

Practices and Procedures Guide

1000 Introduction

Purpose

The Practice and Procedures Guide outlines required policy and procedures for Children's Administration (CA) staff and supports the Revised Code of Washington (RCW), federal laws and regulations.

As the overarching framework, the Children's Administration Practice Model provides the foundation for a clinical model that sets out the philosophy and theory of practice and directs the policies and procedures of the agency toward family centered practice. The framework enables social workers to:

- Prioritize partnership to ensure safety by building a consensus with the family and service providers around the primary safety and risk concerns.
- Locate the problem(s) within the everyday life of the family and identify the individual with the high risk behavior that led to maltreatment through an assessment.
- Help families identify cycles of maltreatment and utilize relapse prevention techniques to prevent further maltreatment.
- Develop co-constructed plans with the family that target the primary area of safety and risk by sorting out information into family and individual level objectives.
- Develop tasks to achieve outcomes that are skill-based and not just measured by compliance.
- Celebrate and document even the smallest success and progress made by the family, and note when improvements have not been made.

CA's practice, which draws from family development theory, relapse prevention theory, and solution-focused therapy, provides a roadmap for establishing working partnerships and targeting pertinent behaviors in an effort to overcome safety threats and prevent problem relapse and recidivism. CA's practice model is informed by **Solution Based Casework**, an evidence-based practice model for assessment, case planning, and casework management in child welfare.

CA's work with families is anchored in the following three beliefs:

- Families encounter common everyday life challenges;
- Dangerous behaviors and safety threats occur within the context of everyday life and service planning for prevention must be directly tied to those events; and
- Service planning must target the reinforcement and development of situation-specific, behavioral relapse prevention skills.

CA Policy Transformation and Manual Conversion Format

The Children's Administration (CA) implemented a new policy format to use in the CA Practice and Procedures Manual effective October 31, 2009.

All future CA policies will be in this new format and will be incorporated into the existing manual. As we go forward, you will see both the old format and the new templates within our policy manual until we can completely transform all policies.

This new format will replace the current format in on-going scheduled policy rollouts. The policy transformation process includes collapsing and removing the *Case Services* and *Operations Manuals*. All future policies will be in the new format and placed in the *Practice and Procedure Manual* as they are implemented. Policy and procedure design include following components:

Purpose Statement

Outlines the reason for the policy and how the policy will support practice.

Laws

Legal citations specific to the subject matter contained in the policy. This could include: RCW, WAC and Federal or Public Law citations and hyperlinks.

Policy

Policy - A written statement of principles and positions that define required practice, organizational operations and services required by federal and state laws.

Procedures

- **Required Procedure** - Mandatory steps to ensure the policy is implemented correctly and includes steps the agency does not want staff to overlook.
- **Suggested Procedure** - Suggested method by which a policy can be accomplished; it provides suggested instructions to carry out a policy statement.

Additional Template Sections

- Cultural Considerations
- Automated Actions
- Tips
- Forms and Tools
- See Also
- Resources

Cultural Considerations

Family Centered Approach:

The effectiveness of CA staff's engagement with the family can directly affect their willingness to work with the department. The level of trust and integrity established between the agency and the family often has a direct relationship on the child being able to remain/reunify with his/her family. Everyone who meets the family needs to build positive relationships.

The definition of family varies from group to group. While the dominant culture has focused on the nuclear family, African Americans define family as a wide network of extended family, non-blood kin and community. Native American Indian families traditionally include at least three generations and multiple parental functions delegated among aunts and uncles, as well as grandparents and cousins. Different cultural groups also vary in their traditional practices and views of adoption.

Determine if there are **cultural considerations** that need to be addressed as part of the planning process, for example, obtaining information about protocols, such as, how to approach a family, use of a cultural elder, matriarch or patriarch or the need for a culturally appropriate support person.

1100. Child Safety

Purpose Statement

Providing for child safety is part of CA's core mission. Safety is the primary and essential focus that informs and guides all decisions made from Intake through case closure. This includes removal and reunification decisions. Assessing the safety of children is essential in all placement settings (in-home and out-of-home).

Laws

[Public Law 93-247 \(as amended\)](#)

[45 Code of Federal Regulations \(CFR\), Part 1340](#)

[45 Code of Federal Regulations \(CFR\), Part 1357.20](#)

[RCW 13.34](#)

[RCW 74.13](#)

[RCW 26.44](#)

[WAC 388-15](#)

[WAC 388-70](#)

Policy

1. Decisions on child safety are based on comprehensive information, logical reasoning and analysis (not incident-based or reactionary).
2. The safety decision making process must include a continuous assessment of present and impending danger throughout the life of the case.
3. A focus on safety must be maintained from the initial assessment through case closure using required tools to assess, control and manage safety threats.
4. Every social worker will assess the safety of the child for present or impending danger. If present danger exists the worker will take an immediate protective action.
5. A decision that a child is unsafe does not mean the child must be removed.
6. A decision to place a child in out-of-home care is a safety decision. This level of intervention is **only** justified when it is clear that child safety cannot be controlled and managed in the home.
7. Conditions for return home are designed to ensure that children are returned when no safety threats exist or an in-home safety plan can be implemented and sustained. Also there is indication that the parents are moving towards change to control and manage child safety.

Resources

- [Unlicensed Placements Policy](#)
- [Appendix A - Practice and Procedure Guide](#)
- [Shared Planning Policy](#)
- [FTDM Policy](#)
- [Trial Return Home Policy](#)
- [DLR/CPS Use of Safety Assessment and Safety Planning Tools Policy](#)
- [Intake Policy](#)
- [2331\(5\) Response to Serious Physical and Sexual Abuse](#)
- [Service Agreement Policy](#)
- [43081 Dependency Petition Process](#)

1110. Present Danger

Purpose Statement

Present danger can occur at anytime throughout the life of a case and must be assessed on a continual basis. A determination must be made if immediate protective actions are necessary to protect a child and the level of intervention required to keep the child safe.

Policy

- A. Assess if present danger exists during any contact with a child to determine if an immediate, significant and clearly observable behavior or situation is actively occurring and is threatening or dangerous to a child.

- B. When present danger exists, identify and take immediate protective action(s) necessary to create child safety.

Procedures

1. When assessing Present Danger in a Family Assessment Response case. Document present danger and protective actions through the Present Danger Assessment at least once during service delivery.
2. In all other programs, document all protective actions taken to manage or control present danger in a FamLink case note using the protective action activity code or through completion of the Present Danger Assessment.
3. When children in CA's care and custody are determined to be in present danger in licensed or unlicensed care, children are removed from that placement. Notify intake [per policy](#).

Resources

[Present Danger Guide](#)

[Protective Action Guide](#)

[When Children are In Danger - article](#)

[Comparing and Understanding the Differences: Risk of Maltreatment, Present Danger, Impending Danger - article](#)

1120. Safety Assessment

Purpose Statement

Safety Assessment is used throughout the life of the case to identify impending danger and determine whether a child is safe or unsafe. It is based on comprehensive information gathered about the family at the time the safety assessment is completed.

Policy

1. A child will be determined safe or unsafe by gathering and assessing comprehensive information about a family's behaviors, functioning and conditions. The information is assessed in order to determine the presence or absence of safety threats.
2. A Safety Assessment is completed at key decision points in a case to identify impending danger and to inform and implement safety plans with families to control or manage those threats.

Procedures

1. Complete a Safety Assessment at the following key points in a case:
 1. On all CPS and DLR/CPS intakes (including new intakes on active cases) no later than 30 calendar days from date of intake. DLR/CPS follows additional requirements per DLR/CPS Use of Safety Assessment and Safety Planning Tools Policy.
 2. During the completion of the Family Assessment or Assessment of Progress.
 3. Before recommendation to court for unsupervised or overnight visits.
 4. When considering reunification or trial return home.
 5. When present danger exists in the home.
 6. When there is a change of anyone living in the home or a visitor resides on the premises for more than fourteen days and:
 1. A child is in-home, or
 2. A child is out-of-home and having unsupervised visitation in the parent(s) home.
 7. When considering case closure.
2. Review safety assessment at case transfer.
3. Determine if the child is safe or unsafe by:
 1. Gathering and assessing information through a review of CA history of prior reports and service interventions, interviews, and observations. Verify information through source documents and contacts with sources or collaterals. Information collected will include but is not limited to the following:
 1. Nature and extent of the maltreatment,
 2. Sequence of events that accompany the maltreatment,
 3. Child functioning on a daily basis,
 4. Parental disciplinary practices,
 5. General parenting practices, and
 6. Adult functioning.
 2. Consider and evaluate each potential safety threat against the safety threshold criteria to determine if safety threat(s) exist.
 3. When a safety threat exists, the child is considered unsafe and requires a Safety Plan.
4. Establish if an in-home or out-of-home safety plan is most appropriate when a child is unsafe using the safety plan analysis criteria in FamLink. When considering an out-of-home safety plan utilize a shared planning or FTDM meeting per policy.
5. When children in CA's care and custody are determined to be unsafe in licensed or unlicensed care, children are removed from that placement.

Resources

[Information Gathering Questions](#)

[Safety Threats Guide](#)

[Safety Threshold Guide](#)

1130. Safety Plan

Purpose Statement

The Safety Plan is a written agreement between a family and CA that identifies how safety threats to a child will be immediately controlled and managed. The Safety Plan is implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to protect the child.

Policy

1. Develop an in-home or out-of-home safety plan with the family to manage the identified safety threats to protect an unsafe child.
2. Safety Plans control or manage threats to a child's safety, have an immediate effect and contain safety services and actions only. These must be immediately accessible and available.
3. Safety planning occurs in the least intrusive manner based on a thorough analysis of in-home and out-of-home options. A decision that a child is unsafe does not always lead to a removal.
4. Out-of-home safety plans must contain conditions for return home.
5. Safety plan participants must be suitable and reliable in order to provide a greater level of protection for the child than the parent can or will provide.
6. Oversight and administration of the Safety Plan is the responsibility of CA.
7. Continuously evaluate and modify the Safety Plan as long as safety threats exist.

Procedures

1. Develop a Safety Plan with the parent(s) and others immediately when a child is identified as unsafe and either:
 1. Remains in the home,
 2. Is placed in out-of-home care,
 3. Is returned home by a court order, or
 4. Is returning home when the safety threats can be managed or controlled in the home.
2. Follow [FTDM policy](#) when considering out-of-home placement or returning a child home.
3. Follow [SAY policy](#) and [PAAY policy](#) when working with youth identified as SAY or PAAY.
4. Develop one safety plan for the family when a child (ren) remains in the home and another child (ren) is placed out-of-home.
5. DLR/CPS follow additional requirements per [DLR/CPS Use of Safety Assessment and Safety Planning Tools Policy](#) for DLR/CPS.
6. Assess the suitability and reliability of potential safety plan participants not working in their professional capacity. Complete interviews and background checks (BCCU criminal history and FamLink history) by the following:

Participant Role	Required Check(s)	Disqualify Process	Plan Completion
<ul style="list-style-type: none"> ○ Parent present (supervised) 	<ul style="list-style-type: none"> ○ FamLink Check 	<ul style="list-style-type: none"> ○ Founded Finding waiver approval process at RA level ○ FamLink history staff with supervisor 	<ul style="list-style-type: none"> ○ Complete Safety Plan with a Completed FamLink check
<ul style="list-style-type: none"> ○ Parent not present (unsupervised) 	<ul style="list-style-type: none"> ○ FamLink Check ○ BCCU Check 	<ul style="list-style-type: none"> ○ Founded Finding waiver approval process at RA level ○ FamLink history staff with supervisor ○ Waiver approval process for any DSHS Secretary's List of Disqualifying Crimes & Negative Actions by RA or designee 	<p>Complete Safety Plan with:</p> <ul style="list-style-type: none"> ○ Completed FamLink check ○ BCCU check requested

7. Include within the Safety Plan for:

In-Home Safety Plan

0. Activities/tasks that control for safety threats or substitutes for diminished caregiver protective capacities.
1. Use of the family's suitable, formal and informal supports in order to manage safety threats.
2. Details for monitoring the safety plan.
3. Supports, safety services and actions at critical times when safety threats exist.
4. Formalize any protective action taken if applicable.

Out-of-Home Safety Plan

5. Activities/tasks that control for safety threats or substitutes for diminished caregiver protective capacities.
6. A plan for how the child will be kept safe during any contact with the parent including addressing:

1. If visits will be supervised and by whom
2. Transportation arrangements for supervision
3. Safety considerations while the parents have contact with the child during services
7. A description of how the child will be safe in placement including :
 1. Visits with social worker
 2. Health screens, school, etc.
8. Conditions for return home. Document on the safety analysis and plan tab in comments section.
8. See additional requirements for serious physical or sex abuse cases per [2331\(5\) Response to Serious Physical and Sexual Abuse](#)
9. Supervisor must review and approve all safety plans in FamLink within two business days of entry. Any safety plan developed as a result of the FamLink override must be staffed with the Area Administrator or designee.
10. Supervisor must review safety plans every 30 days.
11. Review and monitor the in-home safety plan twice monthly. Revise the safety plan as threats emerge or are eliminated. This review must be documented in FamLink.
12. Review and monitor the out-of-home safety plan every 30 days. Revise the safety plan as threats emerge or are eliminated. This review must be documented in FamLink.

Resources

[Safety Analysis Guide](#)

[Protective Action Guide](#)

1135. Infant Safety Education and Intervention

Approval: Jennifer Strus, Assistant Secretary

Effective Date: October 31, 2014

Sunset Review: September 30, 2018

Purpose

Children's Administration is committed to improving child safety outcomes for children under one year of age through early intervention and education with caregivers. Data indicates children birth to one year are the primary victims of critical incidents. They are the most vulnerable to risk of harm from decreased parental capacity due to alcohol/or drugs, sleep-related deaths and maltreatment such as Shaken Baby Syndrome and blunt-force head trauma.

Laws

[P.L. 11-320 Child Abuse Prevention Treatment Act \(CAPTA\) of 2010](#)

Policy

Note: The requirements listed in this policy do not apply to children who are placed out-of-state through Interstate Compact and Placement of Children.

1. Newborn: Plan of Safe Care

Assigned DCFS staff must develop and document a [Plan of Safe Care](#) on all:

1. Screened-in intakes that identify a newborn as AFFECTED by substance(s); and
 2. Newborns born to a dependent youth.
- ### 2. Birth to 6 months: Period of Purple Crying
1. Assigned DCFS staff will inquire if parents or caregivers have previously received information on Period of Purple Crying when working with families.
 2. DLR Licensors will inquire if parents or caregivers have previously received information on Period of Purple Crying when licensing or approving a home study for families accepting placements.
 3. Assigned CA staff will provide Period of Purple Crying educational materials to any parent/caregiver who has not previously received information.
 4. Document when and if the caregiver received the information on Period of Purple Crying.
- ### 3. Birth to One Year: Infant Safe Sleep
1. Assigned CA staff will conduct a safe sleep assessment when placing a child in a new placement setting or completing a CPS intervention involving a child aged birth to one year, even if the child is not identified as an alleged victim or an identified child.
 1. The assessment must be completed where the child primarily resides.
 2. DLR CPS investigators will review the licensed facility environment for safe sleep.
 2. When licensing or approving a home study with families accepting placements for infants, the home study workers will assess the sleeping environment and educate the family on safe sleep practices.
 3. Document the results of the safe sleep assessment.

Procedures

1. Birth to 6 months: Period of Purple Crying

Assigned DCFS and Home Study staff must:

1. Determine if the parent/caregiver (licensed or unlicensed) has already received the "Period of PURPLE Crying" education and DVD/booklet.

1. If already received, discuss any questions the caregiver may have regarding Period of PURPLE Crying.
 2. If not received:
 1. Provide the "Period of PURPLE Crying" education and DVD/booklet. Review and discuss the information outlined in the booklet. The following key points should be relayed to caregivers:
 1. Teach what the letters "PURPLE" stand for as well as why understanding normal infant crying is important.
 2. Reinforce to families that if an infant is crying and they become frustrated they should put the infant down in a safe environment.
 3. Explain that caregiver's frustration due to Period of Purple Crying may cause the caregiver to shake the baby which can result in significant, if not life threatening, effects.
 2. Play the 10 minute "PURPLE" video for the caregivers after your presentation of the booklet if resources are available.
 1. Emphasize the importance of the material presented.
 2. Reinforce to the caregivers that all persons who will be caring for their infant should review this information.
 3. Remind caregivers about the 17-minute soothing film on the DVD to help caregivers understand ways to soothe their baby and cope with inconsolable crying periods.
 2. Document in a case note or provider note:
 1. When the caregiver receives or has previously received the Period of Purple Crying education and materials, or
 2. If the caregiver refused to discuss the Period of Purple Crying materials.
- 2. Birth to One Year: Infant Safe Sleep**

Assigned DCFS and Home Study staff must:

1. Complete a safe sleep assessment with the caregiver by:
 1. Reviewing the Infant Safe Sleep Guidelines (DSHS 22-1577) with caregivers of infants younger than 12 months during the first in-person meeting.
 2. Assessing for a safe sleep environment using the Infant Safe Sleep Guidelines (DSHS 22-1577).
2. Engage the caregiver to create a safe sleep environment if one does not exist.
3. Consult with his or her supervisor when there are additional risk factors (e.g., substance abuse, mental health issues, etc.) associated with a caregiver's ability to maintain child safety and a safe sleep environment.
4. Documentation will include:
 1. Results of safe sleep assessment (if needed) in the Investigative Assessment, FAR Family Assessment, Comprehensive Family Evaluation, Home Study or provider note, whichever is most appropriate.
 2. If the caregiver refused to participate in the process of creating a safe sleep environment for the child.

3. Any safety concerns or risk factors identified in licensed facilities will be immediately shared with the licensor.

Forms and Tools

Period of Purple Crying Video:

<http://www.dontshake.org/video/purplecrying/PURPLE-English.mp4>

<http://www.dontshake.org/video/purplecrying/PURPLE-Spanish.mp4>

Infant Safe Sleep Assessment Guidelines (DSHS 22-1577)

[Safe Sleep for Your Baby Every Time brochure - Available in English and Spanish](#)

A program of the Safe Sleep campaign:

<http://www.nichd.nih.gov/sts/about/Pages/default.aspx>

The following free materials (available in [English](#) and [Spanish](#)) from the [Safe to Sleep](#) campaign and will be available in local offices for distribution to families caring for infants under the age of one year:

- [Safe Sleep for Your Baby: Reduce the Risk of Sudden Infant Death Syndrome \(SIDS\) and Other Sleep-Related Causes of Infant Death](#)(available for a variety of target audiences including grandparents)
- What does a safe sleep environment look like? [Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death](#)

[Honor the Past, Learn for the Future](#): Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death (American Indian/Alaska Native Outreach)

Resources

A Program of the National Center on Shaken Baby Syndrome - www.dontshake.org

1140. Family Assessment/Assessment of Progress

Purpose Statement

Conducting an assessment of the family is a process of gathering information to gain a greater understanding of how a family's strengths, needs and resources affect child safety, well-being, and permanency. Assessments are completed in partnership with the family to understand what everyday life challenges and individual caregiver patterns of behaviors contribute to child safety threats that are to be addressed in case planning.

Policy

- A. Family members must be included in the assessment process.
- B. Assessments must include information and input from professionals and other collateral contacts that have knowledge of the child and family.
- C. Assessments of the family are completed at key decision points in a case. Assessments identify the enhanced protective and diminished protective capacities directly related to the identified safety threats.
- D. Information contained in the [Investigative Assessment \(IA\)](#) help to determine investigation findings and includes the SDMRA tool, whether alcohol or controlled substances contributed to alleged abuse or neglect, and case disposition
- E. Information contained in the [Comprehensive Family Evaluation \(CFE\)](#) and the FAR Family Assessment (FAR FA) help to develop the Case Plan.
- F. The CFE and FAR FA also assist in updating the Case Plan by evaluating a parent's progress in services designed to increase protective capacities and reduce or eliminate safety threats.
- G. Decisions to reunify are based on safety. The decision to reunify a child with a family is made when no safety threats exist or an in-home safety plan can replace an out-of-home safety plan.

Procedures

- A. Complete:
 - 1. The Investigative Assessment within 60 calendar days of Children's Administration receiving the intake.
 - 2. The Initial CFE within 45 calendar days of a FVS or CFWS case assignment (include supervisor approval in FamLink).
 - 3. The Far FA upon case closure, no later than 90 days from intake.
- B. Update the CFE:
 - 1. Every 90 days on FVS cases.
 - 2. A minimum of every 6 months or when a new ISSP report to the Court is required for a CFWS case.
 - 3. When an identified family or individual level objective has been achieved.
 - 4. When conditions for return home have been achieved.
 - 5. When developing or changing a case plan.
 - 6. Prior to case closure.
- C. Complete the FAR FA and CFE with the family to address changes in behaviors, conditions and attitudes related to safety.
- D. Assess conditions for return home when updating a CFE. Review how the safety threat(s) is or is not being managed by the caregiver, how the parent is incorporating service provisions into their daily life and if the safety threat can be managed in the family.

Resources

[Investigative Assessment Guide](#)

1150. Case Plan

Purpose Statement

The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver's protective capacities to assure the child's safety and well being. CA co-develops case plans with family members and community partners.

Policy

1. Case plans are focused, time limited, behaviorally specific, attainable, relevant, and understandable to all.
2. Case plans must focus on behavioral change to reduce safety threats and increase parental protective capacities so that parents can resume the protective function for the family.
3. Case plans must include both family and individual level objectives that are directly linked to the identified safety threats.
4. Each objective must be supported by specific and measurable tasks that outline the action steps needed to successfully achieve each objective.
5. Assigned tasks are action steps that family members, social workers, providers, resources and natural supports are willing and able to do to achieve the objectives.
6. Family and individual level objectives provide the basis for the case plan and involvement with CA. Once objectives are achieved, CA's involvement with the family ends.

Procedures

1. Develop case plans with the family, providers, resources and natural supports as applicable during a face-to-face meeting or shared planning meeting.
2. Complete a Family Assessment when developing a case plan and complete the Assessment of Progress when changing or ending the case plan.
3. Develop Voluntary Case Plans when the family meets criteria per [Service Agreement Policy](#) and Court Ordered Case Plans when the family meets criteria per [43081 Dependency Petition Process](#).
4. Create an Initial Voluntary Case Plan for a period up to 90 calendar days. A subsequent Case Plan may be developed for an additional 90 calendar days with supervisor approval. If services are extended beyond **180 calendar days, AA approval is required.**
5. Connect objectives to the safety threats identified through assessment. Objectives should not change throughout the life of the case.
6. Include required objectives based on the identified safety threats and needs of the family as assessed by the Safety Assessment(s) and information obtained through working with the family. Objectives include:

1. Primary Family Level Objectives (FLO)
2. Secondary FLO
3. Individual Level Objectives (ILO)
4. Child Action Plan (out-of-home care only)
7. Include at a minimum the following under both the family and individual level objective on the initial case plan:
 1. A specific and measurable plan.
 2. Provider/service/natural supports/social worker to assist in the development of this plan. Include social worker's role in acquiring resources.
 3. A process of how and who this plan will be shared and by when.
 4. How progress will be documented and celebrated.
8. Follow the same format for updated and ongoing case plans. Reflect the continued use of a provider, resource, social worker or natural supports.
9. Attach any provider plan developed with the parent(s) to the case plan when presented in court.
10. Identify the underlying and contributing factors associated with the safety threats so the factors can be addressed within the case plan.
11. Identify and coordinate the services needed for the:
 1. Reduction or elimination of safety threats to the child.
 2. Enhancement of parental protective capacity to change conditions, circumstances or behaviors contributing to the identified safety threat.
12. Evaluate and measure progress in the assessment of progress based on the behaviorally-specific objectives required and described in the case plan.
13. Update and revise the case plan when reunifying the child. The case plan must address the transition process for children and parents per [Trial Return Home Policy](#). Continue assessing identified objectives after child returns home.

1700. Case Staffings

[Dependency Timeline & Schedule of Case Staffings](#) (PDF)

Purpose Statement

All staffings engage parents in the shared planning process to develop family specific case plans focused on identified safety threats and child specific permanency goals. Working in partnership with families, natural supports and providers helps identify parents' strengths, threats to child safety, focus on everyday life events, and help parents build the skills necessary to support the safety and well-being of their children. The shared planning process integrates all CA staffings.

Policy

1. Engage families, natural supports and providers in case planning. Schedule staffings in a location and time that meets the needs of the parent(s) and their participants whenever possible.
2. Identify all relevant case participants.

3. Schedule staffings to correspond with planning for court hearings whenever possible.
4. Multiple issues impacting children and families may be addressed in one meeting rather than separate meetings held for each issue.
5. Utilize staffings to assist you and the family to develop or review resources or approaches to address child safety.
6. Prepare for staffings by determining how the participants can contribute to the case discussion and planning.
7. Utilize the [concurrent planning](#) process to develop child specific permanency goals.

Resources

Practice Model Website on the Children's Administration Intranet

Forms

[DSHS 14-474 Shared Planning Form](#)

Related Staffings

[43104. Multi Disciplinary Staffings for Youth Exiting Care \(age 17.5\)](#)

[4533. Behavior Rehabilitative Services \(BRS\) Staffing](#)

[45431. Foster Care Assessment Program \(FCAP\)](#)

[10.01 Local Indian Children Welfare Committee \(LICWAC\)](#)

1710. Shared Planning

Purpose Statement

Shared Planning Meetings bring individuals together to help make decisions for children about safety, permanency and well-being.

Laws

[RCW 13.34.067](#)

[RCW 13.34.145](#)

Policy

1. Shared Planning meetings must occur within the required timeframes.
2. Required participants must be invited to Shared Planning meetings.

3. Safety, Permanency and Well-Being for the child and family must be discussed during Shared Planning meetings.
4. Shared Planning Meetings must be documented in FamLink using the Shared Planning Form.

Procedures

1. Conduct a Shared Planning Meeting within the following timeframes (Combine Shared Planning Meetings as needed) to address the safety, permanency and well-being of the child:
 1. Within 6 months of child's OPD.
 2. Within 9 to 11 months of child's OPD prior to Permanency Planning Hearing.
 3. Every 12 months or until the child's permanent plan is achieved or the case is closed.
 4. Within 30 days of a Termination of Parental Rights (TPR) referral to the Assistant Attorney General (AAG).
 5. Within 30 days after following the court orders a TPR.
 6. Within 10 days of the youth's confirmation of pregnancy. See 43066. Pregnant and Parenting Policy.
2. Invite the following participants to Shared Planning Meetings at a minimum of 5 calendar days before the meeting when possible:
 1. Parent(s)
 2. Youth (as developmentally appropriate)
 3. Youth's mentor (if applicable)
 4. Family members/relatives
 5. Caregiver(s)

Note: Parent(s) must agree for Caregiver(s) to attend a Shared Planning Meeting when conducted in place of a Case Conference.

6. Tribe(s)
7. LICWAC member if Tribal staff is not available or Tribe is unknown
8. Community partners, e.g., school personnel, health professional, etc.
9. CASA/GAL/Attorney(s)
10. Other persons identified by child or family
11. Agency staff as needed:
 1. CHET Worker
 2. Adoption Worker
 3. Placement Coordinator

Important: If the child, caregiver or parent is unable to attend the Shared Planning Meeting their input will be presented by the assigned worker and considered in the decision-making process.

3. Provide access and opportunities for incarcerated parents to participate in shared planning meetings either through video or teleconference if the parent is unable to attend in person.

4. Address the following elements (when applicable) during Shared Planning Meetings:
 1. **Safety**
 1. Assessments related to safety
 2. Safety ,transition and safety planning
 3. Family strengths, community and cultural supports
 4. Services needed to eliminate safety concerns
 2. **Permanency**
 1. Strengths and challenges to timely permanence for the child
 2. Placement stability, need for services to reduce risk of disruption
 3. Efforts to place siblings together and/or maintain sibling visits or contacts
 4. Relative search, maternal and paternal/relative home
 5. Status of Tribal affiliation and Tribal involvement
 6. Plan to maintain community and cultural connections
 7. [Permanency planning](#) goals and progress, including barriers to reunification; TPR, compelling reasons and alternate permanency plan including [adoption](#)
 8. Update visit plan, including sibling visits
 3. **Well-being**
 1. Mental health, physical health and educational well-being of child
 2. Services to support healthy development
 3. Assign roles and responsibilities for child's education
 4. Update medical information
 5. Results of the CHET screening and other assessments if available. If not available CHET results must be presented at the next scheduled Shared Planning Meeting.
 6. Independent Living Services
 7. Transition plans
 8. Alternative plan for assessment and treatment if child has been denied mental health or substance abuse services
 9. Cultural and/or Tribal connections
5. Document all Shared Planning Meetings in FamLink using the Shared Planning Form within the required documentation timeframes.

Effective Date

Initial: **Revised:** 7/28/2013 **Approved by:** Jennifer Strus, Asst. Secretary

1720. Family Team Decision Making Meetings

Purpose Statement

Family Team Decision Making (FTDM) meetings bring people together who are involved with the family to make critical decisions regarding the removal of child(ren) from their home, changes in out-of-home placement, and reunification or placement into a permanent home.

Laws

[RCW 13.34.067](#)

[RCW 13.34.145](#)

Policy

1. Family Team Decision Making (FTDM) meeting must occur within the required timelines.
2. The required participants must be invited to the FTDM meeting.
3. FTDM meetings must be documented in FamLink using the Shared Planning Form and case note.

Procedures

1. Conduct a FTDM meeting within the following timeframes (Convene additional FTDM meetings as needed):
 1. **Prior** to removing a child and anytime out-of-home placement of a child is being considered.
 2. **If** a child is placed into protective custody by law enforcement, the FTDM must be held as soon as possible and no later than 72 hours of the placement and always prior to the shelter care hearing.
 3. **Prior** to moving a child from one placement to another.
 4. **Prior** to reunification of a child with parent(s) or exiting from care.
2. Invite the following participants to the FTDM meeting when possible:
 1. Parent(s)
 2. Youth (developmentally appropriate)
 3. Youth's mentor (if applicable)
 4. Family members/relatives
 5. Caregivers (if parent(s) agree)

Note: Parent(s) must agree for Caregiver(s) to attend a FTDM when conducted in place of a Case Conference.

6. Tribe(s)
7. Community partners
8. CASA/GAL/Attorney(s)
9. Other identified by child or family
10. Agency staff as needed:
 1. Social Worker Supervisor (attend if possible but not required)
 2. CHET Worker

3. Adoption Worker
4. Placement Coordinator

Important: If the child, caregiver or parent is unable to attend the FTDM meeting, their input will be presented and considered in the decision-making process.

3. Document meeting attendees in the Shared Planning Section of FamLink within the required documentation timeframes. (*Include any decisions reached and any plans made at the meeting, include items needed from those responsible for tracking issues in a case note,*).

Resources

[Family Team Decision-Making \(FTDM\) Practice Guide](#)

1730. Shelter Care Case Conference

Purpose Statement

Provide an opportunity to develop and specify in a written case plan the expectations of both CA and the parent regarding the care and placement of their child.

Laws

[RCW 13.34.067](#)

[RCW 74.14A.020](#)

[RCW 13.34](#)

Policy

1. Following Shelter Care and no later than thirty days prior to Fact Finding hearing CA will facilitate a conference to develop a written service agreement.
2. Required participants must be invited to the Shelter Care Case Conference.

Procedures

1. Schedule a Case Conference meeting when the court establishes shelter care and no later than thirty days before the Fact Finding court hearing.
2. Invite to the case conference the following individuals:
 1. Parents
 2. Youth (as developmentally appropriate)

3. Parents and youth's assigned counsel
4. GAL or CASA
5. Tribe(s)
6. Other persons identified and agreed upon by the parties
3. Develop a written case plan including the expectations of CA and the parents regarding the care and placement of the parent's child.
4. Document the Case Conference within the Shared Planning Page in FamLink.

Forms

- Case Plan

1740. Child Protection Teams (CPT)

Purpose Statement

Child Protection Teams provide confidential, multi-disciplinary consultation and recommendations to the Department on cases where there will not be an FTDM, and there is a risk of serious or imminent harm to a young child and when there is dispute if an out-of home placement is appropriate.

Laws

[Executive Order 12-04](#)

[WAC 388-15-033](#)

Policy

1. Regional Administrators (RA), or their designee, must establish and maintain at least one Child Protection Team in each region.
2. Child Protection Teams will include at least four selected professionals that provide services to abused and neglected children or their families.
3. Child Protection Team recommendations are advisory to CA staff.

Procedures

1. Child Protection Teams participants may include:
 1. Law enforcement
 2. Physicians, and/or other medical professionals
 3. Mental health/substance abuse counselors
 4. Educators, CASA's, foster parents
 5. Domestic Violence advocates and/or experts
 6. DSHS staff with specific and complementary skills/knowledge to a CPT
 7. Other Mandated Reporters

8. Professionals who play a significant role with the family
2. Staff are required to submit a [CPT Case Presentation Summary](#) to the CPT Coordinator:
 1. In all child abuse or neglect investigation cases in which the assessment requires the Department to offer services, and a Family Team Decision Making (FTDM) meeting will not or cannot be held, and the child's age is six years or younger; and
 2. In all child abuse and neglect cases where serious professional disagreement exists regarding a risk of serious harm to the child and where there is a dispute over whether out-of-home placement is appropriate.
 3. When the Department chooses to bring a case to CPT believing that such a consultation may assist in improving outcomes for a particular child.
3. CPT Coordinators must:
 1. Coordinate and manage CPT membership, recruitment, training, scheduling, record -keeping including CPT recommendations, reporting and communication for the CPT.
 2. Provide in writing the CPT staffing recommendations to the assigned worker and supervisor following the staffing.
 3. Maintain a tracking system to document activity for staffings and recommendations.
 4. Document the CPT in the Shared Planning section in FamLink per Shared Planning FamLink Manual.

Forms

- [DSHS 15-266 CPT Staffing Recommendations](#)
- [DSHS 15-268 CPT Case Presentation Summary](#)

Resources

- Child Protection Team Volunteer Handbook

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 or the report meets the criteria below in 2.a.
 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. CA Intake staff must screen in intake reports meeting the following criteria:
 1. Allegations regarding a child (birth to 5 years old), reported by a licensed physician or medical professional on "the physician's behalf", that meets the WAC/RCW definition of child abuse and neglect, or
 2. A non-mobile infant (birth to 12 months) with bruises, regardless of the explanation for how the bruises occurred.
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, legal guardian/custodian or person acting in loco parentis. Such persons include, but are not limited to:
 1. Parents (custodial and non-custodial)
 2. Legal custodians/guardians (a person appointed by the court to have custody of or to assume responsibility for the care and supervision of a child)

3. Other persons or caretakers when acting in loco parentis to the child
2. The child's sibling, when the child's parent has failed to protect the child.
3. A person subject to licensure/certification under Chapter 74.15 RCW and RCW 74.08.044 and described in WAC 388-145 and 388-148 including persons employed by licensed or certified agencies. Such persons include, but are not limited to:
 1. Foster/group care providers.
 2. Employees of licensed/certified child care agencies.
 3. Volunteers of licensed/certified child care agencies.
4. A person subject to licensure/certification under Chapter 43.215 RCW including persons employed by licensed or certified agencies. Such persons include, but are not limited to:
 1. Child care providers.
 2. Employees of licensed/certified child care agencies.
 3. Volunteers of licensed/certified child care agencies.
5. A person alleged to have committed CA/N in an institutional setting. 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 institutional settings 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.
 3. Juvenile detention facilities.
 4. State-regulated facilities for children.
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 5, 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 2210.3.
 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:
 - a. Statutory Code.
 - b. Administrative Code.
 - c. 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 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 worker must conduct a FamLink person search for all persons, victims, perpetrators, parents, and family members listed in the intake information.
2. The intake 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 intake 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. Domestic Violence Identification and Risk Assessment at Intake
 There is a high co-occurrence of domestic violence in cases of child abuse and neglect. However, a child's exposure to domestic violence, in and of itself, does not constitute child abuse and neglect. Domestic violence which physically harms a child or puts a child in clear and present danger would constitute an allegation of child abuse.

In order to assess whether a child is in clear and present danger from domestic violence, intake staff must complete the Domestic Violence section in the Intake.

If intake learns anyone used or threatened to use physical force against an adult in the home, intake will complete the remaining domestic violence questions.

Intake will also inquire about and document who did what to whom in the Additional Risk Factors and Prior CA/N History section.

If an intake involves domestic violence but there is no indication of child abuse and neglect or the child is not at clear and present danger of harm, intake will document the domestic violence information and screen out the intake.

When possible, staff will offer the referrer domestic violence resource information on all intakes involving domestic violence, including:

- Statewide Domestic Violence Hotline telephone number 1-800-562-6025 V/TTY which is a resource for victims as well as their friends, neighbors and family members.
 - Washington State Coalition Against Domestic Violence
 - [DSHS/CA's DV site](#) (shelters, victim, and perpetrator programs)
 - Available local community resource information (e.g., domestic violence assistance and emergency shelter programs, emergency housing, child care).
8. Referrer and other collateral statements.
 2. Sufficiency Screen - The intake 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 Response Questions and accept for CPS investigation or CPS Family Assessment Response any report meeting the sufficiency criteria specified on the FamLink intake screen.
 1. Any intake screened for the CPS investigation pathway 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 worker must provide a sufficient description of the person(s) for the investigating worker to be able to locate and subsequently identify the person(s).
 2. Any intake screened for the CPS Family Assessment Response pathway must identify a victim. If the name of the victim is not known at intake, the intake worker must provide a sufficient description of the victim(s) for the Family Assessment Response worker to be able to locate and subsequently identify them.
 3. 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. 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:

0. **4 hours** from the date and time CA receives the following intakes:

1. Emergent CPS or DLR/CPS
2. Family Reconciliation Services (FRS)

1. **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 Investigation, Family Assessment Response or DLR/CPS intakes.

2. **2 business days** from the date and time CA receives the following intakes:

1. Information Only
2. Third Party
3. Child and Family Welfare Services (CFWS)
4. Licensing Complaint
5. Home Study

1. Contact collateral information sources and record such contacts in a case note when:

0. Sufficient information is not available from the referrer to determine if the intake should be accepted for investigation.

1. It is necessary to verify or clarify an allegation of CA/N.

2. For allegations of CA/N in state-regulated care, the Intake 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. Make collateral contacts as soon as possible prior to making intake decisions unless:

0. An immediate response is required.

1. Sufficient information has been collected from the original referrer.

3. Make collateral contacts to the Washington State Tribe when a child or family has been identified as having a Washington State Tribal affiliation.

0. Contact the Tribe prior to making intake decision.

1. Document the contact or attempts in the ICW tab in the CA intake.

4. The intake supervisor reviews all intakes and may change screening decisions when:
 0. Additional information supports the change.
 1. The supervisor determines that the screening decision is incorrect based on program guidelines.
 2. 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 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:
 0. Screened in for DLR/CPS investigation
 1. Screen in as Non-CPS Rule Infraction if no CA/N is alleged
 2. 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. Intakes from a CRC, Hope Center or Overnight Youth Shelter with no allegations of abuse or neglect regarding a runaway youth, must be screened in for:
 0. FRS for youth 12 and over, or
 1. FVS for youth under 12
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 Investigation intakes,
 2. **4 business hours** on Non-Emergent Investigation intakes, or
 3. **4 business hours on Family Assessment Response intakes**
 2. Intake Response to Investigation **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 investigation intake (no later than one hour after determining that it requires an emergent response).

2. The intake supervisor (or designee) assigns a worker to respond to the emergent investigation intake, *or* notifies the appropriate CPS or DLR/CPS supervisor (or designee) of the emergent investigation intake who then assigns a 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 investigation response).
 2. The CI supervisor shall contact the on-call after-hours supervisor/AA to assign an after-hours worker to respond to an emergent investigation intake when:
 1. A child is in [present or impending danger](#).
 2. An intake is received within a timeframe which does not allow it to be assigned to a 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 Investigation 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.
 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. Intake Response to Family Assessment Response 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.
 2. The intake supervisor (or designee) reviews and approves the intake.
 3. If the intake screens for Family Assessment Response and the pathway is not available in the assigned office, the intake supervisor will screen the intake for investigation.
 4. 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. If the intake screens for Family Assessment Response and the pathway is not available in the assigned office, the intake supervisor will screen the intake for investigation.
 4. The CI supervisor forwards the intake to the assigning local office for assignment.
5. 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 a case note **within 7 calendar days** of determining that the extension applies.

2. CA Worker Response:
 1. The supervisor and assigned 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 investigation** response is required for children who are in [present or impending danger](#).

An emergent investigation response requires CA 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 investigation intake is assigned to a CA 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 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 investigation response is required for children who are NOT in [present or impending danger](#).
A non-emergent investigation response requires CA 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 worker gather pertinent information towards the completion of 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 present danger assessment (See CA's Practice and Procedures Guide, 1110. Present Danger).
7. When an after-hours worker responds to an emergent or non-emergent investigation intake and has face to face contact with the alleged child victim(s), the intake is assigned to an investigator (CPS or DLR/CPS 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 worker or responding worker (if the responding worker is not the worker assigned to investigate the intake) to provide updates on the status of the intake to the assigned worker, or to the CPS or DLR/CPS supervisor.
9. If additional victims identified during the course of an investigation are determined:

The 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.

1. **To be in present or impending danger**, a worker will have face to face contact within 24 hours from the date and time they are identified.
 2. **NOT to be in present or impending danger**, a worker will have face to face contact within 72 hours of the date and time they are identified.
10. When law enforcement or other professionals have face to face contact (e.g. welfare check) with the children prior to the CA worker, the CA worker is still required to conduct face to face contact within the required timeframes to assess the child's safety.
11. The CA worker (including the after-hours worker or responding 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 3 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 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 must review the 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, **within 3 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 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 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 in present or impending danger, must have face to face contact with a CA 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 in present or impending danger, must have face to face contact with a CA 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 3 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 **within 3 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 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 worker. The on-call supervisor or AA shall document their approval of the Safety Assessment/Safety Plan in FamLink within **3 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 worker is assigned to respond. In addition to the local protocols after-hours staff must take the following actions:

1. After-hours 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 worker. The on-call supervisor or AA shall document their approval of the Safety Assessment/Safety Plan in a case note within **3 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 assessing safety and service needs of the family rather than gathering 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 child safety. The social worker must interview alleged child victims outside the presence of their siblings, caregivers, parents and alleged perpetrators.

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. When the interview is conducted at school, the social worker will ask the school staff where they will be during the interview.

The interviews should uphold the principles of minimizing trauma and reducing investigative interviews (SB 5127). RCW 26.44.030

3. During the interview, the social worker will confirm the interviews are voluntary by:
 1. Asking the child during the introduction, if they are willing to talk with them.
 2. Asking the child if they want a third party present.
 3. Making 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. Asking school staff in the presence of the child, where they will be, if the child wants to have a third party present, or wants to ask school staff a question.

5. Re-asking the child during the interview if it is okay to continue taking or if they want a break. This can be done when they appear uncomfortable during the interview, or at any time.
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 on sexual and physical abuse cases whenever possible and appropriate. CA CPS social workers may also use audio recording on neglect 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 and physical abuse. Such statements include disclosures and denials of sexual abuse and provision of information directly related to the specific allegation.

CA CPS social workers must document interviews that are not audio recorded, by including the following information in the electronic case notes:

1. Questions establishing a voluntary interview and the child's responses, i.e., permission for the interview and whether a child wanted a third party present.
2. Who was present for the interview.
3. Where the interview occurred.

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. See [Child Safety Section Policy](#) for additional requirements
6. 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
7. 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.
8. Conduct individual and face-to-face interviews with the child's caregiver(s) and all alleged perpetrators if reasonably available. If DV is identified, all persons (e.g., children, caregivers or alleged perpetrators) should be interviewed separately. 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.
9. Document in the record when the alleged perpetrator is unavailable or unwilling to be interviewed.
10. 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
11. 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.
12. See chapter 4000, section 43022, for notification to parents of their rights when a child is taken into temporary custody.

13. 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.
14. 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.
15. Contact the statewide [Medical Consultation Network](#) in your region 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.

16. 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 Early Support for Infants and Toddlers (ESIT).
 1. Referrals are made by calling the Healthy Mothers, Healthy Babies hotline at 1-800-322-2588 or through the ESIT web site. The referral must also be discussed with the child's parents/caregivers. The parents/caregivers should also be informed that services from ESIT 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 FamLink.
17. 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.
18. 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.
19. 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.

20. 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
 21. IF DV is identified, the social worker must assess the danger posed to the child and adult victim by the alleged DV perpetrator. To assess the danger, social workers must complete the specialized DV questions in the Safety Assessment.
 22. 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-home care (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 an in-home 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 an in-home 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 an in-home safety plan cannot be developed which will assure supervision/protection of the child.
4. Sexual abuse of a child and an in-home safety plan cannot be developed which will protect the child from the alleged perpetrator(s).
4. Any child who has an identified 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 Safety Plan participants 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. Family Assessment Response

Purpose Statement

Family Assessment Response (FAR) is a voluntary Child Protective Services (CPS) alternative response to a screened in allegation of child abuse or neglect that focuses on the integrity and preservation of the family when less severe allegations of child maltreatment has been reported.

Laws

RCW 26.44.010
RCW 26.44.020
RCW 26.44.030
RCW 26.44.031

RCW 74.13.020
RCW 74.13.031

Policy

When an intake screens in for the FAR Program:

1. Make initial contact with the parents/caregivers within 72 hours to:
 1. Provide written information regarding the FAR Program.
 2. Obtain parents/caregivers agreement to participate in the FAR Program.
 3. Obtain permission from the parent/caregiver to interview the child(ren).
2. Complete an initial face-to-face response within 72 hours on all victims per [72 hour response policy](#). All children in the home must be assessed for safety.
3. Gather comprehensive information about the family to assess child safety and family's needs and strengths. If photographs are needed, the FAR worker must obtain and document parental permission before taking pictures of children or the home environment.
4. Complete a [Safety Plan](#) when safety threat(s) are identified.
5. Develop a [case plan](#) with the family to reduce the risk of harm to the child(ren) based on the family's needs when necessary.
6. Convene a Shared Planning Meeting if the family refuses to participate in services.
7. Complete the FAR case within 45 days from the date the intake was received.
8. Extend the FAR case an additional 45 days for service delivery only with parent/caregiver consent. The case cannot be open more than 90 days.
9. Include Tribe in case planning when a child or family a member or eligible for membership in a Tribe.
10. Transfer FAR case to a CPS Investigation if:
 1. The parent/caregiver declines to participate in the FAR program
 2. The parent/caregiver refuses to allow the FAR worker to interview the victim(s)
 3. There is indication of severe maltreatment or abuse by the parent/caregiver
11. Transfer FAR case to CFWS when a dependency petition has been filed.

Procedures

1. **Initial Contact with the parent(s)/caregiver(s) within 72 hours:**
 1. Contact parent(s)/caregiver(s) by phone when possible to arrange initial meeting. Unannounced home visits may occur but only when efforts to contact the parents have been unsuccessful.
 2. Determine whether the parent(s)/caregiver(s) agree to participate in the FAR program or choose an investigation.
 3. Discuss the FAR Family Agreement (DSHS 27-106) with parent(s)/caregiver(s). Upload the signed FAR Agreement into FamLink no later than 10 calendar days from date of intake.
 4. Obtain permission from the parent(s)/caregiver(s) to interview the child(ren). Children can be interviewed in the presence of the parent(s)/caregiver(s). If parent declines interview with the child:

1. Transfer the case to CPS Investigation
 2. Enter an IFF extension if needed or
 3. FAR worker may complete initial face-to-face if the:
 1. 72 hour timeframe is imminent; or
 2. FAR worker is in the vicinity of the victim(s) **and** the location of the child(ren) is a significant distance from the office.
5. **Assessment of Family**
1. Complete a [Present Danger](#) Assessment on all children in the home and document in the FAR Family Assessment.
 2. Immediate action must be taken by the FAR worker if a child is in danger.
 3. Gather comprehensive information to complete the FAR Family Assessment including:
 1. [Safety Assessment/Safety Plan](#) (Gathering questions must be entered into the FAR Family Assessment prior to completing the Safety Assessment.)
 2. [SDM Risk Assessment](#)
 3. [Case Planning](#)
 4. Child and Adolescents Needs and Strengths (CANS) Assessment
 4. Partner with the family to identify collateral contacts to speak with regarding the family's circumstances and the safety of the child(ren).
 5. Report any new allegation of CA/N identified during the assessment, following mandatory reporting guidelines.
 6. Complete monthly Health and Safety visits on all victims and parents for cases open longer than 45 days.
 7. Complete the DSHS-09-761 Indian Identity Request. Contact the identified Tribe if a child or family a member or eligible for membership in a Tribe. Maintain contact and consultation with the Tribe while the case remains open.
 8. The FAR Family Assessment must be completed upon case closure, no later than 90 days from intake.
6. **Identify and Provide Services and/or Community Resources**
1. Collaborate with the family to identify services or concrete resources based on the results from the FAR Family Assessment.
 2. Close the case when the family is **not** in need of services.
 3. Develop a Case Plan with the family when services are needed.
 4. Conduct a Shared Planning Meeting when the family declines services and the Safety Assessment indicates:
 1. The child is **unsafe** - Complete an FTDM to develop a safety plan.
 2. The child is **safe** - Complete a Shared Planning Meeting to determine if there are appropriate services the family would agree to participate in.
7. **Case Transfer/Assignment:**
1. Complete case documentation and FAR Family Assessment within 5 calendar days for case transfer.
 2. Staff case with Investigative and FAR supervisors to determine how the intake will be assigned when a new intake screens in for:

1. FAR and the case is open to an investigative worker
 2. Investigation and the case is open to FAR worker
8. **Case Closure:**
1. Send the family the FAR closing letter upon case closure no later than 5 days, unless an extension has been approved.
 2. Close the case if the FAR worker is unable to locate the family and has followed the Guidelines for Reasonable Efforts to Locate Children and/or Parents.
 3. Staff case with the FAR supervisor to determine if the case needs to be transferred to CPS investigation or CFWS when:
 1. A new intake screens in for investigation
 2. A new intake screens in for FAR

Forms and Tools

- FAR Family Agreement (DSHS 27-106)
- FAR Brochure (DSHS 22-1534)

Resources

- FAR Guide

Effective Date

The Initial Date: January 1, 2014

Revised Date:

Approved by: Jennifer Strus, Asst. Secretary

Sunset Review January 1, 2018

Sunset Review Date

January 1, 2018

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 within 30 calendar days. The Safety Assessment may be documented directly in FamLink per [Safety Section policy](#).

2. 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.
3. 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. DLR completes the investigation of the allegation.

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.

2421. Emergency Planning for Children in Out-of- Home Care

Purpose

To store current photographs, height and weight information for children in out-of-home care, in case of a disaster or emergency.

Policy

The assigned Social Worker will collect and document the following information **within (5) five business days** of a child *entering* out-of-home care (date of OPD):

- Photograph
- Height & Weight

Update photographs and height and weight information as follows:

- Significant changes in the child occur (e.g. change in appearance, major weight loss or gain)
- **Every 6 months** for children less than 6 years old
- **Annually** for children 6 years and older

Procedure

Store electronic file of child(s) photograph in the electronic Filing Cabinet for their case. Contact your local office RAFT Gatekeeper to have the photograph uploaded. See "Digital Photo Quick Help Guide" for instructions on the file upload steps and naming convention.

Social Worker Documentation

Document the following information about the child photograph in the electronic filing cabinet in the information management system:

- Child name
- Date photograph taken
- Child age
- Child's height/weight
- Identifying marks/information

For child photographs stored in the case file document the following information on the back of the photograph and place it in an envelope in front of the most current case record binder:

- Date photograph was taken
- Child's date of birth
- Height and weight

2440. Voluntary Case Plan

2441. Purpose

A Voluntary Case Plan is used to engage families willing to participate in services intended to reduce current and future abuse or neglect issues that do not require court intervention.

Voluntary services are short-term to help increase parent's protective capacity and manage child safety. Continued assessment of child safety occurs throughout the case.

2442. Policy

1. Child Protective Services Social Worker Responsibilities
 1. The CPS social worker must staff cases with a CPS supervisor when there is an identified safety threat on the Safety Assessment, and/or a moderate high or high risk score on the SDM tool. During the staffing, the CPS social worker and CPS supervisor will review the information gathered from the Safety Assessment, initial interviews, case history and SDM risk assessment to determine if a voluntary case plan is appropriate, based on the following factors:
 1. Safety threats to the child exist.
 2. Protective factors exist within the family and their support system
 3. The family crisis is temporary in nature

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. Voluntary case plans are not for basic monitoring of service compliance.
3. Based on the above factors, the CPS social worker and a CPS supervisor will determine if a VSA is appropriate.
 1. If a voluntary case plan is appropriate see **section 2** "CPS Supervisors Responsibilities" below
 2. If a voluntary case plan is not appropriate the CPS social worker will:
 1. Initiate referrals, if appropriate, to service providers or community resources (see #iii below); or
 2. File a dependency petition with the court.
4. The CPS social worker, regardless of whether a voluntary case plan 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).
5. 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.
6. A new screened in CA/N referral received on an open service case will be investigated by the CPS social worker. 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 voluntary case plan is appropriate the CPS supervisor will work with a Family Voluntary Services supervisor to immediately identify and assign a Family Voluntary Service worker, **within (3) three calendar days**.
2. Services needed beyond the initial 90-days, must be reviewed and approved by the Family Voluntary Service Supervisor.
3. For cases where disagreement regarding case transfer occurs a supervisor will request approval of the Area Administrator to allow the case assignment to remain with the CPS worker or transfer to FVS.
4. If family declines to engage in a voluntary case plan, staff case with social worker to re-address issues outlined above in 1(a i-vii).

3. Family Voluntary Service Social Worker Responsibilities

The Family Voluntary Service Social Worker (SW) will:

1. Assume primary responsibility for case during co-assignment with CPS social 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. If family declines to engage in a voluntary case plan the FVS worker staffs case with supervisor to determine if filing a dependency or case closure.
 5. Develop the initial voluntary case plan per [Child Safety Section Policy](#).
4. Filing of a Dependency petition
1. If the case is co-assigned and filing a dependency petition is necessary within the first two weeks of case transfer, the CPS worker will file the petition;
 2. However, if the Family Assessment has been completed 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.

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 protective capacities strengths.

2512. Accessing Available Services

CA 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 reduce or eliminate safety threats and increase the parent or caregiver's protective capacities to assure the child's safety and well being. 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 and monitoring of child safety.
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. Assessing and monitoring the ability of a non-offending parent or caretaker to protect the child from further CA/N.
6. Decision-making regarding the timing and goals of permanency planning.
7. A newly assigned social worker must contact all parties to the child's case within 7 calendar days of case assignment and provide the new social workers contact information. This contact must be documented in FamLink and may be delivered by mail, e-mail or in person.
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 60 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 case plan with the family signed by the participants.
2. A dependency action filed in juvenile court.
3. Closure of the case.

2540. Investigative Assessment

Policy

The Investigative Assessment (IA) must be completed in FamLink within 60 calendar days of Children's Administration receiving the intake.

1. A complete Investigative Assessment will contain the following information:
 1. A narrative description of:
 1. 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).
 2. Description of the most recent CA/N (including severity, frequency and effects on child).
 3. Protective factors and family strengths.
 2. Structured Decision Making Risk Assessment (SDMRA) 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. If a court in a civil or criminal proceeding, considering the same facts or circumstances contained in the CA case being investigated, makes a judicial finding by a preponderance of the evidence or higher that the subject of the pending investigation has abused or neglected the child, CA shall adopt the finding in its investigation.

4. When a criminal or civil finding differs from an unfounded finding on a completed investigation or closed case, CA will, upon request, consider the changing the CA/N finding to founded.

Procedure

When CA staff considers a criminal or civil findings that differs from an unfounded finding on a completed investigation or closed case, they must:

1. Compare the court case with the department case to ensure the same facts are considered.
2. Discuss the judicial findings with the CPS supervisor and Area Administrator to determine if the CA findings should be changed.
3. Send a new CPS Founded letter and follow regular CAPTA procedures, if it is determined the findings should be changed.
5. 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.

2541. Structured Decision Making Risk Assessment®(SDMRA)

Purpose Statement

The Structured Decision Making Risk Assessment (SDMRA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. By completing the SDMRA following the Safety Assessment, the worker obtains an objective appraisal of the risk to a child. The SDMRA informs when services may or must be offered.

Laws

[RCW 26.44.030](#)

[Executive Order 12-04](#)

Policy

1. The SDMRA risk assessment tool is required as part of the Investigative Assessment and is completed on all screened in CPS intakes (includes Risk Only intakes) requiring a CPS investigation.
2. Services must be offered to families with a high SDMRA score.
3. Services **may** be offered to families with a moderately high SDMRA score.
4. Services are not offered to families when observable, verifiable and describable changes have been made within the family that reduces the identified risk in the SDMRA .
5. Cases with a high SDMRA score must be staffed with a Child Protection Team (CPT) for identified child victims aged six years or younger.

Procedures

1. Complete the SDMRA no longer than **60** days after the intake was received and following the Safety Assessment and prior to a determination to offer ongoing services or a case transfer to another program area. Supervisors may extend the completion date of the SDMRA with reason.
2. When the SDMRA score is "high" and the child is determined **unsafe** through the Safety Assessment then:
 1. Follow the [Safety Plan policy](#)
 2. Follow the [1740 Child Protection Teams \(CPT\) policy](#).
 3. Document "Transferred to Tribal Authority" per ICW Manual on the Investigative Assessment disposition tab when a Tribe is assuming responsibility for providing services and monitoring the family.
 4. Explain why services were not offered or provided to the family in (including when Tribe assumes authority) in FamLink.
3. When the SDMRA score is "high" or "moderately high" and the child is determined **safe** through the Safety Assessment:
 1. Offer services when the SDMRA score is high and both family and individual level concerns exist per [2440 Service Agreement policy](#).
 2. Consider offering services when the SDM score is moderately high and both family and individual level concerns exist per [2440 Service Agreement policy](#).
 3. Services are not offered to families when observable, verifiable and describable changes have been made within the family that reduces the identified risk in the SDMRA.
 4. Follow the [1740 Child Protection Teams \(CPT\) policy](#).
 5. Document the following on the Investigative Assessment disposition tab when services are not offered to the family by CA:
 1. "Transferred to Tribal Authority" if Tribe is assuming responsibility for providing services and monitoring the family
 2. "Other" on the drop down menu and in the text box document an explanation why services were not offered or provided
4. When the chronicity indicator has been identified with a family and the family has a SDMRA score of high, and:
 1. Voluntary services are offered:
 1. Refer family to appropriate evidence based or promising programs where available, or
 2. If not available, refer other relevant agency contracted or community services
 2. Voluntary services are not offered:
 1. Follow the [1740 Child Protection Teams \(CPT\) policy](#).
 2. Review case with CPS supervisor before case closure

Resources

- SDM Risk Assessment - Procedures Manual
- [1740 Child Protection Teams policy](#)

- [2440 Service Agreement policy](#)
- [Comparing and Understanding the Differences: Risk of Maltreatment, Present Danger, Impending Danger - article](#)
- [The Differences between Risk and Safety - article](#)

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:
 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 a-i above will be documented in the Narrative section - Caregiver Characteristics. This information may be used to assess safety 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 CSDFirstSteps@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 CSDFirstSteps@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).

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 or Family Assessment Response.
2. When there is no allegation but risk factor(s) that indicate present or impending danger 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 for CPS Investigation or Family Assessment Response.
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. An Intake Supervisor must consult with local Area Administrator or regional CPS Program Manager when they are recommending the intake be screened out. All screening decision made as a result of a consultation must be documented in FamLink.

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 letter "e" 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.
7. The social worker shall document the reason for the non-attendance of a representative from the list in letter "f".
 8. 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.
 9. 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)

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, fire station or federally designated rural health clinic if open and personnel are present to accept the child.

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.

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 **30 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 2(g) 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. If the department is actively working with the subject and the certified letter is returned unsigned or undeliverable, CA will ensure personal service of the findings letter.
7. 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.
8. The DCFS area manager, or designee, or DLR Director, as applicable, must complete the internal review within 30 days. 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.
9. The DCFS area manager, or designee, or DLR Director, as applicable, must notify the alleged perpetrator of the result of the review within 30 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.
10. 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.
11. 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.

12. 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.

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

Created on:
Aug 21 2014

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.

2600. CASE REVIEW

2610. Supervisory Review

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

1. The case record and electronic file are complete.
2. The investigation is complete and no other action is necessary.

3. The 60-day rule requirement has been met.
4. The case may continue.
 1. The supervisor may consider transfer of case to Family Voluntary Services (FVS) or Family Reconciliation Services (FRS) social 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 FamLink SER.

2700. RESOLUTION

2710. CASE RESOLUTION/CLOSURE

Purpose Statement

Identifies when to close an investigative response case

Policy

1. The CPS worker may close cases when the safety threats have been reduced or eliminated and the parent or caregiver has the protective capacity sufficient to independently protect their children.
2. The CPS 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 CPS 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.

Procedures

1. The CPS worker must properly complete all forms and narrative recording within 60 calendar days of a decision to terminate services and close a case.
2. The supervisor must review both FamLink and the folder for accuracy and completeness and determine and document in the supervisory review:
 1. If the case record and electronic file are complete
 2. The investigation is complete and no other action is necessary
 3. The 60-day rule requirement has been met
 4. The case may continue

1. Transfer to Family Voluntary Services (FVS) or Family Reconciliation Services (FRS) program when the criterion has been completed and there is an identified need to continue department involvement
2. Transfer to Child and Family Welfare Services when out-of-home placement through a dependency has been filed
3. Refer the case back for further investigation if the investigation is not complete or additional action is necessary

Resources

- [Supervisory Review of Cases](#)
- [Understanding the Dependency Process - brochure](#)
- [Using Child Safety as the Basis for Case Closing - article](#)
- [Washington State Court Forms](#)

3000. FAMILY RECONCILIATION AND CRISIS RESIDENTIAL SERVICES

3100. FAMILY RECONCILIATION SERVICES PROGRAM OVERVIEW

The goal of Family Reconciliation Services (FRS) is to preserve, strengthen, and reconcile families in conflict.

The range of services provided is designed to help families find solutions to their conflicts by developing skills and supports to maintain the family unit. Service delivery begins with the least intensive, least intrusive intervention appropriate in the individual case circumstance.

Services are voluntary, family-focused, and rely on the family's participation. FRS is available at no cost to the family. Participation in FRS cannot be a condition on a family for dismissing a dependency or closing a CPS case. If appropriate, FRS services may be offered to families involved in other CA programs including CPS or CFWS.

FRS is comprised of two service categories:

1. **Assessment & Brief Intervention:** Which are short-term interactions between Children's Administration (CA) staff and the family requesting services. The services are directed towards de-escalating the immediate crisis, defining the goals of the family seeking services, and exploring options to meet those goals. When possible, the family's kinship and community support systems should be utilized.
2. **Contracted Counseling:** When it is determined the family would benefit from services from CA beyond assessment and brief intervention, the social worker may offer the

family contracted services based on unique needs of the family. Contracted counseling for FRS primarily consists of Crisis Family Invention and Functional Family Therapy.

There are two principal referral processes to access services within FRS.

1. **New referrals for service:** Families may access FRS Assessment and Brief Intervention and Contracted Counseling through Intake, as defined in section 3200. Foster parents and adoptive families requesting help with their youth due to conflict or youth's high risk behavior may access Assessment & Brief Intervention and Contracted Counseling.
2. **Families currently being served by other CA programs may access FRS Contracted Counseling** as defined below.
 - Families can be referred for this service based on their unique needs and the goals of the family regardless of program type (i.e. Child Protective Services, Family Voluntary Services, or Child and Family Welfare Services). A family does not need to be open to FRS in order to access FRS contracted counseling.
 - Foster parents requesting help with youth due to conflict or high risk behavior placed in their care may access FRS Contracted Counseling, through the social worker of the youth.
 - When FRS contracted counseling is provided for families open to CA services, the referring social worker maintains all case management responsibilities through the conclusion of service and section 2430, concerning service agreements, shall be followed for co-assignment with CPS.

3200. Requests for Family Reconciliation Services

CA intake staff must accept referrals for FRS Services:

- From a youth age 12-17, caregivers (to include biological, custodial and noncustodial parents, guardians, and informal relative placements), law enforcement, CA staff, HOPE centers, crisis residential centers or a Tribal social worker when at least one of the following two occurs:.
- At least one person in the family is voluntarily requesting services and he or she is requesting:
 - A family assessment for a Child in Need of Services (CHINS) or At Risk Youth (ARY) petition
 - Assistance for a family experiencing immediate family crisis due to conflict, or
 - Assistance for a family with a youth who is exhibiting high risk behaviors
- A child is identified as a sexually exploited youth as defined in Appendix A.

CA intake staff will complete FRS service referrals within four hours of the request. Upon request, the intake worker provides information about the FRS program to parents and children.

The following situations are not appropriate for FRS Services:

- Families seeking assistance with child custody issues, in such circumstances CA staff will refer parent(s) to family court for resolution of child custody issues.
- CA intake staff have received information indicating there is reasonable cause to believe a child has suffered abuse or neglect, CA intake staff will follow the intake procedures (outlined in section 2220 Practices and Procedures Guide).

3300. FRS Assessment and Crisis Intervention

At anytime a social worker receives information indicating there is reasonable cause to believe a child has suffered abuse or neglect, the social worker will notify CA Intake staff.

3310. Response Time

The FRS social worker must attempt to contact the referent (youth or family) within 24 hours of receipt of the referral by intake, excluding weekends and holidays. The FRS social worker may make this initial contact by telephone.

3320. FRS Initial Engagement

FRS initial engagement with the person requesting service must be completed within five business days of receipt of the referral by CA. During initial engagement the FRS social worker will use the FRS Engagement Tool to attempt to de-escalate or reduce the family crisis and determine if further FRS services are needed.

Families eligible for continued FRS services are those where the crisis continues and the family is seeking a brief intervention to address conflict or reconciliation or is requesting a Family Assessment to file a CHINS or ARY petition.

FRS is intended for youth living with custodial parents or guardians. When resources are available, FRS may be provided to youth living with non custodial parents or other caregivers.

If a request for FRS is accepted from a non custodial parent or other caregiver, the social worker must first attempt to notify and involve the custodial parent(s) or guardian. If resources are not available to serve a non custodial parent or other caregiver, the FRS supervisor or designee must notify the youth or family within 24 hours, excluding weekends and holidays.

For cases involving requests for FRS services for a youth placed in a CRC, HOPE or Overnight Youth Shelter Program, the FRS social worker where the youth is placed must see the youth per [Practice and Procedure 4534 - Crisis Residential Center \(CRC\) Program](#).

For youth missing from care that are referred by overnight shelters the social worker must:

1. Notify Law Enforcement of youth's whereabouts per [Practice and Procedures Guide 4550 Children Missing from Care](#)
2. Notify the youth's parents that a report has been received and the youth is currently safe and off the streets within 24 hours,
3. Inform parents of services designed to resolve the conflict and accomplish reunification of the family.
4. Make contact by telephone or other reasonable means.

For cases involving sexually exploited youth as defined in Appendix A, the FRS social worker must refer the youth and family to available services through the Office of Crime Victims Advocacy. The FRS social worker must explore filing a CHINS petition if applicable.

The social worker will document the information from the FRS Engagement Tool and outcome of the contact in the Service Episode Record (SER).

3330. Assessment and Brief Intervention

The social worker must meet with the family to:

- Complete the Family Assessment
- Continue brief crisis de-escalation
- Develop and explore options to address identified risk factors

Family meetings must begin within 10 days and end within 40 days of initial engagement contact.

3340. Contracted Counseling

Based on the results of the FRS Engagement Tool or Family Assessment, families may be referred for services or short term out of home placement. The principal service available for FRS is Crisis Family Intervention and Functional Family Therapy. Other CA services can be accessed based on the family's need and the availability.

Social workers shall prioritize families requesting services with the highest level of family conflict or instability and the greatest amount of family participation with services. At a minimum, there must be a caregiver willing to participate.

Families must make a commitment to participate in counseling services and must not be currently receiving family counseling services through other agencies or practitioners.

3400. Completion of FRS Services

For all FRS cases that are expected to remain open 60 days or longer, the FRS social worker must comply with the monthly health and safety visit requirement outlined in the Practices and Procedures Chapter 4000 Section 4420.

FRS cases must be closed within 90 days of the initial date of the referral. A case may remain with the FRS for an additional 90 days, with supervisory approval when:

- Contracted services continue
- The Court has requested CA to monitor the CHINS for a non licensed placement, or
- The Court has ordered monitoring of the ARY

Document all activities and services in case notes.

3410. Inactive Status

Case Closure: The social worker must designate cases where services have ended but cannot be closed until documentation is completed as "Services Inactive/Paperwork Pending (S) Program Assignment for Social Worker or Supervisor."

The purpose of this worker assignment is to be able to track the workload involved in follow-up paperwork (Operations Manual 152022 (F)(4)).

The social worker must properly complete all forms and recordings in the management information system within 30 days of a decision to terminate services and close a case. The supervisor must review both the management information system and the hard-copy file folder for accuracy and completeness and must document the review before closure or transfer to another service.

3420. Youth Missing from Care within Washington Jurisdictions

Youth 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:

- CA Intake, juvenile court officer, or law enforcement contacts the legal custodian and arranges for transport home.
- If the child is assigned to a CA 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.
- If the child does not have an open case assignment, CA Intake will notify the local office in the area of the youth's legal residence.

3430. 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:

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

3440. Documenting Information on Persons Caring for Runaways

CA intake must refer to Section 4550 Children Missing from Care when responding to reports of children missing from care. 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.

3500. Crisis Residential Center (CRC) Program

[See Chapter 4000 - Section 4534](#)

3550. RELEASE OF JUVENILES BY THE COURT TO THE DEPARTMENT

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 CA under RCW 13.32A.060. See the *CA Case Services Policy Manual*, chapter 5000, section 5410.

If the court cannot locate a parent or responsible adult, or if CA does not agree to receive the youth, the court must immediately notify CA if the youth is released. CA is not obligated to accept the youth unless the youth is in the legal custody of CA.

When CA agrees to accept these youths, CA staff will conduct an assessment to determine if the youth can go home or needs to go into placement. The CA 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, CA staff will work with parents to find a relative or other adult with whom the parents will allow the child to reside.

CA 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, CHINS, or shelter care or dependency order - before transporting the youth or placing the youth in licensed care. If the youth runs from the CA waiting room after court staff has released the youth to CA, CA staff reports the youth as a runaway to local law enforcement or determines that court staff has submitted the runaway report.

Local CA offices have established agreements with juvenile court facilities regarding the release of a youth to CA. Staff needs to refer to these established protocols for specific regional/local procedures.

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

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 CA 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.

The assigned CA 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 to document the assessment.

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.

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.

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

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.

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.

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 CA office prior to filing the ARY petition.

Social workers must attempt to connect persons inquiring about ARY with FRS or other appropriate service.

The assigned CA 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 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 Intake per [4307 Voluntary Placement Agreement \(VPA\) policy](#) 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 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

Procedure

1. 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.
2. **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

4130. Scope

4131. New Referrals

1. The intake function for new CFWS 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 per [4307 Voluntary Placement Agreement \(VPA\) policy](#) and an initial determination of the family and child's desire to obtain services;
 2. Medicaid Personal Care (MPC) services and referral to CFWS for completion of a Comprehensive Assessment of the child's need for the MPC services. After CFWS 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 CFWS 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

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.

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 follow policy per [4307 Voluntary Placement Agreement \(VPA\)](#).

4141. Accepted Referrals

Following screen-in, the intake worker shall document the intake information consistent with 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

4201. Emergency Planning for Birth Parents and Legal Guardians

Purpose

To store current birth parent(s) and/or legal guardian(s) name, address and phone number and emergency contact information for all children in out-of-home care, in case of a disaster or emergency.

Policy

1. The assigned Social Worker is responsible for ensuring birth parent(s) and/or legal guardians of children placed in out-of-home care have the following information documented in the information management system:

1. Emergency Contact Name; Recommend One In-State and One Out-of-State Contact
 2. Current Address for Birth Parent/Legal Guardian and Emergency Contact Person(s)
 3. Current Phone Number(s) for Birth Parent/Legal Guardian and Emergency Contact Person(s) (As applicable)
2. The social worker is responsible for reviewing and updating this information as change occurs and at a minimum annually.

4210. Working with Non-US Citizens

4211. Notification to Foreign Consulates

Purpose

Ensure children or parents who are citizens of another country are connected to the appropriate consulate. Provide staff practice guidance about how and when to contact a foreign consul for a dependent child placed in out of home care.

Laws

[Vienna Convention on Consular Notification - Article 37](#)

Policy

1. The citizenship or immigration status must be assessed for each parent and child when the child is placed in out-of-home care.
2. When CA obtains legal custody of a child who is a foreign national, federal treaty obligations require that the foreign consulate be given notice.
3. Limited English Proficient (LEP) clients must have access to interpreters and culturally relevant services from certified or authorized contracted translators as listed in the provisions of *Access to Services for Clients who are Limited English Proficient (LEP)* Administrative Policy No. 7.21

Procedures

1. Determine and document each parent and child's citizenship at the time a child is placed in care by asking:
 1. Are you a US citizen? Are you a citizen of another country? If, yes what country?
 2. The child or parent: if the if child is a US citizen? Is the child a citizen of another country? If, yes what country?

2. Notify the foreign consulate by faxing the [Notice to Foreign Consulate of Child Protection Proceedings DSHS 15-402](#) of the child's or parent(s) home country as soon as citizenship is known when CA obtains legal custody of a child. Notification must be made as soon as possible but no later than 30 days. (*Notifications to consulates are preferably made by fax but may also be made by telephone or email*).

Note: The address of the nearest consular office for a foreign country can be found in a publication entitled [Foreign Consular Offices in the United States](#).

3. Coordinate if the consulate contacts CA to:
 1. Obtain a signed release from the parent(s) to share information with the consulate; and
 2. Provider identified services with the family.
4. Document in FamLink any:
 1. Foreign citizenship on the person Management page.
 2. Notification to a consulate by uploading the [Notice to Foreign Consulate of Child Protection Proceedings DSHS 15-402](#) form into FamLink.

Cultural Considerations

Family Centered Approach:

The way CA staff engages the family (or fails to engage the family) can directly affect the willingness of the family to work with other members of the department. The level of trust and integrity established between the agency and the family often has a direct relationship on the child being able to remain/reunify with his/her family. Everyone who meets the family needs to build positive relationships.

For example:

The definition of family varies from group to group. While the dominant culture has focused on the nuclear family, African Americans define family as a wide network of extended family, non-blood kin and community. Native American Indian families traditionally include at least three generations and multiple parental functions delegated among aunts and uncles, as well as grandparents and cousins. Different cultural groups also vary in their traditional practices and views of adoption.

Determine if there are **cultural considerations** that need to be addressed as part of the planning process, for example, obtaining information about protocols, such as, how to approach a family, use of a cultural elder, matriarch or patriarch or the need for a culturally appropriate support person.

Forms and Tools

[Consent to release Information DSHS 14-012](#)

[Notice to Foreign Consulate of Child Protection Proceedings DSHS 15-402](#)

[Foreign Consular Offices in the United States](#)

TIPS on Mexican Consulate Services

Resources

[Foreign Consular Offices in the United States](#)

Suggested Practice Tips When a child is a citizen of a foreign country, the best practice is to give the consul notice. In addition to satisfying the legal requirement, contact with the consul may facilitate locating family members or other resources in a foreign country

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 FVS social worker's initial assessment includes:

1. For youth missing from care that are referred by overnight shelters the social worker must:
 1. Notify Law Enforcement of youth's whereabouts per [Practice and Procedures Guide 4550 Children Missing from Care](#)
 2. Notify the youth's parents that a report has been received and the youth is currently safe and off the streets within 24 hours,
 3. Inform parents of services designed to resolve the conflict and accomplish reunification of the family.
 4. Make contact by telephone or other reasonable means.
2. For cases involving sexually exploited youth as defined in Appendix A, the FRS social worker must refer the youth and family to available services through the Office of Crime Victims Advocacy. The FRS social worker must explore filing a CHINS petition if applicable.
3. Identification of family needs and strengths.
4. Determining who is or may be legally responsible for the child, including presumed and alleged fathers.
5. Clarifying the presenting problems and resolutions expected.
6. Obtaining the family and child's own description of the situation and family's recommendations for how to solve the problem.
7. 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.
8. When the social worker or CHET Screening Specialist identifies a child birth to three years old with a concern about the child's developmental delays, a referral will be made to a Lead Family Resources Coordinator with the Early Support for Infants and Toddlers (ESIT).
 1. Referrals are made by contacting the local ESIT Lead Family Resource Coordinator or through the ESIT web site.
 2. The referral must also be discussed with the child's parents/caregivers. The parents/caregivers should also be informed that services from ESIT are free. This service is required for children in out-of-home placement.
 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.
9. Reviewing available case records, previous service/placement history, and response to previous services.
10. Making collateral contacts necessary to complete assessment.
11. Consultation with supervisor as needed.
12. Determine Native American status.

13. 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.

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 if safety threats exist and then complete the Safety Plan Analysis to determine if and in-home or out-of home safety plan will manage and control all identified safety threats. The social worker shall not place any child unless the Safety Plan Analysis indicates the identified safety threats cannot be managed and controlled with an in home safety plan.

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. CA's electronic case management system will automatically send a 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 CFWS. 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 per [4307 Voluntary Placement Agreement \(VPA\) policy](#).
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. The reasonable efforts to place siblings in the same foster home, relative caregiver, other suitable person or adoptive home.
 7. Reasons why siblings are unable to be placed together including if placement is contrary to the safety and well-being of any of the siblings.
 8. Compliance with RCW 13.34.260 regarding parental preferences for placement of their children. RCW 74.13.065

4254. Parent, Child, and Sibling Visits

Purpose

To provide early, consistent, and frequent visits to maintain parent, child, and sibling relationships. Visits are vital to maintain connections between parents, children and siblings. Meaningful visits improve the safety, permanency and well-being of children in out of home care.

Laws

[RCW 13.34.025](#)

[RCW 13.34.065](#)

[RCW 13.34.130](#)

[RCW 13.34.136](#)

[RCW 13.34.200](#)

Policy

1. Parent/Child Visits

1. Parent/child visits are the right of the family when visits are in the best interest of the child. Early, consistent, and frequent visits are crucial for maintaining parent-child relationships and make it possible for parents and children to safely reunify.
 1. Efforts must be made to hold a visit within 72 hours of placement. The initial parent/child visit must occur within 5 days of placement or signing of the VPA, unless there are documented safety concerns.
 2. Written visit plans must be developed within three (3) calendar days of placement, when a child is in CA custody via a court-ordered placement (licensed or unlicensed).
 3. Written visit plans must be developed at the time the Voluntary Placement Agreement (VPA) is signed when a child is placed on a VPA.
 4. Visits can only be limited or terminated when the child's, safety, health and welfare is compromised. The court must approve all changes to a visit plan if the child is dependent.
 5. Visits cannot be limited as a sanction for the parent's lack of compliance with court orders.
 6. Discontinue parent/child visits after parental rights are terminated or relinquished, unless otherwise specified in an open communication agreement.
 7. Court approval must be obtained to reassess visit plans when a psychosexual evaluation has been court ordered.

2. Sibling visits

1. Sibling contact is crucial for maintaining sibling relationships and supports their well-being while in care. This policy applies to "siblings" as defined in RCW 13.38.040. Efforts will be made to maintain sibling relationships that existed prior to placement.
 1. Siblings who are separated as a result of placement will have a minimum of two visits each month, unless an approved exception applies. This requirement also applies to all siblings who remain in the home.
 1. Document the basis for any approved exception(s) or other reasons when sibling visits are not occurring.
 2. All reasons and approved exceptions must be documented and approved by the assigned social worker's supervisor.
 3. Any limits, exceptions or denial can be challenged in court by child, parent or GAL/CASA
 2. An initial sibling visit will occur as soon as possible after placement.

3. A written sibling visit plan for two or more monthly visits must be developed within 14 calendar days of placement, unless an exception to policy is approved by the assigned social worker's supervisor. The visit plan will include all allowable forms of contact.
4. Sibling contact during a parent/child visit meets the requirement for a sibling visit. Staffing meetings and court events do not meet the requirement for a sibling visit.
5. Other forms of contact may be substituted when a visit is not possible, and contact in addition to regular visits is encouraged. Other forms of contact may include telephone contact, or electronic contact through video chat or email.
6. Sibling visits will continue after a parent's rights have been terminated or relinquished, unless an approved exception applies.
7. The Department cannot limit visits or contacts between siblings as a sanction for a child's behavior or as an incentive to change a child's behavior.

Procedures

1. Visit Plans

1. Develop a written visit plan with the parent(s) and child input outlining the structure and logistics of visits.
 1. Visit plans will be in the best interests of the child including safety, permanency and well-being. Visit plans are maintained in FamLink with current contact information.
 2. Visit plans can be developed with the family at the shelter care hearing, Family Team Decision Making meeting, case conference, or other shared planning meeting.
 3. When applicable, request the participation of the:
 1. Tribal worker.
 2. CASA/GAL.
2. Pre-approve visit location, duration and frequency of visits using the following criteria, except when a court order states otherwise:
 1. Least-restrictive, inclusive setting with consideration given to the culture and social patterns of the family.
 2. In the child's community whenever possible.
 3. A setting that is age appropriate and assures safety of the child(ren).
 4. In a Children's Administration office when necessary for the protection of the child(ren) or to allow for support before, during or after visits.
3. Determine who participates in visits by completing the following:
 1. Request a BCCU background check and CAMIS/FamLink check for any adult visit participants who will have unsupervised access to children (See Operations Manual Chapter 5000, sections [5515](#) and [5522](#)).
 2. 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](#))

4. Verify all persons or contracted providers supervising, transporting, or monitoring visits, meet the following criteria:
 1. Approved Background Check Central Unit (BCCU) check (See Operations Manual, Chapter 5000, Section 5522 for list of disqualifying crimes)
 2. Approved CAMIS/FamLink check (See Operations Manual Chapter 5000, section 5515)
 3. Valid driver's license if transporting, and insurance on the vehicle used in transport.
 4. Transport vehicle must be licensed and have approved child restraints (car seat, lap and shoulder belt).
 5. Willing and able to intervene to keep the child safe.
 6. Able to prioritize the safety and well-being of the child.
 7. Willing and able to enforce visit rules, court orders, limitations and activities.
 8. Keeps all information confidential.
 9. Reports visit observations to the social worker (e.g. behaviors and interactions; concerns).
 5. Determine the level of supervision for parent/child visits based on the identified safety threats. Three levels of supervision are recognized by the courts:
 1. **Supervised visits** require another approved adult to maintain line of sight and sound supervision and intervene as needed.
 2. **Monitored visits** require another approved adult to periodically observe and intervene as needed.
 3. **Unsupervised visits** require the parent to be the primary care giver and able to demonstrate the willingness and ability to safely care for the child.
 6. Make an effort to consult with the assigned law enforcement officer before recommending changes to parent/child or child/sibling contact, when a parent or sibling is identified as a suspect in a violent crime.
 7. Consult with the AAG before disseminating any information shared by Law Enforcement during a visit consultation.
 8. Notify all participants as soon as possible when a visit must be rescheduled.
 9. Document in the Visit Plan the reasons for the level of supervision.
2. **Parent/Child Visits Plans**
1. Review the visit plan with case participants when:
 1. Any increase or decrease in safety threats.
 2. Change in permanency plan.
 3. Change in the well being of the child.
 2. Monitor visit progress during monthly case conferences with supervisor.
 3. Recommend to the court limiting or terminating parent/child visits when one or more of the following conditions occur:
 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/monitor of the visits is threatened.

4. If the parent appears intoxicated, the visit will be stopped immediately, but may resume after review of the plan.
 5. The court adopts a permanency plan other than return home.
 4. Review recommended change in visit plan with the assigned supervisor.
 5. Use Shared Planning meetings to discuss changes in visits. Meetings will include the parents and caregivers.
 6. Inform the court of any changes to visit plans in dependency cases.
 1. A court hearing is required unless the child's safety is jeopardized or the court order allows for a change in visits.
 2. Review recommended changes to the visit plan with the AAG.
 7. Document parent/child visits in FamLink using the following codes:
 1. Visit- Unsupervised
 2. Visit- Supervised
 3. Visit- Did not occur
 8. Document parent/child visit and include the following information:
 1. Date and time of visit
 2. Who participated in the visit/contact
 3. What type of contact (visit, phone call, Skype)
 9. Upload visit reports from visit contractors and notes from approved natural supports that provide visits into FamLink.
 10. When a visit includes the child's parent and sibling, use both parent and sibling visit Case Note codes to record the visit.
- 3. Sibling visits**
1. Determine the level of supervision for sibling visits based on:
 1. Age of the children.
 2. Children's perspective.
 3. Best interests of the children, including safety, health, and well-being.
 2. Review the visit plan with case participants when:
 1. Any increase or decrease in safety threats.
 2. A change in circumstances which causes an approved exception to apply. Obtain supervisor approval when an exception applies.
 3. A change in circumstances when the reason for the exception no longer exists.
 4. Change in the well-being of the child.
 3. Monitor visit progress during monthly case conferences with supervisor.
 4. Review recommended change in visit plan with the assigned supervisor.
 5. Use Shared Planning meetings to discuss changes in visits. Meetings will include the parents and caregivers.
 6. Document sibling visits/contacts in FamLink using the following Case Note code:
 1. Visit- with siblings
 7. Documentation for all sibling visits/contacts must include the following:
 1. Date and time of visit/contact.
 2. Participants in the visit/contact.
 3. For contacts, document the type of contact (visit, phone call, Skype).
 8. Upload visit reports from visit contractors and notes from approved natural supports that provide visits into FamLink.

9. When a visit includes the child's parent and sibling, use both parent and sibling visit Case Note codes to record the visit.
4. **Exceptions for Sibling Visits**
1. When sibling visits are not occurring as directed in policy, the approved exception or reason must be documented and approved by the assigned social worker's supervisor. Approved exceptions are:
 1. A court order prevents or limits visits or contacts.
 2. CA determines visits or contacts are contrary to the child's health, safety or welfare.
 3. CA determines visits or contacts will hinder reunification efforts.
 4. Child and/or sibling are developmentally able to determine his/her needs for sibling contact and request that contact occur less than two times per month, or not at all.
 5. Parent of a non-dependent sibling objects to or wishes to limit visits or contacts with the dependent sibling.
 6. The facility where the child or sibling resides prohibits/limits visits or contacts with siblings (i.e., during an intake period at an in-patient facilities).
 7. Child is on the run from his/her placement for a majority of the calendar month.
 8. Child is not complying with visitation arrangements.
 2. Document approved exception(s) or other reasons siblings are not having visits or contacts as it applies to each sibling in the Sibling Visit Details tab on the Visit Plan Page in FamLink.
 3. Print a copy of the completed Sibling Visit Details tab in the FamLink Visit Page; obtain written approval of the assigned social worker's supervisor on the print screen.
 4. Upload print screen copy documenting supervisor's approval of exception into FamLink.

Effective Date **Initial:** **Revised:** 7/28/2013 **Approved by:** Jennifer Strus, Asst. Secretary

4260. Considerations For Placement Choice

4261. Placement Priorities

Purpose

To provide a safe, stable and least restrictive placement in close proximity to the family home for children entering out-of-home care.

Laws

[RCW 74.14A.020](#)

[RCW 13.34.130](#)

[RCW 13.34.200](#)

[RCW 13.34.260](#)

[42 USC 671a](#)

Policy

1. Placement of a child(ren) in out-of-home care must be the least restrictive setting available and in close proximity to the family home, consistent with the best interests, special needs and well-being of the child.
2. Due diligence efforts must be made to identify and notify all grandparents, all adult relatives and Tribe(s) within the required timeframes outline in [45273](#) and [ICW Manual Placement Preferences 07.05](#).
3. Placement of child(ren) with unlicensed relatives requires a [Basic Household Safety Assessment](#) per section [45274 - Unlicensed Placements Policy](#).
4. **Child placement priorities** must be made in the following order:
 1. The parent(s) placement preference for the child(ren), unless good cause is indicated.
 2. The child's relative or Tribe according to [45271- 45273 Choosing Relatives for Placement](#) policy and [RCW 74.14A.020](#). **For Indian children**, placement preference must follow the Indian Child Welfare Act definition [15.058 Sec. 1915 - Placement of Indian Children](#). The child's Tribe(s) if known must be contacted as soon as possible to request placement preference. See also [ICW Manual Placement Preferences 07.05](#)
 3. All siblings must be placed together whenever possible, unless an exception applies. (Siblings as defined in RCW 13.34.030). All exceptions must be fully documented and require written approval by the assigned social worker's supervisor and Area Administrator.
 4. A *suitable person* defined as someone who has a pre-existing relationship with the child or child's family. See [RCW 13.34.130\(1\)\(b\)\(ii\)\(B\)](#)
 5. A licensed out-of-home setting, this includes:
 1. Family foster home.
 2. Treatment or therapeutic foster home.
 3. Rehabilitative Group Placement includes non-institutional settings that are staffed.
 4. Short and long-term psychiatric facilities.
 5. Other institutions, accessed by court commitment only.
5. **Note:** For **all** licensed placement requests complete the Child Information/Placement Referral [DSHS 15-300](#) form and send to the regional Placement Coordinator.
6. When a child **returns** to out-of-home care, place the child(ren) with the previous caregiver if:

1. The caregiver is available, willing and able to meet the child's needs.
2. Placement with caregiver is in the best interest of the child.
7. **Important:** Assess and identify the caregiver's ability and willingness to maintain sibling and community connections.

Procedures

Relative Search Due Diligence

Complete the following relative search "due diligence steps" to identify other known relatives within the 30 day timeframe outline in [45273](#).

1. Ask parents, child, identified relatives or other persons (e.g. school personnel) with family information.
2. Review the following to identify additional family information:
 - o Case files and records
 - o On-line available data sources (e.g. Google)
 - o DSHS data bases (e.g. ACES, DOL, Client Registry and Barcode)
3. If available, CA Relative Search Specialists must review all prior search efforts and use Accurant for further extended searches.
4. Document all "due diligence" notifications by using the Relative Notification Letter DSHS 15-330 and document due diligence efforts in the case file.

Placement Priorities

1. Every effort will be made to place siblings together. Any decision to separate siblings initially, during, or after placement requires approval by the assigned social worker's supervisor and Area Administrator. Siblings may be placed separately under the following exceptions which must be approved and documented in FamLink:
 1. As a result of an admission of a sibling into detention, a psychiatric hospital or a residential treatment setting to meet the unique and individual needs of one of the siblings;
 2. A sibling becomes a significant safety threat to the safety of another sibling or cannot be controlled if the siblings are placed together;
 3. A sibling becomes a significant threat to the safety of another person in the placement, and a risk to that person's safety cannot be controlled if the sibling remains in the placement. If movement of the entire sibling group is determined not to be in their overall best interest, the sibling presenting the threat will be moved;
 4. A sibling with a physical, emotional or mental condition requires specialized services in order to accomplish specific therapeutic goals. The sibling may be placed apart from other siblings for the length of time necessary to meet the need requiring separate placement;
 5. An abusive relationship between siblings exists where therapy, with a safety plan in place, is not effective or not the appropriate intervention;
 6. To permit placement with relatives who live near the home of a sibling;

7. A court order prohibits the Department from placing siblings together; or
 8. Other extraordinary circumstances that are documented and approved by the assigned supervisor and Area Administrator under these procedures.
2. Child Placement with Relatives and Suitable Person(s)
 1. Request information from the parent about possible relative resources or suitable person(s) **prior** to the 72-hour shelter care hearing. Document the information obtained from the parent in the electronic case file.
 2. **Note:** The definition of relative is the same definition as *Relative of Specified Degree* in [RCW 74.15.020 \(2\) \(a\)](#). For Tribal cases refer to the policy above (3)(b).
 3. Explore and identify all **other** relatives and suitable person(s) that have an existing relationship or an attachment with the child as a possible placement resource.
 4. Document in the case file decisions to exclude any relatives or suitable persons as a placement resource for the child. **Note:** Relative search continues throughout the life of the case.
 3. Documentation for Placement of Siblings
 1. Document exception(s) or other reasons siblings are being placed apart as it applies to each child on the Sibling Visit Details tab in the FamLink Visit Page.
 2. Print a copy of the Sibling Visit Details tab in the FamLink Visit Page; obtain approval signatures from supervisor and AA.
 3. Upload approved Sibling Visit Details tab copy into FamLink.
 4. Child Placement in Licensed Foster Homes Complete the Child Information/Placement Referral [DSHS 15-300](#) form and send to the Placement Coordinator (or the social worker coordinating placement) for **all** licensed placement requests.

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

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.

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 c. vi. 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. When children in CA's care and custody are determine to be unsafe in licensed or unlicensed care, children are removed from that placement.
 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.

4270. Department of Corrections Confinement Alternatives

Purpose

CA families applying or participating in the Family and Offender Supervision Alternative Programs (FOSA) and the Community Parenting Alternative (CPA) are supported through case coordination and collaboration with Department of Corrections (DOC).

Laws

[RCW 9.94A - Sentencing Reform Act of 1981](#)

Policy

1. CA will provide DOC with requested case information to support DOC's assessment of parent's eligibility for the FOSA and CPA programs.
2. CA will collaborate with DOC and other programs in case planning on all open shared cases.

Procedures

1. Respond to DOC request within 5 calendar days for CA related information for an offender when:
 - The court is considering FOSA or
 - DOC is considering CPA
2. Provide ongoing case coordination and collaboration with DOC to prevent service duplication for all parents accepted in the FOSA or CPA programs and have an open CA case including:
 - Invite DOC worker to all shared planning meetings.
 - Participate in a minimum of one monthly face to face contact with DOC worker.
 - Participate in safety staffing for DOC Parenting Program with DOC worker and offender to determine services and case coordination.
 - Until the child is placed ensure parent child visiting occurs per 4254 Parent-Child-Sibling Visiting Policy.
3. Consider if an incarcerated parent with an open CA case should be referred to DOC for eligibility determination in FOSA or CPA. Make any referrals through email or phone to CA Headquarters CFWS Program Manager.

Forms and Tools

- Request for Information - Initial Request Form
- Request for Information - Open Case Request Form

See Also

- [Practice and Procedure Guide - Chapter 4000 - Section 4301 Shared Planning](#)
- [Practice and Procedure Guide - Chapter 4000 - Section 4254 Parent-Child-Sibling Visiting](#)

Resources

- DOC Information Request Process Document
- CA-DOC Confinement Alternatives Matrix
- Regional DOC Leads

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.

43022. Outside Communication for Children in Out-of-Home Care

Purpose

Evaluate child safety and support to caregivers when determining outside communication with parents, relatives and other important people to the child in out of home care.

Laws

[RCW 13.34.136](#)

Policy

1. Children in out-of-home care must have reasonable access to uncensored communication with parents, relatives, and other people important to the child.
2. Communication restrictions must be based on a pending investigation or an identified child safety issue and be addressed in a court order or service plan.
3. Child safety issues must be addressed prior to allowing the child to participate in any communications with parents, relatives or people important to the child.

Procedures

1. Notify and collaborate with the child (if age appropriate), child's out-of-home caregiver, parent(s), relative(s) and important people to the child to develop the child's communication plan. Communication may include:
 1. Private telephone calls;
 2. Mail and gifts;
 3. Electronic communication (*E-mail and other electronic social networking avenues such as Facebook, My Space and Twitter*). Access to electronic communication is based on reasonable caregiver or social worker discretion and on electronic device availability.
2. Note: Visitation occurs per [4254. Parent-Child-Sibling Visiting Policy](#)
3. Discuss with caregivers any court orders or service plans that restrict the child's contact with family, relative or important people to the child. Limited or censored communication could include:
 1. Opening and reviewing mail for appropriate child related content.
 2. Opening gifts to determine age appropriateness.
 3. Monitoring of email or phone calls for appropriate child related content.
 4. Determining age appropriate use of social networking sites, including limitations. Note: Allowing children access to electronic communication as described above is based on reasonable caregiver discretion and on electronic device availability.
4. Inform caregivers on social networking websites regarding children in out-of-home care must not include:
 1. Child's name
 2. Identify the child as being a foster child.
 3. Discussion about case specific information about the child or the child's family

5. Inform caregivers if there are safety reasons why unidentified photos may not be posted on the caregiver's social networking site(s).
6. Discuss communication planning with the child and caregiver during monthly visits.
7. Conduct when needed, a Shared Planning Meeting if communication needs to be limited or censored due to safety concerns.
8. Document the child's communication plan and any decisions to limit a child's communication in the electronic case file.

See Also

[2440 Service Agreements Policy](#)

[4301 Shared Planning Policy](#)

4302A. Educational Services and Planning: Early Childhood Development, K-12 and Post-Secondary

Purpose

Ongoing educational progress is vital to support early childhood development and school success for all children in the care or custody of Children's Administration (CA).

Laws

[RCW 74.13.550 Child Placement](#)

[RCW 28A.150.510 Transmittal of Education Records to DSHS](#)

[RCW 28A.225.010 - Attendance mandatory - Age - Exceptions](#)

Fostering Connections to Success and Increasing Adoptions Act of 2008

[PL 112-34](#) The Child and Family Services Improvement and Innovation Act

<http://www.acf.hhs.gov/programs/cb/resource/pi1109>

McKinney-Vento Homeless Assistance Act

Policy

1. Children and youth who enter out-of-home placement have the right to remain at the school they were attending when they entered care, whenever it is practical and in the best interest of the child. (RCW 74.13.550).
2. The ongoing educational needs of children in out-of-home care must be addressed with the child and caregiver(s) at the time of **each** placement change.
3. Each child in out-of-home placement must have a long range educational plan that is updated at least every six months and attached to the Court Report. The request and receipt of academic records must be documented in the Court Report.
4. CA must facilitate planning for post-secondary education of children in out-of-home care.
5. All children birth to three who may exhibit a disability or developmental delay must be referred to the appropriate early intervention agency.
6. All children 3 to 18 years of age with a developmental concern must be referred to the Child Find program or to the local school district for an assessment.
7. Identify an Educational Liaison for children and youth grades 6-12 at shelter care and subsequent dependency review hearings that meet any one of the following requirements:
 1. Parental Rights have been terminated
 2. Parents are unavailable because of incarceration or other limitations
 3. The court has restricted contact between the youth and parents
 4. The youth is placed in a behavioral rehabilitative setting and the court has limited the educational rights of the parents.

Procedures

1. File long range educational plans with the court at least every six months. The education plan must address any physical, emotional, or behavioral issues that impair the child's learning abilities. The plan should be reviewed with **each** placement change.
2. Coordinate with child's school district:
 1. For child to remain enrolled at the school they were attending when they entered care whenever it is practical and in the best interest of the child.
 2. To confirm child is enrolled and attending school within three days of out of home placement.
 3. To request any missing academic (or medical) records required for school enrollment within 10 business days.
 4. To notify the child's existing and new school of any out-of-home placement changes
 5. To advocate with the school system for appropriate services to meet the child/youth's academic and social-emotional needs.
 6. To request updated records and education information as needed when there is a change in schools, change in out-of-home placement and at the end of each school year.
 7. To pay any unpaid fees or fines due by the youth to the school or school district.
 8. To notify all legal parties when a school disruption occurs; and
 9. To document factors that contributed to any school disruptions.
3. Refer children:

1. Birth to three with identified disabilities to an Early Support for Infants and Toddlers (ESIT) Lead Family Resource Coordinator. The referral must also be discussed with the child's parents/caregivers.
2. Age 3 to 18 years with developmental concerns to a Child Find Program or the local school district for an assessment.
3. With an identified education concern to an Education Advocacy Program.
4. To appropriate programs within two working days after a concern has been identified.
4. Collaborate with ESIT and the child's caregiver to enroll the child in appropriate services and develop the Individual Family Service Plan (IFSP).
5. Provide the child's out of home caregiver with copies of necessary school records including IFSP, Individual Education Plan (IEP) or 504 Plans.
6. Provide copies of all education records to foster youth age 15-18 years as defined in 43103 Services for Youth 15-18.
7. Monitor and document academic progress and test scores to make sure the child/youth is prepared to progress to the next grade level and/or obtain credits to graduate.
8. Involve youth in post-high school planning including options for post-secondary education and career/vocational training.
9. Assist youth transitioning from foster care in obtaining documents and information they will need regarding their personal history, identity, education, physical and mental health, as defined in [43103 Services for Youth 15-21](#).
10. Document education information on the Child Information and Placement Referral Form ([DSHS form 15-300](#)) and in the FamLink Education Pages.

Forms and Tools

- [Child Information and Placement Form \(DSHS 15-300\)](#)
- [School Notification Form \(DSHS 27-093\)](#)
- [Social Worker's Practice Guide to Education: for Children and Youth in Foster Care DSHS 22-1185 \(02/07\)](#)
- [Education Advocacy Guide \(DSHS22-1192\)](#)
- [Helping Foster Children Achieve Educational Stability and Success Guide \(DSHS 22-1210\)](#)
- [Students in Foster Care - What Schools Need to Know \(DSHS 22-002\)](#)
- [Washington State's Adolescent Website for Foster Youth](#)
- [Educational Liaisons Tip Sheet](#)
- [Educational Liaison Report to the Court \(DSHS 15-432\)](#)

See Also

- [Making a Difference in a Child's Life: A Manual for Helping Children and Youth Get What They Need in School](#)
- [Family Dictionary of Education Terms](#)
- [Discipline in Public Schools](#)
- [How to be an Education Advocate](#)
- [Basic Education Rights and Opportunities in Public Schools](#)

Resources

Birth to Three

- Disability and developmental delay resources are Healthy Mothers, Healthy Babies hotline at (1-800-322-2588) or through the ESIT web site

General Advocacy

- [Office of the Superintendent of Public Instruction](#)
- [Treehouse Education Advocate Program](#)
- [Team Child](#)
- [Office of the Education Ombudsman](#)
- [Washington Partnership for Action Voices for Empowerment](#)
- [National Center for Homeless Education](#)
- [National Association for the Education of Homeless Children and Youth](#)

Post-Secondary Education

- College Success Foundation <http://www.collegesuccessfoundation.org>
- Casey Family Programs <http://www.casey.org>
- Washington Student Achievement Council <http://www.wsac.wa.gov>

Suggested Practice Tips

1. Children's early development research shows that windows for learning begin from birth to three and three to five. The clear link between early brain activity and brain development provides the building blocks for life-long learning and function - including entering school ready to learn and families learning of local resources for current and future needs. When there is a diagnosis of a disability or developmental concern at birth, or soon thereafter, early intervention results in greater developmental gains for a child.
2. Placing children in their community of origin and not changing schools is always the first priority. Always consider the child's best interest before relocating the child to another school.
3. Give the school the assigned social worker's contact information on the enrollment form (list as a second parent) in addition to the caregiver's so that the school report cards and other information will be sent directly to the assigned social worker for review and for documentation in the case file.

Effective Date

Initial: **Revised:** 7/28/2013 **Approved by:** Jennifer Strus, Asst. Secretary

4303. Case Plans

1. See [Child Safety Section policy](#) for Family Assessment and Case Plan information.

4304. Reasonable Efforts

Approval: Jennifer Strus, Asst. Secretary

Effective Date: November 19, 1997

Revised Date: June 12, 2014

Sunset Review: June 12, 2018

Purpose

The Adoption and Safe Families Act requires that reasonable efforts must be made to prevent placement of a child in out-of-home care and achieve timely permanency for a child who is placed in out-of-home care. For children protected under either the state or federal Indian Child Welfare Act (ICWA), active efforts must be made.

Laws

- [Adoption and Safe Families Act P.L. 105-89](#)
- [Federal Indian Child Welfare Act](#)
- [Washington State Indian Child Welfare Act](#)
- [Chapter 13.34 RCW - Juvenile Court - Dependency](#)

Policy

1. Reasonable efforts must be made by the assigned CA worker to:
 1. Prevent placement of a child in out-of-home care, unless the child is determined to be unsafe.
 2. Return a child home.
 3. Achieve timely permanency when a child is placed in out-of-home care.
2. Active efforts must be made by the CA worker for children protected under the state or federal Indian Child Welfare Act (ICWA).
3. The CA worker must identify appropriate reasonably available services for the family to remedy identified parenting deficiencies that made the child unsafe.
4. When a child is in out-of-home care, the CA worker must offer reunification services to the family in an attempt to eliminate the need for out-of-home placement, unless a court has found that aggravated circumstances exist.
5. Reasonable efforts must be made to achieve timely permanency including efforts to locate a permanent placement other than return home.

Procedures

1. Placement Prevention Unless the child is determined to be unsafe (See [1100 Child Safety](#)) and an in-home [Safety Plan](#) cannot be used to keep the child safe, the CA worker must make the following **reasonable efforts** to prevent placement:
 1. Complete the [Comprehensive Family Evaluation](#) with the family to determine what reasonably available remedial services and activities would remedy identified safety threats.
 2. Develop a written [Case Plan](#).
 3. Services must:
 1. Focus on the identified safety threats.
 2. Be culturally appropriate
 3. Be geographically accessible.
 4. Consider whether a parent is developmentally delayed and eligible for developmental disability services. If so, services and their delivery must be tailored to the parent's needs and coordinated with Developmental Disabilities Administration (DDA).
 4. The assigned worker must review case plans regularly for the following:
 1. Parental progress.
 2. Changes needed in the plan.
 3. Parental resistance to the case plan.
 4. Alternative approaches such as court action that may be needed.
2. Returning a child home If a child is removed from the home due to [present or impending danger](#), the CA worker must make **reasonable efforts** to:
 1. Offer remedial services to the family, unless [aggravated circumstances](#) exist.
 2. Services must:
 1. Focus on the identified safety threats and help families eliminate the need for placement.
 2. Be culturally appropriate
 3. Be geographically accessible.
 4. Consider whether a parent is eligible for developmental disability services. If so, services and their delivery must be tailored to the parent's needs and coordinated with DDA.
3. Achieving Timely Permanency
 1. Make reasonable efforts to locate a permanent placement. Identify appropriate relatives, kin or other persons who may be a permanent resource for the child.
 2. Follow [Concurrent Planning](#) Policy.
 3. Continue reasonable efforts until permanency is achieved. The following are appropriate permanency options and are listed in order of priority:
 1. Return home
 2. Adoption
 3. [Guardianship](#)
 4. Third Party Custody

Forms and Tools

Court reports. Permanency Planning Guide

See Also

[1710 Shared Planning](#)

[4305 Permanency and Concurrent Planning](#)

Resources

[ICW Manual 7.05](#)

Suggested Practice Tips

If ICWA applies ensure coordination with the child's Tribe and coordinate with the Tribal social worker. Also review and follow protocols outlined in the [CA Tribal Memorandum of Understanding](#) established with the child's specific tribe.

4305. Permanent and Concurrent Planning

Purpose

Permanency planning starts at first contact with the family. Permanency planning continues until a permanency goal is achieved.

Concurrent planning provides for timely reunification services while anticipating and preparing for an alternate permanent plan.

Laws

- [RCW 74.15.020\(2a\) - Definition of Relative](#)
- [RCW 13.34 Juvenile Court Act - Dependency and Termination of Parent-Child Relationship](#)
- [RCW 13.36 Title 13 Guardianship](#)
- [RCW 26.10 Third Party/Non-Parental Custody](#)
- [RCW 26.33 Adoption](#)

Policy

1. A permanency planning goal must be identified for all children in out-of-home care no later than 60 days from the Original Placement Date (OPD) per [1710 Shared Planning](#) by following the:
 1. Shared planning process in the [1710 Shared Planning](#) policy
 2. Indian Child Welfare Manual (ICWA) [10.30 \(E\) ICW Manual](#) for all **Indian** children

2. CA's written report to the court must identify a permanent plan to the court that includes how the department is working towards securing a safe, stable and permanent home for the child. The report must address the following:
 1. Primary and alternate permanent plans being pursued concurrently. Permanent and alternate plan options **only** include:
 1. Return of home to the child's parent, guardian or legal custodian
 2. Adoption
 3. Guardianship
 4. Third party/non-parental custody
 2. Reasonable efforts to return the child to his/her birth/adoptive parents
 3. How the permanency plan is in the best interests of the child
 4. How the agency has worked toward securing a safe, stable and permanent home for the child as early as possible.
3. Long-term foster or relative care is not a permanent plan. It is only considered when other permanent plans are not in the best interests of a child. The plan provides continued foster/relative care until the child reaches the age 18.
4. CA must consider a permanent plan that allows the parent to maintain a relationship with the child when a parent:
 1. Is sentenced to a long term incarceration
 2. Has maintained a meaningful role in the child's life, and
 3. It is in the child's best interest.
5. Citizenship and immigration status of the child should be determined early in case and should be re-confirmed prior to establishing a permanent plan per 4211 Foreign Consulate

Procedures

Plan:

1. Utilize shared planning when making permanency planning decisions for children in out-of-home care according to timelines in [1710 Shared Planning](#) policy. Any changes in a permanent plan require a new shared planning meeting. Staff permanent plans with supervisor.
2. Determine the best interest of the child by considering:
 1. The child's wishes and long-term goals
 2. Medical issues
 3. Age of the child
 4. The child's connections to their identity, affiliations to their community, tribe, church, school, religious/spiritual beliefs, relatives and friends
 5. Long term needs of the child
 6. Emotional ties and development needs and how these can be met through the identified permanent plan
3. Document:
4. Document the primary and alternate permanent plan on both the shared planning page and the Permanency Planning page in FamLink.
5. Document in case plan reasons permanent plan is in the best interest of the child.

6. Document reasons for separation from siblings (if applicable) in the FamLink visitation plan (Permanency Plan detail tab)
7. Permanent Plans:
8. Identify a primary and alternate plan from the following options:
 1. Always consider **Return Home** as the primary permanent plan for a child when all the following conditions are met:
 1. Aggravated circumstances do not exist.
 2. It is likely the child will return home per [43051 Reasonable Efforts to Return a Child Home](#) policy.
 3. The plan is in the best interests of the child.
 4. The child (as age and developmentally appropriate) has been consulted regarding the potential benefits and risks of the return home.
 5. Safety threats are eliminated or can be managed or controlled in the family home.
 2. Consider **Adoption** per [4540. Adoption Services](#) policy when a child is unable to return home and when all the following conditions are met:
 1. The child was removed from parents and is dependent.
 2. Parental rights will likely be terminated by the court or relinquishment has been or will be accepted by both CA and the court.
 3. Reasonable efforts were provided to the parent(s) to safely reunify the child to their care. The parent(s) have not made sufficient and timely progress in addressing the parental deficiencies that brought the child into care and this is documented in the case file.
 4. The plan is in the best interests of the child.
 5. Aggravated circumstances may exist.
 6. The child has been consulted about the permanent plan when age appropriate. Children over the age of 14 must sign consent for the adoption.
 7. The child and sibling are in the same placement and the permanent plan is adoption for that sibling.
 8. The prospective adoptive apparent has an approved adoptive home study per [5330 Family Home Study](#) policy.
 3. Consider **Guardianship** or **Third Party Custody** when the following conditions are met:
 1. The child was removed from the parents as a Voluntary Placement Agreement or the child is a dependent of CA or Tribe.
 2. A determination is made through the shared planning process that it is not in the best interests of the child to pursue reunification or adoption.
 3. The plan is in the best interest of the child.
 4. The proposed caregiver has the ability to meet the child's special needs without CA case management and social worker support and:
 1. Can make a commitment to parent the child until adulthood
 2. Has a significant relationship with the child
 3. Has an approved family home study per [45274 Unlicensed Placements - Home Study Requirements](#)

5. The Permanency Planning Benefits and Limitation Matrix has been reviewed with the proposed caregiver.
6. The child and sibling are in the same placement, the permanent plan is third party custody or Title 13 Guardianship for that sibling and one of these plans is also in the best interests of this child.
7. If the child is considered an Indian as defined in the Federal Indian Child Welfare Act and the:
 1. Tribe(s) is involved and requesting a guardianship or third party custody; or
 2. If a guardianship subsidy is being requested the child and prospective guardian must meet R-GAP eligibility requirements.
8. The child (as age and developmentally appropriate) has been consulted regarding the potential benefits and risks of the permanency plan and the child has stated preference for the identified plan
9. An attorney is appointed if the child is legally free.
4. All guardianships must also meet the requirements of 4340 Guardianship Policy are met.
9. Consider **Long Term Foster or Relative Care Agreements** when all the following conditions are met:
 1. The child was removed from the parents and is dependent.
 2. A determination is made through the shared planning process that it is not in the best interests of the child to pursue reunification, adoption, guardianship or third party custody.
 3. The child's special needs require a high level of financial and agency support, including case management that cannot be met in an adoption, third party custody or Guardianship.
 4. The plan is in the best interest of the child and the child needs the stability offered with this living arrangement.
 5. Compelling reasons per [43061 Compelling Reasons section](#) must be reviewed at every court hearing and the court must find that the compelling reasons still exist and are documented in FamLink.
 6. The child has made a significant connection to the caregiver and has been placed with the family over six months.
 7. The Permanency Planning Benefits and Limitation Matrix has been reviewed with the proposed caregiver.
 8. The child (as age and developmentally appropriate) has been consulted regarding the potential benefits and risks of the permanency plan and the child has stated preference for the identified plan.
 9. Children over the age of 14 capable of giving consent agree to sign consent for the long-term foster care agreement and are aware of the potential benefits/risks of other permanency plans.
 10. An attorney is appointed if the child is legally free.
 11. The caregiver:
 1. Makes a commitment to care for the child until the age of 18 or 21 if applicable.
 2. Shows an ability to meet child's special needs.

3. Demonstrates the understanding that the child remains in the custody of CA and under CA's control and further demonstrates an ability to cooperate with CA in shared planning for the child.
4. Agrees to enter into a long term foster care or relative care agreement approved by the court.
5. Signs a [Long Term care Agreement for Foster Parent or Relative Caregivers DSHS 15-322](#).
6. The Regional Administrator signs the [Checklist for Approval Long Term Agreement for Foster Parents or Relative Caregivers DSHS 15-323](#).

Effective Date

Initial: **Revised:** 7/28/2013 **Approved by:** Jennifer Strus, Asst. Secretary

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. See [Child Safety Section policy](#) for Safety or Family Assessment and Case Plan information

43051A. Trial Return Home

Purpose

Support parent(s) and child(ren) to achieve a safe and successful transition home and permanent reunification.

Laws

[RCW 13.34.136](#)

[RCW 13.34.130 2.\(c\)](#)

Policy

1. Follow requirements outlined in the *Reasonable Efforts to Return a Child Home* policy ([43051](#)) prior to requesting a trial return home or when the Court orders the child's immediate return home.

2. Prior to a dependent child returning to the home of a parent a background check must be completed on all adults living in the home.
3. A trial return home must not exceed 6 months in duration, unless ordered by the court.
4. Identify and assess all caregivers of the child for services related to the safety of the child, and:
 1. Recommend the caregiver participate in the identified services.
 2. Notify the court of any service recommendations made to the caregiver during a regular review hearing.
 3. Promptly notify the court if a caregiver fails to engage in or follow through with the recommended services.

Procedures

1. Provide ongoing assessment of potential child safety threats during the monthly health and safety visits. Update the Safety Plan with the family if safety threats are identified. *Health and safety visits requirements are outlined in the (4420 policy).*
2. Update the Comprehensive Family Evaluation based on the family's progress and information gathered during the monthly health and safety visit.
3. Provide the following once the child is placed in the parent's home under a trial return home:
 1. Ongoing safety and risk assessment
 2. 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)
 3. Other services identified in a Shared Planning meeting
 4. Revised trial return home plan or complete documentation for case closure.
4. Consult with the local AAG office (prior to court hearing) and document when it is in the child's best interest to request an extension of the trial return home beyond 6 months.
5. Recommend dismissal of the dependency when the parent(s) have completed the case plan requirements and demonstrated the ability to safely resume parenting and custody of the child(ren).
6. Document all trial return home activities and any completed services as required in the electronic case file.

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 Rights

1. 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.
2. 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.

43061. Termination of Parental Rights (TPR) - Compelling Reasons

Purpose

Initiate a relinquishment or termination of parental rights (TPR) when it is in the best interest of the child and to support timely permanence.

Laws

[RCW 13.34.136](#)

[RCW 13.34.145](#)

[RCW 13.34.180](#)

[RCW 26.33](#)

[Adoption and Safe Families \(ASFA\) Act 1997](#)

Policy

1. A petition to TPR must be submitted to the Attorney General's office by the end of the child's 12th month in out-of-home care or sooner, when it is in the child's best interest and meets at least one of the following:
 1. The child is in out-of-home care twelve (12) of the last nineteen (19) months.
 2. The child is determined by the court to be an abandoned child.
 3. The child is in out-of-home care for a period of at least six months since dependency finding.
 4. Aggravated circumstances have been found by the court. The TPR petition must be made within 60 days of this court finding.
2. A TPR may be considered earlier in the dependency process when the parents have failed to engage in services and the child has been in care for 90 days since the disposition.
3. A petition for TPR is not required when compelling reasons exist.
4. Relinquishment of parental rights may be accepted when adoption is in the child's best interest per [1701. Shared Planning](#). The relinquishment of parental rights of an Indian child must occur before a court judge per [6.85 Indian Child Welfare Manual](#).

Procedures

1. Utilize shared planning when making permanency planning decisions for children in out-of-home care according to timelines in the [1701. Shared Planning](#) policy.
2. Determine if relinquishment or TPR is in the best interest of the child by discussing the following with the birth parents:
 1. The option of a Voluntary Adoption Plan in accordance with [4540 Voluntary Adoption Plan](#) policy.
 2. The Open Communication Agreement options between the parent and the prospective adoptive family prior to accepting a relinquishment per [4330 Open Communication Agreements](#)
3. Discuss aggravated circumstances as listed per [RCW 13.34.132](#) with assigned Assistant Attorney General (examples: Conviction of murder of another child, manslaughter or committed felony assault that results in serious bodily injury to the child or another child of the parent).
4. Convene a Permanency Planning Hearing within 30 days after the court determines aggravated circumstances. Identify a permanent planning goal per [4305 Permanency Planning policy](#).
5. Determine if compelling reasons exist to not file a TPR. Compelling reasons include, but are not limited to:
 1. Birth parents are making significant progress and reunification (trial return home) will occur within three (3) months.
 2. Birth parent(s) has been accepted and is demonstrating compliance in a dependency treatment court program, long-term substance abuse or dual diagnosis program.

3. The department has not provided to the child's family such services as the court and the department have deemed necessary for the child's safe return home.
4. Adoption is not an appropriate permanent plan due to:
 1. The child is over the age of 14 and after a discussion about adoption and other permanency options with the child, the child opposes adoption as a permanent plan.
 2. The child is placed with a relative and after a discussion about adoption and other permanency options with the relatives; another permanency option with the relative is in the best interest of the child.
5. The court or CA has determined that:
 1. A birth parent is considering relinquishment within a reasonable time to free the child for adoption.
 2. A non-offending parent is pursuing an alternate permanent plan.
 3. A professional assessment of the child determines the child's is unable to remain within a family setting.
6. The parent is incarcerated and:
 1. The incarceration is the only reason for filing the TPR; and
 2. The court has determined the parent maintains a meaningful role in the child's life.
7. The child's Tribe is opposed to adoption and has identified another acceptable permanency plan for the child per RCW.
6. Document compelling reasons in FamLink on the Legal Record, in the TPR Compelling Reasons group box.
7. Obtain court approval for compelling reasons every 12 months and until permanency has been achieved.
8. File a TPR when compelling reasons no longer exist.
9. Document the filing of a TPR referral in FamLink Legal Record.

Resources

- Permanency Planning Practice Guide
- [DSHS 14-474 Shared Planning Form](#)

Effective Date

Initial: **Revised:** 7/28/2013 **Approved by:** Jennifer Strus, Asst. Secretary

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. Pregnant and Parenting Youth

Approval: Jennifer Strus, Assistant Secretary

Effective Date: October 31, 2014

Sunset Review: October 31, 2018

Purpose

Supports dependent youth who are pregnant and/or parenting so that their unique needs are met and their efforts to transition to adulthood are successful.

Laws

[Fostering Connections to Success and Increasing Adoptions Act 2008](#)

[Federal and State Indian Child Welfare Laws](#)

[RCW 26.44.030 Reports](#)

[RCW 74.13.280 Client Information](#)

[RCW 9.02.100 Reproductive privacy - Public policy](#)

[WAC 388-147](#)

HIV Law

Policy

1. The unique needs of dependent youth who are pregnant and/or parenting must be identified and the youth referred to services when necessary.
2. All dependent pregnant and parenting youth must be provided with information about their rights and CA's duties and responsibilities.
3. A dependency action on a dependent youth's child is only sought if a safety threat exists that cannot be controlled.
4. When a dependent youth and his/her child live in the same placement and there is no need to file a dependency on that child, CA considers the child's home to be that of the dependent youth.

Procedures

1. Dependent Pregnant Youth

The assigned worker must:

1. Conduct a [Shared Planning Meeting](#) within 10 days of the youth's disclosure of the pregnancy. The purpose of the meeting is to:
 1. Identify needed services, i.e., prenatal care, nutrition, education, etc.
 2. Create a plan for how support will be provided to the expectant mother/father to help in decision making.
 3. Discuss and provide Tribal enrollment information, if he/she wants to explore Tribal enrollment eligibility for his/her child.
2. Discuss, during Health and Safety Visits, the following in addition to other [4420 Health and Safety Visits](#) expectations:
 1. Needed pregnancy services.
 2. Referral to community resources as needed, e.g. First Steps, Safe Babies Safe Moms, Parent Child Assistance Program, Public Health Department, Women, Infant and Children (WIC), etc.
 3. The needs of the unborn child after the 28th week of pregnancy, e.g. child care, list of emergency contacts, services noted above, etc.
 4. Placement options if the youth is unable to remain in the current placement after delivery.
 5. The [4302A Youth's Education](#) and Independent Living Skills Services.

2. Dependent Parenting Youth

The assigned worker must:

1. Discuss the following during Health and Safety Visits in addition to other [4420 Health and Safety Visits](#) expectations:
 1. Needed medical services.
 2. Youth's role as a parent including successes and challenges, and what support is needed.
 3. Referral to community resources as needed for the dependent parenting youth.
 4. [4302A Youth's Education](#)
 5. Importance of ongoing engagement of the parent not providing primary care of the child.
2. Discuss Tribal enrollment information with the youth for his/her child, if he/she wants to explore eligibility for his/her child, if not already discussed.
3. Follow the [Infant Safety policy](#) when the dependent youth's child is birth to one year.
4. Seek a court hearing to have a GAL appointed for the dependent youth if one is not already appointed and the youth wishes to voluntarily relinquish his/her parental rights.

3. **Dependent Parent's Child**

The assigned worker must:

1. Complete a Plan of Safe Care when the dependent parent's child is born.
 2. Take immediate protective action(s) if [present danger](#) exists. A decision to remove a child that is not dependent requires legal authorization ([See 45302. Eligibility](#)).
 3. Report any allegations of CA/N to intake.
- ### 4. **Information about Rights and Responsibilities**

The assigned worker must:

Distribute Tools to Support Pregnant and Parenting Youth in Care Guidebook (DSHS #22-1536) to the dependent pregnant or parenting youth at the first opportunity, i.e., Health and Safety Visit or during the Shared Planning meeting.

5. **Documentation**

The assigned worker must:

1. Document in FamLink all medical examinations, and hospitalizations or if a pregnant or parenting youth refuses pre-natal care and other medical services.
2. Document in the FamLink Person Management page, under Additional Tab/Child Information section, the youth is a teen parent and whether his/her child resides with him/her.
3. Close the current foster care placement and re-open placement from "basic foster care" to "basic foster care with a non-dependent child" when the child is born, determined to be safe in the parent's care and the parent is in licensed foster care.

Forms and Tools

Caregiver Tip Sheet for Pregnant & Parenting Youth - DSHS 22-1537

Guidebook for Pregnant & Parenting Teens in Foster Care - DSHS 22-1538

CA Worker Tip Sheet for Pregnant and Parenting Youth - DSHS 22-1539

Teen Fathers Tip Sheet for Youth in Foster Care - DSHS 22-1540

Teen Mothers Tip Sheet for Youth in Foster Care - DSHS 22-1541

Independent Living Services Referral - DSHS 13-353

[Your Rights, Your Life: A Resource for Youth in Foster Care](#)

[ICW Family Ancestry Chart](#)

Indian Identity Request Form - DSHS 07-761

See Also

[4400 TANF Benefits](#)

Resources

[DSHS: Division of Child Support](#)

[OSPI GRADS Program for Pregnant teens or Young Parents](#)

[Washington State Teen Help](#)

[Women Infant and Children](#)

[First Steps](#)

[Department of Health Child Profiles - development and health information as your child grows](#)

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

Purpose

A Voluntary Placement Agreement (VPA) safely supports a time-limited plan for a short-term removal and placement in out of home care for a child who cannot remain safely in the parents' or legal guardian's home.

Laws

[WAC 388-15-037](#)

[WAC 388-25-0050](#)

[RCW 74.13.031](#)

[RCW 71.15.020\(2\)](#)

Policy

1. A Voluntary Placement Agreement (VPA) is used in specific time limited circumstances as part of a short-term placement plan for children who cannot safely remain at home. A VPA will not exceed ninety (90) days.
2. A Voluntary Placement Agreement (VPA) is valid when:
 1. Approved by the supervisor.
 2. Signed by both parents/ legal guardians of the child unless unable to locate the other parent/legal guardian.
 3. Signed by the CA representative per [WAC 388-25-0050](#).
 4. Signed in front of a judicial officer of the Tribal Court or Juvenile Court when the child is an Indian child as per [ICW 06.50 Voluntary Consent to Placement](#).
 5. Placement is with a licensed caregiver or relative as defined in [RCW 71.15.020 \(2\)](#) and within the State of Washington.
3. VPA's may not be used to place a child or youth:
 1. With an "[other suitable person](#)" Per [RCW 13.34.130](#)
 2. On hospital/medical/physician hold
 3. Outside of Washington
 4. In care when the youth is 18 or older
4. An FTDM must be conducted before the placement occurs.
5. Before a child is returned home and upon written or verbal request for termination of the VPA, the social worker must reassess child safety and determine if the child can safely return home. If so the child must be returned to the parent/legal guardian with legal custody as soon as possible.
6. If a child cannot safely return home, Children's Administration must take immediate steps to request the child be taken into protective custody by law enforcement or file a dependency petition per policy [5700. Juvenile Dependency and Rights of Children and Families](#).

Procedures

1. VPA's are approved by the CA supervisor in the following circumstances:
 1. When a safety assessment is complete and it is determined in-home services cannot control identified safety threats and services can be completed within the VPA timeframe.
 2. After business hours, when a safety threat exists and the child is not placed in protective custody by law enforcement.
 3. When the parent/legal guardian needs temporary care for the child while undergoing medical care/treatment and there are no alternative resources.
 4. When the child's other parent/legal guardian is not immediately available to provide care.

2. Complete the VPA form (DSHS 9-004B) with all required signatures and upload the form into the FamLink file cabinet. **Note:** Unless legal custody resides with one parent, which must be verified, a good faith effort must be made to have both parents sign the VPA and the effort documented in FamLink.
3. Document the following in FamLink:
 1. The child's legal information on the Legal Records page.
 2. Details of child's placement on the Out of Home Placement page.
 3. A request from a parent or legal guardian to end the VPA and return the child home (when applicable) in a case note.
 4. The date, time and location of the child's return to the parent (when applicable) in a case note.
 5. Supervisor approval.

Forms and Tools

- DSHS 9-004B

Resources

- [ICW Manual Chapter 6000 - 06.50 Voluntary Consent to Foster Care Placement](#)
- Practice and Procedure Guide Chapter 4000 - 43071 Voluntary Plan for Continued Placement and Services for Youth (ages 18 to 21)
- [Practice and Procedure Chapter 3000 - 3600 Child in Need of Services \(CHINS\) Petition and Placement](#)
- [Case Services Manual Chapter 5000 - 5700. Juvenile Dependency and Rights of Children and Families](#)
- [Practice and Procedure Manual Chapter 4000 - 4261 Placement Priorities](#)

4308. Legal Activity

43081. Dependency Petition Process - RCW 13.34.030 through 13.34.

1. The social worker files a dependency petition when it is clear that child safety cannot be managed or controlled in the home and if the parent(s) refuse or are unwilling to immediately make changes adequate to protect the child, or after reasonable efforts have not increased the parent(s) protective capacities.
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 Administrative Policy 18.63.

4309. Court Report and Health and Education Record

43091. Court Report

1. When a child is in out-of-home care, the social worker must complete or update the report to the court in the following timeframes.
 1. The first report to the court 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 report to the court is due by the 180th day of placement, and periodically thereafter at six month intervals.
2. If the report to the court is completed earlier than required, the next report to the court is due no later than six months from the date of the last one completed.
 3. The report to the court shall include screening results and case plans to address the child/youth's multiple needs.
2. The report to the court must be submitted 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 Shared Planning 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 report to the court must be developed after consulting, in person if possible, with the parents of the child, and, if developmentally appropriate, with the child. Following completion of the case plan, the social worker's supervisor must approve and sign each report to the court. The social worker must provide a copy of the report to the court to the parent(s) if the parent(s) whereabouts are known.
 4. The child's report to the court contains information that is important for the child's caregiver to know so that the caregiver can provide appropriate care to the child. The child's report to the court must be shared with the child's foster parent, relative caregiver, or pre-adoptive parent(s).
 5. Document in the Court Report for an incarcerated parent the following:
 1. How the parent participated in case planning
 2. What treatment services and resources are available in the facility that meet the parent's individual needs
 3. Visitation schedule or reasons why visitation is not appropriate with the incarcerated parent
 6. The child's caregiver must preserve the confidentiality of information contained in the child's court report. 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.

Effective Date **Initial:** **Revised:** 10/20/2013 **Approved by:** Jennifer Strus, Asst. Secretary

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 4413. Placement Services Policy, Procedures 2.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 4413. Placement Services Policy, Procedures 2. Once the form has been signed or provided electronically, it must be uploaded into FamLink.
 3. Complete and provide a new Child Information/Placement Referral Form to the caregiver at or before a planned change in placement, or within 24 hours of an urgent placement change. See 4413. Placement Services policy, Procedures 2.b. Once the form has been signed or provided electronically, it must be uploaded into FamLink.
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 Early Support for Infants and Toddlers (ESIT) 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 ESIT protocol. Children ages birth to three who are under CA's legal authority may also be referred for an ESIT assessment by the assigned social worker any time there is a concern about the child's development. See 4224. Initial Assessment Policy, Procedures 8.
 3. The screening specialist makes a referral for services to the Fostering Well-Being Care Coordination Unit 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. Fostering Well-Being Process

1. The Fostering Well-Being Care Coordination Unit 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 FWB, or at any time a health concern arises.
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 43102. CA Responsibilities to Youth 12 and older Policy.
 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 4413. Placement Services Policy.
 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 report to the court with the licensed foster parent or relative caregiver.

43093. Global Appraisal of Individual Needs - Short Screener (GAIN-SS) Tool

Approval: Jennifer Strus, Asst. Secretary

Effective Date: April 30, 2007

Revised Date: May 1, 2014

Sunset Review: June 2018

Purpose

Screening of required adults parent(s), guardian(s) or legal custodian(s) and youth, age 13 and over to identify need for further chemical dependency, mental health or co-occurring assessment by a community professional and make appropriate referrals.

Laws

[RCW 71.05.027](#)

[RCW 26.44.170](#)

[RCW 26.44.195](#)

Policy

1. Children's Administration will utilize the Global Appraisal of Individual Needs - Short Screener (GAIN-SS) Tool as required for all DSHS Administrations.
2. Screening will be completed on CPS, FVS, CFWS and FRS cases.
3. In CPS cases, only adult caregivers will be required to be screened.
4. Clients have the right to refuse to participate in the screening and the right to refuse to share screening results.
5. Cases are not required to remain open solely on GAIN-SS results.

Procedures

1. Screening will be completed on:
 1. Adults identified in CPS Investigations as a subject on the intake, parent(s) or person(s) acting in loco parentis and living in the family home.
 2. In FVS, CFWS and FRS cases:
 1. Parent(s) or person (s) acting in loco parentis and participating in in case planning.
 2. Youth, age 13 years and over.
2. Screening will be completed:
 1. Within 60 days by the CPS worker.
 2. When a voluntary service plan (FVS) is developed.
 3. When a dependency petition is filed and prior to development of service recommendations (CFWS).
 4. During the initial Phase One intervention and contact with FRS clients (FRS).
 5. During Child Health and Education Tracking (CHET) initial screenings with youth 13 years and over.
 6. At any time in a case when circumstances change or new information is obtained indicating a screening is warranted.
3. Screening is not required when:

1. The client (adult or youth) is currently engaged in substance abuse or mental health services, or
2. A screen has been completed within the previous six (6) months by Children's Administration staff.
3. In limited situations, an exception is approved by the CPS supervisor during the investigation (i.e. false report in which the screen would create an unnecessary intrusion in the family.)
4. Referrals will be made by the assigned worker and:
 1. Will be made by contacting the appropriate community professional/provider as indicated by client responses on the GAIN-SS (DSHS 14-486) and submitting the GAIN-SS form to the provider.
 2. Will be made to the local crisis line or Designated Mental Health Professional (DMHP) if there is a "yes" to the suicide question, regardless of other responses.
 3. Require the client signature at the bottom of the GAIN-SS (DSHS 14-486) prior to referral.
 4. For clients who refuse to sign the GAIN-SS, workers will provide community professional/provider contact information directly to the client.
 5. Are not required when the client is actively engaged in substance abuse and/or mental health treatment.
5. Documentation
 1. Workers will document in FamLink, results of the GAIN-SS, including client refusal or inability to answer questions, and referrals on the GAIN-SS page.
 2. The hard copy GAIN-SS will be placed in the client case file either under Family Assessment or if child specific in the CHET section.

Forms and Tools

[GAIN-SS DSHS 14-485](#)

4310. Services to Adolescents

43101. Assessment and Learning Plan

Purpose

Youth receive the resources, tools and services to develop the life skills required to become self-sufficient adults.

Laws

[RCW 74.13.031 \(14\)](#) - Provide Independent Living Services to Youth

[RCW 74.13.540](#) - Independent Living Services

[WAC 388-147-0190](#) What Independent Living Skills May be Offered?

[PL 106-169](#) John H. Chafee Foster Care Independent Living Act

Policy

1. All youth 15 and older who are in out-of-home care for more than 30 days must receive the Ansell-Casey Life Skills Assessment (ACLSA) and Learning Plan (LP) annually.
2. All Independent Living (IL) services provided to youth must be documented in FamLink on the National Youth in Transition Database (NYTD) tab on the IL page. **Note:** Permanency planning continues for youth regardless of age, including efforts towards adoption.

Procedures

1. Inform youth and their caregivers of the ILS services available beginning at age 15.
2. Assist youth with completing the Ansell-Casey Life Skills Assessment (ACLSA) and developing a culturally appropriate Learning Plan (LP). You will find this tool at <http://caseylifeskills.force.com/>.
3. Coordinate the development of the LP with the local school district for any youth age 16 and older receiving special education services.
4. Assist youth to update their ACLSA and LP, at least annually.
5. Document the ACLSA, LP, services provided and youth's progress in the youth's electronic case file under the IL page. Create the document titled: "Independent Living Youth Learning Plan and Progress Report" to attach to the youth's report to the court.
6. Provide life skill development training on parenting to pregnant or parenting teens.
7. Discuss with youth at age 17 the importance of the Youth Survey and provide youth the website link to take the survey.
8. Document all services and *Youth Survey* discussions provided to the youth in FamLink under the NYTD section of the IL page.

Forms and Tools

- DSHS 15-353 - Independent Living Services Referral
- DSHS 15-386 - Independent Living Youth Learning Plan and Progress Report
- Ansell-Casey Life Skills Assessment (ACLSA) and Learning Plan (LP) can be located at <http://caseylifeskills.force.com/>

Resources

- Q & A for National Youth in Transition Database
- Youth prior to their eighteenth birthday may be eligible for up to \$500.00 to help attain their IL goals.

- **Contracted IL services** may be available to assist youth in the completion of the Assessment and LP. Contact your local office IL Coordinator to see if this service is available to your youth.
- Youth may receive services (including the ACLSA and LP) from contracted IL Services. If youth is participating in contracted IL services, make sure you receive documentation from IL provider that youth completed the ACLSA and developed a Learning Plan.

43102. CA Responsibilities to Youth 12 and older

Purpose

Dependent youth age 12 and older will understand Children's Administration (CA) duties and responsibilities to foster youth including their right to request counsel.

Dependent youth age 16 and older will understand the importance of their Consumer Credit Report by receiving a copy of their report yearly, review the report and address any discrepancies.

Laws

[RCW 74.13.031 \(16\)](#) services advisory committee

[RCW 13.34.100 \(6\)](#) Appointment of counsel for child

[PL 112-34](#) The Child and Family Services Improvement and Innovation Act

Policy

CA staff must:

1. Discuss CA's duties and responsibilities to all dependent youth including the youth's right to request counsel within 30 days of the youth becoming age 12 and at least annually thereafter.
2. Assist youth, 16 and older, in obtaining and reviewing a copy of their Consumer Credit Report annually.
3. Assist youth in correcting any inaccurate credit information.
4. Document these discussions in the electronic case notes and in the report to the court.

Procedures

1. Provide and discuss the following information with dependent youth within 30 days of the youth becoming age 12 and annually thereafter:

1. Notification of their right to request counsel and ask youth if they would like counsel.
2. Annual copy of the [Your Rights, Your Life: A Resource for Youth in Foster Care](#) review it with the youth, and answer any questions.
3. The link to the CA website for additional information, contained at <http://www.independence.wa.gov>.
2. Inform youth age 16 and older how to obtain their consumer credit report and assist them in requesting a copy annually through www.annualcreditreport.com.
3. Review the report with the youth and identify any discrepancies. If discrepancies are identified, assist youth to contact the nationwide consumer credit reporting company that provided the credit report. Follow dispute instructions at each of the following websites:
 1. Equifax - www.investigate.equifax.com
 2. Experian - www.experian.com
 3. TransUnion - www.transunion.com
4. Document in FamLink case notes and in the report to the court the information above was provided and explained to the youth. Also document on the NYTD tab of the IL page under element "Budget & Financial Management" that the youth received "consumer awareness".

Forms and Tools

[Your Rights, Your Life: A Resource for Youth in Foster Care](#)

Resources

Websites: <http://www.independence.wa.gov>
<http://www.annualcreditreport.com>

Washington State Annual Credit Check Policy Q&A

Contracted IL services may be available to assist youth in requesting their annual credit report and assist with resolving any discrepancies.

[DVD entitled: "Back on track: Information for youth in foster care"](#)

Suggested Practice Tips

1. When discussing the ISSP with the youth, discuss the responsibilities of CA including their right to request counsel and provide opportunities for them to ask questions.
2. Provide the youth with a copy of the youth-oriented DVD entitled "Back on track: Information for youth in foster care" that explains more details of the dependency process.
3. If youth is participating with a contracted Independent Living (IL) provider they can assist the youth with requesting their own credit report and provide a copy to the social worker.

43103. Washington State Identicards for Foster Youth

Social workers have authority to request WA State Identicards for dependent youth in foster care and for youth placed in WA State through an Interstate Compact on the Placement of Children (ICPC). Identicards 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 Identicard.

Social workers must:

1. Complete the new WA State Identicard 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 Identicard 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 Identicard.
3. 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.
4. 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: DOLDSDSHSLETTER@DOL.WA.GOV
 3. 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.
5. 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.
6. 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.
7. 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. [Read 4300. Case Planning](#)

43104. Transition Planning for Dependent Youth 15-18 Years (In care 30 days or more)

Purpose

Transition Planning and services provide youth exiting care an opportunity to have a smooth and successful transition into adulthood.

Laws

[RCW 74.13.031 \(14\)](#) Provide Independent Living Services to Youth

[RCW 74.13.540](#) Independent Living Skills

42 U.S.C. 677 John H. Chafee Foster Care Independent Living Act

Policy

1. All dependent youth must have a Shared Planning Meeting between age 17 and 17.5 to discuss and develop a personalized, youth directed Transition Plan.
2. All dependent youth must have an *updated* Transition Plan that addresses all six federal topics within 90-days before turning age 18 **or** for youth electing to participate in the Extended Foster Care Program within 90 days before they complete their high school or GED program. This transition plan must be attached to the report to the court when requesting dismissal of dependency at age 18 or at every review hearing when the youth is in the [Extended Foster Care Program](#). Federal requirements include:
 1. Education
 2. Employment
 3. Housing
 4. Health Insurance
 5. Local opportunities for mentors and continuing support
 6. Work force supports and employment services
3. All dependent youth must receive a copy of their health and education record and be informed of how to access their case record prior to exiting care.

Procedures

1. Conduct a Shared Planning Meeting between age 17 and 17.5 to assist the youth with the development of a Transition Plan to aid in a safe and successful transition into adulthood.

2. The meeting must occur even when a youth is on the run, and the transition plan should be shared with the youth upon return to care.
3. Complete the *Transition Plan for Youth Exiting Care* form (DSHS 15-417) during the Shared Planning Meeting. The Transition Plan must address the six required areas outlined above in 2. a-f.
4. Review and update the transition plan with the youth during the monthly health and safety visits and follow up with assigned individuals on any uncompleted tasks identified in the transition plan. This process will continue until the youth exits leaves care. Document the visits in the electronic case file under "Monthly Health and Safety Visits."
5. Update the Transition Plan, including all six federal topic areas within 90-days before the youth leaves care at age 18 or the later age if they elect to participate in the Extended Foster Care Program.
6. Attach the transition plan to the report to the court when submitting a request to the court for dismissal of dependency at age 18 or for dismissal of youth's participation in the [Extended Foster Care Program](#).
7. Consult with Division of Developmental Disabilities (DDD) and coordinate the youth's continued DDD services beyond age 18 years of age.
8. Document the Shared Planning meeting and the development and updates to the youth's Transition Plan in FamLink and in the report to the court.
9. Provide youth with a copy of their health and education record prior to exiting care and inform them how to access their case record after exiting care. Complete the Ward of the Court Verification form (DSHS 27-056) for youth (if applicable.)

Forms and Tools

- Transition Plan [DSHS 15-417](#)
- Social Worker Guide to Transition Planning for Youth ([DSHS 22-1313](#))
- Ward of the Court Verification ([DSHS 27-056](#))
- Gameboard Pocket Guide ([DSHS 22-080](#))
- <http://caseylifeskills.force.com/>
- Monthly Health & Safety Visits Child Checklist
- Q&A - Independent Living Skills
- [Your Rights Your Life](#)

See Also

- [Shared Planning Meeting Policy-4301](#)

Resources

- Youth in foster care prior to their eighteenth (18) birthday may be eligible for up to \$500.00 to help attain their IL goals.
- Social worker should inform youth of their eligibility to receive transitional living services through a contracted provider until age 21.

Suggested Practice Tips

1. This meeting should be youth focused and youth driven. Social worker should discuss with the youth prior to this meeting any important persons the youth would like to have participate in the meeting and invite these persons to participate.
2. Other participants that should be invited include:
 1. Independent Living contractor
 2. DDD Social Worker and any other social worker involved
 3. Community Service Offices (CSO)
 4. Caregiver
 5. Biological or extended family
 6. Any community agencies working with the youth
 7. CASA, GAL, or attorney appointed for the youth
3. Social worker and contracted IL provider (if applicable) should gather any of the required documents and information prior to the transition planning.
4. Social worker and youth should sign the transition plan and provide a copy to the youth.
5. Social worker must place a signed copy of the transition plan in the youth's file.
6. Social worker must meet with the youth prior to exit from care and provide youth with any additional information and documents as indicated on the transition plan.

43105. Extended Foster Care Program

Approval: Jennifer Strus, Asst. Secretary

Effective Date: June 22, 2011

Revised Date: July 7, 2012; July 28, 2013; June 12, 2014

Sunset Review: June 2018

Purpose

The Extended Foster Care Program (EFC) is a voluntary program created to support eligible youth between the ages of 18 through 20 with continued foster care placement and services in their transition to adulthood.

Laws

[Public Law 110-351 - Fostering Connections to Success and Increasing Adoptions Act 2008](#)

[RCW 13.34.267](#)

[RCW 13.34.268](#)

[RCW 74.13.020](#)

[RCW 74.13.031](#)

[WAC 388-148-0010](#)

[WAC 388-25-0110](#)

[WAC 388-25-0500 through 388-25-0548](#)

Policy

1. Provide written information about the EFC program with youth between the age of 17 and 17.5.
2. To be eligible for the EFC program, a youth on his or her 18th birthday must be legally dependent, in foster care, and:
 - o Enrolled in high school or a high school equivalency program;
 - o Enrolled, applied for, or can show intent to timely enroll in a post-secondary academic or post-secondary vocational certification program;
 - o Participating in a program or activity designed to promote or remove barriers to employment; or
 - o Employed 80 hours or more a month (Effective March 1, 2015)
3. NOTE: A tribal dependent may be eligible for the EFC program if the tribe's code defines "child" up to the age of 21 and he or she meets the above qualifications.
4. Eligible youth must elect to participate in the EFC program:
 - o Starting on his or her 18th birthday; or
 - o Prior to his or her 19th birthday.
5. Eligible youth, who do not elect to participate in the program on their 18th birthday, will have their dependency action dismissed. These youth have until their 19th birthday to request to enter into the EFC program.
6. Youth re-entering foster care before their 19th birthday must meet program eligibility and sign a [Voluntary Placement Agreement \(VPA\) for Extended Foster Care Services \(DSHS 15-431\)](#).
 - o Only one VPA can be signed between a youth's 18th and 19th birthday
 - o Youth's placement in care on a VPA cannot exceed 179 days
 - o A VPA cannot be completed on a youth who has reached age 19 or older
7. All youth in EFC receive the following: [monthly health and safety visits](#); regular court reviews; [case planning activities](#); and services tailored to meet their transition needs while participating in the program.
8. EFC youth may be placed in licensed foster care, with relatives, other suitable adults or in Supervised Independent Living (SIL) settings. SIL settings include but are not limited to: apartment living; room and board arrangements; college or university dormitories; and shared roommate settings. SIL settings must be approved by CA and the court.
9. EFC youth may leave a placement setting to participate in normal childhood activities for up to 72 hours. Youth may be gone for longer than 72 hours with assigned CA worker approval.
10. Youth can transition between eligibility categories but must remain eligible in one category.
11. CA must verify the youth meets the eligibility criteria prior to every court review.
12. Youth participating in the EFC program can exit the program at any time.

13. Adoption Support or Relative Guardianship Assistance Program subsidies may continue if they were established on or after the youth's 16th birthday **and** youth meets EFC eligibility criteria. The **caregiver** will receive the benefits or subsidies until the youth turns 21.
14. For ICPC cases:
 - Washington as the sending state -
 - The assigned CA worker must contact the ICPC Unit to determine if the receiving state will provide case management services to EFC youth.
 - If receiving state does not provide case management services, the assigned CA worker is responsible for ensuring monthly visits and case management services are provided.
 - Washington is the receiving state -
 - Provide EFC services to ICPC youth who were placed in Washington prior to their 18th birthday. Sending state must also have an EFC program and request WA to continue to provide this service.
 - EFC is not provided to incoming youth who were not in WA prior to their 18th birthday.

Procedures

1. Begin discussing the EFC Program with dependent youth when the youth turns 17 and during all transitional staffing's per [43104 Transition Planning for Dependent Youth 15 - 18 Years Policy](#).
2. Document in the report to the court that the youth has been provided information about the EFC Program.
3. Coordinate with the Developmental Disabilities Administration (DDA) (per the CA/DDA Memorandum of Understanding), the youth, and the youth's assigned CASA/GAL, counsel, and court to assist youth with the decision to decide whether to enter into the EFC Program when youth is disabled.
4. Determine youth's eligibility for EFC on their 18th birthday.
5. Complete the [Extended Foster Care Participation Agreement Form \(10-432\)](#) with youth who elect to participate on their 18th birthday. Provide the completed form to all involved parties including the court.
6. Complete a new Foster Care Rate Assessment when a youth enters the EFC program and is in a licensed placement. Follow rate assessment policy as long as youth remains in a licensed placement setting.
7. Request court approval for SIL placement settings and work with regional lead to determine appropriate payment for approved placement setting.
8. If the youth does not elect to participate in the EFC program, request that the court dismiss the dependency and end the placement episode in FamLink when case has been dismissed in court.
9. Youth requesting to *re-enter* foster care through the EFC program after their case was dismissed must have:
 1. An intake created that is assigned to the office where the youth is currently residing. Any CA staff receiving a youth's request to enter the EFC program must

- connect the youth to an intake worker or ensure the intake is created on the youth's behalf.
2. Program eligibility determined and documented in FamLink by assigned CA worker, and a Voluntary Placement Agreement (VPA) for [Extended Foster Care Services \(DSHS 15-431\)](#) signed before entering care.
 3. A non-minor dependency action filed within 179 days from date the VPA was signed.
 4. An Initial Health Screen completed within required timeframe.
 5. A denial letter [DSHS 06-165](#) within 10 calendar days of agency decision. When denying a youth access to EFC program staff case with regional lead prior to sending letter. A youth is denied access when he or she:
 1. Was not eligible on his or her 18th birthday
 2. Does not meet any of the eligibility criteria
 3. Had a previous EFC VPA
 4. Is 19 or older when making the request
10. Request court dismissal of the dependency when the youth is:
1. Not eligible on their 18th birthday
 2. Eligible but chooses not to participate in the program on their 18th birthday
 3. No longer meets eligibility requirements
 4. When youth turns 21 or leaves the program
 5. Not participating with the dependency court order, case plan, or placement rules
 6. When youth has left approved placement for more than 72 hours without approval
11. EFC services are provided with a direct focus on helping prepare the non-minor dependent for a successful transition to adulthood. Assigned CA worker will work with youth and caregiver (when applicable) to develop a set of guidelines that focus on helping the youth gain more independence.
12. Document in FamLink that the placement has ended once the court dismisses the dependency.
13. For ICPC Cases:
1. Washington as sending state - When a receiving state is not accepting an ICPC request for an EFC youth, all efforts must be made to find a contracted provider who can provide the required services in the receiving state.

Forms and Tools

[DSHS 10-432 Extended Foster Care Agreement Form](#)

[DSHS 15-431 Voluntary Placement Agreement for Extended Foster Care Services](#)

[DSHS 06-165 EFC Denial Letter](#)

See Also

- [Court Report Policy](#)
- [Case Resolution/Closure](#)
- [Children Missing from Care Policy](#)

4311. Social Worker Role

1. Social workers have primary responsibility to coordinate the case planning efforts (per [Child Safety Section policy](#)) 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 case 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.

4312. Outside Communication for Children in Out-of-Home Care

Purpose

Evaluate child safety and support to caregivers when determining outside communication with parents, relatives and other important people to the child in out of home care.

Laws

[RCW 13.34.136](#)

Policy

1. Children in out-of-home care must have reasonable access to uncensored communication with parents, relatives, and other people important to the child.

2. Communication restrictions must be based on a pending investigation or an identified child safety issue and be addressed in a court order or service plan.
3. Child safety issues must be addressed prior to allowing the child to participate in any communications with parents, relatives or people important to the child.

Procedures

1. Notify and collaborate with the child (if age appropriate), child's out-of-home caregiver, parent(s), relative(s) and important people to the child to develop the child's communication plan. Communication may include:
 1. Private telephone calls;
 2. Mail and gifts;
 3. Electronic communication (*E-mail and other electronic social networking avenues such as Facebook, My Space and Twitter*). Access to electronic communication is based on reasonable caregiver or social worker discretion and on electronic device availability.
2. Note: Visitation occurs per [4254. Parent-Child-Sibling Visiting Policy](#)
3. Discuss with caregivers any court orders or service plans that restrict the child's contact with family, relative or important people to the child. Limited or censored communication could include:
 1. Opening and reviewing mail for appropriate child related content.
 2. Opening gifts to determine age appropriateness.
 3. Monitoring of email or phone calls for appropriate child related content.
 4. Determining age appropriate use of social networking sites, including limitations. Note: Allowing children access to electronic communication as described above is based on reasonable caregiver discretion and on electronic device availability.
4. Inform caregivers on social networking websites regarding children in out-of-home care must not include:
 1. Child's name
 2. Identify the child as being a foster child.
 3. Discussion about case specific information about the child or the child's family
5. Inform caregivers if there are safety reasons why unidentified photos may not be posted on the caregiver's social networking site(s).
6. Discuss communication planning with the child and caregiver during monthly visits.
7. Conduct when needed, a Shared Planning Meeting if communication needs to be limited or censored due to safety concerns.
8. Document the child's communication plan and any decisions to limit a child's communication in the electronic case file.

See Also

[2440 Service Agreements Policy](#)

[4301 Shared Planning Policy](#)

4313. Partnering with Out-of-Home Caregivers

Purpose

Support out-of-home caregivers* as important and respected team members who have a vital role in meeting the individual needs of children.

*Caregivers include: Foster parents, relatives, and suitable persons

Laws

[RCW 74.13.332 Rights of Foster Parents](#)

[RCW 74.13.333 Rights of Foster Parents - Complaints-Investigations-Notice](#)

[RCW 13.34.260 Foster Home Placement - Parental Preferences](#)

Policy

1. Out-of-home caregivers have the right to be treated with respect and be supported in their responsibilities for the protection, daily care, and nurturance of the child in their home to maintain the health and safety of the child.
2. Out-of-home caregivers may participate as members of the child's treatment team with valuable input about the child's behavior, school and medical status, response to parental visits, and growth and development.
3. Out-of-home caregivers must always be valued and supported in their responsibility to record and share information with the social worker or other agency/ community staff working on behalf of the child; i.e., schools, therapists, and SSI facilitators.
4. Out-of-home caregivers must never be intimidated, threatened, or discriminated against when the caregiver complains, provides information, assists, or participates in any part of a complaint process.

Procedures

1. Invite the Caregiver to participate in the development of the service plan for the child, assist in family visitation (if appropriate) and model effective parenting behavior for the parent(s).
2. Discuss the child's communication plan per [43022 Outside Communication for Children in Out-of-Home Care Policy](#) with the caregiver.
3. Invite the Caregiver to participate in shared planning meetings per [4413-Placement Services](#) and [45303-Procedures](#).

4. Include the Caregiver in court hearings per [5760-Fact Finding and Dispositional Hearings](#).
5. Confirm therapeutic foster care and group/rehabilitative care providers are providing additional therapeutic service as defined in their DSHS contracts.

Resources

A Relatives Guide to Child Welfare Services

[Building a Future for Washington's Children-Foster Care Improvement Plan](#)

Suggested Practice Tips

1. It is important to create both the perception and reality that Caregivers and Social Workers are working together in complementary roles to mutually assure that the best interests of the child are achieved.
2. Based on experience, some Caregivers may perceive their role is viewed by social workers as secondary to Children's Administration. We are partners in making decisions that are in the best interest of the child and need demonstrate the respect and value each other's perspectives.
3. Respectful communication is critical to creating good partnerships. We need to work together as a team to plan the best outcomes for children in out-of-home care.
4. Decisions regarding the child and his/her placement in the home will be made with careful consideration to the child's needs and with respect to the connection that has developed between the child and the Caregiver.

4330. Open Communication Agreements

Purpose

Assist and advise birth, adoptive parent(s) and known siblings when it is appropriate and in the child's best interests to consider an Open Communication Agreement.

Open Communication Agreements provide an opportunity for birth parents, adoptive parents and known siblings to have an agreed type of post adoption contact.

Laws

Policy

1. An Open Communication Agreement must be determined to be appropriate or not appropriate during the child's case plan and prior to filing the termination petition.
2. An Open Adoption Agreement may be entered into prior to a termination hearing when it is in the best interests of the adoptee and there is a willing adoptive parent/s.

3. Determine and document that an Open Communication Agreement is in the best interest of the child both now and in the future.

Procedures

1. Consider establishing an Open Communication Agreements with **birth parents** when:
 1. The department and GAL have stated it is in the best interest of the child adoptee through a shared planning meeting to maintain contact with a birth parent post adoption. Best interest of the child includes but is not limited to when:
 1. There is an emotional attachment on the part of the adoptee and continued communication post adoption supports the adoptees:
 1. Sense of well-being and security
 2. Identity development
 3. Stability
 4. Wishes of not losing contact
 2. It creates an opportunity for adoptive parents to receive medical and educational information to support parenting.
 3. It does not interfere with the physical safety and welfare of the adoptee and adoptive parents.
 2. The prospective adoptive parent(s) has agreed to enter into an Open Communication Agreement.
 3. The Open Communication Agreement provides an opportunity for the adoptee, and adoptive parents to maintain an agreed form of post adoption contact.
 4. The birth parent(s) has the developmental capacity to understand the terms of an Open Communication Agreement.
 5. There is a favorable relationship between the birth parent(s) and adoptee.
 6. The Open Communication Agreement is completed prior to a relinquishment or termination.
 7. The Open Communication Agreement is prepared with the birth parent(s), prospective adoptive parent(s) and their individual legal council.
2. Ensure the following CA staff attend the Shared Planning meeting when determining any ongoing contact post adoption:
 1. Adoptee's social worker and supervisor,
 2. Adoptive family social worker and supervisor,
 3. Each child's CASA/GAL,
 4. Social worker or supervisor from the Adoption Program/Unit,
 5. Service providers for adoptee as appropriate.
3. Conduct a Shared Planning Meeting to determine and document the following:
 1. An Open Communication Agreement with the birth parent(s) is in the best interest of the child adoptee.
 2. The benefits of maintaining connections between a birth parent(s) and prospective adoptive parent(s) can benefit the adoptees the well-being.
 3. Identify the type of on-going communication that is most appropriate for the child:**Note:** At a minimum a letter and photo one time per year
 4. Obtain signed approval from the Area Administrator or designee when the staffing decision approves the Open Communication Agreement.

4. Discuss with a **youth age 14 and over** (younger if appropriate) the youth's interests in maintaining contact with birth parents and known siblings. The discussion should include:
 1. Type and amount of contact the youth feels would be beneficial.
 2. The youth's understanding of an Open Communication Agreement.
5. Advise birth parent(s):
 1. About the option to enter into an Open Communication Agreement,
 2. The Open Communication Agreement must be signed prior to signing the relinquishment document or prior to a termination hearing.
 3. To consult their attorney prior to signing the Open Communication Agreement.
6. Advise prospective **adoptive parent(s)**:
 1. To consult their attorney, prior to entering into an Open Communication Agreement, and;
 2. The costs and services related to negotiating an Open Communication Agreement may be considered as a non-recurring expense under the adoption support program.
7. An Open Communication Agreement must be signed by the following parties:
 1. Prospective adoptive family
 2. Birth parent(s), if applicable
 3. Known sibling(s), if applicable
 4. CASA/GAL or child's therapist, if applicable
 5. Area Administrator or designee
8. The signed Open Communication Agreement needs to be submitted to both Juvenile Court at the relinquishment or termination hearing and Superior court for the adoption hearing.
9. Maintain a copy of the agreement in the child's adoption file (legally free).
10. If a staffing decision does not support an Open Communication Agreement with:
 1. A birth parent(s), the social worker will pursue termination of parental rights.
 2. A known sibling, document the decision in the adoptee's case record **and** the sibling's case record.
11. Consider establishing an Open Communication Agreement with **known siblings** when:
 1. The department and GAL have stated it is in the best interest of the child adoptee through a shared planning meeting to maintain contact with a sibling post adoption. Best interest of the child includes but is not limited to when:
 1. There is an emotional attachment on the part of the adoptee and continued communication post adoption supports the adoptees:
 1. Sense of well-being and security
 2. Identity development
 3. Stability
 4. Wishes of not losing contact
 2. It does not interfere with the physical safety and welfare of the adoptee and adoptive parents.
 2. The prospective adoptive parent(s) has agreed to enter into an Open Communication Agreement.
 3. Sibling(s) are placed separately and have an established relationship.

4. Maintaining on-going connections post adoption is in the adoptees best interest both now and in the future.
 5. No safety concerns prevent on-going contact post adoption between the adoptee and the known sibling(s) placed separately.
 6. The Open Communication Agreement provides the opportunity for the adoptee, known sibling(s) and adoptive parent(s) to exchange information post-adoption finalization.
 7. A GAL or court appointed attorney represents the separated sibling and approves the Open Communication Agreement
 8. The Open Communication Agreement is prepared with prospective adoptive parent(s), known sibling(s) and their individual legal council.
 9. The known sibling has been provided with legal counsel.
12. Ensure the following CA staff attend the Shared Planning meeting when determining any ongoing contact post adoption:
1. Adoptees social worker and supervisor
 2. Adoptive family social worker and supervisor
 3. Known sibling
 4. The social worker for the known sibling and supervisor
 5. Each child's CASA/GAL
 6. Social worker or supervisor from the Adoption Program/Unit
 7. Service providers for adoptee as appropriate
13. Conduct a Shared Planning Meeting to determine and document the following:
1. An Open Communication Agreement with the birth parent(s) is in the best interest of the child adoptee.
 2. The benefits of maintaining connections between a known sibling and prospective adoptive parent(s) can benefit the adoptees the well-being.
 3. Identify the type of on-going communication that is most appropriate for the child:**Note:** At a minimum a letter and photo one time per year
 4. Obtain signed approval from the Area Administrator or designee when the staffing decision approves the Open Communication Agreement.
14. Advise prospective **adoptive parent(s)**:
1. To consult their attorney, prior to entering into an Open Communication Agreement, and;
 2. The costs and services related to negotiating an Open Communication Agreement may be considered as a non-recurring expense under the adoption support program.
15. If a staffing decision does not support an Open Communication Agreement with:
1. A birth parent(s), the social worker will pursue termination of parental rights.
 2. A known sibling, document the decision in the adoptees case record and the sibling's case record.
16. An Open Communication Agreement must be signed by the following parties:
1. Prospective adoptive family
 2. Birth parent(s), if applicable
 3. Known sibling(s), if applicable
 4. CASA/GAL or child's therapist, if applicable
 5. Area Administrator or designee

17. The signed Open Communication Agreement needs to be submitted to both Juvenile Court at the relinquishment or termination hearing and Superior court for the adoption hearing.
18. Maintain a copy of the agreement in the child's adoption file (legally free).

4340. Guardianship

Purpose

Provide permanency for children in out-of-home care. A permanent plan of guardianship provides long term permanency, safety, and well-being for the child.

Laws

- [RCW 74.15.020\(2a\) - Definition of Relative](#)
- [RCW 74.13.031 - Duties of the Department](#)
- [RCW 13.34.030 - Definitions](#)
- [RCW 13.34.145 - Permanency Planning Hearing - Guardianship Petition](#)
- [RCW 13.34.232 Guardianship for Dependent Child](#)
- [RCW 13.34.234 Guardianship for Dependent Child - Dependency Guardianship Subsidies](#)
- [RCW 13.36 Title 13 Guardianship](#)

Policy

1. Permanent plan of guardianship must be in the child's best interest and specific criteria must be followed. Permanent planning must be in accordance with [4305 Permanent and Concurrent Planning](#) and [4301 Shared Planning](#).
2. Permanency planning continues until a permanency goal is achieved and ongoing until case closure.
3. Guardianship may occur when a child cannot:
 1. Safely be reunified with his or her birth parents;
 2. Adoption has been determined not to be in the child's best
4. Guardianships may be unsubsidized or subsidized in accordance with [43401 Relative Guardianship Assistance Program](#).
5. Refer to [10.30 \(E\) ICW Manual](#) when developing a permanent plan of guardianship for Indian children.
6. Regional Administrator or designee approval is required prior to asking the court to support guardianship as a permanent plan.
7. Dependency Guardianships established prior to June 10, 2010 may be converted to a Title 13 Guardianship in accordance with the procedures provided below.

8. Guardianships should not be vacated or a Voluntary Placement Agreement (VPA) accepted in order to make a child eligible for foster care services. These options should only occur when safety issues arise or permitted by RCW.
9. Licensed guardians are not required to maintain their license after the guardianship is established.

Procedures

1. Determine and document that the decision to establish a guardianship is an appropriate permanent plan prior to court approval when the following are met:
 1. A [4301. Shared Planning](#) meeting has been convened and it has been determined and the steps documented that return home or adoption is not appropriate.
 2. Efforts made to discuss and input received from the following persons:
 1. Child's Parents:
 1. Permanency options includes:
 1. Return home
 2. Adoption
 3. 3rd party custody
 4. Guardianship both subsidized and unsubsidized
 2. If the discussion with the birth parents did not occur then why the discussion did not occur.
 2. Current Caregiver:
 1. Permanency options includes:
 1. Return home
 2. Adoption
 3. 3rd party custody
 4. Guardianship both subsidized and unsubsidized
 3. Reasons why a permanent placement with a prospective guardian and the establishment of a guardianship is in the child(s) best interest and the following has occurred/applies.
 1. The relative guardian has a strong commitment to be a permanent home for the child.
 2. There is an emotional bond and a strong attachment between the child and the relative guardian(s).
 3. The guardian(s) is licensed as a foster parent.
 4. The child requests the permanent plan of guardianship and has lived with the relative guardian, in licensed foster care for six (6) consecutive months.
 5. The Permanency Planning Benefits and Limitation Matrix has been reviewed with the proposed guardian and youth. The proposed guardian understands requirements that in order to receive a guardianship subsidy per [43401 Relative Guardianship Assistance Program](#).
 6. The child's considerations for connections have been considered and will be met by the proposed relative guardian
 7. The child's medical issues are met by the proposed relative guardian

8. The child has strong community ties, which may include church, school, relatives and friends.
2. Ensure the proposed guardian is in agreement of the plan and has signed the Declaration of Proposed Guardian ([Court Forms Title 13 Guardianship](#)).
 1. Provide the proposed guardian(s) a copy of the Questions and Answers for Caregivers on Guardianship for Children in Foster Care.
 2. The social worker has verbally advised and documented the following discussion with the proposed guardians:
 1. Verbally advise the proposed guardian that the following services are not available under the Title 13 Guardianship include but not limited to:
 1. Mileage
 2. Travel reimbursement
 3. Respite care
 4. Clothing vouchers
 5. Child care
 6. Case aid services
 7. Tutoring
 8. Case management services
 9. Educational support
 2. Once a guardianship is established, the child is not in foster care and previous case management services are not available after the guardianship is established.
 3. The relative guardian may request additional services through community resources or through CA for Family Voluntary Services, Family Reconciliation Services or referrals to other services. Available services are dependent upon program eligibility criteria.
3. Obtain Regional Administrator or designee approval prior to submitting a permanent plan of guardianship to the court.
 1. The assigned social worker will:
 1. Complete the [Guardianship Approval Checklist DSHS 15-324](#) and attach all required documents.
 2. Provide the relative family with the RGAP paperwork to be completed and submitted to the RGAP Gatekeeper.
 3. Submit the request through your supervisor for approval to be sent to the Area Administrator.
 4. The Area Administrator must review all requests for a guardianship.
4. Any person that is a party to the dependency proceeding may request a guardianship be established by filing a Title 13 Guardianship petition in juvenile court.
 1. A dependent child age 12 years or older is a party to the proceedings.
 2. A proposed guardian age 21 or over has the right to intervene in guardianship proceedings.
5. Unsubsidized guardianships may proceed providing the above items have been met and the social worker has:
 1. Advised the proposed guardians of the option and requirements to be eligible to receive guardianship subsidy through CA.

2. Advised the proposed relative guardian of the option to apply to receive benefits through the local community services office.
6. Subsidized guardianships may be established Per [43401 Relative Guardianship Assistance Program](#).
 1. Notify the R-GAP gatekeeper when the guardianship is established for subsidized guardianships.
7. **NOTE:** The amount of the monthly cash payment cannot exceed 80% of the amount the child would receive in foster family home and does not include additional services.
8. All services provided prior to the establishment of the guardianship will be terminated on the effective date of the guardianship order.
9. Request the dismissal of the dependency after the entry of the guardianship order.
10. **Dependency Guardianships established prior to June 10, 2010** may be converted to a Title 13 Guardianship under the following conditions:
 1. The dependency guardian and the department have both agreed to convert the existing dependency to a Title 13 Guardianship.
 2. The department or the dependency guardian may request a change in the guardianship to the juvenile court.
 3. When the court dismisses the converted guardianship the social worker can close the case.
11. Case management and the borrowed bed fees will be terminated on the effective date of the guardianship order on families that are licensed by a private agency.
12. Guardianship case closure
 1. All services will be terminated on the date of Title 13 Guardianship Order.
 2. Guardianship subsidies will continue on converted guardianship cases.
 3. CA will not be able to pay additional services after converting to a Title 13 Guardianship.
 4. Document in FamLink
13. Modification of a guardianship order may occur upon the request of the guardian or the parent of the child. CA is not involved with Title 13 Guardianships once they are established.
14. Termination/Vacating a guardianship order may only occur in rare instances and cannot be vacated to establish a child as a foster child in order to be eligible for additional services.
 1. An order of termination/vacating the guardianship can occur when the court has found:
 2. A substantial change has occurred in the circumstances of the child or the guardian since the guardianship order was finalized and that termination of the guardianship is necessary to serve the best interests of the child; or
 3. The parent is seeking to regain custody of a child age 12 years or older where evidence is provided to the court, based on change in circumstances since guardianship was established and that the:
 1. Parent has successfully corrected the parenting deficiencies identified in the dependency action and returning the child to the custody of a parent no longer creates a risk of harm to the child's health, safety or welfare.
 2. Child agrees to the terminating the guardianship and returning custody to the parent; and

3. Returning the child to the custody of the parent is in the best interests of the child.
4. Upon the entry of an order terminating a guardianship the court will:
 1. Grant custody of the child to the parent; or
 2. Grant custody of the child to a substitute guardian; or
 3. Grant temporary custody of the child to the department for placement
5. When a guardianship is vacated and the child returns to foster care, the child should be placed with an appropriate out-of-home caregiver and create a new placement under the original case.

Forms and Tools

- Permanency Planning Benefits and Limitations
- Educational Resources for Youth (anticipated availability 1/2011)
- Declaration of Proposed Guardian
- Guardianship Approval Checklist

Resources

- Affidavit by Proposed Guardian
- Q&A Caregivers
- Q&A Social Workers
- Q&A Court

Suggested Practice Tips

Caregivers should always be considered and participate in case planning. It is helpful if you ask caregivers to answer the following questions to aid in developing in a permanent plan.

- Does the caregiver:
 - Believe the best plan for the child is to remain in their home and be a part of their family?
 - Have support from family, friends, community etc?
 - Believe that the child is a permanent member of their family?
- Is the caregiver:
 - Capable and interested in caring for the child/youth without the support of a social worker?
 - Capable and willing to address the educational, health, mental health and other needs of the child/youth?
 - Willing and able to continue providing a safe and stable home environment for the child/youth?

43401. Relative Guardianship Assistance Program (R-GAP)

Approval:

Effective Date: June 10, 2010

Revised Date: January 16, 2015

Sunset Review: January 31, 2019

Purpose

Support permanency for children placed with a licensed relative when return home and adoption have been determined not in the child's best interest. The Relative Guardianship Assistance Program (R-GAP) provides financial support to qualified relatives to care for children in their care.

Laws

- [RCW 74.15.020\(2a\) - Definition of Relative](#)
- [RCW 13.34 Juvenile Court Act - Dependency and Termination of Parent-Child Relationship](#)
- [ICW Manual Placement Preferences](#)
- [RCW 74.13.031 - Duties of the Department](#)
- [RCW 13.36 Title 13 Guardianship](#)
- Public Law 113-183

Policy

1. The Relative Guardianship Assistance Program (R-GAP) is a subsidy program for children in a guardianship with **relatives licensed** by the Division of Licensed Resources (DLR).
2. The DLR may waive, with Administrative Approval, non-safety standards for licensing of relative caregivers who intend to become Title 13 Guardians.
3. A permanent plan of guardianship is appropriate only when reunification with the parents and adoption have been ruled out per [4305 Permanent and Concurrent Planning](#).
4. The R-GAP subsidy is only available when children are placed with licensed relative caregivers who meet the definition of relative per [RCW 74.15.020\(2\)\(a\) Relative Definitions](#) or are caregivers of Native American children who are defined by tribal code and custom as relatives.
5. The child must be IVE eligible **prior** to establishing the guardianship.
6. Children eligible for the R-GAP program are categorically eligible for Title XIX Medicaid benefits.
7. A sibling is eligible for a subsidy under R-GAP when another R-GAP eligible sibling is placed in the same licensed relative's home.
8. The R-GAP subsidy may continue for youth up to age 21 for guardianships established after July 22, 2011 when the following applies:

1. Youth achieved permanency through guardianship at the age of 16 or older and the youth is:
 1. Enrolled in high school or high school equivalency program; or
 2. Enrolled, applied, or can show intent to timely enroll in a post-secondary academic or post-secondary vocational certification program; or
 3. Participating in a program or activity designed to promote or remove barriers to employment.
 4. Employed 80 hours or more a month (Effective March 1, 2015).
2. Youth achieved permanency through guardianship and the child has a mental or physical handicap which warrants the continuation of assistance.
9. An R-GAP Agreement will remain in effect regardless of the guardian's state of residence unless the agreement is terminated.
10. In the event of the death or incapacity of the legal guardian, R-GAP subsidy and services for the child(ren) will transfer to the successor legal guardian named in the R-GAP Agreement (DSHS 15-391) (Effective September 29, 2014)
11. The R-GAP agreement must be amended when the named successor guardian becomes the guardian.

Agreement:

1. *The Relative Guardianship Assistance Program Agreement* (DSHS 15-391), must be signed prior to establishing a guardianship order.
2. R-GAP Agreements are contracts between the relative guardian(s) and CA.

Procedures

1. The assigned worker will determine and document that guardianship is an appropriate permanent plan for the child(ren) by conducting a shared planning meeting per [4301. Shared Planning](#) and discussing:
 1. Adoption with the child's relative foster parent and exploring reasons why adoption is not an option.
 2. Then plan of guardianship with the parent/s or reasons why the discussion did not occur.
 3. Why a permanent placement with a prospective relative guardian and receipt of guardianship subsidy through the R-GAP is in the child(s) best interest.
 4. The relative guardian has a strong commitment to be a permanent home for the child.
 5. There is an emotional bond and a strong attachment between the child and the relative guardian(s).
 6. The relative is licensed through DLR.
 7. The child has lived with the licensed relative guardian for six (6) consecutive months.
 8. The [Permanency Planning Benefits and Limitation Matrix](#) has been reviewed with the proposed caregiver and youth.
 9. The child's connections with community and family have been considered and will be met by the proposed relative guardian.

10. The child's medical issues are met by the proposed relative guardian.
11. The child has strong community ties, which may include church, school, relatives and friends.
2. The assigned worker will determine whether the child meets the following R-GAP requirements:
 1. Has resided in the home of the licensed relative for six (6) consecutive months.
 2. Is a dependent child of Washington State.
 3. If age 14 and older child, consents to the guardianship as his/her permanent plan.
 4. Is the sibling of an eligible child placed in the same guardianship home.
 5. Is a youth ages 18 to 21 years old in a guardianship that was established after 7/22/2011, receiving R-GAP subsidy and services and:
 1. Youth achieved permanency through guardianship at the age of 16 or older
 2. Youth is:
 1. Enrolled in high school or high school equivalency program; or
 2. Enrolled, applied, or can show intent to timely enroll in a post-secondary academic or post-secondary vocational certification program; or
 3. Participating in a program or activity designed to promote or remove barriers to employment; or
 4. Employed 80 hours or more a month (Effective March 1, 2015).
 3. Youth achieved permanency through guardianship and the child has a mental or physical handicap which warrants the continuation of assistance.
3. The assigned worker will determine that the **relative** caregiver meets the following R-GAP requirements:
 1. Is a relative as defined in [RCW 74.15.020\(2\)\(a\)](#) or is a caregiver of Native American children and defined by tribal code and custom as a relative (this does not include a suitable person); and
 2. Has been licensed as a foster parent and has had the child placed in his/her care a minimum of six months prior to entering into a guardianship order.
4. The Assigned worker will:
 1. Provide relative guardian(s) with an R-GAP Application and Worksheet (DSHS 15-392 and 15-390) forms.
 2. Complete the child's section of the R-GAP application.
 3. Include a copy of the relative's license in the application packet.
 4. Notify IV-E specialists to complete IV-E Federal Funding Eligibility Determination for R-GAP in FamLink then complete R-GAP Eligibility Criteria tab.
 5. Submit the completed application packet to the R-GAP Regional Gatekeeper.

Note: There are no income requirements for relative guardians receiving R-GAP subsidy.

5. The R-GAP Regional Gatekeeper will:
 1. Review application packet.

2. Determine IV-E eligibility status by reviewing IV-E Eligibility Determination ([DSHS 14-319](#)) form for R-GAP.
 3. Negotiate the monthly subsidy amount; approve any non-recurring expenses for the finalization of the guardianship with the relative guardian. Guardianship monthly subsidy amount cannot exceed 80% of the amount the child would receive if the child were in a foster family home and does not include additional services.
 4. Complete and send the R-GAP Agreement (DSHS 15-391) form to the relative caregiver for signature.
 5. Submit the signed R-GAP Agreement to the appointing authority for signature.
 6. Provide a signed copy of the R-GAP agreement to the child's assigned worker and to the relative guardian.
 7. Authorize appropriate R-GAP service in FamLink for the agreed monthly subsidy and agreed non-recurring expenses.
 8. Update provider information by adding the child to the FamLink "Non-CA Children in Placement" group box on the placements tab in provider maintenance.
 9. Create amendments to the R-GAP Agreement upon the request of the relative guardian(s) and agreement of the department.
 10. Create an amendment to the R-GAP Agreement transferring the subsidy to the named successor legal guardian in the event of the death or incapacity of the legal guardian.
 11. End the R-GAP service payment and open the R-GAP over 18 service code for eligible youth.
6. Terminate the R-GAP Agreement according to the terms of the agreement or if one of the following occurs:
 1. The child reaches 18 years of age unless eligible to continue to age 21.
 2. The guardian no longer has legal responsibility for the child, unless a successor guardian has been named and the guardian is deceased or incapacitated.
 3. The guardian is no longer providing financial support for the child.
 4. The guardian or child dies.
 7. A fair hearing may be requested by any individual whose claim for subsidy through the R-GAP under title IV-E is denied or is not acted upon with reasonable promptness.

Forms and Tools

- Permanency Planning Benefits and Limitations
- Educational Resources for Youth
- Declaration of Proposed Guardian
- Guardianship Approval Checklist

Resources

- FamLink RGAP Aide (RGAP Agreement - QHG & RGAP over 18 – QHG)
- Affidavit by Proposed Guardian
- Q&A Caregivers
- Q&A Social Workers

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. TANF Benefits

Purpose

Family(s) receiving TANF benefits prior to child(ren) entering out-of-home care may be eligible for 180 days of ongoing benefits to support the goal of reunification. These benefits support families by maintaining housing and access to services or community supports.

Policy

When a child is removed from a parent's home, coordination must occur with Economic Services Administration (ESA) to discuss the parent's eligibility for 180 days of ongoing TANF benefits.

Procedures

1. Provide ESA the following information to determine the parent's ongoing eligibility for TANF benefits while their child(ren) are in out-of-home care:
 - Child's identified primary plan. **Note:** Return home is generally the primary plan for the child for the first 6 months in out-of-home care.
 - Service Plan for the parent(s). (Discuss specific services designed to safely return the child(ren) home within 6 months).
2. Provide ESA with case updates and family progress outlined in the timeframes below:
 - Open TANF cases
 - Prior to the 6 month dependency review hearing
 - When reunification of the child(ren) is imminent
 - When plan of reunification changes
 - Closed TANF cases
 - When referring parent(s) for new TANF application 30 days prior to the child(ren) returning home.
3. Document the discussion and decisions in the electronic case file.

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

Purpose

Ensure when a child is placed in out-of-home care the agency provides and shares all placement information known to the child's caregiver.

Laws

[RCW 74.13.280](#) - Client Information

[RCW 26.44.030](#) - Reports

Policy

1. Caregivers of children in out-of-home placement must be provided all information about the child(ren) being placed in their care (For adoptive placements, see [Section 45403](#) and for youth 17.5 years or older see [Section 43101](#)).
2. When placing all youth identified as SAY or PAAY, [SAY policy 45361](#) and [PAAY policy 45362](#) must be followed
3. Children must not be placed in the following locations:
 1. DSHS local offices
 2. Institutions not set up to receive foster children, such as adult mental hospitals or detoxification facilities where children and adults commingle.

Procedures

1. Share child specific information with caregivers including but not limited to:
 1. Child Information/Placement Referral form (DSHS 15-300)
 2. Reasons for placement including any abuse and neglect history
 3. Health, mental health, education report or information known about the child
 4. Child specific safety concerns and safety planning
 5. Child specific case plan for permanency and well-being
 6. Information on all youth identified as SAY, PAAY, high risk, and sexually reactive/problematic per [RCW.13.280](#) and as identified per SAY/PAAY policy [4536](#).
 7. Child Health and Education Tracking Screening Report (DSHS 14-444)
 8. Court Hearing Notice-report to the court Cover Letter (DSHS 15-319)
 9. Report to the court (DSHS 15-209)

10. 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)
 11. Child Supervision Plan (DSHS 15-352)
 12. Shared Planning Meeting and Checklist for Youth Exiting Care (per [Section 43103 \(f\)](#)).
2. Complete and provide the Child Information/Placement Referral form [DSHS 15-300](#) to caregivers in one of the following circumstances:
 1. No later than 72 hours after initial placement.
 2. No later than 24 hours after an urgent change in placement. Urgent is defined as one of the following:
 1. A court order has been entered requiring an immediate change in placement.
 2. The child is unsafe.
 3. At or before a planned change in placement.
 3. Document that the completed Child Information/Placement Referral form was provided to the caregiver by uploading into FamLink a:
 1. Signed and dated copy of the form, or
 2. Copy of the email sending the completed form to the caregiver.
 4. Complete and provide the Health, Mental Health and Education Report to caregivers when new health, mental health, and/or education information is obtained about the child.
 5. Notify and share information with the child's Guardian Ad Litem/Court-Appointed Special Advocate, when:
 1. A report is received of alleged abuse or neglect is involving a dependent child.
 2. A disposition of the investigation is complete.
 6. Prior to placing a youth identified as SAY or PAAY, [SAY policy 45361](#) or [PAAY policy 45362](#) must be followed.
 7. Obtain Regional Administrator approval prior to placing any child in an apartment or motel with a licensed foster parent, relative or caregiver.
 8. Document when and what information has been shared with the caregiver in case note section of the electronic case file and place a copy of any written documentation in the child's file.

Visual Aids

[Information Sharing Quick Reference](#)

Forms and Tools

Youth Supervision and Safety Plan Tips

Youth Supervision and Safety Plan 15-352

SAY/PAAY Policy Summary

Statewide SAY and PAAY Quality Assurance Plan

See Also

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](#)

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

[45203. Procedures for Access](#)

[4530. Foster Care](#)

[45362. Physically Assaultive/Aggressive Youth](#)

[Permanency Planning Practice Guide](#)

CHET Practice Guide

4420. Monthly Visits with Children, Out-Of-Home and Caregivers and Parents

Approval: Jennifer Strus, Asst. Secretary

Effective Date: April 30, 2007

Revised Date: June 12, 2014

Sunset Review: June 2018

Purpose

Monthly visits are face-to-face visits with children, parent(s) and caregiver(s) conducted by the assigned CA worker that provide ongoing assessments of the health, safety, permanency and well-being of children and promote achievement of case goals. The visits are well-planned and involve the child, out-of-home caregiver, and all known parents in all cases of children in CA custody and cases that are open for in-home voluntary services.

Policy

1. **Children** in CA custody must receive private, individual face-to-face Health and Safety visits by the assigned CA worker **every calendar month, not to exceed 40 days between visits**.
 1. The first visit must occur within one week (seven calendar days) of the child's initial placement or any change of placement. (*Placing a child is not considered a Health and Safety visit.*)
 2. For children who are in an in-home dependency and children who are returned home on a trial home visit, **all** Monthly Health and Safety visits must occur in the home where the child resides. (This does not preclude additional visits outside the home.)
 1. 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.
 3. (*One of the two visits may be conducted by a CA paraprofessional or contracted provider*). For children who are in out-of-home placements, the **majority** of Health and Safety visits must occur in the home where the child resides. If the CA worker visits the child in another location, the CA worker must document the reason and benefit gained.
2. Children not in CA custody who receive in home voluntary services; Family Voluntary Services (FVS) or Family Reconciliation Services (FRS) must have face-to-face Health and Safety visits by the assigned CA worker **every calendar month, not to exceed 40 days between visits**. The majority of the Health and Safety visits must occur in the home where the child resides.
3. Out-of-home caregivers must receive face-to-face monthly visits by the assigned CA worker **every calendar month, not to exceed 40 days between visits**. Visits with children and caregivers may occur during the same face-to-face monthly visit.
4. All known parents or legal guardians involved in shelter care, dependency proceedings or voluntary services must receive face-to-face monthly visits by the assigned CA worker **every calendar month** until the case is closed or the child becomes legally free or the court determines that reasonable efforts towards reunification are no longer required. **See list of exceptions below in procedures 7 (a) For in-home and out-of-home cases**, "parents" includes: The child's biological parents, or the child's primary caregiver(s) with whom the child lives or for whom the child was removed.
5. All known parents or legal guardians who receive in-home voluntary services, Family Voluntary Services (FVS) or Family Reconciliation Services (FRS) must have face-to-face monthly visits by the assigned CA worker every calendar month until the case is closed.
6. All visits must be **documented** in a case notes within 3 calendar days of the visit occurring.
7. CA must conduct an unannounced social worker visit with caregivers in 10% of randomly selected homes. The caregivers requiring an unannounced visit are randomly selected in FamLink.

Procedures

1. Health and Safety Visits According to Case Type:
 1. Children in their own homes

The assigned CA worker conducts monthly visits in the following cases:

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.
 3. [Interstate Compact on Placement of Children \(ICPC\)](#) cases.
 4. Family Voluntary Services (FVS) and Family Reconciliation Services (FRS)
 5. [Voluntary Service Agreement](#) (VSA) (See P&P Section 2440) cases.
 6. Child Protection Services (CPS) cases open beyond 90 days until the case is submitted for case closure. **Note:** Visits may be conducted by another case carrying CPS worker with the approval of the assigned CPS worker's supervisor.
2. Children in out-of-home care

The assigned CA worker conducts monthly visits in the following cases:

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

1. When a **dependency** petition is filed or established and the court has ordered that the child reside in out-of-home placement (includes youth in the Extended Foster Care Program).
 2. When the child is placed under a [Voluntary Placement Agreement \(VPA\)](#) (See P&P Section 4307).
 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 CA worker will request, in writing, the following actions be completed by the receiving state:
 1. conduct monthly face-to-face CA worker visits (not to exceed 40 days between each visit) and
 2. submit a report to CA on the visits on a monthly basis.
2. The assigned CA worker visits with child
 1. At each visit, the worker, at-a-minimum, completes the following activities:
 1. Assesses for present danger per [Child Safety Section policy](#)
 2. Observes:
 1. How the child appears developmentally, physically and emotionally;
 2. How the parent/caregiver and the child respond to each other;
 3. The child's attachment to the parent or caregiver; and

4. The home environment (when the visit occurs in the home where the child lives). If there are changes to a licensed foster home (such as new family members) the CA worker must notify the licensor.
2. Discusses 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 the following.
 1. Inquiry as to whether the child feels safe in their home or placement
 2. Inquiry about the child's needs, wants and progress
 3. How visits with siblings and parents are going
 4. Inquiry about participation in and interest in normal childhood activities
 5. Case activities and planning such as visits and permanent plan.
3. Confirms that each child capable of reading, writing, and using the telephone has a card with the CA worker's name, office address, and phone number.
4. Discuss specific objectives outlined in the 43066. Pregnant and Parenting Policy with pregnant and parenting youth.
3. Assigned CA worker Coordination with Federally Recognized Tribes
 1. Contact the child's Tribe(s) to discuss and plan how to involve the Tribe(s) in the monthly visits. Document the contact and plan in the case notes.
 2. Contact non federally recognized tribes when a parent(s) wants their involvement and has signed a release.
4. Assigned CA worker with the Out-of Home Caregiver

The worker conducts monthly in person visits with the out-of-home caregiver. The location of the visit may vary. During the visit with the out-of-home caregiver, the worker:

1. Discusses 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; and
6. Discusses any normal childhood activities in which the child is participating or in which she or she is interested.
7. Communicates the parent's opinions regarding their child's participation in normal childhood activities.
5. Assigned CA worker Visits with Known Parent(s) or Legal Guardians
 1. Assigned CA worker must conduct monthly in person visits with all known parent(s) or legal guardians involved with the case plan in the following circumstance:
 1. CPS investigation cases open beyond 90 days
 2. CPS [FAR](#) cases open beyond 45 days
 3. In-home services case, FVS or FRS

4. CFWS cases with children who remain in the home or placed in out-of-home care.
2. The majority of monthly visits should occur where the parent(s) reside but may occur in other agreed locations.
3. Assigned CA worker and parent visits must focus on:
 1. Case planning, service delivery and goal achievement;
 2. Progress made to eliminate or manage the identified child safety threats;
 3. Barriers to needed services;
 4. Permanency planning for the child;
 5. Child and parent visitation; and
 6. Review of a child's interest in and pursuit of normal childhood activities.
4. The assigned CA worker monthly visits with out of state parent(s) or incarcerated parent(s) may occur:
 1. In person
 2. By telephone
 3. By mail
6. Assigned CA Worker Documentation

Document health and safety visits in case notes within 3 calendar days of each visit in the following manner:

1. Use the following codes for visits and attempted visits **for all children**
 1. Health and Safety Visit (assigned CA worker)
 2. Health and Safety Visit (attempted) *use to document efforts to conduct the Health and Safety Visit. An actual visit must take place for compliance with policy.
 3. Health and Safety Monitoring Visit (Conducted by Other Agency) used only for:
 1. Out-of-state ICPC Cases, Note: A visit by a CPA worker does not relieve CA workers from completing their monthly visits. Both visits **MUST** be documented in FamLink.

Use the following code for **visits with out-of-home caregivers:**

2. Monthly Caregiver Contact (in-Person)
4. Document worker visits with each parent for each child (on a case) who requires a visit. Select and use the following parent visitation activity codes:
 1. Visit-SW Parent (Mother).
 2. Visit-SW Parent (Father).
 3. Visit-SW Parent (Attempted).
7. Assigned CA Worker Visit Exceptions
 1. Use and document only the following visitation exceptions on the Extension/Exception Page in FamLink:

1. The mother or father(s) whereabouts is unknown after performing ongoing diligent efforts as per [4423 Relative Notification Policy](#) & [5750 Shelter Care Policy](#) to locate them.
 2. A parent was located but the parent indicated no interest in being involved in the child's life or refuses to have contact with the agency.
 3. Visit between the CA worker and the father or mother is contrary to the child or CA worker safety.
 4. Parental rights for the mother or father were terminated with no plan for parental involvement.
 5. Father or mother is deceased.
8. Supervisors must approve the visit exception within 3 calendar days of social worker's request and discuss during [Monthly Supervisory Case Reviews](#), per policy.
 9. Use the Monthly Caregiver Contact (in-person) code for visits with caregivers.
 10. Unannounced Assigned CA Worker Monthly Visit with Caregiver
 1. The assigned CA worker conducts an unannounced visit with a caregiver within 30 days of receiving the automated notification from FamLink.
 2. During the visit the worker will complete steps 4 (a-g) above.
 3. When the unannounced visit occurs within the monthly visit timeline, this visit meets the monthly caregiver visit requirement in addition to the unannounced monthly visit requirement.
 4. An assigned CA worker may conduct an unannounced home visit in any placement setting when child safety is in question.
 11. Use the following activity code for the randomly selected visit
 1. Unannounced Assigned CA Worker Monthly Visit
 1. Unannounced Health and Safety Visit or
 2. Unannounced Health and Safety Visit Attempted

See Also

[1100 Child Safety Policy](#)

[2332 FAR Policy](#)

[2440 Voluntary Case Plan Policy](#)

[4423 Relative Notification Policy](#)

[43051A Trial Return Home Policy](#)

[4307 Voluntary Placement Agreement Policy](#)

[4430 Courtesy Supervision Policy](#)

[46100 Monthly Supervisory Case Reviews Policy](#)

[5300 Interstate Compact on Placement of Children \(ICPC\) Policy](#)

[5750 Shelter Care Policy](#)

[6100 Client and Travel Policy](#)

Resources

[Caregiver Guidelines for Foster Childhood Activities](#)

Monthly Health & Safety Visits - Child Checklist

Monthly Health & Safety Visits - Caregiver Checklist

44201. Social Worker Monthly Health and Safety Visits for Youth in JRA Facilities

442011. Purpose

Monthly contacts by a CA social worker with a dependent youth committed to Juvenile Rehabilitation Administration (JRA) addresses on-going case planning issues and treatment progress to support the youth's permanency following discharge.

442012. Policy

1. The CA social worker will talk with the JRA counselor and dependent youth each month and address treatment progress, case planning, discharge planning, and other relevant monthly visit issues.
2. The CA social worker will determine on a case-by-case basis the frequency of the face-to-face contact with the youth based on individual case needs.

442013. Procedure

1. Contact JRA counselor and dependent youth on a monthly basis. Contact may be by phone or in person.
2. Document contact in FamLink using the "Health and Safety monitoring visit conducted by other agency" code.
3. Consider the following factors when determining if a face to face visit should occur:
 1. Current needs of the youth based on consultation with the JRA counselor and youth.
 2. Legal status of the youth.
 3. Involvement of the youth's family.
 4. Contact with other significant adults outside the facility.
 5. Permanent plan and necessary steps to achieve it.
 6. Length of time until discharge, with particular consideration given to attendance at the Pre-Release Transition Planning meeting.
4. Coordinate schedules with the JRA counselor and youth at a time most appropriate to the youth's treatment program and school schedule.

Note: Do not request courtesy supervision for monthly visits with dependent youth in JRA, as it does not meet the purpose of the policy.

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 DCFS 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 report to the court.
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.

4430. Courtesy Supervision

Purpose

Safely support a child, in the care and custody of the department, when placed outside of the originating office catchment area. Provide consistent support for children and families when cases are shared between offices and regions.

Policy

1. All offices and regions will provide courtesy supervision when a child in the care and custody of the department is placed outside the sending (originating) office's catchment area.
2. Placement requirements per Practices and Procedures Manual [45274 - Unlicensed Placements-Relatives or Suitable Persons Under Emergent and Urgent Circumstances](#) and [4261 Placement Priorities](#) will be followed.
3. Courtesy supervision requests will be accepted by receiving office within 72 hours when all requirements are met unless it is an emergent or urgent placement request.
4. Unresolved issues will be addressed through a dispute resolution process involving Area Administrators from the sending and receiving offices. The Deputy Regional Administrator or designee will determine final decisions.

Procedures

1. **Sending Office Responsibilities (Originating Office)**
 1. Complete a Family Team Decision Meeting (unless emergent or urgent placement request.)
 2. Complete Courtesy Supervision Referral Checklist (DSHS 10-459) and send to Regional Gatekeeper Designee for all placements.
 3. Verify the following information is in FamLink:
 1. Most current report to the court
 2. Most current court order
 3. Indian Identity Request Form ([DSHS 09-761](#))
 4. Child Information and Placement Referral Form ([DSHS 15-300](#))
 5. Shared Planning Form with FTDM placement recommendations
 6. Placement Agreement ([DSHS 15-281](#))
 7. Copy of Home Study if completed or Home Study Request
 8. Completed Background check for all members of the household 16 & up per Operations Manual 5500 Criminal History and Child Abuse and Neglect History Checks for Out-of-Home Placement
 9. Unlicensed Caregiver Placement Checklist Intake form ([DSHS 15-280](#)) (if applicable)
 10. Independent Living (ILS) Information (if applicable)
 4. Document last completed Health and Safety visit in FamLink. Allow at least fifteen (15) calendar days before next health and safety visit is due.
 5. **Prior to placement**, request walk through of potential unlicensed caregiver home.
 6. When requesting walk through of potential unlicensed caregiver home for emergent and urgent placements, provide receiving office with twenty-four (24) hour notice when possible.
 7. Review Placement Agreement with prospective caregiver telephonically.
 8. Provide caregiver or forward to receiving office to share with caregiver:
 1. Written documentation outlining how to access medical/educational, behavioral treatment
 2. Placement Agreement ([DSHS 15-281](#))
 3. Child information and Placement Referral ([DSHS 15-300](#))
 9. Maintain primary responsibility for case planning, decision making and payments.

10. Update receiving office worker regarding progress and changes in case plan.
2. **Receiving Regional Gatekeeper or Designee will:**
 1. Review all Courtesy Supervision Referral ([DSHS 10-459](#)) requests.
 2. Complete assignment of courtesy supervision in FamLink for all approved requests.
3. **Receiving Office Responsibilities**
 1. Prior to placement, complete walk through for all unlicensed caregivers unless otherwise negotiated with sending office to complete.
 2. Use [Household Safety Assessment \(DSHS-10-453\)](#) and document assessment in a case note in the provider file.
 3. Verify who lives in the home and assess for safety threats.
 4. After placement, conduct monthly health and safety visits with child and caregiver per policy.
 5. Notify sending office worker if safety issues are identified.
 6. Collaborate with sending office worker on case planning and decision making.
 7. Attend all team meetings for children (including group care/BRS services) unless otherwise negotiated with sending office.

Resources

- [Household Safety Assessment \(DSHS-10-453\)](#)
- [Courtesy supervision Referral Checklist \(DSHS 10-459\)](#)
- [4420. Social Worker Monthly Visits with Children, Out-of-Home Caregivers and Parents](#)

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 report to the court 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 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 FamLink 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;
 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 FamLink.
 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.

4500. SPECIFIC SERVICES

4501. Case Management

45011. Service Definition

Case management includes providing continuous assessment of child safety, an assessment for eligibility for services, 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. 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 (See examples in [Concrete Goods Guide](#)). 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. F. 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 (per [4307 Voluntary Placement Agreement \(VPA\) policy](#)) 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

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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 safety, 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 ½ 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 report to the court and Case 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 report to the court, the family service plan, and/or available intake or assessment information, consistent with the contract.

45044. Social Worker Ongoing Responsibilities

The CA 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 licenser 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 (DSHS 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.

4512. Foster Parent (Licensed Family Foster Home) Training

45121. Foster Parent Training

Approval: Jennifer Strus, Asst. Secretary

Effective Date:

Revised Date: May 1, 2014

Sunset Review: June 2018

Purpose

Children in out-of-home care have unique needs due to their childhood experiences. Children's Administration seeks to provide the caregiver skills needed to serve the specific behavioral and developmental challenges of our community's children. The training also educates and prepares foster parents to work within the child welfare and the legal system.

Policy

1. Foster home license applicants must complete the following training prior to licensing:
 1. Orientation, completed online or in person by at least one licensee residing in the home.
 2. Caregiver Core Training (CCT), completed by at least one licensee residing in the home.
 3. First Aid/CPR, completed by all licensees residing in the home.
 4. HIV/BBP, completed by all licensees residing in the home.
2. The following are exempt from Caregiver Core Training requirement, 1 (b) above:
 1. New licensing applicants that have completed Parent Resources for Information Development and Education Training (PRIDE) within the last twelve months.
 2. Foster homes that have had a break in service, but were licensed within the previous three years and have completed PRIDE or CCT.
3. Effective 4/1/2014, Licensed foster parents must complete caregiver continuing education every three years as follows:
 1. First three year licensing period: the foster parent must complete 36 hours of caregiver continuing education training that includes trainings from each of the three competency categories. After 1/1/2015, it must also include a cultural competency training.
 2. Second three year consecutive licensing period: the foster parent must complete 30 hours of caregiver continuing education training that includes trainings from

each of the three competency categories. After 1/1/2015, it must also include a cultural competency training.

3. All subsequent three year licensing periods: the foster parent must complete 24 hours of caregiver continuing education training from any competency category.
4. Foster homes taking placement of Sexually Aggressive Youth or Physically Assaultive/Aggressive Youth (SAY/PAAY) youth as defined in RCW 74.13.075 must complete either the SAY/PAAY online or in-person training prior to the child being placed or within 30 days of placement. Both caregivers in the home are required to complete this training.

Note: The caregiver continuing education requirement may be met by one or both parties on a license, in any combination, with the exception of D above. That is, one party on a two parent license may complete all required training hours or two people on a two parent license may each complete part of the required hours as long as the total number of hours meets the requirement.

5. Training which meets the caregiver continuing education requirement includes:
 1. Conferences and trainings approved by the licensor that meet all of the following:
 1. Related to child welfare or other human services.
 2. Relevant to the foster parent's scope of duties;
 3. Meets at least one of the caregiver competencies established by the Alliance for Child Welfare Excellence.
 2. Training offered by the Alliance for Child Welfare Excellence.
 3. CA approved private agency training courses.
 4. Other training as approved by the licensor.
6. If a licensed foster home exceeds the required training hours during any licensing period, they may carry over up to twelve hours into the next licensing period.
7. Division of Licensed Resources (DLR) licensors may require specific and additional training as part of a compliance plan.

Procedures

1. Prior to licensing, the DLR licensor will verify that foster home license applicants have completed the licensing training outlined in A and B in the policy above.
2. Each licensing period, the DLR licensor will develop a training plan with the licensee based on the licensee's level of skill, education, age of the child(ren), and behaviors of the child(ren) the caregiver will serve. Each training plan must meet the policy requirements in C, D, and E in the policy section above.
3. The DLR licensor will verify that the licensed foster parents complete caregiver continuing education as outlined in C, D and E in the policy section above.
4. If a licensed family foster home reaches re-licensing without completing the required hours in the three year licensing period, the DLR licensor will create a compliance plan for up to six months with the licensee(s). If the compliance plan is not met, the Department may:
 1. Choose not to place children in the licensed foster home.
 2. Change the age, gender or capacity on the foster home license at the time of renewal or,
 3. Revoke the license.

5. CA staff will enter training into FamLink as follows:
 1. The Alliance for Child Welfare Excellence training manager will enter training completion for Alliance for Child Welfare Excellence in-person classes, with the exception of CCT.
 2. The DLR licensor for the home will enter the CCT and all other training.

Resources

- [WAC 388-148-0040](#) What first-aid and cardiopulmonary resuscitation (CPR) training is required?
- [WAC 388-148-0045](#) What HIV/AIDS and blood borne pathogens training is required?
- [WAC 388-148-0020](#) What are the training requirements for foster parents and prospective foster parents?

Online Foster Parent Training:

<http://www.dshs.wa.gov/ca/fosterparents/training.asp>

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.

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. Health Care Services for Children In Out-Of-Home Care

Purpose

Ensure children in out-of-home placement have an Initial Health Screen (IHS) to identify and address any emergent medical concerns at the time of placement. Children in out-of-home care must also have initial as well as on-going Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and dental examinations to ensure their continued health and well-being.

Policy

1. Children (birth to 18 years of age) entering out-of-home care must have an **IHS** within five calendar days by a qualified medical provider as quickly as possible to identify and address any medical concerns.
2. Children (birth to 18 years of age) must receive an EPSDT examination within 30 days of entering out of home placement.
3. Children in out of home placement (birth to age 3) must receive an **EPSDT examination** according to the published schedule for their age group. Children (age 3 to age 20) must receive at least an annual EPSDT examination.
4. Children in out of home care must have an initial dental examination scheduled within the first 30 days of placement.**Note:** This does not apply to infants/toddlers without their first tooth eruption.
5. Children in out of home placement must receive at least one dental examination every 6 months.

Procedures

Initial Health Screens (IHS):

1. Ensure children who enter out-of-home placement receive an IHS by a qualified *medical provider* as soon as possible but no later than 5 calendar days.**Note:** Qualified medical providers include: Medical Doctor (MD), Advanced Registered Nurse Practitioner (ARNP), and Physicians Assistant (PA).
Note: Medicaid provider availability in the regions may fluctuate and affect timeframes. Regional efforts to identify providers who complete the IHS should continue in order to maintain and build capacity.
2. Ensure children see their last known medical provider whenever possible.**Exceptions** to requirement for IHS:
 1. Children released from a hospital (in-patient or Emergency) directly into out-of-home care.
 2. Children receiving services through a Pediatric Interim Care center (PIC).
 3. Children receiving services or scheduled to receive services through a Child Advocacy Center (CAC) or sexual assault clinic.

3. Provide all known health information about the child to the caregiver(s) prior to the IHS.
4. Share all known health information about the child with the medical provider who completes the IHS.
5. Provide all information and recommendations from the IHS to the child's current caregiver(s) as per [4413 Placement Services](#) policy.
6. Document the initial health screen information in the FamLink Health/Mental Health Pages under the "Health" tab and insert a new "Medical/Dental/Exam" within the required placement documentation timeframes as per [Initial Placement and Moves 15400](#).
7. Document the reason for an exception to a child receiving an IHS in a case note.

EPSDT Examinations:

1. Ensure children in out-of-home placement receive EPSDT examinations according to the periodicity schedule below:
 1. Within 30 days of out-of-home placement
 2. Five examinations during a child's first year
 3. Three examinations for children between 1 and 2 years of age
 4. Annual examinations for children between 3 and 20 years of age
2. Children entering out-of-home placement that received an EPSDT examination within 30 days before placement, **do not** need another EPSDT **unless**:
 1. Medically indicated, or
 2. There are allegations of abuse or maltreatment that require medical attention.
3. Obtain a copy of the EPSDT results and determine if recommended treatments or follow-ups have occurred for the child.
4. Provide the child's caregiver all EPSDT results and assist them with obtaining any recommended services for the child.
5. Document child's health condition(s), the dates, and results of all EPSDT examinations including those that occur after the initial 30 day EPSDT. Document exams and health conditions in the FamLink Health/Mental Health Pages under the "Health" tab within the required placement documentation timeframes as per [Initial Placement and Moves 15400](#). **Note:** CHET screeners will document the initial EPSDT examination date and results on the Health and Mental Health Pages in the electronic case file.
6. Review and record the child's EPSDT information at Shared Planning Meetings and the report to the court.

Dental Examinations:

1. Schedule the child's dental examination within 30 days of out-of-home placement.
2. Children in out-of-home placement that received an initial dental assessment within 6 months before placement **do not** need another dental examination unless medically indicated.
3. Obtain a copy of the dental exam and determine if recommended treatments and follow-ups have occurred for the child.
4. Provide the child's caregiver all dental examination results and assist them in obtaining any recommended services for the child.

5. Document the dates and results of all dental examinations in the FamLink Health/Mental Health Pages under the "Health" tab and insert a new "Medical/Dental/Exam" within the required placement documentation timeframes as per [Initial Placement and Moves 15400](#).
6. Review and record the child's dental information at Shared Planning Meetings and the report to the court.

Forms and Tools

- Foster Care Initial Health Screen ([HCA form 13-843](#))

Resources

- Access to Baby and Child Dentistry (ABCDental) website (for children up to age six) - <http://abcd-dental.org/>
- HRSA Fostering Well-Being Care Coordination Unit - 1-800-562-3022, ext. 59594 or dhsfwbccu@dshs.wa.gov
- Well Child/Health Services Consent Card - DSHS 03-338 (5/2006)

45171. Medically Fragile Children

Purpose

Children in out-of-home care who meet the definition of medically fragile will be identified. Develop plans with caregivers of medically fragile children to identify necessary supports to meet the day-to-day needs of the child (including respite and emergency situations).

Policy

1. Children who meet the following criteria are identified as medically fragile:
 1. Child has medical conditions that require the availability of 24-hour skilled care from a health care professional or specially trained family or foster family member.
 2. These conditions may be present all the time or frequently occurring.
 3. If the technology, support, and services provided to a medically fragile child are interrupted or denied, the child may, without immediate health care intervention, experience death.
2. When there is an indication that a child is medically fragile, refer the child to the ADSA Fostering Well-Being Care Coordination Unit for consultation and determination of the child's need for services.
3. All children identified as medically fragile and in out-of-home care must have an identified Primary Health Care Provider.
4. Out-of-home caregivers must be provided a [Caregiver Support Plan](#) that addresses training and support needs related to caring for a medically fragile child.
5. All children identified as medically fragile must be documented in the FamLink Special Needs page.

Procedures

1. Complete a referral by emailing the Fostering Well-Being Care Coordination Unit at: dhsfwbccu@dshs.wa.gov.
2. When a medically fragile child is discharged from a hospital:
 1. Participate in a discharge planning meeting with the identified caregiver
 2. Coordinate with hospital or Primary Health Care Provider about the discharge plan to:
 1. Assess appropriate placement,
 2. Identify resources and training to support the care of the child,
 3. Obtain a copy of the child's treatment plan or identify the on-going plan for treatment and examinations, and
 4. Refer the medically fragile child to the Fostering Well-Being Care Coordination Unit.
3. When the assigned social worker has received confirmation from the Fostering Well-Being Care Coordination Unit that the child meets the medically fragile criteria:
 1. Ensure any recommendations made by medical providers and in the Care Coordination Summary are followed-up on to address the ongoing medical needs of the child.
 2. Document the child as "medically fragile" in the Special Needs page in FamLink.
4. Develop a [Caregiver Support Plan](#) for initial and any subsequent placements with a caregiver. At a minimum, the plan must address:
 1. Caregiver training specific to the child's needs,
 2. Additional supports to meet the child's needs, e.g. Medicaid Personal Care,
 3. Support for the caregiver to have alternate care for the child if needed, e.g. planned and emergency respite care, and
 4. Steps to take in an emergency situation when a caregiver is unable to care for the child.
5. NOTE: Children placed in Behavioral Rehabilitation Services group or foster homes, skilled nursing facilities, on a trial return home, or who receive case management services from a Child Placing Agency do not require Caregiver Support Plans.
6. Determine any additional support and training needs during the initial [Social Worker Monthly Health and Safety Visit](#) within the first 7 days of placement.
7. Review the Caregiver Support Plan with the caregiver at each [Social Worker Monthly Health and Safety Visit](#) to determine if any changes to the plan are needed.
8. Upload the Caregiver Support Plan signed by the caregiver into FamLink. Document the following in FamLink within 10 calendar days of receiving information:
 1. Child's medically fragile status on the FamLink Special Needs page per [Medically Fragile Documentation](#), and
 2. Child's medical conditions/information in the Health/Mental Health page per [Health Care Services for Children in Out-of-Home Care policy](#)

See Also

- [Health Care Services for Children in Out-of-Home Care](#)
- [Social Worker Monthly Health and Safety Visit](#)

Resources

- [Medically Fragile Documentation](#)
- [Fostering Well-Being Care Coordinator Referral Form](#)

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 d, 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. Concrete Goods

Approval: Jennifer Strus, Asst. Secretary

Effective Date:

Revised Date: May 1, 2014

Sunset Review: June 2018

Purpose

Assist children and families with goods to meet basic needs to maintain children safely in or out of their own homes, prevent out-of-home placement, or facilitate safe reunification.

Policy

1. Concrete goods may be authorized when necessary to safely maintain a child's placement, prevent a child's placement in out-of-home care, or achieve safe permanency more quickly.
2. The assigned CA Worker must determine that potential community resources are unavailable before goods are authorized.
3. Goods must be linked to a case related assessment.
4. Funding must be available and have received proper approval.
5. Purchases must be made using the most economical and reasonable approach.
6. Regions must monitor these limited expenditures to ensure authorizations are focused on child safety, permanency and well-being, and utilized only when other resources are not available.

Procedures

1. **Home Based Goods** must meet an identified need through the assessment of the family, as defined in [1140 Family Assessment](#).
 1. May include child safety items (e.g., safe sleep items, door and window locks, child safety gates, etc.) clothing, shelter, furniture, utilities, transportation, or paraprofessional services (e.g., home cleaning), not purchased under CA's current service contract structure.
 2. Provided only to the family of origin when needed to directly support a family maintain child safety, prevent placement or reunify children in out-of-home placement with their family and:
 1. The family is willing and able to cooperate with services.
 2. The assigned CA worker determines the child is safely maintained in the home or will be safely returned within the next three months.
 3. There is written proof of need, e.g., disconnection or eviction notice.
 4. Community resources are not available to fulfill the need.
 5. The family has a plan on how to resolve this temporary situation and how they will sustain expenses after the one-time subsidies or other monetary assistance are gone.
 3. Consider the following when providing the types of assistance below:
 1. Housing payment and utilities
 1. Provide only first and last months' rent when the family is moving.
 2. Authorize only non-refundable deposits.
 3. Provide monthly housing or utilities assistance when payments do not exceed two consecutive months.
 2. Bus passes or gas vouchers
 1. Submit vouchers used as reimbursement on a monthly basis.
 2. Do not authorize trips made for the convenience of the driver.
 3. Gas voucher may not exceed \$50.00 per authorization.

3. Vehicle repairs which allow parents to participate in services or supports their ability to increase safety.
4. Food assistance. Authorize only when the family is not eligible for or does not have access to:
 1. A nutritional assistance program, i.e., Supplemental Nutrition Assistance Program (SNAP).
 2. The Women, Infants, and Children (WIC) nutrition program.
 3. A local food bank, community garden, or other food assistance programs.

2. **Ancillary Goods**

1. Must be part of a case plan, meet an identified need through the assessment of the child and support the child in out-of-home care.
 2. May include clothing, furniture, or other paraprofessional services such as tutoring, not purchased under CA's current contract structure. See [4537 Clothing Allowance for Children in Out-of-Home Care](#) when considering clothing vouchers assistance.
 3. Provided to the placement provider when:
 1. The child has an extraordinary need that falls outside of normal costs of care.
 2. It contributes to a stable placement, safety, permanency and well-being of the child.
 4. All requests for orthodontics assistance must be referred to the Health Care Authority (HCA) by the orthodontist for prior authorization. CA will not pay for any orthodontic services denied by HCA.
3. Follow [45273 and 45274 Relative Placement](#) and [5232 Maintenance Funding for Placement](#) when goods are needed for a child placed in relative care.
 4. Documentation
 1. Initiate a payment request by creating a service referral through casework in FamLink, to generate the authorization and payment.
 2. Document how the provision of ancillary goods will meet behaviorally specific needs and how it supports the child in placement or his or her well-being.
 5. Review
 1. Regions must have gatekeeping functions established to:
 1. Review and evaluate all requests and expenditures.
 2. Maintain, coordinate and document the process to ensure accurate and timely reviews.
 3. Use FamLink data to provide analysis and oversight, which includes identifying trends and communicating this information to management.
 4. Use trends to evaluate gaps in community resources and work with local offices to perform outreach to build community options.
 5. Provide training and technical support to CA workers, fiduciaries, and contracted providers on accessing funds and their appropriate use.
 6. Approvals
 1. Payments for immediate needs to address child safety, safety items, clothing, and utilities per case to prevent placement or to expedite reunification, expenditures:
 1. Up to \$200 may be approved by the worker.

2. \$201 to \$500 must be approved by the supervisor.
 3. \$501 to \$1200 must be approved by the Area Administrator.
 4. \$1201 or more must be approved by the Regional Administrator.
2. For other concrete goods to address child safety to prevent placement or expedite reunification (e.g., housing, auto repair, furniture) per case:
 1. Up to \$500 may be approved by the supervisor.
 2. \$501 to \$1200 must be approved by the Area Administrator.
 3. \$1201 or more must be approved by the Regional Administrator.

Resources

- [Concrete Goods Guide](#)
- [Medicaid Denial Process Fact Sheet](#)

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/EPSDT 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/EPSDT 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.

4527. Relative Placement

45271. Choosing Relatives for Placement

1. When placement is necessary, the social worker is required to exercise "due diligence" to identify and provide notification (DSHS 15-330) to all grandparents, all adult relatives,

and Indian tribes or bands within 30 days after the child is removed from the custody of the parents (RCW 13.34.060(1)(a)).

2. The relative(s) must be considered as placement options 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).
3. 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 also 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(s) 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 identify and to provide notification (DSHS 15-330) to all grandparents, and all adult relatives within 30 days after the child is removed from the custody of the birth parents and to place the child with a relative pursuant to this section on the FamLink Relative Search screen. 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:

1. Any blood relative, including those of half-blood and including first cousins, second 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 (i), (ii) or (iii) of this subsection, even after a marriage is terminated,
 4. Relatives, as named in i, ii or iii above, of any half sibling of the child; or
 1. In cases where ICWA applies an extended family member is defined by law or custom of the Indian 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 and notify all grandparents, adult relatives, including relatives of presumed, but not alleged fathers who can care for the child. Placement with an appropriate and qualified 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 all information in FamLink Relative Search screen.
 4. The relative search activities include a three tiered process including Initial Search, Secondary Search and Extended Search (Each region will decide how to implement the three tiers within the first 30 days after a child is removed from the parent's custody).
 5. The initial relative search activities, required to be completed by the social worker or designee include:
 1. Asking the parents, the child, or other known relatives;
 2. Asking any other person having family knowledge such as the schools, medical providers, Faith Based community, CASA/GAL for the purpose of identifying all grandparents, all adult relatives, or other suitable individuals who are willing to become a placement option or provide support for the child;
 3. The tribe should be contacted to identify individuals available to care for or provide support for the children if the children are members of a federally recognized Indian tribe, eligible for membership in a recognized Tribe, or the biological child of a member of a recognized Tribe;

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 FamLink 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 are required to initiate a request to the Court to order parents to disclose contact information for all grandparents, all adult 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 (Community Service Office, Division of Child Support, and the Department of Corrections) to identify additional relationship history.
 9. If the assigned social worker has not identified any relatives within 7 working days of the child's removal from the parent's custody it is recommended that Relative Search Specialists begin searching for relatives utilizing the advanced search data base.
6. The secondary relative search activities, required to be completed by the social worker or designee will include reviewing information in databases that CA currently has full or limited access to including ACES with narratives, Department of Licensing, Client Registry and Barcoding.
 7. The request for an extended relative search should be implemented after the initial and secondary search efforts have not identified all adult relatives within 7 working days of the child's removal from the parent's custody.
2. Relative Search includes:
 1. Once CA identifies, provides notification to the relative (DSHS 15-330), and the relative agrees to be a placement option or support resource, CA shall assess the relatives for their ability to be a placement option or support resource to the child.
 2. Social workers may discontinue the relative search after consultation with the assigned supervisor. The supervisor must review and agree the standard of due diligence for the relative search has been met and all grandparents and adult relatives notified. The CA social worker or designee will document the search activities, all contact with the relatives and the rationale for selecting the permanent family. When a permanent placement is identified the decision to discontinue relative search efforts must be documented on the FamLink Relative Search screen.
 3. If the permanent placement disrupts, CA will resume the relative search efforts and will document the efforts in the FamLink Relative Search screen.
 4. The documentation of the relative search shall include the names of the relatives identified, notification (DSHS 15-33), and discussions with relatives concerning their decision of becoming placement option or a support resource to the child as well as any other relatives who may provide placement or support for the child and family.

3. 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.
4. 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. 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. For emergent placements see Operations manual Chapter 5000, section 5517 and Practice and Procedures Manual Chapter 4000, section 45274.
 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 licensor 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.
5. 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.
6. Continuing Services
 1. At critical decision points when permanency planning options are being reevaluated, 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, the social worker will consider the child's attachment to their current placement caregiver and the relationship between the child and prospective caregiver (family member).
 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.
7. 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
 2. (See Practices and Procedures Guide Section 5513 -National Crime Information Center Checks for Emergency Placement)
 3. 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:
5. **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)
 - FamLink 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
6. **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:
1. Facilitating the completion of the Personal Information form if required
 2. Checking references
 3. Completing the criminal history background and CAMIS checks (if not already completed upon placement)
 4. Date stamping all returned materials and following-up as needed
 5. Performing at least one home visit, which must include at least one face to face meeting with all residents of the home
 6. 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.
7. 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.
8. 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.

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.

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.

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 child every calendar month not to exceed 40 days between visits. 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 birthday see [43071 Voluntary Plan for Continued Placement and Services for Youth \(ages 18 to 21\) policy](#).
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

Purpose

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

1. Case Management
2. Parent-Child Visits

3. Intensive Case Management
4. Borrowed-Home
5. Follow-Up Services
6. Case Aide Services

Child Placing Agency Services Definition and Eligibility Requirements

1. 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
 1. **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:
 1. Obtain initial and on-going medical screens under the published guidelines for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.
 2. Ensure the child and caregiver participate in scheduled Child Health and Education Track (CHET) screens.
 3. 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.
 4. Work with education advocacy coordinators as available for services to school age children.
 5. Assist with the development and implementation of Individualized Education Plans (IEP) as needed.
 6. Monitor progress of school age children who are enrolled in school.
 7. 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.
 8. 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), Early Support for Infants and Toddlers (ESIT).
 9. 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
 10. Assess and identify child strengths and talents and consider opportunities for the child to pursue those interests when developing shared plans.

11. Support the foster parent in having contact with the birth parent, when appropriate, as determined by case manager or DCFS social worker.
 12. Offer youth age fourteen and over, appropriate opportunities for the youth to begin to acquire the skills necessary for a successful transition to adulthood.
 13. Refer eligible youth age 15 and over to Contracted IL services if available and appropriate.
 14. Support the ILS plan and services, as age appropriate.
 15. In conjunction with CA, ensure the Ansel-Casey Life Skills Assessment (ACLSA) is completed on all youth fifteen years (15) and older.
 16. Appear in court to testify as requested by CA
 17. Attend shared planning meetings as arranged or scheduled by CA.
 18. Arrange shared planning meetings as appropriate.
 19. Conduct 90-day Health and Safety visits.
2. **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
 1. **Definition** - Transportation and visitation supervision services for children in placement.
 2. **Eligibility** - All Children receiving Case Management services are eligible for weekly parent-child visits conducted by the Child Placing Agency.
3. Intensive Case Management
 1. **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:
 1. Behavior that requires intensive supervision
 2. Case Aide Services
 3. Mental health, medical, substance abuse or other therapeutic services
 4. In-home modeling, training and support for a caregiver to manage challenging behaviors
 5. Supports to stabilize placement and prevent disruption
 6. *Note* - ICM services may be requested by CA or by the Child Placing Agency if there is a need for more intensive case management.
 2. **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:
 1. 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.

2. The child's case requires extensive coordination of service.
 3. This is determined on a case-by-case basis. See referral procedures for more information.
4. Borrowed-Home Services
 1. **Definition** - Children's Administration (CA) borrows a foster home/bed from a Child Placing Agency.
 2. **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
 1. **Definition** - Follow-up care services are case management services provided by the Child Placing Agency after the child has left the CPA foster home.
 2. **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
 1. **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.
 2. 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.
2. Social Worker Responsibilities
 1. Referral to Child Placing Agency
 1. 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).
 2. 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.
 3. 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.

4. 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)

5. 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**.

2. Authorization ICM Regional Gatekeeper Responsibilities
3. 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.

4. 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.
5. Monitoring

1. 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 licenser and contracts coordinator.
1. Inform the regional licenser 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 child every calendar month not to exceed 40 days between visits. 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 almost 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. Behavioral Rehabilitation Services

Approval: Jennifer Strus, Asst. Secretary

Effective Date: September 27, 1995

Revised Date: July 1, 2014

Sunset Review: June 30, 2018

Purpose

Behavior Rehabilitation Services (BRS) is a temporary intensive wraparound support and treatment program for youth with high-level service needs. BRS is used to stabilize youth (**in-home or out-of-home**) and assist in achieving their permanent plan.

BRS services are intended to:

- Safely keep youth in their own homes with wraparound supports to the family
- Safely reunify or achieve alternative permanency more quickly
- Safely meet the needs of youth in family-based care to prevent the need for placement into a more restrictive setting
- Safely reduce length of service by transitioning youth to a permanent home or less intensive service

Laws

[RCW 13.34.100](#)

[WAC 388-25-0100](#)

Policy

1. Youth with high-level complex service needs are eligible for Behavioral Rehabilitation Services (BRS) when they meet specific BRS criteria.
2. All youth must be referred to an RSN/local county mental health provider for a Wraparound Intensive Services (WISe) screen, when services are available in the county of referring CA staff, prior to BRS referral and approval.
3. Youth can only receive BRS from contracted BRS service providers.
4. The youth's CA worker must participate in BRS Child and Family Team (CFT) meetings which must include the provider, youth, community partners, and others identified by the family.
5. The youth's CA worker will facilitate the discussion to identify a targeted discharge date and transition placement during the initial CFT meeting.
6. BRS services that last longer than 12 months or past the age of 18 years requires approval to assure the barriers preventing the youth from transitioning out of BRS are addressed.
7. If the youth requires out of state BRS, follow [4266 Out-of-State Placements](#) policy.

Procedures

1. Eligibility and Referral

The Social Worker will:

1. Consult with the Regional BRS Manager to determine if a BRS referral is needed or appropriate for the youth. If BRS Manager agrees, complete the referral process as follows:
 1. Refer youth to the RSN/local county mental health provider for a WISe screen (when available in the county of origin). Once screening has been completed:
 - Request a copy of the WISe screen from the county mental health provider and include a copy in the BRS referral packet.
 - If a hard copy of WISe screen result is not available, document the results on the BRS Referral form (DSHS 10-166a).
 - If a WISe screen was requested, but not completed by the RSN/local county mental health provider, document this fact on BRS Referral form (DSHS 10-166a).
 - Document in case notes when a WISe referral is made and the results of WISe screenings.
 2. Identify needed supports and services for the youth and family during a Family Team Decision Making (FTDM) or Shared Planning Meeting held before a BRS referral is made.

3. Complete a BRS referral form and packet when the FTDM or Shared Planning Meeting team indicates the youth would benefit from BRS.
4. Obtain supervisor and Area Administrator approval before sending the referral packet to the regional BRS Manager.

The Regional BRS Manager will:

5. Review referral packet.
 6. Verify that a WISE screen referral was made or results are included in the referral packet. If a screen was not completed, ensure that that the worker documented on the BRS referral form (DSHS 10-166a) that the screen was requested, but not completed, and the date referral was made. Approval for BRS must not be granted without this information in counties where WISE has been implemented.
 7. Determine youth's eligibility for BRS and review youth's discharge and or permanency plan.
 8. Send referral packet and negotiate the service level needed with the contracted service provider.
 9. Notify CA worker of the provider, service level and contracted rate once provider has been determined.
 10. When the youth's needs exceed the BRS level of care:
 1. Consult with CA HQ Intensive Resource Manager.
 2. Negotiate with potential in-state agencies regarding an Intensive Residential Child Specific wraparound service contract and obtain Regional Administrator or designee approval.
 3. Work with Regional Contract Manager to initiate the Child Specific contract if approved. DSHS 10-490 form must be completed by the potential contractor per instructions included in the form. This document must be included with the contract approval request.
 4. Follow Policy 4266 Out-of-State Placements if youth requires out of state Intensive Residential Child Specific contracted services. DSHS 10-490 form must be completed.
 11. Obtain approval from the receiving BRS manager when out-of-region BRS is needed.
2. The Service Period (In-home or out-of-home)

The CA Worker will:

1. Document service type, placement (if needed) and payment in the electronic case file.
2. Participate in all CFT meetings. Actively involve youth, youth's family and other identified supports in case planning. The meeting will focus on the youth's transition to a less intensive service or a permanent home.

Important: CFT meetings are usually held in the family's community and include the following people:

Youth, parents/caregivers, family members, community members, mental health professionals, educators, and other individuals agreed upon by the family.

3. Focus CFT meetings on measurable outcomes related to safety, stability, permanency and discharge planning for the youth.
4. During quarterly case reviews with the BRS Contractor:
 0. Discuss WISE screen results
 1. Review progress and discharge reports from the contractor (WISE screen results should be included). BRS Contractors are required to refer youth to the RSN/local county mental health provider for a WISE screen (when available in the county of origin) at least every six months and prior to discharge.
 2. Document the results of case review in case notes.
5. Share information with the youth in accordance with the disclosure policy. Share information with the dependent youth about the court processes and their right to legal representation according to [RCW 13.34.100](#)
6. Assist youth 15 and older who are in out-of-home care for more than 30 days in completing the Ansell-Casey Life Skills Assessment (ACLSA) and Learning Plan (LP) per the [43102 CA Responsibilities to Youth 12 and Older policy](#).
7. Complete a personalized, youth directed Transition Plan for youth age 17.5 as required per the [43104 Transition Planning for Dependent Youth 15-18 Years policy](#).
8. Obtain written approval from the RA or designee to extend BRS when barriers exist that prevents the youth transitioning out of BRS within 12 months. Approval must be obtained prior to the 12th month and every six months thereafter. A copy of the written approval must be sent to Regional BRS manager.
9. For a youth to remain in BRS past age 18, policy [43105 Extended Foster Care](#) must be followed. Obtain written approval from RA or Designee and every six months thereafter. A copy of the written approval must be sent to the Regional BRS manager.

Regional BRS Manager will:

10. Provide oversight, guidance, consultation regarding BRS contractor's compliance. Including quality of service, outcomes and performance.
11. Monitor and track regional BRS data, including but not limited to, date of entry, exit, length of stay, placement type, service and rate.
12. Review every six months, the youth's service needs, level of care, target exit date, and transition plan in collaboration with the social worker and contracted service provider.

13. Participate in CFT meetings when possible.
3. Aftercare (Out-of-home BRS)

The CA Worker will:

1. Participate in all CFT meetings to discuss after care wraparound planning that supports the youth and family to achieve stability, permanency or placement transition.

Regional BRS Manager will:

2. Consult with the social worker to develop an aftercare service plan.
3. Negotiate with the contracted provider on an aftercare service plan.

Forms and Tools

- Behavioral Rehabilitation Services Referral Form (DSHS 10-166a)
- Child Specific Contract Rate Proposal Form (DSHS 10-490)
- BRS Screening Guide

4534. Crisis Residential Center (CRC) Program

Purpose

1. To ensure all CRC placements are a short-term, temporary placement option available on a 24-hour, 7 day-a-week basis to youth missing from home or care and youth in serious conflict with parents or guardians.
2. Stays in CRC placements should only be as long as needed to transition the youth to parents, guardians, relatives, or other stable family. All CRC placements:
 1. Minimize the time a youth spends in a crisis placement
 2. Support the stabilization of a youth's behaviors
 3. Focus on the youth's current behaviors to identify the youth's needs for further assessment or services
 4. Support reunification with the family or transition to another safe placement

Policy

1. Within 24 hours of placement, excluding weekends and holidays, the CA social worker will contact the youth.

2. If the youth is enrolled or eligible for membership in a federally recognized tribe, the social worker will notify the tribe of the youth's placement as indicated in the Indian Child Welfare Manual.
3. Within 72 hours of placement, excluding weekends and holidays, the CA social worker will:
 1. Identify a dependent youth's discharge placement or have scheduled a Family Team Decision Making (FTDM) or Shared Planning meeting.
 2. For a nondependent youth:
 1. Offer voluntary FRS services to the youth and family,
 2. Coordinate family reconciliation efforts, and
 3. Obtain legal authorization for placements lasting longer than 72 hours, which includes:
 1. Parental consent between the CRC and parent or legal guardian with CA approval for youth to continue placement with the agreed goal of reunification within 7 calendar days.
 1. Exceptions to this timeframe must be approved on a case by case basis by the Regional Administrator or designee.
 2. Shelter care order
 3. The filing a Child in Need or Service petition, or
 4. Voluntary placement agreement developed according to the VPA policy.
4. Within 5 days of the youth's discharge placement being identified, the social worker will transition the youth to that placement.
5. The CRC will discharge all youth to parent(s) or legal guardian or CA when the maximum placement is reached (5 consecutive days for detention secure CRCs and 15 consecutive days for non-detention based secure CRCs and semi-secure CRCs).

Procedure

1. CRC regionally designated Gatekeeper will ensure placements meet program criteria:
 1. Youth, ages 12 to 17 years old, eligible for placement in family or semi-secure CRC are those youth who are:
 1. Runaways,
 2. Missing from care,
 3. In conflict with their family, or
 4. In need of emergency placement.
 5. Sexually Exploited Youth (See Appendix A for definition)
2. CRC regionally designated Gatekeeper will ensure placements are as brief as possible and all placements end before the maximum length of stay is exceeded.
3. Social worker will:
 1. Authorize any needed emergency medical or dental care only for dependent youth or youth placed through a VPA. Medical or dental care authorization for youth placed by Parental Consent must be given by the parent or legal guardian.
 2. Coordinate with CPS investigative social worker if there CPS allegations.
 3. Assist family in obtaining appropriate services.
4. There are four types of CRC facilities utilized for placements.

1. Family CRC is located in a licensed foster home.
2. Semi-secure CRC is a facility with no locking doors or windows.
3. Secure CRC not co-located within a juvenile detention center has secure perimeter fencing or time delayed doors to prevent exit.
4. Secure CRC co-located within a juvenile detention center is a physically secure facility (internal locking doors and windows).

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 PPFP family, and information sharing with the family.

45351. Definition

1. A PPFP 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 PPFP 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. PPFPs are licensed foster families or relatives who are approved to care for the child. All statutory, regulatory, and procedural guidance apply to PPFPs 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 PPFPs.

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 PPFs, 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 (PPFP) 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 ongoing 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 PFP, 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 PFP. Prior to placement in a PFP, 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 PFP. Placement in a PFP 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
 - o Note: This conversation will be documented in the child's file. Before placement of a child into a PPF the family shall sign the DSHS 15-175 Permanency Planning Placement Agreement. The PPF may choose to review this agreement with their attorney.
 2. 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.
 3. 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.)).
 4. Prior to placement of a child with a PPF, 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 PPF. 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.
 5. 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 PPF, 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).

6. 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.
 7. 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.
 8. Prior to placement in the PFP, the child's social worker will thoroughly review with the PFP:
 1. the child's birth family situation;
 2. the child's special needs;
 3. the child's cultural needs;
 4. current legal status;
 5. case plan;
 6. visitation plan;
 7. relationships with siblings and extended family with the PFP;;;
 8. the possibility that the child will be returned to the birth parents; and
 9. 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.
 9. 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.
 10. 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
0. DCFS Regions will establish on-going support to PFPs. This may include:
 1. Agency/staff support of foster parent associations, specifically supporting PFPs;
 2. Use of FPAWS and foster parent liaisons to assist in communication with foster parents;
 3. Support groups for PFPs;
 4. Mentor programs for PFPs, connecting experienced foster parents who have adopted with new PFPs;

5. Notification and reminders of the availability of foster parent liaisons and other trouble-shooting procedures;
 6. 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;
 7. Provision of in-service training with PPFPs 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
 8. Quarterly meetings for PPFPs to interface with agency staff for feedback, information sharing, and support.
5. In each visit to the PFPF (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 PFPF, 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 PFPF 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 PFPF 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 PFPF that they may want to be represented by their attorney during the discussions and drafting of the agreement.
 8. A PFPF foster parent will only be considered a prospective adoptive parent by the department when the following has occurred:
 0. Parental rights to the child have been terminated;
 1. The department plan for the child is adoption by the PFPF;
 2. The Tribe (or LICWAC, in the absence of tribal intervention), has given approval for the adoption of the child by the PFPF;
 3. The Department has completed and approved an adoptive home study; and
 4. 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 and Physically Assaultive/Aggressive Youth

45361. Sexually Aggressive Youth

Purpose Statement

To guide CA social workers in properly identifying Sexually Aggressive Youth (SAY) and provide the needed supervision and services to meet the needs of all youth determined as SAY.

Laws

[RCW 74.13.075](#) Sexually Aggressive Youth - Defined

Policy

1. When identifying and determining a youth as SAY they must be 8 years or older and must meet one of the following criteria:
 1. The Regional SAY Committee has approved the youth for SAY funded treatment (currently or in the past); or
 2. The Regional SAY/PAAY committee has determined the youth meets the definition of SAY as defined in [RCW 74.13.075](#) ; or
 3. A valid record exists documenting the youth has been found guilty in a court of law for a sexual offense.
2. All youth identified as SAY must have a signed Youth Supervision Plan (DSHS-15-352) prior to placement, but no later than 72 hours and the plan must be documented in FamLink within seven calendar days.
3. Youth Supervision and Safety Plans must initially be reviewed and approved by Regional SAY Committee.
4. All youth identified as SAY must be provided needed services.
5. Youth identified as SAY must *only* be placed with licensed caregivers who have completed the CA SAY training.
6. Youth already placed and then identified as SAY, the caregivers must complete the CA SAY training as soon as possible, but no later than 30 calendar days.
7. Youth identified as SAY and placed with unlicensed caregivers, the caregiver must complete the CA SAY training as soon as possible, but no later than 30 calendar days.
8. Regions must establish a SAY Committee. The SAY committees determine youth's SAY identification, eligibility for SAY funded resources as outlined in [RCW 74.13.075](#) and provide quality assurance oversight.

Procedures

1. When identifying or removing a youth as SAY complete SAY Determination Referral DSHS-15-399 and submit to regional SAY committee.
2. Document in FamLink by checking or un-checking the SAY Warning Indicator on the Person Management Page within seven calendar days for youth identified as SAY.
3. Refer youth needing SAY treatment interventions to the Regional SAY committee, for authorization of SAY funding. Referrals must include:
 1. A detailed description of the youth's sexually aggressive act.
 2. Any other relevant information necessary to determine SAY funding needs.
4. Refer youth approved for SAY service funds to a CA contracted SAY provider for services. **Note:** Prosecutors may refer youth for SAY services and youth do not need to be CA dependent.
5. Coordinate services and Youth Supervision and Safety Plan with the SAY contracted provider, youth's caregiver and, if applicable, Juvenile Rehabilitation Administration or county probation.
6. Complete in FamLink a Youth Supervision Plan DSHS-15-352 on all youth identified as SAY with the youth's caregiver and DLR Licensor (if available) within seven calendar days. Identify with the caregiver as part of the supervision and plan any training, support or consultation they need.
7. Submit FamLink Youth Supervision Plan DSHS-15-352 to youth's caregiver for review and signature. Provide a copy of the signed plan to the caregiver and place a copy in the case file and upload document in FamLink. Notify the DLR Licensor via email the signed plan has been completed.
8. Review Youth Supervision Plans at least every six months with caregiver, supervisor and update as needed.
9. Verify the prospective licensed caregiver has completed the CA SAY training. If the licensed caregiver has not completed the training:
 1. Do not place youth identified as SAY with the caregiver, until training is completed and verified.
 2. Provide the caregiver with information on where and how to access the training.
 3. Discuss and document in the electronic case file the date the caregiver agrees to complete the training.
10. Verify the unlicensed caregiver has completed the CA SAY training. If the unlicensed caregiver has not completed the training:
 1. Provide them with information on where and how to access the training.
 2. Discuss and document in the electronic case file the date the caregiver agrees to complete the training. This date must be as soon a possible, but no later than 30 days after placement.
11. Verify the licensed or unlicensed caregiver has completed the CA SAY training when a youth is identified as SAY following placement. If the caregivers have not completed the training:
 1. Provide them with information on where and how to access the training.
 2. Discuss and document in the electronic case file the date the caregiver agrees to complete the training. This date must be as soon a possible, but no later than 30 days of the identification.
12. Include the following information every six months when requesting reauthorization of funding from the Regional SAY Committee:

1. SAY provider quarterly reports.
 2. New documented incidents of sexual aggression.
 3. Supervision Plan.
 4. Other new evaluations or reports that are important to determine SAY funding needs.
13. **Note:** Polygraph test can only be provided or funded for sexually aggressive youth if a court order requires the test. Plethysmograph will not be approved or funded for sexually aggressive youth.

Forms and Tools

- Youth Supervision Plan DSHS-15-352
- SAY Determination Referral DSHS-15-399
- FamLink Document upload instructions

Resources

- Youth Supervision Plan Tips
- [4413 Placement Services](#)

45362. Physically Assaultive/Aggressive Youth

Purpose

To guide CA social workers in properly identifying Physically Assaultive/Aggressive Youth (PAAY) and providing the needed supervision and services to meet the needs of all youth identified as PAAY.

Laws

[RCW 74.13.280](#) Client Information

Policy

1. When identifying and determining a youth as PAAY as defined by [RCW 74.13.280](#) a youth must exhibit one or more of the following behaviors that are developmentally inappropriate and harmful to the child or to others:
 1. Observed assaultive behavior;
 2. Reported and documented history of the child willfully assaulting or inflicting bodily harm; or
 3. Attempting to assault or inflict bodily harm on other children or adults when the child has the apparent ability to carry out the attempted assaults, including threats to use a weapon.

2. All youth identified as PAAY must have a signed Youth Supervision Plan (DSHS 15-352) prior to placement, but no later than 72 hours and the plan must be documented in FamLink within seven calendar days.
3. Youth Supervision Plans must initially be reviewed and approved by Regional SAY/PAAY Committee.
4. All youth identified as PAAY must be provided needed services.
5. Youth identified as PAAY must *only* be placed with licensed caregivers who have completed the CA PAAY training.
6. Youth already placed and then identified as PAAY, the caregivers must complete the CA PAAY training as soon as possible, but no later than 30 calendar days
7. Youth identified as PAAY and placed with unlicensed caregivers, the caregiver must complete the CA PAAY training as soon as possible, but no later than 30 calendar days.
8. Regions must establish PAAY committee to determine PAAY identification and provide quality assurance oversight.

Procedures

1. When identifying or removing youth as PAAY complete PAAY Determination Referral DSHS-15-400 and submit to regional PAAY committee.
2. Document in FamLink by checking or un-checking the PAAY Warning Indicator on the Person Management Page within seven calendar days for youth identified as PAAY.
3. Coordinate service and Youth Supervision Plans for PAAY youth with the contracted provider of services and caregiver.
4. Complete in FamLink a Youth Supervision Plan DSHS-15-352 on all youth identified as PAAY with the caregiver and DLR Licensor (if available) within seven calendar days. Identify with the caregiver as part of the supervision and plan any training, support or consultation they need.
5. Submit all Youth Supervision and plans for review and signature by the youth's caregiver. Provide a copy of the signed plan to the caregiver and place a copy in the case file and upload document into FamLink. Notify the DLR Licensor via email the signed plan has been completed.
6. Review Youth Supervision Plans at least every six months with caregiver, supervisor and update as needed.
7. Verify a perspective licensed caregiver has completed the CA PAAY training. If the licensed caregiver has not completed the training:
 1. Do not place youth identified as SAY with the caregiver, until training is completed and verified.
 2. Provide the caregiver with information on where and how to access the training.
 3. Discuss and document in the electronic case file the date the caregiver agrees to complete the training.
8. Verify an unlicensed caregiver has completed the CA PAAY training. If the unlicensed caregiver has not completed the training:
 1. Provide them with information on where and how to access the training.
 2. Discuss and document in the electronic case file the date caregiver agrees to complete the training. This date must be as soon a possible, but no later than 30 days after placement.

9. Verify a licensed or unlicensed caregiver has completed the CA PAAY training when a youth is identified as PAAY following placement. If the caregivers have not completed the training:
 1. Provide them with information on where and how to access the training.
 2. Discuss and document in the electronic case file the date caregiver agrees to complete the training. This date must be as soon as possible, but no later than 30 days of the identification.

Forms and Tools

- Youth Supervision Plan DSHS 15-352
- PAAY Determination Referral DSHS 15-400
- FamLink Document upload instructions

Resources

- Youth Supervision Plan Tips
- [4413 Placement Services](#)

4537. Clothing Allowance For Children In Out-Of-Home Care

45371. Service Definition

Created on:
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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 4, 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 ii 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.
 - **Children under the age of 13 may not be involuntarily detained through this process.**

2. 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.
3. 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.
4. 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.
5. Subsequent Admissions-Any subsequent admissions for voluntary care shall require a new assessment and determination and must follow the appropriate protocol as outlined above.

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 FamLink. 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. 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; 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.

- A. 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.
- B. 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.
- C. 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

- A. 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.
- B. 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 Child Abuse Consultation Network at 1-206-987-2194 or after hours at 1-206-987-2000 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 1-800-222-1222. 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 14-18.
 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 Report to the Court;
 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

1. Street youth may access HOPE Center services through the following means:
2. 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.
3. 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.
4. 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.
5. 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:
 1. Parental consent between the HOPE Center and parent or legal guardian with CA approval for youth to continue placement to reunify with family or obtain safe legally authorized housing.

2. OR
 3. Voluntary Placement Agreement (VPA) must be developed according to the [VPA policy](#).
 2. If CA or the HOPE center is unable to obtain a VPA or Parental Consent, 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.
 6. 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

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 mental 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
Case Plan	Reconciliation with legal guardian; assessment of on-going service needs; long-term residential placement plan
Sexually Exploited Youth	<p>Any person under the age of eighteen who is a victim of one of the following crimes:</p> <ul style="list-style-type: none"> • Commercial sexual abuse of a minor (RCW 9.68A.100), • Promoting commercial sexual abuse of a minor (RCW 9.68A.101) or • Promoting travel for commercial sexual abuse of a minor (RCW 9.68A.102)

4550. Children Missing from Care

Purpose

Provide direction to CA staff regarding responsibilities when a youth is missing from care and then returns to out-of-home placement. Youth who run from out-of-home care are putting their safety and well-being at risk. When a youth runs from out-of-home care, staff need to act quickly to locate and address the youth's reasons for leaving and develop a run prevention plan.

Laws

[WAC 388-148-0123](#)

Policy

Youth Missing From Care:

1. CA Staff must make active efforts to locate a youth missing from care within 24 hours of notification.
Note: Efforts include making contact with all individuals or agencies important to a youth's case.
2. CA staff will inform caregivers of the requirement to file a run report with law enforcement (LE) and contact Washington State Patrol (WSP) Clearinghouse when a youth is missing from care.
3. A run report must be filed with law enforcement and Washington State Patrol Clearinghouse when a youth is missing from care.
4. When a youth is missing from care overnight or longer, the case must be staffed with a supervisor within two calendar days, excluding weekends and holidays.
5. An attorney must be requested (if the youth does not have an attorney) for all youth missing from care overnight or longer.

6. CA staff must contact law enforcement and Washington State Patrol Clearing house for a youth still on the run at 18 years of age to eliminate the run report.

Youth Returning to Care:

1. Law enforcement, WSP Clearinghouse and individuals or agencies involved with the youth must be contacted within 24 hours when the youth returns to out of home care.
2. A *debriefing interview* must be conducted with the youth within two calendar days (excluding weekends and holidays) of returning to out of home care. Evaluate the youth for health and safety concerns and assist with appropriate care and safe placement (if needed).
3. A Run Prevention Plan must be developed with the youth and caregiver within seven calendar days of the youth returning to out of home care.

Procedures

Youth Missing From Care:

1. Create the *Temporary Situation in Placement* in FamLink to document youth is on the run.
2. Document LE run report number provided by the caregiver in a case note. If caregiver did not file a run report, immediately contact LE to file a run report and contact WSP Clearinghouse at (1-800-543-5678).
3. Notify individuals or agencies important to a youth within 24 hours of knowing the youth is missing. Individuals to notify may include:
 1. Legal parent or guardian
 2. Child's Attorney, CASA, GAL
 3. School
 4. Therapist
 5. Tribe
4. Hold a *Missing from Care (MFC)* staffing with the supervisor within two calendar days (excluding weekends and holidays) for youth missing from care overnight or longer. Document the staffing results in FamLink. The MFC staffing includes:
 1. Search strategies and efforts
 2. Protective factors and vulnerabilities of youth
 3. Individuals contacted
 4. Potential reasons for run
 5. Does the youth need an attorney appointed
 6. Determine if a pick up order and warrant is needed
 7. Discuss if a court hearing should be scheduled. Some factors to consider when making this determination are:
 1. Placement problems or no appropriate placement options available
 2. All other efforts and interventions have failed
 3. Youth is a chronic runner
 4. Court sanctions would be an effective deterrent for the youth

5. If supervisor determines appropriate, write and file a declaration for a pickup order or warrant for the youth with the court (if the court allows).
6. If a court hearing is scheduled, factors to discuss are:
 1. Placement problems or no appropriate placement options available
 2. Additional services needed to support or stabilize the youth
 3. Discuss search and run prevention strategies that have occurred
 4. Efforts that have been made but not successful
7. Document in a case note (at least monthly) until youth returns to out of home care or ages out of care and include the following:
 1. Continued efforts to locate youth
 2. Contact with the youth
 3. Other contact disclosing critical information related to the youth health, safety, or whereabouts
 4. Any follow-up action taken

Youth Returning to Care:

1. Notify LE, WSP Clearing house and other individuals important to the youth's case, within 24 hours of the youth's return to care.
2. Assess and address any identified health or safety concerns and assist the youth in appropriate care within 24 hours of returning to care.
3. Close the *Temporary Situation in Placement* and open the youth's current placement in FamLink.
4. Conduct a debriefing interview with the youth within two calendar days (excluding weekends and holidays) of returning to out of home care. Discuss with the youth reason for running and gather valuable information by asking questions on DSHS form 15-309. Document the interview discussion in a case note or complete and upload the completed 15-309 form.
5. Develop a run prevention plan with the youth and caregiver within seven calendar days. Document the details of the run prevention plan in a case note or upload the completed DSHS 10-484 form.

Forms and Tools

[DSHS 10-484](#)

[DSHS 15-309](#)

Resources

- [Youth at Risk for Running Away - Tips for Caregivers and Staff](#)
- [Run Prevention Tips for Staff](#)
- [How to Help a Youth Who is at Risk to Run - Prevention Tips for Caregivers](#)
- [Resource Information for Youth at Risk to Run - Tips for Staff and Caregivers](#)
- [When a Youth Runs & Returns - Tips for Caregivers](#)
- [When a Youth Returns - Tips for Staff](#)

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.

46100. Monthly Supervisor Case Reviews

Purpose

Monthly supervision provides practice guidance and case direction for the assigned Social Worker to address:

1. Appropriate and timely delivery of services to families and children,
2. Safety issues and family progress toward case goals,
3. Concurrent planning and family cultural needs and
4. Review of authorized family expenditures.

Policy

Social work supervisors must conduct **monthly** supervisor case reviews with each assigned social worker and document each case reviewed in the client electronic case file.

The case review discussion must include:

1. A focus on child safety, including the supervisor's review that all monthly visits for the child, known parent/legal guardian and caregiver by the assigned social worker have been completed and documented as required in the Social Worker Monthly
2. Health and Safety Visit Policy.
3. Steps the family and/or children need to achieve permanency including concurrent planning, relative search, and community supports.
4. Assessment of the services provided to each family, including the family cultural and linguistic needs.

5. **Note:** Social work supervisors will not document social worker performance concerns in the client electronic case file.

Procedure

Social work supervisors will conduct 100% case reviews monthly with staff. During these reviews, supervisors will:

1. Discuss the following practice areas with the assigned social worker during the case review:
 1. Timeliness of response time (CPS only)
 2. Child safety threats
 3. Monthly health and safety contacts
 4. Family progress towards achieving safety and permanency and concurrent planning to include relative search
 5. Current well-being of children in out-of-home or in-home care
 6. Child return home when identified safety threats of serious harm can be managed and controlled with an in-home safety plan.
2. Discuss the following issues to determine if case closure is appropriate:
 1. Safety threats have been reduced or eliminated and the parent or caregiver's protective capacities have increased to assure the child's safety and well being
 2. The legal action was terminated
 3. Service authorizations are closed
 4. Family connected to formal and informal supports and other community resources
3. Document and record a summary of the supervisor case review discussion under the supervision/administrative review code under the client case name.

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).

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 an 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 and focus on child safety.
2. They shall include a review of:
 1. The safety threats which necessitated placement.
 2. Need or reason for the child's continued placement.
 3. The report to the court, Case Plan and Comprehensive Family Evaluation.
 4. The appropriateness of the type of placement and the permanent plan.
 5. Parental progress 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. 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.

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 report to the court, to the juvenile court prior to the permanency planning hearing within timeframes established by regional and juvenile court policy. The report to the court submitted for a permanency planning hearing must clearly delineate the DCFS recommendations for permanency planning.
2. While it is always necessary when updating the report to the court 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.

4700. CASE RESOLUTION/CLOSURE

4710. General

1. CPS investigations must be completed 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.

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

Purpose

Eligible youth have the right to know and have counsel if a parent contacts the department, supervising agency or GAL about reinstatement of their parental rights. Assigned counsel can support youth when they consider petitioning the court for reinstatement of parental rights.

Laws

[RCW 13.34.215](#) Petition Reinstating Terminated Parental Rights

Policy

1. Youth 12 and older have the right to petition the court for reinstatement of parental rights when meeting certain criteria.
2. Verbal notice must be provided to eligible dependent youth 12 and older, of their right to have counsel appointed if a parent contacts CA, the supervising agency or GAL regarding reinstatement of their parental rights.

Procedures

1. Notify *eligible* youth 12 and older who meet the criteria of their right petition the court for reinstatement of parent rights:
 - o Previously found dependent under [RCW 13.34](#).
 - o Age 12 and older
 - o Legally free for at least three years; with the entry of a final order of termination
 - o Permanent plan is not achieved or will not immediately be achieved
 - o Permanent plan was achieved but not sustained for three years
2. Note: Eligible youth under age 12 may also petition the court for reinstatement of parental rights if good cause is determined.
3. The court will inquire if an eligible youth has received notification of right to counsel and the parental rights reinstatement at a review hearing. An eligible youth includes the following criteria:
 - o Does not have a court appointed attorney;
 - o Age 12 and older
 - o Legally free for at least three years; with the entry of a final order of termination
 - o Permanent plan is not achieved or will not immediately be achieved.
4. Note: After the eligible youth's 15th birthday the court will make an additional inquiry.
5. Document the notification in a Case Note or on the Shared Planning Form in the electronic case file.
6. Complete a Safety Assessment and background check of the parent(s) and any other adults in the home prior and be prepared to make recommendations. Consider the following:
 - o Reinstatement of parental rights is in the best interest of the youth;
 - o Reinstatement will present a risk to the health, safety, and welfare of the youth, and;
 - o The parent(s) has addressed their parental deficiencies.
7. Complete the following when the court conditionally grants the petition to reinstate parental rights:

- Change the permanency plan in the report to the court to reunification;
 - Complete a Safety Assessment and Plan and refer family for transitional services;
 - Supervise placement for six months as per [Trial Return Home 43051A](#) policy; and
 - Conduct monthly social worker visits/health and safety checks in the home, not to exceed 40 days between each visit as per [Social Worker Visit 4420](#) policy.
8. When the court determines the youth is safe and has lived with the parent for a minimum of six (6) months:
- Document court decision to dismiss the dependency;
 - Close the case.

Resources

Guidelines for Reinstatement Hearings

Reinstatement Threshold Hearing Notification could include:

Assist the youth with obtaining legal counsel upon the youth's request to petition the court for reinstatement of parental rights by:

1. Contacting the legal counsel already assigned to the case;
2. Requesting legal counsel at the next review hearing or if no hearing is scheduled make a request for an early review;
3. Notifying the youth's Tribe(s) if applicable.
4. Notifying all parties of the Threshold Hearing including:
 1. Youth's former parent whose parental rights are the subject of the petition;
 2. Youth's current foster parent, relative caregiver, guardian or custodian;
 3. Youth's Tribe(s) if applicable;
 4. **Note:** Hearing notification to all parties is by via personal service or certified mail or the court can order a specific type of notification.

Reinstatement Threshold Hearing could include:

Request the court to 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 consider the following:

1. Deficiencies identified in the record of the prior termination proceeding;
2. Services recommended and not completed in the dependency action;
3. Any current concerns;
4. Current youth welfare check and BCCU background check;
5. Consult with the AAG regarding recommendations for any assessments and/or evaluations.

Reinstatement Merit Hearing Notification could include:

Give prior notice of the merit hearing to the following parties:

1. The youth's former parent whose parental rights are the subject of the petition;
2. The youth's current foster parent, relative caregiver, guardian or custodian;
3. The youth's tribe if applicable.

Reinstatement Merit Hearing could include:

Prepare documentation to show efforts made by the department to achieve permanency, such as:

1. Dates youth was staffed at Adoption Consortium;
2. Youth's registration with WARE;
3. Youth's registry with the Northwest Adoption Exchange;
4. Youth's participation in other recruitment projects (i.e. Wednesday's Child);
5. Dates of discussion with youth in which the youth was asked, about in-state and out-of-state placement options (include copies of relevant case notes);
6. On-going relative search documentation;
7. Dates of discussion with current and past foster parents (include copies of relevant case notes)
8. Any other recruitment activities as appropriate; and
9. Review of adoptive home studies considered and reasons why the family is not considered (include copies of relevant case notes).

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](#)

5000: Case Support

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. Foster Home License Application

Purpose

Applications for foster home licenses are submitted to local offices and processed by Division of Licensed Resources (DLR) staff.

Policy

1. Foster home applications and accompanying documents from prospective foster parents must be date stamped and sent to the assigned licensor for action.
2. Foster home licenses are issued for a maximum of 2 adults per license, unless the DLR Area Administrator approves an additional adult.

Procedures

1. Licensor will review the foster home license application and all required supporting documentation and forms.
2. Licensor will interview the applicants and conduct an inspection of the home and property prior to a license being issued.
3. Licensor and supervisor will approve or deny the license application within 90 days.

Note: Exception to the 90 days must be approved by the supervisor and documented in a Provider note in the electronic Provider record

Forms and Tools

[DSHS 10-354 Application for Family Home Care for Children in Out of Home Placement](#)

[DSHS 09-653 Background Authorization](#)

[DSHS 15-276 Personal Information](#)

[DSHS 16-204 Fire Evacuation Plan](#)

5132. Licensing Study

The usual steps for processing an application are:

- A. 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.
- B. The clerk or licenser mails out reference letters to the people designated by the applicant, with return envelopes stamped with the licenser's name.
- C. 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.
- D. 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.
- E. 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.
- F. 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.
- G. 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.
- H. The licenser may require the applicant to furnish additional pertinent information.

5133. Decision on Licensure

- A. All requirements of chapter 388-148 WAC must be met before the OFCL Regional Manager signs and issues the license.
- B. 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

- A. 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.
- B. 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.

- C. 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.
- D. The licenser makes a home visit to check for continuing compliance with health and safety aspects as outlined in Checklist DSHS 10-183.
- E. The licenser completes the Foster Home Reassessment, DSHS 10-50.
- F. 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.
- G. 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.
- H. 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 or Approval of CA Employees for Foster Care or Adoption

Purpose

To establish requirements for CA employees that want to become foster, relative or adoptive parent(s).

Laws

Policy

- A. All CA employees and all DSHS employees who are co-located in the same building as an office of the DSHS Children's Administration who want to become licensed foster or adoptive parents must:
 1. Obtain foster parent or adoptive parent certification through a private Child Placing Agency (CPA), and
 2. Comply with the provisions in Administrative Policy 6.24 DSHS Employee Foster Care Licensing and Adoption Certification and Administrative Policy 18.64 Standards of Ethical Conduct for Employees.
- B. Any licensed foster parent who becomes a new CA employee or co-located DSHS employee must have certification and case management services through a CPA within six months of employment

Procedures

Employees covered by this policy will:

- A. Verify they are certified and licensed by a private child-placing agency (CPA).
- B. Act solely in the role of foster and/or adoptive parent(s) when in a court or any other legal proceeding regarding a child placed in the employee home.
- C. Receive placement and case management services through the CPA only.
- D. At a minimum, will not accept placement of a child from within their own office unless otherwise approved.

Employees covered by this policy will **not**:

- A. Receive placements or case management services through CA.

Exception: Placement is short term, time-limited and the CA employee has a waiver signed by the CA Regional Administrator or his/her designee.

- B. Access electronic or hard files, including files of any child placed or any child considered for placement in the employee's home, or licensing files of the employee

Note: Employees may request information as needed from the child's social worker or the licensor.

- C. Use any of the agency's electronic information system or colleagues to obtain information about any child placed in their home.

See Also

- Administrative Policy 6.24
- Administrative Policy 18.64

5140. Complaint Investigation

Purpose

Licensing Complaint Investigations determine if a violation of the Washington Administrative Code (WAC) licensing regulations has occurred in a licensed facility. "Valid" findings result in Compliance Agreements which stipulate the steps to reach compliance with WAC.

Laws

[RCW 74.15](#) Licensing of facilities for the care and placement of children, expectant mothers, developmentally disabled persons.

[Chapter 388-148 WAC](#) Licensing requirements for child foster homes.

Policy

The assigned complaint investigator will:

- A. Follow the DLR/CPS Practice Guide for all concurrent CA/N allegations investigations involving both DLR/CPS and licensing.
- B. Begin licensing complaint investigations within 5 days of receipt of the intake. Document the beginning of the investigation in a Provider note.
- C. Consult with a supervisor prior to finding determination and document the consultation in a Provider note.
- D. Determine if the finding is Valid or Not Valid within 45 days by using following the criteria:
 - o **Valid:** Based on the facts obtained in the investigation, there is reasonable cause to believe a licensing violation occurred.
 - o **Not Valid:** Based on the facts obtained in the investigation, there is reasonable cause to believe a licensing violation did not occur or it cannot be determined if a licensing violation occurred.

Exception: Any complaint investigation extension must have Area Administrator approval and be documented in a Provider note.

- E. Document the finding determination under Provider Action in the electronic file.
- F. Notify the licensee of the findings. Regional Licensors must copy the supervising agency when they notify the licensee.

The **Licensor** will create a Compliance Agreement with the licensee that stipulates the specific actions the licensee will take to reach compliance with each violated WAC.

Procedures

For homes and facilities directly supervised by CA, the complaint investigator will:

- A. Review Provider information, including:
 - 1. Case numbers associated with the Provider.
 - 2. Case and Provider notes.
 - 3. Intakes attached to the Person ID numbers.
 - 4. Incident reports and any past Compliance Agreements.
- B. Notify the licensee as soon as possible of the complaint to discuss the following:
 - 1. Allegations in the intake.
 - 2. Investigation process and timelines.
- C. Immediately address any violations which threaten the health and safety of children per [Safety Section policy](#).
- D. Collaborate with the Licensor if the complaint investigator is someone other than the Licensor.
- E. Assess through shared decision making per [Safety Section policy](#) if new information creates:
 - 1. Cause to re-refer to CA intake or law enforcement,
 - 2. Placement reconsideration by the child's social worker, or

3. Cause for immediate licensing action, such as a stop placement or summary suspension.
- F. Re-assess safety as additional information becomes available per [Safety Section policy](#).
- G. Address any additional WAC violations noted during the course of the investigation with the licensee.
- H. Interview all foster parents, staff and verbal foster children identified in the intake separately. Interview current children in placement who may have witnessed or been affected by the alleged licensing violations. Interviews with parties not identified in the intake may be merited. All interviews must be documented in a provider note.

NOTE: Decisions to not interview must be approved by a supervisor and documented in a provider note.

- I. Invite the CA social workers for children identified in the intake to the interviews. The complaint investigator will determine what questions the child will be asked regarding the violation allegations
- J. Ask the child if s/he wishes to have a third party present.
- K. Complaint investigations may include:

NOTE: A signed release of information is required for adults and all children not in CA custody. A release of information signed by youth over age 13 in CA custody is required for mental health and substance abuse treatment providers.

- Interviews of the social workers for the children currently or previously in the foster home or facility.
- Review of files for the children involved in the intake, including ISSPs, treatment plans, supervision plans, and behavior management plans.
- Interviews with children **not** in the department's custody; such interviews require parental consent.
- Collateral contacts, such as
 - Foster child's therapist
 - Foster parent's therapist
 - Foster child's medical providers
 - Foster child's teachers/school counselors
- Referral to law enforcement or regulatory agency.
- Assessment requests as needed. CA may specify the provider. The licensee may be required to pay for the evaluation. The complaint investigator and/or Licensor will identify the issues to be assessed for the provider.

For foster homes supervised by a Child Placing Agency (CPA), the Regional Licensor will:

- A. Review the Provider file information.
- B. Contact the CPA to:
 - Explain the allegations.
 - Identify the potential licensing violations.

- Inform CPA staff that should any child disclose abuse and neglect during the investigation, the CPA staff is to only collect information for a CPS intake and not to conduct a forensic interview of the child.
 - Provide support and assistance throughout the information gathering phase.
 - Specify parties to be interviewed as needed.
 - Conduct interviews. Regional Licensors may choose to be present at interviews.
 - Oversee the investigation.
- C. Determine the findings.
- D. Require the CPA complete a Compliance Agreement with the foster family for each 'Valid' finding. The Regional Licensor approves the Compliance Agreement conditions.

Complaints are closed as follows:

- A. CA complaint investigators and Regional Licensors close 'not valid' complaints after findings are approved by the complaint investigator's supervisor.
- B. Licensors close 'valid' complaints when:
- Compliance agreement conditions are met, or
 - Any licensing action, including appeals, has closed.

Automated Actions

FamLink sends email notices to the licensor assigned as the primary worker for the Provider and his/her supervisor when the Provider Intake is created.

Forms and Tools

[DSHS-10-248 Compliance Agreement](#)

[DSHS-10-248A Compliance Agreement Continuation](#)

Resources

DLR/CPS Practice Guide

Suggested Practice Tips

Licensing compliant investigations are an opportunity to provide training and technical assistance through a supportive and collaborative approach.

5150. Action on Licenses

- A. 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 licensor 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.

- B. 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.
- C. 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.
- D. 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:
 - a. A concise summary of the CPS allegations (if applicable), RCW, and WAC violations, findings, and conclusions.
 - b. Documentation of corrective action attempted, if appropriate.
 - c. Detailed citation of all applicable RCW/WAC violated.
 - d. 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
- E. 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.
- F. 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. Licenser 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 licenser is to periodically review whether the applicant/licensee is in compliance with MLR.
2. The licenser 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 licenser 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:
 - a. Waiver processing and approval.
 - b. Processing of Incident Reports.
 - c. Complaints/corrective actions.
 - d. Shared decision-making.
 - e. Separation of functions for licensers.
 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 licensers 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 licensor 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 licensor, as appropriate, and considers the following when identifying a suitable home:

- A. The child(ren)'s proximity to their own home and family to facilitate visitation with parents.

- B. Closeness to the child(ren)'s school or child day care so that attendance is not disrupted.
- C. 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.
- D. 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.
- E. 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.
- F. The experience and skill level of the foster parent.
- G. 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.

5176. DLR Comprehensive Reviews

5176. DLR Comprehensive Reviews

Approval: Jennifer Strus, Assistant Secretary

Effective Date: October 31, 2014

Sunset Review: October 31, 2018

Purpose

Comprehensive reviews help Children's Administration (CA) Staff evaluate the ability of contracted Behavioral Rehabilitation Services (BRS) providers or contracted and/or licensed providers to meet the health, safety and well-being needs of children in their care.

Policy

1. Complete a Comprehensive Review to measure compliance with licensing standards, contract requirements to monitor programs.
2. Comprehensive Reviews are completed by a CA regional staff team consisting of Division of Licensed Resources (DLR), Division of Children and Family Services (DCFS), BRS, other program staff, and Finance & Performance Evaluation Division (FPED) Contracts Representatives. External stakeholders may also participate, e.g. Developmental Disabilities Administration (DDA).
3. Comprehensive Reviews must be conducted on each contracted BRS provider:
 1. Every three years, beginning at or around 18 months after entering into a new license and during each renewal period.
 2. Other times deemed necessary by the Comprehensive Review team, such as when there is a high score on the Contractor Risk Assessment, frequent intakes, a critical incident, or newly identified concerns.
4. Comprehensive Reviews may be conducted on contracted and/or licensed providers when deemed necessary by the review team as noted below in Procedures 4.b.
5. If the BRS provider or other contracted and/or licensed provider has an open DLR/CPS investigation(s) during a comprehensive review, the Comprehensive Review team will notify and invite the DLR/CPS Investigator to participate in the review.
6. Biannual health and safety reviews are not required for a BRS contracted provider for the review period following completion of a Comprehensive Review.

Procedures

1. **Percentage of Information to be reviewed:**
 1. Select a minimum of 20% of all active child files or files of children placed within the last 30 days of the comprehensive review date, with no fewer than six files being reviewed.
 2. Select a minimum of 20% of personnel files, with no fewer than six files being reviewed.
 3. Complete a 100% review if the contractor has fewer than six in any category listed below in Procedures 3.d.ii. and iii.
 4. Interview children and staff as available.
2. **The Regional Licensor** in each region will:
 1. Facilitate an annual meeting with the Comprehensive Review Team held between October and December. The purpose of the meeting is to identify:
 1. The next year's review schedule.
 2. Licensed or contracted providers to be reviewed.
 3. Individuals leading each review, rotating between DLR, BRS, and Contracts staff.
 2. Search for licensing and/or DLR/CPS investigations for the period under review and provide information found to the review team
 3. .
3. **The Comprehensive Review Team Lead** will:
 1. Notify the licensed or contracted provider four to six weeks prior to the Comprehensive Review and include the following information:
 1. Date, time, and location of the review.

2. Questions about their program strengths, challenges, and any technical assistance.
 3. Documents or items to be reviewed.
 4. Copies of the forms/tools that will be used during the on-site visit.
2. Facilitate a planning meeting held prior to the onsite visit. All team members must attend and:
 1. Review the tools and instructions for use.
 2. Discuss existing concerns.
 3. Identify individual tasks for completion.
 4. Discuss relevant WACs, BRS Handbook, and/or contract issues.
3. Facilitate an on-site meeting with the agency director and other agency staff at the start of the review to discuss:
 1. Purpose of the Comprehensive Review.
 2. Comprehensive Review process
 3. Location where the files will be reviewed.
4. Conduct the Comprehensive Review with team members that includes (as applicable), but is not limited to, a review of the following:
 1. Program Review
 2. Personnel files
 3. Child files
 4. Youth interviews
 5. Staff interviews
 6. Social Worker Questionnaires
 7. Foster parent interviews
 8. Incident Reports
 9. Medication Logs
 10. Documentation of consultant hours
 11. Staff schedules
5. Facilitate a staff debriefing on the last day of the review to:
 1. Ensure all Comprehensive Review forms located on the DLR intranet are completed.
 2. Discuss strengths, concerns, and patterns that will be shared with the agency director and other agency staff during the exit interview.
6. Facilitate an exit interview on the last day of the review with the agency director and other agency staff to:
 1. Discuss any health and safety, licensing, and/or programming concerns.
 2. Complete an Immediate Action Plan Compliance Agreement if there is an immediate licensing or contracts violation and give it to the licensed or contracted provider to implement.
7. Notify the agency director that the Final Report and compliance agreement will be sent within 30 days following the review. The compliance agreement will address licensing and programming issues, and the health and safety of the youth being served.
8. Complete the Final Report with the assistance of the Comprehensive Review team within 30 days following the on-site review.

9. Provide the Final Report to the licensed and/or contracted provider and staff that participated in the review and place in the DLR and CA Contracts' files
4. **Disagreement with the Final Report:**
 1. If **review members** disagree about the report, the final decision shall be made by the following members:
 1. DLR Supervisor if WAC is the standard cited for the findings of non-compliance.
 2. BRS Program Manager if the BRS Handbook is cited for the findings of non-compliance.
 3. Contracts Program Manager if the Contract is being cited for non-compliance.
 2. If the **licensed and/or contracted provider** believes there are factual errors in the report, he/she will submit a written document within 30 days of receipt of the Final Report that outlines his/her concerns. The following members will respond and resolve:
 1. Regional Licensor if the concern is a licensing issue.
 2. BRS or Contracts manager if the concern is a program or contracts issue.
5. **Monitoring Compliance Agreements:** Responsibility to monitor compliance agreements rests with the regional licensor, BRS program manager, and/or Contracts manager, depending on which standard is used in the plan as noted in Procedures 4.a.

Forms and Tools

The following forms are located on the CA Intranet site under the DLR program:

DSHS 10-510 Comprehensive Review: BRS / Contracts Program Review

DSHS 10-511 Comprehensive Review: DLR Program Review

DSHS 10-512 Comprehensive Review: BRS Contractor Client File

DSHS 10-513 Comprehensive Review: DLR Client File

DSHS 10-514 Comprehensive Review: Personnel Files

DSHS 10-515 CA Worker Questionnaire

DSHS 10-516 Youth Interview

DSHS 10-517 Staff Interview

DSHS 10-518 Foster Parent Interview

DSHS 10-519 Incident Report Review

DSHS 10-520 Comprehensive Review Final Report

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.

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 (1. a-c), 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.

5201. Emergency Planning for Licensed and Unlicensed Caregivers

Purpose

1. To store current licensed and unlicensed caregiver(s) name, address and phone number and emergency contact information for all children in out-of-home care, in case of a disaster or emergency.

Policy

1. The assigned DLR licensor (licensed placements) and the assigned Social Worker (unlicensed placements) will ensure the following information is documented in the information management system:
 - a. Emergency Contact Name; Recommend One In-State and One Out-of-State Contact
 - b. Current Address for Caregiver and Emergency Contact Person(s)
 - c. Current Phone Number(s) for Caregiver and Emergency Contact Person(s) (As applicable)
2. The licensor and/or social worker as applicable is responsible for reviewing and updating this information as change occurs and at a minimum once a year.

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.

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 74.15.02

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:
 1. Grandparent
 2. Step Parent
 3. Brother
 4. Step Brother
 5. Sister
 6. Step Sister
 7. Uncle
 8. Aunt
 9. Nephew
 10. Niece
 11. First Cousin
 12. 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.

5250. Caregiver Transportation and Mileage Reimbursement

Purpose Statement

Support caregivers* as important team members who have a vital role in meeting the individual needs of children. Establish requirements for reimbursing caregivers for mileage when transporting children in their care.

*Caregivers include: Foster parents, relatives, and suitable persons

Laws

[WAC 388-25-0090](#) - Foster care providers to whom the department makes reimbursement for services

Admin-Policy-19-10-04 Mileage - Mileage Reimbursement

Policy

- A. CA reimburses mileage expenses to caregivers that meet the individual needs of children as identified in case planning for the child. The child's individual needs include safety, stability, education, or treatment.
- B. CA reimburses mileage expenses to caregivers for child related transportation for official state business when other resources are not available.

Procedures

- A. CA will reimburse caregivers for transportation necessary to meet the needs of the child as identified through ongoing case planning. Reimbursements may include but is not limited to the following:
 - 1. Visitation with parents
 - 2. Visits with siblings
 - 3. Court hearings
 - 4. Court-ordered activities
 - 5. Medical, dental, counseling sessions or WIC appointments
 - 6. Attendance at child specific meetings and at the request of CA staff.
 - 7. Child specific State approved caregiver trainings are:
 - a. Trainings specific to the needs of the children in the home, and
 - b. First aid and HIV/Blood Borne Pathogens training.
 - 8. Transportation to maintain educational stability or participation in school-related extracurricular activities
 - 9. Transportation by a respite provider to maintain continuity for the child's education or child care
 - 10. Transportation to and from respite, for mileage in excess of 10 miles each way
 - 11. Transportation to and from childcare, for mileage in excess of the caregiver's regular commute to work
 - 12. Transportation to and from the parent-child/sibling visit or appointment that is longer than 3 hours and the caregiver returns home
 - 13. Other transportation necessary to meet the needs of the child identified in ongoing case planning
- B. Transportation activities that are part of typical parenting and/or age development appropriate activities are not reimbursed. These activities include:
 - 1. Haircuts
 - 2. Sports events
 - 3. Vacation
 - 4. Birthday parties
 - 5. School except as indicated above
 - 6. Recreational activities, practices or lessons

7. Shopping
- C. Reimburse mileage when it is necessary to address the specific needs of a child as identified in their Individual Service and Safety Plan, service plan, or case notes.
 - D. Review and verify the caregiver's explanation and purpose for the trip by completing the following steps:

Important: Mileage submitted after 90 days can not be reimbursed.

- 1. Document in the (office use only) box the appropriate number that matches the explanation the caregiver documented on the mileage form.
 - 2. Approve and sign the Caregiver Monthly Mileage form(s) and submit them to your regional business office per local instructions.
- E. Obtain Area Administrator prior approval for exceptions to mileage reimbursement only to meet the individual safety and stability needs of a child.
- F. Contact caregiver and discuss reasons for denying any or part of the reimbursement request. (Contact may be by email or phone)
- G. Obtain payment approvals for the following:
 - 1. Transportation reimbursement requests up to \$300.00 require social worker and supervisor approval.
 - 2. Transportation reimbursement requests \$301.00 to \$500.00 also require Area Administrator approval.
 - 3. Transportation reimbursement requests of over \$500.00 also require Regional Business Manager approval.
 - 4. Send the approved Caregiver Monthly Mileage form to your Regional Fiduciary Specialist for payment.

Forms and Tools

[DSHS 07-090 Caregiver Monthly Mileage form](#)

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.

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:
 - a. The requirement that foster and adoptive applicants (including relatives) need to attend Orientation. Two parent households will be encouraged to have both parents attend the Orientation.
 - b. Information on the dates, times and registration information.
 - c. 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.
 - d. 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.
 - e. The procedures for a family to follow in pursuing adoption through DCFS, the differences between foster parent, adoptive, and foster-adoptive placements.
 - f. The legal risk involved in foster-adoptive placements and the placement of legally free children under appeal.

Policy

Home Study Assessment for Foster, Adoptive and Relative Caregivers

1. The home study is a written document assessing the character, suitability and competence of caregiver(s) to parent a child in out-of-home care and must assess:
 1. Home environment,
 2. Family life,
 3. Health and facilities; and
 4. Resources of the applicants.
2. All home studies must include a:
 1. Completed criminal history and background check, Child Abuse and Neglect check in accordance with [Operations Manual 5500](#).
 2. List of collateral contacts (ex. relatives, friends, databases) made to obtain information regarding applicant(s).
 3. Recommendation as to the appropriateness of the applicants to be foster, relative and/or adoptive parents.
 4. Completion of the CA Family Home Study Form (DSHS 10-043).
3. Adoption home studies must also include:
 1. Documentation of the discussion and the applicants understanding of the six concepts of adoption [RCW 26.33.190](#):
 1. Concept of adoption as a lifelong developmental process and commitment.
 2. Issues regarding an adoptees confusion on identify. Including grief and loss from the separation from the birth family.
 3. The importance of an adoptees relationship with siblings and the potential benefits gained from on-going contact with non-adopted siblings.
 4. How the family will discuss adoption with the adoptee and family.
 5. How the family will address an adoptees possible questions about birth parents and relatives.
 6. The importance of an adoptees racial, ethnic and cultural heritage.
 2. A signed certificate, specifying the training, and qualifications of the person preparing the report and verification that the following occurred:
 1. Discussion of the six concepts of adoption
 2. Prospective adoptive family has been provided with the [Post Adoption Brochure DSHS 22-1211](#); and
 3. Adoption Support program Limitations (DSHS XX-XXX).

NOTE: Information on program limitations must be provided in writing six months before adoption finalization.
3. Documentation of consultation with the prospective family regarding the family wishes to be listed on the Washington Adoption Resource Exchange Recruitment website through the Northwest Adoption Exchange.
4. All home studies must be approved, denied or withdrawn in writing and must be:
 1. Held strictly confidential unless a signed consent by the applicants has been received for adoptive and relative home studies.

Note: Denied adoptive applicants do not have a right to an appeal process.

5. Adoption home studies are updated when:
 1. There is a change within the family (e.g. divorce, someone new lives in the home, etc)
 2. The type of child placed in the home for adoption does not match with the type of child previously described.
 3. The family has previously adopted and is adopting a subsequent child/youth.
 4. A family has an approved home study with no placements for one year.
 5. For foster care licensing refer to [Practices and Procedures 5100](#)

Procedures

1. See the Family Home Study Social Worker Guide for topics included in the home study document.
2. Make a minimum of three contacts with the prospective family to complete the home study assessment. Contacts may include:
 1. Face to face meetings with the applicants either together or separately.
 2. Phone contact discussions regarding the home study (scheduling an appointment would not constitute a contact).
3. Consultation with staff that have worked with and/or assessed an applicant previously can be used as a contact with the family.
4. Review all required Family Home Study Forms submitted by applicants. Adoptive applicants are also required to submit additional documentation including:
 1. Adoptive Applicant Medical Report DSHS 1301.
 2. Written verification of marriages and divorces: a photocopy of marriage certificate and any divorce decrees.
 3. A completed financial form.
5. Obtain a minimum of three personal references (either in writing using approved forms or by telephone). Only one reference person may be a relative unless one is an adult child not living in the home.
6. Obtain a signed Authorization and request a copy if another agency or private person completed a home study and made recommendations regarding applicant.
7. Verify applicant has completed a pre-service training. See [Practices and Procedure Manual 5320](#) and [Practices and Procedures 5100](#)
8. File adoptive home studies with the court in accordance with [RCW 26.33.180](#)
9. Make a separate paper file for any home studies for foster care, adoptions and relatives.
10. Updating an adoption home study must include the following:
 1. Background checks
 2. Medical reports
 3. Home study with document changes
 4. References
11. Documents completed by applicants should be shared with other CA programs (excluding background check information) so families will not have to complete documents multiple times (Except as needed for a change in circumstances and updates).

Forms and Tools

Go to the [DSHS forms site](#) to get these forms

- Family Home Study Forms
 - Application for Foster Family Home Care Licenses, DSHS 10-354
 - Family Home Study, DSHS 10-043
 - Reference Cover Letter, DSHS 16-179
 - Reference Questionnaire, DSHS 15-286
 - Personal Information Form, DSHS 15-276
 - Adoptive Applicant Medical Report, DSHS 13-001
 - Marital History Form, DSHS 09-979
 - Financial Worksheet, DSHS 14-452
- [Family Home Study Social Worker Guide](#)

See Also

- [Operations Manual 5500](#) Criminal History and Child Abuse and Neglect History Checks for Out-of-Home Placement

Resources

- [Post Adoption Brochure, DSHS 22-1211](#)
- Adoption Support program Limitations form
- Foster Care Licensing, [Practices and Procedures 5100](#)
- Adoption Services Intake, [Practices and Procedure 5320](#)

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

- A. "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).
- B. "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.
- C. "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. Pre-Adoption Disclosure

Purpose

Provide prospective adoptive parent(s) with all known and available medical and social information regarding a child and birth family.

Laws

[RCW 26.33.350](#)

[RCW 26.33.380](#)

[RCW 70.24.105](#)

[WAC 388-27-0090](#)

[WAC 388-27-0100](#)

Policy

- A. CA must make reasonable efforts to disclose medical, education, family and social background history on the child and birth parents.
- B. Child and birth family information must be documented on the Child's Family & Medical Background Form (DSHS 13-041).
- C. CA must share non-identifying child and birth family information with a prospective adoptive parent/s prior to an adoptive placement.
- D. Information provided to a prospective family must be kept confidential per [Operations Manual 3230 Confidentiality Policy](#) and must be redacted unless the identifying information is known.

Procedures

- A. An adoptive placement occurs when the:
 - 1. Department has written to the prospective adoptive parents, expressly stating that the adoptive parents have been selected as the prospective adoptive home for a particular child, and

Note: Once family is identified as the adoptive family CA must share all known information per procedure A.
 - 2. Prospective adoptive parent/s has an approved adoptive home study per [PP-5330 Home Study Assessment for Foster, Adoptive and Relative Caregivers Policy](#); or
 - 3. Child is legally free; or
 - 4. The termination of Parental rights has been filed with the court.
- B. Medical and Education

1. Provide known information to adoptive families that includes the following:
 - a. Copies of all children's medical and educational information, including CHET, Passport, FCAP, etc.

Note: Medical information must remain confidential per [Case Services 4120 Confidentiality Policy](#).
 - b. The Health/Mental Health and Education Summary
 - c. Birth parent health and education documentation includes the following:
 - i. Redacted copies of the social history information in the psychological and drug/alcohol evaluation when there is social history information on the birth parent and/or the birth family.
 - d. Sibling health and education information documented on the child's DSHS 13-041.

C. Legal

1. Provide legal documents that include the following:
 - a. Current legal and placement information
 - b. Most recent Guardian at Litem (GAL) report
 - c. The most recent report to the court. The report to the court is shared with all Caregiver(s) outlined in Practices and Procedure [4413 Placement Services](#).
 - i. Dependency Petition
 - ii. Termination Petition
 - d. Court orders from the following court hearings:
 - i. Dependency Findings of Facts and Conclusions
 - ii. Termination Orders Findings of Fact
 - iii. If an Appellate Court upheld termination of parental rights, note this on the 13-041 with the date of the decision.

D. Other information to be disclosed includes:

1. One copy of all redacted case notes beginning with CA's involvement with the child to present
2. Referral history beginning with CA's involvement with the child to present

NOTE: Throughout the life of a case some information is already shared with the caregiver. The items identified in this policy must be provided again for pre-adoption disclosure.

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:
 - a. The relatives' previous relationship with the child.
 - b. 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.

- A. 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.
- B. 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.
- C. 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

- A. 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.
- B. 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.

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.

5400. CHILD CARE

Purpose

To provide safe, quality child care to meet the needs of the family, and promote safety, permanency and well-being. **Laws**

[WAC 388-165-210](#)

[WAC 388-165-108](#)

[WAC 388-165-235](#)

Policy

1. Prior to authorizing payment for child care, social workers must verify:
 1. The child has an open CA case; and
 2. The child is 12 years old or younger, or is under age 19 with verified special needs per [WAC 388-165-210](#); and
 3. The child's case plan identifies the need for child care and is based on the needs of the family.
2. Social workers must verify that child care services are provided by a qualified provider per [WAC 388-165-108](#) and [WAC 388-165-235](#).
3. Planned Terminations - Social workers must provide a verbal and/or written notice (email or letter) to the child care provider at least ten (10) calendar days prior to the planned termination date.
4. Unplanned Terminations - In the event of an unplanned termination (e.g., child's placement changes or court order), social workers must notify the provider as soon as possible and reimburse providers for child care services provided.

Procedures

A. Child Care for Children Placed in Out-of-Home Care

The social worker will:

1. Use Early Head Start, Head Start or Early Childhood Education and Assistance Program (ECEAP), when available, as the first option over CA funded child care for children birth-5 years old.
2. Authorize funding for part-time or full-time child care (depending on need) for:
 - a. Caregivers who have on-going commitments, such as part-time or full-time employment, or continuing education to maintain employment.
 - b. Extra-ordinary circumstances that require child care (e.g. a child enrolled in a child care program who needs continuity of care between placements or short-term employment transition of caregiver).

Note: CA is responsible to provide child care for children with open CA cases not the Economic Services Administration/Community Services Office (CSO) Working Connections Child Care (WCCC) program.

3. **Not authorize** child care funding for:
 1. A two-parent caregiver family when one parent is employed and the other parent is not employed and at home.
 2. A two-parent caregiver family when both parents are not employed and at home.

3. Caregivers requesting child care for placement stabilization (in these cases, respite or other services should be offered).
4. Develop a Child Care Program Agreement form (DSHS 15-397), obtain the caregiver's signature and include the agreement in the case plan.

Note: This agreement requires the caregiver to notify the social worker of any changes in status that might warrant a change in child care authorization (e.g. employed to unemployed).

B. Child Care for Children Living in Their Own Home

The social worker will:

1. Only approve child care funding for children living in their own homes when necessary to address safety issues or prevent out of home placement.
2. Use Early Head Start, Head Start or Early Childhood Education and Assistance Program (ECEAP), when available, as the first option over CA funded childcare for children birth-5 years old.
3. Develop a Child Care Program Agreement form (DSHS 15-397), obtain the caregiver's signature on the agreement and include the agreement in the case plan.

Note: This agreement requires the caregiver to notify the social worker of any changes in status that might warrant a change in child care authorization (e.g. employed to unemployed).

C. Payment for Licensed Child Care

The social worker will only authorize payment for licensed child care when one of the following criteria is met:

1. The facility providing the center-based child care program is licensed by Department of Early Learning (DEL) or the equivalent agency in another state.
2. The licensed family home providing the child care is licensed by DEL or the equivalent agency in another state
3. If a child care program or family home is exempted from the licensing requirements by DEL (military, public schools or Tribal Nations), the home or center must be certified by DEL or equivalent agency in another state.

D. Payment for Unlicensed Family, Friends, and Neighbors (FFN) Child Care

The social worker will:

1. Authorize payment for child care services to an unlicensed home only when the provider is:
 - . A person unrelated to the child providing child care in the child's own home; or

- a. A relative (specified below), who lives outside the child's home, and provides child care in the child's home or in the relative's own home. Approved relative relations, includes:
 - i. Grandmother or grandfather
 - ii. Aunt or uncle
 - iii. Cousin
 - iv. Adult siblings not living with the child's parent(s).
 2. Consider the family's culture, which may support a broader definition for relative. Authorizations for other degrees of relationship are approved on a case-by-case basis, and may include, but are not limited to, great and great-great grandparents, aunts, uncles, etc.
 3. **Not authorize** child care payment when provided by the following relatives:
 0. Father or Mother
 1. Siblings living with either parent, or siblings under the age of 18
 2. Stepfather or stepmother,
 3. Step siblings living with either parent, or step-siblings under the age of 18.
 4. Verify and document the following to approve the unlicensed FFN provider:
 - . The age, maturity, and suitability of the caregiver. The caregiver must be 18 years of age or older, and of sufficient physical, emotional, and mental health to meet the needs of the child.
 - a. Completion of a background check per policy ([5513 BCCU Background Check Policy](#)).
 5. Obtain the parent/guardian signature on the Child Care Program Agreement (DSHS 15-397) and follow the requirements of [WAC 388-165-235](#).
- E. **Planned Terminations** - Licensed Child Care Center, licensed family home or unlicensed Family, Friends, and Neighbors

The social worker will:

1. Provide child care providers with notice of termination at least ten (10) calendar days prior to the planned termination date. Notice of termination will be provided in one of the following ways:
 - . Verbally
 - a. Written notice using the DSHS form 10-433 Child Care Planned Termination; or
 - b. e-mail (The provider email list is posted on Children's Administration intranet under Policy tab on the CA home page)
 2. Document all verbal, written or e-mail notice of terminations in FamLink case notes.
 3. Ensure payment authorization in FamLink is terminated and document termination in a case note in FamLink within three days of the termination.
- F. **Unplanned Terminations** - Licensed child care center, Licensed family home and Unlicensed Family, Friends, and Neighbor (e.g. unplanned placement change or court order) The social worker will:
1. Notify the provider as soon as possible of the termination and document all verbal, written or e-mail notice of unplanned termination in FamLink case notes.

2. Reimburse the provider for any child care services provided in the event of an unplanned termination.

Note: Providers may request reasonable compensation when they have incurred costs in anticipation of providing ongoing child care (e.g. extra staffing for a special needs child) to a child who has been subject to an unplanned termination.

3. Ensure payment authorization in FamLink is terminated and document termination in a case note in FamLink within three days of the termination.

Forms and Tools

- Child Care Planned Termination form DSHS 10-433
- The provider email list is posted on Children's Administration intranet under the Policy tab on the CA home page
- Child Care Program Agreement (DSHS 15-397)

5420. Licensed Child Day Care Providers

Supportive to DCFS client families, child day care licensing is administered by the DLR. Such facilities include:

- A. 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.
- B. 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 licenser.

5600. Interstate Compact on the Placement of Children

Approval: Jennifer Strus, Assistant Secretary

Effective Date: July 1984

Revised Date: October 31, 2014

Sunset Review: October 31, 2018

Purpose

The Interstate Compact on the Placement of Children (ICPC) governs the arrangement of all placements of children in CA care who cross state boundaries.

Laws

[RCW Chapter 26.34 Interstate Compacts on Placement of Children](#)

Policy

1. HQ ICPC is responsible for administering and overseeing of the Compact to ensure compliance with federal and state regulations.
2. Children requiring ICPC in or out-of-state placement must be placed in a safe and suitable environment, and with persons or facilities meeting qualifications of the state where the child is located, to provide for the care of the child.
3. Child safety, permanency and well-being must be the focus throughout the home study process, supervision and ICPC closure.
4. ICPC Offices are responsible for monitoring licensed group care facilities as guided by the Compact:
 1. Approving placement prior to sending the child.
 2. Monitoring the facility while the child is placed there.
 3. Preventing abandonment of a child in a residential facility in another state.
5. ICPC must be followed when a child is placed across state lines in the following situations:
 1. Relatives or foster care placements for public child welfare agencies.
 2. Parent placement unless the court has found the parent to be fit and the placement with the parent is in the child's best interest as determined by the court.
 3. Adoption, including public child welfare agency and private independent adoptions.
 4. Group Care or Residential placements, public child agency and private parent placements.
6. CA worker must notify HQ ICPC immediately if:
 1. A placement is disrupting and whether services are recommended to assist in stabilizing the placement, e.g., individual or family counseling, crisis intervention services, etc.
 2. A child is removed or can no longer remain in the approved placement home.
 3. Any intake received on a child placed in or out-of-state on an ICPC placement resource.
7. The ICPC is violated in the following situations:
 1. Placing a child in or out-of-Washington without ICPC approval.
 2. Extending a visit.
 3. Establishing a permanent plan without HQ ICPC concurrence.
 4. Parents moving into an approved ICPC placement without HQ ICPC approval.
8. Consequences if the compact is not followed (applies to in or out-of-state ICPC placements):
 1. A child may need to return to the state that has jurisdiction.
 2. A child in another state without ICPC approval does not receive courtesy supervision or services.
 3. ICPC request may not be processed or denied.
 4. Sanctions

Resources

ICPC Regulations- issued by the Association of Administrators of the Interstate Compact on the Placement of Children

5601. Interstate Compact on the Placement of Children Placed Out-of-State

Approval: Jennifer Strus, Assistant Secretary

Effective Date: July 1984

Revised Date: October 31, 2014

Sunset Review: October 31, 2018

Purpose

To seek a safe and suitable placement resource and courtesy supervision for a Washington State child placed out-of-state through the Interstate Compact.

Laws

[RCW Chapter 26.34 Interstate Compacts on Placement of Children](#)

[Safe & Timely Interstate Placement of Foster Children Act of 2006 H. R. 5403](#)

Policy

ICPC Out-of-State

1. Request and Approval Process

1. An ICPC request and approval is required prior to:
 1. Sending a **dependent** child out-of-state for placement with the following:
 1. Biological parent(s) - unless the court has found the parent to be fit and that placement with the parent is in the child's best interest.
 2. Relative(s)
 3. Foster home
 4. Adoptive home
 5. Residential program or group care facility.
 2. Sending an Indian child out-of-state if Children's Administration (CA) has jurisdiction **or** the Tribe has jurisdiction and would like to request an ICPC. The Tribe must agree to follow the content of the ICPC and the receiving state/Tribe agrees to complete the ICPC process as a courtesy.

2. CA worker must contact the Washington State probation or parole office when a child is on probation or parole to verify the applicability of Interstate Compact on Juveniles prior to submitting an ICPC request.
 3. HQ ICPC must receive approval from the receiving state's ICPC Compact Administrator or alternate prior to a child's out-of-state placement.
 4. States may choose to contract out their ICPC home study or courtesy supervision services. Washington State cannot impose any restrictions on another state's decision to contract out for these services.
- 2. Placement**
1. CA worker must place a child in an out-of-state placement within **six months** of the placement approval date on the [ICPC Placement Request - 100A DSHS 15-092](#).
 2. CA maintains jurisdiction after a child is placed out-of-state and is responsible for the case work and financial obligations including medical and educational expenses.
 3. CA worker must request [monthly health and safety visits](#) from the receiving state.
 4. HQ ICPC receives Supervision Reports quarterly from the receiving state for a child in an approved parent, relative, foster or adoptive ICPC out-of-state placement. HQ forwards the report to the CA worker.
 5. A child placed out-of-state must return to Washington State within **5 business days** if the receiving state requests return.
 6. CA worker must notify HQ ICPC if an ICPC violation has occurred and work diligently to come into ICPC compliance. Coming into compliance could include:
 1. Submitting an ICPC request to CA HQ.
 2. Returning a child to Washington State.
 7. HQ ICPC must maintain the ICPC record in FamLink.
 8. Written concurrence from the receiving state's ICPC office must be received prior to finalizing a permanent plan, changing a placement, or transferring custody.
- 3. Closing an ICPC**

HQ ICPC closes the ICPC case when any of the following occur:

1. A permanent plan for the child is achieved which occurs only after a period of supervision, placement stability and by agreement of the receiving state's ICPC office.
2. A child is no longer placed in an approved placement.
3. An approved ICPC placement will not be used.

Procedures

ICPC Out-of-State

1. **Request and Approval Process**
 1. CA worker submits a completed [ICPC Placement Request - 100A DSHS 15-092](#) with supporting documents (See checklist located on the ICPC page on the CA Intranet) to HQ ICPC.

2. HQ ICPC reviews and forwards the ICPC packet to the receiving state.
 3. CA worker must receive the following from HQ ICPC before placing a child out-of-state.
 1. An approved Home Study (not required for residential/group care).
 2. Approved and signed [ICPC Placement Request - 100A DSHS 15-092](#)
 4. CA worker must review the receiving state's home study to determine whether it adequately evaluates the safety, suitability and competence of the caregiver(s).
Note: home study requirements vary in each state and are completed according to the laws and regulations of the receiving state, e.g., fingerprint based background checks for relative placements are not completed in every state.
 5. CA worker may resubmit a placement request to HQ ICPC if the placement request is denied and the reasons for denial have been corrected. The receiving state may, at its discretion, accept the new request.
 6. CA worker submits the [ICPC Report on Child's Placement Date or Change of Placement- 100B](#) if the approved placement **will not** be used.
2. **Placement**
1. CA worker submits the [ICPC Report on Child's Placement Date or Change of Placement- 100B](#) within **5 business days** of placement to HQ ICPC.
 2. HQ ICPC forwards the 100B form to the receiving state.
 3. CA worker is responsible for travel per [Travel Policy](#).
 4. CA worker initiates foster care payment for a child placed in an approved foster placement.
 5. HQ ICPC forwards quarterly supervision reports for parent, relative, foster and adoptive homes to the CA worker.
 6. CA worker must contract for health and safety visits for children in group care or as otherwise required and not provided.
 7. CA worker must review supervision reports to assist in case planning, and to initiate any services that would benefit the placement.
 8. CA worker must work with his/her regional contracts manager to initiate and pay for services out-of-state.
 9. CA worker must notify HQ ICPC if an **ICPC violation** has occurred and work diligently to come into ICPC compliance. This could include:
 1. Submitting an ICPC request.
 2. Returning a child to Washington State.
 10. CA worker must request written concurrence through HQ ICPC. **Concurrence** only occurs after a period of supervision and placement stability.
3. **Closing an ICPC**
1. CA worker receives concurrence from the receiving state ICPC office, completes the permanent plan and submits the 100B and appropriate court order to HQ ICPC.
 2. CA worker submits 100B when a child returns to Washington State, the approved placement is not utilized or a child is no longer in the approved ICPC placement.
 3. HQ ICPC forwards the 100B and court order to the receiving state ICPC office to close the compact agreement.

Forms and Tools

- [ICPC Placement Request DSHS 15-092](#)
- ICPC Report on Child's Placement Date or Change of Placement 100B [DSHS 15-093](#)
- [Statement of CA Worker DSHS 10-491](#)
- ICPC closure letter [DSHS 27-104](#)

ICPC Page on the CA Intranet

- ICPC Checklist
- Financial and Medical Plan
- Border Agreement

Resources

- [WAC 388-25-0200: What payment procedures must the department follow for children placed across state borders?](#)
- Interstate Compact on Adoption and Medical Assistance (ICAMA)
- Interstate Compact for Juveniles (ICJ) [RCW 13.24](#)

5602. Interstate Compact on the Placement of Children Placed in Washington State

Approval: Jennifer Strus, Assistant Secretary

Effective Date: July 1984

Revised Date: October 31, 2014

Sunset Review: October 31, 2018

Purpose

To assess the safety and suitability of a placement resource and provide courtesy supervision at the request of a sending state for a child placed through interstate Compact in parent, relative, foster and adoptive homes in Washington State.

Laws

[RCW Chapter 26.34 Interstate Compacts on Placement of Children](#)

[Safe & Timely Interstate Placement of Foster Children Act of 2006 H. R. 5403](#)

Policy

ICPC In-State

1. Request and Approval Process

1. CA HQ ICPC receives a written request from another state to assess a placement resource.
2. HQ ICPC approval is required before a child is placed in Washington State.
3. HQ ICPC must document the placement request information in the ICPC record.
4. Washington State may choose to contract out its ICPC home study or courtesy supervision services.

2. Placement

1. The sending state must place a child in Washington **within six months** of the placement approval date noted on the 100A form.
2. The sending agency maintains jurisdiction and is responsible for the case work and financial obligations for the placement.
3. CA worker must complete [monthly health and safety visits](#).
4. CA worker determines the placement no longer meets the needs of the child. The child may be removed from his or her home and placed in a safe and appropriate setting. The CA worker will notify HQ ICPC and the sending state.
5. CA worker must submit quarterly supervision reports for biological parent, relative, foster or adoptive homes to the HQ ICPC office. HQ ICPC sends quarterly supervision reports to the sending state's ICPC office.
6. HQ ICPC can request a child return to the sending state within **5 business days** if the placement is no longer in the best interest of the child.
7. The sending state cannot move toward finalizing a permanent plan until a period of supervision, placement stability and with a written recommendation from HQ ICPC.

3. Closing an ICPC

HQ ICPC closes the compact agreement when any of the following are met:

1. A permanent plan for a child is achieved which occurs only after a period of supervision, placement stability and with agreement from HQ ICPC.
2. A child is no longer placed in an approved placement.
3. An approved ICPC placement will not be used.

Procedures

ICPC In-State

1. Request and Approval Process

1. HQ ICPC receives the home study request and sends it to Central Intake for a non-CPS intake and case creation.
2. HQ ICPC sends the home study request to the Washington State local office for assignment.
 1. Division of Licensed Resources completes relative, foster and adoptive home studies following the Family Home Study Guide.

2. Division of Children and Family Services completes the parent home study using the Parent Home Study Guide.
3. CA worker sends the completed home study with placement recommendations by the due date on the ICPC request. If the home study is not completed by the due date, a preliminary report or **closing letter** must be provided.
4. The completed home study or closure letter is due no later than **180 calendar days** after assignment.
5. HQ ICPC will send the home study or closure letter and 100A placement decision to the sending state.

2. Placement

1. HQ ICPC sends notification to the local supervisor to begin supervision.
2. Local office supervisor assigns the case for courtesy supervision.
3. CA worker must complete the first [health and safety](#) visit no more than **30 calendar days** after HQ ICPC case assignment to the local office is made. Continue monthly visits until HQ ICPC provides written notification to stop courtesy supervision.
4. CA worker may remove the child and place he or she in a safe and appropriate placement if the ICPC placement no longer meets the needs of the child.
 1. CA worker must notify HQ ICPC and the sending state immediately.
 2. CA worker may place the child in a licensed facility or with relative or suitable persons using the [Unlicensed Placements under Emergent and Urgent Circumstances](#) procedures.
 3. In cases where the placement resource is uncooperative, and present danger exists, the CA worker must take a [protective action](#).
 4. If a shelter care hearing is held, inform the court that the child is placed in Washington State pursuant to ICPC and that another state maintains legal jurisdiction. CA, the sending state and courts will work together until the child is returned to the sending state.
5. CA worker must complete a quarterly supervision report and send to HQ ICPC within **10 business days** after the last home visit of the quarter. HQ ICPC forwards the report to the sending state. HQ ICPC requests a written recommendation from CA worker regarding finalization of the permanent plan upon the request of sending state.
6. HQ ICPC reviews recommendations and provides written decision to the sending state and the finalization of the permanent plan can occur.
7. HQ ICPC will inform the sending state ICPC office of any placement concerns.

3. Closing an ICPC

1. HQ ICPC notifies the CA worker of ICPC case closure when:
 1. A permanent plan is achieved and the 100B form and/or court order is received.
 2. Placement is no longer in the child's best interest and notification was provided to the sending state of compact termination.
 3. A child returns to the sending state.
2. HQ ICPC will provide written notification to the CA Worker when the ICPC is closed.
3. HQ ICPC closes the FamLink case.

Forms and Tools

- ICPC closure letter DSHS 27-104
- ICPC Parent Home Study DSHS
- Family Home Study DSHS 10-043

ICPC Page on the CA Intranet

- Quarterly Supervision Form
- Border agreement
- ICPC Parent Home Study Guide

Resources

- Family Home Study Guide for Social Service Specialists on the DLR page on the CA Intranet
- Interstate Compact for Juveniles (ICJ)[RCW 13.24](#)
- Interstate Compact on Adoption and Medical Assistance (ICAMA)

5650. Considerations & Notification for Placement Moves

Purpose

Children's Administration supports early concurrent planning and the permanent placement of children by minimizing placements moves for children in out of home care, partnering with caregivers to support timely permanency and shared decision making.

Laws

[RCW 74.13.300](#)

[RCW 74.14A.020](#)

Policy

- A. CA staff must minimize placement moves for children in out of home care. When determining if a child should be moved, CA staff must consider the safety of the child, the child's permanent plan and the child's best interest.
- B. Caregivers must be notified when the decision is made to move a child. Notification must be at least five (5) days prior to moving a child. When a child must move prior to the five (5) day notice, notice must be given to the caregiver as soon as possible.

Procedures

NOTE: When a child must move prior to the five (5) day written notice, notice must be given to the family as soon as possible.

1. Prior to requesting a placement change for a child in out of home care, the CA staff must complete the following steps:
 1. Consult with his/her supervisor regarding recommendations to move a child.
 2. Follow procedures in the [Indian Child Welfare Manual](#) if the child is an Indian child
 3. Conduct a Family Team Decision Meeting (FTDM) or Shared Planning Meeting to discuss:
 1. If the placement is in the child's best interest
 2. What supports could be used to sustain the placement so that it can be a permanent placement resource or until the child/youth is placed with a permanent family
 3. How the placement move will support the achievement of the child's permanent plan.
2. CA staff will notify caregivers when a decision is made to move a child. At least five (5) days prior to moving the child, CA staff must provide written notification of the child's proposed move to the current caregiver by completing and sending DSHS 27-082 unless:
 1. The child has resided in the placement for less than 90 days
 2. Safety concerns prevent the child from remaining in the current placement
 3. The child is being returned home
 4. A court order requires an immediate change in placement
 5. The child is residing in a receiving home or a group home.
3. When a caregiver is requesting the immediate removal of a child, CA staff will complete the following steps:
 1. Conduct a Family Team Decision Meeting (FTDM) or Shared Planning Meeting to discuss:
 1. If the placement is in the child's best interest
 2. Possible supports to create a permanent placement resource or until the child/youth is placed with a permanent family
 3. How the placement move will support achievement of the child's permanent plan.
 2. Explore services available to stabilize the child in the current placement, including:
 - a. Respite
 - b. [Therapeutic Intervention](#)
 - c. Other stabilization services and supports.
 3. Review relatives, non-related kin (suitable persons), and siblings' placements as possible placement resources.
4. CA staff will document all child placement decisions and discussions in the electronic case file.

Forms and Tools

[Five Day Notification to Move \(DSHS 27-082\)](#)

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

- A. 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
- B. 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.
- C. 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).
- D. Is legally free for adoption. ACYF-PIQ-82-18

- E. Is seventeen years of age or younger at the time the agreement is signed. RCW 74.13.109
- F. Adoption is the most appropriate plan.
- G. 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.
- H. Adoptive family income is not a factor in determining a child's eligibility for adoption support services. ACYF-PIQ-90-02
- I. 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.
 - A. Federal matching funds are used for maintenance for children who are found IV-E eligible.
 - B. Federal matching for Title XIX (Medicaid) and Title XX (social services) are available to all children eligible for adoption support.
 - C. 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.
- J. 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
- K. Biological parents whose rights have been terminated, but who later adopt their biological child, are not eligible for adoption support. ACYF-PIQ-86-05
- L. 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.

- A. 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.
- B. 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.
- C. 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

- D. 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

- A. 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.
- B. The child and the child's family must be current residents of the state of Washington.
- C. The family must complete the application for adoption support reconsideration and provide the adoption support program manager with requested information.
- D. 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

- A. 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
- B. 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
- C. 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
- D. 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

6000: Operations

6100. Client and Staff Travel

Approval: Jennifer Strus, Asst. Secretary

Effective Date:

Revised Date: June 12, 2014

Sunset Review: June 2018

Purpose

Authorize (in state or out of state) travel in order to know the whereabouts of all children in the care and custody of the Department. Provide fiscal responsibility and consistency in travel payment approval for children/youth, caregivers and employees.

Laws

[WAC 388-148-0455](#)

[WAC 388-148-0550](#)

[RCW 74.13.710](#)

[RCW 74.15.030](#)

Policy

- A. Travel must comply with court orders, *DSHS 19.10 Travel Policy* & [OFM 10.10 Travel Policy](#).
- B. Travel related to children or youth who are in the care, custody and control of the Department, must be:
 1. Documented prior to the travel
 2. Approve prior to any travel over 72 hours.
- C. Caregivers have the authority to allow a child in their care to participate in normal childhood activities without the prior approval of the CA worker or the court. Normal childhood activities are based on a reasonable and prudent parent standard.
- D. All children being placed **out of state** through ICPC must be approved by the Regional Administrator and documented prior to travel.
- E. Any travel (in state and out of state) with costs to the State above the amount designated in the Travel Approval Quick Reference Guide (outside of routine bus travel/commuter travel) must be approved by the Regional Administrator or designee regardless of required travel approval level.

Procedures

A. Child/Client Travel

CA Staff will:

1. Ask caregivers to notify them of travel and initiate the approval process at least three weeks in advance of travel, when possible. Trips that meet the prudent parent standard and are less than 72 hours in duration do not require CA approval.

Note: Notification may be in the form of phone or voicemail message, face to face communication, e-mail or other written communication.

2. Document caregiver's notification of travel in a case note in FamLink **prior** to travel and no later than 10 days after notification.
 3. Follow approval and documentation requirements outlined in the Travel Approval Quick Reference Guide.
 4. Complete, in detail, [DSHS 03-478 CA Travel Authorization Form](#) when required
 5. Notify parent(s) as soon as possible upon receipt of caregiver notification of travel over 72 hours.
 6. Document efforts to notify parent(s) or obtain parent approval on the [DSHS 03-478 CA Travel Authorization Form](#) or in a case note when required.
 7. Scan and upload documents approved by the parents into FamLink. (Excludes legally free children or youth.)
 8. Scan and upload approved [DSHS 03-478 CA Travel Authorization Form](#) into FamLink.
 9. Obtain court order in the following situations:
 - a. For all out of country travel (Travel to the British Columbia (BC) territories of BC Rockies, Thompson/Okanogan and Vancouver Coast and Mountains are considered 'border counties' to Washington State. All territories beyond are considered out of country travel.); or
 - b. When travel is inconsistent with an existing order.
 10. Coordinate out of country travel per [4211 Notification to Foreign Consulate](#) policy if the child is a citizen of another country. (Requirements vary by country)
- B. Employee-Client Related Travel (out of state) must align with DSHS 19.10 Travel Policy & [OFM 10.10 Travel Policy](#) and must be:
1. Directly work related;
 2. Obtained at the most economical price;
 3. Critical and necessary for state business;
 4. Pre-approved.

Forms and Tools

- [Travel Approval Quick Reference Guide](#)
- [Children's Administration Travel Authorization form \(DSHS 03-478\)](#)
- [Children's Administration Caregiver Authorization form \(DSHS 10-454\)](#)
- [Travel Case Scenarios](#)

- [Guidelines for Foster Child Activities](#)

Resources

- DSHS 19.10 Travel Policy
- [OFM 10.10 Travel Policy](#)

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:

- A. Is absent from home for at least 72 consecutive hours without consent of his or her parent.
- B. 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.
- C. 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.

- A. 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.
- B. 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.
- C. 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.
- D. 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.
- E. 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.
- F. 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.
- G. 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 ACTION PLAN" means the services and tasks that are provided to the child and placement provider as necessary to support the placement and meet the needs of the child while in out-of-home care. The Child Action Plan includes objectives and tasks pertaining to the following:

- Educational needs
- Medical needs
- Social needs

- Psychological needs
- Cultural needs
- Independent living needs

"CHILD IN NEED OF SERVICES (CHINS)" means a juvenile who:

- A. 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.
- B. 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.
- C. 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:

- A. 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.

- B. 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.

"CONTINUOUS IMPROVEMENT" is the complete process of identifying, describing and analyzing strengths and problems and then testing, implementing, learning from and revising solutions; the ongoing process by which the agency makes decisions and evaluates its progress.

"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.

"CONTRACTED AND/OR LICENSED PROVIDER":The individuals or entity performing services pursuant to contracting with Children's Administration.

"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:

- A. Adolescent - a child age 12 but less than 18 years.
- B. Child - a born person less than 18 years.
- C. Fetus - the unborn child.
- D. Infant - a child from birth until one year of age.
- E. Toddler - a child age one but less than six years.

"DLR COMPREHENSIVE REVIEW": The Comprehensive Review is a thorough review of the BRS contractor or other contracted and/or licensed provider's ability to meet licensing, contracts, and programming requirements. It includes an onsite review, completion of approved forms and tools, and a final report.

"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:

- A. Key cultural differences.
- B. 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:

- A. Respite care of children to provide temporary relief for parents and other care givers.
- B. Services designed to improve parenting skills with respect to such matters as child development, family budgeting, coping with stress, health, safety, and nutrition.
- C. 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

"IMPENDING DANGER" means parenting behavior that is harmful and destructive to a child's cognitive, social, emotional or physical development that is likely to occur in the immediate or near future that could result in one of more of the following outcomes:

- Serious or severe harm
- Injury requiring medical attention
- Life endangering illness
- Death

“INDIAN CHILD” means any unmarried person under the age of 18 who is:

- A. 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;
- B. 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;
- C. Considered to be Indian by a federally recognized or non-federally recognized Indian Tribe or off-reservation Indian/Alaska Native community organization; or
- D. A member or entitled to be a member of a Canadian Tribe or Band, Metis community, or non-status Indian community from Canada.

"INDIVIDUAL LEVEL OBJECTIVE": Addresses the individual parent, caregiver, or adult that is ascribed with the behavior (i.e. substance use, mental health, anger) that poses a threat to child safety. This objective identifies a specific relapse prevention plan that the individual will use to exhibit new skills and behaviors to safely manage their problems and successfully participate in the family level objective. Examples include:

- Ms. Smith will use her "Drug Free" plan to ensure drugs and alcohol do not interfere with her ability to safely meet needs of her children, as described in tasks.
- Ms. Emerson will use her "Keep Spirits Up Plan" to manage discouragement and depression in order for her to safely care for her children.
- Mr. Jones will use his "Keep Cool and Calm" plan to keep his anger under control so that he can attend to the safety and well being of his family, particularly during discipline of the children.

"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.

"LIMITED ENGLISH PROFICIENCY" means persons are limited in their ability to read, write or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively.

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:

- A. 13 years of age or younger, or
- B. 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
- C. 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:

- A. Children who are directly told to leave the household,
- B. Have been away from home and are not allowed back by a caretaker,
- C. Whose caretaker makes no effort to recover the child who has run away, or
- D. 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

"NEWBORN" or **"NEONATE"** means a child up to age 1 month (4 weeks old).

“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:

- A. **Custodian** - a person appointed by the parent, guardian, or court to provide care for a child.
- B. **Guardian** - a person appointed by the court to provide care or to supervise a child.
- C. **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:
 - a. Joint custody.
 - b. Parenting plans.
 - c. Shared custody.
 - d. Sole custody to one parent.
 5. **Physical** - the parent(s) with whom the child resides or is found.
- D. **Stepparent** - a person, not the child's parent, who is currently married to the child's parent.
- E. **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.

"**PERIOD OF CRYING**" is a phrase used to describe the time in a baby's life when they cry more than any other time:

1. The word "PURPLE" is an acronym that describes the characteristics of infant crying:
 1. **Peak of Crying** - Crying peaks during the second month, decreasing after that
 2. **Unexpected** - Crying comes and goes unexpectedly, for no apparent reason
 3. **Resists Soothing** - Crying may continue despite all soothing efforts by caregivers
 1. Encouragement of soothing has been shown to help in up to 50% of cases
 4. **Pain-like Face** - Infants look like they are in pain, even when they are not
 5. **Long Lasting** - Crying can go on for 30-40 minutes at a time, and often for much longer up to 5 hours in some cases
 6. **Evening Crying** - Crying occurs more in the late afternoon and evening
2. The word "Period" informs caregivers that the crying is a temporary event.

"**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

"PRESENT DANGER" means immediate, significant, and clearly observable severe harm or threat of severe harm occurring in the present.

"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."

"PRIMARY FAMILY LEVEL OBJECTIVE (FLO)": Addresses the safety threat(s) in which the family was unable to manage or accomplish everyday life tasks (i.e. supervision, safe living environment, protection from violence). The objective will describe what the family will be doing in everyday life to successfully resolve or manage the threat to child safety. This objective identifies a specific plan of action that the family will use to manage the difficult tasks in order to safely meet their children's needs. (Note: primary does not mean just one. There may be more than one primary FLO that is related to the safety threats). Examples include:

- The family will use their "Protect Kids Plan" plan to ensure their children are safe and free from physical harm, as described in the tasks.
- The family will use their "Keep House Clean" plan to make sure children are safe from all dangerous items, as described in the tasks.
- The family will use their "Monitoring Plan" to make certain that their children are safely supervised in and out of the home, as described in the tasks.

"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

"PROTECTIVE ACTION" means an immediate short term response to control present danger observed at first contact with a family. Or at any time present danger is identified to manage the immediate threats to a child.

"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
- Diasepam/Valium
- Lorazepam/Ativan
- Propranolol/Inderal
- Chlorpromazine/Thorazine
- Halperiodal/Haldol
- Trifluoperazine/Stelazine
- Thioridazine/Mellaril
- Methylphenidate/Ritalin
- Pemoline/Cylert
- Amphetamine Sulfate/Amphetamine

"QUALITY ASSURANCE" measures compliance against standards and informs continuous quality improvement.

"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."

"SAFE" child means children are considered safe when there is no present danger or impending danger threats or the caregiver's protective capacities control all known safety threats.

"SAFETY THRESHOLD" means the criteria that must be met in the family's situation to determine that a vulnerable child is unsafe. Criteria include threats to safety that 1) are observable and specific, 2) immediate or near future, 3) out of control, 4) have the potential for severe impacts, there is a vulnerable child. We usually talk about 5 criteria including vulnerable child.

"SECONDARY FAMILY LEVEL OBJECTIVE": Required for out-of-home cases. This objective addresses how the family will support their children while in out-of-home placement. Examples include:

- Ms. Smith will support her young children in out of home care to ensure their emotional stability, as described in the tasks.

- The family will interact positively and support children in dealing with foster care, as described in the tasks.
- The family will provide assistance in permanency planning for the child, as described in the tasks.

"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.

"SEXUALLY EXPLOITED YOUTH" means any person under the age of eighteen who is a victim of one of the following crimes:

- Commercial sexual abuse of a minor (RCW 9.68A.100),
- Promoting commercial sexual abuse of a minor (RCW 9.68A.101) or
- Promoting travel for commercial sexual abuse of a minor (RCW 9.68A.102)

"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.

"SUBSTANCE-AFFECTED NEWBORN" means a newborn child 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.

"SUBSTANCE-EXPOSED NEWBORN" means a newborn child 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).

"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

"UNSAFE" child means children are considered unsafe when they are vulnerable to present or impending danger and caregiver(s) is unable or unwilling to provide protection.

Appendix C: Guidelines for Activities for Children in Foster Care

[Click here to open the pdf: *Caregiver Guidelines For Foster Childhood Activities To Assist In Caregiver Decision Making*](#)