

1100. TEXT AND PURPOSE

Policy drives what Children's Administration (CA) and its staff must do and is grounded in the Revised Code of Washington (RCW) and federal laws, regulations, and policy interpretations; for example, federal Department of Health and Human Services' (HHS) Administration for Children, Youth, and Families (ACYF) policy interpretations. Where state law is in conflict with federal law or regulation, the federal rule prevails.

Procedure defines how the agency and its staff implement policy.

Practice guidelines identify agency and staff actions as they implement policy and procedure.

The Children's Administration Case Services Policy Manual sets forth the policies with regard to client families and individuals as they progress through six essential functions from Intake to Resolution. It also identifies the policies with regard to providers and ancillary services that may be necessary to assist clients as they progress.

This Children's Administration Practices and Procedures Guide sets forth good practice on how the agency and staff will implement policy contained in the Case Services Policy Manual and in the CA Operations Manual. It also defines responsibilities for CA staff as they implement policy and procedure.

1200. MANUAL MAINTENANCE AND POLICY ISSUANCE

1. See the flow chart below, section 1230, for a depiction of the process for development, approval, and issuance of manual revisions and interim numbered policy memoranda.
2. DCFS Regional Administrators and DLR Regional Managers report regional practice waivers to the Director, Division of Program and Policy Development, quarterly to enable the Director to determine if manual revisions are necessary.

1205. Manual Revisions

1. Assigned staff in the Division of Program and Policy Development will maintain the CA Case Services Policy Manual and the accompanying Practices and Procedures Guide and Operations Manual.
2. The CA Manual Committee serves as a standing committee to provide a consistent process for development, review, and issuance of interim procedures and manual revisions.
 1. A supervisor or designee from the Division of Program and Policy Development chairs the Manual Committee.
 2. Membership includes a diverse group of staff representing all Division of Children and Family Services (DCFS) regions, the Division of Licensed Resources (DLR) and its Offices, the Management Services Division, Union

Management, and the Division of Program and Policy Development. Representation reflects the various social work, support, and management position classifications in the field and headquarters.

3. The committee meets on a regular basis to maintain current manuals and to review and incorporate interim policies and manual revisions into the manual format and issue timely revisions.
3. Procedures and manual revisions may be proposed by any CA staff by submitting a draft procedure using the Request to Change Practices and Procedures DSHS form 16-177 for a manual revision to the Director, Division of Program and Policy Development.

1210. Process for Changing Practices, Procedures, and Operations

1211. Phase 1

1. Problem Identification by CA Management Field and Headquarters (HQ) staff, other Stakeholders, and Development of Approval Process
 1. Problem Identification results from:
 1. New law;
 2. New DSHS Administrative Policy
 3. Federal funding requirements;
 4. Deficiency in existing procedure;
 5. Implementation of new procedures to comply with initiative;
 6. Accreditation requirements;
 7. Temporary circumstances.
 8. Other circumstances.
 2. Disapproval ends the process.
2. Approval Process to Proceed with Development of New and Revised Policy:
 1. Review by Supervisor, Division Director, and others as indicated by scope, resources required and stakeholder reaction. The reviewers will evaluate issues and development proposal:
 1. Staff initiating change present conceptual plan in outline form and briefly describes need for change;
 2. Staff, supervisor, director, and other affected participants review resources required to implement the change.
 3. The Program and Policy (P & P) Development Director will determine whether any other manager will need to expend resources in the development of the revised policy. If so, that manager will be included in the decision making.
 4. P & P Director will determine whether it is necessary to consult with the Assistant Secretary, Deputy Assistant Secretary, or the CA Management Team before beginning policy development dependent on the scope of the change and potential stakeholder reaction.
 5. Emergency policies can be initiated in the following manner. In emergency conditions, interim policies may be put in place and it is

management's intent to discuss/negotiate the affect of any interim policy on employee's working conditions. Such discussion/negotiation will normally take place prior to implementation of the policy. If the Assistant Secretary deems an emergency situation exists that requires an earlier implementation, Children's Administration (CA) will follow the same practice as other administrations covered by the Public Assistance Contract. Management will contact the Federation and discuss the nature of the emergency and the emergency implementation plan. During this discussion, the union may request an emergency labor/management meeting be held. Interim policies will be amended should labor/management discussion/negotiation make it necessary. See Article 5.11 of the Basic Agreement for documentation of meetings.

2. Supervisor, P & P Division Director, and other members of the CA Management Team identified in (B. 1.) will determine if the need for change justifies expenditure of resources:
 3. Alert decision makers and key stakeholders such as Assistant Secretary, Deputy Assistant Secretary, Regional Administrators, all Division Directors, Union Representatives and/or Management.
3. Development of Outline for Policy and Approval Process:
1. If the policy is approved for development, the decision makers will determine:
 1. Nature of revision;
 2. Rationale;
 3. Timeline;
 4. Workgroup members if necessary;
 5. Resources required;
 6. Availability of necessary information; and
 7. Level of approval of concept and final document for revised policy/practice. Review and approval is done in accordance with guidelines described in following table:
 2. Review and Approval process is determined by nature of revision

Nature of Revision	Level of Approval Required	Review of Concept	Decision Making Authority-Concept	Review of Final Product	Decision Making Authority-Final Product
Technical Change: <ul style="list-style-type: none"> ▪ Typographical errors ▪ Minor Change for clarification Purposes 	Basic	Not necessary	Supervisor P & P Division Director	Manuals Committee	Supervisor P & P Division Director

Revision of Existing Procedure or Interim Policy with Moderate Impact on workload:	Intermediate	Manuals Committee & Other Stakeholders	Supervisor Division Director(s) Assistant Secretary See (A)(2a) for emergency conditions	30-day all staff statewide with option for less and review by Stakeholders & Union Management	Supervisor Division Director(s) Assistant Secretary
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- Requires input from Stakeholders
- May result in New Section

Multifaceted Procedural Change or Interim Policy with Major Impact on workload:	High	Manuals Committee & Other Stakeholders	Supervisor Division Director(s) CA Management Assistant Secretary See (A)(2a) for emergency conditions	30-day all staff statewide review and review by All Stakeholders & Union Management	Supervisor Division Director(s) CA Management Assistant Secretary
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- Major Procedural change
- New Section Required
- Extensive Review by Stakeholders
- Multiple Review by Variety of Stakeholders
- Required More Resources

3. Assigned staff does a preliminary estimate of staff workload and use of resources if policy is implemented. The following guidelines will be used to assess workload:


- 0. Non Existent or Minor (0-5 minutes per week)
- 1. Low (5-30 minutes per week)

2. Moderate (30 minutes to 1 hour per week)
3. High (more than 1 hour per week)
4. Assigned staff may consult with key stakeholders when there is a potential of moderate to high use of resources for the policy change.
5. Review by CA Manuals Committee

1212. Phase 2

1. Concept Development and Approval
 1. If decision makers know the basic elements of the revised policy/practice that will best address the problem, their staff and workgroup (if indicated):
 1. Reviews if there is a substantial change that will increase workload:
 1. If yes, complete following steps;
 2. If no, continue to drafting of content.
 2. Describes concept;
 3. Develops preliminary implementation plan;
 4. Estimates workload;
 5. Completes review process; and
 6. Acquires necessary approval.
 2. If decision makers do not know what policy/practice will best address the problem, the assigned staff (with workgroup if indicated):
 1. Researches the issues to gain the conceptual knowledge to proceed;
 2. Analyzes information acquired in the research process;
 3. Lists options for development or to stop process;
 4. Evaluates the options to determine resulting workload;
 5. Drafts an initial Implementation Plan; and
 6. Recommends a preferred practice/policy to reviewers and decision-makers;
 7. Decision made according to approval criteria.
 3. Alert key stakeholders identified in (B)(3).

1213. Phase 3

1. Drafting and Approval of Final Document
 1. Draft content based on approved policy direction.
 1. Manual Procedure will be created if next scheduled manual revision will occur within a reasonable timeframe and meets the need of staff and administration.
 2. Interim Procedure will be initiated if next scheduled manual revision is not timely and the procedure is needed sooner.
2. Workload Impact Resulting From Changes And/Or New Requirements. A  Workload Impact Assessment Form DSHS Form 05-243 has been designed to create an expectation that the workload impact of change and implementation of new requirements are considered and addressed. Key considerations include:

1. Treating staff time as a fixed resource; small increases in workload can have a cumulative effect.
 2. Development of options for moderate or high workload impact that effect staff time versus the benefits of the change. The options should enable management to evaluate the best use of staff time.
 3. Identifying related areas where efficiencies are possible that would reduce or eliminate the impact of the new requirements?
 4. Identifying what other actions, including reducing or eliminating activities, would offset the workload increase.
3. Final Implementation Plan is required and has the following components:
 1. Workload Assessment Form DSHS 05-243 is completed using the following criteria:
 1. Non Existent or Minor (0-5 minutes per week);
 2. Low (5-30 minutes per week);
 3. Moderate (30 minutes to 1 hour per week);
 4. High (more than 1 hour per week).
 2. Development and distribution of procedures;
 3. Information Technology support is in planning or completion phase;
 4. Training plans;
 5. Timeline for implementation; and
 6. Communication plan for staff.
 4. Review and Decision Making Process Established and is consistent with (C.)
 1. Review by Manuals Committee that makes a decision to:
 1. Approve revision;
 2. Approve revision with changes;
 3. Revision requires further review;
 4. Revision requires review by Union Management.
 2. Signatures acquired for approved document(s);
 3. Final issuance prepared for Assistant Secretary's signature;
 4. Signature acquired for document;
 5. Issuance official and ready for distribution.
 5. Implementation Plan:
 1. Timelines established;
 2. Communication for staff developed.
 6. Support services required incorporated into Plan:
 1. Information Technology support services in process or completed; and
 2. Training plans are scheduled.
 7. Alert all key stakeholders identified in development process.

1214. Phase 4

Final Implementation of Policy/Practice/Operations is accomplished by distribution to all staff and stakeholders.

1220. Policy Promulgation And Review

Manual Committee review of interim policies and procedures and ongoing review of the manuals shall constitute Sunset Review as required in the DSHS Paperwork Management Manual.

1. Children's Administration shall utilize a system of memoranda numbered sequentially to issue interim policies and procedures prior to their inclusion in the appropriate manual. The interim policies and procedures shall be placed at the front of the applicable manual.
2. Interim policies and procedures shall only be effective if issued through the system of numbered memoranda and if signed by the Assistant Secretary, or designee.
3. Within 180 days of issuance, the Director, Program and Policy Development, will prepare the interim policy/procedure for review by the Manual Committee. If the policy/procedure needs to be made permanent, assigned staff, at the direction of the Director will develop and issue, under the Assistant Secretary's signature, a revision to the appropriate manual. If any issuance does not follow this process, with appropriate authorizing signature, it will not be binding upon local and regional staff. However, the Director, Division of Program and Policy Development, or the Assistant Secretary may provide written authorization for short-term extension of such interim policies and procedures to provide sufficient time to complete review and action on individual interim policies and procedures.

Manual Committee review of interim policies and procedures and ongoing review of the manuals shall constitute Sunset Review as required in the DSHS *Paperwork Management Manual*.

1230. Developing And Implementing Policy/Practice/Operations

Phase 1: Issue Identification

Phase 2: Concept Development & Approval

Phase 3: Drafting and Approval of Final Document

2000. CHILD PROTECTIVE SERVICES

2100. INTRODUCTION

2110. Program Authority

The Division of Children and Family Services' (DCFS) Child Protective Services (CPS) program is authorized under federal and state laws and regulations. The federal authorities are Public Law 93-247 and 45 Code of Federal Regulations (CFR), Part 1340 and 1357.20. The authorizing state laws and regulations are Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-134, and WAC 388-70-095.

2120. GOAL

1. The goal of CPS is to protect children from child abuse and/or neglect while preserving the family's integrity and cultural and ethnic identity to the maximum extent possible, consistent with the safety and permanency needs of the children.
2. CPS is a program available in all geographic areas of the state of Washington on a 24-hour basis.

2130. Service Description

The purposes of CPS are to:

1. Receive and assess referrals from the community alleging child abuse and neglect (CA/N).
2. Assess risk of future abuse or neglect to children.
3. Investigate intakes alleging CA/N or the risk of CA/N.
 1. Determine the existence of CA/N.
 2. Assess risk of abuse and neglect to children by performing a comprehensive assessment, using the risk assessment model.
4. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing CA/N:
5. Develop culturally responsive case plans which:
 1. Prevent or remedy CA/N in the shortest reasonable time.
 2. Prevent or reduce the need for out-of-home placement.
 3. Provide a safe and permanent home for a child.

2131. Compliance With Court Orders And Liability Protection

See chapter 4000, Child Welfare Services, section 43073, for staff expectations for compliance with court orders and legal representation for employees.

2200. INTAKE

2210. Eligibility

The primary purpose of the CPS program is to assess risk of child maltreatment rather than to substantiate specific allegations of CA/N. Any referral received from a commissioned law enforcement officer stating a parent has been arrested for Criminal Mistreatment in the fourth degree under RCW 9A.42 will be screened in and assigned for investigation.

1. CPS must accept referrals from any source and in any form, including those received from an anonymous source. See the CA Case Services Policy Manual, chapter 2000, section 2131, for limitations on intakes from anonymous sources.
 1. CA Intake staff shall make reasonable efforts to learn the name, address, and telephone number of each person making a report of abuse or neglect under RCW 26.44.030. Intake staff will inform the referrer that, if he/she remains anonymous and the allegation appears to carry a lower risk, then the intakes will be screened out and will not be investigated.
 2. Intake staff shall provide assurance to the referrer that the department will make all legal and reasonable efforts to maintain confidentiality of the identification of persons reporting under this section.
 3. If the CA Intake staff is unable to learn the information required in paragraph 1, DCFS staff shall only investigate cases, involving children not in out-of-home care, that fall within criteria outlined in the CA Case Services Policy Manual, chapter 2000, section 2131.
 4. CA intake will screen in anonymous intakes where there is a serious threat of substantial harm to a child.
 5. Anonymous reports of CA/N in licensed or certified child care facilities will be accepted for investigation by DLR facility investigators when the intake meets all other criteria for acceptance for investigation.
2. The intake worker must forward all intakes alleging CA/N by Children's Administration (CA) employees, volunteers, members of the household of any employee, or persons identified as relatives of an employee to a supervisor for review and disposition per Operations Manual, chapter 15000, section 15303.
3. CA may not name a person under the age of 18 as a subject of a CPS intake unless the minor is the parent of the alleged child victim. However, a minor may be an alleged perpetrator of CA/N. In such cases, department staff will make the appropriate referral to law enforcement.

4. CA must provide CPS services only to a child alleged to have been abused or neglected by:
 1. The child's parent or a person acting in loco parentis. Such persons include (does not include school personnel who are performing their official duties in the schools), but are not limited to:
 1. Parents (custodial and non-custodial).
 2. Step-parents.
 3. Guardians.
 4. Legal custodians.
 2. The child's sibling, when the child's parent has failed to protect the child.
 3. Any person residing with and/or having care-taking responsibilities for the child.
 4. A person subject to licensure/certification under Chapter 74.15 RCW and RCW 74.08.044 and described in WAC 388-73-014 and 388-73-020, including persons employed by licensed or certified agencies. Such persons include, but are not limited to:
 1. Child day care providers.
 2. Foster/group care providers.
 3. Employees of licensed/certified child care agencies.
 4. Volunteers of licensed/certified child care agencies.
 5. A person alleged to have committed CA/N in a facility licensed or certified by DSHS to care for children. CA staff must not treat allegations of CA/N in licensed or certified facilities as third party abuse or neglect. CA will accept all allegations of CA/N in facilities licensed or certified by DSHS to care for children that meet the sufficiency screen for investigation. See chapter 5000, section 5140 of this manual, the CA Operations Manual, chapter 5000, section 5300, and the Division of Licensed Resources' (DLR) Child Abuse and Neglect Section Practice Guide - Investigating Abuse and Neglect in State-Regulated Care for requirements for investigation of facility complaints.
 1. Abuse of one resident by another resident may constitute neglect by the caretaker.
 2. Such institutions include, but are not limited to:
 1. Licensed foster family homes and child care providers.
 2. Residential care and treatment facilities for children licensed by DSHS.
 3. DLR-certified juvenile detention facilities.
 6. A person providing in-home childcare services and paid by the department.
 7. A CA employee. See paragraph B, above.
5. CA Intake must accept as a Risk Only investigation intakes regarding sexually aggressive youth (SAY) when:
 1. Referred by law enforcement regarding a child under the age of eight who has been determined by law enforcement to have committed a sexually aggressive act.
 2. Referred by a prosecutor's office regarding a child under the age of 12 who has been determined by the prosecutor to have committed a sexually aggressive act but will not be prosecuted.

6. CA Intake must assess intakes screened in under paragraph E, above, for the following factors:
 1. Whether or not the youth has been abused or neglected.
 2. The youth's potential for re-offending.
 3. Risk to other children residing with the sexually aggressive youth.
 4. The parents' willingness to protect, seek and utilize services, and cooperate with case planning.
7. As mandated in RCW 26.44.030(8), any case referred to DCFS by a physician licensed under chapter 18.57 or 18.71 RCW on the basis of expert medical opinion that child abuse, neglect, or sexual assault has occurred and that the child's safety will be seriously endangered if the child is returned home, CPS must file a dependency petition unless a second licensed physician of the parents' choice believes that such expert medical opinion is incorrect.
 1. If the parents fail to designate a second physician, DCFS may make a selection.
 2. If a physician finds that a child has suffered abuse or neglect but that such abuse or neglect does not constitute imminent danger to the child's health or safety, and DCFS agrees with the physician's assessment, the child may be left in the parents' home while DCFS proceeds with reasonable efforts to remedy parenting deficiencies.
8. DCFS does not generally accept for investigation allegations of:
 1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section.
 2. Third-party abuse committed by persons other than those responsible for the child's welfare, except as discussed in section 2210.C.
 3. CA/N that is reported after the victim has reached age 18, except that alleged to have occurred in a licensed facility.
 4. Child custody determinations in conflictual family proceedings or marital dissolution, where there are no allegations of CA/N.
 5. Cases in which no abuse or neglect as defined in [Appendix A](#) is alleged to have occurred.
 6. Allegations of violations of the school system's:
 1. Statutory Code.
 2. Administrative Code.
 3. Statements regarding discipline policies.
9. CPS is provided without regard to income.
10. CA Intake must assess, to the extent possible, and document in the intake the family's Limited English Proficiency (LEP) needs, including auxiliary aids for the sensory impaired.
11. Intake must also assess and document ethnicity of the child/family, including tribal affiliation. The social worker must determine ethnic status of family members, complete the Indian Identity Request Form, DSHS 09-761, and determine whether any family members are of Limited English Proficiency (LEP) or are persons of sensory impairment. The department will provide interpreter services as needed by the family. All services subsequent to intake will also utilize interpreter services as needed.

2220. Guidelines

1. The CA Intake social worker must utilize the FamLink intake program to record a comprehensive intake interview with any referrer wishing to report CA/N. The worker must attempt to obtain and then include the following when recording information about the incident:
 1. The intake social worker must conduct a FamLink person search for all persons, victims, perpetrators, parents, and family members listed in the intake information.
 2. The intake social worker must provide the following information to the referrer:
 1. Tell individuals making referrals that, if requested, CA will not reveal a referrer's name during the investigation.
 2. Inform the referrer that DCFS may disclose the name of any referrer for:
 1. Court testimony.
 2. Fair hearing proceedings.
 3. Criminal investigations by law enforcement including malicious reporting.
 4. When the court orders disclosure. WAC 388-15-134
 3. The social worker may request, but must not require, mandated reporters or relatives to tell parents of the report. The worker may encourage reporters to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving. See the CA Case Services Policy Manual, chapter 2000, section 2131, for limitations on intakes from anonymous sources.
 4. Referrers reporting or testifying in good faith have immunity under RCW 26.44.060.
 5. Specific allegations of CA/N. See the definition of "Negligent Treatment or Maltreatment" in the Case Services Policy Manual, [Appendix A](#).
 6. Risk factors
 1. Child Characteristics
 2. Caretaker Characteristics
 3. Social or Environmental Factors
 4. Domestic Violence
 5. Additional risk factors related to child safety and family functioning
 7. Referrer and other collateral statements.
2. Sufficiency Screen - The intake social worker must complete the sufficiency screen questions on all CPS intakes. The questions are located on the "Sufficiency Response" tab of the FamLink intake screen.
3. CA Intake must complete the Decision Tree Matrix and accept for CPS investigation any report meeting the sufficiency criteria specified on the FamLink intake screen. Any intake accepted for CPS investigation must identify a subject and a victim, even if not identified by name. If the name of the subject and/or the victim is not known at intake, the intake social worker must provide a sufficient description of the person(s) for the investigating social worker to be able to locate and subsequently identify the person(s).
 1. CA Intake staff will generate a new intake on an open case when a report is received alleging a new instance of abuse or neglect has occurred.

2. If CA Intake receives a second report about an instance of abuse or neglect already documented in an intake, a new intake will be generated. The intake worker will code this as "Screen out" with a decision of "other" and explain in dialog box that the allegation is documented in previous intake. The supervisor confirms all allegations have previously been reported and completes the final screening decision of "screened out" with a reason code of "Allegation documented in previous intake."

4. Risk Only Intakes

CA will screen in a CPS Risk Only intake when information collected gives reasonable cause to believe that risk or safety factors exist that place the child at imminent risk of serious harm.

In assessing imminent risk of serious harm, the overriding concern is a child's immediate safety.

Imminent is defined as having the potential to occur at any moment, or that there is a substantial likelihood that harm will be experienced.

Risk of Serious harm is defined as:

A high likelihood of a child being abused or experiencing negligent treatment or maltreatment that could result in one or more of the following outcomes:

- death
- life endangering illness
- injury requiring medical attention
- substantial risk of injury to the physical, emotional, and/or cognitive development of a child.

5. Screened In Intakes

0. Complete the intake process with intake information recorded in FamLink within:

1. **4 hours** from the date and time CA receives the following intakes:
 1. Emergent CPS or DLR/CPS
 2. Family Reconciliation Services (FRS)
2. **4 business hours** (business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday) from the date and time CA receives Non-Emergent CPS or DLR/CPS intakes.
3. **2 business days** from the date and time CA receives the following intakes:
 1. Information Only
 2. CPS - Alternate Intervention
 3. Third Party
 4. Child and Family Welfare Services (CFWS)
 5. Licensing Complaint
 6. Home Study

1. Contact collateral information sources and record such contacts in a case note when:
 1. Sufficient information is not available from the referrer to determine if the intake should be accepted for investigation.
 2. It is necessary to verify or clarify an allegation of CA/N.
 3. For allegations of CA/N in state-regulated care, the Intake social worker follows steps outlined in the Division of Licensed Resources (DLR) Child Abuse and Neglect Section Practice Guide - Investigating Abuse and Neglect in State-Regulated Care. The Intake worker needs to contact the licenser for the facility, conduct history checks on facility complaints, and ask questions of the referrer as outlined in the guide.
2. For Alternate Intervention intakes, contact collateral sources when appropriate.
3. Make collateral contacts as soon as possible prior to making intake decisions unless:
 1. An immediate response is required.
 2. Sufficient information has been collected from the original referrer.
4. The intake supervisor reviews all intakes and may change screening decisions when:
 1. Additional information supports the change.
 2. The supervisor determines that the screening decision is incorrect based on program guidelines.
 3. The supervisor responsible for assigning the intake to a CPS worker may also change the screening decisions when additional information supports the change. The supervisor can only increase the department's response to an intake. This decision must be documented in FamLink in the Decision Tab.
5. The intake or assigning supervisor changing the intake must document the reasons for change in the Supervisory Decision Section.
6. Intake Decision
 0. The intake social worker reviews the intake information and completes the Decision tab in FamLink.
 1. The intake decision for allegations regarding DSHS-regulated facilities and DLR/CPS can have only three outcomes:
 1. Screened in for DLR/CPS investigation
 2. Screen in as Non-CPS Rule Infraction if no CA/N is alleged
 3. Screened out for DLR/CPS investigation - facility is not licensed or there is no WAC violation alleged.
7. Intakes that do not contain allegations of abuse or neglect under the WAC definition, but do contain alleged licensing violations or complaints should be screened in as a Non-CPS Rule Infraction.
8. Screened Out Intakes
 0. Intakes which do not meet the sufficiency screen criteria shall be screened out.
 1. The intake supervisor shall retain in FamLink, and make accessible to intake staff, intakes that are screened out. RCW 26.44.030(11)

9. Normally intakes will be entered directly into FamLink. On those occasions where an intake has been recorded on another document, the information must be recorded into FamLink within two working days.
10. The intake supervisor must ensure that all intakes indicating physical injury, sexual abuse, death or other crimes against a child are referred to law enforcement.
11. The intake supervisor will review the case history and current allegations on all screened out referrals that have the chronicity flag indicated to:
 0. Review and document patterns or history to determine if cumulative harm exists.
 1. Assess if a call back to the referrer or collateral contact is necessary for additional information to make final screening decision.

2221. JURISDICTION

1. Initial jurisdiction in a CPS investigation resides with the office receiving a intake.
2. Primary jurisdiction is the office where the family of the child victim customarily resides. Screened-in intakes will be transferred to this office for case assignment and services, including court intervention, when necessary. Courtesy services may be requested from other offices.
3. Emergency jurisdiction resides with the office where a child is found. Services to protect the child from imminent harm may be offered by the DCFS office in the area where the child is located. Case assignment and ongoing services will normally be the responsibility of the office with primary jurisdiction.
4. Temporary jurisdiction belongs to the office where a child is located. The child may be residing on a temporary basis with a friend or relative or without the benefit of a caretaker. Courtesy service such as interviewing the child or continued temporary placement may be offered through this office.
5. Protection of the child is a key concept. The DCFS office having primary jurisdiction must not refuse its role. However, for intakes from out of state, there may be other factors about child safety and laws concerning the Interstate Compact on the Placement of Children (ICPC) to be considered. When considering these other factors, safety of the child is the most significant issue.
6. DCFS determines the office having jurisdiction in a case by the following formula:
 1. Where does the family reside (parent or other person having legal custody)?
 2. Where is the child physically located at this time?
 3. Will the child be protected?

2222. Child Death Review

See Operations Manual - [5100 Administrative Incident Reporting \(AIRS\)](#), [5200 Child Fatality Review](#) and Appendix C - [AIRS Companion Guide](#)

2300. ASSESSMENT

2310. Response Time

1. Intake Responses:

1. The intake process, including supervisor review, on CPS intake (this includes DLR/CPS intake) must be completed within:

1. **4 hours** on Emergent intakes, or
2. **4 business hours** on Non-Emergent intake

2. Intake Response to **Emergent Intakes**

1. **Procedures during normal business hours (Monday-Friday 8:00 am - 5:00 pm not including state holidays)** are as follows:

1. The intake worker immediately notifies the intake supervisor of the emergent intake (no later than one hour after determining that it requires an emergent response). In cases where a response to an intake may be difficult to determine, the intake worker must consult with the supervisor to determine the appropriate level of response.
2. The intake supervisor (or designee) assigns a social worker to respond to the emergent intake, *or* notifies the appropriate CPS or DLR/CPS supervisor (or designee) of the emergent intake who then assigns a social worker to respond to the emergent intake.
3. The intake worker completes the intake, noting the date and time the intake was received by CA.
4. The intake supervisor (or designee) reviews and approves the intake.
5. The intake supervisor (or designee) forwards the intake to the assigning supervisor.

2. **Procedures After Business Hours, Weekends and State Holidays:**

1. The intake worker immediately notifies the CI supervisor of the emergent intake (no later than one hour after determining that it requires an emergent response). In cases where a response to an intake is difficult to determine, the intake worker must consult with the CI supervisor to determine the appropriate level of response.
2. The CI supervisor shall contact the on-call after-hours supervisor/AA to assign an after-hours social worker to respond to an emergent intake when:
 1. A child is at risk of serious and immediate harm, or
 2. An intake is received within a timeframe which does not allow it to be assigned to a social worker to complete the initial face to face contact with the alleged child victim(s) during business hours (e.g. intake is received a day before a holiday, on Friday after 4:30 p.m., on Saturday, or early Sunday).
3. The intake worker completes the intake, noting the date and time the intake was received by CA.
4. The CI supervisor reviews and approves the intake.

5. The CI supervisor forwards the intake to the assigning local office for assignment.
3. Intake Response to **Non-Emergent Intakes**
 1. **Procedures during normal business hours (Monday-Friday 8:00 am - 5:00 pm not including state holidays) are as follows:**
 1. The intake worker completes the intake in FamLink, noting the date and time the intake was received by CA. In cases where response times are difficult to determine, the intake worker must consult with the intake supervisor to determine the appropriate level of response.
 2. The intake supervisor (or designee) reviews and approves the intake.
 3. The intake supervisor (or designee) forwards the intake to the assigning supervisor.
 2. **Procedures After Business Hours, Weekends and State Holidays:**
 1. The CI intake worker completes the intake in FamLink, noting the date and time the referral was received by CA.
 2. The CI supervisor reviews and approves the intake.
 3. The CI supervisor forwards the intake to the assigning local office for assignment.
4. Time Limited Extensions to Intake Responses

An intake supervisor may approve and document a time limited extension (not to exceed two hours) to intake timeframes to allow intake staff additional time to complete collateral contacts.

The intake supervisor shall document extensions to the intake timeframe including the rationale and timeframe for the extension, in an SER **within 7 calendar days** of determining that the extension applies.

2. CA Social Worker Response:
 1. The supervisor and assigned social worker shall consider as "maximum limits" the timeframes defined in this section for CPS response. Cases may require a quicker response than the timelines defined in this section.
 2. The response time begins at the time and date Children's Administration (CA) receives the intake.
 3. An **emergent** response is required for children who are at risk of imminent harm (i.e. significant possibility or likelihood that child may be seriously physically or emotionally injured in the near future).

An emergent response requires CA social workers to have face to face contact with all alleged child abuse or neglect victims within 24 hours from the time and date CA receives the intake.

4. When an emergent intake is assigned to a CA social worker during the work week and the child cannot be located, CA after-hours staff will continue to make

efforts to make initial face to face contact with the alleged child victim(s) over the weekend or holiday. CA social workers will continue diligent efforts to locate the child until initial face to face contact occurs, or it is determined that the child cannot be located.

5. A non-emergent response is required for children who are NOT at risk of imminent harm.

A non-emergent response requires CA social workers to have face to face contact with all alleged child abuse or neglect victims within 72 hours from the date and time CA receives the intake.

6. Face to face contact with the alleged child victim(s) includes, but is not limited to:
 1. Observation of the child(ren);
 2. Observation of the child(ren)'s circumstances;
 3. Interview(s) with the child(ren) who have the capacity to communicate. The initial interview(s) should be sufficient to help the social worker complete the Safety Assessment See CA's Practice and Procedures Guide, 2330 Investigative Standards) and take any steps necessary for child safety; and
 4. Completion of the Safety Assessment and Safety Plan (when indicated) (See CA's Practice and Procedures Guide, 2330 Investigative Standards).
7. When an after-hours worker responds to an emergent or non-emergent intake and has face to face contact with the alleged child victim(s), the intake is assigned to an investigator (CPS or DLR/CPS social worker) to:
 1. Continue the investigation on the next business day; and
 2. Complete the investigative interview with the alleged child victim(s), if it was not conducted at the initial face to face contact.
8. Local offices shall develop protocols for the after-hours social worker or responding social worker (if the responding social worker is not the social worker assigned to investigate the intake) to provide updates on the status of the intake to the assigned social worker, or to the CPS or DLR/CPS supervisor.
9. If additional victims identified during the course of an investigation are determined:
 1. **To be at risk of imminent harm**, a social worker will have face to face contact within 24 hours from the date and time they are identified.
 2. **NOT to be at risk of imminent harm**, a social worker will have face to face contact within 72 hours of the date and time they are identified.

The social worker assigned to investigate the intake is responsible to see that additional victims (based on the original allegation) are added to the intake and the case. If additional victims are identified with new allegations of CA/N, a new intake must be generated.

10. When law enforcement or other professionals have face to face contact (e.g. welfare check) with the children prior to the CA social worker, the CA social

worker is still required to conduct face to face contact within the required timeframes for response to assess risk.

11. The CA social worker (including the after-hours social worker or responding social worker) who conducts or attempts to conduct the initial face to face contact(s) must input the action into a CPS Investigation Case Note **within 7 calendar days of the contact or attempt to contact**, noting the date and time of the interview(s).

12. **Time Limited Extensions**

There are situations when child safety concerns and/or ability to locate alleged child victims may require time limited extensions to the 24 or 72 hour face to face requirements. These include:

1. When protocols with law enforcement or other community resources (e.g. sexual assault clinics, etc.) exist that require CA to delay having face to face contact with the child in order to assign specialists or to coordinate the investigation, the assigned CA supervisor may approve a time limited extension for the initial face to face contact.
2. When a child is unable to be located within the 24 or 72 hour timeframe, the assigned CA supervisor may approve a time limited extension for the initial face to face contact. The CA social worker shall continue to make efforts to locate and initiate face to face contact with the alleged child victim as soon as possible.

The assigned CA supervisor shall review the social worker's efforts every:

1. **3 business days** on **emergent** intake until the initial face to face contact occurs.
2. **5 business days** on **non-emergent** intake until the initial face to face contact occurs.
3. In situations where a child's safety may be compromised by conducting the initial face to face contact within 24 or 72 hours, the Area Administrator may approve a time limited extension.
4. When an intake initially screens in for an alternate intervention and new information indicates that a CPS Investigation is required, the response time begins at the date and time that the intake is changed.
5. In cases where an intake relates to the alleged abuse or neglect of a child in a licensed facility that is not providing care for children during the weekend or holiday, face to face contact with the child shall occur by the end of the next business day
6. The assigning supervisor shall document all time limited extensions to the 24 and 72 hour face to face requirements, including the *rationale and the timeframe* for the extension, in a case note **within 7 calendar days** of determining that the extension applies.

13. Additional Time Limited Extensions for Emergent Responses

1. When a child is placed in protective custody and transported to licensed foster care (foster home, group care, CRC, etc.) by law enforcement, and the immediate safety issues for that child are addressed, a CA social worker shall have face to face contact with the child by the end of the next business day. After-hours field staff shall continue to assist law enforcement with placement and safety assessment when necessary.
2. When a child is placed on a hospital hold, or in protective custody that does not allow the child to leave the hospital, and the immediate safety issues for that child are addressed, a CA social worker shall have face to face contact with the child by the end of the next business day.
3. In cases where an intake relates to the alleged abuse or neglect of a child in an out-of-home placement, victims of emergent DLR/CPS intakes who are no longer in the facility shall have face to face contact with a DLR investigator within the non-emergent timeframe. Children who have not been identified as victims, who are still in the facility and may be at risk of imminent harm, shall have face to face contact with a CA social worker within 24 hours from the date and time the intake is received by CA.
4. In custody cases where an intake relates to the alleged abuse or neglect of a child by one parent (subject) and the child is residing with the other parent, face to face contact with the child shall occur by the end of the next business day. Children who have not been identified as victims, who are in the care of the alleged abuser and who may be at risk of imminent harm, shall have face to face contact with a CA social worker within 24 hours from the date and time of the intake is received by CA.
5. The assigning supervisor shall document all extensions to the 24 hour face to face requirements, including the rationale and the timeframe for the extension, in FamLink when the intake is assigned to the CPS or DLR/CPS investigator for the initial face to face contact **within 7 calendar days**.
6. The CI supervisor shall immediately document all extensions to the 24 hour face to face requirements including the rationale for the extension, in a case note when intakes are received after business hours.
7. The CI supervisor and the after-hours supervisor/AA are encouraged to exercise shared decision making regarding the application of policy exceptions. However, when disagreements cannot be resolved regarding emergent intakes, the CI supervisor's decision prevails. The issue may be addressed again the next business day, following established protocols. (CA Practice and Procedures Guide 2220(f) (2-4) & Intake Methods and Procedures sections XX-XXI).

14. Exceptions

When a child cannot be located and diligent efforts have been made, or face to face contact cannot occur because the child is deceased or has moved out of

state, the assigning supervisor may approve an exception to the face to face policy.

The assigning supervisor shall document the exception to the face to face policy in a case note, **within 7 calendar days** of determining that an exception applies, including the rationale for the decision, and (when applicable) detailed information about the steps taken to locate the child.

3. **After Business Hours Responses**

1. After Business Hours Response to Emergent Intakes

In addition to requirements and exceptions listed above response policies, after-hours staff must follow the requirements outlined below:

1. When it is necessary for an after-hours worker to respond to an emergent intake, the CI supervisor shall contact the on-call after-hours supervisor/Area Administrator (AA) to discuss the circumstances. The after-hours supervisor/AA shall contact the after-hours worker to provide direction regarding worker safety and to coordinate the field response.
 2. In emergent DLR/CPS intakes, when it is necessary for an after-hours worker to respond to an emergent intake, the CI supervisor shall contact the on-call after-hours supervisor/AA to discuss the circumstances. When necessary, the on-call after-hours supervisor/AA shall contact the on-call DLR after-hours supervisor/AA for consultation. The after-hours supervisor/AA shall contact the after-hours worker to provide direction regarding worker safety and to coordinate the field response.
 3. When there is conflict regarding the after-hours response to an emergent intake, the CI supervisor's assessment prevails.
 4. After-hours social workers are required to complete a Safety Assessment/Safety Plan in FamLink.
 5. The on-call supervisor or AA shall review and verbally approve the Safety Assessment/Safety Plan developed by the after-hours social worker. The on-call supervisor or AA shall document their approval of the Safety Assessment/Safety Plan in FamLink within **7 calendar days**.
- #### 2. After Business Hours Response to Non-Emergent Intakes

In most cases non-emergent intakes will be handled during regular business hours. However, local offices will develop protocols for responding to non-emergent intakes after-hours (e.g. intake is received during a long holiday weekend) for those instances when an after-hours social worker is assigned to respond. In addition to the local protocols after-hours staff must take the following actions:

1. After-hours social workers must complete a Safety Assessment/Safety Plan in FamLink.

2. The on-call supervisor or AA must review and verbally approve the Safety Assessment/Safety Plan developed by the after-hours social worker. The on-call supervisor or AA shall document their approval of the Safety Assessment/Safety Plan in an SER within **7 calendar days**.

2330. Accepted Intake Standards

2331. Investigative Standards

1. A CPS social worker shall investigate all intakes screened in for investigation.
2. A DLR/CPS social worker shall investigate all intakes when child abuse or neglect is alleged that meets the sufficiency criteria in facilities licensed or certified to care for children by DSHS or the Department of Early learning, and facilities subject to licensure to care for children.
3. The social worker gathers information for risk assessment, family evaluation, and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but is expected to work cooperatively with law enforcement.
4. The assigned social worker must:
 1. Contact the referrer if the intake information is insufficient or unclear and may provide information about the outcome of the case to mandated referrers.
 2. Conduct a face-to-face **investigative** interview with child victims within 10 calendar days from the date the intake is received.
 1. An investigator or professional skilled in evaluating the child or condition of the child must interview all child victims involved in the report and capable of being interviewed through face-to-face contact at the earliest possible time. Local protocol or the special needs of the child may dictate that someone other than the CA social worker interview the child regarding allegations of abuse.
 2. If an investigator or qualified professional first conducts the interview regarding child abuse, the assigned social worker is still responsible for interviewing the victims face to face for the purpose of assessing risk and gathering information for service planning. The social worker may interview the child(ren) outside the presence of the parents. The social worker may conduct the interview on school premises, at child day care facilities, at the child's home, or at other suitable locations. The interviews should uphold the principles of minimizing trauma and reducing investigative interviews (SB 5127). RCW 26.44.030
 3. The social worker determines if the child wishes a third party to be present during the interview. The social worker makes a reasonable effort to have the interview observed by a third party so long as the child does not object and the presence of the third party will not jeopardize the investigation. RCW 26.44.030
 4. The initial interview with the child may be critical to later dependency and/or criminal hearings. The social worker needs to make every effort to

avoid saying or doing anything that could be construed as leading or influencing the child.

5. CA CPS social workers must make reasonable efforts to use audio recordings to document child disclosure interviews whenever possible and appropriate. This applies to child sexual abuse cases and physical abuse cases. Follow steps to audio record CPS interviews in the [Quick Reference Guide - Audio Recording CPS Child Interviews](#). (An optional resource for staff is the one page summary sheet called [Interview Protocols](#).
 1. An audio recording should not be undertaken when:
 1. The age or developmental capacity of the child makes audio recording impractical.
 2. The child refuses to participate in the interview if audio recording occurs. If this occurs, CA staff should proceed with the interview, documenting it in near verbatim form.
 3. In the context of a joint CPS/Law Enforcement investigation, the investigation team determines that audio recording is not appropriate.
 4. The child may be negatively impacted due to additional emotional distress or use of the equipment may impact the child's willingness to disclose abuse.
 5. Another agency is conducting the interview and local protocol does not permit CA recording of their interview.
 2. When audio recording is not possible or appropriate CA CPS staff must use near verbatim recording any time an alleged child victim or a child witness makes statements to the CPS staff relating to allegations of child sexual abuse. Such statements include disclosures and denials of sexual abuse and provision of information directly related to the specific allegation. CA staff may summarize child and adult interviews that do not include discussions of the allegations. See the Operations Manual, chapter 13000, section 13100, for documentation requirements.
 3. When it is necessary to interview the child to make an initial assessment of the child's safety or the child's safety is endangered, the legal custodian's permission to record the interview is not necessary.
 4. When CA staff have assessed the child is safe in the home and determined an in-depth interview be scheduled at a later date, the legal custodian's permission to record the interview should be sought. In the event the legal custodian declines, staff should document the interview in near-verbatim form.
 5. When CA is supervising the care of a child in out-of-home placement subject to a shelter care or other court order, CA has the authority to consent to the interview and audio recording of the child interview.

6. The child being interviewed should provide his or her verbal consent to having the interview recorded and this consent should be recorded at the start of each interview.
7. Whenever a child interview is conducted by law enforcement, a child advocacy center, another agency, or forensic interviewer pursuant to a local protocol for the investigation of child abuse cases, the terms of the local protocol regarding recording and documentation of interview shall supersede any contrary provisions of this policy and shall be followed by CA staff.
 1. Whatever form of documentation is specified in the local protocol is acceptable for CA use.
 2. If CA staff are present during a child disclosure interview conducted by another agency or individual pursuant to a local protocol, CA equipment may be used to make an audio recording of the interview if local protocol permits.
6. When recording interviews in languages other than English:
 1. If you are conducting an interview with a child who speaks a language other than English, follow your office procedures to request a qualified interpreter.
 2. If you are certified to conduct child interviews in Spanish, you may record the entire interview in Spanish without interpretive services.
3. Assess intake accepted as sexually aggressive youth (SAY) for the following factors:
 1. Whether or not the youth has been abused or neglected.
 2. The youth's potential for re-offending.
 3. The parents' willingness to protect, seek and utilize services, and cooperate with case planning.
4. If needed, photograph any child identified as a victim for the purpose of providing documentary evidence of the physical condition of the child. RCW 26.44.050. Investigative photographs are stored in the electronic file cabinet associated with each case.
5. On all CPS intake in which the child is not placed in out-of-home care, the assigned social worker will complete a Safety Assessment immediately following the initial face-to-face contact with the child. The Safety Assessment may be initially documented directly in FamLink or on NCR paper forms. In either case, the Safety Assessment must be documented in FamLink according to the following timelines:
 1. All intake assessed as emergent, the Safety Assessment will be entered into FamLink within two working days of the initial face-to-face contact with the child. If the NCR form is used initially, the Safety Assessment form in FamLink will be completed within 10 working days of the initial face-to-face with the child.
 2. On all non-emergent intake, the Safety Assessment will be entered into FamLink within 10 working days of the initial face-to-face contact with the child. If the NCR form is used, the Safety Assessment form in

FamLink will be completed within 10 working days of the completion of the NCR form

3. If the Safety Assessment is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.
6. When any question on the Safety Assessment has a response marked "indicated," the assigned social worker will also complete a Safety Plan. Safety Plans may also be completed on other cases as determined to be appropriate by the social worker and/or supervisor. (for reunification see [chapter 4000: Child Welfare Services – section 43051 Reasonable Efforts to Return Child Home](#))
 1. The Safety Plan may be completed by either direct entry into FamLink or by completion of an NCR form.
 2. If the Safety Plan is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.
 3. If the Safety Plan is completed on an NCR form, the information will be documented in FamLink Safety Plan document.
 4. If the Safety Plan is completed by direct entry into FamLink, a copy should be printed and sent to the parents for their signature and to document they have the information in the plan. A hard copy should be placed in the correspondence section of the file. Workers are strongly encouraged to obtain appropriate signatures on the hard copy of the form, even if it is directly logged into FamLink.
7. If Safety Plans are required, completion of the Safety Plan will be documented in FamLink according to the following timelines:
 1. On all emergent intake, the Safety Plan will be documented in FamLink within 2 working days of the initial face-to-face contact with the child.
 2. On all non-emergent intake, the Safety Plan will be documented in FamLink within 10 working days of the face-to-face contact with the child.
8. The decision as to whether an item on the Safety Assessment is marked "indicated" reflects the best judgment of the social worker based on the information available at the time of the assessment.
9. If a Safety Plan is not put into place within prescribed timelines and the child is not removed from parental custody, the social worker will document the reasons why a Safety Plan is not possible in the space provided on the Safety Assessment. The social worker shall confer with his/her supervisor regarding the case circumstances in a timely manner
10. It is encouraged to obtain the signatures of the participants on the safety plan, especially that of the parents. This signature reflects their agreement to carry out their part of the plan. If the signatures of parents or other parties to the Safety Plan cannot be obtained, the assigned social worker may note in the signature block on the form the date on which verbal agreement as to the specific requirements of their involvement was reached.
11. The supervisor will review the Safety Assessment and Safety Plan according to the following guidelines:

1. On all emergent intake, the Safety Plan will be reviewed within 10 working days of its completion or sooner at the discretion of the worker and supervisor.
 2. On all non-emergent intake, the Safety Plan will be reviewed at the regular monthly conference.
 3. All Safety Assessments are to be reviewed at the regular monthly conference if not reviewed previously.
 4. Supervisory review of Safety Plans completed in FamLink will be documented in FamLink, by opening the individual Safety Plans online and utilizing the button provided to indicate approval.
 5. Supervisory review of Safety Plans completed on NCR forms will be documented by signing on the NCR form.
12. Under no circumstances will any case with an "indicated" response on the Safety Assessment be closed without supervisory review of both the Safety Assessment and Safety Plan.
 13. With approval of the Regional Administrator, under a regional plan, hand written NCR hard-copy Safety Assessments and Safety Plans may be input into FamLink by designated clerical staff according to the timelines set forth above. In all cases where Safety Assessments or Safety Plans have been completed on NCR forms, a copy of the original NCR documents will be retained in the paper file. The social worker will review the Safety Assessment and Safety Plan following clerical input to assure accuracy.
 14. Unless credible collateral contacts clearly indicate that neglect is not occurring, make a home visit in cases of child neglect and in other cases when a home visit is necessary to complete a risk assessment of the family.
 15. Notify the parents, guardian, or legal custodian of a child of any CA/N allegations made against them at the initial point of contact, in a manner consistent with the laws maintaining the confidentiality of the person making the allegations. CA/N investigations should be conducted in a manner that will not jeopardize the safety or protection of the child or the integrity of the investigation process. RCW 26.44.100
 16. Notify the alleged perpetrator of the allegations of CA/N at the earliest point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation.
 17. Conduct individual and face-to-face interviews with the child's caretaker(s) and all alleged perpetrators if reasonably available. The social worker may coordinate interviews with local law enforcement agencies in accordance with local community protocols that may authorize interview of the perpetrators by a person other than the social worker.
 1. CPS staff must use near verbatim recording any time an alleged perpetrator of child sexual abuse makes statements to the CPS staff regarding the alleged sexual abuse.
 2. CPS staff may summarize the nature of questions and the nature of the responses when other adults provide information related to allegations of child sexual abuse. See the Operations Manual, chapter 13000, section 13100, for documentation requirements. For the CA social worker to rely

on near verbatim reporting prepared by a law enforcement officer or other community participant, the department's local community protocol must provide that the law enforcement or other participant will provide the near verbatim report within 90 days of the interview.

18. Document in the record when the alleged perpetrator is unavailable or unwilling to be interviewed.
19. Notify law enforcement in accordance with local protocol. The social worker must ensure that notification has been made to law enforcement following instructions in section 2220 of this chapter. When in the course of an investigation there is reasonable cause to believe a crime against a child has been committed, the social worker or supervisor must notify the law enforcement agency with jurisdiction.
RCW 26.44.030 and 74.13.031
20. Request the assistance of law enforcement to:
 1. Assure the safety of the child(ren) or staff.
 2. Observe and/or preserve evidence.
 3. Take a child(ren) into protective custody.
 4. Enforce a court order.
 5. Assist with the investigation.
21. See chapter 4000, section 43022, for notification to parents of their rights when a child is taken into temporary custody.
22. Secure medical evaluation and/or treatment. The social worker considers utilizing a medical evaluation in cases when the reported, observable condition or the nature and severity of injury cannot be reasonably attributed to the claimed cause and a diagnostic finding would clarify assessment of risk. Social workers may also utilize a medical evaluation to determine the need for medical treatment.
23. Make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker must arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.
The social worker must ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, if indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical examination if the parent does not comply with the request.
24. Contact the statewide Medical Consultation Network at 1-800-326-5300 whenever identification or management of CA/N would be facilitated by expert medical consultation. For consultation with a pharmacist on prescribed or non-prescribed medications, contact the Washington Poison Control Center at 1-800-222-1222 (TTY 1-800-222-1222), identify self as a CA social worker, and ask to speak to the pharmacist on duty.
25. The assigned CPS social worker must refer a child ages birth to 3, identified with a developmental delay to a Family Resources Coordinator with the Infant-Toddler Early Intervention Program (ITEIP).
 1. Referrals are made by calling the Healthy Mothers, Healthy Babies hotline at (1-800-322-2588) or through the ITEIP web site

<http://www.dshs.wa.gov/iteip/>. The referral must also be discussed with the child's parents/caregivers. The parents/caregivers should also be informed that services from ITEIP are free and do not commit the family to participate in the program.

2. The referral must be made no more than two working days after a concern(s) has been identified. The family may request that the referral timeline be extended beyond two days. This request must be documented in a case note.
 26. Seek professional and expert consultation and evaluation of significant issues. Examples include having the housing inspector or other local authority assess building safety or having the county sanitarian assess sewage and septic treatment issues.
 27. Interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, child day care, relatives, etc.) who are reported to have or, the social worker believes, may have first-hand knowledge of the incident, the injury, or the family's circumstances.
 28. When requested, contact the referrers regarding the status of the case. More specific case information may be shared with mandated reporters; e.g., the disposition of the intake information and the department activity to protect the child. Take care to maintain confidentiality and the integrity of the family.
 29. Notify all persons named in the intake as alleged perpetrators of the abuse or neglect of the outcome of the investigation and the alleged perpetrators' rights of review and appeal, using the Client Notification Letter.
RCW 26.44.100
 30. Send a letter by certified mail to any person determined to have made a false report of child abuse or neglect informing the person that this determination has been made and that a second or subsequent false report will be referred to the proper law enforcement agency for investigation.
5. Response to Serious Physical Abuse and Sexual Abuse
1. The requirements in this subsection apply to all CA staff conducting investigations of serious physical abuse or sexual abuse. CPS staff must follow these procedures in addition to all other required investigative requirements in chapter 2000 of this guide:
 1. Social must obtain medical examinations of children when:
 1. They are seriously injured, or
 2. There is a pattern of injury to young children as a result of alleged child abuse or neglect.
 3. There is an allegation of sexual abuse that includes physical injury to the child or the potential for the child to have a sexually transmitted disease.

The social worker should consult with the Statewide Medical Consultation Network (Med-Con) or with a Child Advocacy Center (CAC) physician when there is a concern about whether or

not a child is alleged to be sexually abused needs a medical examination.

2. The physician examining the child must be affiliated with the Statewide Medical Consultation Network (Med-Con) or with a Child Advocacy Center (CAC). If a child is examined or was previously examined by a physician who is not affiliated with the Statewide Med-Con or a CAC the social worker must also consult with Med-Con or a CAC physician.

The Med-Con or a CAC physician must be made aware of the current allegations and available medical information, previous injuries and indications the child has been abused or neglected in the past.

3. Children who are in the following categories must be placed in out-of-homecare (except when the court has determined the child is safe to remain in the home):
 1. Children who have suffered a serious non-accidental injury and a safety plan cannot be developed which will assure the separation of the child from the alleged perpetrator(s).
 2. Siblings of children who have been fatally or seriously injured due to abuse or neglect and a safety plan cannot be developed which will assure the separation of the child from the alleged perpetrator(s).
 3. Caregiver has been determined to be unwilling or incapable (i.e., due to mental illness or substance abuse) of supervising or protecting the child and a safety plan cannot be developed which will assure supervision/protection of the child.
 4. Sexual abuse of a child and a safety plan cannot be developed which will protect the child from the alleged perpetrator(s).
4. Any child who has an indication safety threat on the safety assessment must have a safety plan in place. The safety plan must include:
 1. Separation of the child from the person who poses the safety threat.
 2. Independent safety monitors such as regular contact by a mandated reporter aware of the safety threat and understands their reporting duty Plans based mainly on promises made by the caregiver are not appropriate.
 3. A caregiver who will assure protection of the child.
 4. Regular contact by the social worker with all parties in the safety plan.
5. Prior to contact between the alleged perpetrator and victim the social worker must:
 1. Consider the psychological harm as well as physical safety of the child.
 2. Consult with law enforcement, treatment providers or others involved with the family.

3. Obtain reliable supervision of the contact between the child and the person who poses the safety threat so that the threat is addressed.
4. Have supervisor approval.

2332. Alternate Intervention

An alternate intervention will be used when an intake meets the criteria for Alternate Intervention outlined in FamLink. DLR/CPS may not use alternate intervention to respond to referrals. All DLR/CPS referrals must be investigated by a DLR/CPS investigator. Parameters for an alternate intervention include:

1. CA response within **10 calendar days** from the date of intake;
2. The CA social worker may send a letter to the family, make a phone call to the caretaker(s), or make a brief home visit to provide the following:
 1. Notification that CPS has accepted an intake for alternate intervention.
 2. Information included in the intake regarding allegations of CA/N.
 3. Information on the local DCFS telephone number/contact.
 4. Information on community resources which may be available to address the needs of the family; i.e., information and referral
5. Notification that no further action will take place in response to this intake.
3. Intakes sent to an Early Family Support Service (EFSS) or other community agencies which are willing to accept the intake for services and/or monitoring.
4. Intakes sent to an EFSS shall have a case folder created and a case open in DCFS. All other Alternative Intervention intakes shall be opened and closed in FamLink. Collateral information in the form of additional documentation or correspondence shall be filed and maintained by each office.
5. If additional Alternative Intervention intakes are made on a family, the intake(s) shall be printed and included in the case file.

2335. DLR/CPS Use Of Safety Assessment And Safety Planning Tools

1. On all DLR/CPS intakes alleging the biological or adoptive child of a licensee is the victim of CA/N in which the child is not placed in out-of-home care, the assigned DLR/CPS Investigator will complete a Safety Assessment immediately following the initial face-to-face contact with the child. The Safety Assessment may be documented directly in FamLink or on NCR paper forms. Documentation will be done according to the following timelines:
 1. On all intakes assessed as emergent at intake, the Safety Assessment will be entered into FamLink or completed on an NCR form within two working days of the initial face-to-face contact with the child. If the NCR form is used, the Safety

Assessment form in FamLink will be completed within 10 working days of the initial face-to-face with the child.

2. On all intakes assessed as non-emergent at intake, the Safety Assessment will be entered into FamLink or completed on an NCR form within 10 working days of the initial face-to-face contact with the child. If the NCR form is used, the Safety Assessment form in FamLink will be completed within 10 working days of the completion of the NCR form.
3. If the Safety Assessment is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.
2. When any question on the Safety Assessment has a response marked "indicated," the assigned DLR/CPS investigator will also complete an initial Safety Plan.
 1. The Safety Plan may be completed by either direct entry into FamLink or by completion of an NCR form.
 2. If the Safety Plan is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.
 3. If the Safety Plan is completed on an NCR form, FamLink documentation may consist of entry of the Safety Plan information into the FamLink Safety Plan module.
 4. If the Safety Plan is completed by direct entry into FamLink, a hard copy should be printed out and sent to the licensed providers and they should be asked to return a signed copy to indicate their agreement with the Safety Plan.
3. The initial Safety Plan will be documented in FamLink according to the following timelines:
 1. On all intakes assessed as emergent at intake, the Safety Plan will be documented in FamLink within 2 working days of the initial face-to-face contact with the child.
 2. On all intakes assessed as non-emergent at intake, the Safety Plan will be documented in FamLink within 10 working days of the face-to-face contact with the child.
4. The decision as to whether an item on the Safety Assessment is marked "indicated" reflects the best judgment of the social worker based on the information available at the time of the assessment.
5. If an initial Safety Plan is not put into place, the DLR/CPS investigator will document the reasons why an initial safety plan is not possible in the space provided on the Safety Assessment and must confer with the supervisor regarding the case circumstances in a timely manner.
6. If the signatures of parents or other parties to the initial Safety Plan cannot be obtained, the assigned DLR/CPS investigator may note in the signature block on the form the date on which verbal agreement as to their specific responsibilities in the safety plan was reached.
7. Safety Plans may also be completed in situations where they are not required per the written policy at the discretion of either the assigned DLR/CPS investigator or DLR/CPS supervisor.
8. Once the assigned DLR/CPS investigator has completed a Safety Assessment and Safety Plan, and has determined that there is a need for monitoring of the Safety Plan and/or

provision of services, the DLR/CPS Supervisor shall contact the appropriate DCFS Supervisor.

1. The Supervisor will ensure that the appropriate DCFS case assignment will occur to provide monitoring of the Safety Plan and/or provision of services.
 2. In the event of disagreement between the DLR/CPS Supervisor and the DCFS Supervisor, the matter will be immediately referred up the chain of command for resolution.
 3. As with any case transfer, appropriate staffings will occur to ensure the transition of services to the family.
9. When DCFS staff assume responsibility for the case, DCFS also assumes responsibility for making ongoing decisions about the safety of the child and/or provision of services. DCFS and DLR will utilize joint staffings and shared decision making whenever appropriate, especially if the license remains active.
10. The DLR/CPS supervisor will review the Safety Assessment and Safety Plan prior to transfer of a case to DCFS. In addition, the following timelines must be met:
1. On all intakes assessed as emergent 24 hour response at intake, the Safety Plan will be reviewed within 10 working days of its completion, or sooner at the discretion of the worker and supervisor.
 2. On all intakes assessed as non-emergent 72 hour response at intake, the Safety Plan will be reviewed at the regular monthly conference.
 3. All Safety Assessments are to be reviewed at the regular monthly conference if not reviewed previously.
11. Supervisory review and approval of Safety Plans completed in FamLink will be documented in FamLink, by opening the individual Safety Plans online through the Investigative Assessment and utilizing the FamLink approval process. Supervisory review of Safety Plans completed on NCR forms will be documented by signing on the NCR form. Safety Assessments and Plans completed on a NCR form must also be entered and approved through the Investigative Assessment in FamLink.
12. Under no circumstances will any case with an "indicated" response on the Safety Assessment be closed without supervisory review of both the Safety Assessment and Safety Plan or compelling reasons why a Safety Plan was not completed.

2340. Ongoing Risk Assessment and CPS

1. Risk Assessment continues throughout the life of a case from the initial CPS intake until the case is closed. CPS is defined by the type and goal of provided services and not limited by the organizational structure of local DCFS offices.
2. CPS is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

2400. CASE PLANNING

2410. Description

1. Case planning builds on the principles of risk assessment by linking the identified risk factors to their case plan.
2. The CPS worker must follow the requirements of WAC 388-15-131 and WAC 388-70-095 in determining if the reported child(ren) is Indian/Native American.
 1. Upon initial acceptance of a case for service, the social worker must seek to discover and document whether the involved child is of Indian ancestry. The social worker must do this in every case.
 2. Each time the case is transferred from one worker or program to another, the social worker receiving the case must confirm that verification of Indian ancestry has previously been completed.
3. The CPS social worker must develop and implement culturally responsive case plans, consistent with the risk assessment model, designed to reduce the risk of CA/N to children.

2420. Process

1. The social worker develops service plans with available parents using empowerment strategies that identify and build on parental strengths. The worker provides available parents with regular feedback about progress.
2. The social worker develops a case plan with each available family when services are provided. The social worker completes a service plan and negotiates service agreements with the family and outlines the steps that are to be taken to achieve the case plans. See chapter 4000, section 45023, for procedures to access Intensive Family Preservation Services (IFPS) and Family Preservation Services (FPS). The social worker makes reasonable efforts to ensure that service agreements are translated into the primary language of the child and the child's caretaker.

2430. Family Assessment

2431. Purpose

Family Assessment is a means of sorting through with the family those things happening with the family and how to make things better. The assessment is a standardized and comprehensive process and is the foundation for goals in the family's case plan. The family assessment, which is documented in FamLink, identifies strengths and needs for the family (household), each caregiver, and each child in the family.

2432. Policy

1. An initial Family Assessment must be completed within 30 days of a case being opened for services (FVS or FRS) or court intervention (CFWS).
2. An Assessment of Progress must be completed:
 1. Every 90 days on Family Voluntary Services (FVS) and Family Reconciliation Services (FRS) cases.

2. A minimum of every 6 months on Child and Family Welfare Services (CFWS) cases and when a new ISSP is required.
 3. When reunification is being proposed if the child/youth has been in care longer than 60 days.
 4. At case transfer
 5. At case closure
3. A Family Assessment or Assessment of Progress does not need to be updated if it has been:
1. Completed within the previous 60 days; and
 2. No known major changes in the family dynamics have occurred.

This does not apply to case closure occurring within 60 days of the initial family assessment.

2433. Procedures

1. FVS, CFWS and FRS workers complete the initial Family Assessment and Assessment of Progress.
 1. If the case is transferred from a CPS Investigation to CFWS or FVS, the initial Family Assessment is completed by the assigned CFWS or FVS worker.
 2. If a case is opened as a result of a non-CPS intake, the initial Family Assessment is completed by the assigned CFWS, FVS or FRS worker.
 3. Updates to the Family Assessment will be done through the Assessment of Progress.
 4. If the case is transferred from FVS to CFWS, where an initial Family Assessment has been completed, the CFWS worker is required to complete an Assessment of Progress prior to the Fact Finding or next review hearing if the case has been open more than 90 days.
 5. The Assessment of Progress is required at case closure even if the family case has been opened for only a short period of time and there has been little or no change.
 6. If a closed case is reopened, a new initial Family Assessment must be completed.
2. The Family Assessment and Assessment of Progress are completed jointly with the family and support case planning.
3. Services plans are developed collaboratively with the family based on this assessment.
 1. Information can be entered as obtained.
 2. Services and activities can be authorized prior to the completion of the Family Assessment and it is expected that this will occur for emergent services (.e. IFPS, alcohol and drug assessment, etc.) and services that the family agrees need to occur in order to address the goals of the plan.
 3. Strengths and needs are identified in the family assessment and the goals and services/ activities are related to the needs identified.
 4. Information contained in the Family Assessment pre-fills sections of the ISSP and Assessment of Progress
 5. Supervisory approval is required after developing the case plan.

2440. Service Agreements

2441. Purpose

A Voluntary Service Agreement (VSA) is used to engage families who are willing to participate in services intended to reduce current and future abuse or neglect issues. Voluntary services are designed for families that do not require court intervention.

2442. Policy

1. Child Protective Services Social Worker Responsibilities

1. The Child Protection Service Social Worker (CPS) must staff cases with a CPS supervisor when there is an "Indicated" on the Safety Assessment, and/or a moderate high or high risk score on the SDM tool.

During the staffing, the CPS investigator and CPS supervisor will review the information gathered from the Safety Assessment, initial interviews, case history and SDM risk assessment to determine if a VSA is appropriate, based on the following factors:

1. The level of risk and safety concerns
 2. The protective factors that exist within the family and their support system
 3. The temporary nature of the family crisis
 4. The family's ability and willingness to engage in services and achieve their goals within the time period specified
 5. The service(s) being offered to the family are likely to help maintain or restore a safe, stable family environment
 6. Safety and protection of the child does not appear to require court intervention
 7. The Voluntary Service Agreement is in the child's best interest
2. Based on the above factors, the CPS social worker and a CPS supervisor will determine if a VSA is appropriate.
 1. If a VSA is appropriate see **section B** "CPS Supervisors Responsibilities" below
 2. If a VSA is not appropriate the CPS investigator will:
 1. Initiate referrals, if appropriate, to service providers or community resources (see #3 below); or
 2. File a dependency petition with the court.
 3. The CPS social worker, regardless of whether a VSA is developed, may initiate referrals to service providers or community resources at any time during the investigation, when:
 1. The investigative process requires additional information (i.e. urinalysis testing or drug and alcohol assessment);
 2. There are immediate safety issues that need to be addressed;

3. The family may benefit from a referral to a community resource (e.g., bus pass, public health nurse, First Steps, WIC, domestic violence programs, or family planning).
4. If a case is co-assigned the CPS social worker is responsible for completion of the investigation within policy timelines. If the investigator needs subsequent contact with the family, it may be done jointly with the service worker when possible.
5. A new screened in CA/N referral received on an open service case will be investigated by the CPS social worker. Alternate Intervention intakes and Risk Only Intakes will be followed up by the assigned social worker.

* Note: Imminent Risk (without an allegation of CA/N) and aggravated circumstance cases do NOT require a new referral on an OPEN case.

2. Supervisor Responsibilities

1. When it is determined that a VSA is appropriate (based on the factors listed in A(1)(a-g)), the CPS supervisor will work with a Family Voluntary Services supervisor to immediately identify and assign a Family Voluntary Service worker, **within three business days**.
2. Services needed beyond the initial 90-days, must be reviewed and approved by the Family Voluntary Service Supervisor.
3. For cases involving extenuating circumstances a supervisor may request approval of the Area Administrator to allow the case assignment to remain with the CPS worker.

3. Family Voluntary Service Social Worker Responsibilities

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The Family Voluntary Service Social Worker (SW) will:

1. Assume primary responsibility for case during co-assignment with Investigative worker.
2. Make contact with the family within three business days of case assignment.
3. Work with the family, in coordination with the CPS social worker, to develop the voluntary service plan.
4. Develop the initial service plan for up to 90 days using the risk factors outlined below.
 1. Family history
 2. Child Characteristics
 1. Vulnerability/self protection
 2. Special needs/behavior problems
 3. Caregiver Characteristics
 1. Substance abuse
 2. Mental health, emotional, intellectual or physical impairments
 3. Parenting skills, expectations of child
 4. Empathy, nurturance, bonding

5. History of violence between (caregivers, peers, children)
6. Protection of child by non-offending caregiver
7. Recognition of problem/motivation to change
8. History of maltreatment as a child
9. Level of cooperation with intervention
4. Familial, Social and Economic Factors
 1. Stress on family
 2. Economic resources for the family
 3. Social support for the family
 4. Domestic violence
5. Identify with the family the areas of greatest concern and develop a service plan with goals and activities/services clearly identified. (Best practice would suggest identifying the top 3 or 4 concerns for a family to work on at one time.)
6. Provide on-going monitoring of the VSA to:
 - Support the family in following through with services
 - Modify services as needed to address new issues or address ongoing issues more effectively
7. Develop a second VSA for an additional **90 days with supervisor approval**. If services are extended beyond **180 days, AA approval is required**.
8. An assessment of progress must be completed on voluntary service cases when:
 0. The case is open for services and no ISSP is required.
 1. Every 90 days
 2. At case transfer or closure

If an assessment has been completed in the last 30 days and no significant changes have occurred a new assessment is not required.

4. Filing of a Dependency petition
 1. If the case is co-assigned and filing a dependency petition is necessary the CPS worker will file the petition;
 2. However, if the family is receiving services and there is a need to file a dependency petition then the Family Voluntary Services worker is responsible.
 3. Exceptions to who is responsible for filing a dependency petition can be determined by the Supervisor or Area Administrator when necessary.

2443. Elements

1. The CPS social worker includes the following elements in service agreements:
 1. Issues needing to be addressed.
 2. Means of addressing the issues.
 3. Behavioral objectives to be achieved.
 4. Significant activities to be completed, and by whom.
 5. Known or anticipated cost of services.
 6. Who will be responsible for costs.
 7. Significant dates and time frames for completion.
 8. Goal/outcome expectations for successful completion.

9. Methods for verifying compliance and measuring outcomes.
2. Service agreements are not legally binding.
3. The social worker discusses factors relevant to the agreement with the parent to determine the level of compliance that can reasonably be expected. The social worker monitors progress toward achievement of activities in these agreements and may use telephone contacts and reports from providers.
4. The social worker incorporates service agreements into the service plan. For specific criteria to be addressed in service agreements, see the Risk Assessment Guide.
5. The social worker may authorize interim services prior to completing or updating the Individual Service and Safety Plan (ISSP) or Summary Assessment. The social worker may use the service agreement process to authorize interim services.

[Continue to sections 2500 - 2700](#)

2500. SERVICE DELIVERY

2510. Description

The social worker's primary goal is to attempt to ensure the safety of the child within the context of the child's need for permanence in a family setting. The social worker's emphasis is to strengthen the family in order to prevent removal and/or reduce the length of stay in temporary out-of-home care.

2511. Service Model

DCFS employs the least intrusive service delivery model which engages the family in problem solving efforts provided the child is adequately protected. Service delivery is based upon and designed to build upon assessed family strengths. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk.

2512. Accessing Available Services

DCFS supervisors are responsible for orienting all social work staff with information regarding agencies and services available to clients. Social workers refer clients to appropriate available services necessary to alleviate the risk of CA/N. Such services include FPS and IFPS. See chapter 4000, section 4502 for complete descriptions of the two programs.

2513. Case Management Functions

Service delivery/case management functions include:

1. Ongoing review of case plan as needed.

2. Regular assessments of risk of CA/N.
3. Coordination of service delivery, including assisting families and children in accessing DSHS and community resources.
4. Consulting with service providers regarding:
 1. Reason for intake.
 2. Family's attendance and progress in service efforts.
 3. Provider/family identification of service needs.
 4. Other case coordination.
5. Monitoring a child's safety.
6. Assessing and monitoring the ability of a non-offending parent or caretaker to protect the child from further CA/N.
7. Decision-making regarding the timing and goals of permanency planning.
8. The assigned social worker shall invite the following parties to any staffing in which decisions regarding the child are being made.
 1. Treatment Providers;
 2. Other professionals who play a significant role with the family;
 3. Individuals with responsibilities identified in the safety plan;
 4. The family, if appropriate, if not present, their perspective should be represented;
 5. Foster Parent;
 6. Child, if over 12 years of age.

2514. Service Continuity

The supervisor shall work to assure continuity of service delivery when CPS cases are transferred from one social worker to another. Continuity of service delivery includes communication and case staffing among DCFS staff who have recently worked on the case.

2520. Investigation

The social worker shall complete an investigative risk assessment on all investigations of child abuse and neglect upon completion of the investigation within 45 calendar days of Children's Administration receiving the intake unless the requirement is waived by the supervisor per section 2610.

2530. Service Outcomes

The social worker shall achieve one of three outcomes for investigations:

1. A written voluntary service agreement with the family signed by the participants.
2. A dependency action filed in juvenile court.
3. Closure of the case.

2540. Investigative Assessment

The Investigative Assessment (IA) must be completed within 45 days of Children's Administration receiving the intake.

1. A complete Investigative Assessment will contain the following information:
 1. A narrative description of:
 - History of CA/N (prior to the current allegations, includes victimization of any child in the family and the injuries, dangerous acts, neglectful conditions, sexual abuse and extent of developmental/emotional harm).
 - Description of the most recent CA/N (including severity, frequency and effects on child).
 - Protective factors and family strengths.
 2. Structured Decision Making (SDM) risk assessment tool.
 3. Documentation that a determination has been made as to whether it is probable that the use of alcohol or controlled substances is a contributing factor to the alleged abuse or neglect.
 4. Disposition; e.g., a description of DCFS case status.
 5. Documentation of Findings regarding alleged abuse or neglect. Findings will be based on CA/N codes designated in the intake according to the following definitions:
 1. Founded means: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect did occur as defined in WAC 388-15-009.
 2. Unfounded means: The determination following an investigation by CPS that, based on available information, it is more likely than not that child abuse or neglect did not occur or there is insufficient evidence for the department to determine whether the alleged child abuse did or did not occur as defined in WAC 388-15-009. RCW 26.44.020
 3. When a third founded finding is made involving the same child or family within the previous 12 months, CA must promptly notify the Office of the Ombudsman of the contents of the report and disposition of the investigation.
2. The SDM risk assessment tool (located on the risk tab of the IA) is required as part of the Investigative Assessment and is used to determine if ongoing services are required.
 1. The SDM tool is completed:
 0. Prior to a determination to offer ongoing services monitored by CA through a voluntary service plan with the family (except when emergent service(s) are required).
 1. Prior to a case being transferred to CFWS when a dependency petition is filed.
 2. An SDM score of "moderately high" indicates an elevated risk of future maltreatment and an indication that services should be offered to the families to prevent future maltreatment. If DCFS is not going to provide services to these families, an explanation is needed as to why. The social worker will document the reason under the disposition tab by choosing one of the following:
 0. "Transferred to Tribal authority" if Tribe is assuming responsibility for providing services and monitoring the family.

1. "Other" and in the text box document a brief explanation why the case is not being opened for services and address specific factors in the risk assessment that made the family score as "moderately high."
3. When the SDM score is "high" services will be offered to the family. If CA will not be offering ongoing services to families that score "High" the social worker will document the reason under the disposition tab by choosing "Reason services are not being provided to the family by CA (Final risk level is high)".
4. When the SDM score is moderately high or high and a person meets the chronically referred criteria and on-going services are not offered, the social worker must:
 0. Follow CPT staffing procedures outlined in 2562 Practices and Procedures.
 1. Complete a Family Action Plan with an active linkage to community supports or services.
 2. Review case with CPS supervisor before case closure.
5. When the SDM score is moderately high or high and a person meets the chronically referred criteria and on-going services are offered, the social worker must:
 0. Refer family to appropriate evidence based or promising programs where available. If not available, refer other relevant agency contracted or community services.
 1. Require at least one meeting be held with the family and include providers who are serving the family to develop a Family Action Plan.

2550. Special Procedures

2551. Intakes on Substance Abuse during Pregnancy - Intake Screening

Intake must take the following actions regarding reports of substance abuse during pregnancy.

1. Document a pregnant woman's alleged abuse of substance(s) (not medically prescribed by the woman's medical practitioner) in an intake as "Information Only."
2. Document available information on the following risk and protective factors, in addition to information collected from the Practice Guide to Risk Assessment:
 1. Current substance abuse (specific substance(s) used, frequency, intensity, duration and amount of use).
 2. History of substance abuse (e.g., periods of abstinence).
 3. History of or refusal to enter substance abuse treatment.
 4. Results of prior substance abuse treatment.
 5. Current prenatal care and name of physician or obstetric care provider.
 6. History or current presence of domestic violence.
 7. Previous history of serious mental health disorder and/or postpartum mood disorder.

8. Environmental factors, including exposure to toxic chemicals (i.e. drug manufacturing).
9. Support available to the pregnant woman.

Information from 1-9 above, in addition to information collected from the Practice Guide to Risk Assessment will be documented as information in the Narrative section - Caregiver Characteristics. This information may be used to inform for future risk assessment of the child.

3. On all "Screened Out" intakes on a pregnant woman allegedly abusing substances, intake staff will identify whether the woman is receiving Medicaid.
 1. If the woman is not on Medicaid, intake will email a copy of the intake to ESA at CSD1stSteps@dshs.wa.gov.
 2. If the woman is on Medicaid, intake staff will send a copy of the intake by email, mail or fax to the First Steps provider whenever possible. If there are multiple First Steps providers serving one community, intake staff will send to ESA HQ at CSD1stSteps@dshs.wa.gov.
4. When the referrer is an ESA HQ or First Steps provider, intake staff will not need to send an intake.
5. Upon receipt of an intake involving an Indian child, CA intake will send intakes to the Tribe for the Tribe's information. Refer to ICW Manual Section 05.05.
6. Follow the intake procedures (outlined in section 2220 Practices and Procedures Guide) when there is a pregnant woman who is parenting a child and there is an allegation of child abuse or neglect (CA/N) or a risk of imminent harm to the child.

2552. Intakes on Newborns Identified by a Medical Practitioner as Substance Exposed and/or Substance Affected Newborns by Substances (Not Medically Prescribed) or Has Withdrawal Symptoms Resulting from Prenatal Substance Exposure.

1. Definitions
 1. A child is considered to be a "newborn" or "neonate" up to age 1 month (4 weeks old).
 2. A Substance-Exposed Newborn is one who tests positive for substance(s) at birth, or the mother tests positive for substance(s) at the time of delivery or the newborn is identified by a medical practitioner as having been prenatally exposed to substance(s).
 3. A Substance-Affected Newborn is one who has withdrawal symptoms resulting from prenatal substance exposure and/or demonstrates physical or behavioral signs that can be attributed to prenatal exposure to substances.
2. Decision Screening

Intake staff must take the following actions on all intakes that identify a newborn as exposed to substance(s).

1. Substance-Exposed Newborn:
 1. When there is an allegation of CA/N, the intake screens in for CPS Investigation.
 2. When there is no allegation but risk factor(s) that indicate imminent risk of serious harm the intake screens in for CPS Risk Only Investigation.
2. Substance-Exposed and Substance-Affected Newborn:
 1. When the newborn is Substance-Affected and there is an allegation of CA/N, the intake screens in CPS Investigation.
 2. Where the newborn is Substance-Affected and there is no allegation of child abuse or neglect, the intake is screened in for CPS Risk Only Investigation.
3. Intake Documentation
 1. Check the SE box (Substance EXPOSURE evident at birth) on the newborn in FamLink Intake Participants when the newborn is exposed prenatally to substance(s). Refer to definition of substance exposed newborn in 2552(A).
 2. Document whether the medical practitioner identified the newborn as AFFECTED by substance(s) AND available information on risk and protective factors outlined in 2552 (B).
4. CPS Response

CPS must take the following actions on all intakes that identify a newborn as AFFECTED by substance(s).

1. Follow CPS Investigation procedures and complete a "Plan of Safe Care" as required by CAPTA. CPS will complete the GAIN SS if the parent is not involved in mental health or chemical dependency services.
2. Document the "Plan of Safe Care" in a case note. The plan will include, but is not limited:
 1. Medical care for the newborn.
 2. Safe housing
 3. A plan of child care if the parent(s) is employed or in school.
 4. A list of phone numbers and contacts for the parent(s) to call, including
 1. Emergency care for the newborn.
 2. Help with parenting issues.
 3. Help during a crisis.
 5. A referral for the parent to necessary services (e.g., local Chemical Dependency Professional, Substance Abuse Assessment/treatment, or Mental Health Assessment/treatment).
 6. A referral to other resources that may be of support (e.g. First Steps, Safe Babies Safe Moms (CPS clients are a priority population), Parent Child Assistance Program, Public Health Department, Women, Infant and Children (WIC), etc.).

2553. Institutional Abuse

1. Institutional abuse is any child maltreatment as defined in DSHS Administrative Policy 8.02, Client Abuse, occurring in any DSHS certified, licensed, or staffed child care facility, including adoptive home placements prior to finalization. For investigation, DCFS staff shall follow the policy and procedures outlined in the Operations Manual, chapter 5000, section 5300.
2. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities using the steps outlined in the CA Operations Manual, chapter 5000, section 5100.
3. Certified and licensed facilities include foster homes, including those licensed by child placing agencies, child day care facilities, group homes, hospitals, Crisis Residential Centers (CRC), and some juvenile detention facilities. Division of Licensed Resource, CPS Section must notify the licensing authority of alleged CA/N and must investigate in accordance with the Operations Manual, chapter 5000, section 5300. Any plan for remedial action with the facility must be the responsibility of the licensing authority. The CPS social worker and the licenser must consult during the investigation. WAC 388-73-036, 388-73-048, and 388-73-050

2554. Alleged Abuse of Child Clients by DSHS Personnel

1. The social worker takes intakes using FamLink and must attach any supporting documents. See the CA Operations Manual, chapter 15000, section 15303, for procedures regarding administrative files.
2. The intake social worker places all relevant material into a confidential file folder and brings it immediately to the attention of the supervisor.
3. The supervisor briefs the area manager and agrees on a plan for independent investigation by CA staff which includes the following elements:
 1. Consultation with the Office of Special Investigations (OSI) under DSHS Administrative Policy 6.01.
 2. Referral to the Employee Services Director for possible investigation per DSHS Administrative Policy 6.01.
 3. Designation of specific CA social work staff to conduct the investigation.
 4. Making an initial incident report to the Regional Administrator;
 5. Notification to law enforcement as required by RCW 26.44.030 and 74.15.030.
 6. Notification to the head, or designee, of the facility where the staff is employed that:
 1. A CPS intake has been made.
 2. A CPS investigation will follow.
 3. No action shall be taken by the facility which might interfere with the CPS investigation.
 7. Assessment of the alleged perpetrator's access to the child victim or other potential child victims.
 8. The immediate treatment and protection needs of the child and willingness or ability of the agency to meet those needs.

9. Notification of the parents and/or person(s) who had legal custody prior to the grant of legal custody to the state of the alleged victim and the facility head of the allegations and the results of the CPS investigation.
10. Provision of the written results of the investigation to the Assistant Secretary through the Regional Administrator on an incident report format, in accordance with the incident reporting provisions of the Operations Manual, chapter 5000, section 5100.
4. The CPS social worker must coordinate the investigation with other authorized investigative activities.
5. The assigned social worker and the supervisor are responsible for the assessment of continued risk to the alleged victim.

2555. Alleged Medical Neglect in Health Care Facilities

1. DCFS investigates alleged incidents of medical neglect, including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition, in a health care facility. As used in this section, withholding medically indicated treatment means: The failure to respond to a child's life-threatening conditions by providing treatment which, in the treating or consulting physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting such conditions.
2. There are three exceptions to the requirements that treatment be provided. Determination of exceptions is a medical responsibility. Exceptions are valid for cases in which:
 1. The child is chronically and irreversibly comatose.
 2. The provision of treatment would merely prolong dying or would not be effective in ameliorating or correcting the child's life-threatening conditions, or otherwise would be futile in terms of survival of the child.
 3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

Appropriate nutrition, hydration, and medication must be provided without exception. The medical professional reviewing the medical decision shall not base consideration on the quality of life in later childhood and adulthood in determining whether an exception may be made.

3. The CPS social worker shall:
 1. Promptly notify the individual designated by and within the health care facility of cases of alleged medical neglect.
 2. Coordinate and consult with individuals designated by and within the health care facility throughout the ongoing investigation.
 3. Meet with the individual designated by the facility to review the medical record.
 4. Observe the child.
 5. Consider the intake unfounded when:
 1. The child is not at risk.
 2. The medical records indicate that the attending physician's plan to withhold medical treatment has been reviewed and concurred with by two

consulting physicians or an infant care review committee (or similar institutional/medical review) which includes the concurrence of two consulting physicians.

1. Provided that at any time the department may review any decision with the Statewide Medical Consultation Network at 206.987.2194 or After Hours 206.987.2000, or other consulting physician as may be designated by the department, in determining the need for CPS intervention.
 2. The department has final responsibility for determining whether further intervention or court intake is necessary.
6. Request that a meeting be scheduled as soon as possible with appropriate hospital/medical staff to review the decision to withhold treatment when it is not clear or documented that the conditions in number 5 above exist. Such a meeting shall include:
1. The hospital or facility designee.
 2. The attending physician.
 3. The CPS social worker.
 4. The DCFS medical consultant (as necessary).
 5. Others as appropriate.

The social worker shall document the reason for the non-attendance of a representative of 6a through 6d.

7. Pursue remedies, including initiating a dependency action in juvenile court, as may be necessary to prevent the withholding of medically indicated treatment from children with life threatening conditions.
 8. Encourage inclusion in treatment of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.
4. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices shall maintain and update annually agreements with each facility that shall include the following elements:
1. Procedure specifying that the CPS social worker shall promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of CPS concerns involving the facility.
 2. CPS intake procedures consistent with the intent of RCW 26.44 that facilitate direct intake by the person observing the risk situation.
 3. Arrangements for preliminary interviews of children by the CPS social worker before notification of parents when such notification of parents would interfere with the appropriate collection of information.
 4. Arrangements for allowing access to medical records by the social worker involved in a CPS investigation.
 5. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by RCW 26.44.056.

6. Procedure for the investigation of alleged incidents for medical neglect by the facility, including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:
 1. Continuation of medically necessary treatment upon notification that DCFS has received an intake. When necessary to maintain medical treatment, the facility administrator shall take action to allow the initial CPS review to be completed.
 2. Notification to parents regarding the review of the decision to withhold treatment shall be deferred to the facility when the facility is willing to accept that responsibility.
 3. Agreement and procedures for the meeting of the social worker and facility representatives, including, as necessary, the contracted medical consultant designated by DCFS.
 4. The social worker may refer unresolved issues to the Attorney General's Office or its designee for consideration of grounds for dependency to assure the continuation of medically necessary treatment.

2556. Intakes to CPS from Residential Facilities when Alleged Abuse Occurred Prior to Placement

1. DCFS response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility includes:
 1. Where to Report
 1. CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.
 2. Intake serving the area in which the facility is located shall take the intake when:
 1. The child is not a DCFS-related placement.
 2. The facility is unable to contact the placing office.
 2. CPS Response to Reports
 1. When CPS in the local office serving the area where the facility is located receives a call, the intake worker:
 1. Obtains the following information as necessary to identify the case and the placing office:
 - A brief description of the information.
 - The name, birth date, and case number (if any) of the child.
 - The name and address of the child's parent(s) or other caretaker.
 - The name of the family's caseworker, if any.
 - The name and phone number of the reporter.
 2. Calls CPS intake in the placing office. If this can be done with the facility on hold, then the worker need only connect the facility when the placing office is on line. If the facility is not on hold, the

- above information will be given to CPS intake at the placing office.
3. Will be available to provide coordination and facilitation of the referral; e.g., interview the child victim or other facility staff when requested by the placing office.
 4. Provides consultation and assistance to facilities in their area regarding what constitutes CA/N and what are the reporting requirements.
2. The placing office coordinates the:
 1. Investigation, including the interview of the child.
 2. Reports to law enforcement.
 3. Other activities as necessary.
 3. The placing office:
 1. Has CPS in the location of the facility conduct the investigation.
 2. Completes the FamLink intake with the notation "This is a residential facility" and screen the intake for sufficiency.
 3. Informs the referrer of the initial decision and reason.
 - If accepted, non-emergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, etc.).
 - If screened out when the case is already open to DCFS, the intake will be sent to the assigned worker for information, possible non-CPS follow-up, or other action as may be necessary.
 4. Assigns cases accepted for investigation and notify the facility of the worker identity within three working days. The supervisor and the social worker shall make every effort to expedite responses when the facility requests earlier assignment for the security or emotional health of the child. The supervisor may assign an emergent response time.
 5. The intake supervisor notifies staff/supervisors with the open cases on the child/victim and forwards a copy of the intake to the currently assigned social worker.
 6. The investigating worker keeps the facility advised of the investigation time-frames, progress, and findings.

2557. CPS Alerts

1. Any DCFS supervisor may initiate statewide or interstate CPS alerts when it is important that a child at risk be located. Before initiating the alert, the social worker needs to check for the subject individuals in Automated Client Eligibility System (ACES). The alert system generates a computer printout containing essential information for each local office within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.

2. A DCFS supervisor may initiate an alert within the state by contacting the FamLink Help Desk or using E-mail requesting acknowledgment and providing information in the following format:
 1. Identification:
 1. Name and birth date of child at risk.
 2. Names and birth dates of persons presently caring for the child.
 3. Current legal status of the child.
 2. Problem: Describe why the child is at risk, the degree of risk, and, if known, the probable destination. Historical, legal, or other identifying information may be added, but it should be brief and relevant.
 3. Contact: Name of assigned social worker and complete mail and phone contact instructions.
3. The DCFS supervisor follows the above format for interstate alerts and must submit them in typed memo form to DSHS, DCFS, Mail Stop 45710, Attention: CPS Program Manager.
4. The supervisor may provide printed copies of the alert to CSO intake units.
5. The intake supervisor maintains a printed copy of all alerts in either a chronological or alphabetical file at the office for 180 days after receipt. The local office may destroy the printed alerts after that time. The originating office may renew alerts after 180 days.

2558. Sexually Aggressive Youth

1. Social workers must arrange for the provision of appropriate and comprehensive evaluation, treatment and supplemental services for sexually aggressive youth (SAY) as approved by Regional SAY Teams. See chapter 4000, section 4536 for information regarding services and placement guidelines. RCW 74.13.075
2. Sexually aggressive youth means those juveniles who:
 1. Have been abused and have committed a sexually aggressive act or other violent act that is sexual in nature; and
 2. Are in the care and custody of the state; or
 3. Are in the care and custody of a federally recognized Indian tribe located within the state; or
 4. Are the subject of a proceeding under chapter RCW 13.34 or a child welfare proceeding held before a tribal court. This allows service to children in their own home who are in shelter care status or dependent; or
 5. Have been determined by law enforcement (for children under eight years of age) or a prosecutor's office (for children eight through 11 years of age) to be a sexually aggressive youth who will not be prosecuted. RCW 26.44.160 and 9A.04.050
3. CPS must investigate any intakes from law enforcement or a prosecutor's office that allege that a child is a sexually aggressive youth. The purpose of the investigation is to determine whether the child is abused or neglected, whether any siblings are at risk, and whether the child or the child's parents are in need of services or treatment. RCW 26.44.075
4. DCFS may offer appropriate available services and treatment as provided in RCW 74.13.075 and may refer the child and his or her parents to appropriate services available

within the community. If the parents refuse to accept or fail to obtain appropriate treatment or services under circumstances that indicate that the refusal or failure is child abuse or neglect, the department may pursue a dependency action as provided in chapter 13.34 RCW.

2559. Hospital Holds

CPS must receive a child taken into custody by a law enforcement agency pursuant to a determination by a hospital administrator or physician that the child would be in imminent danger if released to the child's caretaker. CPS must detain the child until the court assumes custody. However, if in the opinion of the CPS worker and supervisor, based upon documented evidence and in consultation with appropriate entities such as the Child Protection Team (CPT), the child's safety will not be unduly endangered if the child is returned, the social worker may return the child to the parent or legal guardian. If the child is returned home, the assigned social worker must monitor the continued safety of the child for a six-month period.

2559A. Safety of Newborn Children Act (Safe Haven)

1. PURPOSE

The Safety of Newborn Children Act allows a parent to transfer (abandon) a newborn anonymously and without criminal liability at a hospital emergency room or fire station, if open and personnel are present to accept the child.

2. POLICY

1. CA staff must accept an intake of a newborn transferred under the Safety of Newborn Children Act.
2. CA must take custody of the newborn within 24 hours of notification (RCW 13.34.360).
3. The intake must be screened in Non-CPS and assigned an Emergent response.

3. PROCEDURE

Intake staff record and accept intakes of infants transferred (abandoned) under the Safety of Newborn Children Act.

CA Intake Responsibilities:

1. CA intake screens in a Safety of Newborn Children Act type intake as Non-CPS intake.
2. CA intake enters "unknown, unknown" in the person profile with a unique I.D. number for tracking. DOB will be determined by the hospital. Parent's name should be left blank.
3. CA intake collects family medical history, when possible.

4. CA Intake Supervisor reviews and confirms intake is accurate and assigns intake to a CFWS Supervisor.

[See Practices and Procedures Chapter 4000, Section 4121 for CFWS Responsibilities.](#)

2559B. Finding Notification and Review

1. Review and Appeal Rights-When a CA CPS investigator completes an investigation of a report of alleged child abuse or neglect under chapter 26.44 RCW, the assigned CA staff must notify the alleged perpetrator of the findings of the investigation and provide the alleged perpetrator with the opportunity to review and appeal the finding if applicable.
 1. The assigned CA staff must provide notice on all findings, including founded and unfounded by certified mail, return receipt requested, to the person's last known address. When department staff knows that the alleged perpetrator has moved, assigned staff must make good faith efforts to determine the new address of the alleged perpetrator.
 2. A person named after October 1, 1998, as an alleged perpetrator in a founded report of CA/N has the right to seek review and amendment of the finding.
 1. After receiving written notice from the department that the department has named the person as a perpetrator in a founded CA/N report, the named person may request that the department review the finding. The department must receive the request for review within 20 calendar-days following the named person's receipt of the notice.
 2. The named person must make the request in writing.
 3. If the alleged perpetrator does not make a request for review in accordance with this section, the alleged perpetrator may not further challenge the finding and has no right to an administrative hearing or judicial review of the finding.
 3. Upon receipt of a written request for review, CA must review and, if appropriate, amend the finding. CA staff above the first level of supervision must retain responsibility for the review. See paragraph B(7) below.
 1. Upon completion of the review, the Regional Administrator or Division of Licensed Resources (DLR) Director, or designee, as applicable must notify the alleged perpetrator in writing of the agency's determination.
 2. The CA representative must send the notification by certified mail to the named person's last known address.
 4. If, following agency review, the report remains founded, the person named as the perpetrator may request an administrative hearing to contest the finding. The named person must file the request for an administrative hearing with the Office of Administrative Hearings within 30 calendar days after receiving notice of the agency review determination.
 5. If the named person does not request an administrative hearing as provided in this section, the person may not further challenge the finding and has no right to further agency review or to administrative hearing or judicial review of the finding.
2. Department Procedures

1. The CPS social worker must complete the Investigative Assessment and enter a finding in FamLink.
2. The CPS worker must complete the client notification letter template for founded or unfounded investigative results, as appropriate to the finding entered.
3. Per local office procedure, assigned staff must generate and send the client notification letter to the CPS supervisor for review. After review and approval, the CPS supervisor must sign the letter and provide the letter to the tracking clerk for mailing.
4. The tracking clerk must send each notification letter by certified mail, return receipt requested, and must maintain a tracking system for the notification process. For notification of founded allegations, the clerk must send the letters by certified mail, restricted delivery.
5. When the social worker or the worker's supervisor determines that notification by personal delivery is in the best interests of the alleged perpetrator's family, the assigned social worker may personally deliver the notification letter to the alleged perpetrator.
 1. The social worker must document personal delivery in the FamLink casenote and notify the tracking clerk that the worker delivered the notification letter in person.
 2. If the subject of the intake refuses to accept the in-person delivery, the social worker must arrange for the tracking clerk to send the letter by certified mail, return receipt requested, restricted delivery.
6. When the CA office receives a request for an internal review regarding a founded report, the tracking clerk determines if the alleged perpetrator has made the request within 20 calendar days of the alleged perpetrator's receipt of the notification letter.
 1. If the alleged perpetrator made the request within the required timeframe, the tracking clerk sends the request to the area manager or DLR/CPS section manager for an internal review of the finding.
 2. If the alleged perpetrator's request did not come within the designated timeframe, the CPS supervisor must notify the alleged perpetrator that the alleged perpetrator has no further right to review of the finding.
7. The DCFS area manager, or designee, or DLR Director, as applicable, must complete the internal review. The review may include an interview with the social worker and/or the worker's supervisor. At a minimum, the internal review must include:
 1. A review of the case file, including the intake, casenotes, the Investigative Assessment, and the findings screen; and
 2. A review of any written information provided by the subject of the intake, but not an in-person meeting with the subject of the intake.
8. The DCFS area manager, or designee, or DLR Director, as applicable, must notify the alleged perpetrator of the result of the review within 45 calendar days from the date the department received the request for review. The designated manager must:
 1. Provide the notification of the department's determination in writing; and

2. Send the notification by certified mail to the alleged perpetrator's last known address.
9. If the assigned manager or designee upholds the founded report of CA/N, the subject of the intake must request, in writing, an administrative hearing with the Office of Administrative Hearings within 30 calendar days from the date the subject receives the department's notice of decision.
10. Assigned staff must document any change in findings made as a result of an internal review or an administrative hearing in FamLink. The assigned manager or designee provided security access to change the finding in FamLink must enter any change in finding within 10 working days of the decision to change the finding. The manager or designee must make the changes in the findings screen of FamLink so that the changed finding will be evident when the finding is subsequently called up in FamLink.
11. All findings will remain in effect as originally determined pending any internal review or administrative hearing.

2560. Community Collaboration

2561. Community Involvement

DCFS managers, supervisors, and line staff are expected to allocate time to the development and maintenance of written operating agreements and collaborative working relationships with:

1. Law enforcement agencies.
2. Juvenile courts.
3. Schools.
4. Ethnic/minority communities.
5. The medical community.
6. Appropriate social service agencies.

2562. Child Protection Teams

1. Purpose and Scope
 1. Regional Administrators must establish and maintain one or more CPTs in each region. RCW 74.14B.030 and Executive Order (EO) 95-04
 2. The Regional Administrator must utilize the team(s) for consultation to:
 1. Assist in assessment of the future risk of abuse and neglect to children; and
 2. Assist in assessment of the need to place children in out-of-home care in CA cases where a risk of serious harm to the child exists, including situations outlined below.
 1. Any case in which there is serious professional disagreement, including disagreement by the foster parent(s), regarding risk of death, serious injury, out-of-home placement of a child, or the

child's return home as a result of a decision to leave a child in the home or to return the child to the home; The CPT may be told the facts and may opt not to review the situation, on a case-by-case basis;

2. Cases in which the risk assessment, following initial investigation, results in a moderately high or high risk classification, and the child victim is age six or younger;
3. In all cases prior to return home or dismissal of dependency, when the child is age six or younger and any risk assessment has resulted in a risk level of moderately high or high risk;
4. Cases that are opened solely on the basis of risk of imminent harm following initial investigation where there are no allegations of abuse or neglect; and/or
5. Complex cases where such consultation will help improve outcomes for children.

2. Requirements

1. Multidisciplinary CPTs provide confidential case staffing and consultation to CA. Recommendations by CPTs are advisory to DCFS staff, except when deciding to place a child or return a child home.
 1. Each Regional Administrator must establish and maintain one or more culturally diverse and responsive multi-disciplinary CPTs.
 2. Each CPT must consist of at least four persons, selected by the Regional Administrator, from professions that provide services to abused and neglected children and/or the parents of such children.
 1. Participants may include, but are not limited to, law enforcement officers, physicians, mental health and substance abuse counselors, or other mandated reporters of child abuse and neglect.
 2. In addition, treatment providers, other professionals who play a significant role with the family, individuals with responsibility identified in the safety plan, the family, if appropriate (if not present, their perspective should be represented), foster parent, and child if over 12 years of age shall be invited.
 3. A written report shall be requested from any providers unable to attend.
2. Before participating in the business of the CPT, each member must register with CA as a volunteer.
3. Multi-disciplinary CPTs provide confidential case staffings and recommendations to CA. Release of information is subject to laws regarding public disclosure and confidentiality contained in RCW 74.04.060.
4. Each Regional Administrator must develop and implement written procedures for establishing, convening, and managing the region's CPTs. The Regional Administrator must designate a staff person to serve as CPT coordinator for the region or local area as well as a facilitator for CPT staffings.
 1. With the approval of the Regional Administrator, the CA office may use other types of community review teams or team members from other

review and consultation teams for CPT under this procedure when they meet the criteria of this procedure and are willing to staff cases for the express purposes of this procedure.

2. A person with a personal or fiduciary interest in the outcome of the case under review may participate as a CPT member in the review of that case after declaring that personal or fiduciary interest.

3. Procedures

1. CA field staff refers cases for staffing to the CPT through their supervisor.
2. A community professional may schedule a CPT staffing, pursuant to this policy, with the CPT coordinator when the professional has reviewed and discussed the issues with the social worker and the supervisor and wishes to pursue a staffing.
3. Among the responsibilities of the CPT coordinator are:
 1. Coordination and management of membership recruitment, training, scheduling, record-keeping including CPT recommendations, reporting, and communication for the CPT.
 2. Provision of written staffing recommendations to the assigned social worker and supervisor following the staffing.
 3. Maintenance of a tracking system to document activity for staffings and recommendations.
4. If the social worker decides not to place a child or to return a child home when the CPT has recommended otherwise, the social worker, the supervisor, and the Area Manager will consult the Regional Administrator immediately upon making the decision. DCFS staff will follow the recommendation of the CPT regarding placement unless the Regional Administrator specifically authorizes the action contrary to the recommendation. The supervisor and the Area Manager will report the Regional Administrator's decision, in writing, to the CPT, through the coordinator, within seven working days.
5. The CPT may request the Regional Administrator to review the social worker's case plan decision and present additional information to support a concern for the health, safety, and welfare of the child or the effectiveness of the DCFS plan. The Regional Administrator or designee must review the issue and determine if another course of action is appropriate. The Regional Administrator may also consider minority opinions when the CPT has been unable to achieve a consensus of opinion.
6. If the CPT disagrees with the decision of the Regional Administrator, the team may appeal to the Assistant Secretary.

2563. Military Personnel

CPS service guidelines for on-post military families shall be developed administratively with the base commander or commander's designee and the Regional Administrator or designee. Mutually developed written guidelines and procedures may include, but are not necessary for, off-post families.

2570. Law Enforcement

2571. Mandated Reports to Law Enforcement

1. The social worker or supervisor shall report, as required by RCW 26.44.030(4) and 74.13.031(3), to law enforcement within 24 hours of receipt of a report by the department in cases where the response time is labeled "emergent" and the child's welfare is believed to be in immediate danger. With the exception of a child fatality, which the social worker or supervisor shall report immediately, the social worker or supervisor shall notify law enforcement within 72 hours of receipt of any reported incident of:
 1. Sexual abuse.
 2. Non-accidental physical injury of a child.
 3. Incidents where the investigation reveals reasonable cause to believe that a crime against a child may have been committed.
2. Unless otherwise agreed in a local written working agreement with law enforcement, developed in consultation with the Attorney General's Office, DCFS staff making an oral report to law enforcement shall, within five days of receipt of the intake, also report in writing. The person making the report shall file a copy in the department case record or in an administrative file when no case record exists. A FamLink Law Enforcement Report or a legibly completed Report of CA/N, DSHS 14-260(X), may be used to comply with the requirement for a written referral.
3. Social workers and supervisors are not required by statute to report to law enforcement instances of CA/N where no criminal misconduct is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

2572. Criminal History Checks

1. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification section. Local social workers and supervisors make requests following instructions in the CA Operations Manual, chapter 5000, section 5500. The social worker must include documentation in the service record that each of the following conditions exists before making the inquiry:
 1. The inquiry is about an alleged perpetrator in an open CPS case.
 2. The alleged CA/N incident has been reported to law enforcement as required by RCW 26.44.030.
 3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in RCW 26.44.050 and RCW 74.13.031.
2. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.

3. Information gained will be subject to public disclosure policy as outlined in chapters 43.43 and 10.97 RCW and the CA Operations Manual, chapter 13000, section 13500.

2573. Law Enforcement Assistance

1. A social worker may request the assistance/accompaniment of a law enforcement officer in situations that may be dangerous to the worker or when the worker believes a child may need to be taken into protective custody.
2. A social worker may receive children taken into custody under RCW 26.44.050 from law enforcement with a Child Custody Transfer, DSHS 10-157(X), or an equivalent emergency placement authorization signed by the authorizing law enforcement officer.

2574. Law Enforcement Agreement

Each CA office must develop a written working agreement with each law enforcement agency in its catchment area. Such agreements will detail local mechanisms for handling matters contained in sections 2571 - 2773.

2575. Confidentiality of Records

CA records are confidential, and CA staff must not disclose them to law enforcement other than as described above. Law enforcement or the prosecutor may subpoena other information from the CA record. See CA Case Services Policy Manual, chapter 4000, section 4120.

2576. Conflict of Interest

1. RCW 26.44.190 requires law enforcement agencies not to permit law enforcement officers to participate in the investigation of alleged abuse or neglect concerning a child with whom the officer is, or has been a parent, guardian, or foster parent. See the CA Case Services Policy Manual, chapter 2000, section 2131.
2. To assist the law enforcement agency to meet this requirement, the assigned CA social worker must inform the law enforcement agency if CA's records indicate that the assigned investigating officer is, or has been, a parent, guardian, or foster parent of the alleged child victim.
3. If the law enforcement agency continues the investigative assignment with an officer who is the current foster parent of the alleged child victim, the CA social worker must remove the child from placement with the investigating officer.

2580. Children Missing from Care

Children missing from care are at great risk for victimization and exploitation. Many children do not perceive the inherent risks or see themselves as potential victims. When a child leaves

care on his/her own, it may be done as a coping mechanism and perceived by him/her as the only option to solve a problem or address concerns or needs.

Because of possible dangers to a child, social workers and caregivers must consider a child missing from care as a major event that requires intensive and ongoing intervention. When a child is missing from care, social workers will ensure that timely reports are made to appropriate authorities and take action to locate the child and return him/her to an approved and appropriate placement.

When a child returns to care, social workers and caregivers should support the child to remain in care and involve the child when reviewing the case plan to ensure that the child's needs are adequately addressed and that the child has confidence about his/her future.

25801. Definitions

"Missing" child means any child up to 18 years of age for whom Children's Administration (CA) has custody and control (not including children in dependency guardianships) and:

- The child's whereabouts are unknown; and/or
- The child has left care without the permission of the child's caregiver or CA.

Children who are missing are categorized under one of the following definitions:

1. **"Taken From Placement"** means that a child's whereabouts are unknown, and it is believed that the child is being or has been concealed, detained or removed by another person from a court-ordered placement and the removal, concealment or detainment is in violation of the court order.
2. **"Absence Not Authorized, Whereabouts Unknown"** means the child is not believed to have been taken from placement, did not have permission to leave the placement, and there has been no contact with the child and the whereabouts of the child are unknown.
3. **"Absence Not Authorized, Whereabouts Known"** means that a child has left his/her placement without permission and the social worker has some contact with the child or may periodically have information as to the whereabouts of the child.

25802. Reporting Children Missing from Care

1. Required Timeframes for Reporting Children Missing from Care

Caregivers, including foster parents, relative caregivers and private agencies providing placement services, are required (WAC 388-148-0123) to report to the assigned CA social worker AND law enforcement when a child is missing from their care within the timeframes outlined below (A (1)(a-h) and (2)).

1. Once notified that a child is missing from care, the assigned social worker must work with the caregiver to ensure that law enforcement is notified immediately when a child is missing from care and one or more of the following applies:
 1. The child has been, or is believed to have been, taken from placement as defined above.
 2. The child has been or is believed to have been lured from placement or to have left placement under circumstances that indicate the child may be at risk of physical or sexual assault or exploitation.
 3. The child is age 13 or younger.
 4. The child has one or more physical or mental health conditions that if not treated daily will place the child at severe risks.
 5. The child is pregnant or parenting and the infant/child is believed to be with him or her.
 6. The child has severe emotional problems (.e.g., suicidal ideations) that if not treated will place the child at severe risk.
 7. The child has a developmental disability that impairs the child's ability to care for him/herself.
 8. The child has a serious alcohol and/or substance abuse problem.
 9. The child is at risk due to circumstances unique to that child.
2. If one or more of the items listed above (a-i) does not apply to the child missing from care, the assigned social worker must work with the caregiver to ensure that local law enforcement is contacted within six hours.

If the child leaves school or has an unauthorized absence from school (and none of the factors listed in a-i apply), the CA social worker and caregiver should consult with one another to assess the situation and determine when it is appropriate to bring the situation to the attention of law enforcement.

If the child does not return at the end of the school day, the caregiver and the social worker may decide to temporarily delay notification to law enforcement for up to 4 hours after the end of the school day. This decision must be made based on the individual case situation, in some situations it may be appropriate to provide the additional time to give the child the opportunity to return on his/her own.

2. Information Required to Report to Law Enforcement

1. The assigned social worker must ensure that the caregiver provides as much of the following information as is known, to law enforcement and to CA:
 1. a. Name and basic demographic information of the child
 2. When the child left
 3. Where the child left from
 4. What the child was wearing
 5. Any known behaviors or interactions that may have precipitated the child's departure
 6. Any possible places the child may go

7. Any special physical or mental health conditions or medications that may affect the child's safety
 8. Any known companions who may be aware of and involved in the child's absence
 9. Other professionals, relatives, significant adults or peers who may know where the child might go
 10. A recent photo of the child.
3. Reporting Requirements When a Child is Missing from Care
1. Notification to the Assigned Social Worker when a Child is Missing from Care

When a child is missing from care the assigned social worker will be made aware of the situation in one the following ways:

1. The caretaker notifies the assigned social worker by telephone that the child is missing from care. The caretaker is required by (WAC 388-148-0123) to notify the social worker directly or make the report to CA intake if the social worker cannot be reached directly; or
 2. CA Intake completes a referral and notifies the assigned social worker or their supervisor (i.e. verbally or by e-mail) that a report of a missing child has come through CA intake; or
 3. The assigned social worker's supervisor notifies the assigned social worker, if CA intake was unable to make direct contact with the social worker.
2. Assigned Social Worker - Requirements for Reporting
1. When the assigned social worker learns of a child missing from care, the social worker must immediately:
 1. Confirm the child's current status with the caregiver.
 2. Confirm that the caretaker has reported the child's absence to law enforcement as required in items A (1&2) and B above. If law enforcement has not been informed the social worker will ensure that all required reports are made and in compliance with items A (1&2) and B above.
 3. Obtain the runaway report number once the information has been provided to law enforcement and the Washington State Patrol (WSP) Missing Children Clearinghouse and document the number in an SER.

Washington State Patrol	Business Hours M-F 8:00-5:00
Missing Children Clearinghouse	Voice Mail available after hours
PO Box 2347	(360) 586-0030
Building 17 Airdustrial Way	800 543-5678
Olympia WA 98507-2347	(360) 704-2404 fax

4. Complete an SER about the child's missing status and any other known information as listed in Section B above.

5. Notify the child's legal parent and maintain communication with the parent during the child's absence, unless immediate contact with the legal parent would compromise the child's safety. If safety is a consideration, the social worker will notify the child's legal parent of the child's absence within 24 hours.
 2. The social worker will consult with the AAG regarding possible legal options. Depending on the youth's legal status and the specific court order, possible legal actions may include:
 1. Filing a motion with the court and requesting legal intervention; or
 2. Notifying the court of the youth's status of missing from placement without permission.
 3. The social worker must notify other critical persons in the child's life, including the child's attorney, CASA/GAL, counselor, **by the next business day.**
 4. The social worker will notify the child's school of the child's unauthorized absence from care, by the next school day.
3. Intake - Requirements for Reporting

Upon receiving a report of a child missing from care, the Intake worker must immediately:

1. Complete an SER and notify the child's assigned social worker or the worker's supervisor, verbally or via e-mail, of the child's absence and any subsequent information received regarding the child.
2. Confirm the assigned social work or the supervisor received the notification of the missing child, and document this confirmation in an SER.

If the CA intake worker is unable to provide immediate notification and/or confirm that the assigned social worker or supervisor received the notification within one business day, the CA intake worker must:

1. Provide this information to the Area Administrator; and
2. Document confirmation of the notification of the AA in an SER.

4. Regional and Headquarter Responsibilities Regarding Children Missing Care

1. Regional Responsibilities

CA Regions will maintain local office protocols for reporting missing children to local law enforcement. Generally, the protocol will include the issuance of a pickup order.

CA Regional management will review the list of their missing children, and the adequacy of the strategies being pursued to find them, on a monthly basis. Regional reports regarding the missing children and search strategies will be updated monthly.

2. Headquarters Field Operations
The Field Operations Division will monitor the regional reports regarding missing children and the search strategies used.

25803. Searching for Children Missing from Care

1. Social Worker Requirements for Searching for Children Missing from Care
When searching for children missing from care, the assigned social worker is required to:
 1. Develop and implement strategies for actively searching for a child reported missing from care, in consultation with his/her supervisor. Guidelines on Searching for Missing Children should be considered when developing search strategies.
 2. Contact professionals and other persons involved in the child's life, (e.g., local treatment team members, family, and friends) to enlist their involvement in a "missing from care" staffing. This staffing must occur **within three (3) business days** of the youth leaving care. The staffing may be conducted in one of the following ways:
 1. In person or by phone; or
 2. Through Family Team Decision Making meetings, where available;
 3. Complete the Missing Child Staffing Checklist (DSHS Form 15-308) to document meetings and contacts made regarding the missing child and search strategies developed.
 4. Review the Missing Child Staffing Checklist weekly with the supervisor for the first month that the child is missing from care to update the supervisor on contacts made, information received and to develop and revise search strategies. Document these staffings in an SER. After the first 30 days the child is missing, review progress and changes with the supervisor monthly.
 5. Contact the caregiver to discuss whether the placement will be available to the youth upon his/her return. If the caregiver will not be a placement option, identify other preliminary placement options for the child's return.
2. Supervisor Requirements for Searching for Children Missing from Care
The supervisor will document the status of the search process in an SER in the supervisory review section of CAMIS.

25804. Return of Children Missing from Care

1. Social Worker Requirements When a Child Missing from Care Returns
When a child is located or returns to care, the social worker will:
 1. Notify law enforcement and the Missing Children Clearinghouse **immediately** and request that the pick up order be cancelled.
 1. Notify the child's legal parent and caregiver **immediately**.
 2. Notify any other individuals or agencies that were contacted after the child was reported missing, including the child's attorney, CASA/GAL,

other professionals and the child's school **by the following business day** after a child is located or returns to care.

3. Make certain a face-to-face debriefing is conducted with the child, **within two (2) business days** after the child is located or returns to care from an absence without authorization. Provide the child the option of meeting with the social worker, the caretaker, a neutral facilitator or another appropriate professional.
 4. Complete the Returning to Care De-briefing Form (DSHS form 15-309). If a person other than the child's assigned social worker is conducting the face to face debriefing, the assigned social worker is responsible for ensuring that the person completes the Returning Child De-briefing Form and returns it to the child's social worker. The completed De-briefing form is then placed in the case file and the social worker documents in an SER the efforts made to resolve issues raised during the interview.
 5. Work with the child to get appropriate medical treatment as soon as possible if, at any time after the child returns to care, the child discloses he/she has been ill, malnourished, sexually active, physically or sexually assaulted or exposed to other harmful conditions (e.g. methamphetamine production). The assigned social worker will report any allegations of child abuse or neglect to CA intake as outlined in RCW 26.44.030.
 6. Collaborate with the child to identify the need for any other medical exams, mental health services, substance abuse treatment or other supports.
 7. Provide the child with information from the National Runaway Hotline or other relevant resources.
 8. Collaborate with the child to develop a plan to address the child's safety, placement stability and service needs.
 9. Update the child's placement status in CAMIS.
 10. Place a current photograph in the child's case file.
2. The social worker will convene a meeting with the child within **three (3) business days** after a child returns to care to discuss the child's needs and placement options and other resources to support the child. When appropriate, the social worker may also invite the child's caregiver, parents, siblings, other relatives and other professionals to the meeting with the child.

Youth who return to care must be given the opportunity to invite people who can provide support during this planning process.

If the youth is likely to leave again without authorization, service and treatment planning should address:

1. The individual needs of the youth that lead to the running behavior; and
2. Placement options in the event of another absence.

25805. Documenting Children Missing from Care

1. Documentation requirements for the assigned social worker
Upon learning of the child's missing status, the assigned social worker will immediately:
 1. Document in an SER that the child is missing from care and include any other known information as outlined in *45502 Reporting Children Missing from Care - Section B - Information Required to Report to Law Enforcement*.
 2. Document the Washington State Patrol (WSP) missing persons report number in an SER.
 3. Identify the placement event in CAMIS as "on the run."
 4. Notify his/her supervisor and document in an SER when and how the supervisor was notified.
 5. Document staffings with the supervisor to review the Missing Child Staffing Checklist in an SER.
 6. Document any contact with a missing child in an SER, and other contact disclosing critical information related to the child's health, safety or whereabouts and any follow-up action taken.
 7. Document efforts made to resolve issues raised during the de-briefing interview with the child who has returned to care.
 8. Update the child's placement status in CAMIS when the child has returned to care.
2. Documentation requirements for the Supervisor
The supervisor must document in an SER the review and approval of the Missing Child Staffing Check List.

2600. CASE REVIEW

2610. Supervisory Review

The supervisor must review all cases open to CPS to determine if:

1. The case record and CAMIS file are complete.
2. The investigation is complete and no other action is necessary.
3. The 45-day rule requirement has been met.
4. The case may continue.
 1. The supervisor may consider transfer of case to a service worker when the criterion above has been completed and there is an identified need to continue department involvement.
 2. The supervisor may refer the case back for further investigation if the investigation is not complete or additional action is necessary.
5. The supervisor must document the reasons for the 90-day review decision in the CAMIS SER.

2700. RESOLUTION

2710. CASE RESOLUTION/CLOSURE

1. The social worker may close continuing service cases when the problems resulting in risk of CA/N have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.
2. The social worker may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:
 1. Further voluntary services are not available or accepted.
 2. There is no plan to file a dependency petition.
3. The social worker must not close cases for service while a dependency order or voluntary placement agreement is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.
4. The social worker must properly complete all forms and narrative recording within 90 days of a decision to terminate services and close a case. The supervisor must review both FamLink and the folder for accuracy and completeness and document the review in FamLink before closure or transfer to another service.

3000. FAMILY RECONCILIATION AND CRISIS RESIDENTIAL SERVICES

3100. FAMILY RECONCILIATION SERVICES PROGRAM DESCRIPTION

1. Family Reconciliation Services (FRS) is intended to preserve, strengthen, and reconcile families. The range of services provided is designed to develop skills and supports within families to maintain the family as a unit and prevent out-of-home placement of adolescents. Services are voluntary for families, family-focused, and depend upon family participation in determining the focus of intervention. FRS is available at no cost to the family.
2. CA Intake or the FRS social workers will refer parent to Family Court for resolution of child custody issues.
3. Adolescents 13 through 17 years of age and/or their parents may request services when they are experiencing serious family conflict, including runaway behavior.
4. FRS services may consist of intake, family assessment, and crisis counseling services. When less intensive services fail to resolve the conflict, the Division of Children and Family Services (DCFS) social worker and the family may consider short-term out-of-home placement alternatives. If any department-paid out-of-home placement occurs, DCFS staff refers the case to the Division of Child Support for establishment of any child support obligation.
5. FRS services are comprised of two service categories:
 1. FRS Phase I: FRS Phase I services are short-term interactions between DCFS staff and the family requesting services. The services are directed toward

- deescalating the immediate crisis, defining the identified problem(s), and exploring options.
2. FRS Phase II: When the family requires additional services beyond Phase I, the DCFS social worker may refer the family to Phase II services. FRS Phase II provides for up to 12 hours of crisis counseling services within 45 days. FRS Phase II services are available 24 hours a day, seven days a week. Contracted providers usually provide this service, but, at the discretion of the DCFS Regional Administrator, DCFS social workers, in limited instances, may provide the service.
 6. The social worker must adhere to all requirements of the Indian Child Welfare Act (ICWA) and the CA Indian Child Welfare (ICW) Manual throughout all phases of FRS service provision.
 7. If the family or juvenile requesting or needing services does not meet the criteria for adolescent services contained in this chapter, the local DCFS office needs to consider the appropriateness of providing services under the provisions of child welfare services (CWS), chapter 4000.

3110. Requests for Family Reconciliation Services

1. Youths may come to the attention of DCFS for FRS services when the law enforcement officer has taken custody of a runaway adolescent or an adolescent found to be in dangerous circumstances.
 1. The department, or other authorized service agency, may, upon the proper transfer of physical custody from law enforcement, accept the youth for temporary placement.
 2. The youth may remain in placement for up to 72 hours, excluding weekends and holidays. If the youth is to remain in placement beyond 72 hours, a properly executed legal authorization to place must be in effect.
2. The DCFS local office in the county of residence of the custodial parent provides the FRS services. For runaways, if a youth is placed in a Crisis Residential Center (CRC) outside the county of residence of the youth's family, the office where the youth is located will provide the minimum services necessary to transition the youth back to the youth's county of residence. See section 3610 below. Upon request of the custodial parent, the DCFS social worker may authorize FRS to the youth and the youth's non-custodial relative, if the youth's home has been with that non-custodial relative. The social worker or the family must initiate any legal action in the county of residence of the custodial parent/legal guardian.
3. In accordance with WAC 388-32-0025, DCFS does not provide FRS for any of the following situations, unless the family is seeking an At-Risk Youth (ARY) or CHINS family assessment:
 1. The identified youth has not reached his or her 13th birthday or is 18 years of age or older;
 2. Chronic or long-term multi-problem situations requiring long term intervention;
 3. Custody and marital disputes, unless the dispute creates a conflict between the child and parent with physical custody;

4. Families currently receiving counseling services related to the parent-child conflict/relationship from other agencies;
 5. Child abuse and neglect cases, unless those cases meet the definition of family in conflict; or
 6. Youths receiving foster care or group care services or follow up to those services.
4. If the DCFS social worker or Children's Administration (CA) Intake receives allegations of child abuse or neglect involving the family, Intake assesses the situation and assigns the level of risk in accordance with chapter 2000 of this manual. The local office assigns cases assessed for the high standard of investigation to Child Protective Services (CPS) for investigation and resolution of the allegation. The CPS social worker conducts the investigation and coordinates with the FRS social worker, who retains the case for FRS, when appropriate. The local office handles cases assessed for the low standard of investigation in accordance with regional procedures.

3120. FRS Service Delivery

3121. Intake

1. CA Intake performs all FRS intake functions. CA Intake must respond to requests for services within four hours of the request. DCFS reception staff must assist youths and/or their families that self-present to the DCFS local office for FRS services to contact CA Intake to request FRS.
2. FRS social workers may conduct Child Welfare Services (CWS) assessments on cases that involve non-child abuse or neglect-related out-of-home placement.
3. Upon request, the intake worker must provide written information about the FRS program to parents and children. The intake worker may also provide information by telephone.
4. If, during the FRS intervention, the youth disclosed, the social worker observed, or a third party reported child abuse or neglect, a referral must be made to CA Intake. CA Intake assesses the allegation for sufficiency. If Intake determines that sufficient information exists to warrant CPS investigation, following supervisory staffing, the FRS worker transfers the case to CPS or, if appropriate, defers to the assigned CPS social worker regarding the CPS investigation while continuing FRS. When determining the roles of the CPS and FRS social workers, the local office staff should follow local protocols. If no local protocol exists, then the handling of the case will be in accordance with this subsection.

3122. Response Time

1. The FRS supervisor or designee must assign the case within 24 hours of the receipt of the referral from CA Intake, excluding weekends and holidays.
2. The FRS social worker must attempt to contact the family within 24 hours, excluding weekends and holidays, of assignment from the supervisor to schedule an initial

appointment to begin the family assessment process. The FRS social worker may make this initial contact by telephone.

3130. FRS Phase I Services

FRS Phase I services include the following components:

1. FRS Phase I is a short-term, crisis intervention interaction provided by DCFS FRS social workers directed toward defusing the immediate crisis, problem identification, and exploration of options leading to problem resolution.
2. Service delivery begins with the least intensive, least intrusive intervention appropriate in the individual case circumstance.
3. The array of services offered are designed to develop skills and supports within families to resolve family conflicts and to achieve reconciliation between parent and child that avoids out-of-home placement
4. When, in consultation between the FRS supervisor and the FRS social worker, the social worker and the supervisor concur that face-to-face contact with the family is not required, the supervisor must document the decision in the SER. Without such consultation and concurrence, the FRS social worker must meet with the family face-to-face.

3131. Initial Interview With Family

1. The FRS social worker includes the following in the family interview and documents the interview in the Service Episode Record (SER):
 1. Exploration of the seriousness of the crisis situation and history of efforts to resolve similar situations;
 2. Assessment of roles, interactions, dynamics, and communication among family members;
 3. Identification of family demographics (names, ages, sexes, schools, occupations, ethnicity, tribal or Native American status, socio-cultural environment, household composition, etc.);
 4. Engagement of the family in defining problems and identifying options;
 5. Assessment of child safety issues in the home and the need for referral to CPS or to community services; e.g., mental health, drug and alcohol treatment. The social worker needs to continue to be aware of protection considerations for the family.
2. If the family seeks an ARY or CHINS petition, the FRS social worker must meet face-to-face with the family to complete the DSHS 15-279, Family Assessment form.

3132. Family Assessments

The FRS social worker must complete a family assessment for all families involving At-Risk Youth (ARY) petitions and Child In Need Of Services (CHINS) petitions. The social worker must record the results of family assessments on the FRS Family Assessment, DSHS 15-279,

and file it in the case record in accordance with the Operations Manual, chapter 13000, section 13100. The social worker must document all subsequent interventions in the case record on the SER in accordance with CAMIS and Operations Manual requirements.

3133. Case Management

1. Based upon the family interview, the social worker and the family identify and prioritize the immediate and longer-term goals.
2. The FRS social worker discusses with the family the services that appear to be appropriate, including explaining that all services offered are time-limited, family-focused, goal-oriented, and voluntary. The social worker plays an active role in discussing and facilitating access to culturally appropriate services.
3. The FRS social worker may offer services that include, but are not limited to:
 1. Family Assessment Services;
 2. Contracted Crisis Counseling;
 3. Family Preservation/ Intensive Family Preservation Services;
 4. Home Based Services;
 5. Limited Placement Services;
 6. Crisis Residential Care;
 7. Receiving Foster Care Placement; and
 8. Assessment Bed Placement.
4. The social worker also assesses whether there are other resources that might be provided either within other units internal to DCFS or outside the agency. Such services might include mental health services, private therapy, anger management, substance abuse treatment, or other culturally appropriate services. The FRS social worker assists the family to access these services.

3134. Specialized Staffings

The social worker identifies the need for and refers to specialized staffing such as a Child Protective Team (CPT), Multi-Disciplinary Teams, Local Indian Child Welfare Advisory Committee (LICWAC), etc.

3140. FRS PHASE II Services

1. FRS Social Workers must use the following priority list when making a Phase II referral, with 1 as the highest priority and 7 as the lowest:
 1. Youths at substantial risk of out-of-home placement for reasons other than child protection;
 2. Runaways;
 3. Families presenting with violent conflict; and
 4. Families presenting with serious conflict.
 5. Families awaiting access to other community resources;
 6. Families that do not meet any of the criteria listed above;

7. Families with alternative resources.
2. Available Services
 1. The Phase II service provider may offer counseling services that take the form of either individual or group sessions.
 1. Individual crisis counseling services are limited to the number of hours necessary to alleviate the family crisis, but in no case may the counseling services exceed 12 hours within 45 days.
 2. Group counseling services are also limited to the amount of time necessary to alleviate the family crisis, but in no case may group counseling services exceed eight hours within 45 days.
 2. Contracted providers usually provide Phase II counseling services, but, at the discretion of the DCFS Regional Administrator, DCFS social workers, in limited instances, may provide the service.
 3. Families must make a commitment to participate in crisis counseling services and must not be currently receiving family counseling services through other agencies or practitioners. At a minimum, there must be a parent and a child willing to participate.
 4. Neither the DCFS social worker nor the contractor may extend Phase II counseling services for length of service time. Only the DCFS Regional Administrator may extend the length of service time, through a signed Exception-to-Policy (ETP) waiver. The ETP may extend time only; the Regional Administrator may not increase the amount of funds to be reimbursed to the contractor.
 5. Phase II counseling services are available a maximum of twice in the lifetime for any family. The family must include a parent/guardian who has legal custody of the youth.
 6. The FRS social worker must review and be familiar with the department's statements of work in FRS contracts with vendors. Regional Administrators will arrange for provision of basic contract information to social workers to give them a working knowledge of FRS Phase II counseling services contract provisions.
 1. The social worker reports to the supervisor problems with contract compliance that the social worker cannot resolve.
 2. The supervisor refers the issue to the designated regional program manager if unable to resolve the problem with the contractor.

3141. Completion of FRS Services

1. In accordance with WAC 388-25-0030, the DCFS social worker and the FRS contractor must complete all FRS Phase II services within 45 days.
2. The DCFS FRS social worker must transfer cases that involve Child in Need of Services (CHINS) petitions to Child Welfare Services (CWS) after the disposition hearings, but no later than 90 days after the initial contact with the family. For youths in out-of-home placement, under any authority, beyond 90 days, the FRS social worker must transfer the case to CWS.
3. In non-placement cases, the FRS social worker must close the case after 90 days unless the family continues to receive Phase II services, Intensive Family Preservation Services

(IFPS), Family Preservation Services (FPS), or Home Based Services (HBS), and these services are in the final stages of completion.

3150. Crisis Residential Center (CRC) Program Description

1. Crisis Residential Centers are short-term, temporary placement options available on a 24-hour-a-day, 7-day-a-week basis to runaway youths and youths in serious conflict with parents or guardians.
2. The purpose of a placement into a CRC program is to assess, treat, and assist parents with protecting and stabilizing youths with serious problems. CRCs provide on-site family counseling to address the crisis situation affecting reunification of the youth with the youth's family as soon as possible and to link youths and their families to on-going counseling and/or treatment services.
3. CRC programs focus on the current conflict underlying the youth's placement in the CRC, and, with input from the youth and the youth's family, develop a goal-directed treatment plan to address the presenting problems.

3151. Eligibility FOR CRC Services

1. For placement in a CRC, a youth must be age 13 through 17.
2. CRC contracts require that CRCs provide intervention services to the youth and the youth's family, including family counseling and referrals to community-based resources, in order to prevent out-of-home placement. FRS has priority for placement in CRCs. If a non-FRS social worker needs an alternate resource for the placement of youths from disrupted placements that are awaiting placement in another placement setting, the social worker must contact the CRC gatekeeper to receive approval prior to placing the youth in the CRC.

3152. Types Of CRC Programs

There are three types of CRC facilities: Family CRCs; Semi-secure (also known as Regional or Group) CRCs; and Secure CRCs.

1. Family CRCs are located in homes licensed as family foster homes. DCFS social workers or, if available, contractor's staff provide counseling services.
2. Regional and Group CRCs are classified as semi-secure facilities. They do not have locking doors or windows. They are staff-secured facilities with a high staff to child ratio. Contractors operate semi-secure CRCs to reasonably assure that youths placed will not run away.
3. Secure CRCs (SCRC) are physically secure facilities operated by private contractors or are co-located within juvenile detention centers. SCRCs have internal locking doors and windows and/or secure perimeter fencing, but must adhere to local Fire Marshall regulations regarding time release mechanisms.

3153. Length-Of-Stay

1. Youths may reside in a CRC of any type for a maximum of five consecutive days. Youths may transfer from one CRC to another, but the combination of length of time in placements must not exceed five consecutive days from the point of intake.
2. Youths admitted to a SCRC must remain a minimum of 24 hours before the youths can be transferred to a less restrictive placement setting, except as listed below.
 1. A youth's parent/legal guardian may remove the youth at any time unless law enforcement has placed a protective hold as authorized in Chapter 13.34 RCW, or DCFS or another agency has obtained a shelter care order.
 2. DSHS or another agency having custody of the youth may remove the youth after 24 hours if the SCRC assessment indicates the youth is at minimal risk to run.

3200. ROLE OF DCFS

1. Role Of DCFS Applicable To All CRC Facilities
 1. The Regional Administrator must designate a FRS supervisor to serve as a Gatekeeper for semi-secure CRC placement services. The Gatekeeper assures:
 1. Compliance with legislative intent of the CRC program; and
 2. That youths being placed meet the placement criteria specified in the Statement of Work of the CRC provider's contract with the department.
 2. The DCFS office must assign a DCFS social worker to the youth upon the youth's placement into any type of CRC program. The DCFS office must make FRS available to the youth and the youth's family to facilitate reconciliation of the family, unless there are CPS allegations that prevent immediate reunification. The assigned social worker performs the following duties with respect to CRC placements:
 1. Obtain proper legal authorization for placement within 72 hours of placement, excluding weekends and holidays.
 2. Record the placement in the Legal History & Placement module in CAMIS, as well as in the SER, and authorize relevant services in SSPS.
 3. If required, authorize emergency medical or dental care for the youth, being sensitive to the cultural or religious needs of the youth. The youth or parents must authorize any non-emergent care.
 4. If there are CPS allegations, coordinate with the CPS worker to contact the parents to obtain information and inform them of their rights. Notify the CRC of the youth's status and whether to proceed with reunification plans. Youths assigned to CPS for investigation may remain in the CRC until such time as appropriate transfer to another placement is obtained; however, in no event may the youth remain in the placement beyond the five consecutive day limit.
 5. Coordinate reunification plans with youths admitted to Family CRCs.

6. Assist with further case planning when reunification efforts are unsuccessful.
7. Assist the family, as requested by the family and as appropriate, in obtaining services designed to strengthen the family unit following discharge of the youth from the CRC.
3. DCFS social workers, law enforcement, and contractors must not place juveniles who are alleged or adjudicated offenders into a CRC in lieu of detention.
4. Social workers must be familiar with the CRC contract Statements of Work to ensure compliance with the CRC contract and to avoid duplication of services. The Statement of Work outlines the CRC program's responsibilities regarding family counseling, transportation, medical treatment, termination summaries, and record keeping.
2. Duties Specific To The Type of CRC Placement

In addition to the requirements for all types of CRC placement, the following requirements apply to the specific type of CRC.

1. Secure CRC
 1. RCW 13.32A.050 requires that law enforcement place runaway youths, or youths whom law enforcement determines are in dangerous situations, into a SCRC, if an immediate return to the parent is not possible. The role of DCFS is to simply advise law enforcement of the availability of bed space and open an FRS case. DCFS has no authority to prioritize the case and make an alternative placement, unless there is no SCRC bed available.
 2. The SCRC must report to the local DCFS office when law enforcement places a youth at the facility.
 3. Under limited circumstances, RCW 13.32A.130 allows the SCRC administrator to transfer a youth from a semi-secure CRC to a SCRC if the youth is assessed as a high risk to run.
 4. The local office must assign a DCFS social worker to any youth placed into a SCRC. At a minimum, the social worker must make telephone contact with the SCRC within 24 hours of assignment from the supervisor.
 5. The SCRC contractor must assess all youths placed into the contractor's SCRC every 24 hours, as long as the youths remain in residence, regarding the youths' runaway risk. The SCRC administrator may move youths that cannot return home, but are assessed as a low risk to run, to a less restrictive setting.
2. Semi-secure CRC
 1. CA Intake or the FRS social worker assesses the need for a semi-secure CRC placement and obtains approval from the gatekeeper for placement of the youth into a semi-secure CRC.
 2. The local office must assign a DCFS social worker to any youth placed into a semi-secure CRC. At a minimum, the social worker must make

telephone contact with the CRC within 24 hours of assignment from the supervisor.

3. Family CRC
 1. The DCFS social worker must assess the need for CRC placement and obtain Gatekeeper approval for placement into a Family CRC. Family CRC beds are located in family foster homes. The DCFS social worker or, when available, contractor staff provide counseling services.
 2. For youths placed in a family CRC, the child's assigned social worker must conduct and document in the SER a face-to-face interview, or face-to-face contact with the child incapable of being interviewed, within the next business day following placement.

3250. OTHER SERVICE OPTIONS

1. Intensive Family Preservation Services (IFPS) And Family Preservation Services (FPS)
 1. IFPS and FPS are family-focused, behavior-oriented, in-home counseling, and support programs available in most counties. The services may be utilized when youths are at imminent or substantial risk of placement or when children return to the home from out-of-home care. See chapter 4000, section 4502, for full descriptions of IFPS and FPS.
 2. Social workers who refer families to IFPS or FPS must be familiar with the IFPS and FPS contract Statements of Work to ensure compliance with the contracts. The Statements of Work outline responsibilities of the DCFS social worker making the referral as well as the contractor's responsibilities in providing the requested services to the family.
2. Home Based Services (HBS)
 1. HBS provides flexible funding for short-term services for families with children at risk of out-of-home placement. HBS is focused on behavioral and environmental change. Services include, but are not limited to, basic needs (food, clothing, shelter, furniture, health, home repair, utilities, and transportation) and professional services such as anger management classes, family counseling, drug testing, and childcare. See chapter 4000, section 4519, for a full description of HBS.
 2. The social worker reviews regional instructions for specific information related to services available and authorization procedures.
3. Out-of-Home Placement

If FRS services fail to resolve the conflict and placement appears unavoidable, the social worker consults with the family and with the supervisor. The social worker and the family may consider the following options for placement, depending upon appropriateness, resource availability, and regional and local policy:

1. Relative placement.
2. Assessment Center placement.
3. Foster care placement.

4. Treatment foster care placement.
5. Behavior Rehabilitative Services.

See chapter 4000, Child Welfare Services, for descriptions and instructions regarding these services.

3301. Washington Jurisdictions

Runaway youths from other Washington jurisdictions may be held with proper legal authority in a CRC or other out-of-home care facility, but not longer than five days, until one of the following occurs:

1. CA Intake, juvenile court officer, or law enforcement contacts the legal custodian and arranges for transport home.
2. If the child is assigned to a DCFS social worker, CA Intake will contact the assigned social worker to arrange courtesy services and/or placement with the out-of-area local office, until the assigned social worker can arrange for the child to be transported home or to an appropriate placement.
3. If the child does not have an open case assignment, CA Intake will notify the DCFS office in the area of the youth's legal residence.

3302. Out Of State Jurisdictions

Out-of-state runaway youths may be held with proper legal authority in a CRC, for up to five days, or other out-of-home care facility until one of the following occurs:

1. The DCFS social worker contacts the legal custodian to make arrangements made for the youth's transportation to the youth's home.
2. If the youth is a dependent of another state, the DCFS social worker coordinates transportation arrangements with the proper authorities in that state.

3303. Documenting Information on Persons Caring for Runaways

1. RCW 13.32A.082 requires persons caring for runaways to report those youths to parents, police, or the department within eight hours of learning that the youth is away from home without parental permission. When the department receives a report, it must make a good faith attempt to notify the parent that a report has been received and offer services designed to resolve the conflict and accomplish a reunification of the family. Consequently, when DCFS receives these reports, CA Intake must notify the parent that DCFS has received a report and must offer services to help resolve the conflict and reunite the family.
2. Program Procedures

1. CA Intake receives reports from persons or shelters caring for runaways. CA Intake staff will take reports by telephone and document them in CAMIS. CA Intake refers the reports to the DCFS FRS or other assigned social worker if the case is already open.
2. CA Intake or the assigned social worker takes these reports only from persons directly caring for (i.e., receiving) runaways. Parents wanting to report a youth that has run from home must report the youth to the police in the area where the youth ran away. The department at this time is not logging third party reports.
3. Staff receiving the reports about runaway youths must attempt to notify parents of the report and offer reunification services to the family. Usually, those services will be FRS services, such as FRS assessment, CRC placement, and/or crisis counseling services.
4. Unless the parents or youth request services, or the case is already open for service, the department's responsibility ends with the parent notification and offer of services.

3304. Placement or Decline of Placement of Runaways and Reporting Requirements

This section outlines steps to be taken by law enforcement and department staff when a runaway youth is in need of placement. It includes guidelines, authorized under RCW 13.32A.060(1)(c), for DCFS staff to follow when deciding if placement is appropriate. This section pertains only to youths taken into police custody as runaways under Chapter 13.32A RCW and does not apply to youths served under dependency or child protection statutes.

1. Requirements and Procedures
 1. Police may take a youth in custody to the local DCFS office for placement, if the parent or a CRC bed is not readily available. The DCFS office must accept the youth for placement if an appropriate placement is currently available. The DCFS office may decline to accept the youth if a suitable placement is unavailable. If the DCFS office declines to accept the youth for placement, the police must attempt to take the youth to the home of an adult relative, a responsible adult, or a licensed youth shelter (in that order). If those efforts fail, police may release the youth and make a report to DCFS.
 2. When picking up runaways identified as Indian youths, police should first attempt to return the youth to the parent or other legal guardian. If the parent or guardian is not available, the officer should then contact the youth's Tribe. If neither the parent nor a tribal contact is immediately available, the police should take the youth to the department for emergency placement under Indian Child Welfare (ICW) procedures.
 3. RCW 74.13.036(5) requires the department to report to the legislature:
 1. The number of children it declines to accept from police;
 2. The number of times the police released youths because the department declined custody;

3. Dates, places, and reasons why the department declined custody, and dates and places youths are released by police.
 4. DCFS field staff must make reasonable attempts to find a suitable placement for youths brought by law enforcement to the department for placement. Parental consent or a court petition is necessary after 72 hours (excluding Saturdays, Sundays, and holidays) if a youth remains in placement.
 5. DCFS field staff will use the following guidelines when determining whether the department will accept custody from law enforcement:
 1. Whether a bed is available within a reasonable distance;
 2. Whether a foster parent can reasonably be expected to manage the youth's behavior;
 3. Age of the youth - No youth under 13 years of age should be turned away unless police are pursuing a placement for the child with a relative or other responsible adult;
 4. Special Needs of the Youth - If the youth has serious medical problems or is developmentally disabled and would be endangered if released by police, staff will make every effort to locate a placement;
 5. The youth states strongly that a relative or responsible adult will let him or her stay the night. A telephone call will be made to confirm this alternative while the youth and officer are in the office; and
 6. If a bed is available, but social work staff believes the youth is not appropriate for it, the staff will confirm that fact with a supervisor. For example, a youth with a history of physical assault on adults would usually not be appropriate for an emergency placement into a family foster home. However, a youth who has run away several times previously should not be denied placement on that basis alone.
2. CAMIS Procedures
1. CAMIS contains a reporting screen to be used when DCFS field staff decline placement of a youth. To access this screen from the CAMIS main menu, press **2** for **Referral, Intake Procedures/Reports**. Then, from the Intake menu, press **1** for **Intake Procedures**. Hit **enter** twice or enter **23** to select **Decline Plcmnt of Youth in Police Custody**. This screen does not link to other CAMIS case data, but is simply a listing of youths declined from police custody. To retrieve information from it, simply type **A** on line **Youth Last Name:**. A listing of all declined youths will appear.
 2. The lower section of the screen described above is used when law enforcement officers report that a youth who has been declined by DCFS for placement was later released because no placement was available with a relative, other responsible adult, or licensed youth shelter. DCFS staff who receive the information from law enforcement offices complete this section. The DCFS staff may obtain the information from law enforcement officers by telephone, in person, or from a police report. To access the **decline** information about a particular youth, follow procedures in paragraph (1), above.

3350. RELEASE OF JUVENILES BY THE COURT TO THE DEPARTMENT

1. A juvenile taken into custody, whether held in detention or released after the posting of a bond, can be released by the court to a responsible adult or the department under RCW 13.32A.060. See the CA Case Services Policy Manual, chapter 5000, section 5410.
2. If the court cannot locate a parent or responsible adult, or if DCFS does not agree to receive the youth, the court must immediately notify DCFS if the youth is released. DCFS is not obligated to accept the youth unless the youth is in the legal custody of the department.
3. When DCFS agrees to accept these youths, DCFS staff will conduct an assessment to determine if the youth can go home or needs to go into placement. The DCFS social worker will attempt to locate the parent and, if no serious CPS issues are present, return the child home. If the child is unable to return to the parent's home, DCFS staff will work with parents to find a relative or other adult with whom the parents will allow the child to reside.
4. DCFS does not have authority to transport nor place a child. If the parent is not available and/or does not agree to placement with another individual or the social worker needs to transport the youth, the worker must obtain documented legal authority — police custody, voluntary placement agreement, CHINS, or shelter care or dependency order — before transporting the youth or placing the youth in licensed care. If the youth runs from the DCFS waiting room after court staff has released the youth to the department, DCFS staff reports the youth as a runaway to local law enforcement or determines that court staff has submitted the runaway report.
5. Local DCFS offices have established agreements with juvenile court facilities regarding the release of a youth to the department. Staff needs to refer to these established protocols for specific regional/local procedures.

3400. CHILDREN MISSING FROM CARE

[See Chapter 4, Section 4550](#)

3450. Case Review/Staffings

1. Reviews, other than supervisory reviews, usually pertain to children in placement or those for whom longer-term placement is a likely outcome. Social workers must comply with regional and local procedures. Examples of reviews may include LICWAC reviews for Native American children, children in care over 30 days, multi-disciplinary team staffing, and court-mandated legal reviews. Chapter 4000, Child Welfare Services, contains additional guidelines for such reviews.
2. See chapter 2000, section 2562, for requirements relating to Child Protection Team (CPT) staffings.

3500. FRS CASE OUTCOMES

1. The ideal outcome of an FRS service episode is reduction in level of conflict, the stabilization of the family, prevention of out-of-home placement, or the return home of a runaway youth.
2. Specific outcomes may include:
 1. Following social worker contact and provision of information and referral, the youth and family declined to participate in further FRS service. Case is closed.
 2. The social worker recommended or referred the family to specific community services. Case is closed.
 3. Youth and family received FRS Phase I, and the youth remains at home. Case is closed.
 4. Youth and family received FRS Phase I, and the youth was placed temporarily in out-of-home care. Services provided, and the youth was then returned home. Case is closed.
 5. Youth and family received FRS Phase II, and the youth remains at home. Case is closed.
 6. Youth and family received FRS Phase II, and the youth was placed temporarily in out-of-home care. Services provided, and the youth was then returned home. Case is closed.
 7. Youth and family received FRS Phase II, but serious conflict remained unresolved. The youth was placed in longer-term out-of-home care. The case transferred to CWS social worker when the youth was placed, and family reunification is not the immediate goal. These placement cases must be transferred within 90 days of Intake.
 8. Case transferred to CPS. FRS case closed.

3550. Inactive Status

1. Case Closure: The social worker must designate cases where services have ended but cannot be closed until paperwork and other documentation are completed as **◆ Services Inactive/Paperwork Pending (S)** program assignment for social worker or supervisor. **◆**
2. The purpose of this worker assignment is to be able to track the workload involved in follow-up paperwork (Operations Manual 152022 (F)(4)).

3600. CHILD IN NEED OF SERVICES (CHINS) PETITION AND PLACEMENT

1. After reasonable efforts (which may include but are not limited to crisis counseling, CRC placement, IFPS, etc.) at resolving conflict have failed to achieve reconciliation, the parents, the youth, or DCFS may file a CHINS petition. See the CA Case Services Policy Manual, sections 5500-5530 and section 7200, for references to the statute and relevant policy considerations for the social worker. The social worker must not utilize CHINS for protection issues or to resolve custody disputes.

2. The assigned DCFS social worker must complete a family assessment in accordance with RCW 13.32A.150 before the court may accept the filing of a CHINS petition by the youth or the youth's parents. The social worker must use the FRS Family Assessment, DSHS 15-279, to document the assessment.
3. CHINS placement is temporary out-of-home care designed to provide the family and the youth the opportunity to resolve conflict in those instances where temporarily separation is in the best interests of the youth and the family.
4. In accordance with RCW 13.32A.170, the person filing the petition must show that the person has tried to work out the conflict, that all reasonable alternatives have been explored, and that it is best for the youth to live outside the home while the family continues to work toward resolution of the conflict. If the court approves the out-of-home placement, the youth will normally live with a relative or in a licensed foster home.
5. Pre-Passport - If a youth is expected to remain in care beyond 30 days, the youth must be screened for needs using the standardized instruments.

3650. At-Risk Youth (ARY) Petition

1. The ARY petition has provisions that allow the court to order the youth home or into a placement of the parent's choosing and at the parent's expense. See the CA Case Services Policy Manual, [Appendix A](#), and section 5540, for policy considerations.
2. An At-Risk Youth petition allows custodial parents to ask for a juvenile court's help in keeping their adolescent at home and setting reasonable conditions that the youth must follow, such as going to school, following family rules, and/or attending counseling sessions. If the youth disobeys a court order, the parents may file a motion and the youth may be held in contempt of court and placed in a detention facility for up to seven days.
3. Parents requesting an ARY petition keep legal custody of the youth. Parents do not have to pay for the FRS assessment and counseling but may have to pay for other services. Parents must complete a family assessment with the local DCFS office prior to filing the ARY petition.
4. Social workers must attempt to connect persons inquiring about ARY with FRS or other appropriate service.
5. The assigned DCFS social worker must complete a family assessment in accordance with RCW 13.32A.150 before the court may accept the filing of an ARY petition by the youth or the youth's parents. The social worker must use the FRS Family Assessment, DSHS 15-279 to document the assessment.

3700. CASE RESOLUTION/CLOSURE

1. The ideal outcome of an FRS service episode is the reduction in level of conflict, the stabilization of the family, and the reduced risk of out-of-home placement or the return home of a runaway youth.
2. Specific outcomes may include:
 1. Youth and family received FRS counseling, and the youth remains at home. Case is closed.

2. Youth and family received FRS counseling, and the youth was placed temporarily in out-of-home care. The family's ability to cope was strengthened, and the youth was then returned home. Case is closed.
3. Youth and family received FRS counseling, but serious conflict remained unresolved. The youth was placed in longer-term out-of-home care. The social worker shall transfer placement cases to CWS social workers when family reunification is not the immediate goal.
4. Youth and family chose not to participate in further FRS service. Case is closed.
5. During FRS intervention, youth disclosed sexual abuse or serious physical abuse and, following supervisory staffing, the FRS worker carried the case jointly with or transferred to CPS.
6. Family was referred to community services, and the case was closed.

3710. Inactive Status

1. Case Closure: Cases where services have ended per section 3800 but cannot be closed until paperwork and other documentation is completed should be designated as ♦Services Inactive/Paperwork Pending (S) program assignment for social worker or supervisor♦.
2. The purpose of this worker assignment is to be able to track the workload involved in follow-up paperwork (Operations Manual 152022 (F)(4)).
3. The social worker must properly complete all forms and narrative recordings within 90 days of a decision to terminate services and close a case. The supervisor must review both CAMIS and the folder for accuracy and completeness and document the review in the CAMIS SER before closure or transfer to another service.

4000. CHILD WELFARE SERVICES

4100. INTAKE

4110. Purpose

The purpose of Child Welfare Services (CWS) intake is to determine whether the family's need for service is most appropriately addressed by a Division of Children and Family Services (DCFS) assessment or by referral to another agency or other family members.

4120. Eligibility

4121. New Referrals

1. Requests from parents or children for child placement services are received by CWS Intake when the placement request is not a direct result of a need for child protection due

to abuse or neglect or the family's needs are beyond the scope of Family Reconciliation Services (FRS).

2. Requests from parents or caretaker relatives are received by CWS Intake when the service requested is for Medicaid Personal Care Services. Medicaid Personal Care Services may be authorized for a child who has a physically disabling condition; such services are not authorized based on child protection concerns.

41211. Safety of Newborn Children Act

1. Procedure

CA staff must accept an intake of a newborn transferred (abandoned) under the Safety of Newborn Children Act. See [Practices and Procedures Chapter 2000, Section 2559A](#) for policy.

CA CFWS Responsibilities:

1. CFWS Supervisor assigns intake to a social worker
2. CFWS Social worker:
 1. Has face-to-face contact with the newborn and gathers available information from hospital and other caregivers.
 2. Locates and places the newborn in emergency out-of-home, when able to be released from the hospital.
 3. Verifies CA custody through a law enforcement transfer of custody.
 4. Drafts and files a dependency petition.
 5. Completes the child information/placement referral form (DSHS 15-300) based on available information and provides information to the caregiver/foster parent.
 6. Schedules shared planning meeting to identify permanent plan and placement.
 7. Consults with supervisor as necessary.

4122. Transfer of Open CPS or FRS Cases

See section 4132 below for case transfer standards.



4130. Scope

4131. New Referrals

1. The intake function for new CWS referrals includes obtaining brief initial information from the referrer regarding the family composition, nature, duration and urgency of the problems creating a request for:

1. Placement services and an initial determination of the family and child's desire to obtain services;
2. Medicaid Personal Care (MPC) services and referral to CWS for completion of a Comprehensive Assessment of the child's need for the MPC services. After CWS has completed the MPC Comprehensive Assessment, authorization of services and/or referral to other resources may occur.
2. Intake social workers determine if a family assessment by CWS is needed or if another state or community based resource can more appropriately provide an assessment or services. Intake staff provide information and referral to other services when appropriate.
3. Intake services may, with the permission of the family, gather collateral information from schools, doctors, other agencies, or family members if such information is necessary to make a decision regarding acceptance of the intake referral.

4132. Cases Transferring from CPS and FRS

1. Purpose and Scope-This section provides guidelines for CA staff for the transfer of client records between Child Protective Services (CPS) or Family Reconciliation Services (FRS) and Child Welfare Services (CWS) within an office following out-of-home placement or establishment of an in-home dependency by court action.
2. Policy and Procedure
 1. Regional Administrator shall establish procedures for the transfer of CPS and FRS cases and files to CWS consistent with the CA Operations Manual, chapter 15000, section 15202 and this section.
 2. In Those offices where the Regional Administrator has determined that a single worker or unit will carry a case from intake or case assessment through case resolution (i. e., from CPS through CWS), the Regional Administrator shall ensure that the assigned worker(s) has received CA Academy training in each program track within a reasonable period following assignment to multiple programs.
 3. For all cases being transferred from CPS, the assigned CWS social worker shall review and provide input on proposed dispositional plans, to the CPS social worker, prior to their submission to court. If the CPS and CWS social workers cannot come to agreement, supervisory review will be required.
 4. Supervisors from the sending unit must ensure that cases include all relevant information regarding the child(ren) prior to case transfer. Supervisors in the receiving unit must ensure that the newly assigned CWS worker review the case to become familiar with the presenting issues for placement.

4140. Screening New Referrals for Acceptance

1. When the family requests an assessment or services but is not requesting placement, the family will normally be referred to the appropriate agency/school providing services without opening a case. Examples of this type of situation include:

1. Requests for mental health assessments or counseling. Youth who need immediate psychiatric treatment because they are a danger to themselves or others or are gravely disabled as a result of a psychiatric condition.
 2. Requests for assessment for in-home services for developmentally disabled children unless the family has already applied for and exhausted services available through the Division of Developmental Disabilities (DDD).
 3. Requests for assessment of a child who is primarily delinquent and will be in a detention or institutional setting for more than six weeks.
 4. Requests for educational evaluations or other services made primarily because the child has a problem in school.
2. When the family requests placement, the intake social worker screens in referrals only against the following criteria, which must be met:
1. The child can be located.
 2. If the youth is an adolescent, she/he is willing to accept services.
 3. The child's future safety and well being will be seriously compromised.
 4. The family does not have adequate strengths or resources to resolve the problem without DCFS intervention.
 5. There are no more appropriate services immediately available for the family than DCFS CWS Assessment Services.

4141. Accepted Referrals

Following screen-in, the intake worker shall document the intake information consistent with Case and Management Information System (CAMIS) policy and the CA Operations Manual, chapter 13000, section 13100. Regional offices may establish priorities for case assignment of accepted CWS intakes.

4150. Case Opening Activities

1. Screened in referrals will become DCFS cases. The local office opens a family case, in CAMIS and a paper file, for the family. The office will open an individual child case only if a child is placed in out-of-home care.
2. The intake supervisor sends cases to the appropriate CWS supervisor for assignment to a social worker for a full assessment.

4200. ASSESSMENT

4210. Purpose

The central responsibility of DCFS is to serve the needs of children who are at risk of abuse and neglect. Included in the responsibilities are in-home and out-of-home placement services to protect children. To the extent possible, within available funding, DCFS collaborates with other

agencies in the identification of services and resources, including placement, for developmentally disabled, mentally ill, and other children with behavioral problems.

4220. Assessment for New CWS Cases

4221. Family-Focused Assessments

The social worker shall complete a full family-focused case assessment to identify family strengths and problems. The assessment includes multi-family groupings; e.g., the family home from which the child was removed as well as the home of another parent. RCW 74.14A.020

4222. Community-Informed Decision-Making

The CWS assessment focuses first on identifying family resources or services within the community, which can be utilized to safely maintain a child in his/her own home and community. The social worker identifies services that may be needed in the future through coordination with the family and other relevant community agencies.

4223. Culturally Appropriate Assessment

Culturally sensitive assessment means viewing the family from its own perspective, cultural context and values. The family, the extended family, and the community must be encouraged to identify their own solutions to mitigate the need for services.

4224. Initial Assessment

The CWS social worker's initial assessment includes:

1. Identification of family needs and strengths.
2. Determining who is or may be legally responsible for the child, including presumed and alleged fathers.
3. Clarifying the presenting problems and resolutions expected.
4. Obtaining the family and child's own description of the situation and family's recommendations for how to solve the problem.
5. Reviewing family history, including such factors as ethnic and cultural heritage, family and community resources, emotional/social support systems, medical histories, family dynamics, educational backgrounds of parents and children, work histories/employment stability, availability of financial resources (TANF, public housing, Supplemental Security Income [SSI], Social Security, Veterans Administration benefits), and family mobility.
6. When the pre passport specialist identifies a child birth to three years old with a concern about the child's developmental delays, the pre-passport specialist will make a referral to

a Family Resources Coordinator with the Infant Toddler Early Intervention Program (ITEIP).

1. Referrals are made by calling the Healthy Mothers, Healthy Babies hotline at (1-800-322-2588) or through the ITEIP web site at <http://www.dshs.wa.gov/iteip/>
2. The referral must also be discussed with the child's parents/caregivers. The parents/caregivers should also be informed that services from ITEIP are free and do not commit the family to participate in the program.
3. The referral must be made no more than two working days after a concern(s) has been identified. The family may request that the referral timeline be extended beyond two days. This request must be documented.
4. At the time of the pre passport staffing, or earlier if appropriate, the assigned social worker should be notified that a referral was made on behalf of the child. Document this in the pre passport Action Plan under the Developmental Domain for the child.
7. Reviewing available case records, previous service/placement history, and response to previous services.
8. Making collateral contacts necessary to complete assessment.
9. Consultation with supervisor as needed.
10. Determine Native American status.
11. The social worker shall determine ethnic status of family members, complete the Indian Identity Request Form, DSHS 09-761, and determine whether any family members are of Limited English Proficiency (LEP) or are persons of sensory impairment. Interpreter services will be provided as needed by the family. All services subsequent to intake will also utilize interpreter services as needed.

4230. Ongoing Assessment

Assessment is an ongoing process within service provision. New information or changes in family circumstances may require the worker to revise the original assessment and service plan.

4240. Assessment for Transferred Cases

The newly assigned CWS social worker reviews the assessments completed by CPS, FRS, or another CWS unit upon case assignment.

4250. Assessment for Out-Of-Home Placement

4252. Assessing for Reasonable Efforts

The social worker shall assess services available to serve the family within the home. The social worker shall not place any child unless the child is at risk of imminent harm, and/or there are no alternative services available to keep the child safely at home.

4253. Assessment for Decision to Place in Out-Of-Home Care

1. Some children have dual status in that they may be dependent as well as meeting the service definitions for other programs or divisions. For example, a child may be found by the court to be both a dependent child and a juvenile offender who may also be committed to a Juvenile Rehabilitation Administration (JRA) placement for a period of time, or a child may be developmentally disabled and eligible for some DDD services. In such cases, DCFS services will be offered in accordance with state and local interagency agreements.
 1. DCFS is required to make a referral to the Division of Child Support (DCS) whenever a child is placed in out of home care for more than 72 hours.
 2. Children's Administration Management Information System, CAMIS will automatically send an electronic referral to DCS once the child is placed for 72 hours or more. The sent referral initiates the process for establishment and collection of support from the child's parents to reimburse DCFS for foster care expenditures.
 3. In certain cases there may be Good Cause for not pursuing collection and for those situations DCS will not collect support to reimburse the FC expenditures.
 4. Basis for a good cause determination as defined in CA's WAC 388-25. For a more complete description see 91400 in the CA Operations Manual.
2. Within the constraints of available financial resources, placement services will be provided to children according to the following ordered priorities:
 1. Children who urgently require protection from child abuse or neglect (CA/N).
 2. Children who are developmentally disabled as defined by DDD and are referred for placement shall be assessed against the process/criteria outlined in the DCFS/DDD agreement.
 3. Children who are mentally ill or who are among the priority populations identified by statute and Regional Support Networks (RSN) shall be assessed according to criteria defined in local DCFS/Mental Health agreements.
 4. Referrals of children with conduct disorders or juvenile offender histories shall be assessed utilizing DCFS guidelines. The juvenile justice system has primary responsibility for community protection. However, DCFS staff will assist in planning to the extent possible and as defined by DCFS agreements with the Juvenile Rehabilitation Administration (JRA) or other local agreements.
3. DCFS social workers shall not place children in the types of situations outlined below, as they relate to CWS. For placement standards for CPS, see chapter 2000, and, for FRS, see chapter 3000.
 1. Children who, after assessment, the DCFS worker believes will not be helped in out-of-home care.
 2. Youth 12 - 17 years of age in conflict with parents and who have not been through FRS, except adoption support families that have already received extensive counseling services.
 3. Youth 12 - 17 years of age whose parents are unwilling to have them at home due to misbehavior and who have not been through FRS.

4. Youth for whom the primary placement issue is community protection, including sexual predators not covered by the Sexually Aggressive Youth (SAY) statute.
 5. Youth who are unwilling to live in the home of parents who are willing to have them at home, when this is the only presenting problem.
 6. Youth who are mentally ill and a danger to themselves or others as defined by a mental health professional.
4. Admission of Children to Nursing Facilities
1. Upon receiving a referral of a child for admission to a nursing facility, the Home and Community Services (HCS) division, Aging and Adult Services Administration (AASA), will confirm the involvement of the child with DCFS. If the child is not currently involved with DCFS, HCS will refer the child to DCFS or DDD if that is appropriate.
 2. DCFS will decline acceptance of the referral of the child if the child does not meet the service definitions of DCFS' programs.
 3. If the child is or becomes a client of DCFS and the DCFS social worker, in consultation with the worker's supervisor, determines that nursing facility admission is the most appropriate service for the child, the social worker will request that HCS staff:
 1. Attend any multi-disciplinary team staffings held; and
 2. Complete, or assist with the completion of, the HCS Comprehensive Assessment and, if appropriate, authorize nursing facility care.
 4. If the child to be placed is a DCFS client, DCFS will be expected to cover the cost of care through its programs in most instances. The DCFS social worker should consult with HCS and DDD staff, as appropriate, to identify other suitable resources to cover the cost of care. In addition, the social worker must establish the child's eligibility for and authorize Title XIX Medicaid.
 5. DCFS will not place the child in any facility without a court order or a voluntary placement agreement signed by the responsible parent or other person legally authorized to sign such agreement.
 6. If the child is a DCFS client, the assigned DCFS social worker retains case management responsibility, including locating the appropriate nursing facility, discharge planning, and other activities. The DCFS social worker may request assistance of HCS staff in locating an appropriate nursing facility for the child.
5. The social worker shall conduct, and document, a social study whenever a child is placed in out-of-home care under the supervision of the department. The study shall be conducted prior to placement, or, if it is not feasible to conduct the study prior to placement due to circumstances of the case, the study shall be conducted as soon as possible following placement. The social study includes, but is not necessarily limited to, an assessment of the following factors:
1. The physical and emotional strengths and needs of the child.
 2. The proximity of the child's placement to the child's family to aid reunification.
 3. The possibility of placement with the child's relatives or extended family.
 4. The racial, ethnic, cultural, and religious background of the child.
 5. The least-restrictive, most family-like placement reasonably available and capable of meeting the child's needs.

6. Compliance with RCW 13.34.260 regarding parental preferences for placement of their children. RCW 74.13.065

4254. Parent-Child-Sibling Visiting Policy

Purpose

1. Visitation is the right of the family. The agency shall encourage the maximum parent child and sibling contact possible, when in the best interest of the child.

[RCW 13.136](#)

2. Early, consistent, and frequent visits are crucial in maintaining parent-child relationships. Visits are vital to develop appropriate connections between parents and children. Purposeful visits improve safety, permanency and well-being.
3. Visits between siblings living apart are essential to maintaining sibling relationships.

Policy

1. When a child is in CA custody via a court-ordered placement (licensed or unlicensed) a written visit plan addressing visits with parents (DSHS 15-209c) must be developed within (3) business days of placement.
2. When a child is placed on a voluntary placement agreement (VPA) a visit plan addressing visits with parents must be developed at the time the VPA is signed.
3. Unless there are documented safety concerns, an initial child/parent visit should occur within 72 hours of placement. If this is not possible, it must take place within 5 business days of the date of placement or signing of the VPA.
4. When siblings are placed apart in out-of-home care, a written plan for twice-monthly visits must be developed (unless safety concerns exist). *Twice-monthly contact during parent-child visits meets this requirement. Other forms of contact may be substituted when a visit is not possible.

Procedure

1. Written Visit Plan- Development and Review

The social worker:

1. Develops a written visit plan that outlines the structure and logistics of visits with input from the parents, child(ren), as developmentally appropriate, and caregivers.
2. Bases the visit plan on the best interests of the child, including safety, well-being and the permanent plan.
3. Requests the participation of the Tribal Worker, if one is assigned. If a CASA/GAL, is assigned, their participation is encouraged.

4. Develops and reviews the visit plan with the family at the shelter care hearing, Family Team Decision Making meeting, case conference or other shared planning meeting.
5. Reviews the visit plan at a shared planning meeting whenever there is a substantial change, including, but not limited to:
 - Any increase or decrease in safety and risk concerns
 - Change in permanency plan
 - Change in the well-being of the child

At a minimum, visit plans will be reviewed during shared planning meetings, such as 30-day staffings, change of placements, LICWAC, permanency planning staffings, and family group conferences.

2. **Frequency of Visits**

1. The assigned social worker should observe visits between the parent/child/siblings quarterly, at a minimum.
2. Unless documented safety concerns exist, social workers must ensure visits between siblings placed apart occur twice per month. Other forms of contact may be substituted when a visit is not possible. (Settings such as staffings or court are not considered visits.)

3. **Location and Duration of Visits**

1. The social worker pre-approves the location of visits and ensures visits are:
 1. In the least-restrictive and inclusive setting, with consideration given to the cultural and social patterns of the family and child;
 2. Preferably in the child's community;
 3. In a setting that assures the safety of the child(ren);
 4. In an age-appropriate setting for the child(ren)
 5. Held in the DCFS office if it is necessary for the protection of the child(ren) or to allow more flexible visits and more support before, during and after visits.

4. **Requirements for Visit Participants**

1. The social worker determines who will participate in visits; and
 0. May request a BCCU background check and CAMIS/FamLink check for visit participants (See [Operations Manual Chapter 5000, sections 5515 and 5522](#)).
 1. Must follow policy and get supervisor approval before allowing contact between the child and perpetrator in serious physical and sexual abuse cases. (See [P&P Section 2331](#).)

5. **Supervision of Visits**

1. The social worker determines the level of supervision for parent/child visits based on factors outlined in the Social Worker Practice Guide- Visits between Parents, Children and Siblings (See pages 7-8 and 13 for definitions and considerations):
 - Supervised
 - Monitored
 - Unsupervised

2. The social worker determines the level of supervision for sibling visits based on the needs and behavior of the children. (See Practice Guide page 16 for definitions):

- Sight/Sound/Touch
- Sight /Sound
- Sight

6. **Criteria for Supervisors or Monitors of Visits**

1. When possible, the person utilized for visits will be familiar with and integrated into the child's life, i.e. relative, friend or neighbor.
2. The social worker verifies that any person or contracted provider who is utilized for visits, whether supervising, transporting or monitoring, meets the following criteria:
 0. Approved Background Check Central Unit (BCCU) check (See [Operations Manual, Chapter 5000, Section 5522](#) for list of disqualifying crimes);
 1. Approved CAMIS/FamLink check (See [Operations Manual Chapter 5000, section 5515](#));
 2. Ability to intervene to keep the child safe;
 3. Prioritizes the safety and well-being of the child;
 4. Ability to enforce visit rules, court orders, limitations and activities;
 5. Keeps all information confidential;
 6. Reports observations to the social worker re: behaviors and interactions; concerns, and;
 7. If transporting, has a valid driver's license, insurance on the vehicle used in transport and approved child restraints (car seat, lap and shoulder belt). Vehicle used in transport must be licensed.

7. **Changes to Visit Plan**

1. Visits must only be limited or terminated when the child's, safety, health and welfare is compromised. The social worker must not recommend limiting visits as a sanction for the parent's lack of compliance with court orders.
 0. If the social worker recommends limiting or terminating visits; the recommendation should be supported by any of the following:

[RCW 13.34.136](#)

1. Therapist recommends decreasing or suspending visits due to the harm to the child.
 2. The child is at risk of physical or emotional abuse.
 3. The supervisor of the visits is threatened.
 4. If the parent appears intoxicated, the visit will be stopped that day, but may resume.
 5. The court adopts a permanency plan other than return home.
1. The social worker staffs any change in visits with his or her supervisor.
 2. The social worker uses Shared Planning meetings that include the parents and caregivers to discuss changes in visits.

3. The social worker's supervisor monitors progress of visits through case conferences with the social worker.
 4. In dependency cases, the social worker informs the court of any changes in visit plans. A court hearing is required unless the child's safety is jeopardized or the court order allows for a change in visits. The social worker should staff recommended changes with their AAG.
 5. The social worker stops visits between parent(s) and the child after parental rights are terminated or relinquished unless otherwise specified in an open communication agreement. Visits between the child and siblings or other significant relationship may continue after the termination of parental rights, unless contraindicated.
8. **Rescheduling**
1. When a visit must be rescheduled, the social worker will notify all participants soon as possible. Appropriate contact information needed for canceling and rescheduling visits will be included in the written visiting plan.
9. **Documenting Visits**
1. The social worker documents visits in the case notes, including:
 0. Observations, progress, concerns or changes.
 1. Visit reports from contracted agencies (and notes from approved natural supports who provide visits). The social worker will note the date of the visit and reference the written report in the text.
 2. The reasons why visits did not occur within the recommended timeframes.
 2. The visit plan and recommendations must be in the format of the ISSP visit section or use DSHS 15-209C. Plans must be consistent with court orders and updated accordingly.
 3. The social worker uses the following code for visits with parents:
 - Visit- Unsupervised
 - Visit- Supervised
 - Visit- Did not occur
 4. The social worker uses the following code for visits between siblings:
 - Visit- with siblings

*When a visit includes the child's parent and sibling, use both parent and sibling visit codes to record the visit.

4260. Considerations For Placement Choice

4261. Type of Placement-Least Restrictive Setting

1. When assessing a child's need for services and placement, the social worker shall select the "least restrictive setting, most family-like, and most appropriate" placement option available consistent with the safety and best interest of the child. (RCW 74.14A.020)
The placement should be in close proximity of the child's family home and the child's

current school if he/she is of school age. Preferably, the placement will allow the child to continue at the same school and with the same medical providers.

2. Least to most restrictive are defined as:
 1. Child's own home.
 2. Relatives/Tribe.
 3. In the home of a suitable person who has a pre-existing relationship with the child or family.
 4. Out-of-home care in a family setting. This includes a family setting that provides a child with a primary parental attachment figure. It may include receiving care, family foster care, and treatment/therapeutic foster care with live-in house parents.
 5. Rehabilitative Group Placement, including non-institutional settings that are shift staffed.
 6. Short and long-term psychiatric facilities.
 7. Other institutions, accessed only through court commitment.
3. The social worker works with the family to identify possible placement options and absent good cause, follows the wishes of the birth/adoptive parent regarding the placement of the child. The social worker, shall consider both in-state and, where appropriate, out-of-state placement options.
4. CA staff must place only children for whom the staff have legal authority for the placement and then only in homes or facilities licensed or certified under chapter 74.15 RCW, or relatives not required to be licensed under chapter 74.15 RCW. If, on an emergent basis, CA staff places a child(ren) in the home of a suitable person with a pre-existing relationship with the child or family, the court must approve the emergent placement at the earliest opportunity. Absent good cause, CA will follow the wishes of the parent regarding placement of the child.
5. Prior to emergent placement with a relative not required to be licensed or a suitable person known to the child or family, the CA social worker will, at a minimum, complete an NCIC criminal background check, a CAMIS check, assess the suitability of the placement resource, and complete a home visit to determine if the home is adequate for the care of the child(ren). (See Operations Manual Section 5517 - National Crime Information Center Checks for Emergent Placements) The social worker will report to the court the results of these activities, the relationship of potential placement resource (relative or suitable person) with the child or family and the family's view on the placement and make a recommendation to the court.
6. Following approval by the court of the placement and within 72 hours of placement, the social worker will initiate relative home study process outlined in Section 45274 of the Practices and Procedures Manual, including:
 1. The Relative Placement Checklist (DSHS 15-280)
 2. The Relative Intake form (DSHS 10-392)
 3. The Placement Agreement form (DSHS 12-281)

The child's social worker reviews the Placement Agreement form (DSHS 12-281) with the relative(s) or suitable person(s) and all parties sign the form.

7. The emergency unlicensed placement is not final until all background check results have been received and the Relative Home Study is complete. (See Operations Manual - Section 5500 Background Checks for Prospective Out-of-Home Caregivers)
8. CA staff may not place children in unlicensed, non-relative homes on a Voluntary Placement Agreement. Licensed physicians and attorneys need not be licensed to provide care. Staff may place children in unlicensed adoptive homes following completion of a home study, in accordance with RCW 74.15.020.

4262. Routine and Special Needs

1. The social worker considers and documents the child's routine and special needs, including cultural, educational, medical, religious, psychological, and safety factors. The placement provider need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of the child. Unless a compelling reason is identified, the social worker will not match children on the basis of race to foster or adoptive families, except as provided in the Indian Child Welfare Act.
2. The social worker considers whether the placement provider chosen can cooperate with the overall permanency plan in a positive way that contributes to a timely and safe resolution of problems for the family. In addition, the social worker always considers the child's need for stability in relationships when choosing a placement.

4264. Native American Children

CA social workers must follow the provisions of the Indian Child Welfare (ICW) Manual when placing Native American children.

1. Upon initial acceptance of a case for service, the social worker must seek to discover and document whether the involved child is of Indian ancestry. The social worker must do this in every case.
2. Each time the case is transferred from one worker or program to another, the social worker receiving the case must confirm that verification of Indian ancestry has previously been completed.

4265. Minimizing Placements

The social worker develops and chooses placements designed to provide stability and permanency for the child. Utilizing short term receiving care does not violate this principle. Although multiple placements may occur, they are generally not considered to be in the best interest of children or their families.

4266. Out-of-State Placements

1. Purpose and Scope

1. This section establishes guidelines for CA staff to follow when considering placement, usually in a treatment setting, of a child in an out-of-home care setting in another state. Such placements include, but are not necessarily limited to, Behavior Rehabilitation Services/Group Care, Treatment Foster Care, Child in Needs of Services (CHINS) placements, and mental health treatment. They typically do not include relative placements.
 2. While providing directions regarding such placements, CA reaffirms its commitment to meeting needs of children through resources that are geographically close to their families and that are the least restrictive, most home-like setting, consistent with the individual needs of the child.
 3. This procedure applies to placements from this state to another state as well as to placements of children into specialized out-of-state facilities from out-of-state foster care or relative placements when the department no longer considers the home from which the child has been removed to be the child's permanent placement.
2. Procedure
1. Placements in out-of-state programs with which CA has current contracts in the states of Idaho and Oregon require only approval of the Division of Children and Family Services (DCFS) Region which utilizes the contract with the particular program and the Interstate Compact on the Placement of Children (ICPC) program manager. See paragraph 3.f below. Current programs meeting this criterion are Northwest Children's Home, Lewiston, Idaho; Morrison Center, Portland, Oregon; and Janus, Portland, Oregon.
 2. CA does not pay educational costs of children, including those placed out-of-state. The school district in which child resides has the responsibility for these educational costs. If the social worker finds the school district reluctant to cover the educational costs, the social worker needs to consult with the worker's supervisor and area manager, as appropriate, as well as the regional group care coordinator, to develop a plan for obtaining school district support.
 1. If the proposed placement is due, in part, to the inability of the educational district of the child's current residence to meet the educational needs of the child, the school district should be involved in the planning for the placement and should agree to pay for the educational costs for the child in another district, including a district in another state.
 2. If the child's educational needs are being met in the child's residence school district, the school district is under no obligation to pay for the education of the child in another district. However, as the district may be expending large amounts to meet the child's educational needs, the district may be willing to help support the educational needs of the child in another district. It is the school district's decision to make.
 3. The procedure, for any out-of-state placement being considered, is:
 1. The social worker, at the earliest opportunity, must contact the school district in which the child is enrolled and ask for an Individual Education Plan (IEP) conference to discuss the benefits of the possible placement. If the child is not in special education

and the placement is not imminent, the social worker must ask that the child be made a "focus of concern," a federal term related to accessing federal special education dollars.

2. The social worker must invite the school district to participate in the placement planning process.
 3. In situations where there is an additional charge for educational services within the out-of-state facility, school districts have the ability to write a contract directly with the facility for these services. The district can then apply for federal funding by making the child a "focus of concern."
3. For children to be placed in non-currently contracted out-of-state programs, CA staff must meet the following requirements.
1. The social worker must consult with the regional group care coordinator to discuss the child's needs and options to meet those needs.
 2. The child's social worker must explore all reasonably available and appropriate placement options within this state that may be reasonably expected to meet the child's special needs. CA discourages out-of-state placement of children unless the child's needs can clearly be met only in the out-of-state placement. The social worker must consult with and advise the Juvenile Court and the child's guardian ad litem on the need for out-of-state placement, the proposed placement, and the plan for the child. In addition, the social worker must complete and document in the child's case file the following steps:
 1. Use of a team process to identify child and family needs, including names of participants and dates of meetings or consultations;
 2. Development of a plan to meet identified family and child needs;
 3. Exploration of non-traditional, alternative ways of meeting the child's needs; identification of barriers to these options;
 4. Assessment of relationship of the proposed placement to the child's permanency plan;
 5. Preparation of a description of the behavioral goals to be achieved through this placement;
 6. Determination of anticipated length of stay in out-of-state placement; and
 7. Development of a preliminary discharge plan which includes a description of how supports will be developed so that the child can be returned to the community quickly and which relates to barriers previously identified.
 3. The regional group care coordinator must consult with the CA Residential Care Program Manager to explore all options that may be available within the state before proceeding to place the child out-of-state.
 1. This consultation must occur prior to submission of the written request described in subparagraph d below to the Regional Administrator for the out-of-state placement.

2. The program manager can provide technical assistance or facilitation of meetings as requested and explore with the group care coordinator goals of the out-of-state placement and discharge planning.
4. The child's social worker must document, in writing using an Exception to Policy (ETP) form, the need for out-of-state placement, efforts to locate a suitable in-state placement, how the placement will further the permanent plan, a description of the specific facilities considered, the reasons for their rejection, the planned length of out-of-state placement, and the plan for return of the child to this state.
5. The Regional Administrator or designee must sign the ETP form to approve the placement, and the social worker files the signed form in the child's record.
6. For all out-of-state placements, CA staff must comply with the requirements of the Interstate Compact on the Placement of Children (ICPC) and the CA Practices and Procedures Guide, chapter 4000, section 4533, Rehabilitative Treatment Services. For those placements in Oregon and Idaho facilities with which CA has contracts, the social worker needs only to complete the CAMIS/ICPC page or an Interstate Compact Placement Request, DSHS 15-092, and fax it to the headquarters ICPC program manager at (360) 902-7903 for ICPC approval.
7. The Regional Administrator or designee may authorize an out-of-state placement only in a facility within 100 miles of the home from which the child is being placed, with the exception of a currently contracted program. The CA Assistant Secretary, or designee, must approve any out-of-state placement where the placement treatment facility is located more than 100 miles from the child's home and is not a currently contracted facility or program.
8. The Regional Administrator, or designee, as applicable, may approve out-of-state placement of a child only when:
 1. The placement is consistent with the child's permanent plan;
 2. Necessary services to meet the child's special needs are unavailable within this state;
 3. Appropriate services are offered in closest proximity to the family resource;
 4. There is a plan to return the child to this state within a limited period of time, unless the plan is to achieve proximity to the child's permanent planning family.
 5. Placement is in a facility licensed in accordance with the rules of the state in which the facility operates; and
 6. The child placed under a dependency or CHINS order is not placed in an out-of-state locked facility.
9. The assigned CA social worker does not require Regional Administrator approval for placements of children into specialized out-of-state facilities from out-of-state foster care or relative placements when the department

continues to consider the home from which the child has been removed to be the child's permanent placement.

10. When the state of Washington pays for services, the regional contracts coordinator or other regional staff assigned by the Regional Administrator must negotiate a written child-specific purchase of service agreement between the department and the facility. This agreement must conform to form, content, and approval required by the CA Division of Management Services.

4267. Removal Of Children From Licensed Care

42671. Purpose

The purpose is to provide guidelines for Children's Administration (CA) Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR) staff involved in the placement and removal of children from licensed or certified care. Such care may be provided by DLR licensed facilities, private child care agencies, and tribal social service agencies. However, CA does not remove children in the custody of Tribes or private agency.

42672. Policy

1. DLR has the responsibility to investigate all allegations of child abuse and neglect (CA/N) in DSHS licensed, certified, and state operated care facilities for children. DLR also must ensure the immediate safety of alleged child victims and other children in the home or facility in the course of any investigation. DLR has the responsibility to make licensing decisions.
2. RCW 26.44.056 and RCW 13.34.050 provide that a child may be removed from a biological parent, adoptive parent, or legal guardian when CPS or law enforcement determines that the child would be at risk of imminent harm or danger if left with the parent. Only law enforcement may remove a child from a biological or adoptive parent or legal guardian or custodian without a court order.
3. The standard that must be met before a foster child can be removed from foster care is lower than that for removal from the child's parent or guardian. RCW 74.13.300 states the standard for removal from foster care by providing that removal may occur if the foster child's safety is in jeopardy. The term **child's safety is in jeopardy** is a lower standard than the imminent harm standard. RCW 74.15.010, the intent section for the licensing statute, clarifies this standard.
4. For children placed through a tribal child placing agency, CA must consult with the Tribe's social service program when undertaking the steps for removal of children under this policy. Such actions must be consistent with the requirements of the federal Indian Child Welfare Act (ICWA), 25 U. S. C. 1901, et. seq., and the CA Indian Child Welfare Manual. CA may not remove a child in the custody of the Tribe.

5. RCW 13.34.236 requires that a dependency guardian meet the minimum requirements to care for children as provided in RCW 74.15.030.

42673. Procedures

1. If the investigating social worker determines that a child is at imminent risk or the child's safety is in jeopardy, CA staff will follow the steps below:
 1. The DLR/CPS supervisor will make a recommendation to the appropriate DCFS supervisor so that DCFS staff can act to protect the children at risk.
 2. DLR/CPS will consider whether a safety plan to enable the child to remain in the placement is appropriate.
 3. The two divisions must make every effort to resolve any differences of opinion regarding the assessment of risk.
 4. If DLR and DCFS staff are unable to resolve differences of opinion and DLR/CPS still believes that the child or children are at risk and need to be removed, the DLR/CPS Section Manager makes the final decision regarding initial assessment of risk.
2. DLR/CPS staff must inform the licensed or certified person or agency of the investigation findings. DCFS staff, who are responsible for the child in the placement, must inform the care provider of the need to remove the child, unless DLR staff has agreed, on an individual basis, to inform the provider.
3. DLR and DCFS staff will coordinate and cooperate regarding the removal of the children to ensure that the removal is in accordance with CA policy and procedures. DLR/CPS staff may assist in the transport of children if this is the agreed upon plan with DCFS.
4. If, in the course of a CPS or licensing investigation, OFCL staff determine that DLR will revoke the license and DCFS, child placing agency, or tribal-supervised children in the custody of CA (foster care, guardianship, pre-adopt) are present in the home, DLR and DCFS staff will take the following steps:
 1. The DLR Regional Manager will notify the DCFS Regional Administrator (or designee) and the private agency or tribal social service agency, when applicable. The DLR Regional Manager will convene a staffing to include ALL parties. The focus will be to review the issues and concerns AND to discuss the dual mandates of safety and permanency.
 2. If DCFS, the private agency, or the Tribe requests DLR to continue the license of a foster/group care provider after a finding of child abuse/neglect, the continuation must be within the Adoption and Safe Families Act (ASFA) guidelines.
 1. This provision covers only homes and facilities licensed or certified by CA; it does not include homes or facilities licensed by sovereign Tribes.
 2. DLR Regional Managers need to consult ASFA guidelines for corrective action plans and continuation of foster care licenses.
 3. The DCFS Regional Administrator or the applicable private agency or Tribe must initiate a request for a continuation of the foster care license, under a corrective action plan, and the DLR/OFCL Regional Manager must make a decision on the request before DLR takes any adverse licensing action.

4. If DCFS, or the private agency or Tribe and DLR still cannot reach agreement, the DCFS Regional Administrator or the designated representative of the private agency or Tribe and the Director of DLR must meet to discuss and resolve the situation, taking into consideration both safety and permanency.
5. All removals of children from foster care placements must comply with RCW 74.13.300. The foster parent has the right to request a review of the decision to move the child pursuant to RCW 74.13.045, the department's complaint resolution process.
6. The DCFS Regional Administrator and the Director of DLR must review the situation with the Assistant Secretary before DCFS staff process adoption consents and/or guardianship agreements if a child remains in a facility with founded CA/N or where OFCL believes revocation is indicated.

[Continue to sections 4300 - 4309](#)

4300. CASE PLANNING

This section contains procedures for case planning and case review. Legal mandates for case plans are included in the CA Case Services Policy Manual, chapter 4000. Details on requirements to comply with federal funding mandates are contained in the Operations Manual, chapter 11000.

4301. Shared Planning

1. Purpose

In order to make the most appropriate decisions regarding the safety, permanency and well-being of the children we serve, it is important that staff make use of a Shared Planning process.

1. The purpose of Shared Planning is to bring individuals together to share information, plan and inform decisions regarding children and families involved with Children's Administration (CA). Individuals participating in this process will have pertinent and relevant information, and/or the expertise to help make the most appropriate plans for child(ren)'s safety, permanency and well-being. Shared planning meeting participants may include, but are not limited to:
 - Parents;
 - Children (when appropriate according to the child's age and developmental capacity);
 - Other family members and relatives;
 - Peers;
 - Members of other units within a local office;
 - Foster parents or other caregivers;
 - Tribes;

- Local Indian Child Welfare Advisory Committee (LICWAC)
 - DSHS staff from other administrations;
 - Community members/partners involved in the case; and
 - Court Appointed Special Advocate (CASA)/Guardian Ad Litem (GAL)
 - Attorneys;
 - Others identified by the child/family.
2. Shared Planning involves input from other principals; however, if the child is in the temporary or permanent custody of CA, CA is ultimately responsible for the child's safety, permanency and well-being in conjunction with the court's approval and direction. CA will base any recommendations to the court on the best interest of the child, including safety, permanency and well-being and compliance with reasonable efforts mandates.
 3. Shared planning will be utilized at critical decision making points and time frames during the life of the case. This process provides opportunities for:
 1. Child(ren) and family input in planning
 2. Critical thinking via a comprehensive review and analysis of child and family strengths and needs, and other information;
 3. Creative problem solving;
 4. Shared responsibility for planning;
 5. Quality assurance;
 6. Increased communication with all parties affected by the plans and decisions;
 7. Consolidation of various staffings and meetings; and
 8. Addressing and supporting child safety, permanency and well-being.
2. Shared Planning Meetings

Participants will be invited to Shared Planning Meetings with 5 days advance notice when possible. For more emergent meetings, notice will be given to participants as soon as possible. Meetings that include the child should be arranged at a time and location that accommodates the child's schedule and comfort level, whenever possible.

Written reports shall be requested from any participants unable to attend. If the family, the child or caregiver are not present, their perspective shall be presented.

All shared planning meetings will address safety, permanency and well-being, and include a review of the tasks and activities associated with each of these elements. A shared planning meeting may include an update or full discussion of one or more of the tasks and activities.

The types and variety of meetings/staffings that may occur throughout the life of a case are numerous. The various "types" of meetings and the corresponding tasks/activities have been consolidated and are now called "Shared Planning Meetings."

Shared planning meetings will replace specific types of staffings (e.g. permanency planning staffings, aka prognostic staffings, case conferences, etc) and occur within the time frames outlined below. The shared planning meetings will include the three main

elements of Safety, Permanency and Well-being, and include any required participants (either by statute or policy) outlined in Section D below.

1. **Shared Planning Meeting Time Frames:**

Shared planning meetings occur at the following intervals:

0. **Within 72 hours from Original Placement Date (OPD)¹**
 - Where Family Team Decision-Making (FTDM) is available. If not available, the time frame will be within 30 days of OPD.
1. **Within 30 days from OPD**
 - If the 30 day shared planning meeting is used for the case conference under RCW 13.34.067, the following participants must be invited: AAG, parents, parents' attorneys, guardian ad litem/CASA and/or child's representative. A written service plan must be developed that defines the expectations of both CA and the parent regarding the voluntary services for the parent. (See Section D)
 - A permanency planning goal should be identified within 30 days OPD, but no later than 60 days OPD.
 - The initial ISSP should be developed within 30 days, but no later than 60 days OPD.
2. **Within 6 months (180 days) from OPD**
3. **Within 9 to 11 months from OPD**
4. **Every 12 months** thereafter until permanency is achieved or case closure.
5. If a shared planning meeting or other case staffing occurs within 30 days on either side of the above time frames, the social worker will have met the requirement for the respective shared planning meeting time frame.
6. **Other meetings²** may occur in different time frames, but if held within a 30 day window of a shared planning meeting, may be substituted or consolidated if the appropriate persons participate and the meeting addresses the required elements.
 - Adoption Planning Review
 - Behavioral Rehabilitative Services (BRS) Staffing
 - Case Conference (RCW 13.34.067)
 - CHET (Child Health and Education Tracking) Staffing
 - Family Meeting (FTDM, Family Support Meeting or Family Unity Meeting, Family Group Conference)
 - Foster Care Assessment Program Key Person Staffing (FCAP)
 - LICWAC Staffing
 - Mental Health/Substance Abuse Treatment Planning
 - Multiple Placement Staffing
 - Multi-Disciplinary Staffing for Youth Exiting Care (For youth 17.5 and older)
 - Permanency Planning Staffing (aka Prognostic Staffing)

- Tribal Staffing

2. Elements of Shared Planning Meetings

Throughout the life of a case, particularly in out of home placement cases, CA responsibilities fall in three main areas: Safety, Permanency and Well-being, regardless of case file possession, (e.g. CPS or CWS). Specific tasks/activities pertaining to each element are listed below.

Safety

- Review assessments related to safety
- Develop and/or update safety plan or transition and safety plan
- Develop and/or update appropriate ISSP sections, as needed
- Identify/discuss community supports
- Identify/discuss family supports

Permanency

- Identify/discuss placement planning for permanency and stability
- Initiate/discuss status of relative search/relative home study
- Identify/discuss status of Tribal affiliation
- Identify/discuss ways to maintain community and cultural connections
- Review assessments for strengths and challenges to timely permanence
- Identify/update permanency planning goals and progress, including barriers to reunification and discuss compelling reasons for alternate permanency plans
- Discuss referral for TPR petitions or identify/discuss compelling reasons not to file
- Identify action to support concurrent planning
- Discuss option of adoption with current caregiver
- Develop and/or update appropriate ISSP sections, as needed
- Identify/discuss services and referrals needed to eliminate need for agency involvement
- Develop and/or update visiting plans, including sibling visits
- Discuss whether siblings are placed together and consideration of placement together
- Complete Adoption Planning Review form (if appropriate)

Well-being

- Identify, address, and document the mental health, physical health and educational well-being of child, including services needed to support healthy development
- Review and/or assign roles and responsibilities for child's education
- Gather/review/update medical information

- Review any services that need to be considered as a result of the CHET screening or consultation with the PHN
- Discuss/review Independent Living Services and transition plans
- Develop and/or update appropriate ISSP sections, as needed
- Develop an alternative plan for assessment, treatment and services, if child has been denied mental health or substance abuse services.

3. **Documentation of Shared Planning Meetings**

1. Recommendations, assignments and dates will be documented on the shared planning meeting form (DSHS14-474) The ISSP or written service plan will be updated as necessary.
2. Provide licensed foster parents and relative caregivers with the results and recommendations of all of the department's screenings and assessments concerning the child, within 5 business days of completion. This includes but is not limited to the Foster Care Assessment Program (FCAP) assessment and any recommendations from the Shared Planning Meeting addressing the CHET screening results.
3. Document only the date of completed shared planning meetings in SER's utilizing a staffing code for "Staffing-Other" or "Staffing-Prognostic/Pre-Passport/Permanency/Adoption" and refer to the written shared planning form in the text of the SER, per CAMIS policy 152253 (Operations Manual).
4. Any shared planning meeting may also be utilized as a monthly social worker visit with the parent, child or caregiver if the majority of monthly social worker visits are in the home where the child resides.

4. **Quick Reference to Staffings**

The following is a list of staffings designated in current policy and/or statute that ideally would be incorporated into the above timeframes for shared planning meetings. As long as the required time-frames can be met (within 30 days on either side of the time frame) and the purpose and participants of the staffing listed below are included, this consolidation will help reduce the number of meetings/staffings.

1. **Adoption Planning Review (CA Practices and Procedures Guide 4690, 4691, 4692)**
 0. **Time-frame:** 1st review occurs within 30 days of the referral to Assistant Attorney General (AAG) for Termination of Parental Rights (TPR) petition. The 2nd review occurs within no less than 30 days of the order of TPR.
 1. **Purpose:** To explore all possible permanency resources, to determine whether adoption or another permanent planning outcome is in the continuing best interest of the child, and to expedite and implement a permanency plan.
 2. **Participants:** Assigned social worker, Adoption Supervisor or Program Manager, GAL/CASA, LICWAC or Tribal worker, if the child is identified as Native American.
2. **Behavior Rehabilitative Services (BRS) Staffing (CA Practice and Procedures 4533)**

0. **Time-frame:** 30-days after entry into BRS and 30-days prior to planned discharge from BRS.
 1. **Purpose:** Case planning and family meeting
 2. **Participants:** Youth, family members, youth identified advocate; other youth identified significant persons, social worker, tribal member (if appropriate).
3. **Case Conference (RCW 13.34.067)**
0. **Time-frame:** Following shelter care hearings and up to 30 days prior to fact-finding if the parent attends the shelter care hearing and agrees to participate in case conference or requests the case conference.
 1. **Purpose:** To develop a written service agreement outlining services to be provided to the parent and addresses findings at the shelter care hearing.
 2. **Participants:** Social worker, social work supervisor (when indicated), AAG, parent, parents' attorneys, guardian ad litem/CASA, other professionals who play a significant role with the family.
4. **CHET (Child Health and Education Tracking) (74.14A.050)**
0. **Time-frame:** screening within **30-days** of placement for children under the department's legal jurisdiction and who are expected to remain in care beyond 30-days. If further comprehensive mental health assessment is needed, the assessment must occur within **45 calendar days** of the child entering care. Other assessments and service delivery must occur within **90-days** of placement to address any issues identified in the screening process or issues identified by a public health nurse or other referral source.
 1. **Purpose:** To identify, address and document the physical health, developmental, emotional/behavioral, education and connections for a child, and identify services to support healthy development.
 2. **Participants:** Assigned social worker, CHET specialist, child (12 and above), child's parent(s), caregivers or other service providers. Private agencies may be included depending on the privacy agency agreement.
 3. **Additional staffing requirement:** when a child is denied mental health or substance abuse assessment/treatment services by a provider.
5. **Family Meeting (RCW 74.13)**
0. **Time-frame:** On-going.
 1. **Purpose:** To establish a plan that provides for the safety, permanency and well-being needs of the child through engaging families in the decision-making process. Family meetings are meant to improve outcomes for children, provide family-focused intervention, facilitated by professional staff, and build and strengthen the natural care giving system for the child.
 2. **Participants:** Social worker, supervisor, biological parent(s), extended family, other parental supports, resource families, service providers, community representatives.

There are different types of family meetings, all of which meet (and may exceed) the above description. These family meetings include:

- Family Team Decision Making - An FTDM meeting brings together families and others who are connected with the family when there are serious safety risks to a child that could result in out-of-home placement or when there is a placement disruption. FTDMs are collaborative, time-limited (1-1/2-2 hours), facilitated and structured meetings that can occur within 24-72 hours after the request is made. These are mandatory meetings in those areas where Family to Family is in place.
- Family Support Meeting or Family Unity Meeting (FSM or FUM) - FSM/FUM meetings are similar to FTDM in that they are collaborative, time-limited (2-2-1/2 hours), structured and facilitated meetings that involve family members and others involved with the family. However, FSM/FUM's are voluntary and placement is not necessarily the main focus of the meeting. (Example: CPS investigation is completed; the children will not be removed from home, the FSM/FUM is convened to ensure community and family services and supports are in place when the CPS case is closed).
- Family Group Conference (FGC) - A Family Group Conference is a day-long structured and facilitated meeting that allows parents and extended family to assume a decision-making role and take responsibility for developing a plan that will ensure for the safety and protection of their children. FGCs are voluntary and held only if the parents agree. After the SW and invited professionals explain what is happening with the child, the family has the opportunity to meet privately to come up with a plan.

6. **Foster Care Assessment Program (FCAP) Key Person Staffing**

0. **Time-frame:** After the final report (SPAR-Services and Permanency Assessment Report) is received by the social worker, per contract.
1. **Purpose:** to organize and mobilize key persons in the child's life to review the child's needs and initiate necessary actions to address permanency, mental health, and physical health issues.
2. **Participants:** may include caregiver, child, parent, therapist, teacher, relative or any other person who has an involvement in the child's life.

7. **Local Indian Child Welfare Advisory Committee (LICWAC) (CA policy 99-02 & 00- 01 and RCW 74.13.080)**

0. **Time-frame:** As determined by LICWAC, prior to in-court permanency planning reviews and at least every six months.
1. **Purpose:** When the child's tribe is not available for consultation and case plan development. Cases must be staffed with LICWAC under these conditions:
 - The tribe has failed to respond within 10 days to a written request for involvement or,

- The tribe has requested and defined what they would like LICWAC to do on their behalf
 - The child is an un-enrolled Indian and not eligible for tribal membership and/or enrollment, or
 - The case requires a CPT meeting, and no tribal/Bureau of Indian Affairs (BIA) is available, or
 - The case requires an administrative review, or
 - The tribe has indicated they do not want to be actively involved in the case, or
 - There is reason to believe a child may be Indian but membership has not been verified.
2. **Participants:** LICWAC members identified in each region (RCW 13.70.150; WAC 388-70-610)
8. **Mental Health/Substance Abuse Treatment Planning**
0. **Time-frame:** Upon receipt of a Notice of Action or Notice of Determination from the Regional Support Network, if the child has been denied an intake assessment or service.
1. **Purpose:** To develop alternative plans for assessment, treatment and services for child who did not meet the Access to Care Standards through the RSN.
2. **Participants:** Birth parents, foster parents, extended family, pre-adoptive parent, tribal representatives (when applicable) and children's representatives except when expressly limited by existing state law or a child's lawful assertion of confidentiality. Such exceptions must be documented in the ISSP.
9. **Multi-Disciplinary Staffings for Youth Exiting Care (For youth age 17.5)**
0. **Time frame:** 6 Months prior to a child turning 18 years old.
1. **Purpose:** To address transitional planning for youth after foster care with other agencies and resources. Provides opportunity to complete the Multi-Disciplinary Staffing checklist and to inform the youth of how to access their records and how long CA retains the records.
2. **Participants:** Social worker (CA), CSO social worker, DDD social worker, mental health provider, transitional living providers, other community partners, youth, family members, youth identified advocate, other youth identified significant persons, tribal worker.
10. **Multiple Placement Staffing**
0. **Time frame:** At the point the child experiences three or more placements.
1. **Purpose:** To develop an intensive case plan to improve placement stability.
2. **Participants:** Social worker, supervisor, biological parent(s), child, GAL/CASA, extended family, other supports identified by the child, resource/ caregiver family, service providers, community representatives.
11. **Permanency Planning Staffing (RCW 13.34.145) aka prognostic staffing**

0. **Time-frame:** No later than 60 days OPD (proposed) and periodically prior to all permanency planning hearings, until permanency planning goal is achieved.
 1. **Purpose:** To identify a permanency planning goal that will either return the child home to the parent or develop a permanent plan for:
 - Placement with guardian or legal custodian,
 - Adoption placement,
 - Guardianship or third party custody
 2. **Participants:** Child's social worker, social work supervisor, supervisor, or designee of the adoption unit; invitees: treatment providers, other professionals who play a significant role with the family, individuals with responsibilities identified in the safety plan, the family, resource family, child, if over 12 years of age, GAL/CASA, and foster home licensor.
12. **Tribal Staffing (ICWA and ICW Manual)**
0. **Time frame:** As requested by the Tribe per ICW manual.
 1. **Purpose:** To ensure Tribal participation in all aspects of case planning and to ensure the ICWA is followed, etc.
 2. **Participants:** Tribal social worker or tribal designee, CA social worker, child, parents, relatives, treatment providers, other professionals who play a significant role with the family, individuals with responsibilities identified in the safety plan, resource family, CASA/GAL.

4302. Participants in Case Planning

43021. Social Worker Role

1. Social workers have primary responsibility to coordinate the case planning efforts of all persons working on behalf of the child. This includes helping to develop goals and the means to their achievement with the parents in order to strengthen the family.
2. Information Sharing-Either prior to or soon after placement, the social worker must have a candid discussion with the care providers to inform them of the following:
 1. The reasons for the placement.
 2. Full disclosure of the child's needs and characteristics.
 3. The agency plan for the child's parents, relatives, and the care providers.
 4. The legal process.
 5. The child's right to have reasonable access to uncensored communication (i.e. private telephone calls, uncensored mail) with parents, relatives, and others. Exceptions to the rights result if court orders or service plans restrict the child's contact with certain people for their safety or the safety of others, or for the child's well-being.
3. The social worker must give the foster care provider/agency information and resources, within available funding, to assist with the stability of the placement and to meet the needs of the child.
4. The social worker works with the placement family/agency and with the other professionals involved in the case to support the permanent plan for the child.

5. See the Case Services Policy Manual, chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.

43022. Parent Involvement

1. Whenever possible, the social worker involves the child's parents in the decision to place their child prior to removing the child from his/her home.
 1. Except when the child's health, safety, or welfare might be compromised, the social worker must attempt to involve the child's parent(s) in the placement choice and must document this effort in the SER.
 2. Whenever a child is placed in out-of-home care on a non-voluntary basis by a Child Protective Services (CPS) worker as a result of a court order or a law enforcement transfer of custody, the social worker must provide to the parents the Parent's Guide to Child Protective Services and have the parent(s) sign a Temporary Custody Notification, DSHS 09-731.
2. The social worker solicits the parents' active participation in the development of an Individual Service and Safety Plan (ISSP) to obtain expedient remediation of risk factors to facilitate the child's timely return home. Social workers are encouraged to develop the ISSP in a family in-person conference. All parents whose locations are known must be provided with a copy of the ISSP.
3. The parents and/or the parents' attorney may request an initial case conference following the shelter care hearings and up to 25 days prior to fact-finding. The purpose of the conference shall be the development of a written service agreement that addresses the findings at the shelter care hearing. The written agreement shall be incorporated into the ISSP and reviewed by the court on a regular basis. Parties to be invited to the case conference include:
 1. Social worker
 2. Social work supervisor (when indicated)
 3. AAG
 4. Parent
 5. Parents' attorney
 6. Guardian Ad Litem
 7. Other professionals who play a significant role with the family
4. A case conference requested by the parent shall be convened by the parent and/or parent's attorney and facilitated by the department. The conference may be a multi-disciplinary team staffing, a family group conference, a prognostic staffing, or a case conference.
5. The parent and/or parent's attorney may request a case conference or staffing at any point in the dependency.
6. The case conference may be used to meet other staffing requirements, as appropriate and if the timeline requirements are consistent with the scheduled conference.
7. Following placement, the social worker informs the parent(s), whose location is known, of all illnesses and injuries requiring medical treatment while the child is in out-of-home care, with notice of any serious injury or illness requiring hospitalization within 24 hours following its occurrence.

8. The social worker does not have authority to approve a child in placement's participation in driver's education or to obtain a driver's license. The parent(s) or court must give formal approval.

43023. Out-of-Home Care Provider

1. Out-of-home care providers are responsible for the protection, daily care, and nurturance of the child in placement. A primary function of the providers is to assure the health and safety of child.
2. Out-of-home care providers are members of the child's treatment team, and the social worker shall invite the provider to participate in the development of the service plan for the child and his/her family, assist in family visitation and monitoring, and model effective parenting behavior for the family.
 1. The child's social worker will discuss the monitoring of the child's contact with parents and relatives with the out-of-home care provider and ensure that the child's right to privacy regarding private telephone calls and uncensored mail is maintained. If there are identified barriers in court orders or the service plan the privacy right will not be honored.
 2. The child's social worker shall invite the out-of-home care provider to participate in prognostic and other staffings.
 3. See the CA Case Services Policy Manual, chapter 5000, section 5760, regarding placement provider participation in court hearings. Therapeutic foster care and group/rehabilitative care providers are responsible for additional therapeutic service as defined in their contracts with the department.
3. Care providers, because of their day-to-day contact and care of the child, have valuable input about the child's behavior, school and medical status, response to parental visits, and growth and development. Care providers have a responsibility to record and share that information with the social worker or other agency/ community staff working on behalf of the child; i.e., schools, therapists, and SSI facilitators.

43024. Extended Family/Supportive Network

Whether or not a child is placed with relatives, the social worker encourages the parents to build upon the strengths found in their extended family and includes those individuals in case planning.

43025. Indian Tribes/Bands

Indian Tribes/bands have a substantial legal and social interest in those children who are members/eligible for membership in the Tribe/band. In cases involving Native American children, the child's Tribe/band is a primary resource for identifying appropriate placement options and for service plan development/implementation. See the CA ICW Manual for specific instructions.

43026. Other Professionals

Professional members of the medical, educational, tribal, social services, and legal community work in accordance with the ISSP to provide services that support the child and his/her family moving toward permanency. These professionals may share their recommendations with the social worker through written reports or network staffing.

43027. Child

Many children who enter the child welfare system are willing and able to participate in the ISSP by sharing their needs, feelings, and goals. Although the child is not always in a decision-making position, the social worker listens, acknowledges, and responds to the child. The social worker must make special efforts to involve adolescent children in planning. The social worker must provide a copy of the ISSP to the child, if age 12 or older, upon completion and at each point of update.

4302A. Educational Planning, Monitoring and Documentation

Ongoing educational planning, monitoring, documentation and tracking of children's educational progress are vital to support school success for all children in the care or custody of Children's Administration (CA). The social worker has the primary responsibility to ensure the educational needs of these children/ youth are met.

Documentation of educational information, tasks and activities should occur:

1. When the child/youth is initially placed or moved to a new placement
2. After shared planning meetings and school conferences
3. When completing or updating the child/ youth's Individual Service and Safety Plan (ISSP)
4. Anytime the child/ youth's educational status changes (examples: change in school, achievement level)

Ongoing documentation should be entered into CAMIS/SACWIS in SERs, and health and education screens. Report cards, copies of certificates and other similar records should be placed into the child/youth's case file.

1. Initial Child Placement or Placement Change

At initial placement or placement change the assigned CA social worker will:

1. Attempt to place child/youth in the same school or as close as possible whenever practical and in the best interest of the child as required by RCW 74.13.550. See

CA Practices and Procedure Manual, Chapter 4000, section [4262](#)- Specific Placements

2. Ensure that the child/youth is enrolled and attending school within three school days of placement. Exceptions in the child's best interest need to be approved by the Area Administrator.
 3. Notify both existing and new school of placement or placement changes.
 4. Ensure that the assigned social worker's contact information is on the enrollment form in addition to the caregiver's so that school report cards and other information are sent to the assigned social worker for review and inclusion in the case file.
 5. Request updated schools records when there is a change in schools when the child/youth changes placement.
 6. Document all educational information on the Child Information Form (DSHS Form 15-300) within the first 24 to 72 hours after placement. See CA Practices and Procedure Manual, Chapter 4000, section [43092](#). Child Health and Education Tracking
2. Shared Planning Meetings or Educational Meetings

See CA Practice and Procedure Manual Chapter 400, section [4301](#)

The assigned social worker will:

1. Schedule shared planning meetings preferably during non-school hours so child/youth can attend the meeting and invite appropriate school staff.
 2. Review the Child Health and Education (CHET) screening report at the 30 day Shared Planning Meeting.
 3. Discuss and assign education related roles and responsibilities.
3. ISSP Development

See CA Practice and Procedure Manual Chapter 4000, Section [43091](#)

Each child in out-of-home placement must have a long range educational plan included in the ISSP.

The assigned social worker will:

1. Review and document the child/youth's education status including their strengths.
2. Record education roles and responsibilities as assigned at the shared planning meetings.
3. Identify any needed supports or services (e.g. tutoring, evaluations, therapy). Describe supports or services that are helping the child/youth perform better in school.
4. If applicable, review and attach the IEP/IFSP/504 plan.
5. If education or academic concerns are noted, request the school complete a thorough assessment and provide appropriate intervention and support services.

6. Document any physical, emotional, or behavioral health issues that impair the child/youth's ability to learn, interact appropriately, or attend school regularly and develop a plan to address these issues.
7. Support the child/youth's participation in extra-curricular activities.
4. Providing Support to Caregivers, Children and Youth Regarding Academic Success

The assigned social worker will:

1. Provide caregiver with copies of necessary school records such as IEP or 504 Plans. See CA Practices and Procedure Manual, Chapter 4000, Section [4413](#), Information Sharing
2. Provide ongoing case management, which includes identification of needs, coordination of services, referrals based on the identified needs of the child, and tracking any necessary follow-up to ensure timely achievement of educational and developmental milestones. See CA Practices and Procedure Manual, Chapter 4000, Section [43092](#), Child Health and Education Tracking
3. Make a referral to the Child Find program or to the local school district for an assessment when there is a developmental concern for a child/ youth ages three to eighteen.
4. Make a referral to an Infant and Toddler Early Intervention Program (ITEIP) Lead Family Resource Coordinator where the child resides, when there is a developmental concern noted in a child birth to three years old. See CA Practices and Procedure Manual, chapter 4000, section [4224](#) (F).
5. Provide early learning information to families with children birth to five years old; making a referral to a high-quality early learning or preschool program (Head Start/ECEAP or most appropriate) for children ages three to five.
6. Provide referrals to the Education Advocacy Program when education concerns are identified and cannot be resolved.
7. Facilitate planning for post-secondary education. See CA Practices and Procedure Manual Chapter 4000 section [43102](#) and [43103](#)
8. Provide copies of all education records in CA's possession to a foster youth when the youth turns 18 years of age.
9. Work with caregivers to identify funding sources to support the child/ youth's participation in extra-curricular and academic support activities. See CA Practices and Procedure Manual Chapter 4000 section [43102](#) and [43103](#)

4303. Case Plans

1. The social worker prepares a written case plan for each case open for services after assessment. All case plans require:
 1. A statement of specific behaviors or risk factors the case plan is to address.
 2. Specific services to address those behaviors and/or risk factors.
 3. Screening results and action plans to meet the child's needs.
 4. Expected outcomes, including a projected date of completion of the permanent plan.
 5. Estimated duration of the service plan, not to exceed six months.

2. Cases involving out-of-home placement require completion of the ISSP, form DSHS 15-209(X) The ISSP shall be completed no later than 60 days from a child's removal from his/her home and placement into out-of-home care to meet Federal Case Plan Requirements. For all children 16 and over, the social worker must include a plan for developing the child's independent living skills.
 1. ISSP for children in care for 60 days need to include screening results and action plans concerning the child, which addresses the child's multiple needs.
 2. For all children 16 and over, the social worker must include a plan for developing the child's independent living skills.

4304. Scope of Reasonable Efforts

The Adoption and Safe Families Act requires that reasonable efforts be made to prevent placement of a child in out-of-home care and reasonable effort be made to achieve timely permanency for a child who is placed in out-of-home care. For children protected under the Indian Child Welfare Act (ICWA), active efforts must be made. (See Indian Child Welfare Manual, Chapters 5 and 14 for detailed information.)

1. Unless the child is at risk of imminent harm, the social worker is expected to make the following reasonable efforts to prevent placement:
 1. A determination of what services would assist the family in addressing issues identified in the assessment with the involvement of the parent in determining those services.
 2. Develop a written service plan with the parent with specific time-lines for demonstration of the parent's progress and specific behavioral indicators of that progress toward alleviating parental behaviors that contribute to the safety concerns and risks for the child.
 3. Consider the following in developing the service plan:
 - Cultural issues
 - Availability of planning and services offered in the native language and culture of the family
 - Distance of the family from services and transportation available
 - Financial ability to pay for services on the part of both Children's Administration and the family.
 4. Regular review of parent-agency service plans. The review of the service should include progress made, changes needed in the plan, resistance to the service plan and alternative approaches such as court action that may be needed.
2. If, due to the risk of imminent harm to the child, it is not feasible for the social worker to make the above reasonable efforts prior to placement, the social worker is expected to offer services to the family, as provided in section 43051, in an attempt to eliminate the need for placement, with focus on the parenting issues that prevent the child's safe return home, unless aggravated circumstances exist.
3. In addition to making reasonable efforts to prevent out-of-home placement, the social worker is expected to make reasonable efforts to achieve timely permanency for the child if out-of-home placement becomes necessary.
4. Reasonable efforts to return the child home continue until the court has:

1. Terminated parental rights;
2. Determined aggravated circumstance exist excusing the department from providing reasonable efforts;
3. Established a guardianship or entered a third party custody order; or
4. Determined that a long term care agreement is in the child's best interest and a written agreement has been signed by the caregiver, CA, the parents and the child.

4305. Permanency Planning

Permanency Planning is goal-directed case planning to provide a child with a safe, stable environment in which to grow up while in the care of a nurturing caregiver, who will maintain a life-long relationship with the child. Permanency for each child must be achieved at the earliest possible date.

1. Permanency planning begins when work begins with the child and family and involves working concurrently to achieve timely permanency whether to reunify the child with the family or another permanent placement.
2. CA social workers must meet the timelines in this section when determining and implementing a permanency plan for a child when return to the parents has not occurred by the ninth month of placement. This requirement affects all children in out-of-home care, regardless of the legal basis for the placement (dependency, CHINS, voluntary placement agreement), or the age of the child.

42 U.S.C. 672 THROUGH 679; RCW 13.34.030 THROUGH 13.34.180

3. The social worker must identify and initiate actions to implement an alternate, concurrent plan to achieve the child's permanency and stability. Unless otherwise ordered by the court, the social worker's attempts to achieve the primary or alternate plan must not prevent reunification efforts when the parents are involved.
 1. In the Individual Service and Safety Plan (ISSP)/Case Plan submitted to the court for permanency planning hearings, or for dependency dispositional hearing when aggravated circumstances exist, the social worker must declare a primary or alternate permanency planning goal other than reunification with the legal parent(s).
 2. If reunification with a parent is expected to occur within three months, the social worker need not meet this requirement.
4. If the child is legally free for adoption, and the social worker has not yet identified a permanent placement resource, efforts, at minimum, include registering the child with the Washington Adoption Resource Exchange (WARE) and Northwest Adoption Exchange (NWAE).
5. Adoptions are required to be finalized by the 24 months of out-of-home placement, unless an appeal of a termination order is pending.

6. CA may not delay or deny placements of children with adoptive parents due to the location of the adoptive family in a different office or state jurisdiction.

43051. Reasonable Efforts to Return a Child Home

1. Scope of Reasonable Efforts
Following placement of the child in out-of-home care, the social worker must offer reunification/preventive services to the family to try to eliminate the need for placement. See section 4304 above for the overall scope of reasonable efforts.
2. Safety Assessment and Safety Plan
 1. The social worker must complete a Safety Assessment and Safety Plan prior to the reunification when:
 - A child is reunified with a parent following placement in out-of-home care due to abuse or neglect
 - The placement is less than 60 days in duration.
 2. The supervisor must review the Safety Assessment and Safety Plan as part of the decision-making process to reunify the child with his/her family.
3. Reunification Assessment
 1. The social worker must complete a Reunification Assessment, on *all dependent* children in care longer than 60 days due to child abuse or neglect, prior to making a reunification decision and before:
 1. All court review hearings where reunification is identified as the permanent plan.
 2. Any overnight visitation with the parent occurs.
 2. The social worker must document the decision to reunify in the Reunification Assessment, including why reunification is the case plan.
4. Transition and Safety Plan
 1. The social worker must complete a Transition and Safety Plan for *all dependent* children in care longer than 60 days due to child abuse or neglect, using the results of the Reunification Assessment when:
 - Reunification is indicated

or

 - Reunification is ordered by the court.
 2. The Transition and Safety Plan must be completed prior to transitioning a child to the parent, unless the Court orders a child returned to a parent immediately.

If the Court orders the child returned immediately, the Transition and Safety Plan must be completed as soon as possible after reunification is accomplished.
3. All Transition and Safety Plans must include:
 - Any ongoing services that will be provided
 - A plan for monitoring the child's well being.
5. Reasonable Efforts to Reunify

The social worker's reasonable efforts to reunify a family must include:

1. Scheduling visitation* between parent and child, taking into account the child's developmental level and the child's need to maintain or form an attachment. (**Unless visitation is harmful to the child or prohibited by the court*).
 2. Offering services that are geographically accessible to the family.
 3. Offering services that are responsive to the family's cultural background and native language.
 4. Placing the child as close to the family home as possible, while still meeting the needs of the child.
 5. Considering the parent's wishes and opinions in the development of all case plans.
 6. Offering services related to identified risks and needs.
 7. Identifying clear timeframes for the completion of services.
 8. Documenting progress of court ordered services in the case plan.
 9. Following a schedule for timely monitoring and reviews of case plans (at least every six months) by courts, citizen review boards, and administrative review boards as required by state and federal law.
 10. Documenting efforts to provide services and the outcomes of those services in the case plan.
 11. Reassessing families at least every six months to evaluate the risk to the child if the child were returned home.
 12. Referring the child's case to the SSI facilitator to review for possible application and benefits.
 13. Completing a CAMIS records check, DSHS criminal background check and out-of-state CA/N registry check for anyone living in another state during the past 5 years.
 14. Notify the parent with whom the child is being placed that he/she must notify CA of all persons residing in the home who may act as a caregiver for the child both prior to and following the child's return home.
 15. Identifying caregivers for the child and assessing caregivers for services.
6. The Reunification Assessment must include a written narrative or a report that provides information in the following general areas:
1. **Parental Empathy and Emotional Capacity**

Examples may include:

- The parent's emotional and psychological preparedness for the child's return home and current stressors;
- The parent's empathy for the child's feeling of grief and loss;
- Any parental ambivalence regarding reunification;
- Contacts between parent and child to maintain parental responsibilities, family connections, and cultural and community connections. These may include:
 - Medical appointments
 - Therapy sessions

- School activities
- Other appropriate activities
- A description of risk and protective factors within the family since the child was removed and how they may impact reunification (e.g. pregnancy, job loss, change of residence).

2. **Attachment**

Examples may include:

- The attachment between the child and the caregivers.
- Any issues of grief and loss for the child and caregiver at the time of separation.

3. **Developmental and Safety Concerns of Child**

Examples may include:

- The developmental stage of the child when he/she entered care and when he/she returns home.
- A review of the reason the child came into care, initial risks to the child and the safety threats at the beginning of placement.
- The length of stay in placement.

4. **Family Support System and Cultural Needs**

Examples may include:

- Description of the natural support system available to the family and whether or not the support system is adequate.
- The child's cultural needs, including language, food, and family traditions.

7. The decision to reunify must be documented in the file and in the ISSP. Reasons why reunification is the case plan must be included and supported by the results of the reunification assessment.

43051A. Trial Return Home Policy

1. The purpose of a trial return home period is to:
 1. See that the safety and well-being needs of the child are met when the child transitions home
 2. Support the parents and child in their efforts to achieve a successful reunification.

Reunification and trial return home services are provided in two phases:

3. **Prior** to making a decision about returning a child home, preliminary work by the social worker must be completed, this includes:

1. Completing the Reunification Assessment
2. Completing the Transition and Safety Plan
3. Monitoring parent-child visitation (increasing in frequency and length)
4. Completing a CAMIS records check, DSHS criminal background check and out-of-state CA/N registry check for anyone living in another state during the past 5 years.
5. Notify the parent with whom the child is being placed that he/she must notify CA of all persons residing in the home who may act as a caregiver for the child both prior to and following the child's return home.
6. Identifying caregivers for the child and assessing caregivers for services.

This assessment and the services provided are used by the social worker to determine if reunification is appropriate.

4. **After** the child is placed in the parent home under a trial return home, services include, but are not limited to:
 1. Monthly visits (not to exceed 40 days between visits) by social worker ([see 4420 Social worker visits with children receiving services in-home](#))
 2. Ongoing safety and risk assessment
 3. Plan for monitoring the child's well-being (may include services and supports identified through CHET screening, Foster Care Assessment Program, or Family Team Decision Making)
 4. Any other services identified in a Shared Planning meeting
 5. Revised trial return home plan or case closure.
2. The permanent plan of reunification is achieved when the dependency is dismissed.

43052. Acceptable Permanency Plans

1. When CA places a child in out-of-home a permanency planning goal must be identified no later than 60 days from the Original Placement Date (OPD) and preferably no later than 30 days from OPD. This will be documented in the ISSP/Case Plan.
2. The permanency plan must identify one of the following permanency options as a primary goal and may identify additional permanency options as alternative goals. (See Permanency Planning Practice Guide for Social Workers in determining the best permanency plan for the child and use of Shared Planning Meetings.)
 1. The following plans are considered Permanent Legal Arrangements, in order of preference:
 1. Return to home of a parent, guardian, or legal custodian;
 2. Adoption;
 3. Third party custody with someone other than the parent (permanent legal custody); and
 4. Guardianship (including Dependency Guardianship).
 2. A long term care agreement is another planned living arrangement and may be considered for a child age 14 or older, if the above permanency plans have been ruled out. A long term care agreement is an agreement between the parties and

the caregiver with the intention of being stable and lasting until the child is age 18.

3. If "**poor prognosis indicators**"³ exist for return home, or aggravated circumstances exist, the social worker must identify and document an alternate, concurrent plan that will provide the stability for the child.
4. When a plan other than return home, adoption, third party custody or guardianship is selected as the primary plan, the social worker must identify the compelling reason(s) why the preferred plans are not in the best interest of the child. (See section 43063, below, for compelling reasons).

43053. Documenting for Permanency

1. The social worker will document in the SER's or shared planning form and summarize in the ISSP/Court Report:
 1. Decisions or recommendations made in shared planning meetings;
 2. Who attended the meeting and/or who submitted reports for consideration
 3. The primary and alternate permanency plans;
 4. Compelling reasons as outlined in section 43063;
 5. Efforts to place the child in a safe and stable home in a timely manner; including efforts to find an appropriate relative placement, when in the child's best interest; and whether both in-state and, where appropriate, out-of state placement options have been considered.
 6. The exploration and discussion with the current foster or relative caregiver regarding their interest in being an adoptive resource for the child(ren) in their care, including providing the CA written brochure, The Adoption Support Program, DSHS 22-705(X);
 7. Recruitment plans for locating a permanent placement for the child if there is not a permanent resource identified.
2. Within 30 days of recommending the initial permanency plan or of recommending modification of the permanency plan, the social worker must record the new or revised plan in CAMIS and the ISSP. The social worker must not wait until the court review of the new or revised permanency plan.

43054. Shared Planning Meeting for Permanency

1. Shared planning meetings assist social workers in developing and assessing permanency plans. Permanency planning should be addressed at each shared planning meeting held within 30 days of OPD; within 180 days of OPD; between 9 and 11 months OPD; and every 12 months thereafter until permanency is achieved or the dependency is dismissed.
2. Social workers should refer to Shared Planning Policy for a list of participants and invitees. It is especially important for parents and children to participate in the permanency planning discussion.

1. Discuss with the parents the child's need for permanency, the role of the parent in permanency planning, the roles of Children's Administration and the court in permanency planning.
 2. Discuss concerns and issues about permanency with the child, as developmentally appropriate; or
 3. Seek the child's input in identifying permanency options among his/her existing network of supportive adults, giving consideration to both in-state and out-of-state resources. The child's view will be considered.
 4. Meetings that include the child should be arranged at a time and location that accommodates the child's schedule and comfort level, whenever possible.
 5. Written reports shall be requested from any providers unable to attend. If the family is not present, their perspective should be presented.
3. In identifying, developing and assessing a permanency plan, participants should address the topics outlined in the **Permanency Planning Practice Guide for Social Workers**. This includes reviewing "Strengths in Families" and "Poor Prognosis Indicators" in the shared planning meeting.⁴
 4. If a child's placement episode has been interrupted and the child returns to out-of-home care and has been in out-of-home care for six months or more of the previous 12 months, the social worker will schedule a shared planning meeting.

43055. Permanency Planning Hearings-Timelines

Permanency planning hearings must occur:

1. By the 12th month of placement for all children in out-of-home care even if reunification with parents is the primary plan and the parents are making significant progress.
2. Within one year of each previous permanency planning hearing as long as the child remains in out-of-home care without a permanency plan being achieved. A child in a long-term care agreement is not considered to have permanency achieved, therefore, permanency planning hearings continue.
3. If, following 90 days of service delivery after disposition, the parents have failed to make progress or engage in services in resolving the issues that brought the child into care. This may coincide with the initial review hearing which is to be scheduled for in-court review six months from OPD or 90 days from the entry of the dispositional order, whichever comes first.
4. Within 30 days after the court has determined that reunification services for the family are no longer required in a case with a finding of aggravated circumstances. In those cases, the social worker must identify a primary or alternate permanency planning goal other than reunification with the legal parent(s).

4306. Filing a Petition to Terminate Parental Rights⁵

1. The social worker must consider initiating a petition to terminate parental rights when any of the following conditions exist:

1. The child has been in out-of-home placement for 90 days pursuant to an order of disposition, and the parents have failed to engage in services.
 2. The parents have failed to make any progress in a service plan following 90 days of service delivery or a qualified expert has stated the parents are unable to make the changes required to safely parent the child.
 3. The child has been in out-of-home care for a total of 12 of the last 19 months, and the parents have not made sufficient progress to allow the child to be safely returned home in the near future.
 4. If a termination petition is to be filed in any other circumstances, this must be approved by the social worker's supervisor, and a representative of the adoption unit.
2. Under Washington law, termination of parental rights is necessary for an adoption of a child. A petition to terminate parental rights is a step toward the implementation of a permanent plan of adoption. Adoption is the preferred permanent plan if a child can not be returned home.
 3. The social worker must initiate the drafting of a petition to terminate parental rights with the Office of the Attorney General or, if appropriate, the county prosecutor's office no later than the 12th month of placement unless compelling reasons have been identified to the contrary. (See section 43063 for a description of compelling reasons.)
 4. If the parents, after filing of the termination petition, begin to make progress toward a permanency plan of returning the child home, the termination petition may be dismissed at the request of the department or the termination fact-finding hearing may be continued to allow the parents the opportunity to make the changes required.
 5. Children's Administration, represented by the Assistant Attorney General or prosecutor's office, may ask for no more than two continuances of a trial for termination of parental rights. Such a request by the social worker for a continuance must include the written agreement of the assigned social worker's supervisor. Under the extraordinary circumstances, and with prior approval by the Area Administrator, an additional continuance may be sought.

43061. Aggravated Circumstances

1. See the *CA Case Service Policy Manual*, chapter 5000, section 5762, Termination of Parental Rights, paragraph A, for legal requirements regarding determination of aggravated circumstances in termination proceedings. The list of aggravated circumstances contained in section 5762 is not exclusive. The social worker must consult with the assigned Assistant Attorney General or County Prosecuting Attorney whenever the social worker believes a finding of aggravated circumstances may be appropriate.
2. For cases involving findings of aggravated circumstances in which a decision is made to not file a petition to terminate parental rights, the compelling reasons must be documented in the ISSP and available for the court's review.

43063. Compelling Reasons

1. Through a shared planning meeting, compelling reasons may be identified that warrant not filing a termination petition within 12 of the last 19 months time period. The compelling reasons not to file a termination petition must be considered on a case-by-case basis considering the individual circumstances of the child and family. Examples include, but are not limited to:
 1. Adoption is not the appropriate permanency plan for the child in that:
 1. The child is age 12 or above, and following a discussion of the alternatives with the social worker, the child opposes adoption as a permanent plan.
 2. The relatives with whom the child resides have agreed to be a permanent resource but, after a discussion of the alternatives, have made an informed decision that they do not wish to adopt the child.
 2. The parents are making significant progress in addressing the issues that brought their children into care, and the social worker expects reunification within six months.
 3. CA has not provided reasonable efforts to return the child to the legal parents unless the court has found aggravated circumstances exist, which relieved the department of the requirement to provide reasonable efforts to reunify the family.⁶
2. The existence of compelling reasons to not file a termination petition must be reviewed and documented in each subsequent court report. If compelling reasons no longer exist, the social worker must refer the child's case to the Office of the Attorney General or county prosecutor's office to initiate a petition to terminate parental rights.
3. There may be compelling reasons to not recommend return home, adoption, third party custody and guardianship. If there are compelling reasons ruling out these permanent plans, then the permanent plan will be "another planned permanent living arrangement" (long-term care agreement) for the child. Examples of these compelling reasons include, but are not necessarily limited to:
 1. The child is age 14 or older and following a discussion of the alternatives with the social worker, opposes other legal plans as permanent plans.
 2. The criteria for choosing a long-term care agreement have been reviewed and met.

43065. Voluntary Termination of Parental Rights

1. The juvenile courts are authorized to terminate parental rights voluntarily (relinquishment) under chapter 26.33 RCW. Social workers must use the forms provided by the Office of Attorney General or county prosecutor, as applicable, relating to relinquishment of parental rights. In order to achieve legal sufficiency it is important to use the most recently revised forms whenever handling a voluntary relinquishment. If out-of-date forms are used rather than the most recent form, the relinquishment may not be legally binding.
2. Petitions for voluntary termination of parental rights may be initiated for either an unborn or born child. The hearing on the petitions for relinquishment or termination cannot occur until at least 48 hours after the birth of the child or the parent's signing the

consent to adoption, whichever is later. See section 43068 below for requirements regarding Indian children.

3. In considering a petition for termination of parental rights based on a voluntary consent to adoption by a parent, the judge will review whether the consent was genuinely voluntary and whether the termination of parental rights is in the best interest of the child.
 1. The social worker must take care to inform the parent that any relinquishment is voluntary throughout this process.
 2. If the parent has an attorney, that attorney must be involved in the legal process for termination of parental rights. When the parent has an attorney, the social worker does not work with a parent to secure a relinquishment and consent to adoption without the involvement of the parent's attorney.
4. Under a voluntary adoption plan, the department must follow the wishes of the alleged father, birth parent, or parent in identifying an adoptive placement. See the Case Services Policy Manual, chapter 5000, section 5762, and this chapter, section 45404.

43066. Parents under Age 18

1. If any parent seeking to relinquish the parent's parental rights is under age 18, or incapacitated if over age 18, or when there is a question about the parent's capacity to voluntarily relinquish, the court must appoint a GAL for that person prior to the relinquishment being entered and before an order to the court. If a social worker learns that a parent is under 18 or of questionable capacity, the worker must seek a hearing to have a GAL appointed for the parent before taking any other legal action to proceed with a voluntary termination.
2. The GAL for a parent must do an investigation and report to the court concerning whether any written consent to adoption or petition for relinquishment signed by the parent was signed voluntarily and with an understanding of the consequences of the action. RCW 26.33.070

43067. Opposing a Voluntary Petition

1. Prior to agreeing to entry of a voluntary relinquishment, the department, through the social worker, must agree that termination of parental rights and adoption is in the best interest of the child. Financial concerns alone are not grounds for a parent to relinquish a child.
2. The social worker may also oppose a termination petition because no adoptive family is available to care for a child. Other concerns, such as the child's support of the adoption case plan and the family's use of services available to correct parental deficiencies, may also be considered.

43068. Indian Children

1. Permanency Planning Case Staffing-If the child is identified as an "Indian child" per Appendix A, and is required to have a LICWAC staffing the child must have a

LICWAC staffing to establish a permanency goal no later than 60 days from the original placement date. (Refer to Indian Child Welfare Manual 10.15.)

2. Active Efforts-If the Indian Child Welfare Act (ICWA) protects the child, the social worker must continue active efforts toward reunification with the child's parents or Indian custodian, if any, until the court terminates parental rights. See Appendix A for the definition of "Indian Child."
3. Compelling Reasons-The fact that the Tribal/State agreement defines the child as Indian and the child's involved Tribe or Canadian First Nation does not concur with the filing of the petition or with adoption as the permanency plan for this child may be a compelling reason not to file a termination of parental rights petition. Compelling reasons not to file a termination petition must be made on a case by case basis considering the individual circumstances of the child and family
4. Termination of Parental Rights to a Native American Child
 1. Special procedures apply when handling the voluntary or involuntary termination of a Native American child. The social worker must refer to the Indian Child Welfare Manual.
 2. Petitions for voluntary termination of parental rights may not be initiated for an unborn Indian child. The hearing on the petitions for relinquishment or termination cannot occur until at least 10 days after the birth of the child or the parent's signing the consent to adoption.

4307. Voluntary Placement Agreement

1. Children's Administration's Voluntary Placement Agreements (VPA's)⁷ may be utilized for brief placement stays and are based upon having an agreed, completed Voluntary Service Plan⁸ and a Visiting Plan⁹. The Voluntary Service Plan outlines services parents have agreed to participate in to return the child to the family home including maintaining regular visits and contact with the child as described in the Visiting Plan.
2. The timeframes for case and permanency planning for a child under federal and state statute begin when the child is placed; whether on a VPA, protective custody by law enforcement (police hold) or court order, whichever comes first. This begins the Original Placement Date (OPD).
3. Voluntary Placement Agreements should only be entered for children under age 18 in situations meeting the following criteria:
 1. The temporary circumstances of the family prevent the parent from caring for the child in the home;
 2. The placement will not exceed 60 days;
 3. A voluntary service plan and visiting plan have been completed;
 4. The VPA is in the child's best interest and the child's view has been taken into consideration;
 5. The child's safety, both physical and emotional, is not compromised by a VPA;
 6. Safety and protection do not appear to require court intervention;
 7. Services have been explored and offered to prevent placement; including the alternative of leaving the child in the family home with a Safety Plan and social service supports.

8. Less disruptive alternatives to placement have been considered, or are not appropriate in the circumstances
4. Children's Administration may only accept Voluntary Placement Agreements (VPA's) (DSHS 9-004B) that are signed by the parent or guardian with legal custody of the child. The consent becomes valid when signed by a representative of CA (usually the social worker) (WAC 388-25-0050).
5. When a request for a voluntary placement involves a Native American child, involvement of the court with jurisdiction, either tribal or juvenile is required. The social worker must follow the requirements of the ICW manual. (Chapter 6, Section 06.50 Voluntary Consent to Foster Care Placement)
6. CA Voluntary Placement Agreements will not be accepted on children who are on a Hospital/Medical Administrator/Physician Hold, as long as the child remains in the hospital.
7. CA Voluntary Placement Agreements will not be accepted on children who are being placed outside of Washington State.
8. CA staff must place children for whom the staff have legal authority for the placement¹⁰, only in homes or facilities licensed or certified or relatives not required to be licensed. (RCW 74.15) CA staff must not place children in unlicensed, non-relative homes, except as identified in RCW 74.15.020: licensed physicians and attorneys need not be licensed to provide care; staff may place children in unlicensed adoptive homes following completion of an approved home study. The placement should be consistent with meeting the child's needs for continuity and permanency, including exploring relative placement.
9. CA Voluntary Placement Agreements will be reviewed at any time at the request of the child, parent, or social worker and no later than 60 calendar days from OPD to assess progress with services and reunification efforts.
10. Extensions of VPA Timeframes:
 1. If the parent is requesting the VPA be extended beyond 60 days, the social worker must:
 1. Obtain a new VPA for an additional 30 days (90 days total) with the signed approval of the supervisor;
 2. Complete a full ISSP if the child has been out of home 60 days and the placement is extended; and
 3. Identify a permanency plan for the child.
 2. For placement extending beyond 90 calendar days and up to 179 days, a new VPA must be signed and approved by the Area Administrator. An Alternative Administrative Review or Citizens Review must be held prior to the 179th day if the placement is anticipated to continue beyond the 179th day and the ISSP must be updated.
 3. A VPA may not last longer than 180 days. (WAC 388-25-0055).
 4. For a VPA extending beyond 180 days, an exception to WAC 388-25-0055 must be granted by the regional administrator or designee (WAC 388-25-0060) and:
 1. A new VPA must be signed and approved by the Regional Administrator.
 2. An Alternative Administrative Review or Citizens Review must be held within six months of the previous review and the child must be scheduled

- to return home within six months on a specific date, or the child must be seventeen years of age or older.
3. The ISSP must be updated.
 4. Payment for these placements will be state funds only, unless a court order authorizing placement is obtained prior to the 180th day of placement.
 5. The child must not remain in care for longer than twelve months unless a court review hearing has been held that meets dispositional and permanency planning requirements per 42 USC 675, section 475.
11. The CA social worker must release a child from placement as soon as can be reasonably accomplished after the social worker receives a request, either written or verbal from the legal parent, custodian or guardian who consented to the placement by signing a *CA Voluntary Placement Agreement (VPA)*, DSHS 09-004B. The CA social worker must document the date, time and location of the return to the parent in the Service Episode Record (SER).
 12. If CA is opposed to returning the child, immediate steps must be taken to either have the child taken into protective custody by law enforcement or a CHINS petition or a dependency petition may be filed and a judicial finding (court order) that:
 1. return to the parent or guardian is contrary to the welfare of the child, and
 2. continued placement in out-of-home care is in the best interest of the child.(WAC 388-25-0055).

43071 Voluntary Plan for Continued Placement and Services for Youth (ages 18 to 21)

1. Youth who are in foster care at the time of their 18th birthday may sign a Voluntary Plan for Continued Placement and Services to remain in foster care through age 20 (up to their 21st birthday) to enable them to complete their high school or vocational school program (secondary educational program). RCW 74.13.031 (10). The plan must be signed by the youth and the CA social worker immediately prior to the 18th birthday or on the youth's 18th birthday.¹¹
2. A transitional living plan must be developed by the social worker with the youth and documented in the Service Episode Record (SER) prior to or at the signing of the Voluntary Plan for Continued Placement and Services for Youth (age 18 to 21).
3. The social worker must maintain contact and visits with the youth at least every 90 days.
4. The Voluntary Plan for Continued Placement and Services for Youth will automatically terminate:
 - when the youth completes his/her high school education, GED or vocational program or turns 21 years of age, whichever comes first
 - If the youth stops actively working to complete his/her high school education, GED, vocational programming or is terminated from those programs.
 - If the placement disrupts for reasons such as: youth runs away, youth does not follow rules of the foster home; youth violates the law;
 - If the youth fails to comply with the terms of this agreement.

- If the youth chooses to leave foster care.

4308. Legal Activity

43081. Dependency Petition Process - RCW 13.34.030 through 13.34.

1. The social worker files a dependency petition if the child is at risk of imminent harm and if the parents refuse or are unwilling to immediately make changes adequate to protect the child, or after all other reasonable attempts to help correct the family problems have been exhausted.
2. The Office of the Attorney General or its designee represents the department in dependency matters and presents the evidence supporting department petitions alleging dependency or seeking the termination of a parent and child relationship. In Class 1-9 counties the Attorney General may contract with the prosecuting attorney of the county to perform duties of the Attorney General.
3. If a child is alleged to be dependent and if a child's health, safety, and welfare will be seriously endangered if he/she is not taken into custody, a service worker must file a petition and request a court order that the child be taken into custody. If the court enters such an order, the court may direct a law enforcement officer, a probation counselor, or a CPS official to take the child into custody. RCW 13.34.050
4. The social worker is required to testify at the first shelter care hearing as to notice given to the parents.
5. The social worker must refer to the ICW Manual when working with American Indian/Alaskan Native children.

43082. Juvenile Court Hearings and Reports

The service worker may be required to submit written reports, attend, and present testimony at court hearings. See the CA Case Services Policy Manual for detailed legal requirements.

43083. Compliance with Court Orders and Liability Protection

1. CA staff must make good faith efforts to comply with all court orders.
2. In cases where it is not possible to comply, with a court order, despite staff's best efforts, the social worker must promptly consult with the worker's supervisor and legal counsel to explore alternatives. If compliance is not possible, the worker must take steps to obtain a modification of the order. If the parties will not approve an agreed order of modification, the worker and legal counsel must schedule the matter for a hearing as soon as possible so that the situation can be brought to the court's attention and DCFS can request that the order be modified.

3. Employees are eligible for liability protection and may seek legal representation through the Office of the Attorney General, consistent with the provisions of DSHS Personnel Policy 523.

4309. Individual Service and Safety Plan and Health and Education Record

43091. Individual Service and Safety Plan

1. When a child is in out-of-home care, the social worker must complete or update the ISSP in the following timeframes.
 1. The first ISSP is due no later than 10 working days before the dependency Disposition hearing or by the 60th day of the placement episode of a child (whichever date occurs first). The second ISSP is due by the 180th day of placement, and periodically thereafter at six month intervals.
 2. If the worker completes the ISSP earlier than required, the next ISSP is due no later than six months from the date of the last one completed.
 3. The ISSP plan shall include screening results and action plans to address the child/youth's multiple needs.
2. The social worker must submit the ISSP in the following situations:
 1. For all court disposition, permanency planning, and review hearings.
 2. To obtain approval to place a child in Behavior Rehabilitation Services, formerly called group care.
 3. For prognostic staffings and administrative reviews.
 4. For citizen reviews.
 5. For tribal or Local Indian Child Welfare Advisory Committee (LICWAC) staffing, as appropriate and as defined in the ICW Manual.
3. The social worker must develop the ISSP after consulting, in person if possible, with the parents of the child, and, if developmentally appropriate, with the child. Following completion of the service plan, the social worker's supervisor must approve and sign each ISSP and update. The social worker must provide a copy of the initial ISSP and updates to the parent(s) if the parent(s) whereabouts are known.
4. The child's ISSP contains information that is important for the child's caregiver to know so that the caregiver can provide appropriate care to the child. The social worker must share the ISSP with the child's foster parent, relative caregiver, or pre-adoptive parent(s).
5. Before sharing the ISSP with the child's caregiver(s), the social worker must remove the section titled Current Status/Social Summary of the Parent, which contains confidential information about the parent that is not relevant to providing appropriate care for the child. Following are examples of information the social worker may include in the Social Summary section of the parent:
 1. Detailed confidential information about the parent's mental health, such as:
 1. The treatment modalities being used;
 2. The types of medication prescribed; and
 3. The details of the parent's personal life that may be contributing factors to inconsistencies in the parent's progress in treatment.

2. All specific details related to alcohol or substance abuse, including details about:
 1. The specific types of substance abuse, except as this information relates directly to health care for the child;
 2. The details of any relapses; and
 3. Information about treatment modalities and locations, except as this information would impact the child; for example, when residential treatment disrupts the visitation schedule.
3. Details of the parent's personal life that do not impact service provision and planning for the child.
6. The child's caregiver must preserve the confidentiality of information contained in the ISSP. A social worker who becomes aware of a breach of confidentiality must discuss this with the caregiver, the social worker's supervisor, and the licenser. The social worker and supervisor may decide to use another strategy to provide the caregiver with all information pertinent to providing appropriate care for the child. The social worker must document the alternate strategy for sharing information in the child's electronic record.

43092. Child Well-Being Health and Education Tracking

Child Health and Education Tracking (CHET) is designed to identify and organize essential and appropriate information about the well-being of all children in the care or custody of Children's Administration (CA). The purpose is to assess the current well-being, and identify long-term needs of children in CA's care or custody. Well-being factors include physical health; development; social, family and community connections; education and emotional/behavioral health.

1. At the time of placement, the assigned social worker has primary responsibility to:
 1. Document information regarding the child's well-being on the Child Information/Placement Referral form (DSHS Form 15-300) within the first 24 to 72 hours after placement. See CA Practice and Procedure Manual, chapter 4000, section 4413, B.1.a.
 2. Provide a copy of the Child Information/Placement Referral Form (DSHS Form 15-300) and the placement agreement with the child's caregiver. See CA Practice and Procedure Manual, chapter 4000, section 4413, B.1.a.
 3. Complete a new Child Information/Placement Referral Form at each placement change and when additional information is obtained. See CA Practice and Procedure Manual, chapter 4000, section 4413, B.1.a.
2. Child Health and Education Screening Process
 1. Children under the legal authority of CA, who are expected to remain in care for 30 days or more, are to receive a well-being screening.
 2. The Child Health and Education well-being screening will be completed within 30 days of the child's Original Placement Date (OPD) as required by RCW 74.14A.050.
 3. The screening specialist makes referrals in accordance with the CHET Practice Guide.

1. The screening specialist immediately notifies the assigned social worker when a CHET required screening tool indicates a mental health referral or when other mental health concerns are identified.
 2. The screening specialist makes a referral for all children birth to three-years-old to an Infant and Toddler Early Intervention Program (ITEIP) within two working days when a concern about the child's developmental delay is identified during the screening process. Referrals will be made in accordance with each region's ITEIP protocol. Children ages birth to three who are under CA's legal authority may also be referred for an ITEIP assessment by the assigned social worker any time there is a concern about the child's development. See CA Practices and Procedure Manual, chapter 4000, section 4224 (F).
 3. The screening specialist makes a referral for services to the Foster Care Public Health Nurse (FCPHN) for all children identified through the Child Health and Education screening process who have complex health needs.
 4. The Child Health and Education Screening Report will be provided to the child's assigned social worker and caregiver within five working days of completion.
3. Foster Case Public Health Nurse Process
1. The FCPHN reviews the child's information to determine if the child meets the eligibility criteria for the program. Children under CA's legal authority may also be identified for a health review by the assigned social worker, in consultation with the FCPHN, or at any time a health concern arises.
 2. The FCPHN consultant has primary responsibility to:
 1. Provide consultation and develop a comprehensive health history for identified children as outlined in the CA contract, per RCW 74.13.285.
 2. Provide a copy of the original comprehensive health report and recommendations, along with any updates, to the child's caregiver within five business days of completion.
 3. Provide the assigned social worker with the original comprehensive health report and recommendations, along with all medical records obtained for the child within five business days of completion.
4. Child Well-Being Ongoing Case Management
1. The assigned social worker has primary responsibility to:
 1. Ensure a mental health referral is made within five working days of receiving notification from the CHET screening specialist that a mental health need has been identified. (Unless the child has already been referred).
 2. Provide ongoing case management, including identification of needs, coordination of services, referrals based on the identified needs of the child, and tracking any necessary follow-up.
 3. Enter and update the child's health and education information in the child's electronic file, excluding health-related information entered by the foster care public health nurse.

4. Provide copies of all health and education records (in CA's possession) to a foster youth prior to exiting care. See CA Practice and Procedure Manual, chapter 4000, section 43103, F.1.
5. At the time of placement, provide copies of all health and education records to caregivers, including recommendations and reports resulting from all assessments and screenings. This includes placement changes or when new information is discovered about the child's needs that may help the caregiver make an informed decision about the safety and supervision of the child. See CA Practice and Procedure Manual, chapter 4000, section 4413, B.1.a.
6. Provide the child's caregiver with the results and recommendations of all of the department's screenings and assessments concerning the child, within five days of receiving reports. This includes but is not limited to the Foster Care Assessment Program (FCAP) assessment and recommendations from the Shared Planning Meeting addressing the CHET screening results.
7. Update the child's well-being information when updating and sharing the ISSP with the licensed foster parent or relative caregiver.

[Continue to sections 4310 - 4420](#)

4310. Independent Living Skills For Youth Age 15 and Over

43101. Criteria For Providing Independent Living Services

1. Children's Administration is responsible for providing Independent Living Services to youth who are likely to remain in foster care until age 18. Foster Care is "twenty-four hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility."
2. An Independent Living Plan must be developed and placed in the ISSP for all children in care ages 15 to 18.
3. These youth must receive assistance to gain the Independent Living Skills necessary to move toward a successful transition to adulthood in a developmentally appropriate way.

43103. Services For Youth 15 through 18 Years Of Age

1. The assigned social worker must develop and document a plan for acquiring independent living skills and documentation of services being provided in the youth's ISSP.
 1. Assigned DCFS staff must inform all youth of the services available to assist them in developing independent living skills.

2. The social worker must include the youth in the development of the IL plan. The goals identified must be goals the youth is interested in and will work toward (within appropriate health and safety limits).
 3. Pregnant or parenting teens (either female or male) should receive special attention around life skill development, including parenting.
2. The Ansell Casey Life Skills Assessment is a tool used to assess the skill level of each youth working toward a successful transition to adulthood. The tool is located at www.caseylifeskills.org.
 1. Working with the youth, this assessment tool may be completed by:
 1. The DCFS social worker;
 2. A contracted provider; (Required)
 3. The youth's foster parent,
 4. The relative caregiver,
 5. Any other persons knowledgeable about the skills of the youth; or
 6. Any combination of the above.
3. The Independent living/Learning plan follows the outline contained in the ISSP.
 1. Each section must have proposed goals with a plan for attaining those goals. The social worker completes the IL plan with the youth unless the youth has been referred to and is participating in services through a contracted provider.
 2. The Independent Living/Learning plan is documented in the Independent Living section of the ISSP or may be attached to the ISSP.
4. Annual Progress Report
 1. The social worker must update the Ansell Casey Life Skills Assessment and Independent Living/Learning Plan at least yearly and document progress and identified services towards attaining the desired goals in the ISSP.
 1. The social worker documents all services provided to the youth.
 2. The social worker should help the youth identify milestones achieved and;
 3. Celebrate the accomplishments of the youth.
 4. Each youth should participate in evaluating progress toward a goal or in redefining the goal, if needed.
5. Coordinating the development of the youth's ACLSLP with the responsible school district for any youth over the age of 16 who is receiving special education services.
6. Shared Planning meeting and Checklist for Youth Exiting Care
 1. Shared Planning meeting is required at no later than six months prior to a youth exiting care. See Section 4301(D)(10) Shared Planning in the CA Practices and Procedures Manual for information on conducting a Shared Planning meeting for youth exiting care.
 2. The Checklist for Youth Exiting Care (DSHS Form 16-212) is to be used as a guide and documentation of information shared with the youth as he/she transitions from foster care to adulthood.
 1. The Checklist for Youth Exiting Care will be reviewed by the social worker and the youth at the Shared Planning meeting to determine which documents or information the youth will need prior to exiting foster care.

3. After the Shared Planning meeting, the social worker will gather the documents and information indicated on the Checklist for Youth Exiting Care and provide the information to the youth prior to exiting care.
 1. The social worker will sign the Checklist and indicate which documents and information have been provided to the youth.
 2. The youth will sign that he/she has received the documents on record or information indicated on the Checklist.
 3. The social worker will place a copy of the Checklist in the youth's file and a copy will be given to the youth.
7. The Social worker will consult with a Division of Developmental Disabilities (DDD) social worker when developing an individual transition plan for youth identified as eligible for continued DDD services beyond age 18. (See the CA - DDD Intra-agency Agreement).
8. Health and Education Records

The social worker will ensure the youth is provided with a copy of his/her full health and education record collected during his/her time in out-of-home care prior to exiting care.

9. Records Retention

The social worker will ensure the youth has been informed of CA's policies and procedures for the length of time CA keeps a youth's records and how the youth may access his/her record after exiting care.

43105. Washington State Identicons for Foster Youth

Social workers have authority to request WA State Identicons for dependent youth in foster care and for youth placed in WA State through an Interstate Compact on the Placement of Children (ICPC). Identicons give youth needed identification to assist with tasks such as opening a bank account, applying for a job or obtaining housing.

Social workers must follow the identified procedures when working with Department of Licensing (DOL) to assist foster youth (or youth placed through an ICPC) in obtaining a WA State Identicon.

Social workers must:

1. Complete the new WA State Identicon form (DSHS 11-077) and make 2 copies:
 1. copy for the youth to take in person to the local DOL office
 2. copy for the youth's file
2. Insert a color photograph of the youth in the WA State Identicon form (DSHS11-077). The youth should also sign the form if they are available. This will enable DOL to identify the youth when the youth visits DOL to request the Identicon.

If youth's signature is not on the original form, the youth will need to sign their copy of the form before they take it to the local DOL.

3. Send original form to DOL. There are 2 ways to send this form to DOL:
 1. First class mail to: PO BOX 9030 Olympia WA 98507, Attn: Driver Examining Foster Care Kids
 2. Scanned and emailed electronically to:
DOLSDSHSLETTER@DOL.WA.GOV

Please send the form as an attached word document or adobe only. Include in the subject line the last name, first name, middle initial and date of birth of the youth. Please do not leave any spaces between each section. For example John L. Doe born 01/01/1988 would be DoeJohnL010188.

4. Social worker will **NOT** attach any of the "**additional documents**" in the form they send to DOL. The "**additional documents**" indicated on the form and a copy of the form will be given to the youth to take in person to any DOL.

The youth should allow the following number of business days **after** social worker submitted form before going to the local DOL.

Email: **3 business days**

First Class Mail: **7 business days**

The youth will have 60 calendar days to go to the local DOL to request the Identicard. After 60 days the social worker will need to submit a new request.

5. Social workers may take the completed form to the local DOL office if the identified foster youth will be accompanying them.
 1. The form must be completed with the photograph inserted and include the "additional documents" checked on the form.
 2. Social workers will need to show CA identification.

Driver's Education and Driver's License

Social workers do not have authority to approve a foster youth's participation in driver's education or to obtain a driver's license. The parent/guardian or the court must give formal approval. http://www.dshs.wa.gov/ca/pubs/mnl_pngg/chapter4_4300.asp

43106. Contracted IL Services

1. Each region determines the contracted services they will provide to assist youth in developing skills for independence.
2. Regions may contract with community agencies to provide Independent Living Services to eligible foster youth.

3. The social worker and the youth may determine that the assistance of a contracted provider is the best way for the youth to gain the skills needed to achieve independence.
4. Once a youth has been referred for services he/she remains eligible until age 21.
5. Contracted providers:
 1. Serve youth 15 through 20 years of age;
 2. Complete an Independent Living Assessment tool;
 3. Develop The Independent Living Plan with the youth;
 4. Provide copies of the completed assessment and plan on each youth to the social worker;
 5. Assist youth in attaining the goals they have identified in their IL plan;
 6. Have group and individual skill building sessions with youth;
 7. Provide IL services for the youth until age 21;
 8. Maintain case files on each youth indicating contacts, services, and expenditures;
 9. Provides copies of the IL Progress Reports to the social worker until exit from care;
 10. May re-enroll a former participant up to age 21.
6. Referral Process:

The social worker must refer the youth while the case is open. Some contracted providers have additional referral forms for the social worker to complete.

7. Payment: Details about authorizing payments are contained in the SSPS Manual, Appendix C, section 3900.

43107. Non-Contractor SSPS Codes 3901

1. In the course of a youth preparing for adulthood, there are expected costs that will arise. The SSPS Code 3901 is targeted for those needs and may not exceed \$500.00 for each eligible youth.
2. When the social worker and the youth have developed and established the IL plan and goals, the social worker may use SSPS code 3901 to assist with attaining an identified goal or plan.
3. The social worker initiates use of this code, which may require supervisory approval.
4. Details about this code are contained in the SSPS Manual, Appendix C, section 3900.

43108. Services for Youth Formerly In out- of- home care (18-20 Years Of Age)

1. "Former foster youth" are defined as individuals, 18 through 20 years of age who are or have been in out-of- home care.
2. Former Foster Care recipients from 18 through 20 years of age are now eligible to receive transitional services to complement their own efforts to achieve self- sufficiency.
 1. Assistance may be offered in the form of housing expenses including, but not limited to, Rent, deposits and utility bills.

2. Housing costs are only available to former foster care youth age 18 through 20 who are no longer receiving foster care payments.
3. Eligible youth are those youth ages 18 through 20 who have at least one IL plan (DSHS form 10-267) in their ISSP.
 1. Each recipient of services must have a plan for achieving independence by the time the recipient reaches age 21.
 2. Performance toward the goals shall be measured and must demonstrate improvement from involvement in the program.
 3. Youth who consistently fail to adhere to the elements of the plan shall be evaluated by staff and may be declared ineligible to continue receiving services.
 4. All recipients of transitional services and or funds shall be contacted six (6) months after transitional funds have been authorized to document the youth's status in:
 1. Housing
 2. Employment
 3. Education
4. The types of services available and the budget for services for former foster youth vary by region.
5. The regional Independent Living Coordinator identifies the services available in the region and the process for accessing those services. Contact the regional Independent Living Coordinator for specific information.
6. Youth leaving care at age 18 are eligible for continued MEDICIAD insurance until age 21. To establish medical eligibility the Foster Care Medical Unit may be contacted at 1-800-547-3109. Please have the following information available:
 1. Name and address of the youth;
 2. Date of Birth of the youth;
 3. Household income (only the youth, unless living with the youth's legal family);
 4. Citizenship;
 5. Social Security Number; and
 6. Relationship to others in the household.

4330. Open Communication Agreements

Open communication agreements are allowed under RCW 26.33.295. The paramount consideration in setting the terms of an open communication agreement is the child adoptee's best interests. Factors that can be considered in determining the best interests of the child are 1) the relationship between the prospective adoptive parents and the birth parents; 2) the family's acceptance of adoption as the best alternative plan for the child; 3) the mental and emotional health of the birth family. The interests of the child and the circumstances of both the birth and adoptive families will determine the extent and nature of communication under the agreement. An open communication agreement must not be entered into solely for the purpose of achieving a settlement in a proceeding for involuntary termination of parental rights.

1. Open communication agreements should be initiated early in the termination planning process and must not delay permanency planning for the child.

2. Drafting of the open communication agreement is between the birth parent(s), prospective adoptive parent(s) and their respective legal representatives.
 1. Open communication agreements can only be entered into when there is an identified prospective adoptive parent, although the Department can agree to encourage an as-yet-to-be-determined prospective adoptive family to maintain communication with the birth parent.
 2. If the agreement is entered as an order in the adoption court file, the agreement is enforceable by the court.
3. The social worker should encourage both the prospective adoptive parent(s) and the birth parent(s) to consult with their own independent legal counsel, prior to entering into any such agreement.
4. As custodian of the child, the Department must approve the agreement in writing. Prior to that approval, an agency staffing (prognostic, adoption planning and/or permanency planning) must occur to review the proposed agreement. The child's worker and supervisor, the adoptive home social worker and supervisor, and other individuals pertinent to the approval of the agreement must attend the staffing.
 1. The social worker must seek advice from the assigned Assistant Attorney General or county prosecutor, as applicable, regarding legal implications of the agreement.
 2. If the staffing decision is that the agreement is not in the child's best interest, then the agreement must either be rejected or renegotiated/modified.
 3. If the staffing decision is that the agreement is in the best interest of the child, the Regional Administrator or designee must sign the approval to the agreement confirming that the above policy has been followed.
5. All such agreements entered into with legal parties must have the written approval of the child's representative (GAL), if the child has a GAL or CASA, and/or Tribal representative according to ICW guidelines.
6. If the agreement cannot be negotiated so as to satisfy all necessary parties, then the social worker must pursue the permanency plan without the agreement. The worker must pursue termination of parental rights if appropriate.
7. Under RCW 26.33.295(2), the open communication agreement that becomes part of the adoption court file and which is judicially enforceable can only be entered into by a birth parent who has not had parental rights terminated. Other open communication agreements may not be enforceable.
 1. A copy of the communication agreement will be maintained in the DCFS Child's file.

43301. Open Communication Agreement and Adoption Support

1. For a child to be eligible for adoption support, the child must be "legally free" and, under RCW 74.13.109, "hard to place" at the time the adoption support agreement is established. Entering into an open adoption agreement under the terms of RCW 26.33.295 may prevent establishing the child as being "hard to place."

2. The costs and services related to negotiating an open communication agreement may be considered non-recurring expenses under the adoption support program.

4340. Dependency Guardianship as a Permanency Option

1. Dependency guardianship is a permanency option considered after other permanency legal options are ruled out including: return home, (following reasonable efforts to reunify), adoption or third party custody.¹²
2. When dependency guardianship is established, the child has achieved permanency. The child is not considered to be a foster child.
3. The child remains dependent and under the court's jurisdiction for the duration of the guardianship, which remains in effect until the child is eighteen (18) years of age or until the court terminates the guardianship order, whichever occurs first.
4. For children considered Indian children, refer to the [ICW Manual](#) for permanency planning options and procedures

43401. Roles and Responsibilities:

1. The dependency guardian's roles and responsibilities are:
 1. To be the custodian of the child and to maintain the physical custody of the child until the child is age 18 or further order of the court.
 2. To protect, discipline and educate the child.
 3. To provide food, clothing, shelter, education as required by law, and routine health care and counseling as needed for the child.
 4. To consent to all necessary health and surgical care, including both routine and emergency treatment, to consent to the administration of anesthesia, to administer medication prescribed by the child's doctor or nurse practitioner; and to sign a release of health care information to appropriate authorities pursuant to law. The term "health care" includes, but is not limited to medical, dental, psychological and psychiatric care and treatment.
 5. To consent to social and school activities of the child.
 6. To provide an annual written accounting to the court regarding receipt by the dependency guardian of any funds, benefits, or property belonging to the child and expenditures made there from.
 7. To keep the court informed of current residential address and phone number.
 8. To obtain the permission of the court before moving with the child out of the State of Washington.
 9. To manage any visits between the child and siblings and/or parents as ordered by the court.
2. The dependency guardian has the right to receive notice of and to participate in any hearing regarding the child that is scheduled by the parents, agency, CASA/GAL, or the court.
3. Children's Administration's roles and responsibilities:

1. To draft and file the dependency guardianship petition in coordination with the Office of the Attorney General or the county prosecutor's office as per local procedures.
2. To request relief from supervisory oversight of the dependency guardianship from the court.
3. To consider dependency guardianship subsidy at approved rates for dependency guardians who maintain a foster care license.
4. To follow CA's rules and procedures regarding certification and supervision of the licensed home, even if CA is relieved of supervisory oversight of the dependency guardianship.
5. To designate staff in each region to process payment for subsidized dependency guardianships.¹³
6. To designate staff in each region to conduct reassessments when the subsidy exceeds level 2.
7. To conduct Health and Safety checks in dependency guardianships if CA continues to have supervisory oversight or as ordered by the court.
8. To follow procedures described in the ICW Manual when establishing guardianship for Native American children.

43402. Procedures To Establish a Dependency Guardianship:

1. The assigned social worker and the worker's supervisor must schedule and review all cases in which dependency guardianship is being considered in a Shared Planning Meeting.¹⁴
2. The proposed guardian(s) must sign the attached "Declaration of Proposed Dependency Guardian" in order to ensure that the proposed guardian(s) understand(s) the custody issues and responsibilities to the child/ren for whom they intend to provide a permanent home.
3. The social worker must provide the proposed guardian(s) a copy of the "Dependency Guardianship Frequently Asked Questions."
4. The Area Administrator must review all requests for a dependency guardianship prior to the Regional Administrator or designee review.
5. The Regional Administrator or designee must approve all requests for dependency guardianships prior to court approval of the permanency plan for dependency guardianship. The Regional Administrator (or designee) must sign the "Checklist for Approval of Guardianship." (DSHS 15-324)
6. Standardized court orders appointing the dependency guardian will be used for all dependency guardianships. (Available from the AAG.)
7. CA will ask the court to be relieved of oversight/supervisory responsibilities to the dependent child as outlined in the "Order Appointing the Dependency Guardian."
8. When CA is relieved of oversight/supervisory responsibilities and there is no guardianship subsidy payment from CA, the case episode and event will be closed in CAMIS.

9. The case episode will be closed and the event will remain open for payment when there is guardianship subsidy payment from CA, whether CA is relieved of oversight/supervisory responsibilities or not.
10. The originating (sending) office retains responsibility for guardianship subsidy payment in dependency guardianship cases where courtesy supervision is requested or in place, as well as planning for the child if the dependency guardianship disrupts.

43403. Guardianship Subsidy Procedures

1. Guardianship subsidy may be provided to licensed homes through SSPS payment. The source of funds is state-only funds. Non-licensed homes are eligible for support through TANF with a Child-Only grant.
2. Financial reimbursement must not favor guardianship over adoption.
3. Guardianship subsidy may be negotiated up to level two foster care rate for guardians with a foster care license at the time of the establishment of the guardianship. Negotiations include a discussion with the proposed guardian(s) and review of the current foster care assessment, the child's special needs, and anticipated expenses for the child's care.
4. All payments over the level two foster care rates will be exceptions and must be for services to the child. These payments require review every six-months using the foster care rate assessment and the annual approval of the Regional Administrator or designee.
5. For all payments over level two, a social worker must be assigned to complete the rate assessment, obtain RA or designee approval, and oversee payment authorization. For payments at level two or below, each region will develop regional protocol for payment authorization.
6. For dependency guardianships established on or following the date of CA policy 04-01, effective 2-1-05, guardianship subsidy will comply with this policy. **Dependency guardianships established prior to 2-1-05 remain unaffected by this policy.**
7. For those homes licensed by a private agency, only the borrowed bed fee will be paid to support continued licensing of private agency foster homes.
8. Case management services are not provided, as the child is in a permanent placement and no longer in foster care.
9. Case aide supervision, child care for children over age 12, tutoring, etc. are not provided in a guardianship.
10. Mileage or travel reimbursement, respite care, and clothing vouchers are not provided to these permanent placements.

43404. Vacating the Guardianship

1. The dependency guardianship may be modified or terminated if:
 - a motion is brought before the court by any party
 - if the court finds by a "preponderance of the evidence" that there has been a substantial change of circumstances after the guardianship was established and
 - that it is in the child's best interest to modify or terminate guardianship.
2. The court must hold a hearing on the motion before taking action.

3. In cases that CA continues to have supervisory oversight/responsibility, the social worker may request that a guardianship be vacated if the child's health, safety, or welfare would be jeopardized by continuation of the guardianship.

4345. Long-Term Care Agreements

1. A long term care agreement is another planned living arrangement and may be considered for a child age 14 or older. A long term care agreement is an agreement between the parties and the caregiver with the intention of being stable and lasting until the child is age 18.¹⁵ It does not provide a child with one of the permanency goals set forth in federal law for legal permanency.
2. Compelling reasons must exist for ruling out return home, adoption, 3rd party custody or guardianship as permanency plans, before long-term care with a foster parent or relative can be considered. The court must make a finding at each permanency planning hearing that compelling reasons exist to choose "another planned living arrangement" and that a long-term care agreement is in the child's best interest.
3. The child continues to be a dependent of the Juvenile Court until age 18 and in foster care status. The court continues to review the dependency at least every 6 months. Permanency planning hearings will continue at least every 12 months and review the status of the long-term care agreement and whether legal permanency can be achieved.
4. Children's Administration continues to provide supervision, services to the child, and case management to support the placement, and maintains the legal care, custody and control of the child, per court order. All social worker required contacts continue, including Health and Safety checks.
5. Services will not continue to be provided to the parent(s) for the purposes of reunification when the court orders a long-term care agreement as the primary plan.
6. For children considered Indian children, refer to the ICW Manual for permanency planning options and procedures.

43451. Procedures for a Long-Term Care Agreement

1. The assigned social worker and the worker's supervisor must schedule all cases in which a long-term care agreement is being considered for review in a Shared Planning Meeting.¹⁶ The long-term care agreement must be determined to be in the child's best interest in the Shared Planning Meeting. Compelling reasons to rule out adoption, third party custody and guardianship must be identified in the Shared Planning Meeting.
2. The long-term caregiver(s) must sign the "Long-term Care Agreement." (DSHS 15-322)
3. The Regional Administrator or designee must approve all requests for Long-term care prior to court approval. The Regional Administrator must sign the "Checklist for Approval of Long-term Care Agreement For Foster Parents or Relative Caregivers". (DSHS 15-323)
4. The social worker will attach the Long-term care agreement to the court report submitted for permanency planning, noting compelling reasons for this living arrangement in the body of the court report.

4350. Status of Relatives of Specified Degree with Legally Free Children

1. Children's Administration acknowledges a continuing relationship between relatives of specified degree and children whose parental rights have been terminated in those cases where the relatives choose to continue a relationship with the child and the continuing relationship is in the best interest of the child. This acknowledgment applies to all legally free children in the custody of the department. RCW 13.34.180, 13.34.210, 26.33.295, and 74.15.020
2. Relatives of specified degree, as defined in RCW 74.15.020 and this Practices and Procedures Guide, chapter 5000, section 5230, remain legal relatives when a child becomes legally free if those relatives wish to maintain a relationship with the child and the social worker assigned to the child determines, consistent with the Shared Decision Making model contained in the CA Case Services Policy Manual, Appendix C, the continuing relationship to be in the best interest of the child.
3. CA staff must treat relatives of specified degree as the staff treats all relatives of specified degree under the rules of the foster care and foster family home licensing programs.
4. CA staff must treat these affected relatives of specified degree the same as all relatives of specified degree under the Interstate Compact for the Placement of Children (ICPC) program.
5. The rights of the affected relatives of specified degree do not extend beyond adoption of the child except through an open adoption agreement as described in RCW 26.33.295. See section 4330, above.
6. In determining which adoptive placement is in the best interest of the child, family relationships will be only one of the factors considered by DCFS staff. Other factors include, but are not limited to:
 1. Attachment to and relationship with the child.
 2. History of parenting.
 3. Ability to meet the special needs of the child.
 4. Ability to meet the basic needs of the child.
 5. Family composition.
 6. Child's preferences.
 7. Ability to meet the cultural needs of the child. A placement resource need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of the child. Unless a compelling reason is identified, CA staff will not match children to a placement family on the basis of race.
7. The rights of relatives of legally free Indian children, as defined in the CA Indian Child Welfare Manual, the Tribal-Washington State Indian Child Welfare Agreement of 1987, and the federal Indian Child Welfare Act of 1978 must be preserved in accordance with those requirements.

4400. SERVICE DELIVERY

4410. Characteristics

4411. Mission and Values

For a description of CA's mission and values, see the CA Case Services Policy Manual, chapter 1000, section 1200.

4412. Supportive Services

Supportive services are those non-placement services available to either prevent the out-of-home placement of a child, reunify a family following placement, or maintain/improve functioning of a child in a placement setting. CA authorizes and provides all services within the context of a time-limited, goal-oriented case plan.

4413. Placement Services

1. Placement services are provided to children and youth who are authorized by consent of their parents or by court order to be placed in foster care or with a kinship caregiver (either relative or suitable person). CA authorizes and provides all placement services within the context of a time limited, goal-oriented case plan.
2. **Information Sharing with Caregivers**
 1. **PURPOSE**

Providing information to caregivers about the needs and demands of a child entering out-of-home care helps to meet the child's basic and special needs and promotes safety and supervision for the child, stability to the placement and satisfaction of the caregivers. This information can help the caregiver make an informed decision about whether or not to accept a child in their home. The caregiver must be informed that this information is confidential and can not be shared with persons who are not involved with the case.

Social workers, caregivers, teachers, medical and therapeutic professionals all have the responsibility to record and share information about the child. WAC 388-148-1105 requires that any information that can be shared about the child and the child's family be shared with foster parents.

This policy addresses when information is shared, what information is shared and the manner in which the information is shared.

SOCIAL WORKER RESPONSIBILITY

Social workers have primary responsibility to coordinate the case planning efforts of all persons working on behalf of the child. This includes service planning, gathering and sharing information with the caregiver.

1. When information must be shared with the caregiver:
 1. Prior to or soon after placement (within 24-72 hours) if the placement is made on an emergency basis
 2. When the child moves from one out of home placement to another
 3. When new information is known about the child's needs
 4. When conducting health and safety visits
2. Information that must be shared with the caregiver includes:
 1. Reasons for placement and history of maltreatment
 2. Specific safety concerns and safety plans
 3. Specifics of the permanency plan
 4. Notice of shared planning meetings
 5. Recommendations resulting from all assessments and screenings within 5 days of receiving reports
 6. Dates and location of dependency hearings pertaining to the child.
 7. Children who have been identified per RCW 74.13.280 as sexually aggressive (SAY), sexually reactive, physically assaultive/aggressive (PAAY), or having high risk behaviors.

Children identified as SAY or PAAY must have a written Supervision Plan (DSHS 15-352). The Supervision Plan should be developed with the caregiver and the caregiver should be provided a copy of the Plan.

8. Information regarding the child's well-being. This includes physical health, education, and emotional/behavioral health information (if available), as well as practical information (favorite food, books, toys) that will facilitate the out-of-home care for the child.
9. If available, provide the Child Health and Education Track (CHET) and screening information.
3. Information will be shared with the caregiver in the following ways:
 1. Child Information/Placement Referral form (DSHS 15-300) at each placement change and when additional information is obtained.
 2. Child Health and Education screening report
 3. When conducting health and safety visits
 4. Court Hearing Notice-ISSP Cover Letter (DSHS 15-319)
 5. Individual Service and Safety Plan (DSHS 15-209)
 6. Shared planning meeting notice may be given by telephone, face to face contact, e-mail or written notification using the Caregiver Staffing Notice Form (DSHS 15-311)
 7. Supervision Plan (DSHS 15-352)

4. The Social worker will document when and what information has been shared with the caregiver in case notes in the child's case file and place a copy of any written documentation in the child's file.
3. Placement Prohibitions

Children may not be placed in:

1. DSHS offices, including repeated daily stays in DSHS offices.
2. Institutions not designed to receive foster children, such as adult mental hospitals or detoxification facilities where children and adults commingle.
3. A licensed or unlicensed home without specialized training if the child is considered SAY or PAA.

Placement of a child with SAY/PAAY can only be made in homes where:

1. The caregiver has completed SAY/PAAY training, or
2. A Supervision Plan has been developed and the caregiver commits to completing the next available SAY/PAAY training within reasonable travel distance.
4. Apartment or motels without a licensed foster parent or relative caregiver, unless an appropriate licensed foster family or relative caregiver is not available, and only with approval from Regional Administrator and a determination that adequate supervision is provided.
5. Youth may reside in a licensed or approved independent living program if this is part of the youth's independent living plan.

For more detailed information about information sharing refer to these policies in the Practice and Procedures Guide and the Permanency Planning Guide

[4301. Shared Planning](#)

[43063. Compelling Reasons](#)

[43091. Individual Service and Safety Plan](#)

[43092. Child Health and Education Tracking](#)

[4413. Placement Services](#)

[4421. Health and Safety of Children](#)

[45203. Procedures for Access](#)

[4530. Foster Care](#)

[4536. Sexually Aggressive Youth Program](#)

[Permanency Planning Practice Guide](#)

Information Sharing Quick Reference:

WHAT

WHEN

**WHO IS
RESPONSIBLE**

	Prior to or soon after initial placement (within 24-72 hours)	
Child Information /Placement Referral (DSHS Form 15-300)	When the child changes placement	Social Worker, Placement Coordinator
	When new information is known about the child's needs	
Shared planning meetings bring individuals together to share information, plan and inform decisions regarding children and families.	Within 72 hours, where available (FTDM sites only)	
	Within 30 days, 180 days (6 months); 9 to 11 months; every 12 months thereafter;	Social Worker
Caregiver Staffing Notice Form (DSHS 15-311) if written notification is provided.	Advance notice (5 days) given to caregivers unless emergent.	
Recommendations and reports resulting from all assessment and screenings	Within 5 days of receiving report and recommendation	Social Worker
Child's Health and Education Tracking Screening and Report- for children who are expected to remain in care for 30 days or more	After placement and within 5 business days of completion	Screening Specialist Social Worker
Comprehensive health history and recommendations - for children who have complex health and behavior issues and meet the eligibility criteria	After placement and within 5 business days of completion	Foster Care Public Health Nurse
Moving notice	5 days prior to moving when the child has been in the home at least 90 consecutive days	Social Worker
	10 days prior to Dependency hearings	
Court Hearing Notice-ISSP Cover Letter form (DSHS 15-319)	10 days prior to Dependency hearings or 60th day of placement episode; 180th day of placement; 6 month intervals	Social Worker
Individual Service and Safety Plan (ISSP) (DSHS 15-209)		

	Developed with the caregiver, the Supervision Plan is required for any youth identified as SAY or PAAY.	
Supervision Plan (DSHS 15-352)	The Supervision Plan is developed and provided prior to or soon after initial placement (within 24-72 hours)	Social Worker
	When the child changes placement	
	When new information is known about the child's needs	
Health and Safety visits	Monthly social worker visits; not to exceed 40 days between visits	Social Worker

4. Notification to the Guardian Ad Litem/Court-Appointed Special Advocate

The assigned CFWS worker will promptly notify the assigned GAL/CASA whenever CA receives a report of alleged abuse or neglect involving a dependent child. The social worker shall also notify the GAL/CASA of the disposition of the investigation. RCW 26.44.030

4420. Social Worker Monthly Health and Safety Visits

Purpose

Health and Safety visits are face-to-face monthly visits conducted by the assigned social worker that provide ongoing assessment of the health, safety, permanency and well-being of children. The visits are well-planned and involve the child and caregiver (including parents in in-home dependency and voluntary services cases) in decisions that affect their lives, including the case plan.

Policy

1. **Children** in CA custody must receive private, individual face-to-face Health and Safety visits by the assigned CA social worker **every calendar month, not to exceed 40 days between visits.**
 1. The first visit must occur within one week (seven calendar days) of initial placement. (*Placing a child is not considered a Health and Safety visit.*)

2. For in home dependencies **all** Monthly Health and Safety visits must occur in the home where the child resides. (This does not preclude additional visits outside the home.)
3. For out-of-home placements, the **majority** of Health and Safety visits in must occur in the home where the child resides. If the social worker visits the child in another location, the social worker must document the reason and benefit gained.
2. Children not in CA custody who receive Family Voluntary Services (FVS) must have face-to-face Health and Safety visits by the assigned CA social worker **every calendar month, not to exceed 40 days between visits.**
3. Caregivers must receive visits by the assigned CA social worker **every calendar month, not to exceed 40 days between visits.**
4. All visits must be **documented** in the case notes.

Procedure

1. Health and Safety Visits According to Case Type:

1. Children in their own homes

The social worker conducts monthly visits. This includes:

1. [In-home dependencies](#), including dependent children who return home on a trial return home or remain home under the jurisdiction of the court until dismissal of the dependency (See Practices and Procedures {P&P} Section 43051A).
2. [Courtesy Supervision](#) when requested for an in-home dependency case.
3. [Interstate Compact on Placement of Children \(ICPC\)](#) cases.

Children ages **0-5 years require** two in-home visits every calendar month for the first 120 calendar days of an established in-home dependency.

(One of the two visits may be conducted by a CA paraprofessional, contracted provider or non-contracted professional).

4. [Voluntary Service Agreement](#) (VSA) (See P&P Chapter 2000, section 2430) cases.
2. Children in out-of-home care

The assigned social worker conducts monthly visits. This includes:

1. When a **dependency** petition is filed or established and the court has ordered that the child reside in out-of home placement (includes Long-Term Care Agreements- see P&P 43052A).
2. When the child is placed by [Voluntary Placement Agreement \(VPA\)](#).
3. [Courtesy Supervision](#) cases.

4. [Interstate Compact on Placement of Children \(ICPC\)](#) cases. When an interstate compact agreement is made with another state to provide services, the social worker will request, in writing, the following actions be completed by the receiving state:
 1. conduct monthly face to face social worker visits (not to exceed 40 days between each visit) and
 2. submit a report to CA on the visits on a monthly basis.

Note: The receiving state may contract with a private agency for such visitation.

2. **Social worker visits with child**

At each visit, the social worker completes the following activities, which includes but is not limited to:

1. Observation of:
 - How the child appears developmentally, physically and emotionally
 - How the parent/caregiver and the child respond to each other
 - The child's attachment to the parent or caregiver
 - The home environment (when the visit occurs in the home where the child lives).
2. Discussion with the verbal child(ren) in private, separate from the parent/caregiver, either in the home or in another location where the child is comfortable.

Discussion will include:

- Inquiry as to whether the child felt safe in their home or placement
 - Inquiry about the child's needs, wants and progress
 - Visits with siblings and parents
 - Case activities and planning such as visits and permanent plan.
3. Confirmation that each child capable of reading, writing and using the telephone has a card with the social worker's name, office address, and phone number.

3. **Social Worker Coordination with Tribes**

The social worker contacts the child's Tribe(s) to discuss and plan how to involve the Tribe(s) in the monthly visits. The social worker documents the contact and the plan in the case notes.

4. **Social Worker Visits with Caregiver**

The social worker conducts monthly visits with the caregiver. The location of the visit may vary. During the visit, the social worker:

1. Discusses with the caregiver the child's well-being and permanency goals

2. Observes the child and caregiver relationship and home environment when a visit occurs in the caregiver's home
 3. Assesses the caregiver's ability to provide adequate care and maintain placement stability
 4. Identifies any support or training needs
 5. Inquires about the child's visits with siblings and parents and how child is responding.
5. **Social Worker Documentation**

The social worker documents information gathered in Section II in the case notes. This is done for each visit the following way:

1. Use the following codes for visits and attempted visits for visits **for all children**
 - Health and Safety Visit (assigned CA social worker)
 - Health and Safety Visit (attempted) *use for informational purposes only. An actual visit must take place for compliance with policy.

For ICPC cases, the assigned CA social worker will document when the receiving state completes a visit.

2. Use the following code for **In-home dependencies** when one of the two required monthly visits (**for children 0-5 years in the first 120 days**) is completed by a contracted professional provider or private agency case manager:
 - Health and Safety Visit (conducted by other agency).
3. Use the following code for **visits with caregivers**:
 - Contact-Care Provider or Facility Provider Contact
 - Relative Contact (as appropriate)

4421. Smoking Near Children

44211. Purpose:

This policy ensures compliance with RCW 74.13 that sets child safety as a paramount goal in caring for children who are in the department's custody. The legislature has recognized "the increasing evidence that tobacco in closely confined places may create a danger to the health of some citizens of this state". The State Department of Health and the American Lung Association have both issued reports concluding that second hand smoke is particularly harmful to children. Additionally RCW chapter 70.160 prohibits smoking in any public place except for designated smoking areas.

44212. Policy

The policy prohibits smoking by CA staff when acting in any official capacity with client children and foster youth 18-21 years of age. Smoking is prohibited while transporting client children under age 18 and foster youth 18-21 years of age when using either state vehicles or

private vehicles. It further prohibits smoking when there is direct contact with client children under age 18 and foster youth 18-21 years of age such as talking with a child outside of a building, going to a cafe for refreshments, or any public venue where smoking may be permitted.

44213. Definitions

1. A "public place" is defined as "that portion of any building or vehicle used by and open to the public, regardless of whether the vehicle is owned in whole or in part by private persons or entities, the state of Washington, or other public entity, and regardless of whether a fee is charged for admission".
2. "CA staff" refers to all employees of the Children's Administration of the Department of Social and Health Services and also includes volunteers, and interns. After July 1, 2004, contractors shall be subject to the same restrictions under this policy as CA staff.
3. "Client Children" refers to any child(ren) that is receiving services from DSHS in any capacity.

44214. Procedure:

1. Smoking Prohibited in Presence of Client Children and Foster Youth:
 1. Pursuant to CA Policy 02-10 (applicable to contractors after July 1, 2004), smoking in the presence of DCFCS client children is prohibited under the following circumstances:
 1. When transporting client children under age 18 and foster youth 18-21 years of age;
 2. When there is direct contact with client children under age 18 and foster youth 18-21 years of age such as talking with a child or accompanying a child, even when in a public place where smoking may otherwise be permitted; and
 3. The contractors shall ensure that after July 1, 2004, the Contractor's staff, employees, volunteers, and subcontractors comply with the policy against smoking in the presence of client children and foster youth as outlined above.

4422. Guidelines for Client Referrals to Contractors

1. Social Workers must provide contractors with written information regarding referred cases. The release of information to contracting agencies is permitted under RCW 13.50.100. The social worker provides the following information in the initial referral, when available and applicable:
 1. Date and time of referral.
 2. Inclusive dates of service authorization.
 3. Purpose of the referral. Provide a clear statement to the contractor regarding type of case; e.g., crisis intervention, child abuse, reunification, etc., and the services to be performed.

4. Clear, written expectations to the contractor; e.g., "This is a CPS case. Please provide unannounced visits, document your observations, and report them to the assigned social worker."
5. Description of family strengths and extended family networks (if known).
6. Family members' responses to current and past services.
7. Known or suspected past or current mental health, developmental, or other health related disabilities and conditions.
8. Known or suspected past or current involvement with drugs, alcohol, or illegal activities.
9. Copy of current court report and/or Individual Service and Safety Plan (ISSP).
2. The social worker complies with the following procedures for ongoing case management:
 1. Keep the contractor informed of new developments/concerns regarding referred case.
 2. Keep a written record of required reports, noting date due, date received, acceptable, non-acceptable, etc.

[Continue to sections 4430 - 4519](#)

4430. Courtesy Supervision

1. The DCFS Regional Administrator must establish procedures for the provision of Courtesy Supervision between offices and between regions, as well as Interstate Compact on the Placement of Children (ICPC), consistent with the provisions below and the remainder of this section.
 1. The supervisor of the assigned social worker in the sending office must provide notice of the impending case transfer and request and receive an approved home study before the child actually moves to the new placement.
 1. If a court of competent jurisdiction has ordered placement within a timeframe that prevents receipt of acceptance or a home study prior to the placement, the sending office must notify the receiving office of the placement of the child within 30 days of the placement and request the home study.
 2. The sending office social worker must include a copy of the court order in the child's file.
 2. The receiving office supervisor must not decline to accept nor delay assignment of a case being transferred from another office if:
 1. The transfer is consistent with the child's case plan;
 2. The transfer is in the best interests of the child; and
 3. The proposed or actual placement is licensed to provide care under the provisions of chapter 74.15 RCW or, if not required to be licensed, has an approved home study.

3. The sending and receiving office supervisors must document agreement by the receiving office of acceptance of Courtesy Supervision within 30 days of the request.
 4. The receiving office supervisor must ensure that transferred cases, including ICPC, receive the same levels of support and supervision as other cases, as required by the Case Services Policy Manual and this manual.
2. For courtesy supervision, at a minimum, the receiving office's service activity must include 30-day social worker visits (see Practice and Procedure Guide Chapter 4000 – section 4420) however, one visit within every 90 calendar days must be conducted in the home where the child resides.

These contacts are intended to ensure the health and safety of the child, to assess the child's adjustment to placement, to assess services needed by the child or placement resource, to provide casework support, and to facilitate the child's service plan on behalf of the sending social worker. The worker must document these activities in the case SER.

1. The sending social worker retains primary responsibility for the child and the plan. The social worker providing courtesy supervision does not make case decisions.
2. For the child in behavior rehabilitation services/ group care placement, the sending social worker and the worker providing courtesy supervision will mutually decide who will participate in the regularly scheduled treatment conferences with the provider. Normally, such activity remains the responsibility of the sending worker.

4431. Placement Out of Area - Family Foster Care or Relative Placement

1. Inter and Intra-County
 1. Placement of a child in another DCFS office's service area may be necessary. However, before making a request to the court or placing the child on its own authority in the other service area, the placing DCFS office social worker or supervisor must notify the DCFS office serving the area of the proposed placement and obtain from that office a positive home study and/or assessment of the proposed placement.
 2. The assigned receiving office social worker or the placing worker, with the agreement of the receiving office, must conduct the home study in accordance with chapter 5000, section 5231. Such placements may be necessary when:
 1. The child's family or alternate family has moved.
 2. A permanent or other relative placement has been located in another DCFS service area.
 3. There is a specific need for specialized medical, emotional, and/or educational services/facilities not available near the child's family.
 4. The child needs placement outside his/her home community due to the child's behavior and/or the family's situation.

5. There are no suitable homes available for a child in the original DCFS service area.

2. Originating Office Duties

1. The social worker, through the worker's supervisor, requests a foster placement/relative home study from the appropriate supervisor in the receiving DCFS office. The worker or supervisor may make the initial request by telephone to the supervisor in the receiving office, but the social worker sends a written request and the most recent ISSP and court order, on the child within five working days of the initial request.
2. If the social worker makes a placement following location of a suitable foster home or a positive relative home study, the originating office retains responsibility for case planning, including approval of medical treatment, medication notifications, and confirming acceptance of the child into special education in the new school district if an eligible handicapped child, and maintains the case file and CAMIS data.
3. Legal jurisdiction remains with the originating area's court, if either parent continues to reside in the original area unless the parent with whom the social worker plans reunification resides in the receiving county.
4. If neither parent lives in the originating county, the original office may request that the court transfer jurisdiction three months after the parent has established residence of some permanence in the new county. The procedures are:
 1. Prior to requesting transfer of jurisdiction from the originating county, consult with the DCFS local office supervisor for the area in which the parent resides to request permission to transfer jurisdiction and case responsibility. The originating office supervisor does not request transfer of jurisdiction until permission has been obtained from the receiving office supervisor. If there is a disagreement between offices, it is resolved at the lowest possible level through the chain of command in the region(s).
 2. Consult with and advise the AAG/Prosecutor in the sending and receiving areas of the desire/plan to request jurisdiction transfer. An official request for the legal case to transfer shall not be made until the local office supervisor and the AAG in the receiving area have agreed to accept the case.
 3. When the court with original jurisdiction enters an order to transfer jurisdiction, the case must be transferred to the receiving office within five working days.
 4. The receiving office requests that the court schedule a hearing to determine if the receiving county will accept legal jurisdiction.
 5. If the receiving county's court refuses to accept jurisdiction, the case file is returned to the original office. The original office requests that the original court resume reviews and planning for the child.

3. Receiving Office Duties

1. Refers suitable licensed homes to the original DCFS office or notifies the original office that there are no suitable homes available.
2. Contacts the prospective family to complete a relative home study.

3. Completes the home study within 60 working days of receipt of the request for the study and then immediately notifies the referring DCFS office of findings. Exception: When fingerprint checks through the Federal Bureau of Investigation (FBI) are required prior to completion of the home study, the study shall be completed within 10 days of receipt of satisfactory criminal history reports from the FBI.
 4. Helps coordinate actual placement with the originating office and prospective home, if requested.
 5. Provides courtesy supervision of the placement, including monitoring health and safety, and provides written reports once every six months of the child's progress. The sending office needs to make a written request one month prior to a scheduled court hearing, if the office wants the report for court. Maintains a courtesy supervision file in CAMIS per current standards.
 6. Immediately notifies the initiating DCFS office for additional planning if the placement fails.
4. Other Considerations
1. When a child in a DCFS foster family placement runs away and is found in the catchment area of another DCFS office, the social worker in the DCFS office where the child is found:
 1. Arranges for the appropriate office to notify or directly notifies, if possible, the child's parents of the child's whereabouts;
 2. Arranges shelter care for the child, if necessary;
 3. Contacts the assigned social worker in the original office to request payment to the temporary care provider for that care;
 4. Arranges for transportation to return the child to the catchment area of the originating DCFS office and requests that the assigned worker establish payment, using the appropriate SSPS code;
 5. Does not open a new case file or assign a new case number;
 6. Forwards documentation of service activity, provided to the child to the office in which the case is assigned for placement in the case file. Such documentation includes the assigned worker's identity and activities, recorded in CAMIS.
 2. The originating office retains responsibility for planning and payment in behalf of the child.
 3. When a child in a foster home placement moves with the foster family to another area, the original DCFS office coordinates with DLR and the receiving DCFS office for licensing, continuation of payment, and courtesy supervision of the child.
 4. If the originating office and the receiving office are within the same region, the Regional Administrator may determine that the case will not be transferred from one office to the other.

4432. Placement Out of Area - Group Care

1. The Group Care Coordinator, in conjunction with the child's social worker, makes the decision to place a child in group care out of area. Factors to be considered in the

- decision include the treatment and support needs of the child and family, the permanency plan, and the availability of in-region resources to meet identified needs.
2. The originating Group Care Coordinator provides courtesy notification of the child's placement to the Group Care Coordinator and DLR Regional Manager in the region where the child will be temporarily residing.
 3. When youth are placed in contiguous states in out-of-care facilities with which CA has a contract, the placing social worker shall contact the CA Interstate Compact on the Placement of Children (ICPC) program manager and provided needed information. The program manager will then complete required paperwork to complete ICPC notification to the receiving state.
 4. Responsibilities of the receiving region include:
 1. CA Intake screens and refers to appropriate resources any report of neglect or abuse involving the child;
 2. Appropriate DLR staff will conduct any investigation of alleged abuse or neglect of the child or of alleged licensing violations involving the facility;
 3. Regional DLR staff will conduct the comprehensive biennial facility review.

4500. SPECIFIC SERVICES

4501. Case Management

45011. Service Definition

Case management includes providing an assessment for eligibility for services, assessing risk of abuse/neglect, family conflict or placement, developing permanency plans, advocating for families in brokering services, ensuring that families understand how to access services, monitoring the progress of services/permanency plans, and making recommendations to juvenile courts and other reviewing bodies about the case plan and completing administrative requirements.

45012. Eligibility

Each family opened for DCFS services shall have an assigned DCFS social worker.

45013. Procedures for Access

1. Social workers refer families for case management by following established CPS, FRS, and CWS intake procedures.
2. Social workers are assigned by a local office supervisor following intake.
 1. The entry point for case assignment for CPS is a referral alleging abuse and/or neglect. See chapter 2000.
 2. For FRS the entry point is a family's request for services to resolve family conflict. See chapter 3000.

3. The entry point for CWS is a family's request for such mnl_PnPg/hdrPnPgassessment services. See chapter 4000, sections 4100 and 4200.

45014. Other Sources

Case management services may be available through mental health, DDD, private child placing agencies, and schools in some communities.

4502. Intensive Family Preservation Services (IFPS), Family Preservation Services (FPS)

45021. Service Definition

IFPS, authorized and described in RCW 74.14C.040, and FPS, authorized and described in RCW 74.14C.050, are family-focused, behavior-oriented, in-home counseling, and support programs available in most counties. The services of both programs may be utilized when youth are, for IFPS, at imminent, or for FPS at substantial, risk of placement or for children returning to the home from out-of-home care. See section 45023, below, for procedures to access IFPS and FPS.

1. For IFPS, services begin within 24 hours of referral, are available 24 hours a day, are short-term, limited to a maximum of 40 days, unless paraprofessionals are used, in which case service is limited to a maximum of 90 days. The service can be up to 80 hours in a 30-40 day intervention or up to 100 hours in a 90 day intervention. Services include both clinical assistance (counseling, case management, parent education) and concrete help (financial, housing, utilities, clothing, food). IFPS services are provided by contracted vendors and are available statewide.
2. FPS begin within 48 hours of referral, are available 24 hours a day, and can be up to six months in duration. FPS is designed to be less intensive than IFPS, and interventions are focused on improving family functioning and assisting families with getting connected to local community resources. FPS are provided by contracted vendors and are available statewide.

45022. Eligibility

1. Families and children are eligible for IFPS and/or FPS when a child is in out-of-home placement and can be reunited within 30 days or the social worker has determined that, without intervention, the child, for IFPS, is at imminent risk of out-of-home placement or, for FPS, at substantial likelihood of being placed out-of-home due to at least one of the following:
 1. Child abuse or neglect.
 2. A serious threat of substantial harm to the child's health, safety, or welfare.
 3. Family conflict.

2. The social worker need not refer otherwise eligible families and family preservation services need not be provided if at least one of the following conditions is met:
 1. The services are not available in the community in which the family resides.
 2. The services cannot be provided because the program is filled to capacity.
 3. The family refuses services. or
 4. The social worker or the service provider determines that the safety of a child, a family member, or persons providing the services would be unduly threatened.
3. IFPS/FPS may not be used for families in need of an in-home crisis resolution or therapeutic service to avoid possible family disruption or foster care placement at some unspecified time in the future and is not to be used as an interim measure until a planned placement resource is secured.
4. The family has a case open for service with CPS, FRS, or CWS. The child must be either residing in the family home or be able to go home immediately, within 30 days, with either IFPS or FPS.
5. The child, for IFPS, has been assessed by the assigned social worker as needing immediate placement or, for FPS, will need placement in the future if family dynamics do not change or is already in placement but could return home immediately with either IFPS or FPS.
6. For IFPS, immediate placement means that the social worker is planning to file a petition with the juvenile court to remove the child from the family home within 72 hours or is planning to obtain a voluntary placement authorization from the child's parents within 72 hours.
7. For FPS, substantial likelihood of placement means the assigned social worker has determined, through assessment, that there is a strong possibility that another injury or crisis will occur in the near future, resulting in the placement of the child, or the child is already in placement but could return home sooner with FPS.
8. The Regional Administrator may limit the provision of IFPS or FPS to families where children would be receiving paid DCFS placement services.
9. The social worker has determined that there are no less intensive services available that can meet the family need.
10. An immediate opening with the contracted IFPS and/or FPS agency is available.

45023. Procedures for Access

1. Referrals for IFPS or FPS must come through DCFS. Contractors shall not accept referrals directly from families or other sources.
2. The Regional Administrator or designee:
 1. Appoints a Gatekeeper for each office served by an IFPS or FPS provider. The IFPS/FPS Gatekeeper:
 1. Participates in a review or reviews all IFPS/FPS referrals to ensure conformance with eligibility requirements and the best use of the resource.
 2. Makes final department determinations of family eligibility for IFPS/FPS prior to referral to and intake by the service provider, rejecting all families for whom placement is not imminent or substantially likely.

3. Facilitates the departmental review of all families entering placement for possible eligibility and referral to IFPS.
2. Develops a written protocol with IFPS and FPS contractors governing the assessment of client eligibility, procedures for service referrals, approval of service extensions, and utilization of IFPS - Assessment and Aftercare Services.
3. Distributes copies of the written protocol to IFPS/FPS Gatekeepers, Area Managers, supervisors, and all case carrying DCFS social workers.
4. Works to ensure that IFPS and FPS eligibility determination and case referral practices in local offices are consistent with statutory and protocol requirements.
5. Reports to the Assistant Secretary quarterly on the provision of IFPS and FPS in the region.
6. Monitors payments against allotment and contract dollar limits.
7. Monitors performance of contractors against standards set by the statement of work.
8. Notifies contractors when there is a rate change and amend contracts as needed.
3. The DCFS social worker:
 1. Identifies families who may be eligible for the service in accordance with regional procedures, including consultation with an internal or external team, a supervisor, or a designated IFPS/FPS Gatekeeper.
 2. Following referral, orally or in writing, per contract and regional procedure, supplies the contractor with referral information, release of which is permitted under RCW 13.50.100(3), that is as complete as possible and includes:
 1. Name and case numbers of family caretaker(s).
 2. Names, birth dates, Social Security numbers, and case numbers (if different) for all children at imminent risk of placement;
 3. File a written report with his/her supervisor stating the names of families referred and reasons for which the client was referred. The social worker's supervisor verifies in writing his/her belief that the family referred meets the eligibility criteria in section 45022(A), above. The supervisor reports monthly, through the Area Manager, to the Regional Administrator on the provision of these services. The Regional Administrator reports to the Assistant Secretary quarterly on the provision of these services for the entire region.
 4. Immediately opens payment on the Social Service Authorization, DSHS 14-154(A), utilizing SSPS codes at the time of authorization and sends a copy of the service authorization to the provider. The service termination date will not be entered until receipt of the service termination summary from the contractor.
 5. For FPS, receives a monthly statement from the provider and immediately processes the statement to generate a payment for services provided that month.
 6. During the delivery of contracted service, regularly consults with the IFPS or FPS contractor regarding the progress of the family.
 7. Immediately notifies the contractor if CPS referrals are received on the family.
 8. Participates in exit interviews with the IFPS/FPS therapist.
 9. Enters the service termination date on the Social Service Authorization upon receipt of the contractor's termination report, using the last date of client contact

as the termination date. The authorization is immediately processed to generate a payment for services provided by the IFPS or FPS contractor.

45024. Other Sources

Components of DCFS funded IFPS/FPS exist in other service delivery systems in some communities, including the Regional Support Network (RSN) and DDD.

4503. Child Protective Services Child Care

45031. Program Description

The Child Protective Services (CPS) child care subsidy program provides short-term, time-limited subsidized child care for families that are currently involved in a CPS investigation by Children's Administration (CA). CPS child care subsidy must end when the case is no longer classified as a CPS or is transferred to another program.

45032. Eligibility

1. The CA social worker may authorize child care for a family with an open CPS case when the family is:
 1. Under stress and in need of respite care; or
 2. Working to complete a service plan.
2. To be eligible for CPS child care subsidy program the family must have:
 1. An open CPS case; and
 2. An income at or below 225% of Federal Poverty Level (FPL) adjusted for family size. See the CA Operations Manual, chapter 9000, section 91300.
3. The social worker may waive income eligibility and co-payment requirements on a case-by-case basis. See the Operations Manual, chapter 9000, section 91300, for information regarding income eligibility and co-payments.
4. When the CPS social worker places a child with a relative who is employed, the social worker may authorize Employed Foster Parent Child Care subsidies for the time the relative is at work.
5. When the family needs child care, the social worker determines if other resources are available to the family before authorizing CPS child care. For example, family members may be available to provide or pay for privately arranged child care. If the social worker determines there are no other resources available, CA may pay for care through the CPS Child Care Subsidy Program.

45033. Procedures for Access

1. The family's CPS social worker authorizes CPS child care through CAMIS and SSPS.

2. For more information regarding program requirements and eligibility standards, contact the CPS Child Care Program Manager at (360) 902-8046.

45034. Other Sources

1. The Division of Child Care Early Learning (DCCEL) maintains an information and referral service for parents who are seeking child care providers. Information on other sources of payment for child care is available through(DCCCEL).
2. Head Start is a federally funded parent-participation pre-school program for low-income children.
3. The Early Childhood Education Assistance Program (ECEAP) is a state-funded pre-school program for low-income children.
4. Cooperative Pre-school and Crisis Nursery Services may be available in local communities to provide child care at low fee to parents.

4503. [A] Child Welfare Services Child Care

4503. [A1] Program Description

Child Welfare Services (CWS) child care subsidy program provides short-term, time-limited subsidized child care for families to avoid out-of-home placement or other state intervention.

4503. [A2] Eligibility

1. If the case was formerly a CPS case, the social worker must close CPS child care and open for CWS child care, using CWS child care eligibility requirements.
2. CA may authorize CWS child care for a family that:
 1. Has been through a CPS investigation and continues to participate with voluntary services; or
 2. Is in crisis and needs care to avoid out-of-home placement of the child or other state intervention.
3. To be eligible for CWS child care subsidy program, the family must have:
 1. Documented need for the service; and
 2. An income at or below 225% of Federal Poverty Level (FPL) adjusted for family size.
4. CWS authorizing workers must use co-payment and income eligibility guidelines. See the Operations Manual, chapter 9000, section 91300, for information regarding income eligibility and co-payments.
5. When the family needs child care, the social worker determines if other resources are available to the family before authorizing CWS child care. For example, family members may be available to provide or pay for privately arranged child care. If the social worker determines there are no other resources available, CA may pay for care through the CWS Child Care Subsidy Program.

4503. [A3] Procedures for Access

1. The family's CWS social worker authorizes CWS child care through CAMIS and SSPS.
2. For more information regarding program requirements and eligibility standards, contact the CPS Child Care Program Manager at (360) 902-8046.

4503. [A4] Other Sources

1. The Division of Child Care early Learning (DCCEL) maintains an information and referral service for parents who are seeking child care providers. Information on other sources of payment for child care is available through DCCEL.
2. Head Start is a federally funded parent-participation pre-school program for low-income children.
3. The Early Childhood Education Assistance Program (ECEAP) is a state-funded pre-school program for low-income children.
4. Cooperative Pre-school and Crisis Nursery Services may be available in local communities to provide child care at low fee to parents.

4504. Therapeutic Child Development

45041. Service Definition

1. Therapeutic Child Development (TCD) is child development and family service provided in a licensed child care setting to families of children at risk for maltreatment. Both children and parents receive treatment to reduce the risk of child maltreatment, strengthen the family, and enhance continuity and consistency in the child's environment. Contractors provide a daily day care program during which they monitor the child's welfare, complete regular assessments, and provide remediation activities. Services include home visits by TCD social workers, transportation to and from day care, and parenting education.
2. TCD provides four hours of service daily, in the child care setting, excluding transportation time.
3. TCD-enrolled children may require a full day of care due to the schedule of the parent or foster parent. The social worker may authorize payment for a ♦ day of care to the same or other facility, in addition to the TCD payment, if it is appropriate for DCFS to be supporting a full day of care. The additional authorization would be at the standard half-day rate for that area. In no circumstances should the facility be expected to keep the child for a full day without additional reimbursement.

45042. Eligibility

1. TCD is available to children who are at risk of CA/N and their families who have open cases with CPS or CWS, including children in out-of-home placement. CA uses the

program to support the ISSP or family service plan. Since this is a daily weekday program, the program is generally structured to serve children who have not yet entered school. The provider's contract with the department further defines the eligible population.

2. The child's CPS/CWS social worker determines eligibility. The social worker consults regional procedures to determine current availability of slots and other limitations.
3. The DCFS social worker and the TCD provider must negotiate the estimated length of enrollment at the time of enrollment, based on the ISSP, the family service plan, and/or available intake or assessment information, consistent with the contract.

45043. Procedures for Access

1. To use TCD, social workers must include TCD as part of the overall ISSP for the child, as appropriate.
2. When interviewing the family, the social worker inquires about the family's financial and family resources.
3. The child's social worker sees that the child's full legal name, birth date, and Social Security number are entered into CAMIS so that the information is available to the DCFS federal funding specialist.
4. The federal funding specialist verifies that the TCD providers have obtained the following information:
 1. Client income. If the family is not receiving Medicaid benefits and their income is above \$60,000, the TCD provider collects a one-time co-payment of \$100.00 from the family and reports the collection to the social worker.
 2. Medical necessity. Providers complete a statement of medical necessity during the initial physical assessment (EPSDT screening) and for each on-going physical examination, signed by a licensed practitioner of the healing arts. Providers forward this information to the CA federal funding specialist.
5. After receipt of the required information from the TCD provider, or after searching CAMIS to determine the child's enrollment in TCD, the federal funding specialist completes an Automated Client Eligibility System (ACES) search to determine Medicaid eligibility. The federal funding specialist makes a screen print of Medicaid eligibility.
6. The social worker completes an SSPS authorization for payment at the time he/she approves the service for the child, before the child's first day of attendance.
7. CAMIS will automatically generate the source of funds code "6," Categorically Needy-Title XIX eligible. If the child is not on Medicaid, the federal funding specialist must determine if the client is eligible for AFDC-FC. If the child is ineligible, the federal funding specialist updates the SSPS authorization with a source of funds code "5" and informs the social worker so that appropriate Medicaid application can be made.

45044. Social Worker Ongoing Responsibilities

The DCFS social worker must:

1. Receive and incorporate information from the service provider's quarterly reports into case planning.
2. Attend staffings regarding the child/ family as scheduled by the service provider.
3. Include provider staff, as appropriate, in department-initiated staffings regarding the child/family.

4505. Employed Foster Parent Child Care

45051. Program Description

The Employed Foster Parent Child Care Program pays for child care for the child in the out-of-home care setting to support the foster parent or non-needy relative caretaker's employment.

45052. Eligibility

1. The social worker for the child may authorize child care to the Children's Administration (CA) foster parent or relative caretaker for children placed by CA or a CA certified agency:
 1. Without regard to the foster parent's or non-needy relative's income;
 2. When the foster parent or non-needy relative needs child care to maintain the foster parent or relative caretaker's employment; and
2. The Employed Foster Parent Child Care program must not pay foster parents and non-needy relative caretakers for providing child care to their own foster children who live with them.
3. Children living with non-needy relatives not placed by CA or a CA certified agency do not qualify for Employed Foster Parent Child Care subsidies. The child may qualify for child care subsidies through the Working Connections Child Care Program (WCCC) offered through Economic Services Administration.

45053. Procedures for Access

1. The child's CA social worker authorizes the Employed Foster Parent Child Care program for foster parents and non-needy relative care takers.
2. For more information contact the Employed Foster Parent Child Care Program Manager at (360) 902-8046.

45054. Other Sources

See the Operations Manual, chapter 9000, section 91300, for additional information.

4509. Respite For Parents

Respite care offers time limited relief for substitute parenting or care giving of a child. For the purposes of this section, respite care is available for parents whose children are dependent and who are in the custody and control of CA.

1. Respite care to prevent out of home placement or re-entry into out of home care is:
 1. Based on the child's special needs.
 2. Available on an emergent basis to prevent placement disruption; or,
 3. A planned event as part of the child's safety plan to remain in the home or the child's safety and transition plan during a trial return home.
2. The respite provider must have experience and/or training to deal with the particular special needs of the child in care.
3. Social worker responsibilities:
 1. Explore other available resources to assist in providing respite including:
 1. Family resources
 2. Other DSHS divisions, for example, the Division of Developmental Disabilities (DDD)
 3. The Regional Support Networks (RSN) for emergency respite care for mental health clients to prevent hospitalization. Multi-disciplinary "wrap-around" service planning groups may also occasionally authorize respite care in the context of a plan that prevents a child from entering out-of-home care.
 2. Complete the criminal/background check process prior to approval of the services, if not previously completed,
 3. Authorize payment for respite only when utilizing a licensed out-of-home provider or approved provider in home where the child resides.

4510. Respite for Licensed Foster Parents, Unlicensed Relative Caregivers and Other Suitable Persons

Respite services can play an important role in preventing placement disruption. These services are available for licensed foster parents, unlicensed relative caregivers and other suitable persons with placement of children in CA or Tribal custody. Caregivers should be encouraged to access respite care services in emergent situations and to prevent disruption of the child from their home.

45101. Service Definition

1. Respite care service pursuant to this section (4510) is the temporary, time limited relief for substitute parenting or caregiving of a child. Respite care can be arranged in advance or on an emergency basis.
2. Respite care services for licensed caregivers, are intended to meet the following needs:
 1. To offer relief from parenting and caregiving responsibilities;
 2. To allow the caregiver personal time away from home;
 3. To provide substitute care in the absence of the caregiver;
 4. To provide opportunities to attend overnight training.

5. To allow caregivers access to substitute caregiving to meet emergent situations for the caregiver;
 6. To prevent placement disruption.
3. Respite care services for unlicensed relative caregivers or other suitable persons (See Practices and Procedures Guide Section 4261) are intended to meet the needs of children and families in emergency situations and when the placement is at risk of disruption.
 4. Payment for respite services is not available to individuals who reside or live in the caregiver's residence. Respite services may be provided by a relative of the child or caregiver, only when the respite care provider resides outside the child's current placement.
 5. Respite care that is provided outside the child's caregiver's home must be provided by individuals who are licensed foster parents or licensed child care providers.
 6. Unlicensed respite providers can provide paid respite services only in the child's caregiver's home. Unlicensed respite providers must (1) successfully complete a CAMIS background clearance and Washington State Criminal check and (2) meet the standards identified in WAC 388-148-0040 and 388-148-0045. Background checks for unlicensed respite providers providing respite in licensed foster homes will be completed by Division of Licensed Resources (DLR) staff, or in the case of respite services for unlicensed relative caregivers, background checks will be completed by the assigned CA social worker.
 7. The social worker or licensor will verify that the respite provider has experience and/or training to deal with the particular special needs of the child in care such as dealing with children who are medically fragile, children who have been sexually and/or physically aggressive or assaultive.
 8. Licensed child care providers may be used to provide respite care services for respite that is less than 24-hour duration. Respite payment to licensed child care providers is paid at the regional child care rates using the appropriate SSPS respite payment code. SSPS child care codes in the 2800 series are not used to authorize respite payment.
 9. Licensed providers for respite service must not exceed their licensed capacity and must meet Minimum Licensing Requirements (MLRs) while providing respite.
 10. Licensed caregivers using paid respite services, may not provide respite to other children (paid or exchange), during the period of paid respite.
 11. Child-specific respite care plans are an element of the child's case plan. As appropriate, the need for continued respite service is reviewed at service re-authorization and/or during multidisciplinary staffings.
 12. Respite care payments remain the fiscal responsibility of the originating region and office during courtesy supervision activities.

45102. Respite Care Category Descriptions

1. **Retention Respite** provides licensed CA caregivers, licensed Tribal foster parents, and licensed Private Child-Placing Agency foster parents providing care for CA-placed children, with regular "time off" from the demands of caregiving responsibilities. Retention Respite guidelines are:

1. Retention respite is intended to provide regular, monthly breaks from the demands of foster parenting and can also be used to meet emergent needs of licensed caregivers.
 2. Retention respite is awarded on a monthly basis per CA, Tribal, or Private Agency foster home caring for CA children.
 3. Retention respite is earned by eligible licensed caregivers at a rate of two (2) days per month.
 4. Retention respite is authorized in daily units only.
 5. The licensed caregiver home may accumulate or 'bank' a maximum of fourteen (14) days of retention respite days to be used at one time. Licensed caregivers should be encouraged to use retention respite as it is earned.
 6. Newly licensed caregivers will have a 30-day waiting period from the first eligible child placement before accruing retention respite.
 7. A licensed caregiver must provide foster care to one or more children at least twenty (20) days in a month to earn retention respite for that month.
 8. When a day of retention respite is authorized, respite is normally paid for each eligible foster child in the home, regardless of how long the child has been in placement in the home. However, a licensed caregiver can elect to use retention respite for only one child, even though more than one child is in the placement. Whether retention respite is used to meet the needs of one or more children, the time used will be deducted from accrued retention respite days.
 9. Licensed caregivers and social workers should be aware of pending respite plans in the caregiver's home when a child is placed. Efforts should be made to avoid changes in caretakers for a child shortly after placement.
 10. The respite provider must have experience and/or training to deal with the particular special needs of the child in care such as dealing with children who are medically fragile or children who have been sexually and/or physically aggressive or assaultive.
 11. Regions will develop a process to authorize and monitor retention respite eligibility and utilization for CA foster homes.
 12. Tribal and Private Agencies shall monitor retention respite eligibility and utilization for their licensed homes, and will coordinate with CA regional management to develop a process to access and report retention respite usage.
2. **Child-Specific Respite (CSR)** provides unlicensed relative caregivers, other suitable persons, licensed CA caregivers, licensed Tribal foster parents, and licensed Private Child-Placing Agency foster parents providing care for children placed by CA, with the opportunity for relief from the caregiving responsibilities that are linked to the medical, behavioral or special needs of an individual child. The CSR guidelines are:
1. CSR is authorized on a case-by-case basis consistent with the written service plan for the child.
 2. CSR is authorized in half-day or daily increments. Half-day will be authorized for respite services 0 - 5 hours and daily respite will be authorized for respite services greater than 5 hours.
 3. CSR is part of a child's unique service plan. The need for continued service is reviewed at service re-authorization and during multidisciplinary staffing.
 4. CSR for more than 1 week must have Area Administrator approval.

5. CSR may be discontinued based on an updated assessment of the needs of the child.
6. In calculating CSR, the worker should consider the availability of relief from caregiving responsibilities provided through retention respite, school, other relatives, visitation schedules, etc.
3. **Exchange Respite** is the relief from parenting responsibilities, which is negotiated and arranged between licensed caregivers and does not include payment of CA funds. Exchange respite guidelines are:
 1. Licensed caregivers must remain within their licensing requirements (i.e. capacity, age, gender, etc.).
 2. Licensed caregivers must notify the child's social worker(s) of exchange respite services prior to the respite occurring.
 3. The social worker will verify that there are no licensing complaints pending which would preclude the respite provider from caring for the child.
 4. The social worker will inform the respite provider of any special needs of the child, supervision requirements and safety issues prior to initiating respite.

45103. Procedures for Access

1. Retention Respite is authorized through SSPS by the regional designee responsible for monitoring the accrual and utilization of retention respite for foster families.
2. The assigned social worker for each child in a licensed home shall be notified that retention respite is being authorized.
3. Child-Specific Respite (CSR) is authorized through SSPS by the assigned social worker for the child.
4. For unlicensed relative caregivers and other suitable persons, the assigned social worker shall explore other family support options prior to requesting respite services.

45104. Respite Care Payment

1. Child-Specific Respite (CSR) services, from 0 - 5 hours will be reimbursed at the half-day rate posted in the SSPS Manual.
2. CSR services more than 5 hours will be reimbursed at the daily rate posted in the SSPS Manual.
3. Retention respite is authorized in daily units only and reimbursed at the daily rate posted in the SSPS Manual.

45105. Respite Care Rates

1. Respite rates for licensed CA relative and foster homes, licensed Tribal foster homes, and licensed Private Child-Placing Agency foster homes providing care for CA-placed children are determined by the child's assessed foster care rate level and are listed in the SSPS manual. Exceptions to the maximum respite care rate may be authorized only with administrative approval.

2. Respite rates for unlicensed relative caregivers or other suitable persons would be authorized at the Basic Respite rate listed in the SSPS manual for children in level 1 or 2 foster care.
3. For unlicensed relative caregivers or other suitable persons, respite rates above the respite rate for a child in level 1 or 2 foster care requires the completion of an Exception request (DHS form 05-210). The exception request should include an assessment of the supervision needs of the child, behavioral, medical, developmental and social needs of the child, and any special needs that would indicate a higher rate, The exception request will require supervisory and area administrator approval.
4. Respite for unlicensed relative caregivers or other suitable persons may be authorized for up to 7 days per month. Any respite beyond the 7 days will require area administrator approval.
5. Payment for respite provided by licensed child care facilities is paid at the Region's established child care rate, using SSPS 3220 or 3221 payment codes. SSPS chapter 2800 Child Care payment codes are not used to authorize respite payment.
6. Regional management may establish payment rates below the maximum rate listed in the SSPS Manual.

4511. Foster Parent Consultation

45111. Service Definition

Consultation is a contracted service to individual homes or to a group of homes directed toward skill building and networking. Typical activities include home visits to foster homes and telephone consultation, advice in a crisis or skill building information, individual and group consultation, assistance in obtaining resources, and participation in case staffing.

45112. Eligibility

DCFS licensed foster parents are eligible for the service upon authorization by the social worker. Such services are not an entitlement and may be discontinued at the discretion of the social worker.

45113. Procedures for Access

The social worker utilizes regional procedures for authorization of contracted consultation. Social workers may consult with Home Finders to determine the regional availability of this service. See chapter 5000, section 5182.

4512. Foster Parent (Licensed Family Foster Home) Training

45121. Required Training

1. Foster Parent (Licensed Family Foster Home) Training
 - Orientation
 - Pre-service Training
 - First Aid/CPR
 - HIV/BBP
2. All licensed family foster homes are required to complete 36 hours of ongoing training during each three year licensing period prior to renewal. This training requirement can be fulfilled through:
 1. Resource Family Training Institute (RFTI) training courses;
 2. Conferences and trainings related to child welfare and/or other human services relevant to the foster parent's scope of duties;
 3. Other relevant training offered by the Office of Training and Development, Children's Administration;
 4. Certification programs offered by Pierce or Seattle Central Community College;
 5. CA on-line or video training courses offered on the Resource Family Institute's webpage;
 6. CA approved private agency training courses;
 7. Other training as approved by the licensor.
3. The 36 hour training requirement may be met by one or both parties on a license, in any combination. That is, one party on a two parent license may complete all 36 hours or two people on a two parent license may complete part of the 36 hours as long as a total of 36 hours is completed.
4. If the licensed family foster home reaches re-licensing without completing the training requirement of 36 hours in 3 years, the licensor will
 0. create a compliance plan for not more than 6 months with the licensee(s) for completion of the requirement, and
 1. if the compliance plan is not met, issue a stop placement until the training requirement is met.

Revocation may occur if the compliance plan is not met.

5. The "36 hours in 3 years" refers to the licensing period.
6. All mandatory training requirements will be entered into CAMIS. The RFTI training manager will enter training completion for RFTI inperson classes into CAMIS and the DLR licensor for the home will enter completion data for all other training.
7. Licensees will complete the yearly Self-Assessment for Licensed Caregivers (DSHS10-399) which includes the training completed in the past 12 months and asks what training would be helpful.
8. Specific and additional training may be required as part of a compliance plan.

45122. Access to Training

DCFS licensed family foster homes, private agency licensed family foster home, and relative caregivers are eligible to participate in department sponsored training.

45123. Procedures for Accessing Training

The licensed family foster home consults the licensor, private agency and/or regional training manager for class announcements and procedures to access to this service. The web site also maintains a training calendar available to all foster parents, relative caregivers and agency staff.

4513. Foster Parents - Ancillary Support Services

45131. Service Definition

1. Ancillary supports allow for the purchase of specific goods or services that contribute to effective quality care in foster care.
2. Ancillary supports can include, but are not limited to:
 1. Purchased recreation activities for children in care.
 2. Recreational and craft supplies.
 3. Other equipment that enhances safe, quality care.

45132. Eligibility

Licensed foster parents are eligible upon authorization by the social worker. Such services are not an entitlement and may be discontinued at the discretion of the social worker, based upon availability of funds and/or an assessment of the needs of the child, the family, and the foster family.

45133. Procedures for Access

The social worker consults regional procedures to access ancillary support services for foster parents. Home Finders are a resource to provide information on regional availability of this service.

4514. Family Support Networks

45141. Service Definition

Each individual family's extended family, tribe, friends, and other lay or professional helpers who help resolve current issues of concern constitute a support network. Informal support networks reduce social isolation that may contribute to CA/N and may provide the resources to

assist in reduction of family conflict. Supportive networks may be more helpful than professional services because they are generally a life-long part of the client's life.

45142. Eligibility

All DCFS clients are eligible for the service.

45143. Procedures for Access

1. The social worker uses "reasonable efforts" in locating and contacting extended family members, friends, and lay helpers for potential support and/or placement resources.
2. The social worker is encouraged to develop informal family support network alternatives to professionally provided services when possible.
3. The social worker provides the family support network consistent information and support, within the limits of laws on confidentiality.

45144. Other Sources

1. The RSN, DDD, and local schools may have projects in some communities to facilitate the development/maintenance of family support networks. The social worker is encouraged to explore those systems for help in coordinating a family support network.
2. Participation in an organization that has culturally-specific ties may reduce isolation for some individuals.
3. Families may have support available to them through their church. Churches support many social service and recreational programs.
4. Special interest support groups, including support groups for parents who have experienced a SIDS death or parents with developmentally disabled or medically fragile children, can be helpful and supportive to parents.
5. Recreational activities can be especially valuable to families needing support. Many non-profit recreational organizations provide scholarships or reduced tuition.

4515. Family Home Support Services

45151. Service Definition

1. Family Home Support Services (FHSS) provides supportive, culturally appropriate, in-home, skill-building services in partnership with DCFS client families. Services are provided as part of a comprehensive case plan to clients of DCFS. Services may be offered on weekends and beyond normal working hours. Overnight service may be provided in emergent cases where all other appropriate placement options have been determined to be inappropriate.
2. Services provided by Home Support Specialists (HSS) include:
 1. Teaching and demonstrating basic physical and emotional care of children, including child development and developmentally appropriate child discipline.

2. Teaching homemaking and other life skills, including housekeeping, economical shopping, nutrition and food preparation, personal hygiene, financial budgeting, time management and home organization, with consideration given to the family's cultural environment.
 3. Helping families obtain basic needs. Networking families with appropriate supportive community resources; e.g., housing, clothing and food banks, health care services, and educational and employment services.
 4. Providing emotional support to families and building self-esteem in family members; aiding family members in developing appropriate interpersonal and social skills.
 5. Providing client transportation/supervision of visits on a time-limited basis.
 6. Observing family functioning, assisting the social worker in identifying family strengths as well as areas needing intervention or remediation, reporting to the social worker on the family's progress in skill-building, family functioning and other areas defined in the case plan.
 7. Providing individual care services, including child care and household management on an emergent, time-limited basis when necessary to maintain a family that is in crisis.
3. FHSS is not intended to provide long-term maintenance for a family, is not a housekeeping service, and is not interchangeable with CHORE Services. Requests for on-going or repetitive child care or household maintenance are not appropriate for FHSS.

45152. Eligibility

The following criteria determine eligibility, contingent upon available funding, for FHSS:

1. The family must be a current DCFS client.
2. The case plan must document the need for teaching, skill-building, or community networking.
3. Alternatively, an emergent need exists in which the temporary use of an HSS will prevent out-of-home placement. Such situations include:
 1. The temporary absence or incapacity of the primary caretaker, when it is anticipated that other suitable substitute care will be found within 72 hours.
 2. The one-time provision of household chores when the condition of the home may necessitate out-of-home placement.
4. Families with adolescents are eligible for this service.

45153. Procedures for Access

1. The social worker initiates the referral and gives it to the FHSS supervisor/coordinator. Referrals for FHSS shall list specific areas for HSS intervention with a family.
2. The FHSS supervisor/coordinator evaluates the request for service eligibility and determines priority for service within available full time equivalent (FTE) staff resources.

3. The FHSS supervisor/coordinator gives service priority to cases where the service is in support of time-limited objectives to improve family functioning or to maintain a family in crisis. Priority cases have one or more of the following characteristics:
 1. There is high risk of out-of-home placement and indication that HSS intervention will reduce that risk. This may include planned skill-building services or emergent, one-time provision of household chores, material resources, or child care, including overnight services. The purpose is to maintain a family having a crisis.
 2. There is probability of continued out-of-home placement and indication that HSS intervention will enhance family reunification.
 3. There is need to provide supportive services to a family when a child returns home from out-of-home placement.
 4. There is need to provide support services to foster parents or relative care providers in order to stabilize and maintain placement.
4. Except in case of emergency provision of service, the social worker initiates a case planning staffing with the HSS and other appropriate individuals prior to initiation of services to set FHSS service planning goals and expectations and to discuss any issues the HSS should be aware of in dealing with the family. The social worker informs the HSS of any known or suspected issues affecting personal safety prior to contact with the family.
5. On-going case consultation between the HSS and the assigned social worker shall occur on a regular basis. As part of regular supervisory conferences, review of the need for continued FHSS shall occur.

4516. Health Services For Mothers And Children

45161. Service Definition

1. Services available to detect risk factors that might affect the health or growth of the baby early in the pregnancy. Health related services designed to assist parents with infants and young children. Programs offering health screening, assessment, and treatment for children. Health services provided through the Early and Periodic Diagnosis and Treatment (EPSDT) or Healthy Kids Program and Women, Infants, and Children (WIC) program.
2. DCFS also contracts with local health departments to provide public health nursing services in-home for families who need them.

45162. Eligibility

Parents with infants and young children who are eligible for the Medicaid program are generally eligible for Healthy Kids services. The family's social worker determines eligibility for DCFS contracted public health services.

4517. Medical/Dental Services For Children In Out-Of-Home Care Or Receiving Other Services

45171. Service Definition

1. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT), program is a federal preventative health care benefit. The purpose of this program is to screen children and youth 20 years of age and younger in order to identify physical and/or mental health problems.
2. The Medicaid periodicity schedule for EPSDT examinations for children in out-of-home care is:

The initial EPSDT examination will occur within the first 30 days of placement whenever possible.

1. Five EPSDT screening examinations during the first year of life.
2. Three EPSDT screening examinations between one and two years of age.
3. One EPSDT screening examination for each 12 month period between ages two and 20.
3. Initial EPSDT examinations for children entering foster care are to be obtained prior to placement or scheduled within 30 days of OPD.
4. Children may receive additional EPSDT examinations beyond the periodicity schedule if it is determined that such an examinations are needed (i.e. after being on the run or has re-entered foster care). These are called inter-periodic EPSDT examinations.
5. The child's social worker is expected to assist the child's caregiver in engaging the child with identified services on all referrals made as a result of the EPSDT examination.
6. All children in foster care should be screened for mental health concerns as part of their initial and subsequent annual EPSDT examinations.
7. The child's well-being status will be reviewed at all Shared Planning Meetings. Well-being information will be included in the child's ISSP.
8. CHET Screeners will record the initial EPSDT examination date in the PrePassport Module of CAMIS for children who receive a CHET screening.
9. The assigned social worker will record the date of all EPSDT examinations in the Shared Planning Meeting minutes.

45172. Eligibility

All children in CA-paid, licensed out-of-home placements are eligible for medical services. A child in out-of-home care or receiving Adoption Support is eligible for Medical ID Cards until the child graduates high school or completes an approved equivalent vocational program or the child's 21st birthday, whichever occurs first. The CA social worker must verify that child is enrolled in school or an approved vocational program. Some children receiving other services may also be eligible for Medicaid.

1. Children placed from non-Medicaid recipient homes are immediately eligible for Medicaid on a fee-for-service basis, issued by the Foster Care Medicaid Unit (FCMU), upon entry of information into the CAMIS placement module.
2. Children being placed from Medicaid-covered households must be served by the family's assigned health plan until the child is terminated from that coverage.
 1. Staff may obtain information about the existence or identity of an assigned health care plan through ACES or by calling the FCMU.
 2. If the location of the child's placement makes seeing the assigned medical provider difficult, the social worker must call the customer service number for the plan (listed on the Medicaid ID card or the ACES screen) to negotiate a change in provider.
 3. Coverage on the family's plan may take from 15 to 45 days to be terminated and continue for up to 90 days in cases where the child is expected to return home within that time-frame.
3. Children receiving Medicaid services at the time of placement may not be authorized for medical through CA until their managed care medical coverage through the TANF grant or the medical-only program is terminated in the CSO. Once a child is determined not to be/no longer included on their family's Medicaid managed care plan (Healthy Options), the FCMU must complete the authorization.
4. Social workers may facilitate access to health care for foster children and clarify the foster parents' role to health care providers by providing a Healthy Kids Card, DSHS 03-338, to the foster parents for each child in placement.
5. Children being served through intensive services plans (i. e., CHAP) contracts must be in licensed care at least one day per month to be eligible for Medicaid. For all private agency placements, the CA social worker must receive documentation of the placement from the private agency and must enter the placement information in the CAMIS placement module as soon as possible. The FCMU will issue the Medical ID Card at the time of placement and will send a copy to the private agency if requested.
6. When children enter mental health or substance abuse treatment from foster care, social workers will indicate the reason and the location of the child in the CAMIS placement module. These children will remain on "D Medical" for 90 days. The FCMU will initiate an alert to trigger at the end of 90 days. The CA social worker and the FCMU will make a determination at that time whether the child will be returning to foster care or home.
7. Infants of Minor Mothers
8. Newborns of Mothers Enrolled in Healthy Options
 1. Newborns whose mothers are Healthy Options members are deemed members and enrolled in Healthy Options beginning from the newborn's date of birth or the mother's date of enrollment, whichever is later. DSHS will pay supplemental premiums to the Healthy Options plan through the end of the month in which the 60th day of life occurs. The FCMU will issue the child's Medical ID Card with the mother's Healthy Options plan.
 2. Children born to minor mothers enrolled in Healthy Options are considered to belong to the mother's household while the child is in the hospital and/or transferred to Pediatric Interim Care Center (PICC) the month of birth. If a legal dependency is filed, the child will be changed to **◆D medical◆** the following month, and the financial worker notified. If the child is expected to return home

within 90 days, the child is considered to be in the mother's household, and the financial worker should be notified so a 90-day tickler can be initiated. In this case, the newborn is converted to "D medical" and remains in the child's Healthy Options plan.

9. Adoption Support Program

1. When the adoption is finalized for a child in care and service through Adoption Support begins, the social worker's or the Adoption Support program manager's change in the placement module must indicate the new adoption status, which will electronically alert the FCMU to make the appropriate changes in the authorization.
 1. The FCMU will issue a Medical ID Card in the child's new name once the adoption is finalized.
 2. The CA social worker or Adoption Support program manager must provide to FCMU the child's previous name and case number along with the new name so that the unit can close the previous Medical ID Card.
 2. The FCMU, via CA, will issue the Medicaid ID Card for children eligible for Medicaid through the Adoption Support program, with the following exceptions:
 1. If the adoptive family applies for TANF, Basic Health Plan (BHP), or other Medicaid programs as a family unit that includes the adoptive child, the CA-issued Medicaid will be suspended for the duration of the family's enrollment.
 2. The Community Services Office (CSO) will issue the Medicaid ID Card for children on Adoption Support who are receiving Supplemental Security Income (SSI) or whose family qualifies for TANF or the Children's Medical Program (H medical). Children who are on SSI will remain on SSI and will not be opened for **◆D medical.◆**
 3. Children who are not income eligible for the H medical program or the BHP and receive Adoption Support are eligible for foster care **◆D medical.◆**
 4. Children who are receiving Adoption Support from another state and move into Washington are eligible for **◆D medical.◆** The regional Adoption Support program manager needs to obtain the out-of-state information and create a case number for the child. This information is then sent to the FCMU to issue a Medical ID Card.
 5. The FCMU supervisor grants Adoption Support exception requests by the family on cases with **◆D medical◆** on a case-by-case basis.
10. For children in out-of-home care and who are eligible for SSI, the FCMU will issue the Medicaid ID Card on behalf of CA.
11. Medicaid for Children Placed from Other States
1. All children who are living in Washington State, but not with an adult who is financially responsible for them, are eligible for Medicaid. For those in licensed care or on Adoption Support, the assigned CA worker initiates the application. Others apply through the Medical Eligibility Determination Services (MEDS) unit (P. O. Box 45521, Olympia, WA 98504-5531; telephone toll-free 1-800-562-3022) or at the CSO.
 2. CA and FCMU will issue Medicaid when there is reason to open a CA case, to assign a worker, and the child is placed in a licensed home or eligible adoptive

home, according to the Consolidated Omnibus Budget Reconciliation Act (COBRA) or Interstate Compact for Adoption and Medical Assistance (ICAMA) regulations. In cases where a worker is assigned but no entry in the CAMIS placement module is required, the social worker must initiate the application by notifying the FCMU by telephone or e-mail. The social worker must also ensure that the department issues a provider number for the home.

1. Private agencies must initiate application themselves in cases where DCFS is not providing services. If asked, the CA social worker refers the agency to MEDS.
 2. Unlicensed relatives of a specified degree must also initiate the application themselves. If asked, the CA social worker refers the relatives to MEDS or to the local CSO.
 3. FCMU will issue Medicaid directly for children on COBRA. CA does not need to take any action.
 4. Children from other states who are not Title IV-E eligible and who are on SSI apply through the CSO for SSI Medicaid.
12. Children Who Are Undocumented Aliens
1. Children who are undocumented aliens are eligible for **◆D Medical◆** state funds only. The CA social worker must code these children correctly in CAMIS.
 2. Undocumented aliens are:
 1. Non-immigrant; i. e., visitor from other countries, child with a student visa, or undocumented; or
 2. Immigrant with Immigration and Naturalization Service (INS) status of parolee, conditioned entrant, or lawful Permanent resident and who arrived in the U. S. after August 22, 1996, but has not been in the country seven years.
13. In addition to the Medicaid ID Card, the following documents are acceptable verification of Medicaid coverage:
1. A stamped, initialed ACES print screen of the medical ID card;
 2. A yellow medical ID card, issued by the FCMU;
 3. Information issued through a Medical Eligibility Verification System (MEVS); and
 4. Verbal or written verification from the FCMU to the medical provider.
14. With the approval of the Regional Administrator or designee and within limited funds available, the social worker may authorize elective medical services, such as orthodontics or corrective surgery to correct a disfiguring condition, not covered by Medicaid. The social worker must accompany each request for such medical services with verification of denial of payment by the Medical Assistance Administration, including following administrative appeal. Social workers must obtain parental consent, or a court order authorizing the department to consent, to provision of any medical or dental services, including surgery, that are neither routine nor emergency services.

45173. Procedures for Access

1. CA social workers or other assigned staff must do the following to facilitate eligibility determination and issuance of Medicaid ID Cards:

1. CA staff must enter the placement information into the CAMIS placement module in accordance with the CA Operations Manual, chapter 15000, section 152222. This information will electronically alert the FCMU to authorize, change, or close Medicaid. The FCMU sends the Medicaid ID Card to the physical location of the child. If there is reason to send a copy of the card to another location, the FCMU can arrange to produce more than one card.
2. If there is a medical emergency, CA staff must call or e-mail the FCMU following entry of the placement information. This will enable the FCMU staff to check for an assigned provider and/or immediately process the Medicaid eligibility and fax or telephone the necessary eligibility information to the health care provider. The social worker can reach FCMU by e-mail, direct telephone, or the foster care Medicaid hotline at 1-800-547-3109. The social worker may advise the foster parent to contact FCMU if the child experiences a medical emergency before receipt of the medical ID card.
3. If the medical emergency occurs after-hours, the care provider or CA staff needs to take the child for services to the local hospital emergency room. CA staff must contact the FCMU the next business day with treatment provider information.
2. The CA social worker, for CA children, and private child placing agency staff, for CA-funded children for whom those agencies are responsible, must make every effort to determine if each child has a Social Security number.
 1. If the child does not have a Social Security number, the CA social worker refers the matter to the Federal Funding Specialist, who will apply or cause an application to be made for a Social Security number during the month the child begins to receive services, including but not necessarily limited to out-of-home care, that may be Medicaid-eligible.
 2. For a child without a Social Security number being served by a child placing agency and funded by DCFS, the private agency staff must apply or cause an application to be made for a Social Security number during the month the child comes into care or begins to receive services that may be Medicaid-eligible.
 3. When the social worker or other assigned staff receives the Social Security number, the staff enters the number in CAMIS and notifies the FCMU of the action by telephone or e-mail.

45174. Other Sources

1. Medical/behavioral services required for a child to maintain in school may be eligible for payment through school district sources. The social worker may request, or advise the parents of the child to request, an evaluation for special education. Required services are authorized after assessment and the development by the school of an Individualized Education Plan (IEP) for the child.
2. Civic groups such as the Shriners, Crippled Children's Service, Kiwanis, and the Lions Club often provide funding for special needs services.
3. See section 4526 for information regarding Medicaid Personal Care (MPC) Services.

45175. Record Keeping

1. The social worker must file and/or record all information gathered through the EPSDT/Healthy Kids examination and other medical/dental/behavioral services in the Health and Education Record. See sections 43092 and 4517 of this manual and the Operations Manual, chapter 13000, section 13410.
2. The social worker must file any historical medical/dental/behavioral services information gathered through ACES or contact with previous providers in the Health and Education Record of the child's file. See the Operations Manual, chapter 13000, section 13410.

4518. Drug/Alcohol Services

45181. Service Definition

1. Assessment, treatment or monitoring services provided to an individual or family to assist a client in maintaining sobriety.
2. These may include both in-patient and outpatient services. DCFS contracts or pays for substance abuse services in a variety of ways depending on the availability of state and federal funding. Most adults without income are referred to ADATSA programs contracted through the Division of Alcohol and Substance Abuse (DASA). Several DCFS regional offices contract for urinalysis monitoring. Substance abuse treatment components exist within many DCFS contracted rehabilitative/residential care programs for adolescents. Specific services needed are determined through a drug and alcohol assessment provided by a qualified professional.

45182. Eligibility

DCFS clients where drug and/or alcohol abuse is suspected are eligible for available services.

45183. Procedures for Access

1. The social worker consults regional procedures for utilization of local drug and alcohol abuse programs within their communities. Obtaining information from the client regarding the availability of insurance coverage is essential to determining the range of resources that are available for any individual client.
2. The social worker refers clients without resources to the local DSHS Community Service Office (CSO) to determine if they are eligible for state and/or federally funded assessment and treatment services.
3. Controlled Substance Testing
 1. Children's Administration staff shall not collect urine samples for urinalysis or other tissues from children, their families, or other involved parties for drug testing.

2. If a court of competent jurisdiction orders that a party to a dependency, Child in Need of Services (CHINS), or At-Risk Youth (ARY) action submit to testing for use of controlled substances, the assigned social worker shall arrange for such testing to be done independently by a qualified drug and alcohol program or laboratory.
3. If the social worker and the care provider, usually a parent, negotiate an agreement for controlled substance testing of the parent/provider, the social worker shall arrange for such testing to be done independently by a qualified drug and alcohol program or laboratory, in accordance with conditions of paragraph 4, below.
4. If the department is to pay for the cost of the testing, the social worker shall arrange for the testing to be conducted by an organization or laboratory contracting with the department for such services.
5. The Regional Administrator, through the Regional Contracts Manager, shall make available to staff the names and contract terms and conditions of entities available for such substance abuse testing.
6. The social worker authorizes payment for those tests for which the department is financially responsible in accordance with the service provider's contract.

45184. Other Sources

1. Alcoholics Anonymous, Narcotics Anonymous, Alateen, and Alanon are self-help organizations that are free and available in most communities in Washington State.
2. Many communities fund specialized programs to meet the needs of particular populations or groups.
3. Division of Alcohol and Substance Abuse (DASA) Child Care is available to parents who are in a DASA-approved treatment facility. Substance abuse treatment staff are designated to approve child care services.
 1. DASA Child Care is authorized by staff in counties or treatment facilities. DASA Child Care is not authorized by DSHS offices. For information, contact the county alcohol and drug coordinator or the DASA Child Care Program Manager at (360) 438-8068.
 2. Participation of a parent in substance abuse treatment is confidential. Participation may not be disclosed unless a release has been signed by the person in treatment.

4519. Home Based Services

45191. Service Definition

1. Home Based Services (HBS) are designed to prevent or remediate problems that may result in out-of-home placement.
2. Such services are provided in the context of a comprehensive permanency plan and may include:

1. Basic goods and services; e.g., food, clothing, shelter, furniture, health, utilities, transportation.
2. Paraprofessional services; e.g., parent aides.
3. Parent training.
4. In-home counseling to prevent out-of-home placement.
5. Services may be provided by contract in some DCFS regions.

45192. Eligibility

1. For a family or individual to receive HBS, the following conditions must be met:
 1. The client has a case open for CPS, CWS, or FRS services.
 2. Services may be provided to the family of origin, relatives, or foster families when the intent of HBS is to maintain or reunify a permanent or long-term stable home for the child.
 3. The family is willing and able to cooperate with HBS services.
 4. In the social worker's judgment, the child can be safely maintained in the home or be safely returned to the home within the next three months with HBS services.
 5. There is funding available through the HBS budget to provide HBS services.

45193. Procedures for Access

1. The social worker follows regional procedures to authorize services.
2. The worker opens the appropriate SSPS payment code and sends a copy authorizing services to the provider.
3. During the course of the service, the worker is encouraged to maintain contact with the HBS provider to review the progress of services. The worker shall immediately notify the HBS contractor if a CPS referral on the family has been received.
4. Following completion of service, the worker receives a closing summary from the contractor and then terminates payment through SSPS.

45194. Other Sources

Some of the components of service provided by HBS are available from other sources in some communities. Workers may explore private charitable and religious organizations for help with the provision of concrete services, the RSN for availability within "wrap-around" funds, and DDD for parent education for developmentally disabled parents. Community Public Health and Safety Networks are another possible resource.

[Continue to sections 4520 - 4529](#)

4520. HIV/AIDS Support Services

45201. Service Definition

DCFS provides coordination and information and referral within each region for locating appropriate medical and support services for clients with HIV or AIDS and for assisting social workers with administrative policy and law specific to casework with clients who may be HIV positive.

45202. Eligibility

Clients who are at risk of becoming or who are HIV positive are eligible for the service.

45203. Procedures for Access

1. The social worker consults with their regional AIDS coordinator regarding HIV statute and policy whenever an issue surfaces that involves HIV.
2. Specific confidentiality statutes apply regarding sharing information about HIV status. Testing for HIV also is governed by specific statute. Refer to the Operations Manual, chapter 5000, section 5700, for state policy and guidelines on blood borne pathogens.
3. See the Case Services Policy Manual, chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.

4521. Psychological/Psychiatric Services

45211. Service Definition

1. Services to provide psychiatric and psychological evaluations and treatment to implement a permanency plan, to prevent CA/N, to prevent out-of-home placement, or to make placement/permanency planning decisions. See section 4539, below, for information regarding Inpatient Mental Health Treatment for Children. In general, there are two main types of psychological/psychiatric funding sources available for utilization by DCFS: Title XIX/Healthy Kids (EPSDT) services through the Regional Support Networks (RSN) and DCFS direct funded services.
2. The RSNs in the state are the conduit for mental health services for recipients of Medicaid. Serving as Prepaid Health Plans, these networks receive and distribute all state and federal mental health dollars to the community mental health centers, institutions, and other certified mental health providers.

45212. Eligibility

1. Under Healthy Kids Services, Medicaid-eligible children and their families are provided specific mental health evaluation and treatment. For eligible children under 19 years of

age, mental health services must be determined to be medically necessary as a result of a Healthy Kids/EPSTDT health screen.

2. Medicaid-funded mental health services must be the first choice for treatment. DCFS-funded services are to be used only when all other payment resources have been exhausted. Families or children are eligible for DCFS direct-funded psychological/psychiatric services under the following circumstances:
 1. Parents or children with an active CPS, FRS, or CWS case.
 2. All RSN resources have been exhausted or the child/parent is not eligible to receive the service under a Healthy Kids plan.
 3. The child/family has demonstrated it doesn't have the financial resources or insurance to pay for the service.
 4. Funding is available to provide the service.
 5. Services are only available from DCFS-contracted providers.

45213. Procedures for Access

1. Children and families can access RSN funding by presenting at any mental health provider which is certified to accept Medicaid. For Healthy Kids services, the following steps shall be taken:
 1. The social worker refers Medicaid-eligible children and families for a Healthy Kids screening utilizing regional procedures.
 2. If the child does not have a current Healthy Kids/EPSTDT examination, the social worker must schedule a Healthy Kids examination to be completed within 30 days.
 3. For situations involving inpatient treatment, see section 4539, below.
 4. DCFS social workers supply mental health screeners and providers with the information they request to make screening decisions and to provide mental health services.
2. For DCFS direct-funded psychological/psychiatric services, the following steps shall be taken:
 1. The social worker determines that Healthy Kids services are not available and that funding is not available for the service through other sources listed below.
 2. The social worker authorizes psychiatric/psychological services utilizing the authorization guidelines in paragraph A above and regional procedure.
3. The social worker authorizes psychological/psychiatric procedures using current SSPS codes and sends a copy of the authorization to the provider.
4. The worker requests a final report and terminates payment.

45214. Other Sources

1. If the need for the service is primarily to support the child's ability to stay in school, funds for evaluations/treatment may be available through the local school district. The social worker may contact the child's school, or have the child's family contact the school, and make a referral to determine if the child is eligible for special education services.

2. DDD may provide psychiatric/psychological evaluations and/or behavior management training or treatment for developmentally disabled children living in their own homes or parents.
3. The JRA or local juvenile probation offices may provide similar services for delinquent children.
4. Division of Vocational Rehabilitation (DVR), General Assistance-Unemployable (GA-U), and SSI evaluations may be a resource. If the child has a current or recent SSI application, the social worker shall ask the SSI facilitator to access the SSI file for current medical or psychological assessments.

4522. Income Maintenance

45221. Service Definition

Services are to provide financial assistance to meet the basic needs of a family for housing, utilities, food, clothing, etc.

45222. Eligibility

1. DCFS refers individuals and families to Economic and Medical Field Services' (EMFS) CSOs for determination of eligibility for specific income maintenance programs such as Temporary Assistance to Needy Families (TANF) or GA-U.
2. Eligibility for some federally funded financial maintenance programs, such as Social Security disability and SSI, are determined by the federal Social Security Administration.

45223. Procedures for Access

1. As part of initial and on-going family assessment, the social worker assesses the family's ability to maintain financially to meet basic needs. When it appears that the family may have little or no income, the social worker assesses the reasons contributing to the situation (e.g. injury, lay-off, divorce, lack of needed job skills) and refers the family to the CSO or other appropriate agencies for determination of eligibility for benefits.
2. When a child who may be eligible for federal disability payments is in the home of their parent or guardian, the social worker refers the parent to their local Social Security office for information on applying for benefits. SSI facilitators in each region can provide technical assistance to a family/child needing to make application for SSI or survivor's benefits.
3. When a child is in out-of-home care and it appears that the child may be eligible for federal disability benefits, the social worker makes a referral to the Social Security disability specialist in the DCFS regional office to begin the process of determining benefits.

4. The social worker completes the federal funding forms and provides them to the federal funding specialist, who determines fund source for children in out-of-home care.

45224. Other Sources

1. Clients whose jobs have ended may be eligible for unemployment benefits.
2. The Division of Child Support (DCS), formerly the Office of Support Enforcement, will assist in the collection of child support with parents who are due court-ordered child support and have been unable to collect it.
3. Some clients injured in the course of employment may be eligible for financial assistance through the Department of Labor and Industries (L&I).
4. Many communities and non-profit charitable organizations maintain private, non-profit sources for food and clothing for families and individuals in emergency need. Schools and churches may also maintain food and clothing banks. The Community Public Health and Safety Networks may contribute to this resource.
5. While not providing income maintenance, private non-profit credit counseling services are available in many communities to assist individuals in managing debt.
6. Food and formula supplements are available for some low-income women with infants through the WIC program to help promote healthy infant development.
7. Families and children of U.S. military service veterans may be eligible for veteran's benefits provided through the Veteran's Administration.

4523. Housing

45231. Service Definition

Services to assist an individual or family obtain housing. Services consist of information and referral, coordination, advocacy, and case management to assist clients with housing needs. Contracted Independent Living Skills (ILS) programs for adolescents are available to assist youth emancipating from foster care with counseling regarding the location of housing.

45232. Eligibility

DCFS clients with either no housing or inadequate housing are eligible for the service. Homeless youth may be eligible for out-of-home care services through DCFS when they have been determined eligible for placement following a CWS assessment. CPS referrals are not accepted on a family if the only reason for the referral is homelessness.

45233. Procedures for Access

1. The social worker works with a family to obtain housing through referrals to the CSO and, in emergencies, through direct referral to emergency shelter programs in the local communities. EMFS can provide the social worker with information on how to assist clients who need to apply for available publicly funded housing through the federal

Section 8 or other programs, including those operated through the state Department of Trade, Community, and Economic Development (CTED).

2. In accordance with regional procedures, the social worker refers adolescents emancipating from foster care to regionally contracted ILS programs for education and counseling regarding housing needs.
3. For placement in out-of-home care for children, the social worker follows procedures outlined in this chapter.

45234. Other Sources

1. Many communities provide shelter programs for youth with funding through the Runaway Youth Act for runaways.
2. Housing advocacy/case management are often provided through the RSN for clients with a mental illness.

4524. Educational And Job Training Services

45241. Service Definition

Services to assist individuals to complete their education or to locate employment or training that would qualify them for employment. DCFS direct services consist of information and referral to state, federal, and community funded programs. DCFS contracts regionally with community agencies to provide educational and job counseling services for youth emancipating from foster care. See the ILS program description.

45242. Eligibility

DCFS clients who need education, job training, or employment are eligible.

45243. Procedures for Access

1. The social worker refers adults who need to complete their high school diploma or General Equivalency Development (GED) certificate to the school district nearest the client's home for information regarding programs available in the local community.
2. The social worker refers youth emancipating from foster care to the regionally contracted ILS program for career and job counseling utilizing regionally established procedures.
3. Adults or youth who are seeking employment may be referred to the Employment Security Department, Job Service Center office, for listings of job openings and other services available to help find employment.

45244. Other Sources

1. Services are available through colleges, universities, and vocational institutes to provide career counseling, job training, and education for individuals. Financial Aid Offices and Career Counseling Offices in those institutions provide information and assistance.
2. Private Industry Councils (PIC) in communities coordinate and administer job training programs available from the federal government. The Employment Security Department provides information about the availability of such programs. Information on other federal programs such as Job Corps, providing training for young adults, and Summer Youth Employment Programs for low-income youth can also be accessed through the Employment Security Department.
3. DVR and L&I provide services to train workers who have had injuries or disabilities so that they can regain employment.

4525. Independent Living Skills Services – Adolescents

45251. Definition

1. Independent Living Skills (ILS) contracted providers prepare youth to live as adults when they reach majority age and leave placement.
2. Typical activities include, but are not limited to:
 1. An assessment of skills and needs;
 2. A written service plan with clear goals;
 3. Services to build tangible skills in education, vocation, income maintenance, and daily living;
 4. Services to build intangible skills self-confidence, dealing with issues of separation and loss, anger management, parenting, and other areas.

45252. Eligibility

Youth ages 16 and older that have been in DCFS-paid out-of-home care for any length of time since their 16th birthday are eligible. To activate the youth's ability to access contracted services, the child's social worker must make a referral to a contracted provider within the region before the youth leaves state care.

45253. Procedures for Access

1. The social worker must develop an Independent Living Plan as part of the ISSP for youth 16 years of age or older that are in placement. The social worker will meet with the youth and placement resource (foster parent or group care staff) to develop the plan.
2. Contractors may continue serving youth no longer in care in their program until the youth's 21st birthday.
3. To refer a youth for contracted Independent Living services, the social worker provides a copy of the current ISSP, and any other additional information needed, to the ILS provider. The social worker communicates with the vendor regarding what an Independent Living Plan needs to include for a particular youth.

4. Youth who have been on SSI/SSA benefits while in foster care need assistance to apply to be their own payee. Some youth may have had Special Needs Trusts established. Independent Living needs may be met with funds from these trusts.

45254. Other Sources

1. There are a variety of agencies that provide Independent Living-related services to youth. These include:
 1. The Employment Security Department, Private Industry Councils (PIC), and the Joint Training and Partnership Act (JTPA) for employment resources.
 2. Students with Individualized Educational Plans (IEP) may be eligible for Independent Living skills training through the school.
 3. Schools, colleges, and vocational institutes can provide information regarding educational goals and assistance with tuition reductions/ waivers or financial aid. Schools also offer ILS classes, pre-vocational classes, and part-time on-campus jobs.

4526. Personal Care Services

1. Medicaid Personal Care (MPC) services are a Title XIX State Plan entitlement providing medically related services to children who are "categorically needy" Medicaid eligible.
2. Children's Administration (CA) is the designated agency to administer MPC services for children in the children's own homes or in foster care who have been abused and neglected, including some children with developmental disabilities, or children who are not eligible for services from the Division of Developmental Disabilities (DDD).

For the most up-to-date version of the RCW and WAC refer to the CA Intranet page under Manuals and Policies. Also, see the Medicaid Personal Care Service Resource Manual for program managers and social workers that provides greater detail concerning MPC services.

45261. Definition

1. Medicaid Personal Care Services (MPC) specific medically related tasks, including supervision, for Medicaid eligible individuals residing in the individual's own home or community based settings, including foster family care. These tasks may be physical assistance and/or prompting and supervising the performance of direct personal care tasks and household tasks such as personal hygiene, dressing, bathing, eating, toileting, ambulation, transfer, positioning, self-medication, body care, travel to medical services, essential shopping, laundry, and child-specific housework.
2. For a child under age 18, these are tasks that, due to a disabling condition, exceed what is required by normally developing children of the same age.
3. The MPC service provider must perform personal care tasks specific to the eligible client and are not to perform them for other family or household members. MPC

services do not include tasks that clearly should be provided by medically licensed professionals.

45262. Eligibility (WAC 388-71-0440)

1. To be eligible for MPC, a client must meet the following conditions:
 1. Financial Eligibility: The child/client must be certified as a Title XIX categorically needy medical assistance client. The Community Service Office (CSO) financial services specialist determines the financial eligibility of the child/client. See WAC 388-500-0005, 388-503-0310, and 388-503-0320.
 2. Program Eligibility: The DCFS social worker or designee has assessed the client by using the Comprehensive Assessment, (DSHS 14-396), as having an unmet need requiring assistance with one or more of the following self-care tasks: eating, toileting, ambulation, transfer, positioning, bathing, self-medication, dressing, personal hygiene, or body care. See WAC 388-15-202.
 3. Reside in the client's own residence (may be a shared living situation with a caregiver), an Adult Family Home under contract with the department, or a children's foster family home. See WAC 388-71-0410.
2. A person's eligibility for MPC begins the day the social worker completes the service authorization. However, the social worker must complete a Comprehensive Assessment form with input from the child's caretaker, the child (if possible), and other individuals with pertinent information prior authorizing the services. Annually or more often if there are significant changes in the child's disabilities or the tasks to be completed for the child by the MPC provider, the social worker must reassess the client using the Comprehensive Assessment form prior to reauthorizing the service. See WAC 388-71-0450.
3. Until an applicant reaches age 18 or transfers out of DCFS foster care, the DCFS or DDD assessor must assess only the need for personal care services exceeding the level of age appropriate personal care not already being provided through the child's unpaid support systems. The assessor must use a comprehensive assessment form specific for children from birth through 17 years of age.

45263. Procedures for Access

1. For children in their own home:
 1. If the child is a client of DDD, that division is responsible for determining eligibility and authorizing services.
 2. If the child may be eligible for DDD services, the social worker must refer the family to DDD for an intake evaluation.
 3. If the child is not eligible for DDD services, the DCFS social worker must assess the case for MPC services.
 4. If the child is not a DDD client, or is awaiting DDD evaluation, the CSO must determine if the child is Title XIX categorically needy. The DCFS social worker must refer the family to the CSO for financial eligibility determination. If the CSO financial services specialist determines that the child is eligible for MPC

services, DCFS will handle the child's MPC plan, and the social worker follows established procedures.

5. If Child Protective Services (CPS) is investigating allegations of child abuse or neglect, DCFS and DDD representatives will meet to discuss which division will be responsible for all or part of the case management until CPS has resolved all issues pertaining to child abuse or neglect.
2. The social worker completes the, Comprehensive Assessment, DSHS 14-396, for the initial assessment of all referred children. The social worker must complete the form during a home visit in the presence of the child and the child's caretaker(s).
 1. The social worker must base the number of hours authorized on the client's need for assistance determined through the assessment process MPC services exceeding the level of age-appropriate care for a normally developing child.
 2. The social worker must refer the family to the CSO financial services specialist, who must redetermine financial eligibility annually for children in the children's own homes. The DCFS social worker may check with the assigned CSO financial services specialist or in the ACES computer system for the status of the child's financial eligibility.
 3. If the number of MPC services hours requested in the Comprehensive Assessment exceeds the maximum allowable, the assigned social worker may request an exception to policy on the Comprehensive Assessment form. The social worker must provide a well-documented justification for the additional MPC service hours necessary to address an unusual circumstance.
 4. The assigned social worker must send copies of the Comprehensive Assessment form to the service recipient, parent/guardian/representative, and the Area Agency on Aging or any other agency that provides nursing service consultation. The social worker must send the Comprehensive Assessment, SSPS authorization, and any other relevant supporting documentation to the nursing service consultation before service begins.
3. MPC service providers must meet the following requirements:
 1. Not be a parent, spouse, or child of the client;
 2. Be at least 18 years old;
 3. Have adequate physical health to meet the needs of the client;
 4. Know how and when to use a telephone and to seek help;
 5. Be willing to complete needed training;
 6. Have knowledge and ability to perform personal care tasks or the capacity to learn to perform such tasks;
 7. Have knowledge of acceptable standards of performance;
 8. Possess sufficient communication skills to implement written plans of care;
 9. Have ability to observe changes in the client's health status;
 10. Have ability to respond to emergencies without supervision;
 11. Demonstrate acceptance of clients' individual differences and preferences;
 12. Have ability to work independently; and
 13. Be willing to provide references.
4. Either directly or through a provider agency, the social worker determines that the MPC service provider is qualified. See WAC 388-71-0500 through WAC 388-71-0580.

1. The provider must complete the Personal Care Provider Experience/Training Statement. The social worker or provider agency screens all applicants to ensure general qualification criteria are met. Individual MPC service providers must meet the educational requirements outlined in WAC. The social worker must require the individual MPC service provider to complete additional training if recommended in the initial and annual nursing assessment.
2. The social worker or provider agency performs routine criminal history checks on all aides engaged in the provision of MPC. Background checks should have already been completed in the case of foster parent providers.
3. The social worker must complete a Provider Agreement for each personal care provider. Home care agency providers need not complete the Provider Agreement as it should have been completed at the time the contract was executed.
4. The social worker must file the all MPC-related documents in the document section of the child's service record.
5. When all of the required documentation is complete, the social worker may authorize MPC services.
5. The social worker opens payment on SSPS form DSHS 14-154A, Social Service Authorization, through CAMIS. The service begin date may be no earlier than the date of the Comprehensive Assessment.
6. The department may not pay MPC service hours for supervision to a primary caretaker; i. e., legal parent, legal stepparent, adoptive parent, or a foster parent/dependency guardian caretaker to whom the department pays the basic foster care rate. See the Medicaid Personal Care Service Resource Manual and Comprehensive Assessment for methods to determine unmet need tasks and to calculate the rates allowed for different MPC service providers.
7. The social worker provides the agency managing the contracted nursing service consultation with copies of all Comprehensive Assessments, reassessments, and SSPS authorizations for MPC services no later than 10 days after the initial or renewal authorization date for MPC services.
 1. A registered nurse must assess the child annually, or more frequently if requested by the social worker. CA expects the nursing service's consulting nurse to:
 1. Review the child's medical and/or mental condition;
 2. Review the service plan for necessary revisions and recommended revisions, if needed;
 3. Review need for continued care;
 4. Observe the provider performing MPC tasks, assess need for additional training, and provide needed training;
 5. Document the providers' ability to perform tasks and the provider's training needs; and
 6. Assist in problem resolution.
 2. The nursing service's consulting nurse will not perform skilled nursing treatment except in the event of an emergency.
 3. The nursing service's consulting nurse must forward results of the nurse oversight visits the social worker, and, if recommendations for revisions are included, the social worker reassesses the client and amends the service plan or

communicates with the nurse the reasons why changes were not made. The social worker advises the nurse of the decision and results within 15 working days after receipt of the nurse's summary that recommends change.

8. MPC is a Title XIX medical service and requires the same official notification as other department denials of medical services. The social worker must give written notice to service recipients when services are reduced or denied, giving specific reasons and WAC references for the denial or reduction, information on how to appeal, and timeliness for appeal.

4527. Relative Placement

45271. Choosing Relatives for Placement

1. When placement is necessary, the social worker must search for appropriate relatives to care for the child prior to consideration of placement in other types of out-of-home care. Preferred relative placements are those:
 1. Where the child is comfortable living with the relative;
 2. The relative has a relationship with the child; and
 3. The relative is assessed by DCFS to be capable and willing to cooperate with the permanency plan for the child. (See chapter 5000, section 5231, for assessment procedures).
2. The relative(s) must be able to provide a safe home for any child placed by DCFS, and each child placed in the home must have their own bed or crib if the child remains in the home beyond 30 days. Non-related family members must be considered as potential resources.

45272. Eligibility

Children for whom DCFS has assessed to need out-of-home care and for whom an appropriate relative is available.

45273. Procedures for Access

1. Relative Search

"Unless there is reasonable cause to believe that the health, safety, or welfare of the child would be jeopardized or that the efforts to reunify the parent and child will be hindered, priority placement for a child in shelter care shall be with any person described in RCW 74.15.020 (2) (a). the person must be willing and available to care for the child and be able to meet any special needs of the child. The person must be willing to facilitate the child's visitation with siblings, if such visitation is part of the supervising agency's plan or is ordered by the court. If a child is not initially placed with a relative pursuant to this section, the supervising agency shall make an effort within available resources to place the child with a relative on the next business day after the child is

taken into custody. The supervising agency shall document its efforts to place the child with a relative pursuant to this section. Nothing within this subsection (1) (a) establishes an entitlement to services or a right to a particular placement." **RCW 13.34.060 (1) (a)**.

1. Definition of Relative:

Relative is defined as:

1. Any blood relative, including those of half-blood and including first cousins, nephew and persons of preceding generations as defined by prefixes of grand, great, or great-great; stepfather, stepmother, stepbrother or stepsister;
2. A person who legally adopts a child or the child's parent as well as the natural and adopted children of such persons, and other relatives of the adoptive parents in accordance with law;
3. Spouses of any persons named in (a), (b) or (c) of this subsection, even after a marriage is terminated, or
4. In cases where ICWA applies an extended family member is defined by law or custom of the Native American child's tribe or, in the absence of such law or custom, a person who has reached the age of 18 and who is the Indian child's grandparents, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent who provides care in the family abode on a twenty-four basis to an Indian child as defined in 25 USC sec 1903(4).

RCW 74.15.020

2. At the time placement is first considered or when out of home placement is necessary, the DCFS Children's Administration (CA) social worker must search for appropriate relatives to care for the child prior to consideration of placement in other types of out of home care. This search includes attempts to locate relatives, including relatives of presumed, but not alleged, fathers, who can care for the child. Placement with a qualified and suitable relative, even when there is no previous relationship with the child, may be in the best interest of the child, and CA prefers that placement rather than a placement with a foster parent who has no previous relationship with the child. See the definitions of "alleged" and "presumed" father in the CA Case Services Policy Manual, Appendix A.
3. When it is not possible to locate an appropriate relative prior to the initial placement, the CA worker or designee will begin relative search activities the next business day and document the efforts in a Service Episode Record (SER).
4. The relative search activities include a 3 tiered process including Initial Search, Secondary Search and Extended Search.
5. The initial relative search activities, completed by the social worker or designee include:
 1. Asking the parents, the child, other known relatives;

2. Asking any other person having family knowledge such as the schools, the medical provider, Faith Based community, CASA/GAL to identify individuals available to care for or provide support for the child;
 3. For children who are enrolled members or may be members of a Tribe, asking the Tribe to identify individuals available to care for or provide support for the child;
 4. Review the case files/records to identify names of relatives or extended family who could be contacted;
 5. Completing a DCFS computer search in GUI/CAMIS to identify names associated with the child or parent;
 6. Checking the Department of Health online system. Birth certificates, death and marriage certificates can be accessed;
 7. For those children involved in a Dependency process, social workers can request the Court to order parents to disclose to the Department all contact information for relatives and other individuals who might be a resource for the child - i.e. respite, mentor, childcare, visitation or future placement resource -within two weeks of an entered order;
 8. Following Regional protocol, collaborate with other DSHS information systems [i.e. Community Service Office (CSO), Division of Child Support (DCS), etc.] to identify familial relationship history.
6. Secondary Search Activities can be requested by social workers following regional protocol if the initial search efforts have not resulted in identifying or locating relatives.
7. The Secondary Relative Search includes:

Reviewing information in databases that CA currently has full or limited access to including ACES with narratives, barcoding, Department of Licensing, Client registry and Barcoding.

8. An Extended Relative Search is considered when the initial and extended relative search steps identified above did not result in identifying or locating relatives. The social worker should discuss with their supervisor a referral for an extended relative search.

The referral for an extended relative search shall only be made after the minimal search and extended search efforts have been completed and documented in a Service Episode Record in the child's case file.

9. Once CA identifies and locates a relative, CA shall assess the relative for their ability to be a placement and/or support to the child.
10. CA may discontinue the relative search when a permanent placement is identified. The decision to discontinue a relative search is made in consultation with the CA supervisor and after the supervisor has reviewed and agrees that a thorough relative search has been completed. The CA social worker or designee will document the search activities, the contact with the relatives and the rationale for selecting the permanent family in an SER.

11. If the permanent placement disrupts, CA will resume the relative search efforts and will document the efforts in an SER.
12. The documentation of the relative search shall include the names of the relatives identified, attempts made to contact them, and discussions with them concerning support of or placement of the child as well as any other relatives who may provide placement or support for the child and family.
2. Legal Authority for Placement: Legal authority to place is needed with relative placements either through a police pickup order, court order, or voluntary consent to place agreement with parents.
3. Assessment
 1. When a potential relative placement resource has been located, unless an emergent placement, the social worker completes a criminal history/background check on the relative and assesses suitability of the relative prior to placement. If an emergent placement, the background check will be initiated immediately after the placement. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.
 2. To determine if the home is minimally adequate for the care of children, the social worker, including after-hours staff, visits the relative's home prior to initial placement. If a child is placed with a relative by night staff following a home visit, then the ongoing social worker also visits the home within the first week of the child's placement.
 3. In those situations where questions about appropriateness arise, the social worker may enlist the assistance of a foster home licenser or other staff skilled in conducting home studies in evaluating suitability of the home and family.
 4. See chapter 5000, section 5230, for requirements regarding home studies and for licensing requirements and exemptions.
4. Information Sharing: Either prior to or soon after placement, the social worker must have a candid discussion with the relatives to inform them of the following:
 1. The reasons for the placement.
 2. Full disclosure of the child's needs and characteristics.
 3. The agency plan for the child's parents, relatives, and the care providers.
 4. The legal process. If a child is dependent pursuant to a proceeding under chapter 13.34 RCW, the social worker must keep the care provider informed regarding the dates and location of dependency review and permanency planning hearings pertaining to the child.
 5. See the Case Services Policy Manual, chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.
5. Continuing Services
 1. At critical decision points when permanency planning options are being re-evaluated, the social worker re-evaluates the possibility of relative placements. Family members who might not have been available when the child was first placed may later become an option for permanent placement.

2. The social worker provides case management support to relative caretakers in the same manner as any other type of placement.
 1. The child's assigned social worker must conduct a face-to-face interview, or have face-to-face contact with the child incapable of being interviewed, with the child placed into care after hours or on weekends in the placement facility within the next few days following placement. The worker must document the interviews and observations in the case SER.
 2. The child's social worker conducts face-to-face interviews in the home of the relative care provider with the child while in a relative placement on a quarterly basis and documents the interviews in the case SER. The social worker conducts these interviews to ensure the health and safety of the child, to assess the child's adjustment to the placement; to assess services needed by the child and the care provider; and to provide casework support.
 3. The assigned social worker provides the relative caregiver with information about needed training and support as funding is available.
6. Financial Support-For relatives needing financial support to care for the child, the social worker may assist the family to apply for TANF through the CSO, or the relatives may choose to receive foster care payments, without regard to eligibility for federal matching dollars, on behalf of the child if the relatives are licensed foster parents. See chapter 5000, section 5232.A.

45274. Unlicensed Placements-Relatives or Suitable Persons under Emergent and Urgent Circumstances

1. All placements with relatives or suitable persons known to the child and/or family require completion of a home study prior to placement except under the following conditions:
 1. Emergent placement
 - Original placement of the child from the parent or guardian's home
 - Child must be moved from an out of home placement without advance notice

(See Practices and Procedures Guide Section 5513 ♦ National Crime Information Center Checks for Emergency Placement)
 2. Urgent Placement
 - A relative or suitable person is identified and the placement move is in the child's best interest.
 - **Area Administrator approval is obtained prior to placement**
2. When possible the social worker who completes the home study should be someone other than the child's social worker.
3. The social worker assigned to complete the relative home study requests a case number be assigned per local office procedures.

4. Steps and Timeframes of the relative home study are:

Step 1: Placement Safety Assessment

1. **Prior to ALL placements** complete:
 - Background checks:
 - NCIC criminal background check with fingerprints submitted within 10 days (for emergent placements), **OR**
 - In-state BCCU check with fingerprint submitted within ten days and **AA approval** (for urgent placements)
 - CAMIS check
 - Assess the suitability of the placement resource, and
 - Complete a home visit to determine if the home is adequate for the care of the child(ren).
2. **Within 72 hours of placement:**
 - Complete the Placement Agreement (DSHS 15-281, revised 02/2007) ❖ Identifies the expectations of the caregiver and the social worker.
 - Initiate the Caregiver Placement Checklist/Caregiver Intake (DSHS 15-280, revised 9/07) ❖ Provides a standardized place to document required steps and information on all persons living in the home.
 - Report to the court when required:
 - The results of the above activities
 - The relationship of the identified placement resource (relative or suitable person) with the child or family,
 - The family's view on the placement
 - CA recommendation to the court

Step 2: Caregiver Personal Information

Within **30 days** of placement, request the placement resource to complete and return the Personal Information form (DSHS 15-276).

Step 3: Home study

Within **120 days** of placement, complete the written home study including a recommendation regarding continued placement.

The social worker also provides support to the relative caregiver or suitable person during the home study process, by:

3. Facilitating the completion of the Personal Information form if required
4. Checking references
5. Completing the criminal history background and CAMIS checks (if not already completed upon placement)
6. Date stamping all returned materials and following-up as needed

7. Performing at least one home visit, which must include at least one face to face meeting with all residents of the home
8. Encouraging the family to attend the next local foster parent preservice training and other trainings offered that may be relevant to the care of the child.
5. Upon completion of the home study the social worker completing the study will:
 1. Maintain the home study in the relative or suitable person's family's home study file (it should not be placed in the parent's file)
 2. Notify the child's social worker (if someone other than the person completing the home study) of the home study completion and recommendations regarding the appropriateness of the placement
 3. Make the home study available for review by the child's social worker
 4. Request a staffing, following local office procedures, if there is a disagreement regarding the home study recommendations
 5. Sign the completed home study and obtain the supervisor's signature.
6. If relatives or suitable persons decide to pursue a foster care license the social worker who completed the home study will:
 1. Send a referral to DLR and transfer the home study file to DLR per local office procedures
 2. Inform the family of the referral to DLR and provide them with contact information.
 3. Providing assistance if the relative has difficulty and/or needs help

4528. Regular Receiving Care

45281. Service Definition

1. Receiving home care is out-of-home care provided in licensed foster homes which are designated to provide emergent or short-term care.
2. Receiving home care is temporary care not to exceed 30 days.
3. Receiving home care is used when need for placement is immediate, and time does not allow for planning to place directly into regular foster care or other alternate care.

45282. Procedures for Access

1. The social worker first determines that relative care is not available.
2. The social worker locates and contacts an available, appropriate receiving home parent utilizing the locally determined placement system. For example, in some offices, placement in receiving care is accessed through a Home Finder or placement desk. In other offices, social workers contact the receiving home parent directly.
3. To assist the receiving home to make a decision about the child, the social worker provides the receiving home parent with information about the immediate condition of the child, the child's behaviors, school and medical information, background information, and specifics of the permanency plan that will affect the child and the placement. For example, the worker will let the receiving home parent know what behaviors to expect, what the visitation plan is, what the foster parents' responsibilities

are, when the child next needs to see a doctor or other professional, and where and when the child is likely to be moved.

4. The social worker clarifies future visits to the receiving home and provides the receiving home with written background information and emergency numbers upon placing the child.
5. The social worker completes the following paperwork after placement:
 1. Open appropriate SSPS codes and complete the CAMIS placement module.
 2. Complete a federal funding packet (all Title IV-E documents), answer Categorical Criteria questions in CAMIS, and send the packet to the DCFS federal funding specialist within 10 days of placement. Utilize local procedures to notify the SSI facilitator of placement of an SSI/SSA eligible child or for screening for SSI of a special needs child.
 3. Notify the licenser of placement of the child in a particular home.
6. The federal funding specialist shall notify the CSO Financial Services Specialist of the child's placement if the child is receiving TANF and, in all cases, the Division of Child Support (DCS) and provide a copy of the authority to place in care.
7. Receiving care is meant to be very short term care. However, in rare instances, it may become necessary to request an authorization from the Regional Administrator or designee, according to regional procedures, to extend receiving care beyond 30 days. A child is not to be moved to another receiving home simply to avoid requesting an extension.
8. The child's assigned social worker shall conduct a face-to-face interview, or have face-to-face contact with the child incapable of being interviewed, with the child placed into care after hours or on weekends in the placement facility within the next few days following placement. The social worker shall document such interviews and contacts in the case SER.

45283. Income Maintenance for Child's Parent(s)

1. If the family of origin is a recipient of TANF benefits at the time of the child's placement and the placement is anticipated to be less than 90 days, the TANF grant will be unchanged if the DCFS social worker coordinates the case plan with the CSO.
2. With coordination between the CSO and the DCFS social worker, a TANF grant can be opened 30 days prior to the return of a child to a TANF-eligible home.

4529. Specialized Receiving Care

45291. Service Definition

Specialized receiving care is short-term licensed foster care. Certain receiving homes have been identified as specialized receiving homes to serve some children who are in conflict with their parents, runaways, and other children with special needs. This type of care is short-term, emergency care for thirty days or less.

45292. Procedures for Access

1. The social worker determines that relative care, regular receiving care, and Crisis Residential Center (CRC) care are not available or are inappropriate prior to placement in specialized receiving care.
2. The social worker locates and contacts an available, appropriate specialized receiving home parent utilizing the locally determined placement system.
3. The social worker provides the specialized receiving home parent with information about the immediate condition of the child, the child's behaviors, school and medical information, background information and specifics of the permanency plan that will affect the child and the placement. For example, the worker will let the specialized receiving home parent know the visitation plan, what the foster parents' responsibilities are, when the child next needs to see a doctor or other professional, and where and when the child is likely to be moved.
4. The social worker clarifies future visits to the specialized receiving home and provides the specialized receiving home with written background information and emergency numbers upon placing the child.
5. See section 45282 for procedures regarding federal funding.
6. See section 45282, paragraph H, for the requirement to contact the child placed after hours or on weekends within the next few days following placement.
7. See section 45283 for information regarding TANF maintenance for the child's family.

[Continue to sections 4530 - 4539](#)

4530. Foster Care

45301. Service Definition

Foster Care is temporary out-of-home care in a family home that is licensed to provide this service. Foster parents are part of the professional team working to complete the permanency plan for the child and his/her family.

45302. Eligibility

1. Children for whom the department has legal authority to place in out-of-home care are eligible for the service. Legal authority includes a transfer of custody signed by a police officer, a court order, or a voluntary consent signed by the child's parent. See section 4307 of this chapter regarding procedures for Voluntary Placement Agreements. The child must be under the age of 18 unless in school to obtain a high school diploma or equivalent certificate and have been in out-of-home placement on the child's 18th birthday.
2. When a teen parent and the teen parent's child reside in the same facility AND there are no dependency needs for the teen parent's child, the department considers the child's

"home" to be the child's teen parent, not the foster home or other out-of-home care facility. As long as the teen parent and his/her child reside together, and the child of the teen parent has no safety, health, or welfare needs warranting a custody order, the social worker SHALL NOT obtain a legal authorization to place.

3. The child of a teen parent counts in the licensed capacity of the facility. The social worker must notify DLR and the Placement Coordinators if an infant is placed in the same home as the parent or is removed from the home to another placement. See WAC 388-148-0525, General Capacity of Foster Homes.
4. Placement codes for the child of the teen parent are NOT opened in CAMIS since the child continues under the teen parent's care and control. Payment for the child is included in the payment code authorized for the teen parent, with the amount authorized to be the amount for the teen parent plus the amount for the child.
5. See the Operations Manual, chapter 11000, section 11212, for requirements related to maintenance funding.

45303. Procedures

1. The social worker determines that appropriate relative care is not available prior to placement of the child in foster care.
2. The social worker locates and contacts an available, appropriate foster home parent utilizing the locally determined placement system.
3. The social worker informs the foster parent of CA responsibilities toward finding a relative that is similar and familiar to the child. The social worker assists the foster parent by providing clear information and consultation/resources if needed to care for a particular child.
4. In instances where placement is not emergent, the social worker must arrange pre-placement visits to reduce the anxiety of the child around the placement and to familiarize the child with his/her temporary family. When possible and appropriate, the social worker must involve parents in preplacement visits. Unless emergency preempts such involvement, the child's social worker must be involved in the pre-placement visits and the actual placement in the foster home. See section 45282, paragraph H, for the requirement to contact the child placed after hours or on weekends within the next few days following placement.
5. To reduce conflict between CA and foster parents about the temporary nature of foster care, social workers need to be clear at the time of placement, and regularly thereafter, about the long term and permanency plan for the child.
 1. To help the foster parent decide if the foster parent can care for the child, the social worker provides the foster home parent with information about the immediate condition of the child, the child's behaviors, school and medical information, and specifics of the permanency plan that will affect the child and the placement.
 2. The social worker clarifies dates of future visits to the foster home and provides the foster home with written background information and emergency numbers when placing the child. Most regional offices have designated forms for providing information to foster parents. Specific information to be provided to the foster parents includes:

1. Child's full name, birth date and legal status
 2. Last school of attendance and eligibility for special education and related services
 3. Medical problems/history including name of doctor/ dentist and medical coverage
 4. Name and address of parent/guardian
 5. Reason for placement
 6. Emergency procedures and any special instructions
 7. The name and telephone number of the social worker and of the social worker's immediate supervisor
6. See section 45282 and the Operations Manual, chapter 11000, for procedures regarding federal funding.
 7. The social worker makes a contact with the foster home within three days following placement to see how the child is adjusting.
 8. The social worker and the licenser encourage foster parents to keep a record of the child's stay in their home, including any medical reports received by the foster parent, significant developmental milestones, behavior, schools attended, names of all medical providers and dates of visits, immunizations, grades/report cards, friends, pets, and pictures of the child.
 9. Whenever possible or appropriate, the social worker provides parents/guardians with information about the child's adjustment, health, and school progress while in foster care.
 10. After the initial contact following placement, the social worker must visit the foster home and have face-to-face contact in the foster home with the foster parents and the child no less than once every 90 days. The social worker interviews the child to ensure the child's health and safety, to assess the child or foster parent's need for services, and to provide casework support to assist foster parents in caring for the child. When there are problems with a placement, the social worker works with foster parents to find resources for resolving problems. For example, specialized training, consultation, or other support may be needed at particular times with particular placements.
 11. Notice of Court Hearings to Caregivers

For children who are dependent under chapter 13.34 RCW, the social worker must notify current caregivers of the date of scheduled court proceedings pertaining to the child, and, if known, the court's procedures for the caregiver's right to be heard in court proceedings. Notification of the right to be heard applies to foster parents, pre-adoptive parents, relative caregivers, and other caregivers who are caring for the child at the time of the hearing. This hearing notice does not give the caregiver legal status as a party to the case. The court will make the final decision about whether and how the caregiver will provide input at the hearing.

RCW 13.34.138(1)

1. CA shall provide caregivers with written notice of the Court hearing at least 10 working days (14 calendar days) prior to regularly scheduled court review

hearings related to periodic case reviews and permanency planning for the child currently in their care. Notification shall be provided by certified mail.

2. If a court review hearing is scheduled to occur within 7 days of being set, CA shall notify the caregivers of the hearing date as soon as it is practical.

Notification shall occur by:

1. Telephone contact; or
 2. Face-to-face contact; or
 3. Email notification; or
 4. Written notification.
3. Notification of court hearings shall include:
 1. Date, time and place of hearing;
 2. Procedure for providing input at the hearing, if court procedures are known by the social worker.
 4. The social worker shall include a copy of the written notice of the hearing in the correspondence section of the child's case record or if the Court hearing is scheduled to occur within 7 days of being set, the social worker will document notification in a Service Episode Record (SER) in the child's case file.

12. Notice of Shared Planning Meetings to Caregivers

For children who are dependent under chapter 13.34 RCW, the social worker must notify current caregivers of the Shared Planning Meetings convened by CA pertaining to the safety, permanence and well-being of the child in their care. This right to notice applies to foster parents, pre-adoptive parents and relatives who are caring for the child at the time of the Shared Planning Meeting.

1. CA shall provide as much advance notice to caregivers as possible, **no later than 5 days before the scheduled meeting. For more emergent staffings**, notice will be given to participants as soon as possible.
 2. CA shall provide caregivers with notice of the Shared Planning Meetings regarding the child currently in their care. Notification will occur by:
 1. Telephone contact; or
 2. Face-to-face contact; or
 3. Email notification; or
 4. Written notification.
 3. Notification of Shared Planning Meetings shall include:
 1. Date, time and place of the meeting;
 2. Nature of the meeting; and
 3. Process for providing input at the meeting.
 4. If the caregiver is unable to participate in the shared planning meeting, CA shall request a written report from the caregiver and present the caregiver perspective.
 5. The social worker will document notification in a Service Episode Record (SER) in the child's case file or place a copy of the written notification in the child's file.
- ## 13. When the child's social worker has a specific concern or complaint regarding a foster home, the worker conveys the concerns in writing to the foster care licenser for that home. When the complaint is an allegation of CA/N, the social worker shall make a CPS referral.

14. Notification to Foster Parents When Moving a Child
 1. When a child has been placed in a foster family home and has then resided in the home for at least 90 consecutive days, the social worker shall notify the foster family at least five days prior to moving the child to another placement, unless one of the following applies:
 1. A court order has been entered requiring an immediate change in placement.
 2. The child is being returned home.
 3. The child's safety is in jeopardy.
 4. The child is residing in a receiving home or a group/ rehabilitative care facility.
 2. If a child has resided in a foster family home for less than 90 days or if, due to one or more of the circumstances above, it is not possible to give five days notification, the social worker shall notify the foster family home of proposed placement changes as soon as reasonably possible.
15. If the dependency or tribal guardian chooses to receive foster care payments rather than SSI payments or other cited source in behalf of the child, the assigned staff establishes a trust account with the Trust Fund Unit to be used to meet the cost of care or special needs of the child in accordance with RCW 74.13.060. See the Operations Manual, chapter 11000, section 11800, for details on establishment of a trust fund.
16. For a youth 18 through 20 years of age to continue in foster care beyond the youth's 18th birth to complete high school or an alternate education program leading to obtaining a high school diploma or G.E.D., the youth must complete and sign a Voluntary Placement Agreement (VPA), DSHS 09-004B(X), and agree to abide by the reasonable rules of the foster family. If the placement or education plan disrupts through actions of the youth, eligibility for CA supported placement ends.
17. A developmentally disabled youth age 18 through 20 may continue in DCFS supported care until the day before the day the youth reaches age 21 in accordance with the intra-agency agreement with the Division of Developmental Disabilities (DDD). If a DDD-eligible youth has a placement or education plan disruption during this extended eligibility, DDD assumes responsibility for the youth.
18. See section 45283 for information regarding TANF maintenance for the child's family.

4531. Private Child Placing Agencies

1. Purpose

This policy outlines definitions and the requirements for use of in-state private Child Placing Agencies (CPA) for the following services:

- Case Management
- Parent-Child Visits
- Intensive Case Management
- Borrowed-Home
- Follow-Up Services
- Case Aide Services

2. Child Placing Agency Services Definition and Eligibility Requirements

Children in the custody of DSHS-CA placed in a Child Placing Agency foster home may receive one or more of the following services:

1. Case Management

Definition - Targeted Case Management Services provided by the Child Placing Agency. Case Management Services include coordinating or providing services to enable the child and caregivers to utilize medical, educational, social, and other services necessary for maintaining the child's physical, psychological, and/or developmental health. Responsibilities of the CPA include:

- Obtain initial and on-going medical screens under the published guidelines for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.
- Ensure the child and caregiver participate in scheduled Child Health and Education Track (CHET) screens.
- In conjunction with CA, develop a plan for follow up on medical, dental, mental health or substance abuse issues identified through either the EPSDT evaluation, the CHET screen or other assessment procedures.
- Work with education advocacy coordinators as available for services to school age children.
- Assist with the development and implementation of Individualized Education Plans (IEP) as needed.
- Monitor progress of school age children who are enrolled in school.
- Assist in keeping the child's school placement stable while in foster care. Provide support to children and caregivers to assist the child(ren) in making yearly academic progress.
- Implement recommendations for age appropriate socialization or developmental remediation for services to pre-school children (i.e. enroll in developmental pre-school, Head Start/Early Childhood Education and Assistance Program (ECEAP), Infant Toddler Early Intervention Program (ITEIP) program etc.).
- Recognize culturally unique needs of each child and in conjunction with CA develop and implement a shared plan to maintain the connection between the child and his or her culture
- Assess and identify child strengths and talents and consider opportunities for the child to pursue those interests when developing shared plans.
- Support the foster parent in having contact with the birth parent, when appropriate, as determined by case manager or DCFS social worker.
- Offer youth age fourteen and over, appropriate opportunities for the youth to begin to acquire the skills necessary for a successful transition to adulthood.
- Refer eligible youth age 15 and over to Contracted IL services if available and appropriate.

- Support the ILS plan and services, as age appropriate.
- In conjunction with CA, ensure the Ansel-Casey Life Skills Assessment (ACLSA) is completed on all youth fifteen years (15) and older.
- Appear in court to testify as requested by CA
- Attend shared planning meetings as arranged or scheduled by CA.
- Arrange shared planning meetings as appropriate.
- Conduct 90-day Health and Safety visits.

Eligibility - The social worker and the supervisor will determine if case management services are appropriate when a child is placed in a private agency home. Individual offices may create internal guidelines to determine when to use private agency case management services.

2. Parent-Child Visits

Definition - Transportation and visitation supervision services for children in placement.

Eligibility - All Children receiving Case Management services are eligible for weekly parent-child visits conducted by the Child Placing Agency.

3. Intensive Case Management

Definition - Intensive Case Management (ICM) is the additional support provided to children receiving case management services when extensive coordination of services is required. Services requiring extensive coordination may include:

- Behavior that requires intensive supervision
- Case Aide Services
- Mental health, medical, substance abuse or other therapeutic services
- In-home modeling, training and support for a caregiver to manage challenging behaviors
- Supports to stabilize placement and prevent disruption

Note - ICM services may be requested by CA or by the Child Placing Agency if there is a need for more intensive case management.

Eligibility - A child is eligible for time limited ICM services when receiving basic case management services from a contracted Child Placing Agency *and* one of the following applies:

6. The child has been in a Behavioral Rehabilitative Services (BRS) placement for a minimum of three (3) months and is "graduating" from a BRS placement and in need of Intensive Case Management.

7. The child's case requires extensive coordination of service.

This is determined on a case-by-case basis. See referral procedures for more information.

4. Borrowed-Home Services

Definition - Children's Administration (CA) borrows a foster home/bed from a Child Placing Agency.

Eligibility - A child is eligible for Borrowed-Home services when the child is placed in a Child Placing Agency home and case management services are provided by CA.

CA only pays the private agency to maintain the foster care license and provide any related licensing services. This service also covers maintenance of a foster care license for foster parent guardianships in a private agency home.

5. Follow-Up Services

Definition - Follow-up care services are case management services provided by the Child Placing Agency after the child has left the CPA foster home.

Eligibility - A child is eligible for Follow-Up Services when the child has moved out of Child Placing Agency foster care and returned home, in relative care, or in extended family/non-relative care and the private agency agrees to continue case management services to the child. Follow-up Services may be provided for up to six months.

6. Case Aide Services

Definition - Case aide services are used to meet supervision and monitoring requirements for children in foster care. Case Aide (case aide) Services are intended to augment supervision and activity plans for children whose behaviors or developmental needs cannot be managed in a foster home without additional assistance.

Case Aide Services must not be used when respite or childcare services are more appropriate.

Eligibility - Case Aide services are for children with behaviors that require intense one-on-one supervision.

3. Social Worker Responsibilities

0. Referral to Child Placing Agency

0. When making a referral to the Child Placing Agencies social workers must use the Child Placing Agency Referral Form (DSHS 10-402 this replaces the 15-190); the Child Information/Placement Referral Form (15- 300) and the Parent-Child Visit Plan form (15-209C).
1. Emergency Placements - If the CA social worker is unable to make a written referral prior to placement, the social worker will complete the referral within five (5) calendar days of placement.
2. Timeframe for Post Referral Follow up - The CA worker must contact the Child Placing Agency worker within one week of the referral and discuss required case management services, coordination, roles, and responsibilities.

Additional referral requirements related to specific services include:

Referral for Parent-Child Visits.

The completed visit plan (15-209C) must be attached to the referral.

Requests/Referral for Intensive Case Management. (ICM)

The social worker must ensure all requests received from or for the Child Placing Agency for ICM services include:

- Child's name
- Intended length of ICM service
- Reason(s) for ICM services
- Description of ICM services above regular case management
- Additional number of case management hours expected
- Level of ICM requested (\$200 or \$400)

If the referral for ICM is not complete, the social worker must immediately return the referral to the Child Placing Agency with the reason(s) it was not accepted.

When the social worker receives or makes a request for ICM services, the social worker must obtain supervisory approval and forward the ICM request to the Regional Gatekeeper **within five (5) days**.

1. Authorization ICM Regional Gatekeeper Responsibilities

The **ICM Regional Gatekeeper will have an additional five (5) days**, for a total of ten (10) working days to review and approve or deny the request.

If the request is denied, the ICM Regional Gatekeeper will return the request to the social worker with a statement citing the reason(s) for denial.

This approval process may be done via e-mail. The social worker must use the e-mail as the approval or denial of the request and document the activities in the case file.

The Regional Gatekeeper must track all requests and the decision of each request and reason for approval or denial.

2. Follow-up Care Services. Follow-up care services are limited to six months. Requests for extensions must be in writing and approved by the CA Regional Administrator or designee.
3. Monitoring

The CA social worker is expected to monitor CPA placements in the following ways:

0. Review quarterly progress reports from the CPA regarding the child. The CA social worker may return any CPA quarterly report that does not meet the expectations of CA. The social worker shall send a letter outlining the concerns to the CPA with copies to the regional office licensor and contracts coordinator.
1. Inform the regional licensor and contracts manager if there are on-going problems with reports or reason to believe that the health and safety of children in a CPA home is jeopardized.
2. Visit with the child and caregiver as outlined in Monthly Social Worker Visit policy in section 4420 of Practices and Procedures manual 4000.

4532. Therapeutic Or Treatment Foster Care

45321. Service Definition

1. Therapeutic or treatment foster homes are those licensed foster families that have been identified to care for extremely behaviorally/emotionally disturbed children who cannot function in a family home without specialized treatment and expertise.
2. Therapeutic foster parents have specialized skills in managing these children. Often these homes have a pre-determined, designated intensive "package" of services that are delivered to every child placed in the therapeutic foster home.
3. Therapeutic foster care is provided directly through DCFS licensed foster homes and by contract or agreement with other agencies. These services do not include those accessed through Rehabilitative Treatment Services described in section 4533, following. If Treatment Foster Care is provided through a Rehabilitation Treatment Services contract, see section 4533 for provisions for access and management.

45322. Eligibility

Eligibility is determined, in accordance with regional procedures, following assessment of service and placement options.

45323. Procedures for Access

1. The social worker determines that appropriate relative care is not available prior to placement of the child in foster care.
2. The social worker locates and contacts an available, appropriate foster home parent utilizing the locally determined placement system.
3. The social worker informs the foster parent of DCFS responsibilities toward finding a relative that is similar and familiar to the child. The social worker assists the foster parent by providing clear information and consultation/resources if needed to care for a particular child.
4. In instances where placement is not emergent, the social worker must arrange pre-placement visits to reduce the anxiety of the child around the placement and to familiarize the child with the child's temporary family. When possible and appropriate, the social worker must involve parents in pre-placement visits. Unless emergency preempts such involvement, the child's social worker must be involved in the pre-placement visits and the actual placement in the foster home. See section 45282, paragraph H, for the requirement to contact the child placed after hours or on weekends within the next few days following placement.
5. To reduce conflict between DCFS and foster parents about the temporary nature of foster care, social workers need to be clear at the time of placement, and regularly thereafter, about the long term and permanency plan for the child.
 1. To help the foster parent decide if they can care for the child, the social worker provides the foster home parent with information about the immediate condition of the child, the child's behaviors, school and medical information, and specifics of the permanency plan that will affect the child and the placement. See the Case Services Policy Manual, chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.
 2. The social worker clarifies dates of future visits to the foster home and provides the foster home with written background information and emergency numbers when placing the child. Most regional offices have designated forms for providing information to foster parents. Specific information to be provided to the foster parents includes:
 1. Child's full name, birth date, and legal status.
 2. Last school of attendance and eligibility for special education and related services.
 3. Medical problems/history including name of doctor/ dentist and medical coverage.
 4. Name and address of parent/guardian.
 5. Reason for placement.
 6. Emergency procedures and any special instructions.

7. The name and telephone number of the social worker and of the social worker's immediate supervisor.
6. See section 45282 for procedures regarding federal funding.
7. The social worker makes a contact with the foster home within three days following placement to see how the child is adjusting.
8. The social worker and the licenser encourage foster parents to keep a record of the child's stay in their home, including any medical reports received by the foster parent, significant developmental milestones, behavior, schools attended, names of all medical providers and dates of visits, grades/report cards, friends, pets, and pictures of the child.
9. Whenever possible or appropriate, the social worker must provide parents/guardians with information about the child's adjustment, health, and school progress while in foster care.
10. After the initial contact following placement, the social worker must visit the foster home and have face-to-face contact in the foster home with the foster parents and the child no less than once every 90 days. The social worker conducts these on-site interviews to ensure the health and safety of the child, to assess the child's adjustment to placement, to assess services needed by the child or foster parent, and to provide casework support to assist foster parents in caring for the child. The social worker must document the activities in the case SER. When there are problems with a placement, the social worker works with foster parents to find resources for resolving problems. For example, specialized training, consultation, or other support may be needed at particular times with particular placements.
11. For children who are dependent under chapter 13.34 RCW, the social worker must notify the current caregiver of the date of scheduled court review hearings pertaining to the child. The social worker must also notify the caregiver of the caregiver's right to an opportunity to be heard in the review hearing and to provide the court with information. This right to notice of hearings and opportunity to be heard applies to foster parents, pre-adoptive parents, and relatives who are caring for the child at the time of the hearing. This hearing notice does not give the caregiver legal status as a party to the case. The court will make the final decision about whether and how the caregiver will provide input at the hearing.
12. When the child's social worker has a specific concern or complaint regarding a foster home, the worker conveys the concerns in writing to the foster care licenser for that home. When the complaint is an allegation of CA/N, the social worker shall make a CPS referral.
13. When a child is to be removed from a foster home, the social worker shall send five-day written notice to the foster parent prior to the date of the child's move unless a court order or concern for the child's health and safety requires that the child be moved immediately.
14. Procedures for contracted or other types of therapeutic foster care vary, depending on the contract or agreement with DCFS. The social worker consults their supervisor, the special placements coordinator, or home finder, and regional procedures for specific guidelines.

4533. Rehabilitative Treatment Services

45331. Service Definition

1. Rehabilitative treatment services (formerly known as group care and also known as Behavior Rehabilitation Services [BRS]) for emotionally/behaviorally disordered, sexually aggressive, developmentally disabled, or medically fragile children are those services, provided by contract with private child care agencies, to serve children with special needs.
2. DCFS contractors provide rehabilitative treatment services through a continuum that includes enhanced in-home services, therapeutic foster care, and group care.

45332. Eligibility

1. DCFS will pay for rehabilitative treatment services for a child when DCFS has assessed the needs of the child and family and has determined:
 1. That these cannot be met with a less intensive service;
 2. When a rehabilitative service slot is available that meets the child and family's special needs; and
 3. The child has been placed in the available service slot.

45333. Procedures for Access

1. DCFS must have custody of children receiving out-of-home services through the department.
2. Prior to Initiation of Service
 1. The child's social worker completes a rehabilitative treatment service packet according to regional procedures that specify what forms and reports accompany a referral request. Usually, these forms include:
 1. An updated ISSP.
 2. If out-of-home care is planned, legal authority to place the child.
 3. Immunization and other health and education records.
 4. Psychological reports, treatment summaries, and medical reports that outline the needs of the child.
 5. A medical necessity form.
 2. When requesting rehabilitative treatment services, the social worker follows regional procedures for referring a child for placement consideration and complies with inter-regional agreements on sharing residential treatment resources.
 3. When dealing with interstate placements the worker must follow requirements for Interstate Compact for Placement of Children (ICPC).
 4. The social worker arranges the actual initiation of services following acceptance of the child by a provider. Parents, relatives, or prior foster parents with whom the child is comfortable may transport for placement if consistent with regional protocol.

5. Upon placement of the child, the social worker or designee meets with the facility or program representative to give information about the child and, in concert with the family and provider, develops a treatment plan.
3. See section 45282 for procedures regarding federal funding. To maximize access to federal funds, the social worker follows regional procedures for sending a copy of the child's ISSP or other documentation as requested to Headquarters at the time of placement and annually thereafter. The ISSP or other documentation (e.g., psychological evaluation, medical records) are forwarded for review to the Nursing Care Consultant. If the documentation supports the need for this level of care, the Nursing Care Consultant will write a Statement of Medical Necessity and return it to the region.
4. Following placement and consistent with regional procedures:
 1. The social worker sees that the responsible designated staff has opened payment and medical coupons, using the child's full legal name and Social Security Number.
 2. The worker ensures that, if the child was placed in an emergency such that a medical necessity form could not be obtained prior to service initiation, such authority is established within 30 days.
5. During the Rehabilitative Treatment Service Period
 1. Treatment planning for the child while in rehabilitative treatment services is a collaborative effort between the social worker, the regional rehabilitative treatment service coordinator, the contracted treatment provider, the child and the child's family, and the child's Tribe, when applicable.
 1. Upon initiation of services, the social worker and the contracted rehabilitative treatment services provider develop a written agreement jointly with the child's family which specifies separate and joint responsibilities.
 2. Discharge planning begins at the time of admission so that the treatment plan is goal directed, with measurable outcomes moving the child to a less restrictive environment as quickly as possible.
 2. The social worker shall interview the child face-to-face at least every 90 days when the child is placed in a rehabilitative treatment service slot in the treatment facility. During those visits, assessment of the child's health and safety is the primary objective. Additionally, the social worker shall assess progress toward achievement of the case plan and the permanency plan. The social worker shall document these activities in the case SER
 3. The social worker participates in Individual Treatment Planning conferences and facilitates family involvement whenever possible. The social worker has ongoing contact with the provider, who should inform the worker of dates, time, and place of all routinely scheduled treatment planning conferences.
 4. During treatment planning conferences, the social worker stresses the importance of establishing treatment goals that are consistent with the overall permanency plan for the child.
 5. The social worker completes re-assessment of the need for continued rehabilitative treatment services as directed by regional policy and the court.
6. For youth 18 through 20 years of age, see section 45303 for requirements regarding continued out-of-home care.

7. Medicaid eligibility and Statements of Medical Necessity are necessary program requirements for Title XIX claims for this program. For information and social worker procedures regarding Medicaid eligibility and Statements of Medical Necessity, see the Operations Manual, chapter 11000, section 11252.

45334. Post Rehabilitative Treatment

1. Following the rehabilitative treatment service period:
 1. Aftercare services may be provided by the BRS contracted provider for up to six months following discharge from the program.
 1. The DSHS social worker must request that this service be provided.
 2. The DSHS social worker shall review and approve the aftercare plan.
 3. Payment shall be authorized using the Social Service Payment System.
 2. Aftercare services shall be paid an hourly rate and shall include:
 1. Ongoing regular contact with the child and family;
 2. Counseling and/or crisis intervention;
 3. Support in connecting with community based services; and
 4. Other services needed to maintain the child in the home.
 3. Aftercare services may be provided to children who were receiving BRS out-of-home or BRS in-home services.
 4. The BRS Contract, Handbook, and each Regional BRS Protocol contain further information.

4534. Dependency Guardianship

[Refer to 4340](#)

4535. PERMANENCY PLANNING FAMILY PLACEMENT (PPFP)

1. Purpose of a PPFP
 1. This policy establishes guidelines for CA staff to place children in an appropriate foster home to ensure the best interest of the child and to begin permanency planning during the early stages of dependency.
 2. The policy provides a secure and stable attachment to adults acting in a parental capacity that is essential for children. In order to promote appropriate attachments during the dependency process, it is beneficial to children to be placed in a home that has the potential for permanency if the child is not returned to his/her birth parents. Families willing to make permanent commitments to children, while understanding the child may be returned to his/her birth parents, are called Permanency Planning Family Placements (PPFPs).
 3. In order to be considered a PPFP, the family must understand the dependency process, be aware of the child's family situation, and support reunification

efforts. This requires pre-service training, support for the PFP family, and information sharing with the family.

45351. Definition

1. A PFP is one that is approved to care for the child on a temporary basis (relative or foster parent) and has an approved adoptive home study so that the PFP can be considered as an adoptive placement for the child, in the event that parental rights are terminated. If the child cannot be returned to his or her birth parents, the intention of the department and the family is that the family will adopt the child. The family is prepared to be partners with the department and the child's birth family in concurrent planning for the child.
2. PFPs are licensed foster families or relatives who are approved to care for the child. All statutory, regulatory, and procedural guidance apply to PFPs as they do to all foster parents and relative caregivers. All departmental policies and procedures related to social worker involvement with foster parents and relative caregivers also apply to PFPs.

45352. PROCEDURES

Prior to implementation of this policy and procedure, each Children's Administration region is responsible to define and implement the specific procedures required for identifying PFPs, identifying children appropriate for placement with a PFP, and making placements. The regional procedures shall be consistent with this, and other, CA policies and procedures.

1. Identification of Families Appropriate for the Permanency Planning Family Program
 1. A Permanency Planning Family (PFP) is a family that is approved to care for the child on a temporary basis, has an approved foster care license or relative home study, and has an approved adoptive home study.
 2. PFPs will receive training in the dependency process, concurrent planning, the needs of children for secure attachments and continuity of relationships, and the needs of children for continued contact with their birth family and others with whom they have relationships. This training has been included since the adoption of the PRIDE curriculum. If a family has not taken training since the PRIDE curriculum was introduced, the region must develop a protocol to offer training options. Some options are for specialized training, attending certain sections of PRIDE training that covers the dependency process, concurrent planning, and other training defined in this section.
 3. PFPs agree to meet the biological family of the child and to support visitation with parents during the dependency process. PFPs also agree to facilitate on-going contact between the child and the child's siblings, extended family and others with whom the child has positive relationships as appropriate for the child before and after adoption. The safety parameters of these contacts will be discussed with the social worker that will include safeguards to protect the PFP and the child. In some cases, children and families will not be safe if the

biological parent meets the PPF, even if on a first-name basis in a neutral setting. In-person contact will not be required in those circumstances.

2. Identification of Children Appropriate for Placement with a Permanency Planning Family

1. Each DCFS region will establish procedures for review of the appropriateness of a child's placement in a PPF. Prior to placement in a PPF, a staffing will occur that must include representation beyond the assigned social worker and supervisor. The licensor, placement coordinator, and social workers for other children in the home should be invited to attend the staffing or, if they are unable to attend, to provide written input. This staffing can occur in a variety of settings (such as prognostic, permanency planning, placement committee, LICWAC, Family Group Conferences, CPTs, Pre-Passport staffings, etc.) depending upon the organization of individual offices and the nature of the case.
 2. The DCFS region will establish procedures that insure case plans will be reviewed from the earliest opportunity for appropriateness of placement with a PPF. Placement in a PPF may occur prior to a finding of dependency where it is highly likely the child will require adoptive placement (including when there are aggravated circumstances or extremely poor prognosis for reunification).
 3. Factors to be addressed at the staffing include:
 1. Results of the diligent relative search and discussion with relatives about the child's situation, placement needs, and other relatives who might be placement resources for the child;
 2. Attempts to establish paternity;
 3. Indian Child Welfare (ICW) status;
 4. An assessment of the family situation and history including strengths and deficits that indicate the prognosis for reunification (it is recommended that established tools be used for this assessment such as those found in the publication Concurrent Planning: From Permanency Planning to Permanency Action ;
 5. Current legal status;
 6. Plans to support the continuity of relationships with people who are important to the child and contribute to the child's healthy development;
 7. Special needs of the child;
 8. Review of the current placement as a possible permanency placement that would include a referral for an AHS; and
 9. Ability of proposed PPF to meet needs of child and work with the family.
 4. Prior to placement of an Indian child (all definitions of Indian Child included in the ICW Manual, Chapter 3.05) with a PPF, the social worker will staff the child's situation and needs with the child's Tribe, or LICWAC if the tribe has not intervened. The PPF must be chosen within placement preferences and in compliance with the Indian Child Welfare Manual.
3. Procedures For Placing Children In Permanency Planning Families
1. Prior to placement of a child with a PPF, the social worker will make all attempts to determine paternity. In addition to interviews with the mother and relatives and review of the birth certificate, a review of the Division of Child

Support's management information system (SEMS) will be made to determine if the Division of Child Support has determined paternity of the child.

2. Prior to choosing a placement for the child, parental input on placement preferences will be considered (see the Case Services Policy Manual, section 5762 (G.2.)).
3. Prior to placement of a child with a PFP, a relative search will be completed and documented. Documentation will include the names of relatives identified, attempts made to contact them, and discussions with them concerning placement of the child. The relative search may identify an appropriate family member, or a member of the family's support circle, as the PFP. These identified families should be given preference for placement if the placement is in the child's best interest and the relative is qualified, able to meet the needs of the child, able to assist with reunification efforts, and willing to be a permanent placement if necessary.
4. If placement in a non-related family home occurs, all identified relatives will either be unreachable, unavailable to meet the responsibilities and commitment expected of a PFP, ruled out for placement or will have declined placement of the child. Those declining placement of the child will be confirmed in writing, and they will be informed that this decision is anticipated to be final (see sample letter).
5. The social worker will request a home study through the Interstate Compact (ICPC) process for relatives identified as possible appropriate placements, who are able to meet the responsibilities and commitment expected of a PFP, and who reside out-of-state. The ICPC may include a request that the family is evaluated for both the child's current placement needs as well as a possible permanency family. If the ICPC process significantly delays the child's placement, it may be possible, in consultation with the ICPC program manager, to contract for a child placing agency to conduct the home study.
6. Prior to placement in the PFP, the child's social worker will staff the child's situation with the child's Tribe and/or LICWAC (see the ICW Manual Chapter 10.02 to determine when it is appropriate to staff with LICWAC) and obtain approval for the placement. The role of the PFP will be thoroughly explained to the Tribal representative. If the tribe does not give approval for placement in a PFP, then the placement will not be made.
7. Prior to placement in the PFP, the child's social worker will thoroughly review with the PFP:
 - the child's birth family situation;
 - the child's special needs;
 - the child's cultural needs;
 - current legal status;
 - case plan;
 - visitation plan;
 - relationships with siblings and extended family with the PFP;;;
 - the possibility that the child will be returned to the birth parents; and
 - financial considerations-if adoption is the long term plan, foster care support will end when the adoption is finalized. Adoption support is only

available to families approved for adoption support prior to adoption finalization.

Note: This conversation will be documented in the child's file.

Before placement of a child into a PFP the family shall sign the DSHS 15-175 Permanency Planning Placement Agreement. The PFP may choose to review this agreement with their attorney.

8. The social worker will explain to the birth parents, GAL/CASA and their attorneys the role of the PFP and share with them the agreement signed by the family with identifying information redacted.
 9. The social worker and the PFP will arrange with the current placement resource an appropriate transition of the child to placement in the PFP that takes into consideration the child's age, developmental level, strength of primary attachments, etc.
4. On-Going Support Of PFP Placements
1. DCFS Regions will establish on-going support to PFPs. This may include:
 0. Agency/staff support of foster parent associations, specifically supporting PFPs;
 1. Use of FPAWS and foster parent liaisons to assist in communication with foster parents;
 2. Support groups for PFPs;
 3. Mentor programs for PFPs, connecting experienced foster parents who have adopted with new PFPs;
 4. Notification and reminders of the availability of foster parent liaisons and other trouble-shooting procedures;
 5. Communication (written/verbal) that DCFS wants to know if they have concerns about the case plan or their interactions with the birth family or DCFS staff;
 6. Provision of in-service training with PFPs after placement of children. This would be an extension of the pre-service training sessions and include information on working with the attachment needs of children, interactions with birth families, and working with the system; and
 7. Quarterly meetings for PFPs to interface with agency staff for feedback, information sharing, and support.
 5. In each visit to the PFP (including the 90-day health and safety visits), the social worker will share the progress of the parents and the case plan of the department.
 6. The social worker will share all ISSPs with the PFP, invite them to attend court hearings to provide information to the Court concerning the progress of the child, and share with them the results of all court hearings. The child's PFP should also be invited to case staffings (LICWAC, CPT, prognostic, permanency, etc.) to provide information on the child and work with the birth family.
 7. If a petition to terminate parental rights is filed, the PFP family is not a party to the termination proceedings, but is a party in discussions concerning open communication

agreements with the child's birth family. The social worker will advise the PFP that they may want to be represented by their attorney during the discussions and drafting of the agreement.

8. A PFP foster parent will only be considered a prospective adoptive parent by the department when the following has occurred:
 1. Parental rights to the child have been terminated;
 2. The department plan for the child is adoption by the PFP;
 3. The Tribe (or LICWAC, in the absence of tribal intervention), has given approval for the adoption of the child by the PFP;
 4. The Department has completed and approved an adoptive home study; and
 5. Information on the child has been shared in accordance with Practices and Procedure Guide section 5361.

45353. Services to the Child

1. The social worker furnishes all available services normally provided to children in foster care placements to children in foster-adopt or permanency placements. This includes all services aimed at reunifying the child with the parents.
2. The social worker and supervisor must have permanency planning staffings for children for whom foster-adopt placements are being considered. If there is a change in permanency planning goals, they will hold another permanency planning staffing.

45354. Services to Family of Origin

1. The social worker gives the family the opportunity to share information regarding relatives who might be appropriate placement options for their child(ren), both at the time of placement and throughout the life of the case.
2. When no appropriate relative is found for a placement option, the social worker gives serious consideration to the requests of the parent(s) regarding religious or other general characteristics when choosing the foster-adoptive family, provided the worker has determined that the request is in the best interest of the child.
3. The social worker informs the birth family regarding their roles and responsibilities and gives detailed explanations regarding visitation and their interaction with the foster-adoptive parents.
4. The social worker informs the family that, under no circumstances, shall placement with a foster-adopt family curtail their right to reunify with their child if timely progress can be made in the service plan which enables the parent to meet minimum parenting standards.

45355. Services to the Foster-Adoptive Family

1. In addition to pre-service training provided to foster and adoptive families, the social worker provides foster-adoptive families with information or training regarding the following topics:

1. The court process, dependency and termination proceedings, statutes, and appeals.
 2. Bonding and attachment and separation and loss.
 3. Interaction with the child's family.
 4. Confidentiality.
 5. Impact of placement on the foster-adoptive family.
 6. Adoption as a lifelong process and commitment.
2. The social worker informs the foster-adoptive family of their roles, responsibilities as part of the out-of-home placement team, and the consequences of their actions until the child becomes legally free.
 3. Before placement of a child into the foster-adoptive home, the social worker informs the family of the case situation and the results of the permanency planning staffing. See section 43052.
 4. Before placement of a child into the foster-adoptive home, the family shall sign a Permanency Planning Placement Agreement, DSHS 15-175, acknowledging the potential of the child's move to another home or return home and the continued requirements for the provision of reunification services.
 5. The foster parent formally becomes a prospective adoptive parent when the child becomes legally free and the foster parent has made a formal written statement of their objective intent to accept placement of a child for adoption. The foster parent retains the right to withdraw from the adoption before finalization of the adoption.
 6. Immediately upon the foster parent formally becoming a prospective adoptive parent, the social worker shall provide complete information on the child and its family of origin as outlined in chapter 5000, section 5361.

4536. Sexually Aggressive Youth Program

45361. Service Definition

Evaluation, treatment, and other related needs of youth meeting the eligibility conditions below.

45362. Eligibility

For the purpose of funds appropriated for the treatment of sexually aggressive youth (SAY), the term "sexually aggressive youth" means those juveniles who:

1. Have been abused and have committed a sexually aggressive act or other violent act that is sexual in nature; and
 1. Are in the care and custody of the state, or a federally recognized Indian Tribe located within the state; or
 2. Are the subject of a proceeding under chapter 13.34 RCW or a child welfare proceeding held before a tribal court located within the state; or
2. Cannot be detained under the juvenile justice system due to being under age 12 and incompetent to stand trial for acts that could be prosecuted as sex offenses as defined by

RCW 9.94A.030 if the child was over 12 years of age, or competent to stand trial if under 12 years of age. RCW 74.13.075

3. Only prosecutors may refer children to SAY services under B. above. Referrals must happen according to regional protocols and shall only be for reasons related to competence.
4. Dependent children being served in CLIP facilities for mental health problems are eligible for SAY funding for evaluation and/or treatment. SAY funds may not be used for case aides or monitoring equipment in these facilities, as supervision is the responsibility of the CLIP facilities. Providers of SAY services must be qualified and contracted by CA as SAY evaluation and treatment providers.

Note: Children in placement under VPAs, CHINS, and ARY are not in the custody of DSHS and are therefore not eligible for SAY funds. (See A. above.)

45363. Procedures for Access

1. Evaluation and/or Treatment
 1. Each region must establish a case review committee to review all cases for which SAY funds are requested. Efforts shall be made to recruit and maintain community members, such as representatives of law enforcement, private agencies and the like, and other DSHS agency partners, such as DDD, as members of the team(s).
 2. The child's assigned social worker submits a written request to the regional committee identifying how/why the child is at risk and is in need of evaluation and/or treatment for sexually aggressive behavior. The worker will include on their referral the name of a proposed provider (a DCFS-contracted SAY provider), the specific needs of the child, the cost of the service, and the duration of service need.
 3. SAY providers must have successfully applied for and received a SAY contract in accordance with the CA SAY provider qualification process.
 4. The regional committee, in its review, must consider the following:
 1. The age of the juvenile;
 2. The extent and type of abuse to which the juvenile has been subjected;
 3. The juvenile's past conduct;
 4. The benefits that can be expected from treatment; and
 5. The ability of the juvenile's parent or guardian to pay for the treatment;
 6. The availability of other funding, such as through JRA for kids eligible for services through parole or through the county SSODA program.
 5. Following approval of the request, payment is authorized through SSPS in accordance with local procedures. No funds shall be authorized without approval of the committee.
 6. The social worker shall request a review by the regional committee before the approved authorization period expires in order to continue treatment.
 7. Regions may use up to 10 % of the local SAY budget for training regarding SAY for staff, foster parents, SAY committee members, and others involved in providing services and/or placement to SAY youth.

2. Service Guidelines

1. The social worker shall ensure that the provider selected has experience compatible with the needs of the child being referred, in regard to gender, age, developmental level, victimization history, victimization of others, and other relevant factors.
2. Use of polygraph and/or plethysmograph in evaluation and/or treatment requires a court order, parent's permission whenever available, and child's authorization, if 13 years old or older. Inclusion in the court order may occur in the context of a regular dependency review hearing, or as a result of a specially filed motion or interim court review. An authorization for use of polygraph must be reviewed at least every six months, but may include authority for any tests given during the six-month period. Use of plethysmograph must have court approval for each individual testing event.
3. At the beginning of the treatment period, the social worker and the provider shall discuss treatment goals and shall negotiate the expected length of the treatment period. With input from the provider, the social worker shall evaluate the treatment need and demonstrate to the SAY committee at each review point the need for continued treatment.

3. Placement Guidelines for Sexually Aggressive Youth

1. Youth who have been identified as acting out sexually toward other children need special consideration upon placement in out-of-home care. CA seeks to best serve the interests of all children placed in out of home care. For this reason, CA has established a policy of **no tolerance** regarding sexual activity between and/or among children in care. This includes both adjudicated and non-adjudicated youth placed in Foster Care or Behavior Rehabilitation Services.
2. Social workers need to consider the particular behaviors exhibited by the youth whenever planning out-of-home placement. The social worker has a responsibility to know about and must include information regarding any sexually inappropriate behaviors in information shared with the prospective caregiver.
 1. The social worker must include specific safety/supervision plans in the written information given to the caretaker.
 2. Social workers, foster parents, and/or Behavior Rehabilitation Services providers must collaborate and share in the decision of caregiver supervision level necessary to ensure that there is no sexual contact between or among youth in their care.
3. Social workers may not knowingly place a child with a history of being sexually abusive or aggressive with other children who might be vulnerable to sexually abusive or sexually aggressive behavior.
4. In placing SAY children in foster care, the effective terms of the injunction in Braam v. State must be complied with. SAY children may be placed with other SAY children, if the foster home is licensed and the foster parents specially trained to manage the behaviors of sexually aggressive youths. Foster homes may not serve children with a history of sexual acting out behavior until they have successfully completed SAY training offered by DLR.

5. Caretakers have a responsibility to respond in an appropriate and serious manner to all incidents of sexual contact between youth. Such contacts include both incidents of consensual and non-consensual sexual activity between adolescents.
 1. The caretaker must report incidents to CA Intake (CPS) and to the youth's social worker.
 2. Caretakers need to follow mandatory reporting requirements outlined in RCW 26.44.030.
 3. CA exempts developmentally typical play of pre-school age children of similar age from this requirement. The caretaker does not have to report such incidents to CA Intake.

4537. Clothing Allowance For Children In Out-Of-Home Care

45371. Service Definition

A clothing allowance to supplement a child's clothing supply upon initial placement into out-of-home care or to meet special needs, not met with the standard clothing allowance, while the child remains in out-of-home care.

45372. Eligibility

1. The Regional Administrator may issue procedures to enable the social worker, after establishing need, to authorize initial, and annually thereafter as long as the child is in out-of-home care, clothing allowances to provide a supplement to a child's clothing supply. The initial and subsequent clothing allowance each may not exceed \$200. This section constitutes a waiver of the \$100 limitation in WAC 388-70-042(3). However, the \$100 limit pertains if the Regional Administrator has not issued written procedures to enable workers to authorize an amount up to \$200. The supplemental clothing allowance is not an entitlement and must be provided within available regional allocations for that purpose.
2. The Regional Administrator/designee may authorize additional child-specific amounts in accordance with regional procedures following demonstration of need by the assigned social worker.

45373. Procedures for Access

1. The Regional Administrator shall issue procedures to enable social workers to obtain additional clothing allowances in accordance with this section. The regional standard must include a regional limit for initial clothing vouchers that does not exceed \$200.
2. The social worker must receive written approval in accordance with regional procedures before authorizing an additional clothing allowance.
3. The regional procedures must, at minimum, include the following provisions:

1. The social worker completes a social service authorization, DSHS 14-154A(X), for each anticipated vendor, leaving the exact cost of services blank. If a foster parent or group/ rehabilitative service provider chooses to purchase the clothing and be reimbursed by the department, the care provider may be the vendor.
2. At the bottom of the authorization, the social worker writes:
 1. The maximum amount authorized; e.g., "NOT TO EXCEED \$200."
 2. The name of the purchaser. If the purchaser is the social worker, the worker's supervisor must initial the authorization form.
 3. The clothing items to be purchased. If the exact items are not known, the worker shall use a general description, such as "Miscellaneous clothing for a two-year-old girl."
3. The social worker routes the client and vendor copy of the authorization to the care provider.
4. The purchaser and vendor shall follow the steps for payment to the clothing vendor:
 1. The purchaser goes to the vendor, selects clothing, and, in exchange for the clothing, gives the vendor the Vendor copy of the social service authorization.
 2. The vendor gives the purchaser an itemized receipt for the purchase. The vendor may attach their copy of the receipt to their copy of the DSHS 14-154A(X) so they can be matched with the remittance advice accompanying the warrant.
 3. The purchaser signs the receipt and routes it to the local DCFS office.
5. For reimbursement to a foster parent who has made the purchase, the following steps shall be followed:
 1. The foster parent purchases clothing with their own funds within limits on the DSHS 14-154A(X).
 2. The foster parent requests a separate receipt from the vendor for the clothing, signs it, and routes it to the local DCFS office.
6. After the purchase, the following steps shall be taken:
 1. The social worker compares the DSHS 14-154A(X) to the receipt and resolves any discrepancies with the purchaser.
 2. The worker enters the exact amount of the purchase on the DSHS 14-154A(X) and terminate the service. The termination code must verify that the service was provided.
 3. The local office transmits the DSHS 14-154A(X) to Olympia in accordance with local procedures.
 4. SSPS then issues a warrant to the vendor in the amount authorized.
7. The vendor receives the warrant, accompanied by form A-2, Vendor Remittance Advice, showing the clients and warrant amount. The vendor may match the amount and names on the A-2 with the vendor copy of the DSHS 14-154A(X) and resolve discrepancies with the social worker.

45374. Other Sources

Resource may be available for special clothing needs through local clothing banks and service organizations.

4538. Transportation

45381. Service Definition

Transportation activity related to making a placement, necessary during and to support the placement, preventing a placement, or returning a child/runaway that is a dependent in this state.

45382. Eligibility

1. A child/client of DCFS may be eligible for this service if a transportation need falls within the service definition.
2. CA may reimburse the expenses upon social worker authorization when the service is consistent with the ISSP, supports a permanent plan, or directly prevents a foster/group care placement, and is not payable from another source.
3. The Regional Administrator must establish a dollar limit for the total cost of the transportation episode for a child/client, with documented supervisory approval required for amounts above that level.
4. Within the service definition, the social worker may authorize related travel for the child, parents, relatives, permanent planning resources, and care providers.

45383. Procedures for Access

1. The Regional Administrator must issue procedures to enable social workers to authorize transportation services in accordance with this section.
2. The social worker must receive written approval in accordance with regional procedures before authorizing transportation services exceeding regional limits.
3. The regional procedures must, at minimum, include the following provisions:
 1. The social worker completes a Social Service Authorization, DSHS 14-154A(X), for each anticipated vendor, leaving the exact cost of services blank unless it is known. If a foster parent or group/rehabilitative service provider chooses to purchase the transportation service and be reimbursed by the department, the care provider may be the vendor.
 2. At the bottom of the authorization, the social worker writes:
 1. The maximum amount authorized; e.g., "NOT TO EXCEED \$200." If the travel has already occurred, the social worker opens and closes the DSHS 14-154A/159 in the same action, showing actual amount of payment.
 2. The name of the purchaser. If the purchaser is the social worker, the worker's supervisor must initial the authorization form.
 3. The transportation service to be purchased and from whom; for example, "a bus ticket in the amount of \$45.00 dollars to travel from Yakima to Seattle and return using Regional Bus Co."
 3. The social worker routes the client and vendor copy of the authorization to the care provider or user of the transportation.

4. The purchaser and vendor must follow these steps for payment to the vendor:
 1. The purchaser gives the vendor the Vendor copy of the social service authorization.
 2. The vendor gives the purchaser an itemized receipt for the purchase. The vendor may attach their copy of the receipt to their copy of the DSHS 14-154A(X) so they can be matched with to the remittance advice accompanying the warrant.
 3. The purchaser signs the receipt and routes it to the local DCFS office.
5. For reimbursement to a foster parent who has provided the transportation, the foster parent submits a signed A-20, Travel Expense Voucher, to the local DCFS office.
6. After the purchase, the following steps shall be taken:
 1. The social worker compares the DSHS 14-154A(X) to the receipt and resolves any discrepancies with the purchaser.
 2. The worker enters the exact amount of the purchase on the DSHS 14-154A(X) and terminate the service. The termination code must verify that the service was provided.
 3. The local office transmits the DSHS 14-154(X) to Olympia in accordance with local procedures.
 4. SSPS then issues a warrant to the vendor in the amount authorized.
7. The vendor receives the warrant, accompanied by form A-2, Vendor Remittance Advice, showing the clients and warrant amount. The vendor may match the amount and names on the A-2 with the vendor copy of the DSHS 14-154A(X) and resolve discrepancies with the social worker.
8. For Medicaid travel reimbursements to private individuals, the social worker must obtain prior approval from the Medical Assistance Administration's Central Authorization Unit at 1-800-228-6641. If approval is given, the social worker obtains billing instructions from the Central Authorization Unit.

45384. Other Resources

1. The social worker attempts to obtain the following resources before committing DCFS to pay transportation costs or authorize payments:
 1. Parents/guardian/family.
 2. Volunteers (individual or organization).
 3. Other states for children who may be the responsibility of the other state.
 4. Schools, especially for education-related transportation needs.
 5. Reimbursement by Medicaid for transportation provided by foster parents, guardian, other family members, or volunteers to/from medical services. If the transportation is for a service covered by a medical coupon, the service should be Medicaid-eligible.
 6. Medicaid using a medical coupon for services from ambulances, cabulances, and taxi providers for medical transportation, requiring prior approval by the Area Medical Unit except in emergency situations.
 7. Foster care transportation funds.

4539. Inpatient Mental Health Treatment For Children

45391. Service Definition

1. Services to provide psychiatric/psychological treatment to children in the care and custody of DCFS in a hospital or clinical setting. See section 4521, Psychological/Psychiatric Services, above, for additional guidance. Chapters 13.34 and 71.34 RCW
2. There are two types of inpatient mental health treatment for children in Washington state:
 1. Acute inpatient care provided in community hospitals and Evaluation and Treatment Centers, and
 2. Long term inpatient care, provided in the five Children's Long Term Inpatient Programs.

45392. Eligibility

1. Children who are in the care and custody of DCFS and who require inpatient mental health treatment are eligible for this service.
2. No social worker shall provide written consent for voluntary inpatient treatment of a minor child except as described in this section; nor shall the social worker seek inpatient treatment of a child in a court-ordered placement (i.e., dependency, Child in Need of Services [CHINS]) without prior written consent of the child's parents whenever possible.
3. If a parent's prior consent is not possible, then prior approval of the juvenile court is required unless an emergent situation does not allow time for a hearing. In such a case, the social worker will seek court approval within 48 working hours of the placement by requesting a juvenile court hearing.
4. Consent is not required if the child is involuntarily detained in an Evaluation and Treatment facility by a County Designated Mental Health Professional or is subsequently court ordered through the Involuntary Treatment Act (ITA), chapter 71.34 RCW.
5. Children 13 years of age and older may voluntarily seek and consent to inpatient treatment without consent of their parent/guardian or the department. Such a child must consent to inpatient treatment except under the conditions set forth in paragraph D, above. Parental consent by itself is insufficient.
6. Admission to publicly-funded acute inpatient treatment shall occur only if the child meets medical necessity guidelines as determined by the Regional Support Network (RSN)-authorized mental health professional(s) and with the concurrence of the professional person in charge of the facility.
7. For long-term inpatient psychiatric care, the Children's Long-term Inpatient Program (CLIP) Committee must provide authorization prior to admission. Referral to the CLIP Committee shall only be made by the RSN/Prepaid Health Plan (PHP) of residence. Different access points and procedures may be applied by the local RSN/PHP.

45393. Procedures for Access

1. Emergent Or Non-Emergent (Elective) Voluntary Inpatient Mental Health Treatment for a Child in Custody of the Department
 1. For purposes of this policy, ◆voluntary patient◆ means:
 1. A minor 13 years of age or older who has been evaluated and determined to meet criteria of medical necessity for inpatient treatment and who gives written consent for inpatient care; or
 2. Any child under the age of 13 whose parent or legal guardian makes application for the child to be evaluated by the appropriate professional and who has been determined to meet criteria of medical necessity for inpatient treatment. The consent of the child is not required in this instance.
 3. Any legally free child who is in the permanent custody of the department and who also meets the conditions outlined in sub-paragraph b, above. The assigned DCFS social worker, with the approval of the supervisor, may sign the consent for treatment of the child under the age of 13.
 2. The following conditions apply if the child is in the department's custody through a dependency order, a voluntary placement agreement (VPA), or a Child in Need of Services (CHINS) order.
 1. If the social worker believes that a minor child is in need of psychiatric inpatient treatment, the social worker follows the following procedures:
 1. The social worker consults his/her supervisor and obtains the concurrence of the supervisor to seek inpatient treatment. The social worker must also consult with the child's parent/legal guardian whenever possible prior to seeking inpatient care.
 2. The social worker, with concurrence of the supervisor, makes an immediate referral to the RSN/PHP certification authority in accordance with state Mental Health Division (MHD) policy Memorandum #96-26 or subsequent revisions.
 3. Children shall only be admitted after a determination of medical necessity.
 - For acute psychiatric care, the RSN/PHP-authorized mental health professional(s) must determine whether medical necessity is met.
 - In either case, the professional person in charge of the facility concurs with the admission.
 4. Once a determination of medical necessity has been made, written consent for admission, treatment, and release of information is given in accordance with the following:
 - For children under 13 years of age, the consent of the parent or legal guardian is required whenever possible, even when the child is under a dependency order.
 - The social worker may give consent for elective care only after obtaining authority to do so from the juvenile court, except when the child is in the

permanent custody of the department, in which case the social worker can consent under the permanent custody order. Court review shall occur within 48 hours of the petition except where the department has permanent custody.

- In emergencies, the social worker may provide written consent for immediate inpatient care within a community hospital.
- Parental agreement/consent or court review must sanction the social worker's consent within 48 hours, except where the department has permanent custody.
- Court review does not supplant the authority of the RSN/PHP designated mental health professional(s) and the professional person in charge of the inpatient facility who must determine medical necessity prior to admission.
- Children 13 years of age and older may consent to treatment without the consent of the parent or social worker. If the parent or social worker does not support inpatient care, they may give notice to the evaluation and treatment facility that admitted the child in accord with chapter 71.34 RCW.
- The Washington State Supreme Court, in the case of *State v. CPC Fairfax Hospital*, 129 Wn 2nd 439 (1996), determined that a child 13 years of age or older admitted to that an inpatient facility on application of the child's parent was detained without due process. Since that decision, providers have declined admissions where the consent of the child has not been obtained prior to a voluntary inpatient admission.
 - Thus, for children 13 years of age and older who are unwilling to be admitted to inpatient care, the parental consent is not considered by care providers as sufficient consent for admission against the child's will.
 - In the absence of parental consent, or consent of the child age 13 or above, the social worker may petition the juvenile court for the authority to give consent for the admission against the child's will.
 - In emergencies the social worker may give consent immediately. This type of admission is considered a voluntary (parent-authorized) admission under chapter 71.34 RCW. Court review shall occur within 48 hours of the petition for elective care, and within 48 hours of admission for emergent

care. Court review does not supplant the authority of the RSN/PHP designated mental health professional(s) and the professional person in charge of the inpatient facility who must determine medical necessity prior to admission.

- If the custodial parent does not agree with admission to inpatient care for children of any age, the social worker may file a dependency petition with the court, if one does not already exist. At that time, the social worker may simultaneously request authority to provide consent for inpatient treatment.

2. Involuntary Inpatient Mental Health Treatment for a Child in Custody of the Department

1. The following conditions apply if the child is in the department's custody through a dependency order, a VPA, or a CHINS order.
2. Admission for involuntary treatment may only occur after a determination of medical necessity is made by a County Designated Mental Health Professional (CDMHP). The CDMHP has authority to initially detain for 72 hours in an acute psychiatric facility any child, 13 years of age or older, who meets the criteria for involuntary detention.
 1. CDMHPs are bound by law to explore and utilize less restrictive treatment options when they are available and appropriate. Consent of the parent or minor child is not required for involuntary admission to inpatient care.
 2. Necessity for treatment beyond 72 hours is evaluated by the facility, in concert with significant others involved with that child, and must be ordered by the superior court in accord with chapter 71.34 RCW.
 3. Youth exhibiting the following conditions, as a result of a mental disorder, may be referred to the local CDMHP for assessment if she/he is unwilling to be hospitalized voluntarily:
 1. Is in danger of serious physical harm or manifests severe deterioration in routine functioning resulting from a failure to receive care essential to personal health or safety; and/or
 2. Is a danger to self or others as evidenced by threats or attempts to commit suicide or inflict bodily harm to self or others; and/or
 3. Is likely to cause substantial loss or damage to the property of others.

Children under the age of 13 may not be involuntarily detained through this process.

3. Subsequent Admissions-Any subsequent admissions for voluntary care shall require a new assessment and determination and must follow the appropriate protocol as outlined above.

[Continue to sections 4540 - 4550](#)

4540. Adoption Services

45401. Purpose

The department's adoption program is intended to meet the needs of children who have no legal parents and who are in the department's care and custody by providing opportunities for them to be adopted into stable, nurturing families.

45402. Eligibility

DCFS provides adoption services to any child in the department's custody whose permanency plan is adoption.

45403. Information Gathering and Sharing

This section provides guidelines for Children's Administration (CA) staff for the collection and disclosure of full information regarding adoptive children and their birth families to adoptive parents.

1. The assigned social worker and private adoption agencies and entities must make reasonable efforts to locate records and information concerning the mental, physical, and sensory handicaps of the child and his/her birth parents, their family backgrounds, and social histories.
 1. The entities providing the information have no duty, beyond providing the information, to explain or interpret the records or information regarding the child's present or future health.
 2. The assigned social worker maintains the Health and Education record in accordance with guidelines contained in the CA Practices and Procedures Guide, chapter 4000, section 43092.
 1. For any child in placement after 90 days, or whose placement is expected to last longer than 90 days, the agency must gather medical, educational, and mental health background information concerning the birth parents and the child. The assigned social worker must ensure this occurs, but another employee or contractor of the department may complete the task.
 1. The social worker documents this information in the child's case file by maintaining all records gathered and by documenting information on the child's Health and Education Record or on the Health and Education Passport in CAMIS. The worker also maintains copies of written requests for records from the child's and parents' physician, treating professionals, and the last school attended in the case file.

2. The social worker reviews this information prior to the disposition and permanency planning hearings.
 3. Assigned staff must complete the Health and Education Passport and document efforts to obtain information about the child and birth parents prior to case transfer between social workers or units.
 2. The social worker will ask birth parents, for every child in placement or expected to be in placement longer than 90 days, to sign appropriate release of information forms so that the department can gather information concerning both the child and the birth parents from treating professionals, physicians, and schools.
 1. If parents are unwilling to sign appropriate release of information forms, the social worker must request the court to order authorization of release of confidential records so that background information may be obtained.
 2. The social worker consults the AAG so that the language in the court order meets federal requirements for release of confidential information from substance abuse and mental health treatment programs.
 3. If the child is in placement beyond 90 days under a Voluntary Placement Agreement, and the parent refuses to sign appropriate releases of information, the social worker should consult with the supervisor to determine if the department can safely provide for the care of the child without current medical, treatment and school information concerning the child and background information about the parents. The supervisor and the social worker should consider terminating the VPA or filing a dependency petition in the event of the parent's unwillingness to provide necessary information.
 3. The social worker includes on the DSHS 13-041 information about the efforts, including unsuccessful efforts, made by the department to obtain information about the child and his/her birth family. Efforts to obtain information about the child include interviews with relatives; interviews with parents; and requests for information from treatment agencies, schools, and other sources from whom the parents received professional examination, evaluation, or treatment.
2. The adoption worker shares information about children and birth family for whom a family is being considered with that family by using the following guidelines:
 1. General information about a referral may be shared with a family each time a referral is made.
 2. For policy regarding disclosure of information, see the Case Services Policy Manual, chapter 5000, section 5840.
 3. Guidelines for information shared with the adoptive family can be found in 42 USC 675, section 475, RCW 26.33.350, 26.33.380, and RCW 70.24.105, as well as the Case Services Policy Manual, chapter 5000, section 5840. See the Case Services Policy Manual, chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually

transmitted diseases to the residential care provider for the child who is less than 14 years of age.

3. The child's assigned social worker must make available and provide copies to the prospective adopting parent prior to adoptive placement the Child's Medical and Family Background Report, DSHS 13-041, the child's Health and Education Passport, and other available social information.
 1. The social worker need not copy information in the Passport on the DSHS 13-041, but may incorporate it by attaching the Passport, and documenting the attachment, on the DSHS 13-041.
 2. The complete medical report must contain all known and available medical information concerning the mental, physical, and sensory handicaps of the child. The report must not reveal the identity of the birth parent of the child, except if already known by the adoptive parents. However, the report must include any known or available mental or physical health history of the birth parent that needs to be known by the adoptive parent to facilitate proper health care for the child or that will assist the adoptive parent in maximizing the developmental potential of the child.
 3. Where known or available, the information must include:
 1. A review of the birth family's and the child's previous medical history, including the child's x-rays, examinations, hospitalizations, and immunizations;
 2. A report of physical examination of the child conducted within the previous 12 months by a licensed physician with appropriate laboratory tests and x-rays;
 3. A referral to a specialist if indicated in reports released in the DSHS 13-041; and
 4. A written copy of all evaluations of the child with recommendations to the adoptive family receiving the report.
 4. Following reasonable efforts to locate the information, the placing social worker must give to the adoptive parents a family background and child and family social history report with a chronological history of the circumstances surrounding the adoptive placement and any available psychiatric, psychological, court, or school reports. Reports or information provided to the prospective adopting parent must not reveal the identity of the birth parents of the child but must include reasonably available non-identifying information. The form used for this report is the DSHS 13-041(X).
 5. The social worker must share with the prospective adoptive family all reasonably available information about the child and his/her birth parents, with receipt, including date of receipt, documented on the DSHS 13-041.
 1. If a prospective adoptive parent reads the child's file, the social worker must document that activity and have the adoptive parent sign and date an acknowledgment of having read and reviewed the file.
 2. In addition, the social worker must request that the adoptive parent initial each page of each document, including the Service Episode Record (SER), the adoptive parent has reviewed. The adoptive parents' signature on the form signifies their intent to adopt the child and acknowledges

receipt of the information provided. The prospective adoptive parents' signature on the DSHS 13-041 does not signify the agency's approval of the adoptive placement.

6. If CA staff withholds information from the adoptive parents, the adoption supervisor or a staffing in which adoption specialists are present (such as an adoption planning review) must approve the action. Following these approvals, the area manager must also approve withholding of information. The social worker must document the approval to withhold information in the child's archived file and needs to include the signatures of the adoption supervisor and/or adoption specialists authorizing the withholding of the information. Information may not be withheld if it could have any effect on the parenting of the child.
4. The social worker must disclose to adoptive parents when a child being placed for adoption is receiving or has received mental health services, is or has been prescribed psychotropic medication, has a sexually transmitted disease, and/or is HIV positive. With respect to disclosure of HIV antibody testing or treatment of sexually transmitted diseases, department staff must comply with the following requirements:
 1. The following persons may receive such information:
 1. A department worker;
 2. A child placing agency worker;
 3. A guardian ad litem who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child, who is less than 14 years of age, has a sexually transmitted disease, and is in the custody of the department or a licensed child placing agency;
 4. A person responsible for providing residential care for such a child when the department or a licensed child placing agency determines that it is necessary for the provision of child care services.
 2. No person may release information concerning HIV status and sexually transmitted diseases to the adoptive parent of a child over the age of 14 without the consent of the child or an order from the court. No one may release mental health counseling and treatment information, including the prescription of psychotropic medications, to the adoptive parents of a child over the age of 13 without the child's consent to release of the information or court order.
 1. The social worker must not make a placement without full disclosure, either by consent of the child or court order, of diseases that the child may have or a condition that requires treatment.
 2. The social worker must inform the adoptive parents that information exists which cannot be released because of the failure of the child to sign a release of information:
 1. If the youth refuses to sign a release of information; or
 2. The social worker cannot obtain a court order authorizing release of information.
 3. The social worker must document in the case file that the child has refused the release of confidential information and that the social worker has informed the prospective adoptive parents of this fact.

4. If the social worker cannot disclose HIV or mental health information because the worker does not have a court order or consent to release information, the social worker, the worker's supervisor, and the prospective adoptive parents will have to make a decision on an individual basis whether to proceed with the adoptive placement or finalization of the adoption.
3. The social worker must follow an oral disclosure with written notice within 10 days.
4. Whenever the social worker discloses information, the worker must accompany the disclosure with a written statement that includes the following or substantially similar language:

◆ This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. ◆

5. In addition to the requirements regarding the adoption placement decision in, chapter 4000, section 45407, below, the following conditions apply:
 1. If a child is already placed with the prospective adoptive family as a foster child or in a relative placement, the social worker shares the DSHS 13-041 with the family prior to the child's placement being considered an adoptive placement.
 2. An adoptive placement requires prior provision of all reasonably available child and family medical, school, psychological, and social reports to the prospective adoptive parents. CA considers a placement, including one with the current foster parents or relative care providers, to be an adoptive placement when:
 1. The birth parents' rights have been terminated;
 2. The prospective adopting parent(s) have formally expressed an intent to adopt (e. g., submitted an application for an adoptive home study and/or applied for Adoption Support), usually in writing; and
 3. The department has acknowledged the prospective adopting parent(s)' interest in a particular child by formally acknowledging the eligibility of the adoptive parent(s) to adopt a particular child, usually in writing.
 1. Acknowledging the eligibility of a prospective adoptive parent for a child may be contained in an ISSP, approval of an adoptive home study, approval of an Adoption Support application, or other written communication.
 2. An approved home study/pre-placement report is not required prior to an individual attaining the status of ◆ prospective adoptive parent. ◆
 3. The department regards approval of an Adoption Support application, even one that later lapses because the adoption was not timely finalized, or inclusion of a plan for a family to adopt in an ISSP as formal acceptance of the suitability of the parent, even if the social worker or private agency representative has not yet

completed an adoptive home study/pre-placement investigation . This formal acceptance triggers the duty to disclose, meaning that the social worker must promptly disclose the medical, family, and social histories to the adopting parents.

4. The prospective adoptive family may consult with a specialist prior to agreeing to adopt the child and signing the DSHS 13-041. The DCFS social worker must provide to the prospective adoptive family all documents requested (with identifying information of the birth family deleted) in order to facilitate a consultation with a specialist of the family's choosing. If a prospective adoptive parent reads the child's file, the social worker must document that activity and have the adoptive parent sign an acknowledgment of having read and reviewed the file.
6. The family's receipt of information about a child, contact with a child's caseworker, contact with a child's foster family, etc., must be governed by procedures that do not violate the confidentiality requirements of case information. Thus, prospective adoptive parents must agree to keep information about the child, family of origin, and foster family confidential.
7. For guidelines for archiving of records of legally free children, see the CA Operations Manual, chapter 13000, section 13930.

45404. Services to Parents

1. Voluntary Adoption Plan-Under a voluntary adoption plan, the department must follow the wishes of the parent(s) and/or the alleged father in identifying the proposed adoptive placement of the child if the proposed family receives an approved home study and the court agrees that adoption by this family is in the best interests of the child. See the Case Services Policy Manual, chapter 5000, section 5762, for requirements of a voluntary adoption plan.
 1. The assigned department social worker must work with the parent to determine whether the parent will identify a preferred adoptive placement by name.
 2. If the parent identifies a preferred placement, the assigned social worker will advise the alleged father, the birth parent, and proposed adoptive parent(s) that either CA, a private agency, a qualified individual may do an adoptive home study.
 3. If the proposed adoptive parent chooses to have an adoptive home study completed by a private agency or qualified individual, CA retains the right to do its own home study if it has concerns regarding the recommendations contained in the non-departmental home study.
 4. If a private agency or qualified individual completes a home study and CA chooses to do its own adoptive home study, the CA social worker must prioritize scheduling this CA home study over pending studies of other proposed adoptive homes.
 5. Using approved procedures for determining suitability to be an adoptive home, the social worker must determine that:
 1. The family meets the criteria to be an adoptive placement as described in RCW 26.33.190; and

2. The placement is in the best interests of the child.
6. In the event that the social worker, the alleged father, birth parent, or current adoptive parent disagree about the suitability of the proposed adoptive placement, the court will determine whether the prospective adoptive resource is suitable and whether this placement is in the best interests of the child.
7. If the Attorney General's office or the local prosecutor, as applicable, has filed a termination petition at the department's request and the parent agrees to relinquish parental rights, CA must consider the parent(s) or alleged father's adoption placement preferences for the child but is not required to accept it.
2. The social worker gives consideration to requests of the parent(s) regarding religious or other general characteristics of the adoptive family for their child when those requests are in the best interest of the child.
3. The social worker must inform Native American parents of the federal/state law requirements regarding the adoption of Native American children and of the department's goals and procedures regarding Native American children. Refer to the ICW Manual.

45405. Services to the Child

1. The social worker provides ongoing casework and preparation of the child for adoption, which may include:
 1. Gathering information to prepare life story books.
 2. Counseling the child.
 3. Arranging referrals to various professionals.
2. The social worker assesses the child's medical and social needs by completing:
 1. The life story book.
 2. The DSHS 13-041(X), Child's Medical and Family Background Report.
3. The social worker gives a copy of the completed Child's Medical and Family Background Report to the adoptive family before or at the time the child is placed with the adoptive family. The worker must provide the form to the foster-adopt family and/or relative family planning to adopt the child, following the worker's decision that the family is the adoptive family of choice. The prospective adoptive parents need to read and sign the form. The social worker places the original copy of the form in the child's file for archiving with the child's record.
4. The social worker refers the pre-adoptive child for an SSI application if not already screened by the SSI facilitator. Funding under Title IV-E for adoption support is available to children eligible for SSI prior to adoption.
5. Adoption planning occurs before and immediately after termination of parental rights. See section 4330 on open adoption agreements and section 4690 on adoption planning reviews. The goal of review is to explore all possible permanency options available for the child and to choose the best permanency option for the individual child. The reviews are also an opportunity to initiate social and medical assessments if they have not been done, to explore available adoptive family resources, and to develop the recruiting and post-termination case plan for a particular child.
6. The assigned social worker conducts monthly Health and Safety Visits with the child:

1. [See Section 4420- Social Worker Monthly Health and Safety Visit.](#)

45406. Family Selection and Recruitment

1. Family selection and/or family recruitment and matching may be completed through utilization of local and/or regional adoption consortia and state, regional, and national adoption exchanges.
2. What children can be registered?
 1. Children who are legally free for adoption and who do not have an identified permanent family.
 2. Children who are not yet legally free can be registered with WARE under the following circumstances:
 1. Termination of parental (TPR) has been initiated or TPR date has been set; or
 2. The child's worker has obtained a court order to search for an adoptive family. (Court approval of the ISSP); or
 3. The child's social worker has obtained the parents written consent to recruitment for an adoptive home.
3. The child's social worker shall refer all children with an identified plan of adoption with the Washington Adoption Resource Exchange (WARE) within 30 days of the court order ordering the termination of parental rights.
 1. The social worker sends the following documents to the WARE office:
 1. Adoption Exchange Child Registration; and
 2. A clear photograph of the child.
 3. Specific recruitment is desired because the child may be difficult to place; the social worker also sends the DSHS 9-6111, Release and Consent for Child Specific recruitment.
 2. The social worker maintains a copy of the Adoption Exchange Child Registration in the child's social service file.
 3. The contracted provider of the WARE will:
 1. Send the child's social worker information on potential families.
 2. Coordinate child specific recruitment activities.
 3. Upon certain conditions, refers the child to other regional and national adoption exchanges.

45407. Placement Decision

1. The social worker evaluates families referred for a legally free child to determine which of the families can best meet the needs of the child using the following criteria:
 1. The family's ability to meet the physical, cultural, emotional, and mental needs of the child. A family need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of the child. In rare circumstances, the social worker may identify a compelling reason to attempt to place a child with a family of a particular racial or ethnic heritage. Otherwise, the department will not match children on the basis of race to families.

2. The compatibility between the child's personal characteristics and the expectations of all members of the adoptive family.
 3. The specific experiences and/or training the family has had which prepares them to provide for the special needs of the child.
 4. The resources in the family's community which are available to meet the special needs of the child.
 5. The degree to which the family is willing to initiate and participate in medical and/or therapeutic treatment.
2. The social work staff of the CA office with administrative responsibility for the child makes the final decision on placement of a child with an adoptive family. The child's worker makes the final placement selection for families referred from the WARE and other referral sources in conjunction with the CWS supervisor. The CA staff considers the following criteria:
1. The child's attachment with the foster family and length of time in the foster care placement.
 2. The ability of the adoptive family to meet the special needs of the child.
 3. The ability of the adoptive family to meet the cultural and ethnic needs of the child. A family need not be of the same ethnic background as the child in order to meet these needs. Unless the CA staff identifies a compelling reason, CA staff will not match children on the basis of race to foster or adoptive families.
 4. Willingness to provide long-term contact with siblings who may be placed elsewhere, appropriate birth relatives, former foster families, or other individuals who may have prior relationships with the child.
 5. Whether or not the adoptive family is a birth relative. If a relative, the following factors shall also be evaluated:
 1. The relatives' previous relationship with the child.
 2. The relatives' ability to protect the child, if necessary, from the birth parents while avoiding portraying the birth parents in an unnecessarily negative manner.
3. For foster-adoptive placements, the foster-adoptive family must sign a Permanency Planning Placement Agreement, DSHS 15-175. See section 45351.

45408. Visitation and Placement Planning

The child's foster parents may be involved in planning and implementing plans.

1. The purposes of visitation include:
 1. To initiate contact between the family and the child and to observe the relationship as it develops.
 2. To allow the prospective adoptive parents and child(ren) an opportunity to begin to know each other.
 3. To allow the prospective adoptive family, the adoption worker, the child, and the child's caseworker an opportunity to make a continuing evaluation regarding suitability of the placement.
2. The child's worker:

1. Works with the adoptive family to select an appropriate location for the visitation(s).
 2. Accompanies the child on the initial visit.
 3. Discusses each visit with the child and family after they have occurred.
 4. Continues to assess with the adoptive family and the child, as appropriate, whether to proceed with visitation and/or placement.
3. The length of visits and total amount of time between first meeting and placement will vary. The age and developmental level of the child(ren), their attachment to the foster family, and their emotional readiness to move are all factors to consider. A typical placement transition may include three to five pre-placement visits, with each visit increasing in length until child is actually placed. Open contact between the new family and the family the child is leaving should occur whenever possible and when in the child's best interest.

45409. Adoption Placement Services

1. For Foster-Adoptive Placements, the social worker needs to refer to section 4535.
2. For regular adoptive placements, the child's social worker completes the following upon placement of the child:
 1. Provides the adoptive family with a letter permitting them to obtain medical care for the child.
 2. Coordinates/arranges for moving all the child's possessions.
 3. For children registered with WARE, completes and submits DSHS 15-21, Change of Status, to the WARE program manager.
 4. Inclusion of the following in the child's case record:
 1. Certified copies of all legal documents terminating parental rights.
 2. Signed copy of the Permanency Planning Placement Agreement, DSHS 15-175
 3. A cover memo to the adoptive family worker stating the date of the next six month court review hearing and the address of the court holding jurisdiction.
 5. Transfers the child's record (all volumes) to the DCFS adoption worker who will be supervising the placement, except in the case of a placement into a private agency adoptive home or into an out-of-state adoptive home.
 1. For placements within the same local office service area, the child's social worker transfers the child's file for reassignment to the adoption worker.
 2. For placements into a DCFS home outside the catchment area, the child's social worker transfers the child's file to the receiving adoption worker and maintains a dummy legal file. Legal jurisdiction is retained and dependency reviews continue until the adoption is finalized.
 3. For placements into a private agency or out-of-state home, the child's file is retained and only copies of necessary documents are provided to the supervising agency adoption worker.

4. For out-of-area placements, local protocols shall determine whether the local office adoption worker or child's worker maintains case responsibility pending finalization.

454010. Post-Placement Services to the Family and the Child

1. The purpose of post-placement services is to support continuing placement of the child in the family by providing needed services or referrals.
2. The assigned social worker provides on-going casework supervision of the adoptive placement and coordinates needed support services for the family and/or child. Post-placement support services may include the following:
 1. Casework services designed to assist the family and child during the initial adjustment period. Contacts shall be maintained, at a minimum, on a monthly basis and may be face-to-face or telephone. The social worker must document the contacts in the case SER.
 2. Information and referral to community resources.
 3. Formation of and leadership in adoption support groups for parents of adoptive children.
3. The assigned social worker provides the family with a copy of the adoption support brochure and:
 1. Discusses the child's eligibility for medical and/or financial assistance. See chapter 4000, section 4517, for Medicaid eligibility, and chapter 5000, section 5700.
 2. Discusses the ability of the family to adopt without adoption support. In most instances, the worker shall encourage the family to apply for medical support.
 3. Completes applications for adoption support and non-recurring costs as described in section 5700.
 4. Tries to ensure that the family has a signed agreement(s) prior to finalization of the adoption.
4. The assigned social worker is required to conduct monthly visits with the caregiver ([See Section 4420 - Social Worker Monthly Health and Safety Visit](#))
5. At the time when the family, the child, and the adoption worker mutually agree that finalization of the adoption is in the best interest of all persons involved, the adoption worker encourages the family to retain an attorney to file the petition for adoption. If the local court permits, an adoptive parent may petition to adopt without an attorney when there is no need for DCFS to release confidential information; for example, the adoption of an older child when the names of the birth parents are already known to the adopting parents.
6. The attorney retained by the adoptive family files the petition for adoption. The adoption worker provides the attorney with the following documents and information when the worker is satisfied that finalization is in the best interest of the child and the family:
 1. A certified copy of the legal order of termination of parental rights.

2. Release and Consent to Adoption signed by the Regional Administrator or designee or information indicating where to obtain consent if that responsibility does not lie with the Regional Administrator.
3. Adoption consent from children 14 years of age and older.
4. A completed Application for Adoption Re-Registration, DSHS 9-465, for issuance of the child's revised birth certificate.
5. The date of filing of the pre-placement report or is intended to be filed with the court.
6. A copy of the final signed Adoption Support Agreement and agreement for non-recurring costs reimbursement, if applicable.
7. A written request for a copy of the certified decree of adoption after finalization.
7. The assigned social worker completes court work that includes:
 1. Dependency reviews until adoption is finalized.
 2. Individual Service and Safety Plans.
 3. Post-placement report.
 4. Notification of GAL and juvenile court that adoption is finalized and obtain dismissal of dependency order.

454011. Post-Placement Report

1. The court, accepting a petition for adoption, orders a post-placement report to advise the court as to the propriety of the adoption.
 1. The department shall be named to complete the post-placement report for a child for whom it provided post-placement services.
 2. The adoption worker completes the Adoption Data Card.
 3. If the adoption worker does not intend to appear at the hearing, he/she completes the Waiver of Notice of Further Hearing, DSHS 9-54, or the Acknowledgment of Notice and Declaration of Intent Not to Appear, DSHS 9-56, provided the departmental recommendation is positive and the parental rights of the child to be adopted have been terminated.
2. If the post-placement report is negative, the department shall request representation by the Office of Attorney General (or local prosecutor, where applicable) at a hearing on the matter. In this case, the DSHS 9-54 and the DSHS 9-56 shall not be included with the report.

454012. Disruption Services

Disruption services are designed to develop a new placement plan for a child when it becomes evident, prior to finalization of an adoption, that the adoptive placement should not continue.

454013. Post-Adoption Finalization Services

Refer to section 4700, Case Resolution/Closure

4541. Psychotropic Medication Management

45411. Purpose and Scope

1. This standard and procedure establishes guidelines for Children's Administration (CA) staff and CA-licensed or certified out-of-home care providers to follow when a child is in the custody of the department, placed in out-of-home care, and is or may be administered psychotropic medication.
2. This standard applies to children placed in the department's custody, whether by voluntary placement agreement (VPA) or court order. It is prospective only. It applies only to children not receiving such medications on the effective date of this policy, June 1, 1997.

45412. Definitions

1. For definitions of **Medical History**, **PRN**, and **Psychotropic Medication** as they pertain to this section, see Appendix A.
2. **Informed consent** means consent given for administration of psychotropic medications by a person authorized by law or under this section following provision of information by a licensed medical professional regarding the purposes of the medication, the range of dosages, possible side effects, and expected results.

45413. Standard

1. The CA social worker and the out-of-home care provider must comply with the provisions of RCW 13.34.060 regarding authorization of routine medical and dental care for the child in the custody of CA.
2. For children who have been prescribed psychotropic medication, compliance with Chapter 71.34 RCW, Mental Health Services for Minors, is required.
3. Neither the CA social worker nor the out-of-home care provider may authorize the administration of psychotropic medications to a child in the custody of CA, with the following exceptions:
 1. The CA social worker may authorize the administration of such medications if the child is legally free and in the permanent custody of the department.
 2. The CA social worker may authorize the administration of such medications when it is impossible to obtain informed parental consent after normal work hours, on weekends, or on holidays. In such instances, the social worker must obtain either informed parental consent or a court order within 72 hours, excluding weekends and holidays, of authorizing administration of the medication.
4. The parent of the child in CA custody must provide informed consent for the administration of psychotropic medications to the child, unless the child is age 13 or older and competent to provide consent in his or her own behalf. If the parent is unavailable, unable, or unwilling to consent to the administration of medically necessary

psychotropic medications, the social worker shall obtain a court order before the medications may be administered.

5. Consent for treatment will vary according to the child's age.
 1. Children age 13 years and older must consent to the administration of their own medication. They also have the right to maintain confidentiality of the information.
 1. The CA social worker needs to encourage the adolescent to share information about the use of such medication with their parents, their out-of-home care provider, and their guardian ad litem. The care of the child is likely to be compromised if the out-of-home care provider does not have knowledge of the medication being used and access to the prescribing physician for consultation.
 2. If the child refuses to release information concerning medication to the out-of-home care provider, the CA social worker shall review the child's continued need for placement. If the child remains in out-of-home care and continues to refuse to release information about his/her medication, the social worker will request the court to order release of the information to the care provider and to the department.
 3. If the child refuses to release information to the parent, the parent, if wanting the information, needs to request a court order to obtain it.
 2. Children who are 13 years of age and older may not be able to provide knowledgeable consent to administration of psychotropic medication due to cognitive disabilities. In such an instance, the treating medical professional determines if the child is capable of giving consent. If the child is unable to provide consent, the parent must provide consent or the social worker must obtain a court order to authorize treatment.
6. The informed parental consent or court order needs to be a general authorization for the administration of psychotropic medications at the direction of a qualified, licensed physician so that a change in the consent or court order is unnecessary when it is necessary for the physician to adjust the medication.
7. The social worker may contact the statewide Medical Consultation Network at 1-800-326-5300 whenever medication management would be facilitated by expert medical consultation. For consultation with a pharmacist on prescribed or non-prescribed medications, the CA social worker, the foster parent, or other care provider may contact the Washington Poison Control Center at 1-800-732-6895 (TTY 1-800-572-0368). Department staff needs to identify himself or herself as a CA social worker, and ask to speak to the pharmacist on duty.

4542. Holding Therapy

45421. Purpose and Scope

1. The Children's Administration (CA) Adoption Support Program Manager will consider a request for Holding Therapy only for a child who has been adopted and is served by the Adoption Support program.

2. CA staff must not approve the use of Holding Therapy for any child other than one served by the Adoption Support program.
3. The level of service is limited to that prescribed in chapter 388-25 WAC relating to the Adoption Support program.

45422. Definitions

1. **Holding Therapy** is a therapeutic process designed to promote, develop, or enhance a reciprocal attachment relationship through therapist(s)-led holding and/or parent-child holding. Holding means to physically restrain a child or use an **arms in** position in the course of therapeutic treatment.
2. **Physical Restraint** means to control the movement or curtail the freedom of a child in the course of therapeutic treatment.
3. **Arms In** describes a method in which the child sits or lies in the arms of the therapist(s) or parent during the treatment session.

45423. Procedures

1. Only the Adoption Support Program Manager may authorize department payment for Holding Therapy.
2. In determining authorization for holding therapy, the Adoption Support Program Manager needs to see chapter 388-25 WAC for the Adoption Support program for specific department requirements that apply to outpatient counseling services not covered by Medicaid.

4543. Foster Care Assessment

45431. Service Definition

1. The Foster Care Assessment Program is a multi-disciplinary contract between Children's Administration (CA) and Harborview Center for Sexual Assault and Traumatic Stress and its subcontractors to assess the needs of children who have been in out-of-home care for more than 90 days. Assessment services include a six-month follow-up period to assist the DCFS social worker in implementing a placement plan and to help meet the needs of the child and family.
2. The program has two goals:
 1. Ensure that the physical and emotional health, developmental status, and educational adjustment of children in the care of the state have been assessed and any significant needs addressed; and
 2. Identify and help resolve obstacles to reunification, adoption, guardianship, or other permanent plan.

45432. Eligibility

CA and Harborview give priority for the service to those children identified as likely to need long term care because the children face physical, emotional, medical, mental, or other long-term challenges that serve as barriers to achieving a plan for permanency.

45433. Service Description

1. The contractor's program social worker and a pediatrician will conduct each assessment. The social worker and the pediatrician will review case information and consult with key people in the child's life, including the DCFS social worker, parents, foster parents, the child's primary care physician, teacher, and other involved professionals.
2. The standard assessment consists of structured clinical interviews and the administration of standardized measures. A multi-disciplinary team representing pediatrics, psychiatry, psychology, social work, DCFS, and other consultants (e. g., ethnic/cultural and foster/adoptive parent) will review the preliminary results of the assessment.
3. All important parties in the child's life will be involved in the development of a concrete plan to address the child's health needs and to establish the best possible permanent family connection for the child.
4. A Harborview program social worker will provide six months of follow-up services to assist the DCFS social worker with the implementation of the child's plan.

45434. Procedures for Access

CA social workers refer children to the regional Foster Care Assessment Program coordinator in accordance with local procedures. The coordinator assists in prioritizing and processing referrals.

4544. Responsible Living Skills Program

45441. Service Definition

1. Responsible Living Skills (RLS) programs provide permanent residential placements for dependent street youth aged 16-18.
 1. RLS programs provide youth with a permanent placement setting in concert with services critical for the youth's successful transition into adulthood.
 2. RLS programs employ a positive youth development philosophy that focuses primarily on promoting a youth's positive development rather than identification and resolution of problems.
 3. RLS programs may take the form of either group or single-family residential placement settings, depending upon proposals submitted for approval by individual RLS providers.

2. **Street youth** means a person under the age of eighteen who lives outdoors or in another unsafe location not intended for occupancy by the minor and who is not residing with his/her biological/adoptive parent(s) or at his/her legally authorized residence. Typically, these youth do not have families who are available to them, and traditional placement alternatives such as foster or group care have not met their needs.
3. RLS programs employ a service delivery model designed primarily to achieve competency in independent living skills for adolescents placed there. Specifically, RLS programs will focus on assisting youth in achieving competency in:
 1. Basic education, e.g., a GED;
 2. Job skills;
 3. Basic life skills (including but not limited to):
 1. Money management;
 2. Nutrition/meal preparation;
 3. Household skills;
 4. Parenting ;
 5. Health care;
 6. Access to community resources; and
 7. Transportation and housing options.
4. RLS programs will also provide/facilitate group and individual counseling as is appropriate. However, RLS programs are not BRS programs; they are intended for street youth committed to stabilizing their lives. Youth referred to an RLS program should exhibit significant degrees of impulse and behavioral controls.

45442. Eligibility

1. The priority and eligibility criteria for referrals are:
 1. Dependent street youth aged sixteen to eighteen years of age, whose permanency plan is independent living.
 2. Dependent street youth fourteen and fifteen years of age, who are not succeeding in family-based foster care. Placement of youth in this age range should be with the intent of enabling the youth to make a transition from a street living situation to a more stable placement setting.
 3. Criteria are all located in statute, and therefore Exceptions-to-Policy to waive one or all of these eligibility criteria are not permitted:
 1. Any youth referred to an RLS program must have previously resided in either a Secure Crisis Residential Center or a HOPE Center; the youth's social worker may waive this requirement if the social worker feels that given the minor's current circumstances, this is the most appropriate placement for the youth.
 2. Youth must be a dependent youth under Chapter 13.34 prior to entry into an RLS program;
 3. The youth's primary and alternative permanency plan must not be Return Home.
2. Law Enforcement Access: Youth may not be placed directly into an RLS program by law enforcement. If the youth is a reported runaway, or if law enforcement is involved due to a family-in-conflict situation, the case is handled as any other FRS case, and

placement, if required, made with extended family, CRC, SCRC, or other resource as appropriate.

45443. Procedures for Access

1. Street youth may be identified as potential referrals to RLS program services through the following means:
 1. HOPE Center: As part of a HOPE Center's permanency placement planning function, a Placement and Liaison Specialist (PALS) may contact the assigned DCFS social worker to discuss the youth's eligibility for placement in an RLS program.
 2. DCFS Staff: DCFS staff may also identify dependent youth among their caseloads that will not be returning home and also meet the other eligibility criteria.
 3. Secure CRC: While in residence at a SCRC, the youth may be identified as appropriate for RLS program services. The SCRC would discuss the youth's eligibility with the assigned DCFS social worker.
 4. The assigned DCFS Social Worker will refer the case to their Regional RLS Program Coordinator. If the RLSP Coordinator deems the referral appropriate, the case will be discussed with the provider. The contractor, youth and the DCFS social worker will mutually agree upon a youth's admission based on:
 1. The RLS Program offers services that meet the youth's needs as identified in the ISSP;
 2. The youth desires to participate in learning independent living skills;
 3. The youth demonstrates sufficient behavioral control to participate and benefit from the program.

45444. Legal Authorization for Placement

1. The legal status of any youth placed in an RLS program must be a dependent youth per Chapter 13.34 RCW. There is no authority to execute an Exception-to-Policy waiver.
2. Additionally, a youth's primary and alternative permanency plan, per RCW 13.34.145, must not be Return Home.

45445. Length of Stay

Youth must not have reached their eighteenth birthday prior to admittance into residence. Youth may reside in an RLS program until age eighteen. However, youth eighteen to twenty years of age may continue to remain in residence voluntarily until completion of a GED or graduation from high school.

45446. Re-Admission to an RLS Program

1. Youth who leave an RLS program and are subsequently discharged (e.g., youth who run away and/or are placed in an alternative placement setting due to non-compliance with the RLS program), may be re-admitted if the youth's social worker and the RLS program determine that re-admittance is warranted.
2. Some factors for re-admittance would be based on the review of the situation, motivation of the youth, and any safety concerns for the youth and/or other residents.
3. The RLS program shall obtain written authorization from DCFS prior to re-admittance of the youth.

45447. Case Coordination

1. Upon admittance into residency, the youth's DCFS social worker will provide the RLS program an Initial Baseline Assessment (IBL) tool.
2. Collaboratively, the RLS program and the DCFS social worker will utilize the IBL to establish an Independent Living Plan. The ILP will be developed within 30 days of a youth's entry into the RLS program.
3. A physical evaluation is required for any youth entering the RLS program if that youth has not had a physical exam within the last calendar year.

45448. Exit from an RLS Program

1. A youth shall exit an RLS program upon completion of one of the following:
 1. The youth turns 18 and desires to leave the program;
 2. The youth, between the ages of 18 - 20 that voluntarily remains enrolled in the program, completes either their GED or High School program. RCW 74.15.220

4545. HOPE Centers

45451. Service Description

1. HOPE Centers provide temporary 30-day residential placement, assessment, and permanency planning services for "street youth." The HOPE Center has the authority to decline placement. The department and other service providers must not use HOPE Centers as crisis residential placements.
2. HOPE Centers utilize a "youth development focus" approach to service delivery, and will provide community-based outreach in the areas street youth frequent. Through community relationship building development and outreach efforts, HOPE Center staff will assess street youth to determine the youth's desires and service needs.
3. Typically, the street youth do not have families who are available to them, and traditional placement alternatives such as foster or group care have not met their needs. During the street youth's stay, HOPE Center staff will conduct a series of comprehensive assessments: the youth's health, mental health, substance abuse issues, and basic educational competency. The HOPE Center, in concert with the assigned CA social worker, will utilize these assessments to develop a permanent placement plan in

conjunction with linking the adolescent to transitional living services or reconciliation with the youth's parents or legal guardian.

45452. Definition

"Street Youth" means a person under the age of 18 years of age who:

1. lives outdoors or in another unsafe location not intended for occupancy of a minor and who is not residing with his or her parent or a legally authorized residence; or
2. without placement in a HOPE center, will continue to participate in increasingly risky behaviors associated with Street Youth. These risky behaviors include, but are not limited to:
 1. Brief episodes of homelessness
 2. Criminal activity
 3. Prostitution
 4. Substance use/abuse
 5. Other survival based behaviors related to street-life

45453. Eligibility

1. Street youth up to 18 years of age are eligible for admission into a HOPE Center based upon the HOPE Center's determination that:
 1. The program has the ability to address the identified service needs;
 2. The program can meet the health and safety needs of the youth; and
 3. The program can still meet the health and safety needs of the other youth in residence if this youth is admitted to the program.

45454. Procedures

1. Admission

Street youth may access HOPE Center services through the following means:

1. Self Referral
 1. Youth may self-present at HOPE Centers for services at any time. The HOPE Center's Placement and Liaison Specialist (PAL) shall meet with the youth within eight hours of the youth self-presenting for services. In addition to assessing the youth's appropriateness for services, the PAL is also responsible for assessing the youth's current legal status within the eight hours.
 2. The PAL must attempt to notify the youth's parent(s) or legal guardian and inform them of the youth's entry into the HOPE Center
 3. The PAL shall notify CA as soon as possible and make a referral for services. Upon receipt of such a referral from the HOPE Center, CA shall assign a social worker.

4. The CA social worker must ensure that a legal authorization to place is obtained, if one isn't already established, within the initial 72 hours of placement.
2. CA Staff
 1. CA staff may identify youth that are appropriate for HOPE Center placements. CA will arrange and discuss the case referral information with the HOPE Center's PALS. The youth and the youth's family may or may not be included, as is case appropriate and as best meets the service needs of the youth.
 2. If the HOPE Center agrees to accept placement of the youth, the CA social worker and the HOPE Center will coordinate the intake with the youth and the youth's parent or legal guardian.
 3. The CA social worker must ensure that a legal authorization to place is obtained, if one isn't already established, within the initial 72 hours of placement, excluding weekends and holidays.
3. Transfer from a CRC
 1. Youth may be transferred from either a semi-secure or a secure CRC program into a HOPE Center, when appropriate. CRC staff will contact either the HOPE Center PALS or the CA assigned social worker and make a referral. CA and the HOPE Center will discuss the referral, and if there is agreement regarding the placement, again involving the youth and the youth's family, the HOPE Center will facilitate the intake process.
 2. The CA social worker must ensure that a legal authorization to place is obtained, if one isn't already established, within the initial 72 hours of placement, excluding weekends and holidays.
4. Placement

Legal Authority for Placement of a youth must be obtained no later than 72 hours following admission to a HOPE Center.

1. For street youth, for whom the department has no outstanding legal authority for placement, a signed Voluntary Placement Agreement (VPA) by the parent(s) or legal guardian is the legal authorization-for-placement of choice.
 2. If CA or the HOPE center is unable to obtain a VPA, the DCFS social worker will initiate the process to file a CHINS petition.
 3. CA staff should consider a dependency action only if it is clear the youth has no parent available, will remain in long-term care, or will be entering a Responsible Living Skills Program.
5. Law Enforcement

Youth should not be placed involuntarily into a HOPE Center program by law enforcement. If a youth is a reported runaway, or if law enforcement is involved due to a family-in-conflict situation, the case is handled as any other FRS case, and placement, if required, is made with extended family, CRC, S-CRC, or other resource as appropriate. However, for street youth who wish to avail themselves

of HOPE Center services, the law enforcement officer may assist the youth in accessing this service.

2. Information Sharing

1. As an integral part of the intake process, CA and the HOPE Center will share case information. The youth and his/her parent(s) or legal guardian may also be involved, along with anyone else integral to the case, as is deemed appropriate to meet the service needs of the youth being placed.
2. The purposes of the information sharing sessions are to:
 1. Establish the appropriateness of the placement;
 2. Obtain some level of commitment from the youth's towards his/her involvement to the program;
 3. Identify the appropriate legal authorization for placement;
 4. Identify any emergent service needs the youth may have, and develop a plan to meet these needs;
 5. Identify CA and HOPE Center roles/responsibilities regarding service collaboration; and
 6. Arrange an intake date and time if the HOPE Center agrees to accept the youth into residence.

3. Length-of-Stay

1. Youth must not reside in a HOPE Center longer than it takes to facilitate family reconciliation and return of the youth to the youth's home or to develop an alternative long-term placement plan.
2. Placements must not exceed 30 days. Only the CA Regional Administrator or the Regional Administrator's designee may grant extensions. CA must forward a copy of the Regional Administrator or designee's written approved extension to the HOPE Center.
3. CA may extend a youth's placement only for an additional 30 days maximum, based upon the youth's long-term placement options.

4. Case Coordination

1. Case coordination involves regular contact between the assigned CA social worker and the HOPE Center PALS. Both the CA social worker and the HOPE Center will maintain written records of all case coordination efforts in their respective client files.
2. Beginning from the time the youth is admitted into the program, the CA social worker and the HOPE Center will be engaged in discharge planning efforts. It is important that all parties are involved in the progress towards the stated outcome goals, especially in cases where the progress is seen as unsatisfactory, and the youth will need transfer to an alternative program.

5. Re-Admission to HOPE Centers

1. If a youth runs away from a HOPE Center, Center staff must file a runaway report and notify the youth's parent(s) or legal guardian. If the youth is gone more than 24 hours, the Center should discharge the youth from the program.
2. The youth may or may not be re-admitted upon the youth's return, based upon the circumstances and the needs of the other youth awaiting admittance to the program.

3. Re-admittance to a HOPE Center must involve the youth's agreement to return and to continue program participation and the HOPE Center's agreement to the youth's re-admittance.
6. Payment-CA staff make payment to HOPE Centers in accordance with SSPS Manual instructions.

45455. Program Parameters

Purpose of Program	Evaluation of the youth in the domains of health, mental health, substance abuse, and basic educational competency. Assess ongoing service needs, and develop long-term placement plan
Entry into HOPE Center Program	Access to program is either 1) via self referral; 2) through the Hope Center program's outreach staff; or 3) through CA referrals to the HOPE Center
Eligibility ♦ Placement Criteria	Street Youth
Legal Authorization for Placement	After 72 hours, legal guardian must sign a Voluntary Placement Agreement, a CHINS must be filed, or a dependency order obtained
Time Frames (length of stay)	72 hour initial stays ♦ up to 30 days (May be extended under limited circumstances)
Mental Health Evaluation	A CDMHP evaluation must be done if there is an emergent need for hospitalization. A Certified Mental Health Counselor can do routine metal status evaluations within 48 of intake into a HOPE Center
Medical Examination	Youth must receive a physical examination if they have not had one within the past 12 months
Substance Abuse Evaluation	Complete a drug and alcohol evaluation; Involve DASA if necessary
Educational Assessment	Arrange an educational assessment to measure the youth's competency level in reading, writing and math; measure any learning disabilities or remedial educational needs required

4550. Children Missing from Care

Children missing from care are at great risk for victimization and exploitation. Many children do not perceive the inherent risks or see themselves as potential victims. When a child leaves care on his/her own, it may be done as a coping mechanism and perceived by him/her as the only option to solve a problem or address concerns/needs.

Because of possible dangers to a child, social workers and caregivers must consider a child missing from care as a major event that requires intensive and ongoing intervention. When a child is missing from care, social workers will ensure that timely reports are made to appropriate authorities and take action to locate the child and return him/her to an approved and appropriate placement.

When a child returns to care, social workers and caregivers should support the child to remain in care and involve the child when reviewing the case plan to ensure that the child's needs are adequately addressed and that the child has confidence about her or his future.

45501. Definitions

"Missing" child means any child up to 18 years of age for whom Children's Administration (CA) has custody and control (not including children in dependency guardianships) and:

- The child's whereabouts are unknown; and/or
- The child has left care without the permission of the child's caregiver or CA.

Children who are missing are categorized under one of the following definitions:

1. **"Taken From Placement"** means that a child's whereabouts are unknown, and it is believed that the child is being or has been concealed, detained or removed by another person from a court-ordered placement and the removal, concealment or detainment is in violation of the court order.
2. **"Absence Not Authorized, Whereabouts Unknown"** means the child is not believed to have been taken from placement, did not have permission to leave the placement, and there has been no contact with the child and the whereabouts of the child are unknown.
3. **"Absence Not Authorized, Whereabouts Known"** means that a child has left his or her placement without permission and the social worker has some contact with the child or may periodically have information as to the whereabouts of the child.
4. **"Frequently Missing from Care"** can be youth that have been missing from care or home two or more times a month or repeatedly for short periods. Supervisor must approve a youth being identified as a Frequently Missing from Care.

45502. Reporting Children Missing from Care

1. Required Timeframes for Reporting Children Missing from Care

Licensed caregivers, including foster parents, licensed relative caregivers and private agencies providing placement services, are required by WAC 388-148-0123 to report to the assigned CA social worker AND law enforcement when a child is missing from their care.

Unlicensed relative caregivers providing placement services are also required to report to the assigned CA social worker AND law enforcement when a child is missing from their care.

Both licensed and unlicensed caregivers are required to report the child missing from their care within the timeframes outlined below (A.(1)(a-h) and (2)).

1. Once notified that a child is missing from care, the assigned social worker must work with the caregiver to ensure that law enforcement is notified immediately when a child is missing from care and one or more of the following applies:
 1. The child has been, or is believed to have been, taken from placement as defined above.
 2. The child has been or is believed to have been lured from placement or to have left placement under circumstances that indicate the child may be at risk of physical or sexual assault or exploitation.
 3. The child is age 13 or younger.
 4. The child has one or more physical or mental health conditions that if not treated daily will place the child at severe risks.
 5. The child is pregnant or parenting and the infant/child is believed to be with him or her.
 6. The child has severe emotional problems (.e.g., suicidal ideations) that if not treated will place the child at severe risk.
 7. The child has a developmental disability that impairs the child's ability to care for him/herself.
 8. The child has a serious alcohol and/or substance abuse problem.
 9. The child is at risk due to circumstances unique to that child.
2. If one or more of the items listed above (a-i) does not apply to the child missing from care, the assigned social worker must work with the caregiver to ensure that local law enforcement is contacted within six hours.

If the child leaves school or has an unauthorized absence from school (and none of the factors listed in a-i apply), the CA social worker and caregiver should consult with one another to assess the situation and determine when it is appropriate to bring the situation to the attention of law enforcement.

If the child does not return at the end of the school day, the caregiver and the social worker may decide to temporarily delay notification to law enforcement

for up to 4 hours after the end of the school day. This decision must be made based on the individual case situation, in some situations it may be appropriate to provide the additional time to give the child the opportunity to return on their own.

2. Information Required to Report to Law Enforcement

1. The assigned social worker must ensure that the caregiver provides as much of the following information as is known, to law enforcement and to CA:
 1. Name and basic demographic information of the child
 2. When the child left
 3. Where the child left from
 4. What the child was wearing
 5. Any known behaviors or interactions that may have precipitated the child's departure
 6. Any possible places the child may go
 7. Any special physical or mental health conditions or medications that may affect the child's safety
 8. Any known companions who may be aware of and involved in the child's absence
 9. Other professionals, relatives, significant adults or peers who may know where the child might go
 10. A recent photo of the child.

3. Reporting Requirements When a Child is Missing from Care

1. Notification to the Assigned Social Worker when a Child is Missing from Care

When a child is missing from care the assigned social worker will be made aware of the situation in one the following ways:

1. The caregiver notifies the assigned social worker by telephone that the child is missing from care. The caregiver is required to notify the social worker directly or make the report to CA intake if the social worker cannot be reached directly; or
2. CA Intake completes a SER and notifies the assigned social worker and their supervisor (i.e., verbally or by e-mail) that a report of a missing child has come through CA intake; or
3. The assigned social worker's supervisor notifies the assigned social worker, if CA intake was unable to make direct contact with the social worker.

2. Assigned Social Worker - Requirements for Reporting

1. When the assigned social worker learns of a child missing from care, the social worker must immediately:
 1. Confirm the child's current status with the caregiver.
 2. Confirm that the caregiver has reported the child's absence to law enforcement as required in items A (1&2) and B above. If law enforcement has not been informed the social worker will ensure

that all required reports are made and in compliance with items A (1&2) and B above; and

3. Obtain the runaway report number once the information has been provided to law enforcement and the Washington State Patrol (WSP) Missing Children Clearinghouse and document the number in an SER.

Washington State Patrol	Business Hours M-F 8:00-5:00
Missing Children Clearinghouse	Voice Mail available after hours
PO Box 2347	800 543-5678
Building 17 Airdustrial Way	(360) 704-2404 fax
Olympia WA 98507-2347	

4. Complete an SER about the child's missing status and any other known information as listed in Section B above.
5. Notify the child's legal parent and maintain communication with the parent during the child's absence, unless immediate contact with the legal parent would compromise the child's safety. If safety is a consideration, the social worker will notify the child's legal parent of the child's absence within 24 hours.
2. The social worker will consult with the AAG regarding possible legal options. Depending on the youth's legal status and the specific court order, possible legal actions may include:
 1. Filing a motion with the court and requesting legal intervention; or
 2. Notifying the court of the youth's status of missing from placement without permission.
3. The social worker must notify other critical persons in the child's life, including the child's attorney, CASA/GAL, counselor, **by the next business day.**
4. The social worker will notify the child's school of the child's unauthorized absence from care, by the next school day.
3. Intake - Requirements for Reporting

Upon receiving a report of a child missing from care, the Intake worker must immediately:

1. Complete an SER and notify the child's assigned social worker and the worker's supervisor, verbally or via e-mail, of the child's absence and any subsequent information received regarding the child.
2. Confirm the assigned social work or the supervisor received the notification of the missing child, and document this confirmation in an SER.

If the CA intake worker is unable to provide immediate notification and/or confirm that the assigned social worker or supervisor received the notification within one business day, the CA intake worker must:

1. Provide this information to the Area Administrator; and
 2. Document confirmation of the notification of the AA in an SER.
4. Regional and Headquarter Responsibilities Regarding Children Missing Care
1. Regional Responsibilities

CA Regions will maintain local office protocols for reporting missing children to local law enforcement. Generally, the protocol will include the issuance of a pickup order.

CA Regional management will review the list of their missing children, and the adequacy of the strategies being pursued to find them, on a monthly basis. Regional reports regarding the missing children and search strategies will be updated monthly.

2. Headquarters Field Operations
The Field Operations Division will monitor the regional reports regarding missing children and the search strategies used.

45503. Documenting Children Missing from Care

1. Documentation requirements for the assigned social worker

Upon learning of the child's missing status, the assigned social worker will immediately:

1. Document in an SER that the child is missing from care and include any other known information as outlined in 45502 Reporting Children Missing from Care - Section B - Information Required to Report to Law Enforcement.
2. Document the WSP missing persons report number in an SER.
3. Identify the placement event in CAMIS as "on the run".
4. Notify his/her supervisor and document in an SER when and how the supervisor was notified.
5. Document staffings with the supervisor to review the Missing Child Staffing Checklist in an SER.
6. Document any contact with a missing child in an SER, and other contact disclosing critical information related to the child's health, safety or whereabouts and any follow-up action taken.
7. The social worker will also review the following items weekly with the supervisor for the first month that the child is missing from care to update the supervisor on contacts made, information received and to develop and revise search strategies.
 1. Any vulnerabilities that affect the youth
 2. All protective factors for the youth

3. Review of all people/agencies involved in the youth's life and contacts made with those people/agencies including the dates of contact, their suggestions for attempting to locate the child and suggestions of other people/agencies to contact in attempting to locate the youth
 4. Search strategies developed as a result of the staffing
2. Documentation requirements for the Supervisor

The supervisor must document in an SER the review and approval of the Missing Child Staffing.

The supervisor will document the status of the search process in an SER in the supervisory review section of CAMIS weekly for the first thirty days the child is missing and every thirty days thereafter.

45504. Responding to Children Missing from Care

1. Social Worker Requirements for Searching for Children Missing from Care When searching for children missing from care, the assigned social worker is required to:
 1. Contact professionals and other persons involved in the child's life, (e.g., local treatment team members, family, tribe, and friends) to request their involvement in a "missing from care" staffing. This staffing must occur within three (3) business days of the youth leaving care.
 1. The staffing may be conducted in one of the following ways:
 1. In person;
 2. By phone; or
 3. Via Family Team Decision Making, Shared Planning, or BRS Staff meetings, where available.
 2. The staffing will develop and implement strategies for actively searching for a child reported missing from care. Guidelines on Searching for Missing Children should be considered when developing search strategies.
 3. The following items shall be reviewed during the "missing from care staffing" and documented in an SER using the staffing code "other staffing"
 1. Any vulnerabilities that affect the youth
 2. All protective factors for the youth
 3. Review of all people/agencies involved in the youth's life and contacts made with those people/agencies including the dates of contact, their suggestions for attempting to locate the child and suggestions of other people/agencies to contact in attempting to locate the youth
 4. Search strategies developed as a result of the staffing
 4. The social worker will also review the above items weekly with the supervisor for the first month that the child is missing from care to update the supervisor on contacts made, information received and to develop and revise search strategies.

5. After the first 30 days the child is missing, review progress, update search strategies and changes with the supervisor monthly.
2. Contact the caregiver to discuss whether the placement will be available to the youth upon his/her return. If the caregiver will not be a placement option, identify other preliminary placement options for the child's return.
2. Supervisor Requirements for Searching for Children Missing from Care The supervisor will document the status of the search process in an SER in the supervisory review section of CAMIS weekly for the first thirty days the child is missing and every thirty days thereafter.

45505. Child Missing from Care when placed through a Voluntary Placement Agreement

When a child placed through a Voluntary Placement Agreement (VPA) is considered missing, CA social workers will follow the Missing from Care Policy for a minimum of 72 hours after the child has been identified as missing, and must complete the:

1. Notification requirements as outlined in section 45502, Reporting Children Missing from Care of this policy,
2. Development and implementation of search strategies as outlined in 45504, Searching for Children Missing from Care of this policy.
3. Notification to the parent(s) of the child missing from care and the actions taken by the social worker

After 72 hours parents must be notified of the actions taken by the social worker and a decision needs to be made regarding whether the VPA is terminated. When a VPA is terminated, the legal responsibility for the missing youth is returned to the parents. See VPA policy - Practice and Procedures manual Chapter 4000 - section 4307

If a VPA is terminated as the result of the child missing from care it may not automatically result in ending service obligations with the family.

45506. Return of Children Missing from Care

1. Social Worker Requirements When a Child Missing from Care Returns

When a child is located or returns to care, the social worker will:

1. Take the following actions immediately:
 1. Notify law enforcement and request that the pick up order be cancelled
 2. Notify the Missing Children Clearinghouse of the change in status
 3. Notify the legal parent, caregiver and Tribe
 4. Update the child's placement status in CAMIS

2. Notify the following individuals or agencies that were contacted after the child was reported missing by the following business day, to include but is not limited to:
 1. The child's attorney or CASA/GAL,
 2. The child's school, and
 3. The child's counselor or psychologist.
3. Within two (2) business days make certain a face-to-face debriefing is conducted with the child. Provide the child the option of meeting with the social worker, the caregiver, a neutral facilitator or another appropriate professional. The face to face debriefing will be used to:
 1. Work with the child to get appropriate medical treatment as soon as possible if, at any time after the child returns to care, the child discloses he/she has been ill, malnourished, sexually active, physically or sexually assaulted or exposed to other harmful conditions (e.g. methamphetamine production). The assigned social worker will report any allegations of child abuse or neglect to CA intake as outlined in RCW 26.44.030.
4. The following information shall be discussed with the youth during the face-to-face debriefing and documented in an SER:
 1. Why the youth left placement.
 2. Does the youth need a medical exam or treatment.
 3. Does the youth feel safe right now.
 4. If returning to the previous placement is an option would the child return?
 5. What does the youth need to enable them to maintain placement?
 1. Services
 2. Supports
 3. Medical care
 6. What does the youth want to see happen in their life in the next 3 months?
5. Within three (3) business days, convene a meeting with the child to discuss the child's needs and placement options and other resources to support the child. When appropriate, the social worker may also invite the child's caregiver, parents, Tribe, siblings, other relatives and other professionals to the meeting with the child.
 1. Youth who return to care must be given the opportunity to invite people who can provide support during this planning process.
 2. Place a current photograph in the child's case file.
6. If the youth is likely to leave again without authorization, service and treatment planning should include:
 1. The individual needs of the youth that lead to running behavior; and
 2. Placement options in the event of another absence.
 3. Collaboration with the child to identify the need for any other medical exams, mental health services, substance abuse treatment or other supports.
 4. Providing the child with information from the National Runaway Hotline or other relevant resources.

5. Collaboration with the child to develop a plan to address the child's safety, placement stability and service needs.
6. Consideration of the Frequently Missing from Care alternative staffing process.

45507. Responding to Youth Frequently Missing from Care

This section creates individualized searching and returning to care strategies for youth (ages 12 -17) identified as Frequently Missing from Care.

This section creates an alternative process to section 45504 and item A. 4. and 5. of section 45506 of this policy.

7. Social worker requirements for developing an individualized Frequently Missing from Care plan includes:
 1. Individualized search strategies and returning to care strategies including requirements identified in this policy.
 2. A specific plan, developed with the youth, on ways to re-enter CA when ready.
 3. Involving community resources for homeless adolescents or street youth.

This plan will be used for subsequent missing from care episodes.

8. The Frequently Missing from Care plan must be developed in-person with the youth and others involved in the youth's life (for example, school, family, Tribe, therapist, CASA/GAL, and attorney). These meetings may be held in existing meetings (e.g. Family Team Decision Making, Shared Planning meeting, Behavioral Residential Services staffing or Multiple Placement staffing).
9. Reporting requirements (section 45502) and individual contact with youth following a missing from care episode (section 45506 A. 3.) continue to be required.

[Continue to sections 4600 - 4700](#)

4600. CASE REVIEW

4610. General Information

1. All case plans are reviewed at regular intervals in an effort to ensure that case management for the family is comprehensive in scope, that children receive proper care, and that permanency plans are accomplished in a timely manner. Social workers need to be familiar with case review requirements for different types of case situations.

2. Case review requirements may differ depending upon the following or other factors:
 1. Whether the case originated in CPS, FRS, or CWS.
 2. Whether children are in an in-home or out-of-home care situation.
 3. Whether there is court involvement.
 4. Whether the child is a Native American/Alaskan Native child.
 5. Whether the child is in a rehabilitative service placement.
 6. Whether the case plan specifies adoption as the permanency plan.

4620. Summary Assessment - Re-Assessment of Risk of Child Abuse and Neglect

1. The social worker re-assesses the risk of CA/N utilizing the Summary Assessment Risk Matrix. See Summary Assessment, chapter 2000.
2. The social worker utilizes Summary Assessment Review to evaluate how the risk to the child has changed from the previously completed Summary Assessment. This tool is a key element in determining if service provision has accomplished goals set in the permanency plan for the child. The social worker uses that information to evaluate the permanency planning goals set for the child. For example, if the overall future level of risk remains high and the child has been in out-of-home care for six months with a permanent plan of return home, the social worker may want to re-evaluate the permanent plan to consider termination of parental rights, guardianship, or other plans.
3. Summary Assessment Reviews are completed on CAMIS for all cases in which the current episode of service and/or placement originating in CPS, for those children who are not legally free.
4. The social worker completes Summary Assessment Reviews at the following case intervals:
 1. Every 90 days for non-court cases served with voluntary service contracts.
 2. At case transfer between CPS and CWS.
 3. Prior to the return home of a child placed in care due to CA/N.
 4. Prior to the re-placement in care of a child who had been returned home.
 5. At case closure.
5. When completing Summary Assessment Reviews for children in out-of-home care, the social worker completes only the following sections:
 1. The risk matrix.
 2. The overall level of risk.
 3. The finding from the original CPS investigation.
 4. Case status.

4630. Periodic Case Review

4631. Legal Requirements

1. Federal law requires that each child in out-of-home care have a full case review at least every six months from the beginning date of the placement episode. This may be

accomplished in a full court review hearing or through a citizen or administrative review.

2. State law requires that the case of every dependent child be reviewed by the juvenile court every six months from the date of the establishment of dependency or the date of the placement of the child, whichever comes first. Placement is limited to 90 days for children who are in placement as a result of an Child in Need of Services (CHINS) Disposition hearing.
3. Other types of court hearings or internal staffing may sometimes meet federal requirements for periodic review if:
 1. Parent(s) of the child have been invited to the review or staffing.
 2. One person on the reviewing body is not directly responsible for developing and implementing the case plan.
 3. The review addresses the content of the periodic review.

4632. Content of Periodic Reviews

1. Periodic reviews cover the entire case plan for the child.
2. They shall include a review of:
 1. Need or reason for the child's continued placement.
 2. The ISSP.
 3. The appropriateness of the type of placement and the permanent plan.
 4. The risk factors which necessitated placement.
 5. Parental compliance with the case plan and progress toward permanency.
 6. The projected date that the permanent plan will be completed.
 7. Whether parents have been notified and/or involved in agency decision-making especially as it relates to changes in visitation, placement, and the child's legal status.

4640. Court Review Hearings

Court review hearings must be held every six months from the date of placement or establishment of dependency, whichever comes first. Six month reviews continue to occur as long as the child remains dependent or until a dependency guardianship has been established.

4650. Administrative Case Review

1. Administrative case review must occur in the following situations:
 1. Court procedures or hearings have not met the federal guidelines or time-frames for periodic review.
 2. The social worker requests a voluntary placement extension beyond six months.
2. Administrative review may be used for other purposes as determined by the Regional Administrator.
3. The social worker shall give reasonable advance notice of the date, time, and place of review to:
 1. Child's tribe, in accordance with the ICW Manual;

2. Relative caretakers;
 3. Treatment Providers;
 4. Other professionals who play a significant role with the family;
 5. Individuals with responsibilities identified in the safety plan;
 6. The family, if appropriate, if not present, their perspective should be represented;
 7. Foster Parent;
 8. Child, if over 12 years of age.
4. With the exception of the GAL and parents' attorney, parents must give written consent to the attendance of others at the review. Social workers shall encourage such permission. Foster care providers often have valuable information about the child's daily life, medical, educational and emotional condition. They may be invited into the review without parental permission but only for the purpose of giving information about the child's adjustment to out-of-home care and to give the reviewers information on the child's current condition.

4651. Recommendations from Review

1. The person designated by the review committee shall complete the Administrative Review Form, DSHS 05-203, after the review.
2. The Administrative Review Coordinator shall send copies of the DSHS 05-203 to:
 1. The parents of the child.
 2. The social worker for the child.
 3. Children over 12 subject to the review.
 4. The Native American child's Tribe and/or LICWAC, as applicable.
 5. The private agency social worker responsible for placement of the child, when applicable.
 6. The GAL for the child.

4660. Citizen Review Boards

1. Communities utilizing Citizen Review Boards have significantly different requirements for court review than non-citizen review counties. Citizen review replaces some court reviews in pilot sites.
2. Citizen review occurs at three months, six months, 12 months, and annually thereafter during the child's placement episode. Reviews are scheduled by the juvenile court Citizen Review Board.

4661. Preparation for Citizen Review

1. The social worker sends a copy of the written parental consent to the local Citizen Review Board within 30 days of placement when a child is placed in out-of-home care without court action. When a child is placed by court order, the court is legally required to notify the Citizen Review Board.

2. The social worker sends copies of the ISSP, DSHS 15-209(X), to the Citizen Review Board at least 14 days prior to any scheduled citizen review.

4670. Permanency Planning Hearing

1. The juvenile court makes a determination regarding the future status of the child by the 12th month of placement for all. To provide reasonable assurance that this has occurred, permanency planning hearings are held for any child in placement by the 12th month of original placement date and annually thereafter. See Appendix A for the definition of **◆Original Placement Date.◆**
2. The social worker must notify the child's foster parent(s) or relative care provider(s) of the date and location of permanency planning hearings pertaining to the child.

4671. Preparation for Permanency Planning Hearings

1. The social worker submits an updated ISSP, DSHS 15-209(X), to the juvenile court prior to the permanency planning hearing within timeframes established by regional and juvenile court policy. The ISSP submitted for a permanency planning hearing must clearly delineate the DCFS recommendations for permanency planning.
2. While it is always necessary when updating the ISSP to review the parents' progress towards improving the conditions leading to the child's placement in out-of-home care, it is particularly important that a careful review of the permanency plan occur at the time of the permanency planning review. If, at this point, the social worker is still recommending to the court that eventual return home will occur, the worker shall carefully describe to the court how this view is consistent with the child's right to early achievement of a safe, permanent home. The worker carefully considers all alternative permanency plans before making a recommendation on either a primary or an alternative plan to the court.

4680. LICWAC Review

For procedures regarding review of Native American/Alaskan Native children in placement, the social worker follows the requirements contained in the ICW Manual.

4690. Adoption Planning Review

1. DCFS shall conduct two adoption planning reviews on behalf of each child for whom termination of parental rights is being sought or has been achieved. The DCFS reviewers use the DSHS 15-174, Adoption Planning Review Report, during the first and second adoption planning reviews. The form provides the basic criteria for selection of adoptive placement with relatives or foster parents. The child's worker completes the form and indicates the adoption or other permanent plan for the child. The worker shall retain a copy of the form in the child's case record.
2. The goals of these reviews are as follows:

1. To explore all possible permanency resources for each staffed child.
2. To determine whether adoption or another permanent planning outcome is in the continuing best interest of the child.
3. To expedite and implement the permanency plan.
3. These reviews shall be attended, at a minimum, by the child's worker, either or both the child welfare and the adoption supervisor, and the adoption worker.
4. These reviews shall occur at the following times:
 1. An Initial Adoption Planning Review shall take place within 30 days of the referral to the Office of the Attorney General for termination of parental rights.
 2. Another Adoption Planning Review shall take place within no less than 30 days of the order of termination of parental rights.

4691. Adoption Planning Review at Time of Decision to Terminate

1. The purposes of this review are as follows:
 1. To initiate a social and medical assessment for each child for adoption planning.
 2. To conduct an initial exploration of all possible adoptive resources for the child, including adoption by relatives, foster parents, or by a family registered with the WARE.
 3. To decide whether to initiate an adoptive home study, as needed, for a relative or foster parent who appears to be a strong candidate to be the adoptive parent. For foster-adoption, the adoptive home study is normally completed prior to the child's placement.
 4. To determine whether the child should be considered for a foster-adoptive placement.
 5. To determine an alternative permanent plan for the child if adoption has been ruled out as the placement of choice for the child.
 6. To determine the case plan for the child pending the termination of parental rights.

4692. Adoption Planning Review at Termination

1. The purposes of this review follow:
 1. To review the child's social/medical status as indicated by information compiled since the initial adoption planning review.
 2. To evaluate the relative or foster parent adoptive home study if one was requested at the initial review, and to make recommendations regarding the advisability of the placement.
 3. To determine if the adoptive parents will seek adoption support.
 4. To explore the availability of other adoptive and/or recruitment resources if an adoptive plan has not been developed.

5. To develop an alternative long-term plan if adoption is not being considered as an option for the child; to document the rationale for not pursuing an adoptive placement.

46100. Supervisory Case Review

46101. General Case Review

The supervisor must review all cases at least monthly in case conferences with the social worker in accordance with the supervisory oversight requirements of the Operations Manual, chapter 6000, section 6223. The supervisor must document the review on a log or format as determined by regional, area, or unit policy.

46102. Services Open Under Voluntary Service Contracts

The supervisor must review all cases open for services under a voluntary service contract with the family every 90 days. The worker must close such cases unless the supervisor provides written approval for continuing service provision.

46103. Services Open Under Court Authority

The supervisor must review and sign all ISSPs submitted by the social worker to the court for court hearings and reviews.

46104. Supervisory Checklist

See the Operations Manual, chapter 6000, section 6200, for requirements for case review using a supervisory checklist.

46110. Complaint Resolution

1. CA management will always make effort to resolve complaints at the lowest possible level in the organization, while involving affected staff in exploration and resolution of the issues.
2. As provided in WAC 388-74-035 and RCW 74.13.045, after making a reasonable effort to resolve a complaint with a social worker or licenser, a client, foster parent, or community member may contact the CA Constituent Relations office to request assistance. The toll free number is 1-800/723-4831.
3. When Constituent Relations staff and local CA staff have been unable to resolve the complaint, the Regional Administrator, the Office Chief, or the Constituent Relations supervisor may convene a panel to review the complaint in accordance with WAC 388-74-040. The panel must submit written findings and recommendations to the CA Assistant Secretary, who will issue a final, written report.

4. See the Operations Manual, chapter 3000, section 3220, for identification of those issues and topics that are not subject to the complaint resolution process described in RCW 74.13.045, chapter 388-39 WAC, and this section (46110).

4700. CASE RESOLUTION/CLOSURE

4710. General

1. The CPS social worker must complete CPS investigations within 90 days of the date of referral.
2. FRS episodes of service are concluded within 90 days of the date of referral.
3. CWS episodes of service are concluded according to the following guidelines:
 1. The social worker closes cases open without court action if the supervisor does not provide written approval every 90 days to keep the case open.
 2. The social worker completes the Summary Assessment Risk Matrix, Findings, Narrative and Disposition on CAMIS prior to the closure of any case that originated in CPS for the current episode of service for children who are not legally free.

4720. Cases Originating in CPS with No Court and No Placement Activity

1. The social worker may close continuing service cases when the problems resulting in CA/N identified in the Summary Assessment Form have been alleviated, and no new factors have been discovered which would increase the risk of CA/N.
2. The worker may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:
 1. Further voluntary services are not available or are rejected.
 2. There is no plan to file a dependency petition.

4730. Court and/or Placement Cases

1. DCFS shall not close cases for service while a supervised dependency or CHINS order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.
2. The social worker shall complete all forms and narrative recording within 90 days of a decision to terminate services and close a case.
3. The supervisor shall review both CAMIS and the case folder for accuracy and completeness and sign-off the closure in the case record before closure or transfer to another service.
4. For legally free children who are not adopted and the child leaves care and is at least 18 years of age, the social worker prepares the file for archiving and sends it to Olympia adoption archives.

4735. Youth Petition for Reinstatement of Parental Rights - Policy

1. A child, age 12 and older, has the right to petition the court for reinstatement of parental rights if:
 1. She/he has been legally free for three (3) or more years from the date of termination or the exhaustion of appeals; and
 2. She/he has not achieved or will not imminently achieve a permanent plan.
2. A child younger than age 12 may petition the court for reinstatement of parental rights if she/he can show good cause and is able to meet the above requirements.
3. A proceeding to reinstate parental rights is a separate action from the termination of parental rights proceeding and does not vacate the original termination of parental rights order.

47351. Reinstatement of Parental Rights - Procedures

1. Notification Guidelines Social Worker Responsibilities:
 1. The assigned social worker will give verbal notice of the right to petition the court for reinstatement of parental rights, to children who meet the following criteria:
 1. do not have a court appointed attorney;
 2. age 12 and older;
 3. have been legally free for three years;
 4. have not achieved or will not imminently achieve their permanent plan.
 2. Notification priority should be given to those children who meet criteria a, b, c, and d and have an ongoing relationship and/or communication with a biological parent.
 3. Verbal notice may occur at a health and safety visit, shared planning meeting if the child is present, or other face to face meeting with the child.
 4. The assigned social worker will document the notification in an SER or on the shared planning form.
2. Legal Counsel Guidelines - Social Worker Responsibilities:

The social worker will connect the child with legal counsel upon the child's request to petition the court for reinstatement of parental rights by:

1. Calling the legal counsel already assigned to the case;
 2. Requesting legal counsel at the next review hearing; if no hearing is scheduled within a reasonable timeframe make a request for an early review;
 3. Following local protocol to acquire legal counsel.
3. Threshold Hearing Notification Social Worker Responsibilities:
 1. The social worker will give prior notice of the threshold hearing to:
 1. The child's former parent whose parental rights are the subject of the petition;

2. The child's current foster parent, relative caregiver, guardian or custodian; and
 3. The child's tribe if applicable.
2. Notification of the parties to the case can be done via personal service or certified mail, or the court may require a certain notification process;
3. If a parent's whereabouts is unknown at the threshold hearing the court will provide guidance as to any further action required.
4. Threshold Hearing - Social Worker Responsibilities:
 1. The social worker will request the court order any assessments and/or evaluations needed to evaluate the parent's current fitness and interest in reinstatement. In determining what assessments and/or evaluations may be appropriate the social worker should consider:
 1. Deficiencies identified in the record of the prior termination proceeding;
 2. Services that were recommended and not completed in the dependency action;
 3. Any current concerns;
 4. Current CAMIS check and BCCU background check;
 2. Consult with the AAG regarding recommendations for any assessments and/or evaluations.
5. Merit Hearing Notification - Social Worker Responsibilities:
 1. The social worker will give prior notice of the merit hearing to:
 1. The child's former parent whose parental rights are the subject of the petition;
 2. The child's current foster parent, relative caregiver, guardian or custodian; and
 3. The child's tribe if applicable.
 2. Notification of the parties to the case can be done via personal service or certified mail, or the court may require a certain notification process.
6. Merit Hearing- Social Worker Responsibilities:
 1. The social worker will be prepared to show efforts made by the department to achieve permanency, such as:
 1. Dates child was staffed at Adoption Consortium;
 2. Child's registration with WARE;
 3. Child's registry with the North West Adoption Exchange;
 4. Child's participation in other recruitment projects (i.e. Wednesday's Child);
 5. Dates of discussion with child in which the child was asked, about in-state and out-of-state placement options (include copies of relevant SERs);
 6. On-going relative search documentation;
 7. Dates of discussion with current and past foster parents (include copies of relevant SERs)
 8. Any other recruitment activities as appropriate; and
 9. Review of adoptive home studies considered and reasons why family is not being considered (include copies of relevant SERs).

2. The social worker will complete a reunification assessment and background checks of the parent(s) and any other adults in the home prior and be prepared to make recommendations regarding the following:
 1. whether reinstatement of parental rights is in the best interest of the child;
 2. whether reinstatement will present a risk to the health, safety, and welfare of the child, and;
 3. whether the parent has remedied their parental deficiencies.
3. The social worker will be prepared to provide documents to support the recommendations which may include:
 1. Substance Abuse and/or Mental Health treatment report;
 2. Anger management and/or domestic violence class report;
 3. Psychological report;
 4. Physicians report documenting injuries;
 5. Reunification assessment, licensing action or background checks.
4. If the court conditionally grants the petition to reinstate parental rights - Social Worker Responsibilities:
 1. Change the permanency plan in the ISSP and CAMIS to reunification;
 2. Complete a transition and safety plan and refer family for transitional services;
 3. Supervise placement for six months (see Trial Return Home policy in CA Practice and Procedures Manual, Section 43051A); and
 4. Conduct monthly social worker visits/health and safety checks in the home, not to exceed 40 days between each visit (see Social Worker Visit policy in CA Practice Procedures Manual, Section 4420).
5. If the court determines the child has been successfully placed back with the parent for a minimum of six (6) months Social Worker Responsibilities:
 1. Document court decision to dismiss the dependency;
 2. Close the case.

4740. Closure of Legally Free Cases

1. Following the completion of adoption finalization, the social worker:
 1. Terminates all DCFS medical and foster care payments effective the last day of the month in which the adoption is finalized.
 2. Forwards a copy of the adoption decree to the local office of the Attorney General or to the court, depending on local procedures, requesting that the dependency of the child be dismissed.
 3. Sends notification of finalization, including a copy of the adoption decree, to the regional adoption support program manager, when the child is to receive adoption support services.
 4. Provides notification to the CSO, if it is a relative adoption and the child is receiving TANF or SSI.
 5. Arranges for notification to the Trust Fund Unit.
 6. Notifies the Social Security Administration if the child is on SSI or SSA Title II, survivor's benefits.

7. Prepare the child's legally free file for archiving following procedures in the Operations Manual, chapter 13000, section 13930. Do not archive any file where SSI or SSA benefits determination is still pending.
 8. Sends the prepared file, including all Title IV-E documents, to adoption archives.
 9. Refers the family to any on-going community and adoption support groups as needed and to the Social Security Administration to apply to be Representative Payee for benefits, if applicable.
 10. Provide ongoing support and information and referral as requested and available through DCFS.
 11. Provides other post-finalization services to any adoptive person or family, including:
 1. On-going information and referral to community adoptive support services.
 2. A copy of the search brochure to persons seeking information.
 3. Referral of adoptees to the headquarters adoption program manager to search information from archived records.
 12. Informs the adoptive family in those situations in which trust money is available and instruct the family to apply at the agency providing benefits (e.g., SSI or Social Security) if they wish to receive the trust. The adoptive family must be made aware that their confidentiality cannot be guaranteed if application for these funds is made. The adoption worker shall request the family to confirm in writing if they do not wish to apply for either type of benefit.
2. If the child is Native American/Alaskan Native, follow the provisions of the CA ICW Manual in providing notification to the child's tribe.

4750. Guardianship

[Refer to 4340](#)

4760. Inactive status

1. Case Closure: Cases where services have ended per section 4700 through 4760, but cannot be closed until paperwork and other documentation are completed, should be designated as "Services Inactive/Paperwork Pending (S) program assignment for social worker or supervisor".
 2. The purpose of this worker assignment is to be able to track the workload involved in follow-up paperwork (Operations Manual 152022 (F)(4)).
 3. The social worker must properly complete all forms and narrative recordings within 90 days of a decision to terminate services and close a case. The supervisor must review both CAMIS and the folder for accuracy and completeness and document the review in the CAMIS SER before closure or transfer to another service.
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¹OPD-date of the child's most recent removal from the child's home and placement under the care and responsibility of Children's Administration, either voluntarily, police custody, or court ordered.

² Meetings/staffings listed are held for specific case situations and do not apply to all cases or within the designated time frames of the shared planning meetings.

³ "Poor Prognosis Indicators" taken from *Concurrent Planning-From Permanency Planning to Permanency Action*, by Linda Katz, MSW; Norma Spoonemore, MSW; and Chris Robinson, MSW. 1994, revised 2000, Lutheran Social Services of Washington and Idaho.

⁴ "Strengths in Families" and "Poor Prognosis Indicators" taken from *Concurrent Planning-From Permanency Planning to Permanency Action*, by Linda Katz, MSW; Norma Spoonemore, MSW; and Chris Robinson, MSW. 1994, revised 2000, Lutheran Social Services of Washington and Idaho.

⁵The Social Security Administration does not recognize "termination of parental rights" with regard to survivor's benefits. A child remains eligible for said benefits due to the death or disability of a birth parent. These benefits may be paid even after a child is adopted, if the adoptive family so chooses.

⁶ RCW 13.34

⁷ The Division of Developmental Disabilities also has a Voluntary Placement Agreement (VPA) for children or youth with developmental disabilities. (DSHS 09-004C), with no abuse/neglect issues. The DDD VPA is an agreement between DDD and the parents of child with developmental disabilities as defined in RCW 71A.10.020 and **does not** grant temporary custody to DSHS

⁸ DSHS 15-259

⁹ DSHS 15-209C

¹⁰ Legal authority for out-of-home placement occurs with one of three actions: 1) Police hold for up to 72 hours, (RCW 26.44.050), or 2) Court order, or 3) CA Voluntary Placement Agreement signed by the parents or legal guardian.

¹¹ IVE eligibility ends when the child reaches the age of 18, or 19 if a full-time student who is reasonably expected to complete secondary school or an equivalent level of vocational or technical training before the end of the month of their 19th birthday.

¹² Refer to Guardianship Guidelines, *Permanency Planning Practice Guide For Social Workers* for criteria.

¹³ When dependency guardianship subsidy is paid, the source of funds must be state funds.

¹⁴ Refer to Shared Planning Policy for participants and form.

¹⁵ Refer to Long-term Care Agreement Guidelines, *Permanency Planning Guide for Social Workers* for criteria.

¹⁶ Refer to Shared Planning Policy for participants and form.

5000. CASE SUPPORTS

5100. FOSTER FAMILY HOME LICENSING

5110. Introduction

1. Chapter 74.15 Revised Code of Washington (RCW), extracted in booklet form DSHS 22-101, and the Minimum Licensing Requirements (MLR) contained in Washington Administrative Code (WAC) 388-148, extracted in booklet DSHS 22-12, constitute the basic practice guide for licensers of foster family homes. This section contains complementary information.
2. The following is a statement of legislative intent: Children placed in foster care are particularly vulnerable and have a special need for placement in an environment that is stable, safe, and nurturing. For this reason, foster homes should be held to a high standard of care, and department decisions regarding denial, suspension, or revocation of foster care licenses should be upheld on review if there are reasonable grounds for such action.

5120. Inquiry

Staff designated by each Division of Licensed Resources (DLR) Regional Manager must provide information about foster home licensing requirements, orientation, and pre-service training, upon request. The local DLR Office of Foster Care Licensing (OFCL) office must establish procedures to give out forms and other pertinent information, either at orientation meetings or by mail. The application packet provided to the potential applicant must include those documents and materials prescribed by regional or local policy and procedure.

5130. Licensing and Re-licensing

5131. Application

1. The local office must receive and date-stamp in applications and accompanying documents from prospective foster parents, according to local procedure.

2. Once the licenser has determined that the applicant has submitted a completed and signed application, the licenser and the Regional Manager must make a timely decision to approve or deny the license. Each Regional Manager must establish regional policy to define timeliness.

5132. Licensing Study

The usual steps for processing an application are:

1. The licenser or clerical person designated by local procedure enters the application information into the Case and Management Information System licensing module, makes up a file folder, and checks Child Protective Services (CPS) and local office records, including CAMIS, for prior involvement with the agency.
2. The clerk or licenser mails out reference letters to the people designated by the applicant, with return envelopes stamped with the licenser's name.
3. The licenser, or support staff, submits completed forms to conduct a criminal background check, as outlined in the Operations Manual, chapter 5000, section 5500. For applicants who have resided in the state less than three years, finger print checks must be completed for all persons age 16 and above. See section 5500 for steps to follow. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe. The assigned staff completes a DCFS records check in CAMIS as part of the background check.
4. Within one week after receipt of the application packet, the licenser makes contact with the applicant to inform them that the process has started and to coordinate a timeframe for the face-to-face interviews. The applicant(s) can also share when they expect to complete their requirements, including TB tests and First Aid/CPR/AIDS training. If the licenser makes initial contact by telephone, he/she follows up with a letter so that the applicant has the information in writing along with the licenser's name and telephone number for future use.
5. The foster family home licenser completes a study of the applicant(s) and family, by using the Foster Home Assessment, DSHS 10-51, including family interviews to evaluate character, personal history from childhood to the present, marriages and relationships, trauma and crises, coping skills, child care skills and experience, and any other pertinent information which bears on the applicant(s)' ability to care for children.
6. The licenser utilizes two checklists to assure that compliance with MLR is met before the license is issued. The checklists are the Licensing File Checklist - Foster Family Care, DSHS 10-182, and Home Inspection Checklist for Foster Family Care Licensing, DSHS 10-183.
7. The licenser determines that the applicant(s) have sufficient income to meet their own and their family's personal needs without reliance on foster care payments made in behalf of children in their care. Foster parents shall not be dependent on foster care payments for the support of themselves or their own households. Sufficiency is defined by the TANF or General Assistance payment standard of income for the household and adjusted for family size.

8. The licenser may require the applicant to furnish additional pertinent information.

5133. Decision on Licensure

1. All requirements of chapter 388-148 WAC must be met before the OFCL Regional Manager signs and issues the license.
2. If the licenser determines that a person is disqualified from association with a child care agency for not meeting minimum licensing requirements of chapters 74.15 RCW and WAC 388-148, the Regional Manager, or designee, shall give written notice of disqualification to the person. The notice shall state what the person is disqualified from doing, the reasons for the disqualification, and the applicable law under which the person is disqualified.
 1. The licenser applies the procedures contained in RCW 43.20A.205, regarding Denial, Suspension, Revocation, or Modification of License, when issuing a notice of disqualification to a person.
 2. A licensee under chapter 74.15 RCW may not allow a person disqualified under this section to associate with the licensee's agency. The disqualification of a person may not be contested by a licensee.
 3. If a notice of disqualification is based on a CPS finding of abuse and neglect, and after a fair hearing it is determined that the allegations are not supported by a preponderance of the evidence, the assigned social worker and licenser shall amend the records to so state.
 4. The OFCL Regional Manager, in accordance with WAC 388--06, may remove a disqualification based on conviction of a crime. The OFCL Regional Manager may remove a disqualification based on another reason if the disqualified person demonstrates by clear, cogent, and convincing evidence that he or she is sufficiently rehabilitated to warrant public trust and to comply with the requirements of chapters 74.15 RCW and 388-148 WAC.

5134. Initial License

[See the interim initial license policy.](#)

5135. Re-licensing

1. Re-licensing occurs when the licensee moves to a new residence and at three-year intervals following issuance of the license.
 1. The license issued under section 5133 and chapter 74.15 RCW is not transferable and applies only to the licensee and the location stated in the application.
 2. For licensed foster family homes having an acceptable history of child care, the license may remain in effect for two weeks after a move, except that this will apply only if the family remains intact.
2. Prior to expiration of an existing license, the licenser or support staff, as determined by local procedure, sends a re-application form to the licensee sufficiently in advance of the expiration date of the license to provide time for return of the signed re-application and

department action before the license expires. If the licensee submits a signed application before the expiration date, the old license remains in effect until the department acts on the re-application. The licenser sends the forms and documents defined by regional or local procedures to the licensee as part of the re-application packet.

3. For renewal of a license, the licenser rechecks the criminal history and DCFS files, including CAMIS, and reviews the experiences of the past licensing period with the licensee. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.
4. The licenser makes a home visit to check for continuing compliance with health and safety aspects as outlined in Checklist DSHS 10-183.
5. The licenser completes the Foster Home Reassessment, DSHS 10-50.
6. The licenser checks to see that the applicant/licensee has updated their Discipline policy, First Aid and CPR training, and that the home meets the health and safety check.
7. At any time during licensure, the licenser may modify or change the numbers, ages, and types of children on the license, depending on the circumstances and/or wishes of the licensee and the evaluation of the licenser.
8. The local office licenser must determine whether to issue a new license per section 5133 above.

5136. Re-Evaluation

1. The licenser re-evaluates the home for suitability for continuing licensure or adjustment to the license, as well as affect on child(ren) in placement, under the following conditions:
 1. Each time a person other than a child in placement moves in or out of the home.
 2. The licensed foster parents divorce or separate.
 3. Serious illness or death of a licensed provider occurs.
2. The licenser must complete a criminal history and background check as described in the Operations Manual, chapter 5000, section 5500, on each new person residing in the home. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe. The licenser must interview the licensee and other appropriate parties, and request other information and documentation, as necessary, to complete the re-evaluation of the home. The licenser must document the re-evaluation in the licensing file.
3. The licenser must inform each licensed facility in writing at the time of re-evaluation that the facility must routinely report all suspected criminal activity and significant events to the licenser in accordance with incident reporting procedures.

5137. Probationary License

1. The licenser may issue a probationary license to a licensee who has had a license but is temporarily unable to comply with a rule or has been the subject of multiple complaints or concerns about noncompliance if the following conditions apply:

1. The noncompliance does not present an immediate threat to the health and wellbeing of the children but would be likely to do so if allowed to continue.
2. The licensee has a plan approved by the licenser to correct the area of noncompliance within the probationary period.
2. A probationary license may be issued for up to six months and, at the discretion of the licenser and supervisor, may be extended for an additional six months.
3. The department must immediately terminate the probationary license if, at any time, the noncompliance for which the probationary license was issued presents an immediate threat to the health or well-being of the children.
4. An existing license is invalidated when a probationary license is issued.
5. At the expiration of the probationary license, the department shall reinstate the original license for the remainder of its term, issue a new license, or revoke the original license.

5138. Licensing of Children's Administration Employees

1. Purpose and Scope
 1. This section outlines conditions under which CA employees may be licensed as foster parents. It is not intended to limit opportunities for staff to be licensed. Rather, it is intended to clarify ethics and alert staff to the potential for conflicts of interest.
 2. This section affects all CA employees. It includes foster care with relatives employed by the department when the relative is seeking licensure.

2. Definitions

For definitions relating to this section, see [Appendix A, Definitions](#).

3. Standard

1. All CA employees seeking or possessing a family foster home license through the department must comply with the provisions of Administrative Policy 6.04, Standards of Ethical Conduct for Employees. Among other provisions of that policy, a DSHS employee shall not:
 1. Engage in any employment or professional activity that could represent a conflict of interest;
 2. Use and/or create the appearance of using the employee's position for private gain or advantage;
 3. Use access to DSHS information for personal gain;
 4. Use the employee's position to obtain special privileges; and
 5. Receive any compensation in the performance of the employee's official duties, unless otherwise authorized by the department.
2. Children's Administration staff responsibilities:
 1. DLR OFCL staff will verify a CA employee is certified by a private child placing agency (CPA) prior to issuing a foster family home license to the employee.

2. Division of Children and Family Services (DCFS) staff will not directly place children or provide case management services to employees licensed as foster family home providers; and
3. DCFS staff will not borrow an employee/foster parent's home unless:
 1. It is on a short term, time-limited basis; and
 2. The DCFS staff person borrowing the home has a waiver signed by the CA Regional Administrator or his or her designee.
3. A CA employee who is licensed as a foster family home provider must:
 1. Receive placements and case management services through the certifying CPA rather than directly from CA;
 2. Neither seek nor accept placement of a child with whom the employee has worked in an official capacity; and
 3. Act solely in the role of foster parent when in a court proceeding regarding a child placed in the employee/foster parent's home.
4. The certifying CPA must:
 1. Screen children for possible placement with the employee/ foster parent;
 2. When appropriate, refer a child for placement with the employee/foster parent and place the child if accepted;
 3. Serve as the contact with the employee/foster parent regarding all issues relating to the child;
 4. Comply with provisions in its contract with the department relating to case management and financial considerations for the child placed in the employee/foster parent's home; and
 5. Not place children with the employee/foster parent from the same office in which the employee/foster parent works.
5. To assure confidentiality of client and employee information, following certification by the CPA, the OFCL Regional Manager, for the DLR office through which the employee has been licensed for foster family care must direct the sealing of licensing and related client electronic files in administrative files.
6. The following restrictions apply to CA staff who are licensed to provide foster family care, or who have applied for such license:
 1. Such staff may review their file, including electronic data, only through formal request to the assigned licensor.
 2. Such employees are prohibited from independently accessing the files of children placed or who may be placed in the employee's home.
 3. Such employees are prohibited from using the department's electronic information systems to obtain data about themselves or children placed or proposed to be placed in their care
 4. Generally, CA employees are prohibited from accepting Exceptional Cost Payments (ECP) from the department in behalf of children placed in their care. The household may only receive ECP in behalf of the child if the an exception to policy is approved by the DCFS Regional Administrator and the OFCL Regional Manager.

7. Persons who are licensed as foster family home providers when they become employed by CA must be re-licensed through a CPA within six months of employment.
 1. The OFCL Regional Manager for the office in which the employee(s) is licensed must refer the employee(s) to suitable CPAs with sufficient lead time to enable the CPA to complete the necessary steps for re-licensing.
 2. The employees licensed as foster family homes must accept no additional placements through the department.
 3. All other provisions of this section apply to licensees newly employed by CA.
8. The local OFCL office must refer CA employees with currently pending foster family home applications to suitable CPAs for completion of the necessary steps to assure timely completion of licensing action for the employees.

5140. Complaint Investigation

1. The local or other designated office must conduct investigations of alleged child abuse or neglect (CA/N) and alleged non-compliance with licensing standards in accordance with Operations Manual, chapter 5000, section 5300, and the DLR CA/N Section Practice Guide - Investigating Abuse and Neglect in State-Regulated Care.
2. The local office must staff each licensing incident report with the CPS investigator, the licenser, their supervisors, social workers for children in the home, and the area manager to assure close communication and clarity of expectations and actions.

5150. Action on Licenses

1. In those cases where an investigation has been completed and substantiation of CA/N has occurred and/or serious non-compliance with MLR has been verified (with unsuccessful corrective action measures), the licenser must consider taking action against the license. DLR must make a determination as to whether licensing action is warranted following case staffing and consultation with the Attorney General's Office as provided below.
2. The licenser must staff the case with all involved DCFS staff, including the CPS investigator, social workers for children in the home, and appropriate supervisory and administrative personnel.
3. Stop Placement Actions:
 1. The DLR licenser may issue a stop placement order for any licensee who is the subject of an investigation of alleged child abuse or neglect or failure to comply with licensing requirements.
 2. The licenser must issue the stop placement order when the department has concerns about the health, safety, and wellbeing of the child in placement. Involved DCFS and DDD staff should participate in the staffing. However, DLR has the ultimate decision-making responsibility in the stop placement action. If the licenser takes such action, the licenser must formally inform all affected staff, including DCFS, DLR, and DDD, of such corrective or stop placement actions.

4. Denial, Suspension, and Revocation
 1. When considering denial, suspension, or revocation, the licenser must confer with the assigned Assistant Attorney General (AAG) to determine appropriate action. If a determination is made to take licensing action, the licenser must prepare a draft denial, suspension, or revocation (as applicable) letter for review by the AAG. The draft letter must include:
 1. A concise summary of the CPS allegations (if applicable), RCW, and WAC violations, findings, and conclusions.
 2. Documentation of corrective action attempted, if appropriate.
 3. Detailed citation of all applicable RCW/WAC violated.
 4. Complete information advising the licensee of their administrative hearing rights, including the filing process and timeframes.
 2. DLR may deny an agency a license. DLR may suspend, revoke, modify, or not renew any license issued pursuant to chapter 74.15 RCW and RCW 74.13.031 upon proof that the agency has failed or refused to comply with the provisions of chapter 74.15 RCW and RCW 74.13.031 or Washington Administrative Code (WAC) applicable to their license. DLR also may suspend, revoke, modify, or not renew a license if the conditions required for issuance of a license under chapter 74.15 RCW and RCW 74.13.031 have ceased to exist with respect to such licenses. RCW 43.20A.205 governs notice of a license denial, revocation, suspension, or modification, and provides the right to an adjudicative proceeding. See the Case Services Policy Manual, chapter 8000, section 8100. RCW 74.15.130
5. Upon approval as to form and content by the AAG, the Regional Manager, as the regional licensing authority, must sign and send the final letter by certified mail or other proper method of service to the licensee as provided in Chapter 43.20A RCW.
6. In any adjudicative proceeding regarding the denial, modification, suspension, or revocation of a foster family home license, the review judge must uphold the department's if there is reasonable cause to believe that:
 1. The applicant or licensee lacks the character, suitability, or competence to care for children placed in out-of-home care; however, no unfounded report of child abuse or neglect may be used to deny employment or a license;
 2. The applicant or licensee has failed or refused to comply with any provision of chapter 74.15 RCW, the licensing chapter, RCW 74.13.031, authorizing child welfare services, or chapter 388-148 WAC or 388-160 WAC (Overnight Youth Shelter); or
 3. The conditions required for issuance of a license under chapter 74.15 RCW, RCW 74.13.031, and chapters 388-148 or 388-160 WAC have ceased to exist with respect to such licenses. RCW 74.15.130

5160. Recruitment and Retention of Homes

Recruitment and retention activities are an on-going statewide process, with emphasis in the local area on the need for specially skilled homes for specific children. Recruitment is primarily a responsibility of DCFS and a secondary responsibility of DLR and the licenser. Assigned

DCFS staff are encouraged to conduct outreach to people of different racial and ethnic backgrounds as part of a regular and periodic effort to recruit new homes.

5170. Placement Activities

5171. Licensor Role

1. The licensing regulatory functions are designed to safeguard the well-being of children in out-of-home placements. Therefore, the primary duty of a licensor is to periodically review whether the applicant/licensee is in compliance with MLR.
2. The licensor does not play a role as a placement worker, but has a secondary responsibility as a resource developer.
3. The Regional Manager manages the role of licensor under the following conditions:
 1. Each Regional Manager develops procedures that specifically outline how staff will carry out licensing and monitoring functions. Such procedures must address at least:
 1. Waiver processing and approval.
 2. Processing of Incident Reports.
 3. Complaints/corrective actions.
 4. Shared decision-making.
 5. Separation of functions for licensors.
 2. The local or other designated office must conduct all investigations of incidents in licensed facilities in conformance with the Operations Manual, chapter 5000, section 5300.
 3. The Regional Manager must, within available resources, arrange for training for licensors and other affected staff specifically designed to provide increased expertise and ongoing clarification of job functions and expectations.
 4. The Regional Manager is expected to maintain a complete separation of child welfare case services from licensing duties in all offices.
 5. The Regional Manager shall provide ongoing case consultation with each licensor to identify or eliminate any possible situations that could result in conflict arising from regulatory as opposed to placement issues.
 6. The licensor shall staff all problematic licensed homes with the social workers for children placed, the DLR CPS investigator assigned to do incident reports, and involved supervisors. The staffing shall consider, with other issues identified by the group, conclusions of the CPS or licensing investigation(s) and recommendations for corrective action. The staffing shall also consider the cumulative seriousness of multiple complaints.
 7. The licensor shall request consultation with the AAG regarding proposed corrective actions resulting from MLR violations.
 8. The Regional Manager and the licensor shall discuss and review all requests for waivers and compliance agreements for children's health and safety needs. Neither the licensor nor the Regional Manager shall endorse such a request if it compromises health and safety. They shall seek administrative consultation on a case by case basis.

9. If a serious issue is identified in a licensed home with or without a finding of abuse/neglect and a conflict occurs between the licenser of the home and the social worker for the child(ren) placed, the assigned supervisors for those staff shall resolve the conflict, consistent with the Operations Manual, chapter 5000, section 5100. The protection of the children involved shall be paramount to any other consideration.
10. Where the DCFS supervisor and the OFCL Regional Manager are unable to resolve the conflict between the workers, the Regional Manager and the appropriate Area Manager shall make an effort to resolve the issue. If they are unable to do so, the Regional Administrator and the Chief, OFCL, will make the final decision.

5172. Considerations for Placements

When it is necessary to place a child or sibling group into foster care, the focus of the placement worker and the worker assigned to the child(ren) is first on meeting the child(ren)'s individual needs by providing the least restrictive possible placement. When the assigned worker requests a foster home for a child(ren), the placement worker consults the licenser, as appropriate, and considers the following when identifying a suitable home:

1. The child(ren)'s proximity to their own home and family to facilitate visitation with parents.
2. Closeness to the child(ren)'s school or child day care so that attendance is not disrupted.
3. The foster family's ability to meet the child's cultural, linguistic, and religious needs. A foster family need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of a child. Unless CA staff identifies a compelling reason, CA staff will not match children on the basis of race to foster or adoptive families.
4. In the case of behaviors that pose a danger to other children, a home that have either no children or children older than the child being placed.
5. If many medical or counseling appointments are anticipated, the availability of a caretaker or substitute at home, which is essential with medically fragile or severely disabled/special needs children.
6. The experience and skill level of the foster parent.
7. The capability of the foster parent to meet the identified needs of the child, such as behavioral or physical needs.

The placement worker uses these primary factors plus other case-specific and unique criteria as guides in searching for the most appropriate placement.

5175. Health and safety Reviews

DLR OFCL licensers must complete health and safety reviews of licensed homes on a selective basis as prescribed by DLR. The licensers must follow the guidelines for the reviews contained

in chapter 4000, section 4421, Health and Safety of Children, including face-to-face interviews with the children in care.

5180. Foster Parent Supports

5181. Training

1. The local office licenser must offer Orientation and Pre-Service Training on a regular basis and sends notice of classes to those potential applicants who have inquired about a license. The licenser has applicants complete Pre-Service Training prior to approving the license, unless attendance has been postponed by a properly authorized waiver, to the extent provided by law and limited to 90 days.
2. Children's Administration provides more comprehensive training, including PRIDE. The Foster Parent Trainer may reimburse child care and mileage at state rates, upon request and subject to availability of funds for this purpose.
3. The licenser identifies and makes available other training opportunities for foster parents, as budgets permit. The licenser shall encourage the foster parents' participation.

5182. Support Services

1. The licenser often becomes aware of problems or concerns which arise due to child(ren)'s behavior, payment issues, communication between the social worker and the foster parent, or conflicts regarding case plans. The licenser must attempt to clear up such questions by providing general information and refer the foster parent to the child's worker, the worker's supervisor, and/or inform the worker and the supervisor of the problems/concerns. At other times, the licenser may convene a meeting of concerned parties to open communication and resolve issues.
2. The licenser informs the foster parents that they have access to peer support through the statewide Foster Parents Association of Washington State (FPAWS). The licenser also provides information to foster parents about availability of Foster Intervention/Retention Support Team (FIRST) at the time of licensing, upon request, and at the time of a CPS investigation.
3. Support services, such as respite care, may be available but can vary from region to region, depending on budgetary allotments and program development. See chapter 4000, Section 4510, for a description of Respite Care for foster parents. The Regional Administrator must issue procedures identifying the nature of such services available in the region and the steps the DCFS social worker must take in behalf of the licensee to access them.

5183. Ancillary Supports

The social worker consults regional procedures to access ancillary support services for foster parents. Home Finders are a resource to provide information on regional availability of this service.

5184. Foster Parent Liaison

1. The legislature, in RCW 74.13.340, mandated that CA provide foster parent liaison positions throughout the state. See the CA Case Services Policy Manual, chapter 8000, section 8110. CA contracts with the liaison agencies to:
 1. Provide support, consultation, and assistance to foster parents in accessing the DCFS and DLR systems;
 2. Troubleshoot issues;
 3. Promote teamwork between the foster parent and the social worker; and
 4. Expedite the licensing process.
 5. See the specific foster parent liaison contract for additional details on services.
2. The CA social worker must refer the foster parent to a liaison in instances where the foster parent requests assistance from a liaison.

5190. File Maintenance

Each Regional Manager shall have staff maintain Family Foster Home Licensing files in accordance with record management requirements of the Operations Manual, chapter 13000, section 13500.

5200. RELATIVE CARETAKERS AND NON-CUSTODIAL PARENTS

1. When a child is placed in out-of-home care, a due diligent search for the child's parent(s) and/or legal guardian(s) shall be initiated by the assigned social worker. The due diligent search shall continue until the child is legally free or the permanent plan for a child has been completed. The search for any custodial, non-custodial, or absent parent(s) and/or legal guardian(s) may include the following actions:
 1. When a child is placed in out of home care under a voluntary placement agreement, the parent or legal guardian(s) who signs the agreement must provide information regarding a child's other parent, legal guardian(s), or relatives.
 2. For a child placed by court order, the court order shall include specific language requiring the parent(s) or legal guardian to provide information regarding relatives (including absent parent(s) or legal guardians).
 3. If a parent(s) or legal guardian(s) does not provide information regarding other custodial, non-custodial, or absent parents, the child's social worker can access the Federal Parent Locator service which is available to Children's Administration through an Inter-Agency Data Sharing Agreement with the Division of Child Support (DCS). However, this service is not available for locating relatives. Children's Administration has designated employees (federal

funding staff) in regional and field offices that have been approved to access the DCS Support Enforcement Management System (SEMS).

4. Follow any relative search policy including searches in-state and out-of-state.
2. If the Children's Administration is unable to locate parent(s), relatives, and/or legal guardian(s) as stated in (A. 1-3), then the social worker will document other reasonable efforts to locate custodial, non-custodial, absent parents, and/or legal guardians and other relatives.
3. Once a child is legally free, the due diligent search for the child's parent(s) and/or legal guardian(s) shall be terminated; however, CA shall continue to search for relatives as possible long term placement resources until the permanent plan is completed.

5210. Service Description

1. After considering the custodial or the non-custodial parent as a placement resource, DCFS regards relatives to be the first priority for placement of children who are removed from their homes. The relatives must be assessed as being appropriate to the child's needs and capable and willing to cooperate with the case plan. The search for relatives shall continue as long as it is in the best interest of the child or until the permanent plan for a child has been completed. The social worker shall document all search efforts for relatives.
2. When a child is being placed through a voluntary placement agreement the social worker shall request from the parent(s) and/or legal guardian(s) information regarding relatives who could be considered as possible placement resources by the department. A VPA is limited to 60 days, unless there is supervisor approval. (See Voluntary Placement Agreement Section 4307 in Practices and Procedure Manual)
3. For a child placed by court order, the court order shall include specific language requiring the parent(s) or legal guardian to provide information regarding relatives or other suitable persons who could be considered as possible placement resources by the department.

5220. Eligibility

Relatives who can assist DCFS and the family in meeting the child's needs are eligible for consideration for placement. Relatives are considered to be those persons who are related to the child by blood, marriage, or adoption. Some relatives who are more distantly related must be licensed as family foster homes. RCW 74.15.020

5230. Procedures

1. Relatives of the child exempt from licensing
 1. Persons related by blood, marriage, or legal adoption to the child, through the mother or presumed or biological father, including:

Grandparent

Step Parent

Brother

Step Brother

Sister	Step Sister	Uncle	Aunt
Nephew	Niece	First Cousin	Second Cousin

2. Persons of preceding generations related by blood or adoption as denoted by prefixes of grand, great, and great-great.
 3. Spouses of the above persons, even after the marriage is terminated.
 4. Relatives of any half-sibling of the child as stated above.
 5. "Extended family members" as defined by law or custom of the Native American child's tribe or, in the absence of such law or custom, a person who has reached the age of 18 and who is related to the child as defined in this section and further including second cousin and brother-in-law or sister-in-law.
 6. Unless known to the child or family and approved for placement by the court, any other relatives, including relatives of alleged fathers, must be licensed if DCFS or a child placing agency makes or supervises the placement. See the Case Services Policy Manual, Appendix A, for the definition of "alleged father."
2. To consider a relative, who is exempt from licensing as a caretaker, the social worker completes a home study/assessment (per Section 45274 Relative Placement Home Study). The worker completes the study prior to placement, except in the case of a parent making the placement before DCFS takes custody or pursuant to a Shelter Care order or a Dependency disposition order.

5232. Maintenance Funding For the Placement

1. Many relatives and suitable persons known to the child or family are eligible for Temporary Assistance to Needy Families () or other payment source on behalf of the child. The licensed care giver may select foster care or TANF or other payments on behalf of the child in care.
2. If relatives or suitable persons are licensed as foster family homes they may receive state-funded or federally matched foster care payment as reimbursement for the care of the child.
3. Since the amount of the foster care payment varies with the age of the child, it may be to the relative's advantage to select public assistance rather than foster care. However, the licensed care provider may choose either TANF or foster care assistance without regard to eligibility for federal matching funds for costs of foster care.
4. The social worker follows the steps outlined in the Operations Manual, chapter 11000, on federal funding, for proper eligibility determination.
5. Relatives may apply to be the representative payee for SSI/SSA benefits for a related child living with them. If DCFS holds a dependency, DSHS will usually remain payee until dependency is dismissed.

5240. Other Resources

A guide for Home Studies is included in the Interstate Compact handbook/practice guide. See also chapter 4000, section 4527, on placing with relatives.

5300. ADOPTIVE FAMILY HOMES WAC 388-70-400-499

5310. Services to Adoptive Family Applicant

The adoption family worker provides services to adoptive family applicants. The adoption worker participates in efforts to recruit families who want to adopt children with special needs and who are in the care of DCFS. This activity includes both general recruitment and child specific recruitment. The adoption program manager and the program manager of the Washington Adoption Resource Exchange (WARE) are available to provide consultation and recruitment tools. The use of the word "family" in this section includes single parents.

5311. Recruitment

1. General recruitment is designed to acquaint the public with issues involved with the adoption of children with special needs and to interest families in providing this type of service. The social worker may include the following types of activities in general recruitment:
 1. Convene public adoption interest meetings on a regular basis.
 2. Speak at various group meetings to discuss adoption.
 3. Develop a support group of current adoptive parents to participate in recruitment activities.
 4. Develop an adoption booth for placement at fairs, libraries, and other public places.
 5. Work with the media to present prepared Public Service Announcements.
2. Child specific recruitment is designed to identify a family for a waiting child. The social worker may include the following activities:
 1. Present information about children from the WARE Bulletin and the Northwest Adoption Exchange () photo-listing to families expressing interest in adoption of a child with special needs.
 2. Show slide or video presentations of waiting children at public adoption interest meetings.
 3. Work with the media to develop regular features of waiting children.

5312. Limitations on CA Employees as Applicants for Adoption Services

1. Purpose and Scope

This section affects all CA employees and outlines conditions under which CA employees may be certified as adoptive parents. It is not intended to limit opportunities for staff to be licensed or certified. Rather, it is intended to clarify ethics and alert staff to the potential for conflicts of interest. If an employee chooses, the employee may apply for adoption through a private agency rather than through the department.

2. Definitions
3. For definitions relating to this section, see [Appendix A, Definitions](#).
4. Standard
 1. See section 5138.C, above, for provisions relating to employee ethics.
 2. The DCFS office servicing the community in which a CA employee is seeking to become an adoptive parent through the department shall refer the employee to a DCFS office outside the region(s) in which the employee works. This provision does not apply to the CA employee who is seeking to become an adoptive parent through a private agency.
 1. The DCFS office to which the employee has been referred will receive the completed application, conduct the adoptive home study, determine the suitability of the employee to be an adoptive parent, and provide post-placement case management services.
 2. The employee may receive referrals of suitable prospective adoptive children from offices other than the office in which the employee works. The employee may not receive referrals from the office in which the employee works, even if the referral comes through a private agency.
 3. The employee shall not seek nor accept placement of a child with whom the employee has worked in an official capacity.
 3. To assure confidentiality of client and employee information, the DCFS Regional Administrator, for the DCFS office through which the employee has been certified for adoption, shall direct the sealing of licensing, adoption, and related client electronic files in administrative files.
 4. The following restrictions apply to CA staff who are certified for adoption, or who have applied for such certification:
 1. Such staff shall review their file, including electronic data, only through formal request to the assigned adoption worker.
 2. Such employees are prohibited from independently accessing the files of children placed or who may be placed in the employee's home.
 3. Such employees are prohibited from using the department's electronic information systems to obtain data about themselves or children placed or proposed to be placed in their care.
 5. The local DCFS office shall transfer pending adoption applications for new Children's Administration employees to a region other than the one in which the employee works for completion of the home study and application process. All other applicable provisions of this section shall apply to newly employed prospective adoptive parents.

5320. Adoption Services Intake

1. All family inquiries regarding adoption shall be referred directly to the adoption worker.
 1. The worker will provide the caller with information on the adoption program of the agency.
 2. Information to be provided should include:

1. The requirement that foster and adoptive applicants (including relatives) need to attend Pre-service. Two parent households will be encouraged to have both parents attend the Pre-service training.
 2. Information on the dates, times and registration information.
 3. The significance of adoption in permanency planning for children in foster care and DCFS' position that the child is the primary client in adoption services.
 4. Adoption of children with special needs, including the types of children awaiting adoption through the department and the resources available to help families that adopt such children.
 5. The procedures for a family to follow in pursuing adoption through DCFS, the differences between foster parent, adoptive, and foster-adoptive placements.
 6. The legal risk involved in foster-adoptive placements and the placement of legally free children under appeal.
 7. The legal procedures involved in adoption, the roles and responsibilities of the family and the department in adoption.
3. The adoption worker offers families the opportunity to discuss special needs adoption with the worker before they make the decision on whether to pursue this type of adoption.
 4. The worker may refer families that decide that they do not want to pursue special needs adoption to private CPAs providing services for families seeking to adopt readily placed children.
 5. If a family is inquiring about a specific child, the adoption worker informs the family that pursuing an adoptive home study does not guarantee their adoption of the identified child. The worker also solicits their interest in adoption of other special needs children.
2. All departmental requests to initiate an adoptive home study for a foster parent, relative, or interstate adoptive placement must be referred to the adoption worker or unit.
 1. The adoption worker initiates contact with the family when:
 1. The request for a foster parent or relative home study is the result of the Initial Adoption Planning Review (the first adoption staffing).
 2. The request for a home study for an interstate adoptive placement has been approved by the Washington state ICPC program manager.
 2. The adoption worker makes contact with the child's worker to review information about the child being considered for adoptive placement.
 3. DCFS must not accept applications from persons:
 1. Receiving adoption services from another agency.
 2. Still in the process of finalizing the adoption of another child.

5330. Pre-Placement Report (Adoptive Home Study)

CA, a licensed private adoption agency, an authorized public or tribal agency, or court may place a legally free child in an adoptive home that CA or the private agency has not licensed or certified under chapter 74.15 RCW and chapter 388-73 WAC. However, before making such placement, the social worker must determine that a completed home study has been filed with

the court prior to the placement. RCW 26.33.180 authorizes such placements following court filing of the home study. RCW 74.15.020

5331. Application Steps

1. The prospective adoptive parent(s) must complete the Adoption Application, DSHS 10-33, including information regarding the type of child the family wants to adopt. If the family appears to meet the basic criteria for the adoption of dependent, special needs children when the adoption worker accepts the application. DCFS staff complete home studies only on families expressing an interest in adoption of special needs children who are in the care of DSHS or for whom DSHS is paying the cost of care and who demonstrate basic suitability for such placements.
2. The adoption worker must contact at least three personal references (in writing or by telephone), no more than one of whom may be a relative, whose names have been furnished by the adoptive applicants. The worker documents, in the adoptive family case file, these contacts and the information obtained.
3. Each applicant parent must submit a copy of the Adoptive Applicant Medical Report, DSHS 13-01, completed by their physician.
4. The adoption worker obtains criminal history checks, using the DSHS 09-653, on all persons age 16 or older residing in the home. The worker may conduct criminal history checks on younger persons, if indicated, through the juvenile justice system.
5. The family must submit a written summary of the family's financial status, including income, assets, debts, and expenses.
6. The family must submit written verification of their marital status; e.g., a photocopy of their current marriage certificate and any divorce decrees.
7. If the family has had a home study completed by another agency, the adoption worker must obtain a signed Authorization to Release Information, DSHS 14-12(X), from the adoption applicant(s) and a copy of the file or the home study from the other agency. If another DCFS office conducted a home study, the adoption worker must request transfer of the service record.

5332. Family Contacts

The adoption worker and the family must participate in a minimum of four contacts, including at least one home visit. If the applicants are an experienced foster family, or have had a relative home study done and are experienced relative caretakers, the adoption worker may substitute collateral contacts with other DCFS social workers who have been in the home for one of the direct family contacts. The adoption worker explores the following issues during the contacts:

1. The family's interest in adoption and the characteristics of child(ren) they want to add to their family.
2. The types of training and/or experiences which the family has had to prepare them to parent the child(ren) they want to adopt.
3. The emotional maturity of each family member.

4. The nature of the marital relationship, parent-child relationships, and other interpersonal relationships.
5. The family's interests, activities, and life style.
6. The family's expectations regarding children in the family, including approaches and beliefs regarding discipline.
7. The adjustment of children already in the family; the expectations the children have for adding a new sibling.
8. The experiences the family has had in coping with problems; the nature of the family's personal support system.
9. The family's attitude toward termination of parental rights, the family of origin, adoption, and open adoption.
10. The family's understanding of the impact of abuse and neglect upon a child.

5333. Decision on Application and WARE Registration

1. The adoption worker includes in the written Adoption Pre-Placement Report, DSHS 10-43, a summary of the information obtained in the home study as well as specific recommendations to the court regarding the suitability of the family for adoption.
2. If the results of the home study indicate that the family is a good candidate for the adoption of a child with special needs, the adoption worker registers the family with WARE according to the following procedures:
 1. The adoption worker completes the Adoption Exchange Family Registration, DSHS 15-22, in typed format. The supervisor then signs the form and mails it to the adoption program manager in state office.
 2. Whenever the circumstances or interests of the adoptive family change, the adoption worker updates the DSHS 15-22.
 3. The adoption worker notifies the WARE program manager if a registered family is transferred to another office for service.
 4. Families registered with WARE are listed by date of receipt of their registration and by the characteristics of child(ren) for whom they have been approved. Both criteria are used by the WARE program manager when referring families.
3. If the home study gives evidence, or the social worker determines prior to the home study, that the family is a good candidate for adoption of a readily placed child but not a special needs child, the adoption worker may refer the family to a private agency for services.
4. If the home study gives evidence that the family is not a good candidate for adoption, the adoption worker shall inform the family of specific problem areas identified. If the problem areas appear amenable to treatment, the family may be encouraged to secure the needed help and proceed with the home study when the problems have been resolved.
5. If the problem areas do not appear amenable to treatment, the family adoption worker shall encourage the family to withdraw. If the family declines to withdraw, the worker shall deny the service request and include a recommendation against placement of adoptive children in the written report, DSHS 10-43. The adoption worker shall send a letter to the applicant(s) outlining reasons for denial.
6. The social worker may complete the home study following placement with relatives or in a foster-adopt home. In accordance with regional procedures and local court practices,

the adoptive family worker files a copy of the pre-placement report (home study) with the court, indicating the name of the child on whose behalf the report is being filed. The adoption worker shall maintain a record of the date on which this report was filed.

5340. Native American Adoptive Families

For Native American/Alaskan Native children, refer to the Indian Child Welfare (ICW) Manual.

1. Upon initial acceptance of a case for service, the social worker must seek to discover and document whether the involved child is of Indian ancestry. The social worker must do this in every case.
2. Each time the case is transferred from one worker or program to another, the social worker receiving the case must confirm that verification of Indian ancestry has previously been completed.

5345. Indian Foster Homes

5346. Purpose and Scope

This policy applies to Children's Administration (CA) Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR) staff involved in placement of foster children. The intent is to clarify that DLR is responsible for verifying the Indian status of foster parents.

5347. Policy

1. This policy requires the verification of Indian homes rather than self-identification of Indian status by foster parents. WAC 388-70-091 defines the term Indian. WAC 388-70-093 states that documented efforts shall be made to avoid separating the Indian child from his parents, relatives, tribe or cultural heritage.
2. The Indian Child Welfare (ICW) Manual directs both DSHS and private agencies to verify American Indian Status of foster parents for the placement of Indian children. This policy directs DLR foster home licensors to verify American Indian status. DLR licensors are to follow the provisions set forth in the Indian Child Welfare Manual and in the Federal Indian Child Welfare Act.

5348. Definitions

1. "Indian Foster home" is defined as a home in which at least one of the foster parents is a member of a federally recognized Indian tribe, including Eskimo, Aleut, or other Alaska Native or eligible for membership in a federally recognized tribe including Eskimo, Aleut, or other Alaska Native. The form for providing verification of Indian Status is located in Chapter 13 of the Indian Child Welfare Manual (DSHS form 15-128).

2. "Canadian Indian Foster Home" is defined as a home in which at least one of the foster parents is a member of a Canadian First Nations Tribe, a Metis Community, or a nonstatus Indian community from Canada.
3. "Unenrolled Indian Foster Home" is defined as a home in which at least one of the foster parents who does not meet the definition of an Indian foster home or Canadian Indian Foster home is considered to be Indian by a federally or non-federally recognized Indian tribe or off-reservation Indian/Alaska Native community organization regardless of enrollment or membership status.

5349. Procedures

1. Verification of Indian Status
 1. DLR staff are to ensure compliance with Section 7.05, (B), (3 and 4) of the Indian Child Welfare Manual. The placement preference order for Indian children is not affected by this policy. See the Indian Child Welfare Manual Section 7.05 for policy regarding placement of Indian children.
 2. DLR will verify the Indian status of every foster home licensed. DLR will document whether the home has been verified as an **Indian Foster Home**, a **Canadian Indian Foster Home**, or an **Unenrolled Indian Foster home**.
 3. The form for providing verification of Indian Status is located in Chapter 13 of the Indian Child Welfare Manual (DSHS form 15-128). Please use this verification form to identify foster parents as Indian. The home study and reassessment needs to document verification.
 4. Self-identification of Indian status is not sufficient to consider a foster parent Indian; rather, Indian status must be verified. If the foster parent cannot verify Indian status, the home study is to reflect non-verification even though the foster parent self-identifies as Indian. The home study should state this home has not been verified as an Indian foster home for ICW purposes.
 5. The foster home study shall address Indian status and include verification used to document Indian status in the homestudy.
 6. DLR will document verification of Indian Foster Home in CAMIS.
2. Reporting requirements
 1. Self-identification of Indian status is not sufficient to consider a foster parent Indian. Reports shall not identify a foster home as an Indian foster home unless there is proper verification.
 2. Reports under DSHS Administrative Policy 7.01 are to reflect the number of Indian homes that have verified Indian status. Any reference to Indian homes in DLR reports must have verified the Indian status of the foster parents.

5350. WARE Withdrawal

1. DCFS must withdraw families from WARE under the following circumstances, unless an exception is approved by the Regional Administrator:
 1. Upon the adoptive placement of a child with the family.

2. Upon notice of the family's decision to receive adoption services from another agency or through an independent placement.
 3. Upon the family's physical move from the state.
 4. Upon the family or worker's decision that adoption is no longer an appropriate plan for the family.
 5. Upon the adoption worker's learning of the pregnancy of the potential adoptive mother, the worker may pend registration with the approval of the family.
2. The adoption worker accomplishes withdrawal from WARE by submitting the Change of Status Report, DSHS 15-21. Families are also withdrawn when the DSHS 15-21 is forwarded to WARE by a child's worker at the time of placement. The family's worker must inform the family at any time the family is withdrawn from WARE.
 3. Families that want to be re-registered with WARE following withdrawal must reapply for adoption services and have their home study updated. The adoption worker then submits an updated Adoption Exchange Family Registration, DSHS 15-22.

5360. Placement Process

5361. Information Sharing

See chapter 4000, section 45403, for requirements for information gathering relating to prospective adoptions. The adoption worker shares information about children and birth family for whom a family is being considered with that family by using the following guidelines:

1. General information about a referral may be shared with a family each time a referral is made.
2. For policy regarding disclosure of information, see the Case Services Policy Manual, chapter 5000, section 5840.
3. Additional guidelines for information shared with the adoptive family can be found in 42 USC 675, section 475; RCW 26.33.350; RCW 26.33.380; and RCW 70.24.105.
 1. The department, through the assigned social worker, and private adoption agencies and entities must make reasonable efforts to locate records and information concerning the child's mental, physical, and sensory handicaps.
 2. The entities providing the information have no duty, beyond providing the information, to explain or interpret the records or information regarding the child's present or future health.
4. The assigned social worker maintains the Health and Education record in accordance with guidelines contained in the CA Practices and Procedures Guide, chapter 4000, section 43092.
5. For requirements regarding the adoption placement decision, see chapter 4000, section 45406, of this manual.
6. The department social worker may not withhold information from prospective adoptive parents if the information has any effect on the parenting of the child. However, if the department intends to withhold information from the adoptive parents, the following approvals are necessary:

1. The adoption supervisor or a staffing in which adoption specialists are present (such as an adoption planning review) must approve the action; and
 2. Following these approvals, the area manager must also approve withholding of information.
 3. The social worker must document the approval to withhold information in the child's archived file and must include the signatures of the adoption supervisor and/or adoption specialists authorizing the withholding of the information.
7. The child's social worker will ask birth parents, for every child in placement or expected to be in placement longer than 90 days, to sign appropriate release of information forms so that information concerning both the child and the birth parents can be gathered from treating professionals, physicians, and schools.
1. Efforts to obtain information about the child include interviews with relatives; interviews with parents; and requests for information from treatment agencies, schools, and other sources from whom the parents received professional examination, evaluation or treatment.
 2. If parents are unwilling to sign appropriate release of information forms, the social worker must request the court to order authorization of release of confidential records so that background information may be obtained.
 3. The social worker consults the AAG so that the language in the court order meets federal requirements for release of confidential information from substance abuse and mental health treatment programs.
8. If the prospective adoptive placement for the child is with the current foster parent(s) or relative care provider(s), the department will not consider the placement an adoptive placement until an adoptive home study recommends for the adoption and the care providers have acknowledged receipt of all reasonably available information about the child and stated their intent to adopt the child by signing the Child's Medical and Family Background Report (DSHS 13-041).
9. The child's assigned social worker must make available and provide copies to the prospective adopting parent prior to adoptive placement a complete medical report containing all known and available medical information concerning the mental, physical, and sensory handicaps of the child.
1. The report must not reveal the identity of the birth parent of the child, except if already known by the adoptive parents. However, the report must include any known or available mental or physical health history of the birth parent that needs to be known by the adoptive parent to facilitate proper health care for the child or that will assist the adoptive parent in maximizing the developmental potential of the child.
 2. Where known or available, the information the social worker provides must include:
 1. A review of the birth family's and the child's previous medical history, including the child's x-rays, examinations, hospitalizations, and immunizations. Medical histories shall be given on a standardized reporting form developed by the department (DSHS 13-041);
 2. A report of physical examination of the child conducted within the previous 12 months by a licensed physician with appropriate laboratory tests and x-rays;

3. A referral to a specialist if indicated in reports released in the DSHS 13-041;
 4. A written copy of all evaluations of the child with recommendations to the adoptive family receiving the report;
 5. A chronological history of the events and circumstances leading to the adoptive placement; and
 6. Any available psychiatric reports, psychological reports, court reports pertaining to dependency or custody, and school reports.
 3. The social worker need not copy information in the Passport on the DSHS 13-041, but may incorporate it by attaching the Passport, and documenting the attachment, on the DSHS 13-041.
10. The social worker must disclose to adoptive parents when a child being placed for adoption is receiving or has received mental health services, is or has been prescribed psychotropic medication, has a sexually transmitted disease, and/or is HIV positive. With respect to disclosure of HIV antibody testing or treatment of sexually transmitted diseases, department staff must comply with the following requirements:
 1. The following persons may receive such information if involved in planning for the child:
 1. A department worker;
 2. A child placing agency worker;
 3. A guardian ad litem who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child, who is less than 14 years of age, has a sexually transmitted disease, and is in the custody of the department or a licensed child placing agency;
 4. A person responsible for providing residential care for such a child when the department or a licensed child placing agency determines that it is necessary for the provision of child care services.
 2. No person may release information concerning HIV status and sexually transmitted diseases to the adoptive parent of a child over the age of 14 without the consent of the child or an order from the court.
 1. For youth age 14 and above, before disclosing information regarding sexually transmitted disease testing and treatment to prospective adoptive placement resources, the department social worker must obtain a signed consent to release the information from the otherwise competent youth or a court order.
 2. If the youth age 14 or above refuses to sign a release of information or the social worker is unable to obtain a court order authorizing release of information, the social worker must inform the adoptive parents that information exists that cannot be released and document provision of this information.
 3. Department staff cannot release mental health counseling and treatment information, including the prescription of psychotropic medications, to the adoptive parents of a child over the age of 13 without the child's consent to release the information or a court order.

4. The social worker must not make a placement without full disclosure, either by consent of the child or court order, of diseases that the child may have or a condition requiring treatment.
5. If the social worker is unable to disclose HIV or mental health information because of the lack of a court order or consent to release information, the social worker, the worker's supervisor, and the prospective adoptive parents will have to make a decision on an individual basis whether to proceed with the adoptive placement or finalization of the adoption.
6. Whenever disclosure is made, the social worker must accompany the disclosure with a written statement that includes the following or substantially similar language:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

7. The social worker must follow an oral disclosure with written notice within 10 days.
11. The prospective adoptive family may consult with a specialist prior to agreeing to adopt the child and signing the DSHS 13-041. The CA social worker will provide to the prospective adoptive family all documents requested (with identifying information of the birth family deleted) in order to facilitate a consultation with a specialist of the family's choosing.
12. The adoptive parent's signature on the DSHS 13-041 signifies their intent to adopt the child and acknowledges receipt of the information provided. The prospective adoptive parent's signature on the DSHS 13-041 does not signify the agency's approval of the adoptive placement.
13. The social worker includes on the DSHS 13-041 information about the efforts, including unsuccessful efforts, made by the department to obtain information about the child and his/her birth family. See paragraph C, above.
14. The adoptive family's receipt of information about a child, contact with a child's caseworker, contact with a child's foster family, etc., must be governed by procedures that do not violate the confidentiality requirements of case information. Thus, prospective adoptive parents must agree to keep information about the child, family of origin, and foster family confidential.
 1. If a prospective adoptive parent reads the child's file, the social worker must document that activity and have the adoptive parent sign an acknowledgment of having read and reviewed the file.
 2. In addition, the social worker must request that the adoptive parent initial each page of each document, including the Service Episode Record (SER), the adoptive parent has reviewed.

15. For guidelines for archiving of records of legally free children, see the CA Operations Manual, chapter 13000, section 13930.

5362. Placement Selection and Decision

1. The social worker evaluates families referred for a legally free child or for a foster-adoptive placement to determine which of the families can best meet the needs of the child using the following criteria:
 1. The family's ability to meet the physical, emotional and mental needs of the child.
 2. The compatibility between the child's personal characteristics and the expectations of all members of the adoptive family.
 3. The specific experiences and/or training the family has had which prepares them to provide for the special needs of the child.
 4. The resources in the family's community which are available to meet the special needs of the child.
 5. The degree to which the family is willing to initiate and participate in medical and/or therapeutic treatment.
2. The professional staff of the CA office with administrative responsibility for the child makes the final decision on placement of a child with an adoptive family. The child's worker makes the final placement selection for families referred from the WARE and other referral sources in conjunction with the CWS supervisor. The CA professional staff considers the following criteria:
 1. The child's attachment with the foster family and length of time in the foster care placement.
 2. The ability of the adoptive family to meet the special needs of the child.
 3. The ability of the adoptive family to meet the cultural, linguistic, and religious needs of the child. An adoptive family need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of the child. Unless CA staff identifies a compelling reason, the social worker will not match children on the basis of race to adoptive parents.
 4. Willingness to provide long-term contact with siblings who may be placed elsewhere, appropriate birth relatives, former foster families, or other individuals who may have prior relationships with the child.
 5. Whether or not the adoptive family is a birth relative. If a relative, the following factors shall also be evaluated:
 1. The relatives' previous relationship with the child.
 2. The relatives' ability to protect the child, if necessary, from the parents of origin while avoiding portraying them in an unnecessarily negative manner.
3. For foster-adoptive placements, the foster-adoptive family shall sign a permanency planning placement agreement. See section 45352.

5363. Visitation

The child's foster parents may be involved in planning and implementing plans.

1. The purposes of visitation include:
 1. To initiate contact between the prospective adoptive family and the child and to observe the relationship as it develops.
 2. To allow the prospective adoptive parents and child(ren) an opportunity to begin to know each other, to form an attachment, and to grieve the losses of the prior relationships that are ending.
 3. To allow the prospective adoptive family, the adoption worker, the child, and the child's social worker an opportunity to make a continuing evaluation regarding suitability of the placement.
2. The child's worker:
 1. Selects the location of the visitation.
 2. Accompanies the child on the initial visit.
 3. Discusses each visit with the child and family after they have occurred.
 4. Decides at each point whether to proceed with visitation and/or placement in consultation with the family and the child.
3. The length of visits and total amount of time between first meeting and placement will vary. The age and developmental level of the child(ren), their attachment to the foster family, and their emotional readiness to move are all factors to consider. A typical placement transition may include three to five pre-placement visits, with each visit increasing in length until child is actually placed. Open contact between the new family and the family the child is leaving should occur whenever possible and when in the child's best interest.

5370. Post-Placement Support Services

1. The purpose of post-placement services is to support continuing placement of the child in the family by providing needed services or referrals.
2. The assigned social worker provides on-going casework supervision of the adoptive placement and coordinates needed support services for the family and/or child. Post-placement support services may include the following:
 1. Casework services designed to assist the family and child during the initial adjustment period. Contacts shall be maintained, at a minimum, on a monthly basis and may be face-to-face or telephone. The social worker must document these activities in the case SER.
 2. Information and referral to community resources.
 3. Formation of and leadership in adoption support groups for parents of adoptive children.
 4. If an SSI application has not been considered and seems appropriate, the social worker refers the case to the regional federal funding unit, SSI facilitator. An SSI allowance with an application prior to the petition to finalize adoption can mean IV-E funding of otherwise state-funded adoption support.
 5. The assigned social worker provides the family with a copy of the Adoption Support Brochure and asks the family if they are able to adopt without adoption support. The worker must note the family's response in the child's file. The

worker must complete and submit the family's application for adoption support and adoption non-recurring cost programs to the regional adoption support program manager. The social worker must be sure that the family has a signed adoption support agreement and adoption non-recurring cost agreement before finalizing the adoption.

3. At the time when the family, the child, and the adoption worker mutually agree that finalization of the adoption is in the best interest of all persons involved, the adoption worker encourages the family to retain an attorney to file the petition for adoption. An adoptive parent may petition to adopt without an attorney when there is no need for DCFS to release confidential information; for example, the adoption of an older child when the names of the birth parents are already known to the adopting parents.
4. An attorney retained by the adoptive family files the adoption petition. The adoption worker provides the attorney with the necessary documents and information when the worker is satisfied that finalization is in the best interest of the child and the family. The documents include:
 1. A certified copy of the legal order of termination of parental rights.
 2. Release and Consent to Adoption signed by the Regional Administrator or designee or information indicating where to obtain consent if that responsibility does not lie with the Regional Administrator.
 3. Adoption consent from children 14 years of age and older.
 4. A completed Application for Adoption Re-Registration, DSHS 9-465, for issuance of the child's revised birth certificate.
 5. The date the pre-placement report was filed with the court.
 6. A copy of the final signed Adoption Support Agreement, if applicable.
 7. A request for a copy of the certified decree of adoption after finalization.
5. The assigned social worker completes court work that includes:
 1. Dependency reviews until adoption is finalized.
 2. Individual Service and Safety Plans.
 3. Post-placement report.
 4. Notification of GAL and juvenile court that adoption is finalized and obtain dismissal of dependency order.

5371. Disruption Services

Disruption services are designed to develop a new placement plan for a child when it becomes evident, prior to finalization of an adoption, that the adoptive placement should not continue.

5380. Post-Placement Report

1. The court, after accepting a petition for adoption, orders a post-placement report to advise the court as to the propriety of the adoption.
 1. The department shall be named to complete a post-placement report for a child for whom it provided post-placement services.
 2. The adoption worker completes the Adoption Data Card.

3. The adoption worker completes the Waiver of Notice of Further Hearing, DSHS 9-54, or the Acknowledgment of Notice and Declaration of Intent Not to Appear, DSHS 9-56, provided the departmental recommendation is positive and the parental rights of the child to be adopted have been terminated.
2. If the post-placement report is negative, the department shall request representation by the Office of Attorney General (or local prosecutor, where applicable) at a hearing on the matter. In this case, the DSHS 9-54 and the DSHS 9-56 shall not be included with the post-placement report.

5390. Post-Finalization

5391. Post-Decree Action

See chapter 4000, section 4740, for actions to take following issuance of the final decree of adoption.

5392. Post-Adoption Services

1. Post-adoption services are provided to the adoptive family after finalization of the adoption when those services are needed to support the adoption and to identify community resources necessary to maintain the placement.
2. Non-identifying information contained in the child's archived record may be obtained for medical or emotional treatment when requested by a treating professional, accompanied by a signed release from the adoptive family or adult adoptee. All requests shall be sent to the Adoption Program Manager in Olympia.
3. For a Native American child, the family and/or child shall be informed that the Local Indian Child Welfare Advisory Committee (LICWAC) and/or local Indian consultant are available for consultation related to the adoption.
4. Adoptees seeking identifying information will be requested to consult with the clerk of the court granting the final decree. The court may, at its discretion, issue an order directing the opening of any records of the adoption.

5400. CHILD DAY CARE PROVIDERS

The parent/guardian is responsible for making an informed selection about the type of provider that will best meet the needs of the child in care. The authorizing social worker provides information to help the parent/guardian make an informed choice.

5410. In-Home Child Day Care

5411. Service Description

Child day care may be provided in the child's own home/residence. In-Home care includes a relative care provider, and the care can be in the relative's home, rather than the child's home. For children under the custody or supervision of DCFS, there is a high level of interest in the appropriateness of the In-Home caretaker. However, in-home care providers are not required to be licensed and the parent, relative, foster parent, or pre-adoptive parent is considered to be the person authorizing/permitting the care in their home. For a licensed home, the licensee's employee must undergo a criminal background check.

5412. Eligibility

When DSHS approves an in-home or a relative/relative's home child care plan at the request of a parent/guardian, the parent or guardian and the provider shall meet the minimum qualifications and fulfill the responsibilities outlined in WAC 388-15-176, Exempt In-Home Child Care.

5413. Procedures

1. In determining the appropriateness of In-Home child caretakers for a child under the custody or supervision of DCFS, the social worker shall:
 1. Consider the age, maturity, and suitability of the caretaker.
 2. Complete a Background Inquiry, DSHS 09-653, on behalf of the authorizing foster parent for the caretaker. As part of the criminal background check the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.
 3. Complete a DCFS records check in CAMIS and, if the person is listed, gather information from the office(s) and/or files on the person for the foster parent.
 4. If payment will be CA-subsidized, review any other eligibility factors regarding the caretaker.
 5. The social worker may complete a background inquiry and CPS records check on behalf of parents, relatives, and pre-adoptive parents provided the child is under DCFS supervision. The social worker should obtain the prospective caretaker's permission to conduct a criminal history and CPS records check.
2. Parent/Guardian Responsibilities-The parent/guardian is responsible for selecting a caretaker who can meet the requirements and responsibilities contained in WAC 388-15-176. The parent/guardian signs an assurance, on the DSHS Child Care Plan, that minimum requirements are met. The publication, *Is My Child Safe, Healthy and Happy?*, DSHS 22-083(X), is a check list for parents who are considering choosing in-home child care . Authorizing workers shall give this checklist to every client considering the use of in-home child care.

5414. Other Resources

Refer to the information contained in chapter 4000, sections 4503 and 4504, for determining the payment authorization process for child care subsidy and consult with the foster family home

placement worker and the child day care licenser about possible providers as alternatives through licensed child day care or respite care providers.

5420. Licensed Child Day Care Providers

Supportive to DCFS client families, child day care licensing is administered by the DLR Such facilities include:

1. Child Care Center-A Child Care Center cares for 13 or more children in an out-of-home facility and must be licensed by DSHS.
2. Family Child Care Home-A Family Child Care Home cares for up to 12 children in a family home and must be licensed by DSHS.

5500. INDIVIDUALS ENGAGED BY CA

5510. Service Description

Volunteers, students, interns, and any other individual, whether paid or unpaid, engaged by CA to provide care, supervision, or treatment for children shall be assessed for appropriateness and capability. Hourly respite care providers who support foster parents are included in this group.

5520. Eligibility

Prospective employees or volunteers will have appropriately clear criminal history and CA record checks as well as the necessary skills and suitability to provide care, supervision, or treatment for children for whom the agency is responsible. Those individuals who will be transporting clients must possess a valid driver's license recognized by the state of Washington along with adequate insurance coverage.

5530. Procedures

1. The social worker or Community Resource Program Manager must have the applicant complete a Criminal History and Background Inquiry form, DSHS 14-239, and submit it according to procedures outlined in the Operations Manual, chapter 5000, section 5500. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.
2. The worker completes a review of CA records that may exist, including a CAMIS inquiry.
3. Local or regional procedures may designate a specific person other than the social worker to complete the above steps.

4. Approved applicants for volunteer or paid positions shall complete any required documentation applicable to the service they are providing.

5540. Other Resources

There are several handbooks and pamphlets published regarding the use of volunteers in DSHS. Some regional and local offices have Community Resource Program Managers. Respite care providers for foster family homes are often the responsibility of the licensor.

5600. INTERSTATE COMPACT

1. Interstate Compact on the Placement of Children (ICPC) Handbook, issued by CA, contains the steps necessary for the social worker to follow to place a dependent child into another state when dependency will be maintained in a Washington court with supervision of the placement required.
2. The assigned social worker also must do home studies on parents, relatives, foster parents, and adoptive homes for placement of dependent children from other states as part of the ICPC process. Criminal history checks are required for all ICPC home studies. If the home study is positive and placement is made, the assigned DCFS social worker provides supervision as long as the dependency remains in effect in the sending state. Refer to the ICPC Handbook for additional procedures.

5700. ADOPTION SUPPORT

5710. Service Description

DCFS, under authority of chapter 74.13 RCW, provides post adoption assistance to prospective adoptive parents to enable them to adopt hard-to-place children. The assistance can take several forms, including medical coverage and financial assistance to meet the special needs of these children.

5720. Eligibility

1. Not all children with special needs or conditions are eligible for adoption support. To be eligible, a child must meet all of the conditions described below:
 1. Is residing in or likely to be placed in out-of-home care.
 2. Is hard to place for adoption as demonstrated by registration with WARE for 90 days or longer without an appropriate family being identified. Reasonable efforts have been made to place the child for adoption without adoption support services.
 3. The social worker must fully document pre-existing special needs conditions and efforts to place the child without adoption support before the child's registration with adoption support. AC4F-PIQ-89-02

2. In cases of adoption by foster parents, the following eligibility criteria must be met in order to establish the child as hard to place. However, the child does not need to be registered with adoption exchanges if the following apply. The child must:
 1. Have been in the foster parents' home for at least six months prior to becoming legally free.
 2. Have close emotional ties to the current foster family which, if severed, could cause emotional damage to the child.
 3. The foster family must have been identified as the adoptive family of choice by the agency having custody of the child.
3. Has one or more of the following documented special conditions that creates a barrier to adoption and contributes to the child being hard to place for adoption:
 1. Physical or mental disability.
 2. Emotional/psychiatric disturbance.
 3. Ethnic background, including race, color, and/or language.
 4. Age (six years or older).
 5. A diagnosed medical condition which is chronic and/or severe and/or a diagnosed medical risk condition.
 6. Member of a large sibling group (three or more); or if a sibling group of two, at least one sibling was previously adopted by the family or one of the siblings being adopted is over six years of age).
4. Is legally free for adoption. ACYF-PIQ-82-18
5. Is seventeen years of age or younger at the time the agreement is signed. RCW 74.13.109
6. Adoption is the most appropriate plan.
7. Adoption support shall not continue beyond the adopted child's 18th birthday, becomes emancipated, dies, or otherwise ceases to need support, unless the adoption support program manager determines that continuing dependency after the child reaches 18 years of age warrants the continuation of support.

- Adoptive family income is not a factor in determining a child's eligibility for adoption support services. ACYF-PIQ-90-02
- Funding sources for adoption support will differ according to the funding source available to the child. See the Operations Manual, chapter 11000, related to determining financial eligibility.

1. Federal matching funds are used for maintenance for children who are found IV-E eligible.
2. Federal matching for Title XIX (Medicaid) and Title XX (social services) are available to all children eligible for adoption support.
3. State-only moneys are used for a child who is not eligible for federally matched funds and for those agreed-to services which are not matched by federal funds.

- If the adoptive parents are unable to continue providing for day-to-day care of the child, the adoption support agreement is no longer in effect and the program services are no longer available to the child. ACYF-PIQ-84-4

- Biological parents whose rights have been terminated, but who later adopt their biological child, are not eligible for adoption support. ACYF-PIQ-86-05

- See chapter 4000, section 4517, for Medicaid eligibility for children in the Adoption Support Program.

5721. Payment Determination and Standard Adjustments

The regional adoption support program manager considers the factors outlined in the CA Case Services Policy Manual, chapter 9000, section 9200, when setting the amount of any payment or payments or in adjusting standards.

5730. Procedures

5731. Application

1. The prospective adoptive family must apply for adoption support services prior to finalization of the adoption. The adoptive family must submit a separate application for each child being adopted. The terms of the agreement are negotiated between the adoptive family and the social worker, with final approval authority resting with the regional adoption support program manager. See section 5732. The application includes:
 1. The social worker and the family initiate the process by completing the application, DSHS 10-62 and DSHS 10-62A, together. The agreed upon payment is expected to combine with the parent's resources to cover the ordinary and special needs of the child for an extended period of time.
 2. Monthly cash payments to the family cannot exceed the established regular and family foster home special rates. The specific amount of the payment will be determined by an evaluation of the difference between the costs of the child's documented needs and the family, community and state resources available to meet those needs. ACYF-PIQ-86-05
 3. If requested by the social worker or the regional adoption support program manager, the adoptive parent must submit a copy of the family's most recent Federal Income Tax Return, IRS 1040, with the application for adoption support. RCW 74.13.121
2. The worker submits the application, DSHS 10-62 and 10-62A, to the adoption support program manager for approval. In addition to the two application forms, the completed packet includes the following:
 1. Child's Registration, DSHS 10-061(X), with a brief summary of the child's history, behavior, and primary reasons for the adoption support request.
 2. Reports documenting the child's special need or conditions and diagnosis, including any pre-existing and anticipated medical needs/prognosis. ACYF-PIQ-89-02
 3. A copy of the Adoption Planning Review, DSHS 15-174.
 4. Adoption Support Monitoring Schedule, DSHS 14-319, indicating the child's funding source for adoption support services.
 5. SSI award letter, if applicable.
 6. Orders of termination of parental rights.

7. If an open adoption agreement exists, a copy is to be included.
3. The regional adoption support program manager must process only completed application packets within 30 days of receipt. The manager shall immediately return incomplete packets to the sender for completion and re-submittal.

5732. Initial Agreement

An initial agreement for adoption support services must be signed by all parties to the agreement prior to finalization of the adoption. If this does not occur, the family will be ineligible for adoption support except as provided in sections 5734 and 5735, below.

1. Upon approval of the application, the regional adoption support program manager issues an agreement to the adoptive parents and sends a copy to the service worker, thereby notifying the worker of the agreement and authorized services.
2. If, after reviewing the agreement, the family has questions or wishes to seek changes in the agreement, the family may contact the regional adoption support program manager.
3. If the family finds the agreement acceptable, the family must sign, date, and return the full agreement to the regional adoption support program manager. The agreement becomes a binding contract only after all parties to the agreement, including the designated agency persons, have signed. RCW 74.13.124
4. Adoption support services must be continued regardless of where the family resides.

5733. Non-Recurring Costs Agreement

1. Certain non-recurring adoption expenses may be reimbursed by adoption support. Reimbursement may be made for the following:
 1. Adoption fees.
 2. Court costs.
 3. Revised birth certificates.
 4. Attorney fees.
 5. Costs related to the adoption home study, required health and psychological examinations, placement supervision, and pre-placement visits (lodging, meals, transportation, etc.).
2. These costs are available to any family adopting an eligible special needs child, with no income requirement. Non-recurring adoption expenses may be available to children not receiving adoption support services if the child otherwise qualifies. 45 CFR 1356.41(d) and (f)
3. The prospective adoptive parent(s) must submit a separate application specific to non-recurring costs reimbursement prior to finalization of the adoption. Claims must be filed within two years of the date of the final decree of adoption 45 CFR 1356.41(c)
4. The regional program manager issues a separate non-recurring costs agreement for each child being adopted specific to the costs of that child's adoption. This agreement must be signed by all parties to the agreement prior to finalization. Without this signed agreement, the costs cannot be reimbursed to the family. This agreement is limited to

\$1500 per child and is paid on a reimbursement basis following finalization. 45 CFR 1356.41(f)

5734. Reconsideration

1. The department may, within available funds, provide limited adoption support through a reconsideration process if the child met the criteria for ongoing adoption support in Washington state at the time the adoption was finalized. The regional adoption support program manager uses documented evidence available at the time of the adoption to make this determination.
2. The child and the child's family must be current residents of the state of Washington.
3. The family must complete the application for adoption support reconsideration and provide the adoption support program manager with requested information.
4. Adoption support assistance must be defined in a reconsideration agreement and is limited to counseling and medical services for corrective/rehabilitative services. Maximum allowable payment per child is \$20,000 under Medicaid.

5735. Eligibility for Adoption Support after Adoption

For adoptions occurring in or after the year 1981, certain adopted children may be eligible for subsidy after finalization. The determination of eligibility is based upon the extenuating circumstances at the time of the adoption and other qualifying factors. The child's eligibility for federal funding at the time of adoption will need to be established based upon the information in the archived file. If a family inquires about adoption support for an adopted child, the social worker refers them to the regional adoption support program manager. ACFY-PIQ-92-02

5736. Review of Support Payments

1. At least once every five years, the regional adoption support program manager reviews the need of any adoptive parent or parents receiving continuing adoption support or the need of any parent who is to receive more than one lump sum payment where such payments are to be spaced more than one year apart. RCW 74.13.118
2. When the regional adoption support program manager deems changed conditions, including variations in medical opinions, prognosis, and costs, to warrant such action, the program manager must make appropriate adjustments in payments. The program manager bases adjustments on the needs of the child, the adoptive parents' income, resources, and expenses for the care of the child or other members of the family. These needs may include medical and/or hospitalization expense not otherwise covered by or subject to reimbursement from insurance or other sources of financial assistance. RCW 74.13.118
3. A parent who is party to an agreement may at any time, in writing, request a review of the amount of any payment or the level of continuing payments.

1. The regional adoption support program manager begins the review not later than 30 days from the receipt of such request.
2. The program manager may make any adjustment retroactive to the date the request was received by the department.
3. If the program manager does not act on the request within 30 days of receipt by the department, the parent may invoke their right to a hearing under RCW 74.13.127. RCW 74.13.118
4. So long as the adoptive parent is receiving adoption support services he or she shall, upon request, file with the regional adoption support program manager his or her federal income tax return. RCW 74.13.121

Appendix A: Definitions

The following definitions apply for purposes of the *CA Practices and Procedures Guide*.

“AFTERCARE SERVICES” means the provision of less intensive, ongoing services to youth and their families following the youth’s discharge from residential care or in-home services.

“AT-RISK YOUTH” means a juvenile who:

1. Is absent from home for at least 72 consecutive hours without consent of his or her parent.
2. Is beyond the control of his or her parent such that the child's behavior endangers the health, safety, or welfare of the child or any other person.
3. Has a substance abuse problem for which there are no pending criminal charges related to the substance abuse.

RCW 13.32A.030

“BEHAVIORAL REHABILITATION SERVICES”: See “After-Care Services,” “Continuum of Care,” “Group Care,” “In-Home Services,” “Residential Care,” “Staffed Treatment Foster Care,” and “Treatment Foster Care.”

“BORROWED FOSTER HOME” means the placement and supervision by an agency of child(ren) in a foster family home licensed or certified by another agency, with the permission of that agency.

“Caregiver” means an adult living in the home permanently or semi-permanently and has routine responsibility for childcare. This may be the other legally responsible adult, another adult relative or a live-in partner. It may also be any other adult with regular ongoing time in the home and has routine responsibility for childcare.

“CASE PLAN” means a written statement by the social worker of the anticipated activities, including service agreements, which are planned in the conduct of the case.

“CERTIFICATION FOR ADOPTION” means a person or persons constituting a household have submitted an application for adoption to the department or a child placing agency, have had a satisfactory home study completed, and have been determined suitable as adoptive parent or parents.

"CHILD," "JUVENILE," and "YOUTH" mean any unemancipated individual who is under the chronological age of 18 years. RCW 13.32A.030

"CHILD ABUSE AND NEGLECT"

CPS WAC Definitions of CA/N

Child abuse or neglect means the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child under circumstances which indicate that the child's health, welfare, and safety is harmed. An abused child is a child who has been subjected to child abuse or neglect as defined in this section.

1. Physical abuse means the non-accidental infliction of physical injury or physical mistreatment on a child. Physical abuse includes, but is not limited to, such actions as:
 1. Throwing, kicking, burning, or cutting a child;
 2. Striking a child with a closed fist;
 3. Shaking a child under age three;
 4. Interfering with a child's breathing;
 5. Threatening a child with a deadly weapon;
 6. Doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks or which is injurious to the child's health, welfare and safety.
2. Physical discipline of a child, including the reasonable use of corporal punishment, is not considered abuse when it is reasonable and moderate and is inflicted by a parent or guardian for the purposes of restraining or correcting the child.
 1. The age, size, and condition of the child, and the location of any inflicted injury shall be considered in determining whether the bodily harm is reasonable or moderate.
 2. Other factors may include the developmental level of the child and the nature of the child's misconduct.
 3. A parent's belief that it is necessary to punish a child does not justify or permit the use of excessive, immoderate or unreasonable force against the child.
3. Sexual abuse means committing or allowing to be committed any sexual offense against a child as defined in the criminal code.
 1. The intentional touching, either directly or through the clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party.
 2. A parent or guardian of a child, a person authorized by the parent or guardian to provide childcare for the child, or a person providing medically recognized

services for the child, may touch a child in the sexual or other intimate parts for the purposes of providing hygiene, child care, and medical treatment or diagnosis.

4. Sexual exploitation includes, but is not limited to, such actions as allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in:
 1. Prostitution;
 2. Sexually explicit, obscene or pornographic activity to be photographed, filmed, or electronically reproduced or transmitted; or
 3. Sexually explicit, obscene or pornographic activity as part of a live performance, or for the benefit or sexual gratification of another person.
5. Negligent treatment or maltreatment means an act or a failure to act on the part of a child's parent, legal custodian, guardian, or caregiver that shows a serious disregard of the consequences to the child of such magnitude that it creates a clear and present danger to the child's health, welfare, and safety. A child does not have to suffer actual damage or physical or emotional harm to be in circumstances which create a clear and present danger to the child's health, welfare, and safety. Negligent treatment or maltreatment includes, but is not limited, to:
 1. Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child's health, welfare, and safety. Poverty and/or homelessness do not constitute negligent treatment or maltreatment in and of themselves;
 2. Actions, failures to act, or omissions that result in injury to or which create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child; or
 3. The cumulative effects of consistent inaction or behavior by a parent or guardian in providing for the physical, emotional and developmental needs of a child's, or the effects of chronic failure on the part of a parent or guardian to perform basic parental functions, obligations, and duties, when the result is to cause injury or create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child.
6. A Parent or guardian abandons a child when the parent or guardian is responsible for the care, education, or support of a child and:
 1. Deserts the child in any manner whatever with the intent to abandon the child;
 2. Leaves a child without the means or ability to obtain one or more of the basic necessities of life such as food, water, shelter, clothing, hygiene, and medically necessary health care; or
 3. Forgoes for an extended period of time parental rights, functions, duties and obligations despite an ability to exercise such rights, duties, and obligations.
7. Abandonment of a child by a parent may be established by conduct on the part of a parent or guardian that demonstrates a substantial lack of regard for the rights, duties, and obligations of the parent or guardian or for the health, welfare, and safety of the child. Criminal activity or incarceration of a parent or guardian does not constitute abandonment in and of themselves, but a pattern of criminal activity or repeated or long term incarceration may constitute abandonment of a child.

"CHILD IN NEED OF SERVICES" (CHINS) means a juvenile who:

1. Is beyond the control of his or her parent such that the child's behavior endangers the health, safety, or welfare of the child or other person.
2. Has been reported to law enforcement as absent without consent for at least 24 consecutive hours from the parent's home, a crisis residential center, an out-of-home placement, or a court-ordered placement on two or more separate occasions and has exhibited:
 1. A serious substance abuse problem or
 2. Behaviors that create a serious risk of harm to the health, safety, and welfare of the child or any other person.
3. Is in need of necessary services, including food, shelter, health care, clothing, educational, or services designed to maintain or reunite the family, and
 1. Who lacks access, or has declined, to utilize these services.
 2. Whose parents have evidenced continuing but unsuccessful efforts to maintain the family structure or are unable or unwilling to continue efforts to maintain the family structure

"CHILD IN NEED OF SERVICES (CHINS) PETITION" means a petition filed in juvenile court by a parent, child, or the department seeking adjudication of placement of the child. RCW 13.32A.030

"CHILD PLACING AGENCY" means an agency which places a child or children for temporary care, continued care, or for adoption.

"COMPELLING REASON" means, for purposes of the Adoption and Safe Families Act, a factor in case planning that presents an unusual circumstance that makes necessary a decision which would not normally be made for a child or family. "Compelling Reason" includes, but is not necessary limited to:

1. Circumstances in which a child:
 1. Is older and is opposed, following a discussion with the social worker of the alternatives, to adoption as a permanent plan;
 2. Has significant ties to the child's family which are positive and expected to be on-going and would be disrupted by termination of parental rights;
 3. Is in placement for reasons other than abuse, neglect, abandonment, or no parent able or willing to care for the child (e, g., children in care due to the risk they pose to others, due to behavioral management issues, etc.);
 4. Does not have a permanent placement resource identified and for whom there is significant risk that an adoptive resource will not be found; or
 5. Has other unique situations described in the ISSP by the social worker that constitute compelling reasons not to file a petition to terminate parental rights.
2. The supervising agency is required to recruit, identify, and process a permanency placement resource for a child when a permanent plan other than reunification is identified for the child. In unusual circumstances, it may be appropriate to leave a child in a temporary placement setting until the court decision-making process is completed or in order to meet the treatment needs of the child.

"COMMUNITY NETWORK" means working relationships between DCFS, cultural consultants, key informants (lay/professional person), natural helpers (extended families, folk healers), and other agencies to develop cultural responsiveness.

"CONTINUUM OF CARE" means provision of care from in-home services to highly structured residential care and the ability to provide appropriate services to the child/family.

"CULTURAL COMPETENCE" means a set of behaviors and attitudes that enables individuals working with a child or family to learn about or recognize the cultural context of a situation and to integrate that knowledge into an action.

"CULTURAL CONSULTANTS" means culturally competent individuals recognized by the department and/or client as a resource to help assess and/or resolve problems relating to cultural issues.

"CULTURAL DIVERSITY" means the distinguishable differences in life styles, values, traditions, religions, etc.

"CULTURALLY RESPONSIVE" means a pattern of behaviors that incorporates and acknowledges the importance of cultures (competence), the assessment of cross-culture relations (literate), vigilance towards the dynamics that result from cultural difference (effective), the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs (relevant).

"CULTURE" means the integrated pattern of human behavior including thought, communication, actions, customs, beliefs, values, institutions, of a racial, ethnic, religious or social group.

"CUSTODIAN" means the person or entity who has the legal right to the custody of the child.
RCW 13.32A.030

"DEVELOPMENTAL STAGES" means:

1. Adolescent - a child age 12 but less than 18 years.
2. Child - a born person less than 18 years.
3. Fetus - the unborn child.
4. Infant - a child from birth until one year of age.
5. Toddler - a child age one but less than six years.

"ETHNIC" means a group designated by customs, characteristics, language, common history and/or racial affiliation.

"ETHNOGRAPHIC INTERVIEWING" means communication with a member of another culture to identify the:

1. 1. Key cultural differences.

2. 2. Meaning of those cultural practices and norms.

"EXTENDED FAMILY MEMBER" means an adult who is a grandparent, brother, sister, stepbrother, stepsister, uncle, aunt, or first cousin with whom the child has a relationship and is comfortable and who is willing and available to care for the child. RCW 13.32A.030

"FAMILY PRESERVATION SERVICES" means in-home or community-based services drawing on the strengths of the family and its individual members while addressing family needs to strengthen and keep the family together where possible and may include:

1. Respite care of children to provide temporary relief for parents and other care givers.
2. Services designed to improve parenting skills with respect to such matters as child development, family budgeting, coping with stress, health, safety, and nutrition.
3. Services designed to promote the well-being of children and families, increase the strength and stability of families, increase parents' confidence and competence in their parenting abilities, promote a safe, stable, and supportive family environment for children, and otherwise enhance children's development.

RCW 74.14C.010

"FOSTER CARE" means placement of a child by the department or a licensed child placing agency in a home or facility licensed pursuant to chapter 74.15 RCW or in a home or facility that is not required to be licensed pursuant to chapter 74.15 RCW.

"FOSTER CARE PASSPORT PROGRAM" or FCPP means a program that records health and education information in a computer database, and provides a concise summary of the information – the "Passport" – to be shared with foster parents and social workers. It is an interdisciplinary program that combines the expertise of the local public health jurisdictions with child welfare.

"FOSTER FAMILY CARE" means care and supervision provided on a 24-hour basis for up to six children in the licensed family abode of the person or persons under whose direct care and supervision the child is placed.

"GROUP CARE" means the provision of a safe, healthful environment for youth in a 24-hour licensed facility for more than six children, which provides the basic needs of food, shelter, and the provision of therapeutic services required for the successful reunification of youth with their family resource.

"GUARDIAN" means that person or agency that (a) has been appointed as the guardian of a child in a legal proceeding other than a proceeding under chapter 13.34 RCW, and (b) has the right to legal custody of the child pursuant to such appointment. The term "guardian" does not include a "dependency guardian" appointed pursuant to a proceeding under Chapter 13.34 RCW. RCW 13.32A.030; 13.34.030

“HEALTH & EDUCATION RECORD” means the entire array of data entry screens in the CAMIS Passport module, including the provider, education, behavior, counseling, and daily routine information entered by the social worker and the health information entered by staff of the Foster Care Passport Program.

“HEALTH RECOMMENDATIONS LETTER” means a child-specific letter, to the child’s foster parent, and a memo, to the child’s social worker, written by the Public Health Nurse (PHN) upon completion of a child’s Passport. The Health Recommendations Letter provides a means for the PHN to place all the child’s health related issues in context with each other and to document recommendations for follow up care. The PHN produces a new Health Recommendations Letter at each update of a child’s Passport.

"IMMINENT RISK" means, for Intensive Family Preservation Services, when a decision has been made by the department that without intensive family preservation services, a petition requesting the removal of a child from the family home will be immediately filed under chapters 13.13A or 13.34 RCW, or that a voluntary placement agreement will be immediately initiated. 74.14C.010 RCW

“INDIAN CHILD” means any unmarried person under the age of 18 who is:

1. A member of or eligible for membership in a federal recognized Indian Tribe, or who is Eskimo, Aleut, or other Alaska Native, or a member of an Alaskan Native regional corporation or Alaska Native Village;
2. Determined or eligible to be found to be Indian by the Secretary of the Interior, including through issuance of a certificate of Degree of Indian Blood or by the Indian Health Service;
3. Considered to be Indian by a federally recognized or non-federally recognized Indian Tribe or off-reservation Indian/Alaska Native community organization; or
4. A member or entitled to be a member of a Canadian Tribe or Band, Metis community, or non-status Indian community from Canada .

“IN-HOME SERVICES” means services provided in the child’s home in lieu of out-of-home placement equivalent to the level of service intensity required to maintain the child in residential care.

"INTENSIVE FAMILY PRESERVATION SERVICES" means community-based services that are delivered primarily in the home, that follow intensive service models with demonstrated effectiveness in reducing or avoiding the need for unnecessary imminent out-of-home placement. RCW 74.14C.010

LEGALLY FREE -A child is legally free for adoption if the child has no legal parent, either because the parent has died or because parental rights have been terminated (through relinquishment or involuntary termination) by a court order.

MISSING CHILD IS: (1.) Under the age of eighteen (18), and (2.) Does not meet the “at-risk” criteria as specified under “at-risk missing child”.

AT-RISK MISSING CHILD IS:

1. 13 years of age or younger, or
2. believed to be:
 1. out of the zone of safety for age and developmental stage
 2. mentally incapacitated
 3. in a life threatening situation
 4. in the company of others who could endanger his/her welfare, or
3. Is absent under circumstances inconsistent with established patterns of behavior.

RUNAWAY is a juvenile who leaves and remains away from home without parental permission. (This definition is taken from “The Runaway and Homeless Youth Act”.)

THROWNAWAYS are:

1. 1. Children who are directly told to leave the household,
2. 2. Have been away from home and are not allowed back by a caretaker,
3. 3. Whose caretaker makes no effort to recover the child who has run away, or
4. 4. Has been abandoned or deserted.

“**MEDICAL HISTORY**” means health information on the child contained in the child’s case record, as required by the *CA Practices and Procedures Guide*, chapter 4000, section 43092, Health and Education Record.

“**MEDICAL NECESSITY FOR INPATIENT MENTAL HEALTH CARE**” means a requested service which is reasonably calculated to: (a) diagnose, correct, cure, or alleviate a mental disorder; or (b) prevent the worsening of mental conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available. RCW 71.34.020

“**ORIGINAL PLACEMENT DATE**” or “**ORIGINAL FOSTER CARE PLACEMENT**”, for the purposes of the Social Security Act and federal regulations, means the date of the child’s most recent removal from the child’s home and placement into foster care under the care and responsibility of the state agency. 45 CFR 1356.21(k)

This definition applies both to children placed in foster care under a voluntary agreement and to those children under the state’s responsibility through court order. Therefore, the original date of placement, for purposes of Title IV-E and section 422 of Title IV-B, would be when the child is in foster care and the state has been given responsibility for care either through a voluntary placement agreement or a court adjudication. PIQ 83-06

"OUT-OF-HOME PLACEMENT or CARE" means a placement in a foster family home or group care facility or placement in a home, other than that of the child's parent, guardian, or legal custodian, not required to be licensed under 74.15 RCW. RCW 74.14C.010

"PARENT" means the parent or parents who have the legal right to custody of the child.
"Parent" includes custodian or guardian. RCW 13.32A.030

"PARENTING STATUS" means:

1. **Custodian** - a person appointed by the parent, guardian, or court to provide care for a child.
2. **Guardian** - a person appointed by the court to provide care or to supervise a child.
3. **Parent** - is the prime person responsible for the care of a child and may include:
 1. **Adoptive parent** - a person the courts grant parental status, rights, and privileges for a child.
 2. **Birth or natural parents** - the persons, male and female, who conceived and gave birth to the child.
 3. **Custodial parent** - the parent with whom the child resides:
 4. **Legal** - a current court order designating a parent's right to the child's custody that may include:
 1. Joint custody.
 2. Parenting plans.
 3. Shared custody.
 4. Sole custody to one parent.
 5. **Physical** - the parent(s) with whom the child resides or is found.
4. **Stepparent** - a person, not the child's parent, who is currently married to the child's parent.
5. **Caretaker** - a person who has actual physical supervision responsibility for a child and may include any of the above parenting statuses or a person appointed to provide physical custody.

"PASSPORT" means the concise, printed, child-specific health and education summary information that is provided to the child's caregiver. A "Passport" consists of 2 main parts: 1) the printed summary; and 2) the Health Recommendations Letter.

"PLACEMENT DECISION" means the decision to place, or to delay or deny the placement of, a child in a foster care or an adoptive home, and includes the decision of the agency or entity involved to seek the termination of birth parent rights or otherwise make a child legally available for adoptive placement. 42 USC 5115a

"PRESERVATION SERVICES" means family preservation services and intensive family preservation services that consider the individual family's cultural values and needs. RCW 74.14C.010

"PREVENTIVE SERVICES" means preservation services, as defined in 74.14C RCW, and other reasonably available services capable of preventing the need for out-of-home placement while protecting the child. RCW 13.34.030

"PRN" stands for *pro re nata* and means "As needed."

"PROBATIONARY LICENSE" means a license issued as a disciplinary measure to an agency that has previously been issued a full license but is out of compliance with licensing standards. RCW 74.15.020

"PSYCHOTROPIC MEDICATION" means medication, the prescribed intent of which is to affect or alter thought processes, mood, sleep, or behavior, including, but not limited to, anti-psychotic, antidepressant, and anxiolytic medications. The classification of a medication depends on its stated, intended effect when prescribed because it may have many different effects. Examples of some such medications are:

- Amitriptyline/Elavil
- Desipramine/Norpramine
- Amoxapine/Asendin
- Imipramine/Tofranil
- Trimipramine/Surmontil
- Fluoxetine/Prozac
- Sertraline/Zoloft
- Phenelzine/Nardil
- Isocarboxazid/Marplan
- Burpropion/Wellbutrin
- Carbamazepine/Tegretol
- Lithium/Eskalith or Lithobid
- Chlordiazepoxide/Librium
- Diazepam/Valium
- Lorazepam/Ativan
- Propranolol/Inderal
- Chlorpromazine/Thorazine
- Halperiodal/Haldol
- Trifluoperazine/Stelazine
- Thioridazine/Mellaril
- Methylphenidate/Ritalin
- Pemoline/Cylert
- Amphetamine Sulfate/Amphetamine

"RESIDENTIAL CARE" is a generic term for group care, residential treatment, and treatment foster care.

“RESIDENTIAL TREATMENT SERVICES”: See “After-Care Services,” “Continuum of Care,” “Group Care,” “In-Home Services,” “Residential Care,” “Staffed Treatment Foster Care,” and “Treatment Foster Care.”

"SECURE FACILITY" means a crisis residential center, or portion thereof, that has locking doors, locking windows, or a secured perimeter, designed and operated to prevent a child from leaving without permission of the facility staff. RCW 13.32A.030

"SERVICE AGREEMENT" means a formal written description of services to be provided or performed. Agreements are developed by the social worker with the parent and/or the court and any child over age 13 who is to receive or participate in services.

“STAFFED TREATMENT FOSTER CARE” means a licensed treatment foster care where the foster parents are professional staff who are hired to provide 24-hour supervision to six or less children residing in a foster home-like setting.

"TEMPORARY OUT-OF-HOME PLACEMENT" means an out-of-home placement of not more than 14 days ordered by a court at a fact-finding hearing on a child in need of services (CHINS) petition. RCW 13.32A.030

“TREATMENT FOSTER CARE” means a program designed for children, youth, and their families whose special needs are provided through services delivered primarily by treatment foster parents trained, supervised, and supported by agency staff. In addition to the provision of a safe, healthful environment, foster parents are expected to be members of the treatment team and to perform tasks which are central to the treatment process in a manner consistent with the child’s treatment plan.

"UNEXPECTED DEATH OF A MINOR" means a death not resulting from a diagnosed terminal illness or other debilitating or deteriorating illness or condition where death is anticipated.

“UNFOUNDED” means available information indicates that, more likely than not, child abuse or neglect did not occur. Chapter 26.44.020