) who has been caring for the child for at least six months at the time of the filing of the petition or is a blood relative
  - Has expressly committed to remain the permanent guardian and assume the rights and responsibilities for the child for the duration of the child's minority, and;
  - Has demonstrated an understanding of the financial implications of becoming a permanent guardian
- If the child is age 14 or over, the child consents to the guardianship or, if the child does not consent, just cause why the guardian should be appointed and
- If the proposed permanent guardian is a foster parent(s):
  - The child is at least 12 years of age or
  - The proposed permanent guardian is the permanent guardian of one of the child's siblings, or
  - The child receives substantial governmental benefits for a serious physical and/or mental disability which would no longer be available to the child if parental rights were terminated and/or if the child were adopted.

K-4. All permanent guardianship petitions for children for whom the department/division holds custody are to be filed in Family Court.

K-5. A social report covering the factors in I-2-4 shall be prepared in accordance with Section 2353 and provided to the court no later than 2 weeks prior to the hearing.

K-6. Permanent Guardianship assistance (if applicable) will cease under the following conditions:

a. Child reaches age 18 or completes a high school diploma.

b. Child custody or guardianship is awarded to another individual.

c. Child is incarcerated for more than three months.

d. Child is no longer living in the home.

e. Child dies.

K-7. The Division will support a legal guardianship provided:

a. The child cannot return home

b. The child has a stable and positive relationship with the prospective guardian and has lived successfully for a minimum of one year in the home of the guardian

c. The prospective guardian is an approved relative or non-relative foster care provider

d. It has been determined that permanent guardianship is not feasible or in the child's best interest

e. It is unreasonable to pursue adoption because:

i. Efforts to secure a voluntary relinquishment of parental rights or termination of parental rights by the Court have been unsuccessful; or

ii. It has been determined that adoption is not in the child's best interest (e.g., the child does not want to be adopted; child has relationship with birth family, but both accept limitations of the relationship);

iii. Parental rights have been terminated but efforts to secure an adoptive placement have failed;

iv. The child has special needs and is age 12 or older or is part of a sibling group;

f. All parties agree that the child and prospective guardian were able to maintain a stable relationship and function effectively without Division supervision;

g. The prospective guardian is able to support the child financially, or satisfactory financial arrangements are able to be made.

Agreement That Child Meet Criteria

K-8. The worker and supervisor should agree that the child meets the criteria for a change of goal to custody and legal guardianship. The worker will also discuss this prospective change with the foster home coordinator, if applicable, and supervisor for their input and agreement prior to presentation to the Permanency Committee. If there is

disagreement between the treatment staff and the foster care staff, the treatment supervisor will schedule a meeting to include all parties with the Assistant Regional Administrator to resolve the issues.

K-9. The worker and foster home coordinator co-present the case to the Permanency Committee for review and recommendation of the goal change. If the case is active with a private foster care agency, the worker must discuss the guardianship goal with the private agency social worker and invite the social worker to attend the committee meeting. If approved, this recommended goal change should be presented to Family Court at the next scheduled hearing for approval.

Permanency Committee Must Approve Change in Goal

K-10. If the Permanency Committee recommends that it is appropriate to pursue guardianship, the child will be presented with the guardianship plan. If the case is a private agency foster care case, the private agency social worker will discuss the guardianship goal with the foster parent and the child.

K-11. When possible, and if the child is not TPRd, the worker will meet with the child's parents to discuss the new permanency goal and to determine if they are in agreement with the plan. This meeting should be jointly arranged if the case is a private agency foster care case.

Meet With Parents

K-12. The worker will obtain formal, written consent to the guardianship from the child (depending on age), the prospective guardian and the child's parents unless TPRd. If consent cannot be obtained from the parents, the petition may still be filed.

Obtain Consent

K-13. The petition for guardianship will be prepared by the worker. The petition will include the roles and responsibilities of the guardian and include visitation with the child's family, if appropriate.

Prepare Petition

K-14. The completed petition, consents, and filing fee will be forwarded to the DAG for filing in Family Court.

DAG Will File Petition

K-15. If the parents cannot be located, notice of the hearing will be made by publication following the same procedure used in notifying parties of custody hearings. This does not apply to parents whose parental rights have been terminated.

Publish Notice of Hearing

K-16. In preparation for the award of guardianship, the worker will inform the permanent guardian about changing the recipient of benefits to the guardian.

Change Benefit Recipient

K-17. The worker will attend the guardianship hearing and will be prepared to testify regarding the agency's position and the best interests of the child.

Caseworker Participates

K-18. Upon the granting of guardianship, the worker will have an exit conference with the guardian family and the child and ensure the guardian family has phone numbers to call for services if needed. The Division will then close the case.

K-19. The worker will ask the permanent guardian if continued financial assistance is needed to care for the child. If the permanent guardian states that financial assistance in not needed, zero will be entered in the amount section of the Guardianship Agreement.

Determine Need for Assistance

K-20. If the permanent guardian indicates continued financial assistance is needed, the worker will determine what benefits the child is receiving at the time the child was in foster care based on the child's level of care and special needs.

K-21. The Adoption Assistance/Subsidy Specialist will review the application, the Guardianship Referral, and determine if the applicant meets eligibility criteria. The Adoption Assistance/Subsidy Specialist will notify the worker of the assistance decision.

K-22. The caseworker will notify the prospective guardian of the decision. The Adoption Assistance/Subsidy Specialist will complete the agreement for Guardianship, and the guardian must sign and return the Agreement prior to the filing of the Permanent Guardianship petition.

Close Foster Care Case

K-23. The caseworker will send the Adoption Assistance/Subsidy Specialist a copy of the Court order that will initiate guardianship payments.

K-24. The caseworker will complete the necessary documents closing the child's case and terminating foster care payments.

K-25. The Adoption Assistance/Subsidy Specialist will annually send the Guardianship Reapplication to the guardian.

K-26. The Adoption Assistance/Subsidy Specialist will review the Reapplication Information and approve either continuation of payment or termination. If approved, the guardian will sign a new Guardianship Agreement.

K-27. For children who are not in Division care, families will be referred to Family Court to petition for guardianship of that child. The Division will not provide a stipend to these families. They will be directed to contact DHSS to determine if they qualify for benefits for that child.

L. APPLA: Compelling Reasons

(APPLA stands for Another Planned Permanent Living Arrangement)

L-1. If all of the other permanency options have been ruled out, APPLA may be used with clear documentation of compelling reasons and diligent efforts to support the alternative placement and only for children who are 16 years of age and older.

L-2. Another planned permanent living arrangement (APPLA) is the least preferred permanency choice and should be selected cautiously. This plan is most appropriate for children who are in stable, committed, long-term placement where other permanent placement outcomes (such as reunification, adoption, legal guardianship or permanent placement with a fit and willing relative) have been ruled out and/or are not in the child's best interest.

L-3. In order for the permanency plan to be changed to APPLA, the caseworker must demonstrate to the Court's satisfaction there is a compelling reason why it would not be in the best interest of the child or youth to be placed (a) with a parent; (b) in an adoptive home; (c) with a legal guardian; (d) in a permanent placement with a fit and willing relative. Additionally, ASFA requires that the identified compelling reason is documented in the case record and court orders.

L-4. These compelling reasons will be discussed at the DFS permanency committee meeting and documented in the FOCUS event for the permanency committee. This recommendation for a change in case plan status will be presented to the judge at the next court hearing or review.

Compelling Reason For Selecting APPLA

L-5. The compelling reason should be strong, persuasive and convincing and should include all of the efforts the caseworker has made to affect one of the preferred permanency options. Examples of a "compelling reason" for establishing APPLA as a permanency plan are:

- The parent and child have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster home or parents have committed to raising the child to the age of majority and to facilitating visitation with the disabled parent.

- As a youth, 16 years of age or older, who resides in an identified permanent placement that, documented by DSCYF, cannot commit to adoption or legal guardianship and all possible additional services are explored with the youth and placement provider to ensure the long-term foster care arrangement is safe, stable, and of the highest quality.

- The child has serious, complex medical needs and the transfer of DSCYF custody to a guardian or adoptive parent would significantly reduce or eliminate the support and/or benefits the child receives. In such cases, careful inquiry should be made into the adoption subsidy and other benefits available, not only

through DSCYF, but through other programs, both state and federal.

- The child is 16 years of age and has specifically requested that emancipation be his/her permanency goal and the youth has received sufficient counseling to ensure that independent living is the best plan for the child.

- The case of a child who belongs to a Native American tribe, which has identified another planned permanent living arrangement for the child.

- The parent refuses to case plan with the caseworker and the court has excused DFS from case planning with the parents. The parents are not in a position to care for this child and do not want this child in the home at this time.

- The child is 16 years of age, states that he/she does not want to be adopted, is not committed to living with a family through age 18 and it is not in the child's best interest to be adopted.

- All of the other permanency options have been ruled out and there are no grounds for a TPR (termination of parent rights).

L-6. The PPC will discuss the compelling reason and the child's best interests and the discussion will be documented in a FOCUS event for the permanency planning committee. The PPC will make a recommendation as to the case plan and permanency goal to be presented to the court.

L-7. If APPLA is approved by the court, and if in the best interest of the child, the caseworker shall facilitate regular contact with the parents and extended family. If parental rights have not been terminated the caseworker shall include the parents in the development and review of all plans related to the child. Both parents shall be invited to attend the Permanency Hearing, and any other review or hearing conducted for a child while in foster care.

L-8. Once APPLA is approved by the court, the caseworker and supervisor will discuss its continued appropriateness quarterly and document the discussion in the treatment directed case conference event or the permanency case conference event in FOCUS. These discussions should include the documentation of the intensive, ongoing, and unsuccessful efforts by the caseworkers to locate biological family members using methods such as search technologies and social media. In addition the caseworker shall continuously ask the youth about his/her desired permanency goal. The caseworker shall also discuss what activities the youth might be involved in that are age and developmentally appropriate.

L-9. The supervisor case conferences and annual permanency hearings or court reviews will continue to take place until the youth turns eighteen (18) and/or exits foster care.

L-10. The caseworker and supervisor shall review the permanency goal of APPLA prior to the permanency hearing in Family Court. The caseworker shall be prepared to discuss the following at each permanency hearing so that a judicial determination can be made that APPLA is appropriate:

- Explanation of why APPLA is still the permanency plan and that it is still what the youth wants.
- Why it is not in the best interests of the child to be returned home, adopted, placed with a legal guardian or placed with a fit and willing relative.
- Steps taken to ensure the reasonable and prudent parent standard is being followed and that the child has regular ongoing opportunities to engage in age appropriate activities,
- Continued efforts to locate family members including asking the youth for names of significant people who may be a resource, reviewing the file and exploring social media.

M. APPLA: Diligent Efforts

(APPLA stands for Another Planned Permanent Living Arrangement)

APPLA

M-1. Each child in foster care is required to have a permanency goal of reunification, adoption, legal guardianship or placement with a relative.

M-2. Specific activities and decisions must be made throughout the life of a case in order to demonstrate that diligent efforts have been made to achieve the most permanent outcome for a child.

M-3. Families should be advised that the caseworker will pursue alternative permanency plans for children in foster care placement if sufficient progress is not made on the family case plan within 12 months of foster care placement or the child is not safe residing in the home of the parents or caretaker.

M-4. The caseworker is required to make efforts to identify placement resources with people known to the child. This contact should include

relatives, family friends or other people with whom the family or child feels connected. Efforts should be made to find out the relationship to the child and the level of commitment.

M-5. Either prior to or within 30 days or removal from the home, DFS must identify and provide notice to all grandparents and other adult relatives of a child that has been removed from his or her home. This will allow the adult relatives the opportunity to explore the possibility of becoming a placement resource for the child. 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.

Diligent Efforts to Provide Notice of Removal

M-6. Once relatives have been identified, DFS is required to notify relatives of:
- The need for a foster home, the options 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;
- Family foster care licensing requirements and procedures.

Definition of Relatives

M-7. Adult relatives include:
- Brother
- Sister
- Mother or father's adult sisters or brothers (child's aunt or uncle)
- Grandparents

M-8. Reasonable efforts to identify and locate 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.

Searching for Resources

M-9. 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.

M-10. If efforts to locate the identified potential resources using traditional means are unsuccessful, the caseworker may consider utilizing *People Search* or mining the DFS case record for possible resources.

M-11. All efforts should be documented in the Child Plan and/or Directed Case Conference.

M-12. When the child has been in care 15 out of 22 months, or when it is clear that reunification will not occur, a termination of parental rights (TPR) petition must be filed in Court or compelling reasons must be documented in the case record.

M-13. During efforts to seek a more permanent placement, a placement may be identified that could be a long-term placement, but would require that the child remain in the custody of the state until they reach the age of majority.

M-14. In order to determine if this option is the most appropriate, the worker should be able to do the following:

- Document of efforts to exhaust all potential adoptive family recruitment efforts on behalf of this child.
- Identify the compelling reasons that exist that justify the decision to allow this child to remain in foster care until they reach the age of majority and why all the other permanency options have been ruled out.
- Clarify and explain the efforts and commitments made by DFS and the significant adults in the child's life to maintain connections and involvement with this child.
- Establish the basis for their assertion that this placement will be permanent until the child ages out of foster care.
- Describe how siblings will actively participate in the life of the youth, if appropriate.

N-15. These steps will continue until the child exits foster care.

N. APPLA: Long Term Foster Care Agreement

(APPLA stands for Another Planned Permanent Living Arrangement)

APPLA

N-1. When the child cannot return home and is unlikely to be reunited with their families and when the other permanency options (adoption, legal guardianship or placement with a relative) have been ruled out, APPLA may be used with clear documentation of compelling reasons to support the alternative placement (see *M. APPLA: COMPELLING REASONS*).

N-2. The plan of APPLA should be discussed by the caseworker with the child and foster family prior to presenting this case to the Permanency Committee for discussion and possible change in case plan designation to APPLA.

N-3. After the Permanency Committee approves the recommendation to change the case plan designation to APPLA, this recommendation will

be presented at the permanency hearing or the next scheduled court hearing for approval by the court.

N-4. After the court approves APPLA, the plan for permanent foster care should in most cases be formalized through a written agreement (Long Term Foster Care Agreement).

N-5. The written agreement should be developed by the caseworker in the treatment unit and or the private agency worker after the child and the foster family has lived together for at least six (6) months and has developed a strong relationship to each other and is committed to the placement.

Responsibilities of the Caseworker

N-6. The treatment case/private agency worker shall:

- Review with the child, biological parents (or family member) and the foster parents what each person's role will be and the agency's expectations of the foster child prior to the case being heard by the permanency planning committee.
- Provide sufficient information regarding the youth, his/her background and any relationship the youth will want or need to maintain with his/her own family (including siblings) which will enable the foster family to make a decision about a permanent commitment to the child.
- Prepare the child for APPLA by ensuring that he/she has an understanding of the situation and the role of the agency and or private agencies and caseworker(s) in his/her life.
- Inform the biological parents (or previous custodians) what rights and responsibilities they retain after the child's goal has been changed by Family Court to APPLA.
- Inform the youth the new caseworker will assist the child in continuing healthy connections with family members during the youth's time in care.

N-7. The primary caseworker (DFS worker or private agency worker) must visit the child in the home once per month. The primary caseworker must assess the youth's safety during each visit and document the visit in the ongoing progress notes in FOCUS: Monthly Contact.

N-8. More frequent visitation may be required when services are needed by the child and/or the caregiver.

N-9. The primary responsibility for the day-to-day decision making with regard to the child remains with the permanent caregiver.

N-10. The biological/adoptive parents retain the right to consent to marriage, medical treatment, and education. If the parent rights have been terminated, the agency may consent to these matters per Del. Code – Title 13, chapter 11-1108.

Long Term Foster Care Agreement

N-11. The written long-term foster care agreement (LTFCA) is not a legally binding document. However, the agreement does provide the caregiver and the youth a commitment to the placement and each other.

N-12. Both biological/adoptive parents (if possible), the child, foster parents, the primary DFS caseworker, the DFS supervisor and any involved foster care agency shall take part in the development of the LTFCA.

N-13. The LTFCA must be signed and dated by the child, the caregiver, the DFS caseworker and the DFS supervisor. If the child is in a private agency foster home, that worker and supervisor must also sign the LTFCA.

N-14. The LTFCA shall include the following:

- Caregivers' rights and responsibilities to the youth until he/she reaches the age of eighteen or until he/she completes school as per the board extension agreement policy.
- Continuing responsibilities of The Division of Family Services and or the private agency.
- The goals for the youth in placement
- Terms under which the agreement can be terminated

Terminating the LTFCA

N-15. Termination of the LTFCA can result when a child is adopted; returns home, reaches the age of majority, or when problems develop to such a degree that alternative placement is the only solution.

N-16. The DFS caseworker must document the reason for the youth's removal in the LOC and case progress notes in FOCUS. The Division will assume further planning with the child and attempt to locate a placement for the youth that could become permanent.

N-17. There may be cases where APPLA is the appropriate designation for the youth but a long term care agreement cannot be negotiated or is not appropriate. In such cases, the DFS caseworker will:

- Advise all parties involved in the case why a LTFCA is not appropriate.
- Attempt to maintain the present placement and assist the child to attain self-sufficiency.
- Continue to re-evaluate the child's situation in an attempt to provide a more stable permanent plan. This shall be documented in the child's Plan/supervisors case conference tool and the court order, if applicable.

N-18. These cases shall be considered APPLA placement cases and shall be carried by the permanency unit. Caseworkers shall revisit the long-term foster care agreement with the caregiver and youth once per year.

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

Eligibility

A-1. Youth in DFS custody and in a foster care placement setting, age fourteen (14) or older, are eligible for IL services. Youth placed in Delaware through Interstate Compact for the Placement of Children (ICPC) are also eligible for IL services.

A-2. Youth who have aged out of foster care at age eighteen (18) but have not reached age twenty-one (21) are eligible for IL services.

A-3. Youth who were adopted or placed under an assisted living or kinship guardianship agreement at age sixteen (16) and are less than age twenty-one (21) are eligible for IL services.

A-4. Youth active with a contracted IL service provider who returned home on trial reunification are eligible for IL services for 60 days.

A-5. Youth who turned age eighteen (18) on or after 7-1-2012 and are less than age twenty-one (21) that exited foster care due to reaching the age of majority or are otherwise eligible for independent living aftercare services are eligible to receive stipends through the Achieving Self Sufficiency and Independence through Supported Transition (ASSIST) Program

B. Initiating Independent Living Services

B-1. Independent living services for youth 14 and 15 will be coordinated by the DFS case manager. The Independent Living Planning Guide assessment shall be utilized to assess the youth's skill level beginning at age 14. The youth's skill development will be reassessed with the same tool every 6 months until age 16.

B-2. The DFS primary case manager shall open an IL case in FOCUS for eligible youth age sixteen (16) or older. After opening an IL case, a referral event shall be completed to the appropriate service provider. Following the referral submission in FOCUS, the DFS worker shall submit all available copies of the following documents to the IL provider within two business days:

a. Birth certificate
b. Social security card
c. DE Identification card
d. Level of Care
e. Placement History

B-3. When a youth enters foster care at age sixteen (16) or older a referral for IL services will be made within ninety (90) days of the placement.

B-4. Youth in DFS placement shall be referred to a provider in the county the youth is placed.

B-5. Youth in YRS/ DPBHS residential facilities shall be referred to the county where the DFS primary case manager is located.

B-6. The DFS primary case manager will refer eligible youth returning to Delaware from an out-of-state placement within fourteen (14) calendar days of return.

B-7. All IL cases will be assigned to the IL program manager once opened in FOCUS.

B-8. All subsequent IL referrals will be completed in the existing IL case, which includes change in provider, change in county and return to Delaware.

C. Basic Life Skills Assessments

Basic Life Skills Assessment

C-1. Assessment of the youth's skills shall be gathered through interviews with the youth, case manager(s), foster parent(s), caregiver(s), relatives, other significant adults, and an approved assessment tool.

C-2. The assessment shall analyze the youth's needs and competencies of these basic life skill areas:

- Money management

- Cultural competency awareness
- Consumer awareness
- Food management
- Hygiene and personal appearance
- Health, physical and mental
- Housekeeping
- Transportation
- Educational planning
- Job seeking skills and maintenance skills
- Emergency and safety skills
- Knowledge of community resources
- Interpersonal skills
- Legal issues and rights

C-3. The DFS primary case manager will assess youth ages fourteen (14) and older when there is no contracted IL service provider. Results will be documented in the existing FOCUS case and Child Plan.

C-4. The IL service provider is responsible for completing the assessment and documenting the results in the IL case for the youth sixteen (16) and older when IL services are contracted out.

C-5. The DFS primary case manager and contracted service provider shall advocate/coordinate the completion of a formal educational assessment if needed. It is the responsibility of the DFS primary case manager to share with the contracted providers any pertinent information resulting from an educational assessment.

C-6. For some youth, structured life skills assessment and independent living case planning may not be possible, for example, youth who are mentally and/or physically challenged. The reason(s) why an assessment and case planning could not be completed shall be documented in the FOCUS IL referral and Child Plan. Assessment and planning for youth shall be developmentally appropriate.

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

Completing an IL Service Plan and Reviews

D-1. A meeting shall be held to develop a plan for youth following the completion of the youth's life skills assessments and interviews with significant individuals. Meetings for youth ages fourteen and fifteen (14 and 15) shall be held in conjunction with the Child Plan meetings. The meetings will be held at a time and place accommodating to the youth.

D-2. The IL Plan/Child Plan shall address the individual needs of the youth and the strategies planned for meeting those needs while assuring movement toward attainment of independent living skills.

D-3. The IL Plan/Child Plan shall include services that will be offered, the needs the services intend to address, the anticipated timeframe for when the services will begin and end, and what responsibility each team member will assume.

D-4. Participating team members shall sign the plan acknowledging their participation and agreement with the plan.

D-5. Youth shall have their IL Plan/Child Plan made available to them. Measurable goals and objectives must be developed and incorporated into the plan based on interviews and life skills assessments.

D-6. The IL plan for youth ages fourteen and fifteen (14 and 15) shall be documented within the body of the Child Plan in its various sections. The status section shall identify the youth's strengths and abilities, the needs section shall identify deficiencies and the activity section shall identify how the youth's needs shall be addressed and by whom. Status, needs and activities not otherwise captured in existing sections shall be documented in either the "preparation for IL" or "other" sections.

D-7. The IL plan for youth age sixteen (16) and older shall include the following areas:

- Career Planning
- Communication
- Daily Living
- Education
- Home Life
- Housing
- Money Management
- Self Care
- Social Relationships

D-8. The IL plan for youth age eighteen (18) and older receiving ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) funds shall include details concerning financial literacy goals and skill development training which will improve the youth's ability to self-manage the ASSIST funds.

D-9. The IL plan review for youth ages fourteen and fifteen (14 and 15) shall be completed by the DFS primary case manager via the Child Plan. The IL plan review for youth age sixteen (16) and older shall be completed in the IL case plan review event every six (6) months. If IL services are

contracted out the IL case plan review event shall be completed by the IL provider.

E. Basic Life Skills Development and Training

Basic Life Skills Development and Training

E-1. Skill training and development can be accomplished in a natural and informal manner within the youth's placement. Foster parents, mentors, guidance counselors, and other community partners may be utilized to help deliver life skills training to youth. Youth shall develop basic life skills obtained through formal and/or informal training which may include but is not limited to:

- Personal and interpersonal skills
- Decision making
- Job skills, including job preparation, job seeking, and job maintenance
- Money management, allowance and budgeting
- Consumer awareness, credit management, identity theft prevention
- Housing and transportation
- Health services, personal hygiene, appearance, and family planning
- Planning for the future
- Community involvement and use of community resources
- Food management, nutrition and education
- Legal issues and knowledge of legal rights; and
- Prevention of drug and alcohol abuse
- Violence and healthy relationships

E-2. The DFS Independent Living Program Manager shall submit a monthly batch report for all youth age 14 and older who are in foster care to the designated community partner in order to obtain a copy of the youth's credit report. The credit report will be sent directly to the assigned DFS worker. As a result of submitting a monthly batch report, each youth age 14 and older who are in foster care shall have a credit report obtained annually. Referrals for youth 18-21 will be submitted by the youth with the assistance of the IL provider.

E-3. Upon receipt of the annual credit report, the DFS case manager will review the report with youth and address identified instances of identity theft with the community credit repair agency designated on the report. The DFS worker will ensure that a copy of the credit report is provided to the youth annually. The IL contracted provider will assist all youth 18-21 in reviewing and repairing their credit with the community credit repair agency designated on the report.

E-4. A copy of the credit report shall be placed in the youth's file and referenced during the Transition Conference Meeting (Stairways To Encourage Personal Success-STEPS Meeting).

E-5. The DFS Worker shall document in FOCUS via a case note that the annual credit report was received, reviewed with the youth, and that a copy was given to the youth. Also, any efforts to assist the youth with credit report inaccuracies will be documented in FOCUS in the same manner.

E-6. Youth shall participate in educational and/or vocational training such as traditional high school, diploma program or GED program. If applicable post-secondary education and academic supports may be provided.

E-7. Youth shall have the opportunity to participate in formal skill development through trainings, workshops and conferences as funds and programs are available.

E-8. Youth who age out of foster care or meet other eligibility criteria for after care services shall have the opportunity to participate in the Education and Training Voucher (ETV) Program to help them receive the education, training and services necessary to obtain employment; funds shall not exceed $5,000 per youth, per year when available.

E-9. Applications for ETV funds shall be submitted to the designated contact for review and approval. Applications shall be completed by the IL provider if IL services are contracted out and by the DFS primary case manager if not.

E-10. Youth who aged out of foster care after 7-1-2012 and/or meet the eligibility criteria for after care services shall have the opportunity to participate in the ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) Program. Applications shall be completed by the youth with the assistance of an IL provider or state IL representative.

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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. The exit planning meeting shall be scheduled at the STEPS meeting. An exit meeting shall be conducted by the DFS caseworker to develop and or review the transitional plan for youth exiting care within 90 days (3 months) prior to the child attaining the age of 18. In the event that a board extension has been approved, an additional exit meeting shall occur at least 90 days (3 months) prior to the planned date the youth will exit foster care, if the initial exit conference was held more than six (6) months prior.

F-7. Every youth will be educated on the importance of designating another individual to make health care treatment decisions on their behalf in the event that they become incapacitated and do not have, or do not want an authorized relative to make health care treatment decisions on their behalf. All youth will be provided with an informational form that outlines the significance of making such designations and directions regarding the process of executing a health care power of attorney.

F-8. Every youth will be educated regarding their eligibility and the requirements of the ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) Program.

F-9. The meeting attendees shall be:

- Youth
- DFS caseworker
- IL service provider (if applicable)

The meeting invitees shall be

- Any significant individuals as requested by the youth, especially family members and supportive adults
- Child Attorney and/or CASA if one has been appointed
- Foster parent(s) or caregiver

F-10. Topics to be discussed at the meeting include but are not limited to:

- The STEPS meeting address the following: employment, housing, education, medical, transportation, credit, legal issues, and any other topic identified by the youth.
- The results of the youth's credit report.
- Youth's concerns about exiting care.
- Any difficulties with the transition as seen by the foster parents, biological parents, relatives, or professionals who have been providing services to the youth.
- Expectations of the youth continuing with any service program. This shall include responsibilities of the youth coupled with supports from the IL coordinator, foster parent(s), biological parent(s), relatives, community connections and service providers.
- Identifying at least three adults committed to offering the youth a lifelong connection.
- Any benefits which the youth shall be entitled including housing allowances and funds for education and training and stipends from the ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) Program.
- Any benefits such as Medicaid, which may become available or discontinued, shall be identified and addressed in the youth's plan.
- The importance of designating another individual to make health care treatment decisions on their behalf in the event that they become incapacitated and do not have, or do not want an authorized relative to make health care treatment decisions on their behalf. All youth will be provided with information that outlines the necessity to make such designations and the process of executing a health care power of attorney.

F-11. The DFS primary caseworker shall document a summary of the exit meeting in DFS FOCUS case and IL case. Copies of the summary document shall be provided to the youth.

F-12. The plan review will be documented in FOCUS prior to closing the youth's case and must include information pertaining to the efforts made to educate the youth on the importance of designating a health care proxy and the opportunity provided to the youth to execute a health care power of attorney.

F-13. Upon discharge from foster care, all youth 18 or older who have been in foster care for at least six months will be provided with the following items: official letter documenting that the youth was in foster care, a certified copy of their birth certificate, social security card, identification card or driver's license, a copy of their medical records, health insurance information, available educational records, community resource list, credit report guide, a copy of the latest credit report and a copy of the ASSIST program brochure. These documents will also be provided, as available, to youth age 18 and older exiting foster care but in custody less than 6 months.

G. Transitional Housing Arrangement

Transitional Housing

G-1. Youth in foster care may be eligible to participate in a Transitional Housing Arrangement (TL) if the youth meets the following requirements:

- Age eighteen (18) through twenty (20) (not reached age of 21)
- Exited foster care after their eighteenth (18th) birthday or later
- Has demonstrated an ability to manage their money
- Is continually enrolled in and regularly attends school or vocational training
- Sustains employment if enrolled in an educational program as a part-time student
- Agrees to the requirements of the TL service plan
- Needs help in transitioning to self-sufficiency
- Is capable of contributing to the cost of the TL Arrangement through:
- Earned income from employment, or
- Unearned income from scholarships, stipends, grants, work-study arrangements, supplemental security income (SSI), or any combination of these sources.

G-2. Youth not meeting the requirements due to a documented disability are eligible and must agree to an appropriate service plan.

G-3. Youth who are interested in residing in a TL arrangement shall:

- Meet the eligibility requirements
- Apply through the ILP manager
- Apply through the IL service provider in their county when services are contracted out

G-4. The DFS case manager shall coordinate the application process for transitional living with the contracted IL provider with responsibilities to include supplying the provider with information necessary to satisfy eligibility for programming.

G-5. Youth failing to fully participate in the TL arrangement are subject to termination after review of their service plan.

H. Independent Living After Care

Independent Living Aftercare

H-1. Aftercare service shall be coordinated and provided through contracted services.

H-2. Youth formerly in foster care may be eligible to participate in the IL aftercare program if the youth meets the following requirements:

- Exited foster care after their eighteenth (18th) birthday but have not attained the age of twenty-one (21)
- Accepts personal responsibility for achieving self-sufficiency
- Has demonstrated an ability to manage money
- Sustains employment if enrolled in an educational program as a part-time student
- Needs continued help in transitioning to self-sufficiency
- Is capable of contributing to the cost of the independent living aftercare program through:
  - Earned income from employment, or
  - Unearned income from scholarships, stipends, grants, work-study arrangements, supplemental security income (SSI), or any combination of these resources

H-3. Youth formerly in foster care who are interested in the IL aftercare program shall:

- Meet the eligibility requirements
- Apply through the IL manager, if the youth will reside outside of Delaware (such youth will be referred for aftercare services in the state of residence).
- Apply to the IL service provider in their county where services are contracted out.

H-4 Youth formerly in foster care who turned age eighteen (18) on or after July 1, 2012 and are less than age twenty-one (21 that exited foster care due to reaching the age of majority or are otherwise eligible for independent living aftercare services are eligible to receive financial assistance through the ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) Program. Additional eligibility criteria includes:

- Active participation with an IL provider
- Completion of financial literacy training within one year of application (6 hours of training)
- Youth must work/attend school/volunteer or have a disability

H-5 Youth eligible for the ASSIST Program shall:

- Apply through their IL provider/through the Delaware state office
- Complete a Budget Worksheet
- Complete a Readiness Assessment
- Complete the Assist Agreement

I. Termination of Aftercare Independent Living Services

Termination of Aftercare Independent Living Services

I-1 The Division shall terminate IL services if the youth is:

- Not participating in the IL program activities; or has reached twenty-one (21) years of age.
- Made themselves unavailable for services for 90 days or more, unless the reason for the absence is known to the IL service provider or DFS case manager and the absence is for the purpose of supporting the youth's plan for independence.

I-2 If appropriate, the Department shall refer the twenty-one (21) year old young adult to other agencies and resources as appropriate.

I-3 Youth receiving ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) Program funds whose IL services have been suspended or discontinued are also ineligible for ASSIST. Youth may appeal such decisions regarding termination from the ASSIST program.

J. Victims of Sex Trafficking

When a caseworker suspects a child/youth in an active case is a victim of trafficking or the child/youth discloses they are a victim, an immediate report shall be made to the Report Line. The caseworker shall also make a report to law enforcement within 24 hours and the Department of Justice.
Law enforcement will take the lead in the investigation and decisions will be made about forensic evidence collecting and interviews.

A. Identification and Reporting of youth ages 18-21 receiving contracted independent living after care services; and youth receiving independent living services ages 16 and older who left foster care through adoption or guardianship. Signs of sex trafficking include:

- Unexplained possession of money, clothing, phones or other goods
- Apparent control of activities or possessions by another person
- Changes in behavior such as withdrawal, depression, angry outbursts or inappropriate sexual behavior
- History of running away or disrupting placements
- Signs of being groomed (i.e. hair done, nails done, new clothing, etc. that child cannot afford or justify how paid for)
- Suspicious tattoos or other signs of branding (e.g. tattoos of the trafficker's names, dollar signs, diamonds, stars, etc. May also have certain designs/logos on nails, jewelry, etc.)
- Associates or has relationships with age-inappropriate friends, boyfriends or girlfriends
- Child has inappropriate, sexually suggestive activity on social media websites and/or chat apps
- Child is recovered from runaway episode in a hotel or known area of prostitution

1. Independent living contract providers are to identify, report and provide services for suspected victims of sex trafficking.
2. Youth who are missing or runaway shall be reported to law enforcement within 24 hours.
3. Youth who are missing or runaway shall be reported to the National Center for Missing and Exploited Children within 24 hours.
4. When a missing youth is located, it is the responsibility of the assigned independent living caseworker to interview the youth at the next face to face contact.
5. A thorough interview of the youth will be conducted and documented in the youth's service record. The interview should follow these suggested questions:
   - When did you leave?
   - Why did you leave?
   - Where did you go after you left?
   - How did you get to that place/those places?
   - Where did you sleep?
   - What did you eat? How did you pay for your food?
   - Did anyone help you while you were gone? (If yes, ask the youth to explain how the person helped)
   - Did you feel uncomfortable or scared with any of the people you met when you were gone?
   - Did anyone take a picture of you that made you uncomfortable?
   - Did anyone threaten or hurt you while you were gone? If yes, who?
   - Did anyone force you to do anything you did not want to do? If yes, who? Tell me what happened.
   - Did anyone force you to touch someone and have unwanted physical or sexual contact?
   - Did you ever have sex for things of value (for example, money, housing, food, gifts or favors)?
   - Will you leave again?
6. If the youth exhibits trauma or symptoms of trauma, the provider shall refer for appropriate mental health screening. If the youth is physically harmed or divulges forced sexual activity, the provider shall arrange for a physical exam and report it to local law enforcement.
7. If the screenings determine the youth is a possible sex traffic victim, the provider may call the Human Trafficking information and Referral Hotline at 1-888-373-7888; or visit the website at http://www.traffickingresourcecenter.org/. The hotline will help determine if the youth is a victim of human trafficking and identify local resources in the community to help victims.
8. The provider shall determine the primary factors that led to the youth running away and address those factors to prevent another episode.
9. The provider shall consider whether a comprehensive physical examination is appropriate.
10. The provider shall consider the need for referral for counseling or other appropriate community service to address the youth's treatment needs.
11. The provider shall document information in the service record.

Administration

Decisions:

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)

A-1. **Notification Letters**

A-1.1. The Division must make a good faith effort to confirm the last known address of the person it intends to substantiate.

A-1.2. Personal delivery of the notice of intent to substantiate must be documented in a FOCUS Progress Note.

A-1.3. A minor who is substantiated shall receive his or her own investigation outcome letter and the custodial parent(s) shall receive a copy of the letter.

A-1.4. A parent/custodian with whom the child has primary residence shall receive the Letter to Inform Custodial Parent About Abuse/Neglect (Document Number 37-06-01/06-01-23). This will enable the parent/custodian to seek appropriate treatment for the child if needed. The parent/custodian does not have a right to appeal the finding.

See Letters on FOCUS U Drive and in Forms Manual

A-1.5. Types of investigation Outcome Letters:

a. Substantiation of child abuse/neglect – The Notice of Substantiation letter (Document Number 37-06-01/03-4) shall be used for this purpose. The Central Child Abuse Registry Information Notice (Document Number 37-06-01/03-3) should be enclosed with the Notice of Substantiation. The Information Notice is two-sided and has a flow chart (Document Number 37-06-01/03-3) of the Substantiation Hearing and Administrative Expungement Process on the back. Note: The Administrative Expungement Process has been replaced by the Early Removal process. In addition to the Notice of Substantiation letter, Information Notice, and Flow Chart, Division staff shall include a copy of the Early Removal information sheet. The sheets are located in the Substantiation – Early Removal folder on the U drive under "Appeals Pre 2-1-03 Incidents."

Substantiation of CAN – Right to Appeal

b. Substantiation of child abuse/neglect; disqualifying factor – The Notice of Substantiation/Court Adjudication letter (Document Number 37-06-01/03-6) shall be used for this purpose. A disqualifying factor will be confirmed by a search of DELJIS (DE Criminal Justice Information System) and FOCUS. When the following disqualifying factors apply at the conclusion of an investigation, the Division shall send written notice, by certified mail, returned receipt requested and by First Class U.S. mail to the person's last known address, that the individual will be placed on the Central Child Abuse Registry for having committed child abuse or neglect. The individual shall not have the opportunity to request a Substantiation Hearing.

Substantiation of CAN – Disqualifying Factor – No Right to Appeal

Disqualifying factors:

- Has been convicted or pled guilty to a criminal offense contained in Subchapters II or V of Chapter 5 of Title 11 including those taken nolo contendere or subsequently discharged or dismissed under a First Offenders program pursuant to 10 Delaware Code § 1024 and the plea or conviction is for the same incident substantiated by the Division.
- Has been adjudicated delinquent as a juvenile for any of the comparable offenses listed for adults for the same incident investigated by the Division.
- Has been substantiated for abuse or neglect at a civil court hearing or administrative hearing at which the minimum standard of proof was preponderance of the evidence for the same incident investigated by the Division.

No Substantiation of CAN – No Right to Appeal

c. No substantiation of child abuse/neglect – At the conclusion of the investigation, when the Division does not intend to substantiate, the individual(s) shall not be informed of the right to appeal. The Investigation Outcome Letters – Unsubstantiated, Case Closed (Document Number 37-06-01/03), Unsubstantiated, Open for Risk (Document Number 37-06-01/03-8), and Unsubstantiated, Referred to Low Risk Treatment Contract (Document Number 37-06-01/04-2) shall be used for this purpose.

Substantiation of Dependency – No Right to Appeal

d. Substantiation of dependency – At the conclusion of the investigation, when the Division intends to substantiate only for dependency and there has not been a civil court ruling or administrative hearing finding of abuse or neglect, the individual(s) shall not be informed of the right to appeal. Investigation Outcome Letter – Substantiated for Dependency (No Abuse/Neglect) (Document Number 37-06-01/04-1) is used for this purpose.

Letter to Reporter – No Right to Appeal

e. Outcome letter to Reporter – At the conclusion of the investigation, the Division shall send a letter to the reporter indicating that the Division has completed its investigation. The reporter shall not be informed of the right to appeal. Outcome Letter to Reporter (Document Number 37-06-01/03-9) shall be used for this purpose.

Substantiation of CAN, Perpetrator Unconfirmed – No Right to Appeal

f. At the conclusion of the investigation, when the Division has substantiated abuse or neglect, but not determined who is the perpetrator, a letter shall be sent to the parent(s)/custodian(s) informing them of the substantiation, but that the perpetrator has not been determined. The parents/custodians do not have the right to appeal the finding.

A-2.	**Substantiation Hearing Request Process**	
A-2.1.	The Substantiation Hearing appeal process is initiated when the person the Division intends to substantiate or an attorney acting on his or her behalf sends a written request to the Substantiation Hearing Coordinator in Central Office. The appellant's request 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. 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 written request should be mailed to the Substantiation Hearing Coordinator. Although the Division shall not exclude such requests when received within 20 calendar days of the date of notice of substantiation, Division staff shall not encourage the submission of appeal requests in this manner.	**How to Request a Substantiation Hearing**
A-2.2.	All requests for Substantiation Hearing will be logged and tracked by the Substantiation Hearing Coordinator. The Substantiation Hearing Coordinator will review the substantiation request to determine if the person making the request is the person the Division intends to substantiate.	
A-2.3.	For persons requesting a substantiation hearing, the Substantiation Hearing Coordinator will determine if any of the disqualifying factors listed in the Regulations for the Central Child Abuse Registry apply.	
A-2.4.	When a disqualifying factor does not apply to the Substantiation Hearing request, the request will be forwarded to the Hearing Officer using the fax cover sheet format supplied by the Hearing Officer. The Division and Hearing Officer shall follow the Substantiation Hearing process described in the Regulations for the Central Child Abuse Registry.	
A-3.	**Hearing Officer Procedures – Not Listed in Regulations**	
A-3.1.	Ex parte communication – Division staff should not contact the Hearing Officer directly. Case related issues should be referred to the Regional Deputy Attorney General, even if the attorney's involvement is not planned. Contractual issues (e.g., problems) should be referred to the Division Contract Manager, Linda Shannon (633-2663).	**Hearing Officer Procedures**
A-3.2.	Special needs – The Hearing Officer shall determine if translation services (e.g., foreign language or disabling condition such as hearing or speech) are needed. If an interpreter is required, the	

Hearing Officer will request that the DFS Supervisor obtain the needed service for the hearing.

A-3.3. Scheduling – The Hearing Officer shall notify the appellant and his or her attorney (if applicable) of the date, time, and location of the hearing by certified letter. The Division caseworker and supervisor shall be notified by regular U.S. mail, via computer, or fax. The e-mail address for a State employee is: name of person@state.de.us. A Deputy Attorney General representing the Division shall be notified by U.S. mail.

For the purpose of Interstate/Intercounty cases, the hearing may take place by teleconference or videoconference if requested in writing by the aggrieved party.

A-3.4. Rescheduling – The Hearing Officer may reschedule a hearing for good cause at the request of the appellant or the Division. Notification procedures shall be the same as for Scheduling (A-3.3).

A-3.5. Failure to Appear – If the appellant fails to appear for the hearing without notifying the Hearing Officer in a timely manner, the appeal request will be considered abandoned and null. The Hearing Officer shall notify the appellant by certified letter, return receipt requested and by U.S. mail that failure to appear without notice has terminated the Substantiation Hearing or Administrative Expungement Hearing process unless he or she can show good cause within seven (7) calendar days. The Hearing Officer shall have the discretion to reschedule the hearing if the appellant provides good cause within seven (7) calendar days of receipt of termination why he or she did not appear without notification.

A-3.6. Location of the Fair Hearings – Hearings for New Castle County cases will be held in a Division conference room at Barley Mill Plaza. Hearings for Kent and Sussex Counties will be held in the Division conference room in the Draper Building in Milford.

A-3.7. Child Witness – The Hearing Officer shall determine in advance of the hearing whether a child will be permitted to testify. The Hearing Officer may want to interview the child to determine the child's ability and willingness to testify and consider other case-related factors, including but not limited to, the age of the child, the mental capabilities and functioning of the child, and the type of abuse or neglect.

A-3.8. Fair Hearing Process

a. The Division shall provide the tape recording equipment and tapes for the hearings.

b. The Hearing Officer will greet all parties and request introductions. An attendance sheet will be circulated for all parties to sign.

c. The Hearing Officer will briefly summarize the reason a hearing was requested and explain the hearing process.

d. The Hearing Officer will ensure that all testimony is sworn or affirmed. The Division shall provide a Bible for sworn testimony.

e. The Division shall request that the Hearing Officer sequester witnesses unless the Deputy Attorney General makes a different recommendation.

f. The Division will be asked to present their case including the submission of evidence and testimony of witnesses. This will be followed by questions from the appellant or his or her attorney.

g. The appellant will be asked to present their case including the submission of evidence and testimony of witnesses. This will be followed by questions from the Division or the Deputy Attorney General.

h. The Hearing Officer may ask questions following testimony by the Division or the appellant and their respective witnesses.

i. The Division/Deputy Attorney General and the appellant or his or her attorney will be given the opportunity to present closing arguments.

A-3.9. Continuances/Reconvening the Fair Hearing – The Hearing Officer will decide if a hearing needs to be continued and reconvened at a later date. A continuance should be scheduled within fourteen (14) calendar days of the initial hearing date.

A-3.10. Fair Hearing Decision

a. A copy of the decision will be mailed to the appellant by certified letter, return receipt requested and First Class U.S. mail. A copy of the Decision will also be sent by First Class U.S. mail to the Division and the attorneys of the parties.

b. The Division shall mail a copy of the decision to the appropriate DSCYF Division Director (YRS or PBHS) when an employee is involved in the appeal or expungement process.

c. The written decision must:
- State the date, time, and location of the hearing.
- State the names of the parties attending the hearing and role.
- Summarize briefly the reason for the hearing.
- Describe the Division's presentation including evidence and witnesses.

- Describe the appellant's presentation including evidence and witnesses.
- State findings of fact (relevant facts used to make the decision and conclusions of law).
- State the decision.
- Advise the appellant of the right to appeal to Family Court.

A-3.11. The Hearing Officer's decision shall be filed in the review section of the hard copy case record.

A-4. **Appeals to Family Court**

Appeals to Family Court

A-4.1. Appeals to Family Court for a review of a Hearing Officer's decision regarding substantiation of abuse/neglect are governed by Family Court Civil Rule 72. The appeal is initiated when the appellant or his/her attorney files a notice of appeal within the appropriate time frame. Family Court then serves the Substantiation Hearing Coordinator with a citation to produce the appeal record for the Court within 20 days.

A-4.2. The Division Director's office reviews the appellant's notice of appeal to determine if the request is inappropriate (e.g., the appellant did not adhere to the time frame for requesting a review by the Court, the appellant skipped steps in the appeal process, or a disqualifying factor applies). If the request is inappropriate, the Division Director's office contacts a Deputy Attorney General who will respond to the Court. If the request is appropriate, the Division Director's office will contact the regional office that maintains the hard copy case record to request the audiotapes and evidence from the Fair Hearing and copies of other pertinent appeal materials to be sent to Court.

A-4.3. The Division Director's office notifies the appellant or his/her attorney about the estimated transcription cost of the Fair Hearing tapes and that it must be paid in advance of the typing. Upon payment, the Division Director's office arranges for a certified transcript of the Fair Hearing to be typed, prepares the appeal record for Court, and delivers the appeal record to Court.

	B. Appeals/Fair Hearings – Treatment, Foster Care, and Adoption	
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. 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.	**How to Request an Appeal – Treatment, Foster Care, Adoption**
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.	
B-3.	All requests for appeal will be logged and tracked by the Substantiation Hearing Coordinator's office.	
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.	
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: 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.	**Hearing Officer Procedures**

g. Ensure that all parties receive a copy of the decision.

B-6. Hearing Officer Procedures

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.

C. Confidentiality

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.

C-2. The caseworker will obtain a separate form for each member of the family.

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.

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.

C-5. The client should specify on the consent form any collateral sources who are not to be contacted.

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”.

DELJIS

E. Locating Parents

Locating Parents

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:

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.

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:

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:
   1. www.555-1212.com
   2. www.bigbook.com
   3. www.lookupusa.com
   4. www.databaseamerica.com
   5. www.switchboard.com

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:

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.

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 form addition 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.

Treatment

F-12. Treatment caseworkers will continue to assess the possibility of parental substance abuse during the assessment process and in ongoing safety planning.

FOCUS Service Referral

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 FOCUS Service Referral, documenting the date the referral was made and the date services were initiated.

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.

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.

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.

G. Petition for Substantiation/Removal from the Registry (Post 2/1/03 Incidents)

G-1. **Notification Letters**

G-1.1 The Division must make a good faith effort to confirm the last known address of the person it intends to substantiate.

G-1.2 When the Division intends to substantiate a minor, the Notice of Substantiation salutation and envelope should include both the parent/custodian name(s) and the name of the alleged child perpetrator.

G-1.3 A parent/custodian with whom the child has primary residence shall receive a copy of a Notice of Substantiation letter that substantiates abuse or neglect perpetrated on their child by another person who had care, custody, and control of their child. This will enable the parent/caretaker to seek appropriate treatment for the child if needed. The parent/custodian does not have a right to appeal the finding on behalf of a child victim.

G-1.4 The primary, secondary, and tertiary findings should be stated in the notification letter. The primary finding is always the highest Child Protection Level. (The primary finding is the finding that is put on the Registry). When two findings are on the same Level, the primary finding should always be the most severe matter.

Primary, Secondary, and Tertiary Findings

G-1.5 Types of Notification Letters:

Notices of Substantiation

a. Notice of Substantiation – When the Division intends to substantiate an incident of child abuse/neglect a notice shall be sent for the appropriate level the Division intends to substantiate:

- Level I (Document Number 37-06-10-02-12-23-6)
- Level II (Document Number 37-06-10-02-12-23-7)
- Level III (Document Number 37-06-10-02-12-23-8)
- Level IV (Document Number 37-06-10-02-12-23-9)

See Notification Letters on U Drive (Notices of Substantiation and Hearing Request Forms) are in Forms Manual

A Hearing Request Form specific to the Regional Office that conducted the investigation should be enclosed with each Notice of Substantiation. The Notice of Substantiation and Hearing Request Form shall be sent by certified mail, return receipt requested and by First Call U.S. mail. The notice should also be sent when a criminal investigation is in progress, but no charges have been filed.

Notices of Substantiation, Charge Pending

b. Notice of Substantiation, Charge Pending – When the Division intends to substantiate an incident of child abuse/neglect, but a charge is pending regarding the same incident the Division investigated, a notice shall be sent for the appropriate level the Division intends to substantiate:

- Level I (Document Number 37-06-10-02-12-23-10)
- Level II (Document Number 37-06-10-02-12-23-11)
- Level III (Document Number 37-06-10-02-12-23-12)
- Level IV (Document Number 37-06-10-02-12-23-13)

Criminal Finding After DFS Case Disposition

Note: When a criminal finding for the same incident the Division investigated becomes known subsequent to the case disposition, the Substantiation Hearing Coordinator will notify the caseworker to send a Criminal Conviction Based on Same Child Abuse and Neglect Incident letter (See Section c. below). The Registry start date on FOCUS should be the same date as the criminal conviction/plea date.

A Hearing Request Form specific to the Regional Office that conducted the investigation should be enclosed with each Notice of Substantiation. The Notice of Substantiation, Charge Pending and Hearing Request Form shall be sent by certified mail, return receipt requested and by First Class U.S. mail. Note: The Hearing Request Form for Level I findings (Document Number 37-06-10-06-02-22) is different than the Hearing Request Form for Levels II-IV (Document Number 37-06-10-06-02-21) because Level I findings are not entered on the Registry.

c. Notice of Substantiation (Criminal Conviction Based on Same Child Abuse and Neglect Incident) – This letter (Document Number 37-06-10-03-04-17) shall be sent when a criminal conviction has been made by plea or by trial prior to the conclusion of the Division's investigation. A Hearing Request Form shall not be sent with this letter. The letter shall be sent by certified mail, return receipt requested and by First Class U.S. mail.

Notice of Substantiation – Criminal Finding

d. Notice of Substantiation – Dependency (No Abuse/Neglect) – This letter (Document Number 37-06-10-02-12-27-25) shall be sent when the Division has investigated and substantiated dependency, but no abuse or neglect. This letter shall also be used when the Court has ordered that a child is dependent only (not dependent/neglected or dependent/abused). If a child is dependent/neglected or dependent/abused, use the appropriate letter for the Child Protection Level in G-1.4.a. or G-1.4.b. above. The letter contains the right to appeal to a contracted Fair Hearing Officer. A Hearing Request Form shall not be sent with this letter. The letter shall be sent by First Class U.S. mail.

Notice of Substantiation, Dependency (No Abuse/Neglect)

e. Notice of Substantiation – Dependency (No Abuse/Neglect) – Family Court Determination (Document Number 37-06-10-03-04-25) shall be sent when Family Court has issued an order of dependency without also making a finding of abuse or neglect prior to the conclusion of the investigation. A Hearing Request Form shall not be sent with this letter since due process was provided by Family Court. The letter shall be sent by First Class U.S. mail.

Dependency – Family Court

f. No Evidence to Substantiate, Case Closed – This letter (Document Number 37-06-12-02-12-23-19) shall be sent when the Division has investigated and found no evidence to substantiate, no concerns, and no risk. The letter shall be sent by First Class U.S. mail.

No Evidence, Case Closed

g. Unsubstantiated with Concern, Case Closed – This letter (Document Number 37-06-10-02-12-23-20) shall be sent when the Division has investigated and identified concerns, but determined the children are not at risk. The letter shall be sent by First Class U.S. mail.

Unsubstantiated with Concern, Case Closed

h. Unsubstantiated with Concern, Case Opened for Risk – This letter (Document Number 37-06-10-02-12-23-21) shall be sent when the Division has identified concerns and determined that the children are at risk. The letter shall be sent by First Class U.S. mail. DFS will provide the treatment services.

Unsubstantiated with Concern, Case Opened for Risk

i. Unsubstantiated with Concern, Case Opened for Risk, Perpetrator Not Known – This letter (Document Number 37-06-10-02-12-23-22) shall be sent when the Division has determined that the child has been abused or neglected, but the perpetrator has not been confirmed through investigation. If the perpetrator becomes known, the Division shall send the appropriate Notice of Substantiation with Hearing Request Form and change the finding in FOCUS. The letter shall be sent by First Class U.S. mail.

Unsubstantiated with Concern, Perpetrator Not Known

j. Unsubstantiated with Concern, Transferred to Low Risk Treatment – This letter (Document Number 37-06-10-03-04-23) shall be sent when the Division has identified concerns and determined that the children are at risk. The letter shall be sent by First Class U.S. mail. Treatment services will be provided by a contracted service provider.

Unsubstantiated with Concern – Transferred to Low Risk

k. Unsubstantiated with Concern, Case Active in Treatment or Low Risk Treatment – This letter (Document Number 37-06-10-03-04-24) shall be sent when the Division completes its investigation of a case active in Treatment or Low Risk Treatment and determined the allegations are unsubstantiated, but the case requires continued services. The letter shall be sent by First Class U.S. mail.

Unsubstantiated with Concern, Active in Treatment/Low Risk Treatment

l. Investigations resulting in findings related to adolescent issues such as parent/child conflict, individual adolescent adjustment problem, uncontrollable behavior, or runaway behavior will utilize the most appropriate Unsubstantiated with Concern (Case Closed, Case Opened for Risk, Transferred to Low Risk Treatment) letter.

Adolescent Findings

m. Letter to Inform Parent/Custodian About Abuse/Neglect (Document Number 37-06-01/06-01-23) – This letter shall be sent to the non-offending parent/custodian at the conclusion of the investigation, to inform the parent/custodian that abuse or neglect of the child in their care was substantiated. The purpose of the letter is to inform the parent/custodian treatment may be needed for the child victim.

Letter to Non-Offending Parent/Custodian

n. Returned Notification Letter – When a certified letter is not picked up at the Post Office, but the First Class letter has not been returned, it is assumed that the First Class letter was received and notification was achieved. When the certified letter and First Class letter are returned to the Division, the Division is not required to publish the notification in the newspaper. The substantiated party will automatically go on the Registry and a decision to offer an appeal at a later time will be made on a case by case basis after consideration of the substantiated party's reasons for not receiving the notification.

o. When the Division intends to substantiate, but the perpetrator's whereabouts are unknown, the Division will publish in The News Journal that the Division has filed a substantiation petition. The format for publication is located in the Substantiation Folder (Post 2/1/03 Events) on the Division's U drive.

G-2 **Hearing Request Forms**

G-2.1 A Level I Hearing Request Form (Document Number 37-06-10-06-02-22) shall be included with Level I Notice of Substantiation and Level I Notice of Substantiation, Charge Pending letters.

G-2.2 A Hearing Request Form (Document Number 37-06-10-06-02-21) shall be sent with Levels II – IV Notice of Substantiation and Levels II – IV Notice of Substantiation, Charge Pending letters

G-2.3 The Hearing Request Form will be returned to the Substantiation Hearing Coordinator. It will be the responsibility of that office to track the requests and notify the appropriate regional staff when a request is received.

G-2.4 The Hearing Request Form must be received or postmarked within 30 days of the Division's notification postmarked date it was sent to the substantiated person.

G-2.5 The substantiated person, or an attorney acting on their behalf, may also request a hearing by letter (without the Hearing Request Form).

Hearing Request Denial Letters

G-2.6 Hearing requests postmarked 31 or more days after the postmarked date of the Division's notification letter will be denied. A letter of denial shall be sent by the regional office that conducted the investigation. There is a denial letter (Document Number 37-06-10-03-05-19) for Level I (not placed on the Registry) and a denial letter (Document Number 37-06-10-03-05-18) for Levels II – IV (placed on the Registry).

G-3. **Petition for Substantiation in Family Court**

How to File a Petition for Substantiation

G-3.1. Within 20 days of receipt of the Hearing Request Form, the Division must file a Petition for Substantiation in Family Court. The petition must be filed in the county in which the alleged incident occurred.

G-3.2. Within 20 days of the nolle prosequi, acquittal or dismissal of criminal charges, the Division will file a Petition for Substantiation in Family Court.

G-3.3. The Division caseworker will contact a Regional Deputy Attorney General (DAG) who will write the Petition for Substantiation. The caseworker will forward the following information to the DAG:

- Notice of Substantiation letter
- Regional Hearing Request Form (signed by alleged substantiated party)
- Risk Assessment – all Force Fields, Conclusion Narrative, and FOCUS Risk Ratings
- Safety Assessment and Safety Plan (if completed)
- The address where the abuse or neglect incident occurred in addition to the child's residential address
- Cite the specific type of abuse or neglect to be substantiated (e.g., Level III – 9.1.4 Child Left Alone)

The caseworker shall request that the DAG include all findings (primary, secondary, and tertiary) in the petition and request all be argued in Court.

No Consent Agreements

G-3.4. In general, the Division does not support consent agreements regarding substantiated investigation findings. The Division wants to present its findings to the Court. If the DAG does not concur there is a preponderance of the evidence to support a Petition for Substantiation, the caseworker's supervisor should be contacted by the DAG in advance of a hearing. If the DAG does not concur and the supervisor has not been contacted prior to the hearing, the caseworker will contact their supervisor. If the Supervisor and DAG cannot reach an agreement, the Regional Administrator and supervisor of the DAG will be contacted.

Motion Pending a Final Order on the Petition for Substantiation

G-3.5. For the purpose of keeping children safe in childcare, health care facilities, and public schools, the statute allows the Division to file a motion in Family Court requesting that a party be entered on the Registry at a designated Child Protection Level pending a final order on the Petition for Substantiation. The caseworker will contact a Regional DAG to request that a Motion pending a final order on the Petition for Substantiation be filed whenever the Division makes any Level IV finding or a Level III for the following findings:

- Bizarre Treatment
- Bruises/Cuts/Lacerations Requiring Medical Intervention
- Dislocations/Sprains
- Lack of Supervision, Ages 6 and Younger

The Regional DAG will notify Family Court if the substantiated person does not request a substantiation hearing after a decision on the Motion (if the Hearing Request Form was not returned or not returned timely to the Division).

Affidavit Needed (See Forms Manual)

In addition to the information forwarded to the Regional Deputy Attorney General to file the Petition for Substantiation (G-2.3 above), the caseworker must sign an affidavit that will be notarized.

Request for Substantiation Finding and Child Protection Level during a custody proceeding

G-3.6. The statute allows the Division to request a finding of abuse or neglect in a child welfare proceeding. A separate Petition for Substantiation is not necessary. If the Division concludes its investigation prior to the adjudicatory hearing, the caseworker will contact the Regional DAG to request that the custody petition be amended to request a finding of abuse or neglect and designation to a Child Protection Level. The Division caseworker should be specific as to which parent/caretaker we are requesting substantiation and recommend a Child Protection Level. If the Division does not conclude its investigation prior to the custody hearing, the caseworker will request that the DAG file a Petition for Substantiation. When a dual petition is to be filed, the Division caseworker will forward the paperwork identified in G-2.3. (The Division is likely to file for custody prior to receiving the Hearing Request Form back from the substantiated person so it may not be available for the DAG).

If a criminal charge is pending, the custody proceeding will not be stayed.

See modified Notice of Family Court Action for newspaper

G-3.7. When a parent's whereabouts are unknown prior to the custody hearing, the Division publishes notice in the newspaper. If the Division intends to request a substantiation finding and designation to a Child Protection Level during a custody hearing, the notice in the newspaper shall also include the Division's intent to substantiate. On the form where it says "Fill in the type of petition you filed" write "custody and substantiation."

G-3.8 When a case is being investigated jointly by the police, a DELJIS search must be conducted as close as possible to a scheduled Family Court substantiation hearing date to determine if charges have been filed for the same incident of abuse or neglect. The caseworker must inform the Regional DAG of any pending charges prior to the hearing.

G-3.9. Family Court may designate that a party be placed on a different Child Protection Level than that requested by the Division. The Division shall note any change in the finding type(s) and level in FOCUS.

G-3.10 An order of substantiation by Family Court may not be stayed pending appeal.

G-4. **Removal from the Child Protection Registry**

Automatic Removal from the Registry

G-4.1. A person who is entered on the Child Protection Registry at Child Protection Level II or III will be automatically removed from the Registry, within the time frames established by law, provided that person has not been substantiated for another incident of abuse or neglect while on the Registry.

Early Removal from the Registry – Eligibility

G-4.2. A person who is entered on the Child Protection Registry at Child Protection Level II or Level III, and who has successfully completed a Division recommended Family Service Plan or Family Court – ordered case plan may file a Petition for Early Removal prior to the expiration of the time designated for the level. Only a person who has successfully completed his or her case plan is eligible to petition for early removal. The petition must be filed in the county where the substantiation occurred.

G-4.3. The Division's treatment staff shall send a letter at the conclusion of the Division's services notifying the substantiated person whether they have successfully (Document # 37-06-10-02-12-23-23) or not successfully (Document # 37-06-10-02-12-23-24) completed their Division Family Service Plan. Successful completion of a Family Service Plan is constituted by:

What is successful completion of a treatment Family Service Plan?

- Scores of 1 or 2 on the closing FAF in areas previously identified as 3, 4, or 5 and included in the Family Service Plan.
- In the closing narrative, the Treatment worker must document that they have been able to observe internalized changes in the client. The narrative should also include a summation of reports and observations made by service providers.
- The client should have supporting documentation from schools, doctors, community-based agencies, i.e., substance abuse treatment agencies, parenting classes, domestic violence groups, probation/parole, parent aides, and other professionals supporting the client's contention that they have made changes in their lives.
- If the case is substantiated and transferred to low risk treatment, the low risk treatment provider will hold the client to the same standards as a Division treatment worker when closing the case as Successful Completion of the Family Service Plan.

G-4.4. In some cases, the Division substantiates abuse or neglect, but does not offer treatment services to the substantiated person (e.g., parent may have agreed to give a relative custody). The substantiated person may still file a Petition for Early Removal. Follow steps G-4.5 to G-4.7 below.

G-4.5. Family Court will forward a copy of the Petition for Early Removal to the Department of Justice paralegal assigned to the Division. The paralegal contacts the central point of contact in the regional office and requests case record information to respond to the Petition for Early Removal.

G-4.6. The Division caseworker/Supervisor will research FOCUS to determine if the person requesting early removal has had subsequent substantiated investigations. In addition, the Division caseworker/Supervisor will determine if any criminal findings were made for the same incidents substantiated by the Division. This information will be forwarded to the Department of Justice paralegal assigned to the Division with a recommendation whether the Division does or does not support early removal.

G-4.7. Within 30 days of the Division being served with the Petition for Early Removal, the Regional DAG will file an objection or answer to the Court. Family Court may dispose of the Petition for Removal without a hearing.

G-5. **Criminal Charges, Proceedings, and Outcomes**

Tracking of criminal proceedings

G-5.1 The Substantiation Hearing Coordinator will e-mail the Weekend/Holiday Supervisor the name of a client with a pending charge the day the hearing request is received. The Weekend/Holiday Supervisor enters the client onto a spreadsheet and researches DELJIS to ascertain the status of the charge. The Weekend/Holiday Supervisor e-mails an updated spreadsheet to the Substantiation Hearing Coordinator once per week.

Communication with DOJ regarding cases with charges

G-5.2. On a nightly basis, DELJIS (DE Criminal Justice Information System) will print a batch of Intrafamilial Child Victim Reports to a designated printer in the Division's Milford office. The second and third shifts will check each report against FOCUS to determine if the case is currently active or inactive for one year. The batch report will be held one week before checking FOCUS to allow for late reporting by law enforcement.

G-5.3. If the case is active, the after-hours staff will note that on the batch report. The current Investigation Supervisor's name, office location, and phone number will be noted on the form. If the case under investigation is active in Treatment, the Treatment Supervisor's name, location, and phone number will also be listed. If the case is closed, the Investigation Supervisor's name, office location, and phone number will be listed on the form.

G-5.4. After completing G-5.2, Division after-hours staff will fax a copy of the individual DELJIS report to the current or former Investigation Supervisor, Treatment Supervisor (if applicable), and to the designated county Department of Justice (DOJ) Victim/Witness Assistance Program staff:

- New Castle County – Victim Service Specialist, FAX: 577-2496
- Kent County – Victim Service Specialist, FAX: 739-6727
- Sussex County – Victim Service Specialist, FAX: 856-5369

If the report involves a child in a childcare facility, a copy of the DELJIS report will be faxed (633-5112) to the Administrator for the Office of Child Care Licensing. If the report involves a Division foster parent or adoptive parent, a copy of the DELJIS report will be faxed to the Regional Foster-Home Coordinator Supervisor or Permanency Supervisor, respectively.

G-5.5. The DOJ Victim Service Specialist will add the Investigation Supervisor to the automated notification system. This system generates letters and will inform the Supervisor about charges and bail information (including special conditions like No Contact Orders), assigned DAG in felony cases, subsequent court dates (reviews, trials, and sentencing), final orders, and PFA violations.

G-5.6. If the Division plans to close the case at the conclusion of the investigation, the Investigation Supervisor will notify the appropriate county DOJ Victim Service Specialist via certified e-mail. Further notification letters will continue to be sent to the Investigation Supervisor. All final sentencing orders will be checked against FOCUS to ensure the criminal finding is for the same incident investigated by the Division. A Petition for Substantiation will be filed if the criminal case is nolle prosequi, dismissed, or if the individual is found not guilty.

G-5.7. Reporting out to health care and child care employers by the Criminal History Unit:

- DELJIS versus Child Protection Level – Report the criminal finding even if the criminal finding is lower than the Child Protection Level.
- If the substantiated person did not request a hearing and was placed on the Registry (by default) and was later charged and convicted for the same incident, the criminal finding is reported.
- It is the responsibility of DHSS and DOE to apply HB 528 criminal background checks for its employees and report out to employers.
- If a criminal finding in a higher court puts an individual on a higher Child Protection Level than the designation by Family Court, the higher court prevails.

G-6. **FOCUS**

G-6.1. Completion of Investigation:

a. The definitions for FOCUS dependency findings are as follows:

FOCUS

Definitions for FOCUS Dependency Findings

1. "Incarceration" means a parent/caretaker of a child is unable to provide for the basic needs of the child because they are being detained in a correctional facility.
2. "Mental Incapacitation" means a parent/caretaker of a child has a medically diagnosed mental condition that renders them unable to meet the basic needs of the child.
3. "Non-Relative Placement" means a child whose needs are being met be a non-relative/non-family member, through no neglect or fault of the parent/caretaker.
4. "Physical Incapacitation" means a parent/caretaker of a child has a medically diagnosed physical condition that prevents them from meeting the basic needs of the child.
5. "Relative Placement" means a child whose needs are being met by a relative or family as those terms are defined in 10 Del.C. §901, through no neglect of fault of the parent/caretaker.

b. The Investigation Risk Assessment – Maltreatment Force, Maltreatment Element Rating (0-4) should equal the Child Protection Level (I-IV). This element describes the extent of the maltreatment. Currently, FOCUS will not permit a separate Maltreatment Element Rating for more than one perpetrator in the case; therefore, the caseworker should choose the Maltreatment Rating for the highest Child Protection Level.

G-6.2 Tracking – Pre 2/1/03

a. The caseworker shall send the appropriate investigation outcome letter and enclosure materials for acts of abuse or neglect that occurred on or before January 31, 2003. These appeals will continue to be heard by a Fair Hearing Officer.

Refer to

Substantiation Hearings Policy and User Manuals (Administration - Section A)

b. The Supervisor must send an e-mail to the FOCUS Data Manager when a substantiation indicates the person is on a Level IV or one of the following four Level III findings: Bizarre Treatment, Bruises/Cuts/Lacerations Requiring Medical Intervention, Dislocations/Sprains, or Lack of Supervision, Ages 6 and Younger. Because these cases will go through the Fair Hearing Officer appeal process, the Data Manager will have to delete the substantiation finding that will automatically generate post 2/1/03 FOCUS Family Court hearing events (e.g., Motion with a Petition for Substantiation).

c. Requests for Substantiation Hearings for incidents of child abuse and neglect occurring prior to February 1, 2003 will be mailed to the Substantiation Hearing Coordinator in Central Office.

d. Role of Substantiation Hearing Coordinator
   (1) Send notification e-mail to regional contact person
   (2) Fax hearing request to the Fair Hearing Officer
   (3) Create FOCUS appeal events and complete the events upon receiving the Fair Hearing Officer's decision
   (4) Receives appeal requests of Fair Hearing Officer's decision to Family Court
   (5) Contact regional contact person to request case record materials, collate the materials in a prescribed manner, and deliver the case record materials to Family Court
   (6) Complete appeal events in FOCUS upon receiving the Family Court decision

G-6.3 Tracking – Post 2/1/03

a. Requests for Substantiation Hearings for incidents of child abuse and neglect occurring on or after February 1, 2003 will be mailed to the Substantiation Hearing Coordinator in Central Office.

b. Role of Substantiation Hearing Coordinator
   1) Send notification e-mail to regional contact person
   2) Fax Hearing Request Form to regional contact person
   3) Create FOCUS Substantiation Hearing events
   4) Complete Substantiation Hearing events in FOCUS upon receiving the Family Court decision
   5) Enter outcome of criminal charges into FOCUS when criminal charges are pending at the time of a Substantiation Hearing Request

G-6.4 Errors

a. When an error has been made regarding a substantiation finding, the Supervisor must obtain the approval of the Regional Administrator or Assistant Regional Administrator to correct the finding using the FOCUS Investigation Modify Event. The Supervisor must document the reason for the change in the note section of the FOCUS Investigation Modify Event.

H. Transportation	
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). 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. 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. 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. H-5. The Consent to Transport will be valid for a period not longer than six months or upon case closure, whichever comes first. H-6. A Consent to Transport is not needed when the parent/custodian accomplishes his/her child to an appointment with division staff.	**See Forms Manual**

I. NCIC	
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.	**NCIC Queries**
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: a. Originating Agency Identifier (ORI) = DE002015F b. Purpose Code = C c. Reason for Request = DFS case number that you are conducting the query for.	
I-3. The following queries shall be conducted in the order they appear below: 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.	
I-4. Additional query codes may be used as needed.	
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.	**Printing**
I-6. Printed NCIC information shall be shredded after viewing. It shall not be maintained in case files or any other location.	
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.	**Dissemination**

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: 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."	**Documenting Results of Queries**
I-9. The note shall NOT contain any specific details relating to criminal charges or any other information from the NCIC screens.	
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.	**Exit Portals**

J. Sex Trafficking Victims

Signs

Caseworkers shall identify report and provide services for suspected victims of sex trafficking with respect to the children and youth in their caseloads. Signs of sex trafficking include:

- Unexplained possession of money, clothing, phones or other goods
- Apparent control of activities or possessions by another person
- Changes in behavior such as withdrawal, depression, angry outbursts or inappropriate sexual behavior
- History of running away or disrupting placements
- Signs of being groomed (i.e. hair done, nails done, new clothing, etc. that child cannot afford or justify how paid for)
- Suspicious tattoos or other signs of branding (e.g. tattoos of the trafficker's names, dollar signs, diamonds, stars, etc. May also have certain designs/logos on nails, jewelry, etc.)
- Associates or has relationships with age-inappropriate friends, boyfriends or girlfriends
- Child has inappropriate, sexually suggestive activity on social media websites and/or chat apps
- Child is recovered from runaway episode in a hotel or known area of prostitution

J-1. Child Reported as Missing:

1. A DFS missing child should be considered "at risk" and not safe until significant information to the contrary is confirmed.

Reported As Missing

2. When DFS is notified that a child in DFS custody is missing, the staff receiving the notification will verify that a missing person report has been filed with the police. Caretakers who last saw the child are encouraged to make a report. If a missing person report has not been filed, a report must be filed immediately by DFS. DFS Regional Offices shall contact and register the child with the National Center for Missing and Exploited Children within 24 hours. Caseworkers shall verify law enforcement has entered the missing child into the National Crime Information Center and document these activities in a FOCUS progress note.

Child Reported As Missing

3. The DFS staff receiving the call will document all efforts to date to locate the child. It is expected that at a minimum, the caretaker will also contact the child's friends and school. The caseworker will also contact the child's family and former caretakers.
4. Current photographs are critical. It is the responsibility of the assigned caseworker to have a current photograph of the child in the case record.
5. The police have primary responsibility for locating missing children. Caseworkers shall share all relevant information and provide a current photograph to the police.
6. To report a missing child during regular work hours, the caseworker will contact via electronic mail the DFS special investigators and copy the Regional Administrator.
7. The Special Investigators shall be notified as soon as possible but always within 24 hours of any child missing under unusual circumstances. Special Investigators shall be notified of all other missing children within 72 hours and after the caseworker has made efforts to locate the child as described in #3 above. Missing children will be reported to the police immediately.
8. Outside regular work hours staff receiving the report of a DFS missing child will verify that a report has been made to the police and shall attempt to locate the child as described in #3 above based on the information available in the case record. The DFS Special Investigators shall be contacted after hours if there are unusual circumstances. The Special Investigators will determine if there is a need for an after-hours response. The term "Unusual Circumstances" refers to a missing child who is:
   - 14 years of age or younger.
   - Mentally diminished. If the child is developmentally disabled or emotionally disturbed, the child may have difficulty communicating with others about needs, identity or address. The disability places the child in danger of exploitation or other harm.
   - Drug dependent, including both prescription and illicit substances. Any drug dependency puts the missing child at risk.
   - Absent under circumstances inconsistent with established patterns of behavior (ex. Child in long-term care with no prior runaway behavior is reported missing)
   - Believed to be with adults who could endanger his or her welfare. (This category includes children where DFS has obtained emergency ex-parte custody and the parents are evading DFS.)
9. The caseworker and Special Investigator shall coordinate efforts to locate the missing child and shall immediately notify the other when the child is located.

Recovery Of Missing Child

J-1.2. Recovery of Missing Child:

1. It is the responsibility of the assigned caseworker to identify a placement for the child in anticipation of the child's recovery.

2. In some instances, missing children may have traveled or been taken out of the state. The assigned caseworker or designee shall accompany the Special Investigators in recovering the child(ren).

3. When a missing child is located, it is the responsibility of the assigned caseworker to have face-to-face contact with the child within 72 hours.

4. If a child was on runaway, the assigned caseworker shall conduct a thorough interview with the child and document the results of the interview. The interview should follow these suggested questions:
   - When did you leave?
   - Why did you leave?
   - Where did you go after you left?
   - How did you get to that place/those places?
   - Where did you sleep?
   - What did you eat? How did you pay for your food?
   - Did anyone help you while you were gone? If yes, ask the child to explain how the person helped.
   - Did you feel uncomfortable or scared with any of the people you met when you were gone?
   - Did anyone take a picture of you that made you uncomfortable?
   - Did anyone threaten or hurt you while you were gone? If so, who?
   - Did anyone force you to do anything that you did not want to do? If yes, who? Tell me what happened.
   - Did anyone force you to touch someone and have unwanted physical or sexual contact?
   - Did you ever have sex for things of value (for example, money, housing, food, gifts or favors)?
   - Will you leave again?

5. If the child exhibits trauma or symptoms of trauma, the caseworker shall alert the Office of Evidence Based Practice for further Trauma Screening. When a caseworker suspects a child/youth in an active case is a victim of trafficking or the child/youth discloses they are a victim, an immediate report shall be made to the Report Line. The caseworker shall also make a report within 24 hours to law enforcement and the Department of Justice. Law enforcement will take the lead in the investigation and decisions will be made about forensic evidence collecting and interviews

6. If the interview determines the child is a possible sex traffic victim, the caseworker, after supervisory consultation, may call the Human Trafficking Information and Referral Hotline at 1-888-373-7888 or visit the website at http://www.traffickingresourcecenter.org/. The hotline will help the caseworker.

7. The caseworker shall determine the primary factors that led to the child running away from placement and address those factors to the extent possible and appropriate in the current and subsequent placements.
8. The assigned caseworker shall consider whether a comprehensive physical examination for the child is appropriate.
9. The caseworker shall consider the need for referral for counseling or other appropriate community service. If the child is also active with DYRS and/or DPBHS, consideration shall be given to revising the integrated Service Plan to address the child's treatment needs.
10. The caseworker shall document information in a FOCUS progress note

J 1.3 Responsibilities of DFS Special Investigators

A. Runaway Children

1. Coordinate with police agency of jurisdiction. Verify missing person report filed and placed into DELJIS
2. Review Department records regarding child and family.
3. Contact current and/or former caseworker for possible leads.
4. Verify that information about child is entered in NCIC's Missing Person file.
5. Explore and document all investigative leads.

B. Family Abduction

1. Coordinate with police agency of jurisdiction. Verify report written filed and placed into DELJIS
2. Review Department records.
3. Conduct background investigation of parents.
4. Interview family and friends of suspect parent(s).
5. Verify that information about child and suspect parent(s) has been entered in NCIC Missing Person file.
6. Explore and document all investigative leads.
7. If indicated, coordinate issuance of arrest warrant of suspect parent with police or Attorney General's office.
8. Notify and confer with Federal authorities when indicated.

Placement Resources

Placement Resources

P.1 Does the foster family meet the critical standards for approval of foster home providers?
P.2 Are foster home services comprehensive and appropriate?
P.3 Is the coordination between treatment caseworkers and Foster Home Coordinators effective in utilizing foster families as members of the treatment team?

Decisions:

1. Does the foster family meet the critical standards for approval of foster home providers?

2. Are foster home services comprehensive and appropriate?

3. Is the coordination between treatment caseworkers and foster care coordinators effective in utilizing foster families as members of the treatment team?

A. Recruitment of Foster Family Homes	
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): 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. 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. 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. 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.	**Recruitment**

B. Approval of Foster Family Homes

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:

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.

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.

Timeframes for Approval

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.

Foster PRIDE Pre-Service Training

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.

Application Packet Provided During Foster PRIDE Training

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:

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.

Evaluations Must Be Completed In 90 Days

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

Family Evaluation Report Completed

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.

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.

Qualifications

B-10. **Qualifications**:

Age

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.

Income

b. ***Income**:*

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;

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.

Health

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;
- 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.

Marital Status and Family Composition

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.

Exceptions to the number of children in a foster home may be approved by the Foster Care Program Manager or Assistant Regional Administrator via an event in FOCUS submitted by the Foster Home Coordinator and Coordinator Supervisor. FOCUS event documents the following:

- Reason for exception.
- Expected duration of the exception.
- Foster family's ability to care for additional children.

Exceptions for placing more than 5 foster children are:

1. To allow a parenting youth in foster care to remain with the child of the parenting youth.
2. To allow siblings to remain together.
3. To allow a child with an established meaningful relationship with the family to remain with the family.
4. To allow a family with special training or skills to provide care to a child who has a severe disability. Foster family homes that are approved must be held to the same standards as other approved foster family homes. Anything less than full approval is insufficient for meeting title IV-E eligibility requirements.

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.

Transportation, Licenses and Insurance

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.

Criminal History 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.

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.

Criminal Background Checks and Adam Walsh Child Protection Act of 2006

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

Biennial Criminal Record Checks Required

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.

FOCUS

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.

Physical Environment

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.

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.

FOCUS

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.

Physical Environment Checklist

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.

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

Level of Care Rating

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.

Appealing Level of Care Rating

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.

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.

Retroactive Changes in Level of Care

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.

Clothing and Expenses

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.

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.

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.

Summer Stipend

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.

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.

Graduation Expenses

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

FOCUS

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.	**Foster Home Coordinator**
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.	
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.	

Regular Staffings of Foster Homes

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.

Treatment Caseworker Must Participate

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.

Format for the Staffing

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 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.

Foster Home Fact Sheet

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.

Foster Home Contact Schedule

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.

New Placement

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.

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.

Role of Supervisor

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.

Role of the Treatment Caseworker

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.

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.

Annual Training Requirements

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.

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.

Certificate of Attendance for Outside Training

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.

Arranging Routine Medical Care

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.

Influencing Children's Behavior/ Discipline

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".

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.

Discipline vs. Punishment

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.

Prohibited Disciplinary Actions

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:

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.

Foster Home Coordinator's Role in Discipline

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.

Treatment Caseworker's Role in Discipline

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.

Annual Review

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.

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.

Corrective Action

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.

Protecting Confidentiality When Recommending Placement with Relatives/Non-Relatives

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.

Photo Children In Out of Home Care

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.

Foster Home Safety Assessment

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 care of the foster care provider but focuses more on the child's needs and whether all children in the home would be free of risk of harm. In addition, it will assess whether the child's needs can be met with the current mix of children in the home.

E. Standards for Department Employees to Become Approved Foster Family Provider		
E-1.	To avoid potential conflicts of interest and to facilitate compliance with I-1 (3), any Children's Department employee pursuing approval to become a foster care provider or respite care provider is not eligible to become a Children's Department foster care provider and must apply to a private agency for approval and supervision.	**Department Staff Approval Requirements**
E-2.	An existing foster parent or respite care provider for the Children's Department, who subsequently becomes an employee of the Department, must transfer their approval and supervision from the Children's Department to a private foster care agency within three months of being hired as a Children's Department employee.	
E-3.	State employees who work for the Children's Department are not permitted to participate in the review or disposition of any matter related to foster or respite care in which they have a personal or financial interest; for example, direct caseworker or supervisory oversight of the child's or the child's families case or board payment decisions.	
E-4.	Any Children's Department employee who is a foster care or respite provider with a private agency, and who is investigated by the Institutional Abuse Unit will be handled as any other foster care or respite provider per current policies and procedures.	
E-5.	Division of Family Service employees' who are also foster parents with a private agency cannot be a foster care resource for a case that originates or is managed within the region in which they are employed.	
E-6.	In all instances, the DSCYF Confidentiality Policy will be applicable and enforced.	

F. Respite Care

Respite Care

F-1. Respite Home applicants shall meet the same standards as foster family applicants. All applicants may be approved to provide either foster care or respite care or dually approved to provide both services.

F-2. All approved foster families may also provide respite care services. Foster families approved by private child placing agencies under contract with the Division may also provide respite care services.

F-3. The Foster Home Coordinator shall follow the procedures outlined for Foster Home Approval to approve a respite provider.

F-4. If an applicant chooses to be a provider of respite services only, the Foster Home Coordinator will explain the Respite Home Agreement (RHA) and have the applicant sign the agreement. The Foster Home Coordinator will submit the Respite Home Agreement to the Assistant Regional Administrator with documentation of all the components of the foster home approval process. An approved foster parent does not need to complete a Respite Home Agreement.

F-5. 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 their concurrence with the recommendation for approval of the respite provider.

F-6. Upon completion of all signatures, the Foster Home Coordinator will send a copy of the RHA and the Family Assessment to the respite provider.

F-7. Foster families approved by a private child placing agency under contract with the Division must sign a Respite Home Agreement to be opened for respite care payments. The RHA must be signed by the child placing agency's social worker and supervisor. The RHA must be submitted to the Division's Foster Care Manager.

Qualifications of Respite Providers

F-8. *Qualifications:* Respite providers must meet the same personal qualifications as foster home providers. The Providers home must also meet all the criteria of the Physical Environment Checklist.

F-9. Respite providers will have a history of mental and emotional stability and a responsible adult lifestyle. Providers will be free from excessive use of alcohol, the use of illegal drugs, and misuse of prescription drugs. 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.

Documenting Applicant's Qualifications

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.

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:

   (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.

Approval by Program Manager

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 al 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.

Special Respite Home Approval Process

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.

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:

   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.

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:

   (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:

   - 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.

c. The rest of the process will then continue as for regular respite providers.

Referral and Use of Respite Care

F-16. The caseworker will discuss the availability of respite care with the caregiver or foster parent to determine their interest in using this service.

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.

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

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.

G-1.2. Applicants for emergency foster care homes must be approved foster parents which meet the following criteria:

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.

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.

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".

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.	

H. Documenting Approval of Foster Homes

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.

Critical Standards for Approval of Foster Care Homes

FOCUS

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:

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).

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:

Family Interviews and Home Visits

FOCUS

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.)

Physical Environment Checklist

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.

FOCUS

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.

H-3. Review by the Foster Home Coordinator and supervisor of the applicant's qualifications and recommendation for approval/denial.

Evaluation of the Prospective Foster Family

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:

FOCUS

1. Ability to protect and nurture children.

2. Ability to meet children's developmental needs and address developmental delays.

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.

Foster Family Agreement Is Signed by the Family

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.

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.

Complete Registration Forms

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.

Provisional Approval Process

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.

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.

Approval Is Provisional Up to 90 Days

f. Once the applicant(s) meet the above-required standards, the Program Manager may grant provisional approval 90 days.

Foster PRIDE Training Must Be Completed

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.

Extensions

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.

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

Youth Driver's License Approval

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.

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.

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:

- Foster parents;
- Group home staff;
- Agency approved mentors;
- Employers;
- Birth parents, if appropriate;
- And other responsible licensed drivers.

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.

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.

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.

J-6. The Division of Family Services is at no time responsible for the foster care provider's insurance premium.

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.

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.	

Section K. Prudent Foster Caregiver Standards

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.

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