

Case Services Policy Manual

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1000. INTRODUCTION

1100. CONTEXT AND PURPOSE OF THIS MANUAL

1. Policy drives what the agency and its staff must do and is grounded in the Revised Code of Washington (RCW) and federal laws, regulations, and policy interpretations; for example, federal Department of Health and Human Services' (HHS) Administration for Children, Youth, and Families (ACYF) policy interpretations. Where state law is in conflict with federal law or regulation, the federal rule prevails.
2. Procedure defines how the agency and its staff implement policy.
3. Practice guidelines identify how the agency and its staff will behave as they implement policy and procedure.
4. The Case Services Policy Manual sets forth the policies with regard to client families and individuals as they progress through six essential functions from Intake to Resolution: what Children's Administration (CA) and the Division of Children and Family Services (DCFS) must do to comply

with laws and regulations. The accompanying Practices and Procedures Guide sets forth good practice on how the agency and staff will implement policy.

1. The six essential functions for which DCFS is responsible are:
 1. Intake
 2. Assessment
 3. Planning
 4. Service Delivery
 5. Review
 6. Resolution
5. These six functions can be arranged linearly and, while clients do not move in a straight line through agency services, each client's case progresses through the six functions. This manual sets forth policy according to functions in the child welfare process.
6. In addition, this manual sets forth the policies with regard to providers and ancillary services that may be necessary to assist clients as they progress.

1200. CA MISSION AND VALUE

1. **Protecting Children:** Our foremost goal is to protect children from abuse and neglect.
 1. We believe children need to grow up in a safe and healthy environment free from abuse and neglect.
 2. We believe protecting children is primarily the responsibility of families, relatives, and communities.
 3. We believe that children should be raised by their own families whenever possible.
 4. We believe it is necessary to intervene to protect children when families are unable to do so.
 5. We believe it is in the best interest of children to implement permanent plans swiftly once it becomes clear that reasonable and concerted efforts toward improving family functioning have failed.
2. **Supporting Families:** We believe it is our responsibility to treat families at all times with fairness and respect.
 1. We believe that in most instances the family is the best place for a child to grow. This includes the child's extended family or an adoptive family.
 2. We believe every family has strengths. We are committed to assisting families to build upon their strengths and ameliorate their shortcomings.
 3. We strive to help families discover their options, make constructive choices, and understand the consequences of their actions.
 4. We strive to be as responsive as we can to the unique needs of each and every family and to exercise our authority with sensitivity and compassion.
 5. We believe it is our responsibility to make reasonable and concerted efforts to help the families we serve to succeed.
3. **Working with Communities:** We believe it is our responsibility to engage with our communities at all levels to develop and deliver the best possible services for our clients.
 1. We believe it is important to utilize community resources and expertise in a collaborative effort to improve services and enhance agency coordination.
 2. We strive to be open and responsive to community concerns and to work quickly to resolve differences and improve service delivery whenever possible.
 3. We believe it is important to educate community professionals and the public as to our policies, procedures, resources, and limitations.
 4. We encourage staff involvement in community projects, groups, boards, and committees that focus on the prevention, identification, and treatment of child abuse and neglect.
 5. We value the cultural diversity of our clients, staff, and community and are committed to furthering communication and understanding among all people.

4. **Encouraging Excellence:** We encourage and support a total commitment to excellence in all aspects and at all levels of CA employment.
 1. We strive constantly to improve our professional understanding and skills through training, workshops, community consultations, and ongoing evaluation of our policies, procedures, and practices.
 2. We encourage creative problem-solving and professional risk-taking.
 3. We are committed to developing cultural sensitivity and competence and to seeking out staff with diverse backgrounds, perspectives, and cultures.
 4. We strive to support the professional growth and development of staff and to provide opportunities for advancement.
 5. We believe in open communication, teamwork, and a shared decision-making process with an emphasis on accountability.

1300. SHARED DECISION-MAKING

Staff are expected to utilize the Shared Decision-Making Matrix in Appendix C of this manual as the model for sharing information and decisions with supervisors, regional managers, and headquarters managers. Shared decision-making means systematically employing teams for key decisions, as described in the matrix.

1400. DECLARATIONS OF PURPOSE

The following Declarations of Purpose are expressions of legislative intent or purpose and are intended as goals to be pursued by CA.

1410. Children And Family Services RCW 74.14A

- A. The family unit is the fundamental resource of American life that should be nurtured.
 1. The family unit should remain intact in the absence of compelling evidence to the contrary.
 2. The Legislature declares that the goal of serving emotionally disturbed and mentally ill children, potentially dependent children, and families-in-conflict is to provide services to them in their own homes and to avoid out-of-home placement of the child, when that form of care is premature, unnecessary, or inappropriate.

1420. Family Preservation Services - RCW 74.14C

It is the intent of the Legislature to make accessible, within available funds, intensive services to children and families that are designed to prevent the unnecessary imminent placement of children in foster care, and are designed to facilitate reunification of children with their families. These services are known as family preservation services and are characterized by the following values, beliefs, and goals:

- A. Safety of the child is always the first concern;
- B. Children need their families and should be raised by their own families whenever possible;
- C. Interventions should focus on family strengths and be responsive to individual family needs; and
- D. Improvement of family functioning is essential in order to promote the child's health, safety and welfare, thereby allowing the family to remain intact and children to remain at home.

1430. Protection Of Children

- A. The bond between a child and his or her parent, custodian, or guardian is of paramount importance, and any intervention in the life of a child is also an intervention in the life of the parent, custodian, or guardian; however, instances of non-accidental injury, neglect, death, sexual abuse, and cruelty to children by their parents, custodians, or guardians have occurred, and in the instance where a child is deprived of his or her right to conditions of minimal nurture, health, and safety, the state is justified in emergency intervention based upon verified information; and therefore, the Washington State Legislature hereby provides for the reporting of such cases to the appropriate public authorities.
- B. It is the intent of the Legislature that, as a result of such reports, protective services shall be made available in an effort to prevent further abuses, and to safeguard the general welfare of such children: Provided, that such reports shall be maintained and disseminated with strictest regard for the privacy of the subjects of such reports and so as to safeguard against arbitrary, malicious or erroneous information or actions: Provided further, that this chapter shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare and safety.
- C. The goal or purpose of Child Protective Services (CPS) shall be to protect children from child abuse and/or neglect (CA/N) while preserving the families' integrity to the maximum extent possible consistent with the safety and permanency needs of the child.
- D. CPS shall be made available to safeguard the general welfare of children by providing services to ameliorate conditions, which endanger the welfare of children, and to coordinate necessary programs and services relevant to the prevention, intervention, and treatment of child abuse and neglect.
- E. CPS is a priority program that is available in all geographic areas of the state of Washington.

1445. Notification Of Children's Whereabouts

- A. Reporting by the department. See sections 2580, 3400, or 4550 of the Practices and Procedures Guide for the reporting process.
 - 1. Children Receiving Services From Department Of Social And Health Services/Children's Administration:
 - a. The Children's Administration will link parents to missing children by reporting missing children information to the missing children clearinghouse for those who are receiving departmental services in each of its administrative regions.
 - b. Per RCW 13.60.040, the department shall notify the clearinghouse and the child's legal custodian, advising the custodian of the child's whereabouts or that the child is subject to a dependency action when the department has obtained information that a minor child has been located at a facility funded by the department.
 - 2. The department shall inform the clearinghouse when reunification occurs. [1999 c 267 § 18.] [RCW 13.60.040](#)

1450. Child Welfare Services RCW 74.13

- 1. The purpose of child welfare services is to safeguard, protect and contribute to the welfare of the children of the state, through a comprehensive and coordinated program of public child welfare services providing for social services for children who require:
 - 1. guidance, care, control, protection, treatment or rehabilitation;
 - 2. setting of standards for social services and facilities for children; cooperation with public and voluntary agencies, organizations, and citizen groups in the development and coordination of programs and activities on behalf of children; and
 - 3. promotion of community conditions and the resources that help parents to discharge their responsibilities for the care, development and well-being of their children.

1460. Juvenile Dependency/Rights Of Children And Families RCW 13.34

The family is a fundamental resource of American life that should be nurtured. Toward the continuance of this principle, the family unit should remain intact unless a child's right to conditions of basic nurture, health or safety is jeopardized. When the rights of basic nurture, physical and mental health, and safety of the child and the legal rights of the parents are in conflict, the rights and safety of the child should prevail. The right of a child to basic nurturing includes the right to a safe, stable, and permanent home and a speedy resolution of any court proceeding.

1480. Caregivers: Licensed Foster Family Homes And Relatives RCW 74.15

The purposes of licensing include the following:

- A. To safeguard the health, safety, and well-being of children and developmentally disabled persons receiving care away from their own homes, which is paramount over the right of any person to provide care.
- B. To strengthen and encourage family unity and to sustain parental rights and responsibilities to the end that foster care is provided only when a child's family, through the use of all available resources, is unable to provide necessary care.
- C. To promote the development of a sufficient number and variety of adequate child-care facilities, both public and private, through the cooperative efforts of public and voluntary agencies and related groups.
- D. To provide consultation to agencies caring for children or developmentally disabled persons in order to help them to improve their methods of care and facilities for care.
- E. To license agencies as defined in RCW 74.15.020 and to assure the users of such agencies, their parents, the community at large and the agencies themselves that adequate minimum standards are maintained by all agencies caring for children and developmentally disabled persons. RCW 74.15.010
- F. To investigate any person, including relatives by blood or marriage except for parents, for character, suitability, and competence in the care and treatment of children and developmentally disabled persons prior to authorizing that person to care for children and developmentally disabled persons.

1500. INDIAN CHILD WELFARE

1. All actions involving children and families of North American Indian descent shall follow policies and procedures outlined in the CA Indian Child Welfare (ICW) Manual. Included in the ICW Manual are the federal Indian Child Welfare Act of 1978, The Tribal - Washington State Indian Child Welfare Agreement of 1987, and the Tribal - State Accord. Social workers are expected to adhere to them in the course of providing ICW services. 25 United State Code (USC) 1901 et. seq.; [RCW 13.04.030](#); RCW 13.34; [RCW 13.70.150](#); [RCW 26.33.090](#) et. seq.; [RCW 74.13.031](#) and [74.13.080](#); [RCW 74.15.020](#); and [74.15.090](#)
2. Every petition filed in proceedings shall contain a statement alleging whether the child is or may be an Indian child as defined in 25 U.S.C. Sec. 1903. If the child is an Indian child as defined under the Indian child welfare act, the provisions of the act shall apply.
3. Whenever the court or the petitioning party in a proceeding knows or has reason to know that an Indian child is involved, the petitioning party shall promptly provide notice to the child's parent or

Indian custodian and to the agent designated by the child's Indian tribe to receive such notices. Notice shall be by certified mail with return receipt requested. If the identity or location of the parent or Indian custodian and the tribe cannot be determined, notice shall be given to the secretary of the interior in the manner described in 25 C.F.R. 23.11. If the child may be a member of more than one tribe, the petitioning party shall send notice to all tribes the petitioner has reason to know may be affiliated with the child. The notice shall:

1. Contain a statement notifying the parent or custodian and the tribe of the pending proceeding; and
2. Notify the tribe of the tribe's right to intervene and/or request that the case be transferred to tribal court. [RCW 26.10.034](#), [26.33.040](#)

1700. COMPLAINT RESOLUTION

1. Children's Administration (CA) must develop and implement an informal, non-adversarial complaint resolution process.
 1. The process is to be used by CA clients, foster parents, and other affected individuals who have complaints regarding a CA policy or procedure, or the application of such a policy or procedure, related to programs administered under chapter 74.13 RCW.
 2. The process does not apply in circumstances where the complainant has the right under Title 13, 26, or 74 RCW to seek resolution of the complaint through judicial review or through an adjudicative proceeding. [RCW 74.13.045](#)

2100. CHILD PROTECTIVE SERVICES (CPS)

2133. Protocol for Methamphetamine Investigation

A law enforcement agency in the course of investigating: (1) An allegation under RCW 69.50.401 relating to manufacture of methamphetamine; or (2) an allegation under RCW 69.50.440 relating to possession of ephedrine or pseudoephedrine with intent to manufacture methamphetamine, discovers a child present at the site, shall contact the department immediately. [RCW 26.44](#)

2140. Limits of Authority

The department is not authorized to interfere with child-raising practices, including reasonable parental discipline, which are not injurious to a child's health, welfare, and safety. Reasonable use of corporal punishment as a means of discipline is not prohibited. [RCW 26.44.015](#)

2150. Records and Reviews

1. The department shall maintain investigation records and conduct timely and periodic reviews of all cases constituting abuse and neglect. [RCW 26.44.030](#)
2. CPS shall maintain a log of screened-out non-abusive cases. [RCW 26.44.030](#)
3. The department shall make, as soon as practicable, a written record and shall maintain records of incidents of suspected child abuse reported to the agency.
 1. Every employee of the department who conducts an interview of any person involved in an allegation of abuse or neglect shall retain his or her original written records or notes setting forth the content of the interview unless the notes were entered into the electronic system

operated by the department which is designed for storage, retrieval, and preservation of such records.

2. Written records involving child sexual abuse shall, at a minimum, be a near verbatim record for the disclosure interview. The near verbatim record shall be produced within 15 calendar days of the disclosure interview, unless waived by management on a case-by-case basis. [RCW 26.44.035](#)
4. Records retained or produced are confidential. The records may be disclosed for purposes directly related to the administration of the program or as otherwise provided by law. Records may be released to other juvenile justice or care agencies only when an investigation or case involving the juvenile is being pursued by the other agency or when that agency is assigned the responsibility of supervising the juvenile. [RCW 13.50.100](#)
5. A contracting agency or service provider of the department that provides counseling, psychological, psychiatric, or medical services may release to the Office of the Family and Children's Ombudsman information or records relating to services provided to a juvenile who is dependent under chapter 13.34 RCW without the consent of the parent or guardian of the juvenile, or of the juvenile if the juvenile is under the age of 13 years, unless such release is otherwise specifically prohibited by law. [RCW 13.50.100](#)
6. A juvenile, his or her parents, the juvenile's attorney and the juvenile's parent's attorney, shall, upon request, be given access to all records and information collected or retained by the agency which pertain to the juvenile except:
 1. If it is determined by the agency that release of this information is likely to cause severe psychological or physical harm to the juvenile or his or her parents, the agency may withhold the information subject to order of the court: Provided, that if the court determines that limited release of the information is appropriate, the court may specify terms and conditions for the release of the information; or
 2. If the information or record has been obtained by a juvenile justice or care agency in connection with the provision of counseling, psychological, psychiatric, or medical services to the juvenile, when the services have been sought voluntarily by the juvenile, and the juvenile has a legal right to receive those services without the consent of any person or agency, then the information or record may not be disclosed to the juvenile's parents without the informed consent of the juvenile unless otherwise authorized by law; or
 3. That the department may delete the name and identifying information regarding persons or organizations who have reported alleged child abuse or neglect. [RCW 13.50.100](#)
7. Any communication or advice privileged under RCW 5.60.060 that is disclosed by the Office of the Attorney General or the department to the Office of the Family and Children's Ombudsman may not be deemed to be a waiver of the privilege as to others. [RCW 13.50.150](#)
8. No unfounded allegation of child abuse or neglect as defined in RCW 26.44.020 may be disclosed to a child-placing agency, private adoption agency, or any other licensed provider. [RCW 13.50.150](#)

2151. Record Purge

- A. To protect the privacy in reporting and the maintenance of reports of non-accidental injury, neglect, death, sexual abuse, and cruelty to children by their parents, and to safeguard against arbitrary, malicious, or erroneous information or actions, the department shall not maintain information related to unfounded referrals in files or reports of child abuse or neglect for longer than six years except as provided in this section.
- B. At the end of six years from receipt of the unfounded report, the information shall be purged unless an additional report has been received in the intervening period. [RCW 26.44.031](#)

3000. ASSESSMENT

3200. CHILD PROTECTIVE SERVICES (CPS)

3220. CPS Case Assessment

1. CPS shall use a risk assessment process when investigating alleged child abuse and neglect referrals. The department shall present the risk factors at all hearings in which the placement of a dependent child is an issue. Substance abuse must be considered a risk factor. [RCW 26.44.030](#)
2. CPS shall assess risk of abuse and neglect to children and provide or refer to early prevention, intervention, and treatment services to advise parents about services to strengthen families and prevent serious or continuing CA/N. [RCW 74.14A.020](#)
3. DCFS shall make a full family-focused case assessment, which includes an examination of the family's entire situation to identify problems experienced by children and their families early and provide services which are adequate in availability, appropriate to the situation, and effective. [RCW 74.14A.020](#)

3231. Evaluating Children in Foster Care

1. Designated professionals are to develop a set of minimum guidelines to be used for identifying all children who are in a state-assisted support system, whether at-home or out-of-home, who are likely to need long-term care or assistance, because they face physical, emotional, medical, mental, or other long-term challenges.
2. The guidelines must, at a minimum, consider the following criteria for identifying children in need of long-term care or assistance:
 1. Placement within the foster care system for two years or more;
 2. Multiple foster care placements;
 3. Repeated unsuccessful efforts to be placed with a permanent adoptive family;
 4. Chronic behavioral or educational problems;
 5. Repetitive criminal acts or offenses;
 6. Failure to comply with court-ordered disciplinary actions and other imposed guidelines of behavior, including drug and alcohol rehabilitation; and
 7. Chronic physical, emotional, medical, mental, or other similar conditions necessitating long-term care or assistance.
3. Develop programs that are necessary for the long-term care of children and youth that are identified for the purposes of this section. Programs must:
 1. Effectively address the educational, physical, emotional, mental, and medical needs of children and youth; and
 2. Incorporate an array of family support options, to individual needs and choices of the child and family.
4. Conduct an evaluation of all children currently within the foster care agency caseload to identify those children who meet the criteria set forth in this section.
5. The department is to accomplish the tasks of this section within existing resources. [RCW 74.14A.050](#) and 2000 c 232 s 1

3232. Coordination of Services

1. The department of social and health services shall develop methods for coordination of services to parents and children in child dependency cases. To the maximum extent possible under current funding levels, the department must:

1. Coordinate and integrate services to children and families, using service plans and activities that address the children's and families' multiple needs;
2. Develop treatment plans for the individual needs of the client in a manner that minimizes the number of contacts the client is required to make; and
3. Access training for department staff to increase skills across disciplines to assess needs for mental health, substance abuse, developmental disabilities, and other areas. [RCW 13.34](#)

4000. CASE PLANNING

4100. REQUIREMENTS FOR ALL CASE PLANNING

4120. Confidentiality

1. Except as provided in RCW 70.24.105 regarding confidentiality and HIV information DCFS and child placing agencies shall share information about the child and the child's family with out-of-home care providers regarding developing, monitoring, and revising a child's case plan. Upon any placement, the department of social and health services shall inform each out-of-home provider if the child to be placed in that provider's care is infected with a blood-borne pathogen for which the child was tested if known by the department. These providers include foster parents, relative care providers, and group home staff. [RCW 26.44.030](#); [RCW 74.13.280](#)
 1. A CA social worker, a child placing agency worker, or a guardian ad litem who is responsible for making or reviewing placement 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 may receive information regarding the child, diagnosis, or treatment relating to HIV infection or any other confirmed sexually transmitted disease.
 2. The social worker or medical provider may also provide information regarding HIV or sexually transmitted diseases of the child less than 14 years of age to 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. [RCW 70.24.105](#)
2. If the department conducts case planning and consultation upon the request of a mandated reporter, information considered privileged by statute and not directly related to reports required by RCW 26.44.030 shall not be divulged without a valid written waiver of the privilege, except under conditions described below.
3. Whenever information is shared with a child's out-of-home care provider, all persons receiving such information shall keep the information confidential and not disclose or disseminate the information except as authorized by law. [RCW 26.44.030](#); [RCW 74.13.280](#)
4. Consistent with the provisions of chapter 42.17 RCW and applicable federal law, the department shall disclose information regarding the abuse, neglect, or near fatality (see [Appendix A](#) for the definition) of a child, the investigation of the abuse or neglect, and any services related to the abuse or neglect of a child if any one of the following factors is present:
 1. The subject of the report has been charged in an accusatory instrument with committing a crime related to a report maintained by the department in FamLink;
 2. The investigation of the abuse or neglect of the child by the department or the provision of services by the department has been publicly disclosed in a report required to be disclosed in the course of their official duties, by a law enforcement agency or official, a prosecuting

- attorney, any other state or local investigative agency or official, or by a judge of the superior court;
3. There has been a prior knowing, voluntary public disclosure by an individual concerning a report of child abuse or neglect in which such individual is named as the subject of the report; or
 4. The child named in the report has died and the child's death resulted from abuse or neglect or the child was in the care of, or receiving services from, the department at the time of death or within 12 months before death. [RCW 74.13.500](#)
5. The department is not required to disclose information if the factors in paragraph D above are present or if the department specifically determines the disclosure is contrary to the best interests of the child, the child's siblings, or other children in the household. [RCW 74.13.500](#)
 6. Except for cases in paragraph (D.4.) above, requests for information under this section shall specifically identify the case about which information is sought and the facts that support a determination that one of the factors specified in paragraph D is present. [RCW 74.13.500](#)
 7. For purposes of paragraphs D. E. and F. above, the following information shall be disclosable:
 1. The name of the abused or neglected child;
 2. The determination made by the department of the referrals, if any, for abuse or neglect;
 3. Identification of child protective or other services provided or actions, if any, taken regarding the child named in the report and his or her family as a result of any such report or reports. These records include but are not limited to administrative reports of fatality, fatality review reports, case files, inspection reports, and reports relating to social work practice issues; and
 4. Any actions taken by the department in response to reports of abuse or neglect of the child. [RCW 74.13.505](#)
 8. In determining under paragraphs D. E. and F. above, whether disclosure will be contrary to the best interests of the child, the department must consider the effects which disclosure may have on efforts to reunite and provide services to the family. [RCW 74.13.510](#)
 9. For purposes of paragraph D.4. above, the department must make the fullest possible disclosure consistent with chapter 42.17 RCW and applicable federal law in cases of all fatalities of children who were in the care of, or receiving services from, the department at the time of their death or within 12 months previous to the death.
 1. If the department specifically determines that disclosure of the name of the deceased child is contrary to the best interests of the child's siblings or other children in the household, the department may remove personally identifying information.
 2. For the purposes of this paragraph, "personally identifying information" means the name, street address, Social Security number, and day of birth of the child who died and of private persons who are relatives of the child in the child welfare records. "Personally identifying information" shall not include the month or year of birth of the child who has died. Once this personally identifying information is removed, the remainder of the records pertaining to a child who has died must be released regardless of whether the remaining facts in the records are embarrassing to the unidentifiable other private parties or to identifiable public workers who handled the case. [RCW 74.13.515](#)
 10. Except as it applies directly to the cause of the abuse or neglect of the child and any actions taken by the department in response to the reports of abuse or neglect of the child, nothing in paragraphs D through I of this section is deemed to authorize the release or disclosure of the substance or content of any psychological, psychiatric, therapeutic, clinical, or medical reports, evaluations, or like materials, or information pertaining to the child or the child's family. [RCW 74.13.520](#)
 11. The department, when acting in good faith, is immune from any criminal or civil liability, except as provided under RCW 42.17.340, for the purposes of paragraphs D through I of this section. [RCW 74.13.525](#)
 12. The department shall:

1. Allow the Child and Family Services Ombudsman or the ombudsman's designee to communicate privately with any child in the custody of the department for the purposes of carrying out its duties under chapter 43.06A RCW;
2. Permit the ombudsman or the ombudsman's designee physical access to state institutions serving children and state licensed facilities or residences for the purpose of carrying out its duties under this chapter;
3. Upon the ombudsman's request, grant the ombudsman or the ombudsman's designee the right to access, inspect, and copy all relevant information, records, or documents in the possession or control of the department that the ombudsman considers necessary in an investigation; and
4. Grant the Office of the Family and Children's Ombudsman unrestricted on-line access to the Case and Management Information System (CAMIS) for the purpose of carrying out its duties under chapter 43.06A RCW. [RCW 43.06A.100](#)

4140. Information Sharing

In order to facilitate communication of information needed to serve the best interest of any child who is the subject of a dependency case filed under this chapter, the Department of Social and Health Services (DSHS) shall, consistent with state and federal law governing the release of confidential information, establish guidelines, and shall use those guidelines for the facilitation of communication of relevant information among divisions, providers, the courts, the family, caregivers, caseworkers, and others. [RCW 13.34](#) and [RCW 26.44](#)

4200. COURT CASE PLANS

4210. Written Case Plans

4213. Additional Information if the Child Has Been Removed From Their Home

If removal of the child from the home has occurred, the case plan shall also include:

1. A description of the type of home or institution in which the child is placed. 42 USC 675, Sec. 475
2. A discussion of the safety and appropriateness of the placement. 42 USC 675, Sec. 475
3. A discussion of why the type of placement selected is the closest proximity to the parent's home that meets the special needs of the child. [RCW 13.34.136](#)
4. A description of the biological parents' wishes regarding the characteristics of the type of home selected. [RCW 13.34.260](#) 42 USC 675, Sect. 475
5. A discussion of how the placement is the least restrictive (most family like) placement available to meet the special needs of the child. [RCW 74.14A.020](#); 42 USC 675, Sec. 475
6. Assurances that the child's placement in any particular foster care setting takes into account the proximity to the school in which the child is enrolled at the time of placement. 42 USC 675, Sect. 475
7. . A description of the long-term permanent plan for the child. [RCW 13.34.136](#)
8. A description of how the supervising agency intends to carry out judicial determinations. [RCW 13.34.136](#); 42 USC 675, Sec. 475
9. A description of how the agency will attempt to ensure the child receives safe and proper care. [RCW 13.34.136](#); [RCW 74.14A.020](#); [RCW 74.14A.025](#); 42 USC 675, Sec. 475 [RCW 13.34.136](#); [RCW 13.34.130](#); 42 USC 675, Sec. 475

10. A description of how all services provided to parent, child, and foster parents will facilitate the timely, safe return of the child to the home of the parents. [RCW 13.34.136](#); [RCW 13.34.130](#); 42 USC 675, Sec. 475
11. A discussion of the safety and appropriateness of the services provided to the child while in care to meet the special needs of the child. Children removed from their home must be screened for multiple needs if they are expected to remain in care beyond 30 days. Any needs of the child identified in the screening process need to be addressed. 42 USC 671A
12. In the case of a child who has attained age 14, a discussion of the services needed to assist the child to prepare for or make the transition from foster care to independent living. 42 USC 671A; [RCW 13.34.](#); [RCW 13.34.145](#)
13. A discussion of what progress and compliance with the case plan has been made. [RCW 13.34.136](#)
14. A description of the visitation plan between the child and parents. [RCW 13.34.136](#)
15. A list of dates the parent was notified of changes in the placement or visitation plan. [RCW 13.34.136](#)
16. A list of the requirements the parents must complete before resuming custody of the child. [RCW 13.34.136](#)
17. A list of the health providers for the child, the school the child is attending and any special health or educational needs of the child, including descriptions of any medications taken by the child, and the child's immunization records. 42 USC 675, Sec. 475
18. A list of the steps that need to be taken before the permanency plan is completed. [RCW 13.34.136](#)
19. The expected completion date for the permanent plan. [RCW 13.34.136](#)

4400. OUT-OF-HOME CASE PLANNING

4425. Cultural Needs of Child and Family

1. CA will attempt to select placements that meet the cultural needs of the child and family. Services include:
2. Training culturally competent foster parents.
3. Providing interpreters and communication services such as sign language translators for LEP clients.
4. Selecting culturally responsive home-based and community services.
5. Providing reasonable foster care maintenance payments. [RCW 74.14A.020](#); [RCW 74.13.031](#); [RCW 74.14A.020](#); [RCW 74.13.250](#); [RCW 74.14A.020](#); [RCW 74.13.310](#); [RCW 74.14A.020](#); [RCW 74.14A.025](#); [RCW 74.14A.020](#); [RCW 74.14B.020](#)

5000. SERVICE DELIVERY

5200. FAMILY PRESERVATION

It is a legislative goal that protecting the health and safety of children is paramount. Within available funds, the department shall focus child welfare services on protecting the child, strengthening families and, to the extent possible, provide necessary services in the family setting, while drawing upon the strengths of the family. The department, where available and appropriate, may arrange for family preservation services to prevent the need for placement. These services emphasize the safety of the child, value family unity, and focus on individual family members' strengths. [RCW 74.14A.020](#); [RCW 74.14C.005](#); [RCW 74.14A.020](#); [RCW 74.14A.020](#)

5410. Police Custody And Notification Of Child's Absence From Home To DCFS

1. Any person who, without legal authorization, provides shelter to a minor and who knows at the time of providing the shelter that the minor is away from the parents home without the permission of the parent, or other lawfully prescribed residence, shall promptly report the location of the child to the parent, the law enforcement agency of the jurisdiction in which the person lives, or the department's local DCFS office. [RCW 74.14A.020](#); [RCW 13.32A.080](#)

5660. Placement in Mental Health Care

1. The department shall obtain the prior consent of a child's parent, legal guardian, or legal custodian before a dependent child is admitted to an inpatient mental health treatment facility. See [RCW 74.14A.020](#) regarding the ability for self-admission of a child age 13 or above. If the child's parent, legal guardian, or legal custodian is unavailable or does not agree with the proposed admission, the department shall request a hearing and provide notice to all interested parties to seek prior approval of the juvenile court before such admission. In the event that an emergent situation creating a risk of substantial harm to the health and welfare of a child in the custody of the department does not allow time for the department to obtain prior approval or to request a court hearing before consenting to the admission of the child into an inpatient mental health hospital, the department shall seek court approval by requesting that a hearing be set on the first available court date. [RCW 74.14A.020](#); [RCW 13.34.320](#)
2. A dependent child who is admitted to an inpatient mental health facility shall be placed in a facility, with available treatment space, that is closest to the family home, unless the department, in consultation with the admitting authority finds that admission in the facility closest to the child's home would jeopardize the health or safety of the child. [RCW 74.14A.020](#); [RCW 13.34.330](#)
3. For minors who cannot consent to the release of their records with the department because they are not old enough to consent to treatment, or, if old enough, lack the capacity to consent, or if the minor is receiving treatment involuntarily with a provider the department has authorized to provide mental health treatment under paragraph A above, the department shall disclose, upon the treating physicians request, all relevant records, including the minors passport as established under RCW 74.13.285, in the departments possession that the treating physician determines contain information required for treatment of the minor. The treating physician shall maintain all records received from the department in a manner that distinguishes the records from any other records in the minors file with the treating physician and the department records may not be disclosed by the treating physician to any other person or entity absent a court order except that, for medical purposes only, a treating physician may disclose the department records to another treating physician. [RCW 74.14A.020](#); [RCW 13.34.340](#)

5700. JUVENILE DEPENDENCY AND RIGHTS OF CHILDREN AND FAMILIES

1. The department shall have authority to provide continued foster care or group care for individuals from 18 through 20 years of age to enable them to complete their high school or vocational school program.
2. The department shall have the authority to provide independent living services to youths, including individuals eighteen through twenty years of age, who are or have been in foster care. [RCW 74.14A.020](#); [RCW 74.13.031](#)

5760. Fact-Finding or Disposition Hearing

1. The fact-finding hearing on the petition shall be held no later than 75 days after the filing of the petition, unless exceptional reasons for a continuance are found. The rules of evidence shall apply at the fact-finding hearing and the parent, guardian, or legal custodian of the child shall have all of the rights provided in RCW 13.34.090 (1). The party requesting the continuance shall have the burden of proving by a preponderance of the evidence that exceptional circumstances exist. [RCW 74.14A.020](#); [RCW 13.34.070](#)
2. Unless there is reasonable cause to believe the health, safety, or welfare of the child would be jeopardized or efforts to reunite the parent and child would be hindered, the court shall direct the department to notify those adult persons who:
 1. Are related by blood or marriage to the child in the following degrees: Parent, grandparent, brother, sister, stepparent, stepbrother, stepsister, uncle, or aunt.
 2. Are known to the department as having been in contact with the family or child within the past 12 months; and
 3. Would be an appropriate placement for the child.
3. Reasonable cause to dispense with notification to a parent under this section must be proved by clear, cogent, and convincing evidence. [RCW 74.14A.020](#); [RCW 13.34.110](#)
4. Stipulation Agreements-No social file or social study may be considered by the court in connection with the fact-finding hearing or prior to factual determination except as otherwise admissible under the rules of evidence. [RCW 74.14A.020](#); [RCW 13.34.110](#)
 1. The parent, guardian, or legal custodian of the child may waive his or her right to a fact-finding hearing by stipulating or agreeing to the entry of an order of dependency establishing that the child is dependent within the meaning of RCW 13.34.030. The parent, guardian, or legal custodian may also stipulate or agree to an order of disposition pursuant to RCW 13.34.130 at the same time.
 2. Any stipulated or agreed order of dependency or disposition must be signed by the parent, guardian, or legal custodian and his or her attorney, unless the parent, guardian, or legal custodian has waived his or her right to an attorney in open court, and by the petitioner and the attorney, guardian ad litem, or court-appointed special advocate for the child, if any.
 3. If the Department of Social and Health Services is not the petitioner and is required by the order to supervise the placement of the child or provide services to any party, the department must also agree to and sign the order.
 4. Entry of any stipulated or agreed order of dependency or disposition is subject to approval by the court. The court shall receive and review a social study before entering a stipulated or agreed order and shall consider whether the order is consistent with the allegations of the dependency petition and the problems that necessitated the child's placement in out-of-home care. No social file or social study may be considered by the court in connection with the fact-finding hearing or prior to factual determination, except as otherwise admissible under the rules of evidence.
 5. Prior to the entry of any stipulated or agreed order of dependency, the parent, guardian, or legal custodian of the child and his or her attorney must appear before the court and the court within available resources must inquire and establish on the record that:
 1. The parent, guardian, or legal custodian understands the terms of the order or orders he or she has signed, including his or her responsibility to participate in remedial services as provided in any disposition order;
 2. The parent, guardian or legal custodian understands that entry of the order starts a process that could result in the filing of a petition to terminate his or her relationship with the child with the time frames required by state and federal law if he or she fails to comply with the terms of the dependency or disposition orders or fails to

substantially remedy the problems that necessitated the child's placement in out-of-home care;

3. The parent, guardian, or legal custodian understands that the entry of the stipulated or agreed order of dependency is an admission that the child is dependent within the meaning of RCW 13.34.030 and shall have the same legal effect as a finding by the court that the child is dependent by at least a preponderance of the evidence, and that the parent, guardian, or legal custodian shall not have the right in any subsequent proceeding for termination of parental rights or dependency guardianship pursuant to this chapter or nonparental custody pursuant to chapter 26.10 RCW to challenge or dispute the fact that the child was found to be dependent; and
4. The parent, guardian, or legal custodian knowingly and willingly stipulated and agreed to and signed the order or orders, without duress, and without misrepresentation or fraud by any other party.
6. If a parent, guardian, or legal custodian fails to appear before the court after stipulating or agreeing to entry of an order of dependency, the court may enter the order upon a finding that the parent, guardian, or legal custodian had notice of the right to appear before the court and chose not to do so. The court may require other parties to the order, including the attorney for the parent, guardian, or legal custodian, to appear and advise the court of the parents, guardians, or legal custodians notice of the right to appear and understanding of the factors specified in this subsection. A parent, guardian, or legal custodian may choose to waive his or her presence at the in-court-hearing for entry of the stipulated or agreed order of dependency by submitting to the court through counsel a completed stipulated or agreed dependency fact-finding/disposition statement in a form determined by the Washington State Supreme Court pursuant to General Rule GR 9. [RCW 74.14A.020](#); [RCW 13.34.110](#)
5. Unless the court states on the record the reasons to disallow attendance, the court shall allow a child's relatives and, if a child resides in foster care, the child's foster parent, to attend all hearings and proceedings pertaining to the child for the sole purpose of providing oral and written information about the child and the child's welfare to the court. [RCW 74.14A.020](#); [RCW 13.34.115](#)
6. Service of summons may be made under the direction of the court by any person 18 years of age or older who is not a party to the proceedings or by any law enforcement officer, probation counselor, or DSHS employee. [RCW 74.14A.020](#); [RCW 13.34.070](#)
7. To aid the court in its decision on disposition, a social study shall be made by the person or agency filing the petition. A parent may submit a counselors or health care providers evaluation of the parent, which shall be included in the social study or considered in conjunction with the social study. See [Appendix A](#) for the definition of social study. [RCW 74.14A.020](#); [RCW 13.34.120](#)
8. At least 10 working days before the disposition hearing, the department shall mail to the parent and his or her attorney a copy of the agency's social study and proposed service plan. [RCW 74.14A.020](#); [RCW 13.34.120](#)
9. It is the responsibility of the parents, guardians, or legal custodians to ensure that children within the custody of such individuals attend school as provided for by law. To this end, while a parent's failure to cause a child to attend school should not alone provide a basis for a neglect petition against the parent or guardian, when a neglect petition is filed on the basis of other evidence, a parent or guardian's failure to take reasonable steps to ensure that the child attends school may be relevant to the question of the appropriate disposition of a neglect petition. [RCW 74.14A.020](#); [RCW 13.34.300](#)

5761. Disposition Determinations

A.

1. After consideration of the predisposition report prepared pursuant to RCW 13.34.110 and after a disposition hearing has been held, the court shall order one of the following dispositions of the case:

2. Order a disposition other than removal of the child from his or her home, which shall provide a program designed to alleviate the immediate danger to the child, to mitigate or cure any damage the child has already suffered, and to aid the parents so that the child will not be endangered in the future. In selecting a program, the court should choose those services including housing assistance that least interferes with family autonomy, provided that the services are adequate to protect the child.
3. Order that the child be removed from his or her home and ordered into the custody, control, and care of a relative or the Department of Social and Health Services or a licensed child placing agency for placement in a foster family home or group care facility licensed pursuant to Chapter 74.15 RCW, or in a home not required to be licensed pursuant to Chapter 74.15 RCW. Unless there is reasonable cause to believe that the safety or welfare of the child would be jeopardized or that effort to reunite the parent and child will be hindered, such child shall be placed with a person who is related to the child as defined in RCW 74.15.020 and with whom the child has a relationship and is comfortable, and who is willing and available to care for the child. Placement of the child with a relative under this subsection shall be given preference by the court.
4. Order for out-of-home placement may be made only if the court finds that reasonable efforts have been made to prevent or eliminate the need for removal of the child from the child's home and to make it possible for the child to return home, specifying the services that have been provided to the child and the child's parent, guardian, or legal custodians, and that preventive services have been offered or provided and have failed to prevent the need for out-of-home placement, unless the health, safety, and welfare of the child cannot be protected adequately in the home, and that:
 1. There is no parent or guardian available to care for such child.
 2. The parent, guardian, or legal custodian is not capable of taking custody of the child.
 3. The court finds, by clear and convincing evidence, a manifest danger exists that the child will suffer serious abuse or neglect if the child is not removed from the home and an order under RCW 26.44.063 would not protect the child from danger. [RCW 74.14A.020](#); [RCW 13.34.130](#)
 4. The extent of the child's disability is such that the necessary care for the child and the parent, guardian, or legal custodian has determined that the child would benefit from placement outside of the home. [RCW 74.14A.020](#); [RCW 13.34.270](#)

5762. Termination of Parental Rights

1. Voluntary Adoption Plan

1. In those cases where an alleged father, birth parent, or parent has indicated his or her intention to make a voluntary adoption plan (VAP) for the child and has agreed to the termination of his or her parental rights, the department shall follow the wishes of the alleged father, birth parent, or parent regarding the proposed adoptive placement of the child, if the court determines that:
 1. This adoption is in the best interest of the child; and
 2. The prospective adoptive parents chosen by the alleged father, birth parent, or parent are properly qualified to adopt in compliance with the standards in chapter 13.34 RCW and chapter 26.33 RCW.
2. If the Attorney General's office or the prosecuting attorney, as applicable, has filed a termination petition at the department's request, an alleged father's, birth parent's, or parent's preferences regarding the proposed adoptive placement of the child shall be given consideration. [RCW 74.14A.020](#); [RCW 13.34.125](#)

5780. Developmentally Disabled Children

6000. CASE REVIEW

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6100. PERIODIC REVIEWS

1. The status of any child in out-of-home care must be reviewed by a court review every six months from the beginning date of the placement episode or the date dependency is established, whichever is first.
 1. The initial review hearing shall be an in-court review and shall be set six months from the beginning date of the placement episode or no more than ninety days from the entry of the disposition order, whichever comes first. The initial review hearing may be a permanency planning hearing when necessary to meet the time frames set forth in RCW 13.34.145 (3) or 13.34.134. [RCW 74.14A.020](#); [RCW 13.34.138](#)
 2. The review shall include findings regarding the agency and parental completion of disposition plan requirements, and, if necessary, revised permanency time limits.
 3. The review shall consider both the agency's and parent's efforts that demonstrate consistent measurable progress over time in meeting the disposition plan requirements. The requirements shall be accomplished within existing resources. [RCW 74.14A.020](#); [RCW 13.34.138](#)
 4. The supervising agency shall provide a foster parent, pre-adoptive parent, or relative with notice of, and their right to an opportunity to be heard in, a review hearing pertaining to the child, but only if that person is currently providing care to that child at the time of the hearing. This provision does not grant party status to any person who has been provided an opportunity to be heard. [RCW 74.14A.020](#); [RCW 13.34.138](#)
2. An administrative review is required per [4650 Administrative Case Review policy](#). (42 USC 675, Sec. 475)
3. CA shall make reasonable efforts to enable parents and children over 12 to attend (and to receive notice of) periodic case reviews for children in out-of-home care. [RCW 74.14A.020](#); [RCW 13.34.060](#); [RCW 74.14A.020](#); [RCW 13.34.070](#); [RCW 74.14A.020](#); [RCW 26.44.105](#)
4. Periodic case review panels (administrative or citizen) must include one person not directly responsible for service delivery to the child or the family. 42 USC 675, Sec. 475
5. Periodic case reviews for children in out-of-home care cover the following content:
 1. The entire case plan, report to the court, of the child.
 2. The safety of the child.
 3. The appropriateness of the type of placement.
 4. The permanent plan for the child.
 5. The legal status of the child.
 6. Review of the appropriateness of services provided.
 7. Review of the visitation plan.
 8. Compliance with the case plan by the parent, child, and supervising agency, including whether progress has been made toward permanency.
 9. The projected date for returning and safely maintaining the child at home or for completion of another safe permanent plan.
 10. Whether parents have been notified or involved in agency decision making as it relates to changes in visitation, placement and the legal status of the child.
 11. Whether additional services, including housing assistance, are needed to facilitate the return of the child to the child's parents; if so, the court shall order that reasonable services be offered specifying such services. [RCW 74.14A.020](#); [RCW 13.70.100](#); [RCW 74.14A.020](#); [RCW 13.70.110](#); [RCW 74.14A.020](#); [RCW 13.70.130](#) 42 USC 675, Sec. 475

6. The court's ability to order housing assistance under RCW 13.34.130 and this section is:
 1. Limited to cases in which homelessness or the lack of adequate and safe housing is the primary reason for an out-of-home placement; and
 2. Subject to the availability of funds appropriated for this specific purpose. [RCW 74.14A.020](#); [RCW 13.34.138](#)

6120. Permanency Plan Review

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For developmentally disabled children in out-of-home care pursuant to RCW 74.13.270, permanency planning hearings shall be held. At the hearing, the court shall review whether the child's best interests are served by continued out-of-home placement and determine the future legal status of the child. [RCW 13.34.270](#)

The following requirements apply for all children in out-of-home care:

- A. A permanency planning hearing shall be held in all cases where the child has remained in out-of-home care for at least nine months and an adoption decree, guardianship order, or permanent custody order has not previously been entered. The hearing shall take place no later than 12 months following commencement of the current placement episode. [RCW 13.34.145](#)
- B. Whenever a child is removed from the home of a dependency guardian or long-term relative or foster care provider, and the child is not returned to the home of the parent, guardian, or legal custodian but is placed in out-of-home care, a permanency planning hearing shall take place no later than 12 months, as provided in RCW 13.34.145, following the date of removal unless, prior to the hearing, the child returns to the home of the dependency guardian or long-term care provider, the child is placed in the home of the parent, guardian, or legal custodian, an adoption decree, guardianship order, or a permanent custody order is entered, or the dependency is dismissed. [RCW 13.34.145](#)
- C. No later than 10 working days prior to the permanency planning hearing, the agency having custody of the child shall submit a written permanency plan to the court and shall mail a copy of the plan to all parties and their legal counsel, if any. [RCW 13.34.145](#)
 1. The plan shall be directed toward seeking a safe, stable, and permanent home for the child as soon as possible.
 2. The plan for the developmentally disabled child shall identify one of the following outcomes as the primary goal and may also identify additional outcomes as alternative goals:
 - a. Return of the child to the home of the child's parent or legal guardian;
 - b. Adoption;
 - c. Guardianship; or
 - d. Long-term out-of-home care, until the child is age 18, with a written agreement between the parties and the child's care provider.
 3. For the developmentally disabled child, if a goal of long-term out-of-home care has been achieved before the permanency planning hearing, the court shall review the child's status to determine whether the placement and the plan for the child's care remains appropriate. In cases where the primary permanency planning goal has not been achieved, the court shall inquire regarding the reasons why the primary goal has not been achieved and determine what needs to be done to make it possible to achieve the primary goal. [RCW 13.34.270](#)
- D. At the permanency planning hearing, the court shall enter findings as required by RCW 13.34.138 and shall review the permanency plan prepared by the agency.
 1. If the child has resided in the home of a foster parent or relative for more than six months prior to the permanency planning hearing, the court shall enter a finding regarding whether the

foster parent or relative was informed of the hearing as required in RCW 74.13.280 and 13.34.138.

2. If a goal of long-term foster or relative care has been achieved prior to the permanency planning hearing, the court shall review the child's status to determine whether the placement and the plan for the child's care remain appropriate.
 3. In cases where the primary permanency planning goal has not been achieved, the court shall inquire regarding the reasons why the primary goal has not been achieved and determine what needs to be done to make it possible to achieve the primary goal.
 4. In all cases, the court shall:
 - a. Order the permanency plan prepared by the agency to be implemented; or
 - b. Modify the permanency plan, and order implementation of the modified plan; and
 - c. Order the child returned home only if the court finds that a reason for removal as set forth in RCW 13.34.130 no longer exists; or
 - d. Order the child to remain in out-of-home care for a limited specified time period while efforts are made to implement the permanency plan. [RCW 13.34.145](#)
- E. If the court orders the child returned home, casework supervision shall continue for at least six months, at which time a review hearing shall be held pursuant to RCW 13.34.138, and the court shall determine the need for continued intervention. [RCW 13.34.138](#); [RCW 13.34.145](#)
- F. The juvenile court may hear a petition for permanent legal custody when: (1) The court has ordered implementation of a permanency plan that includes permanent legal custody; and (2) the party pursuing the permanent legal custody is the party identified in the permanency plan as the prospective legal custodian.
1. During the dependency of such proceeding, the court shall conduct review hearings and further permanency planning hearings as provided in chapter 13.34 RCW.
 2. At the conclusion of the legal guardianship or permanent legal custody proceeding, a juvenile court hearing shall be held for the purpose of determining whether dependency should be dismissed. If a guardianship or permanent custody order has been entered, the dependency shall be dismissed. [RCW 13.34.145](#)
 3. Continued juvenile court jurisdiction under chapter 13.34 RCW shall not be a barrier to the entry of an order establishing a legal guardianship or permanent legal custody when the requirements of paragraph D above, are met.
- G. Following the first permanency planning hearing, the court shall hold a further permanency planning hearing in accordance with RCW 13.34.145 at least once every 12 months until a permanency planning goal is achieved or the dependency is dismissed, whichever occurs first. [RCW 13.34.145](#)
- H. Except as provided in RCW 13.34.235, the status of all dependent children shall continue to be reviewed by the court at least once every six months, in accordance with RCW 13.34., until the dependency is dismissed. Prior to the second permanency planning hearing, the agency that has custody of the child shall consider whether to file a petition for termination of parental rights. [RCW 13.34.145](#)
- I. If reasonable efforts are not ordered under RCW 13.34.132, a permanency hearing shall be held within 30 days of the court order to file a petition to terminate parental rights. Reasonable efforts shall be made to place the child in a timely manner in accordance with the permanency plan, and to complete whatever steps are necessary to finalize the permanent placement of the child. [RCW 13.34.134](#)
- J. If any party to the voluntary placement agreement for the developmentally disabled child terminates the agreement, the department shall notify the court upon termination of the agreement and return of the child to the care of the child's parent or legal guardian. Whenever a voluntary placement agreement is terminated, permanency planning action shall be dismissed. A permanency planning action filed under this section shall also be dismissed upon the filing of a dependency petition regarding a child who is the subject of the action. [RCW 13.34.270](#)

6200. RISK ASSESSMENT

The department shall present the risk factors at all hearings in which the placement of a dependent child is an issue. [RCW 74.14A.020](#); [RCW 26.44.030](#)

7000. CASE RESOLUTION

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7100. DEPENDENCY

If a child is returned home by order of the court, casework supervision shall continue for a period of six months, at which time there shall be a review hearing on the need for continued intervention. [RCW 74.14A.020](#); [RCW 13.34.145](#)

8000. CAREGIVERS

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8700. INDIVIDUALS ENGAGED BY CHILDREN'S ADMINISTRATION

Individuals engaged by Children's Administration include, but are not necessarily limited to, paid employees, contractors, volunteers, student interns, and work study students. When such persons are directly responsible for care, supervision, or treatment of children, Children's Administration must complete a Background Check as delineated in 74.15.030 and 43.43.832 RCW and Chapter 388-06 WAC.

Appendix A: Definitions

For purposes of the Children's Administration *Case Services Policy Manual*, the following definitions apply within the context of the statute in which they are presented.

"**ABANDONED**" means when the child's parent, guardian, or other custodian has expressed, either by statement or conduct, an intent to forego, for an extended period, parental rights or responsibilities despite an ability to exercise such rights and responsibilities. If the court finds that the petitioner has exercised due diligence in attempting to locate the parent, no contact between the child and the child's parent, guardian, or other custodian for a period of three months creates a rebuttable presumption of abandonment, even if there is no expressed intent to abandon. [RCW 74.14A.020](#); [RCW 13.34.030](#)

"**ABUSE OR NEGLECT**" means the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed, excluding conduct permitted under RCW 9A.16.100. An abused child is a child who has been

subjected to child abuse or neglect as defined in this section. [RCW 74.14A.020](#); [RCW 74.14A.020](#); [RCW 13.32A.030](#)

"**ADMINISTRATIVE REVIEW**" means a review open to the participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services to, either the child or the parents who are the subject of the review. 42 USC 675, Sec. 475

"**ADMINISTRATOR**" means the individual who has the daily administrative responsibility of a crisis residential center, or his or her designee. [RCW 74.14A.020](#); [RCW 13.32A.030](#)

"**ADOPTEE**" means a person who is to be adopted or who has been adopted. [RCW 74.14A.020](#); [RCW 26.33.020](#)

"**ADOPTION ASSISTANCE STATE**" means the state that is signatory to an adoption assistance agreement in a particular case. [RCW 74.14A.020](#); [RCW 74.13.154](#)

"**ADOPTIVE PARENT**" means the person or persons who seek to adopt or have adopted an adoptee. [RCW 74.14A.020](#); [RCW 26.33.020](#)

"**AGENCY**" means any public or private association, corporation, or individual licensed or certified by the department as a child placing agency under chapter 74.15 RCW. [RCW 74.14A.020](#); [RCW 26.33.020](#)

"**ALLEGED FATHER**" means a person whose parent-child relationship has not been terminated, who is not a presumed father under chapter 26.26 RCW, and who alleges himself or who a party alleges to be the father of the child. It includes a person whose marriage to the mother was terminated more than three hundred days before the birth of the child or who was separated from the mother more than three hundred days before the birth of the child. [RCW 74.14A.020](#); [RCW 26.33.020](#)

"**APPLICANT**" means any of the following:

1. Any prospective employee who will or may have unsupervised access to children under 16 years of age or developmentally disabled persons during the course of his or her employment or involvement with the department.
2. Any prospective volunteer who will have regularly scheduled unsupervised access to children under 16 years of age or developmentally disabled persons during the course of his or her employment or involvement with the department under circumstances where such access will or may involve groups of:
 1. Five or fewer children under 12 years of age.
 2. Three or fewer children between 12 and 16 years of age.
 3. Developmentally disabled persons.
3. Any prospective adoptive parent, as defined in RCW 26.33.020.

[RCW 74.14A.020](#); [RCW 43.43.830](#)

"**AT-RISK YOUTH**" means an individual under the chronological age of eighteen years who:

1. Is absent from home for at least 72 consecutive hours without consent of his or her parent;
2. Is beyond the control of his or her parent such that the child's behavior substantially endangers the health, safety, or welfare of the child or any other person; or
3. Has a serious substance abuse problem for which there are no pending criminal charges related to the substance abuse.

[RCW 74.14A.020](#); [RCW 13.32A.030](#)

"BLOOD BORNE PATHOGENS" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C, Tuberculosis, and STDs including HIV.

CANADIAN INDIAN CHILD" means an unmarried person under the age of 18 who is a member of a treaty tribe, Métis Community, or a non-status Indian community from Canada. See "INDIAN CHILD" and "WASHINGTON STATE INDIAN CHILD."

"CHILD," "JUVENILE," "MINOR," and "YOUTH" means any unemancipated individual who is under the chronological age of eighteen years. [RCW 74.14A.020](#); [RCW 13.32A.030](#); [RCW 74.14A.020](#); [RCW 13.34.030](#); [RCW 74.14A.020](#); [RCW 26.33.020](#); [RCW 74.14A.020](#); [RCW 26.44.020](#); [RCW 71.06.010](#); [RCW 74.13.020](#)

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

1. Who 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; and/or
2. Who has been reported to law enforcement as absent without consent for at least 24 consecutive hours on two or more separate occasions from the home of either parent, a CRC, an out-of-home placement, or a court-ordered placement; and
 1. Has exhibited a serious substance abuse problem; or
 2. Has exhibited behaviors that create a serious risk of harm to the health, safety, or welfare of the child or any other person; or
3. Who is in need of necessary services, including food, shelter, health care, clothing, or education; or services designed to maintain or reunite the family; and/or
 1. Who lacks access, or has declined, to utilize these services; and
 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.

[RCW 13.32A.030](#)

"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 ABUSE OR NEGLECT" shall mean the injury, sexual abuse, sexual exploitation, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed thereby. An abused child is a child who has been subjected to child abuse or neglect as defined herein: Provided, that this subsection shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare, and safety: And provided further, That nothing in this section shall be used to prohibit the reasonable use of corporal punishment as a means of discipline. No parent or guardian shall be deemed abusive or neglectful solely by reason of the parent's or child's blindness, deafness, developmental disability or other handicap. [RCW 26.44.020](#)

"CHILD PROTECTIVE SERVICES" means those services provided by the department designed to protect children from child abuse and neglect and safeguard such children from future abuse and neglect, and conduct investigations of child abuse and neglect reports. Investigations may be conducted regardless of the location of the alleged abuse or neglect. Child Protective Services includes referral to services to ameliorate conditions which endanger the welfare of children, the coordination of necessary programs and services relevant to the prevention, intervention, and treatment of child abuse and neglect, and services to children to help each child to

have a permanent home. In determining whether protective services should be provided, the department shall not decline to provide such services solely because of the child's unwillingness or developmental inability to describe the nature and severity of the abuse or neglect. [RCW 26.44.020](#)

"CHILD WELFARE SERVICES" shall be defined as public social services including adoption services which strengthen, supplement, or substitute for, parental care and supervision for the purpose of:

1. Preventing, remedying, or assisting in the solution of problems which may result in families in conflict, or the neglect, abuse, exploitation, or criminal behavior of children.
2. Protecting and caring for dependent or neglected children.
3. Assisting children who are in conflict with their parents, and assisting parents who are in conflict with their children with services designed to resolve such conflicts.
4. Protecting and promoting the welfare of children, including the strengthening of their own homes where possible, or where needed.
5. Providing adequate care of children away from their homes in foster family homes or day care or other child care agencies or facilities.

The department's duty to provide services to homeless families with children is set forth in RCW 43.20A.790 and in appropriations provided by the legislature for implementation of the plan. [RCW 74.13.020](#)

"COURT" means the superior court of the State of Washington. [RCW 26.33.020](#); [RCW 26.44.020](#)

"CRISIS RESIDENTIAL CARE" means a licensed, semi-secure, emergency, temporary residence available for dependent children, runaways, or children absent from their home, pending their return home or placement in an alternative residential placement. [RCW 74.13.032](#)

"CRISIS RESIDENTIAL CENTER" means a secure or semi-secure facility established pursuant to chapter 74.13 RCW. [RCW 13.32A.030](#)

"CURRENT PLACEMENT EPISODE" means the period of time that begins with the most recent date that the child was removed from the home of the parent, guardian, or legal custodian for purposes of placement in out-of-home care and continues until: (a) the child returns home; (b) an adoption decree, a permanent custody order, or a guardianship order is entered; or (c) the dependency is dismissed, whichever occurs first. [RCW 13.34.030](#)

"CUSTODIAN" means the person or entity who has the legal right to custody of the child. [RCW 13.32A.030](#)

"DEPARTMENT" means the Department of Social and Health Services. [RCW 13.32A.030](#); [RCW 26.33.020](#); RCW 26.44.020

"DEPENDENCY GUARDIAN" means the person, nonprofit corporation, or Indian tribe appointed by the court pursuant to RCW 13.34.232 for the limited purpose of assisting the court in the supervision of the dependency. [RCW 13.34.030](#)

"DEPENDENT CHILD" means any child who:

1. Has been abandoned;
2. Is abused or neglected as defined in RCW 26.44 by a person legally responsible for the care of the child;
3. Has no parent, guardian or custodian capable of adequately caring for the child, such that the child is in circumstances which constitute a substantial danger to the child's psychological or physical development.

[RCW 13.34.030](#)

"DEVELOPMENTAL DISABILITY" means a disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the department to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, which disability originates before the individual attains age 18, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to the individual. [RCW 13.34.030](#)

"DEVELOPMENTALLY DISABLED CHILD" is a child who has a developmental disability as defined in RCW 71A.10.020 and whose parent, guardian, or legal custodian and with the department mutually agree that services appropriate to the child's needs cannot be provided in the home. [RCW 74.13.021](#)

"DEVELOPMENTALLY DISABLED PERSON" means a person who has a disability defined in RCW 71A.10.020. [RCW 26.44.020](#)

"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](#)

"EMERGENCY RESPITE CENTER" is an agency that may be commonly known as a crisis nursery, that provides emergency and crisis care for up to seventy-two hours to children who have been admitted by their parents or guardians to prevent abuse or neglect. Emergency respite centers may operate for up to twenty-four hours a day, and for up to seven days a week. Emergency respite centers may provide care for children ages birth through seventeen, and for persons eighteen through twenty with developmental disabilities who are admitted with a sibling or siblings through age seventeen. Emergency respite centers may not substitute for crisis residential centers or HOPE centers, or any other services defined under this section, and may not substitute for services which are required under chapter 13.32A or 13.34 RCW. [RCW 74.15.020](#)

"FAMILY PRESERVATION SERVICES" means 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 foster care placement, and that have all of the characteristics delineated in RCW 74.14C.020. [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. Under the federal definition, **"foster care"** means 24-hour substitute care for children placed away from their parents or guardians and for whom the department has placement and care responsibility. This includes but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child is in foster care in accordance with the federal definition regardless of whether the foster care facility is licensed and payments are made by the department for the care of the child, whether adoption subsidy payments are being made prior to the finalization of the adoption, or whether there is federal matching of any payments that are made. [RCW 74.14C.010](#); 45 CFR 1355

"FOSTER CARE TEAM" means the foster parent currently providing care, the currently assigned social worker, and the parent or parents. [RCW 13.34.260](#)

"FOSTER FAMILY HOME" means an agency which regularly provides care on a 24 hour basis to one or more children, expectant mothers, or persons with developmental disabilities in the family abode of the person or persons under whose direct care and supervision the child, expectant mother, or person with a developmental disability is placed. For the purpose of federal Title IV-E eligibility, **"foster family home"** means the home of

an individual or family licensed or approved as meeting the standards established by the Division of Licensed Resources (or with respect to foster family homes on or near Indian Reservations, by the tribal licensing or approval authority), that provides 24-hour out-of-home care for children. [RCW 74.15.020](#); 45 CFR 1355

"GROUP CARE FACILITY" means an agency, other than a foster-family home, which is maintained and operated for the care of a group of children on a 24 hour basis. [RCW 74.15.020](#)

"GUARDIAN" means the person or agency that: (a) has been appointed as the guardian of a child in a legal proceeding other than a proceeding under RCW 13.34; and (b) has the legal right to custody of the child pursuant to such appointment. The term "guardian" shall not include a "dependency guardian" appointed pursuant to a proceeding under RCW 13.34. [RCW 13.32A.030](#); [RCW 13.34.030](#)

"GUARDIANSHIP" means, for the purposes of permanency planning, a dependency guardianship, a legal guardianship pursuant to chapter 11.88 RCW, or equivalent laws of another state or a federally recognized Indian Tribe. [RCW 13.34.145](#)

"GUARDIAN AD LITEM" means a person, not related to a party to the action, appointed by the court to represent the best interest of a party who is under a legal disability. [RCW 26.33.020](#)

"HEALTH CARE" includes, but is not limited to, medical, dental, psychological, and psychiatric care and treatment.

"HOPE CENTER" means an agency licensed by the department to provide temporary residential placement and other services to street youth. A street youth may remain in a HOPE center for 30 days while services are arranged and permanent placement is coordinated. No street youth may stay longer than 30 days unless approved by the department and any additional days approved by the department must be based on the unavailability of a long-term placement option. A street youth whose parent wants him or her returned home may remain in a HOPE center until his or her parent arranges return of the youth, not longer. All other street youth must have court approval under chapter 13.34 or 13.32A RCW to remain in a HOPE center up to 30 days. [RCW 74.15.020](#)

"IMMINENT" means, for purposes of making a determination regarding provision of intensive family preservation services, a decision has been made by the department that, without family preservation services, a petition requesting the removal of a child from the family home will be immediately filed under chapter 13.32A or 13.34 RCW, or that a voluntary placement agreement will be immediately initiated. [RCW 74.14C.010](#)

"IMMINENT HARM" for purposes of RCW 13.34.050 shall include, but not be limited to, circumstances of sexual abuse, or sexual exploitation as defined in RCW 26.44.020. [RCW 13.34.050](#)

"INDIAN" means any person who is a member of a federally recognized Indian tribe, or who is an Alaska Native and a member of a Regional Corporation as defined in section 1606 of Title 43 USC. 25 USC 1901(3)

"INDIAN CHILD" means any unmarried person who is under age 18 and is either (a) a member of a federally recognized Indian tribe or (b) is eligible for membership in a federally recognized Indian tribe and is the biological child of a member of a federally recognized Indian tribe. **25 USC 1901(3)**. See "WASHINGTON STATE INDIAN CHILD"; "CANADIAN INDIAN CHILD"; "UNENROLLED INDIAN CHILD."

"INDIGENT" means a person who, at any stage of a court proceeding, is:

1. Receiving one of the following types of public assistance: Temporary assistance for needy families, general assistance, poverty-related veterans' benefits, food stamps or food stamp benefits transferred electronically, refugee resettlement benefits, Medicaid, or supplemental security income; or

2. Involuntarily committed to a public mental health facility; or
3. Receiving an annual income, after taxes, of 125 percent or less of the federally established poverty level; or
4. Unable to pay the anticipated cost of counsel for the matter before the court because his or her available funds are insufficient to pay any amount for the retention of counsel.

[RCW 13.34.030](#)

"**INSTITUTION**" means a private or public hospital or any other facility providing medical diagnosis, treatment or care. [RCW 26.44.020](#)

"**JUVENILE COURT**" is a division of the superior court. [RCW 13.04.021](#)

"**LAW ENFORCEMENT AGENCY**" means the police department, the prosecuting attorney, the state patrol, the director of public safety, or the office of the sheriff. [RCW 26.44.020](#)

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.

"**LEGAL GUARDIAN**" means, for purposes of adoption proceedings under chapter 26.33 RCW, the department, an agency, or a person, other than a parent or stepparent, appointed by the court to promote the child's general welfare, with the authority and duty to make decisions affecting the child's development. [RCW 26.33.020](#)

"**LEGAL GUARDIANSHIP**" means a judicially-created relationship between child and caretaker that is intended to be permanent and self-sustaining as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, and decision-making. The term "legal guardian" means the caretaker in such a relationship. 45 CFR 1355

"**MULTI-DISCIPLINARY TEAM**" means a group formed to provide assistance and support to a child who is an at-risk youth or a child in need of services and the child's parent. The team shall include the parent, a department social worker, a local government representative when authorized by the local government, and, when appropriate, members from the mental health and substance abuse disciplines. The team may also include, but is not limited to, the following persons: Educators, law enforcement personnel, probation officers, employers, church persons, tribal members, therapists, medical personnel, social service providers, placement providers, and extended family members. The team members shall be volunteers who do not receive compensation while acting in a capacity as a team member, unless the member's employer chooses to provide compensation or the member is a state employee. [RCW 13.32A.030](#)

"**NEAR FATALITY**" means an act that, as certified by a physician, places the child in serious or critical condition. The department is under no obligation to have an act certified by a physician in order to comply with this section. [RCW 74.13.500](#)

"**NEGLIGENT TREATMENT OR MALTREATMENT**" means an act or omission that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the child's health, welfare, and safety. The fact that siblings share a bedroom is not, in and of itself, "negligent treatment or maltreatment." [RCW 26.44.020](#)

"**OUT-OF-HOME CARE or PLACEMENT**" means placement in a foster family home or group care facility licensed pursuant to chapter 74.15 RCW or placement in a home, other than that of the child's parent, guardian,

or legal custodian, not required to be licensed pursuant to chapter 74.15 RCW. [RCW 13.32A.030](#); [RCW 13.34.030](#)

"PARENT" means, except where otherwise defined by statute, a child's birth or adoptive mother or father, including a presumed father, unless parental rights have been terminated by a court of competent jurisdiction. For purposes of child in need of services (CHINS) proceedings and at-risk youth (ARY) proceedings under chapter 13.32A RCW, "parent" means the parent who has the right to legal custody of the child. [RCW 13.04.011](#); [26.33.020](#)

"PERMANENT CUSTODY ORDER" means, for purposes of permanency planning, a custody order entered pursuant to chapter 26.10 RCW. [RCW 13.34.145](#)

"PERMANENT LEGAL CUSTODY" means, for purposes of permanency planning, legal custody pursuant to chapter 26.10 RCW or equivalent laws of another state or of a federally recognized Indian Tribe. [RCW 13.34.145](#)

"PHARMACIST" shall mean any registered pharmacist under the provisions of chapter 18.64 RCW. [RCW 26.44.020](#)

"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

"PLACEMENT EPISODE" means, for purposes of the citizen review process established under chapter 13.70 RCW, the period of time that begins when the child was removed from the home of the parent or legal custodian for the purposes of placement in substitute care and continues until the child returns home or adoption decree guardianship order is granted. [RCW 13.70.010](#)

"PRACTITIONER OF THE HEALING ARTS" or **"PRACTITIONER"** means a person licensed by this state to practice podiatry, optometry, chiropractic, nursing, dentistry, osteopathy and surgery, or medicine and surgery or approved other health services. The term "practitioner" shall include a duly accredited Christian Science practitioner. [RCW 26.44.020](#)

"PRESUMED FATHER" shall mean a man considered to be the natural father of a child for all intents and purposes if:

1. He and the child's natural mother are or have been married to each other and the child is born during the marriage or within three hundred days after the marriage is terminated by death, annulment, declaration of invalidity, divorce, or dissolution, after or a decree of separation is entered by the court; or
2. Before child's birth, he and the child's natural mother have attempted to marry each other by a marriage solemnized in apparent compliance with law, although the attempted marriage is or could be declared invalid, and the child is born within three hundred days after the termination of cohabitation;
3. After the child's birth, he and the child's natural mother have married, or attempted to marry, each other by a marriage solemnized in apparent compliance with law, although the attempted marriage is or could be declared invalid; and
 1. He has acknowledged his paternity of the child in writing filed with the registrar of vital statistics;
 2. With his consent, he is named as the child's father on the child's birth certificate; or
 3. He is obligated to support the child under a written voluntary promise or by court order;

4. While the child is under the age of majority, he receives the child into his home and openly holds out the child as his child;
5. He acknowledges his paternity of the child pursuant to RCW 70.58.080 or in a writing filed with the state office of vital statistics, which shall promptly inform the mother of the filing of the acknowledgment, if she does not dispute the acknowledgment within a reasonable time after being informed thereof, in a writing filed with the registrar of vital statistics. In order to enforce rights of residential time, custody, and visitation, a man presumed to be the father as a result of filing a written acknowledgment must seek appropriate judicial orders under this title; or
6. The Immigration and Naturalization Service made or accepted a determination that he was the father of the child at the time of the child's entry into the United States and he had the opportunity at the time of the child's entry into the United States to admit or deny the paternal relationship.

RCW 26.26.040

"PREVENTIVE SERVICES" means preservation services, as defined in chapter 74.14C, and other reasonably available services, including housing services, capable of preventing the need for out-of-home placement while protecting the child. Housing services may include, but are not limited to, referrals to federal, state, local, or private agencies or organizations, assistance with forms and applications, or financial subsidies for housing. [RCW 13.34.030](#)

"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](#)

"PROFESSIONAL SCHOOL PERSONNEL" shall include, but not be limited to, teachers, counselors, administrators, child care facility personnel, and school nurses. [RCW 26.44.020](#)

"PSYCHOLOGIST" shall mean any person licensed to practice psychology under chapter 18.83 RCW. [RCW 26.44.020](#)

"PUTATIVE FATHER" - See **"ALLEGED FATHER"**

"RELATIVE" includes adult persons who are related by blood or marriage to the child in the following ways:

1. Any blood relative, including those of half-blood, and including first cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great;
2. Stepfather, stepmother, stepbrother, and stepsister;
3. A person who legally adopts a child or the child's parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law;
4. Spouses of any persons named in (a), (b), or (c) above, even after the marriage is terminated; or
5. "Extended family members," as defined by the 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 grandparent, 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 24-hour basis to an Indian child as defined in 25 USC 1903(4).

[RCW 74.15.020](#)

"RELINQUISHMENT" means the voluntary surrender of custody of a child to the department, an agency or prospective adoptive parents. [RCW 26.33.020](#)

"RESIDENCE STATE" means the state where the child is living. [RCW 74.13.154](#)

"RESPONSIBLE LIVING SKILLS PROGRAM" means an agency licensed by the department that provides residential and transitional living services to persons ages 16 to 18 who are dependent under chapter 13.34 RCW and who have been unable to live in his or her own legally authorized residence and, as a result, the minor lived outdoors or in another unsafe location not intended for occupancy by the minor. Dependent minors ages 14 and 15, may be eligible if no other placement alternative is available and the department approves the placement. [RCW 74.15.020](#)

"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](#)

"SEMI-SECURE FACILITY" means any facility, including but not limited to Crisis Residential Centers (CRCs) or specialized foster family homes, operated in a manner to reasonably assure that youth placed there will not run away. [RCW 13.32.A.030](#)

"SEXUAL ABUSE" is the use, persuasion, or coercion of a child to engage in any sexually explicit conduct for the purposes of pornography, rape, molestation, prostitution, or incest. [RCW 9.68A.040](#); [RCW 9.68A.050](#); [RCW 9.68A.090](#); [RCW 9.68A.100](#)

"SEXUAL ASSAULT" means one or more of the following: (a) Rape or rape of a child; (b) Assault with intent to commit rape; (c) Incest or indecent liberties; (d) Child molestation; (e) Sexual misconduct with a minor; (f) Crimes with a sexual motivation; (g) An attempt to commit any of the aforementioned offenses. [RCW 70.125.030](#)

"SEXUAL EXPLOITATION" includes: (a) Allowing, permitting, or encouraging a child to engage in prostitution by any person; or (b) allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child for commercial purposes as those acts are defined by state law by any person. [RCW 26.44.020](#)

"SHELTER CARE" means temporary physical care in a facility licensed pursuant to RCW 74.15.030 or in a home not required to be licensed pursuant to that section. [RCW 13.34.030](#)

"SOCIAL SERVICES COUNSELOR" means anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support or education of children, or providing social services to adults or families, including mental health, drug and alcohol treatment, and domestic violence programs, whether in an individual capacity, or as an employee or agent of any public or private organization or institution. [RCW 26.44.020](#)

"SOCIAL STUDY" means a written evaluation of matters relevant to the disposition of the case and shall contain the following information:

1. A statement of the specific harm or harms to the child that intervention is designed to alleviate;
2. A description of the specific services and activities, for both the parents and child, that are needed in order to prevent serious harm to the child; the reasons why such services and activities are likely to be useful; the availability of any proposed services; and the agency's overall plan for ensuring that the services will be delivered. The description shall identify the services chosen and approved by the parent;
3. If removal is recommended, a full description of the reasons why the child cannot be protected adequately in the home, including a description of any previous efforts to work with the parents and the child in the home; the in-home treatment programs that have been considered and rejected; the preventive services that have been offered or provided and have failed to prevent the need for out-of-

home placement, unless the health, safety, and welfare of the child cannot be protected adequately in the home; and the parents' attitude toward placement of the child;

4. A statement of the likely harms the child will suffer as a result of removal;
5. A description of the steps that will be taken to minimize the harm to the child that may result if separation occurs; and
6. Behavior that will be expected before determination that supervision of the family or placement is no longer necessary.

[RCW 13.34.030](#)

"STAFF SECURE FACILITY" means a structured group care facility licensed under rules adopted by the department with a ratio of at least one adult staff member to every two children. [RCW 13.32A.030](#)

"STATE" means, for the purposes of adoption assistance, a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, or a territory or possession of or administered by the United States. [RCW 74.13.154](#)

"STREET YOUTH" means a person under the age of 18 who lives outdoors or in another unsafe location not intended for occupancy by the minor and who is not residing with his or her parent or at his or her legally authorized residence. [RCW 74.15.020](#)

"SUBSTITUTE CARE" means an out-of-home placement of a child for purposes related to the provision of child welfare services in accordance with chapter 74.13 RCW where the child is in the care, custody, and control of the department pursuant to a proceeding under chapter 13.34 RCW or pursuant to the written consent of the child's parent, parents, or custodian. [RCW 13.70.010](#)

"TEMPORARY OUT-OF-HOME PLACEMENT" means an out-of-home placement of not more than 14 days ordered by the court at a fact-finding hearing on a CHINS petition. [RCW 13.32A.030](#)

"TRANSITIONAL LIVING SERVICES" means at a minimum, to the extent funds are available, the following:

1. Educational services, including basic literacy and computational skills training, either in local alternative or public high schools or in a high school equivalency program that leads to obtaining a high school equivalency degree;
2. Assistance and counseling related to obtaining vocational training or higher education, job readiness, job search assistance, and placement programs;
3. Counseling and instruction in life skills such as money management, home management, consumer skills, parenting, health care, access to community resources, and transportation and housing options;
4. Individual and group counseling; and
5. Establishing networks with federal agencies and state and local organizations such as the United States Department of Labor, Employment and Training Administration programs including the Job Training Partnership Act which administers Private Industry Councils and the Job Corps; vocational rehabilitation; and volunteer programs.

[RCW 74.15.020](#)

"UNENROLLED INDIAN CHILD" means an unmarried person under the age of 18 who does not meet the definitions of Indian Child, Washington State Indian Child, or Canadian Indian Child. Regardless of enrollment or membership status, an Unenrolled Indian Child is a child considered to be Indian by a federally or non-federally recognized Indian tribe or off-reservation Indian/Alaska Native community organization. See **"INDIAN CHILD"** and **"WASHINGTON STATE INDIAN CHILD."**

"**UNFOUNDED**" means available information indicates that, more likely than not, child abuse or neglect did not occur. No unfounded allegation of child abuse or neglect may be disclosed to a child-placing agency, private adoption agency, or any other provider licensed under chapter 74.15 RCW. [RCW 26.44.020](#)

"**VOLUNTARY PLACEMENT AGREEMENT**" means a time-limited written agreement between the department and a child's parent or legal guardian authorizing a short-term placement of the child. [RCW 74.13.350](#)

"**WASHINGTON STATE INDIAN CHILD**" means a child meeting the definition of Indian Child and whose tribe is a federally recognized tribe located within the state of Washington. See "**INDIAN CHILD**."

Appendix C: Shared Decision Making

Shared decision making will be systematically employed by DCFS for key decisions. Shared decision making takes different forms as it is implemented throughout the Division. Shared decision making means identifying those decisions that need to be shared with supervisors, area managers, regional administrators, and headquarters. Shared decision making means a commitment to team decision making whenever possible; such teaming to include peers, members of other units, foster parents, DSHS staff from other divisions and community professionals involved in our cases. Shared decision making means participation and partnership on cross program treatment teams (wrap-around teams). Shared decision making means sharing tough decisions with the community through the use of consultation teams.

The Shared Decision Making Committee was convened at the request of Rosie Oreskovich, Assistant Secretary, for Children's Administration. The committee represented all Regions, Headquarters, and Community representatives. Members were: Nancy Zahn, Dee Wilson, Carol Bailey, Ruthie Morris, Arlene Miletich, Shirley Moore, Ed Cote, Dr. Jill Cole, Charlene Ramirez, Lee Doran, Carol Clarke, and Peggy West.

Our committee has structured our report in three key areas:

This proposal for sharing decision making with supervisors, managers, and headquarters attempts to establish a minimum baseline expectation statewide. Currently decisions that are expected to be "shared up" are at the discretion of individual Regional Administrators and Area Managers. We found extreme variations in expectations between regions and within regions by Area Managers. It is no wonder line staff are confused and desperately ask "just who is to make what decisions"!

The first portion of our report proposes a common baseline of accountability for key decisions that will be the same statewide. We are in some instances formally creating new policy expectations (in some instances these areas are informal "common sense" expectations, in some instances these are areas that are "getting us in trouble", and in some instances these are areas where three of six regions require "sharing up" and the others do not.) And there are some areas where we have set a decision point at a level lower than some regions currently require.

We identified those areas where Tribes need to be informed and given the opportunity to review and/or approve the decision. We attempted to entwine the areas of the Tribal/State agreement throughout the report as opposed to doing a separate document to reflect ICW Tribal issues.

This proposal is submitted for review and comment by the Greater DCFS Management Team at the April Retreat. We recognize that different folks visualize differently and that there are different ways to format these charts; this format is the way that worked for our committee. We also recognize the need to refine group decision areas (such as grouping licensing, CPS, CFWS, etc.).

One of the questions asked of us was whether or not there should be a common expectation for information sharing/monthly reports. We reviewed several currently in use and found wide variation. Common themes were data regarding workload, compliance issues, constituent complaints/difficult cases, personnel and office issues, community activities/issues, good news, and "other". We believe we have captured these areas in establishing common expectations for information sharing. We see our role to establish the expectation for information sharing; the regions need to determine the format (verbal, written, report, etc.).

Shared decision making means systematically employing teams for key decision making. Team decision making will provide opportunities for critical thinking and creative problem solving; share responsibility for decisions; share liability; and provide opportunities for ensuring quality assurance.

Our committee proposes several key decisions that should be team decisions. In some instances, the Division already employs a team decision making format; that needs to continue. We are proposing new requirements for team decision making. We recognize this has a substantial workload impact and will require the initial up front work of establishing the team composition and structure, the decision making protocols, and the team building necessary for the establishment and maintenance of successful teams.

We suggest the following teams be established in each region: Prognostic staffing, permanency planning, CPS/Licensing, CPS/Abuse Neglect, Administrative Review, Adoption Review, DDD/DCFS Teams per Regional agreements, and community cross program teams (wrap-around). The first five teams are new expectations; it is this committee's belief that the last four teams currently exist in most areas.

We recognize the issues highlighted by Health and Safety concerns require immediate action to establish teaming in CPS/Licensing and identify that as the first priority. This committee believes that most long term benefit to children and families will come from implementing prognostic staffing teams. We recommend this team be the priority team to implement. Next in priority, we would recommend permanency planning team staffings, CPS/Abuse Neglect teams.

Each Region needs to clarify with Tribes and ICWAC the nature of tribal/ICWAC participation in DCFS teams.

Cross-program teams (wrap-around) exist in all areas of the state. These teams are external teams for which DCFS staff are key participants. These teams are generally developed under the auspices of Children's Mental Health statutes and are generally managed by RSN's, and/or education. Teams include decision making for admission to mental health facilities and programs and also individual treatment teams. Our committee identifies the need for Regions to develop guidelines clarifying these teams' authority to make case planning decisions and authorize funds. Problem resolution mechanisms also need to be in place for these teams. Regions need to clarify with Tribes and ICWAC the nature of tribal/ICWAC participation in these community teams (as it relates to Indian children in DCFS caseloads).

DCFS currently has statutory and policy mandates for several community consultation teams. With the exception of Child Fatality Review teams, this committee does not recommend establishing any additional community consultation teams. We do however identify the need to clarify the teams. We believe staff need to understand the statutory mandates in terms of expected staffings and team membership. We also believe these teams can be strengthened and are identifying recommended areas of staffing/consultations.

It is also essential the Division recognize these teams require nurturing and maintenance. This generally means a DCFS staff assigned to facilitate the team, arrange coffee and light refreshments, recruit new team members, etc. This workload must be legitimized and built into workload study standards if we expect these consultation teams to thrive.

Our committee was also asked to recommend a format for problem resolution when there is conflict with community professionals serving a child/family. Our first recommendation is the utilization of existing

consultation teams, such as CPT's. Recognizing that this will not always be successful, we identified as a "sharing up" decision, conflict with community professionals. At every level, we would recommend that the supervisor, area manager, Regional Administrator convene a staffing to include all professionals involved in a case as a preferred means of resolving conflict. It is our impression that in many instances the conflict revolves around information that is not fully shared with all team members and/or misunderstandings about the roles/authorities/ and responsibilities of team members. We would also envision that as the Division implements teaming for key decisions, these conflicts should decrease as it is our vision that community professionals, as well as parents, children, and foster parents, will feel they are part of the team.

- Shared Decision Making Within the Division
- Shared Decision Making Teams
- Shared Decision Making with Community Consultation Teams

SHARED DECISION MAKING

To summarize the need for shared decision-making:

- Social workers need to be supported in their decision making. They need to know clearly when to seek consultation. They also need to feel and know that supervisors and managers share responsibility for decisions.
- DCFS will establish clear expectations regarding accountability. Staff at all levels need to know which decisions they will share responsibility for.
- We make better decisions when we can consult and review with others. Team decisions are generally better than decisions made in isolation. We will have guidelines and expectations for how and when to consult teams on decisions.

Shared decision making will be systematically employed by DCFS for key decisions, and will take different forms as it is implemented throughout the Division. Shared decision making involves:

- Identifying those decisions that need to be shared with supervisors, area managers, regional administrators, and headquarters;
- A commitment to team decision making whenever possible -including peers, foster parents, professionals from other divisions and community professionals involved in our cases;
- Participation and partnership on cross program treatment teams (wrap-around teams); and
- Sharing tough decisions with the community through the use of consultation teams.

This section is structured in three key areas of shared decision making:

- Decisions Shared within the DCFS Chain-of-Command;
- Team Decision Making within the Division; and
- Shared Decision Making with Community Consultation Teams.

The following comments about shared decision making need to be made:

- This document does NOT attempt to outline every decision that is made on a daily basis by staff at all levels. It does attempt to identify those key decisions that need to be shared.
- Equally important is what is not dealt with---SHARING DOWN. In all areas, where a case specific decision is made at a level higher than the social worker, it is essential that the decision be communicated promptly to the social worker. It is also essential that the social worker, supervisor, and area manager be given the opportunity for review, comment, and understanding of decisions made at a higher level. It is recognized that workload does not permit the RA's to staff all decisions

made at their level; it is equally recognized that whenever possible, staff at all levels should be jointly making the decision.

- This document is not meant to be a substitute for supervision. It is recognized that there will be decisions that should be shared but are not on the list. Staff will always need to use common sense and judgement in decision making. There are no magical answers that will ALWAYS guide staff. This document is meant to be a document that will GENERALLY guide staff.
- The authorized decision maker is the person the agency expects to be accountable for the decision listed. It is recognized that we all delegate differentially to staff. The authorized decision maker must be able to explain why they have delegated decision making, and the designee must be aware they are representing the delegator. Decisions to delegate are to be made on the basis of the designee's knowledge and expertise. There needs to be a system in place to do random reviews of the delegated decisions.
- Most regions have Deputies and/or SHPM 4's. These managers may have duties similar to Area Managers. Given the variety of regional organizational structures, we did not differentiate between SHPM 4's and Area Managers. Each region will need to "regionalize" the definition of Area Manager.
- Each region needs to develop their accountability/documentation standards. For example, regarding the "information to" expectations, staff need to know if this is to be shared verbally, in written form, how soon, etc.
- Policies and procedures regarding Child Fatality Reviews, CPT's, CPS-Licensing, and Supervisory Review/Conferences are currently being developed and/or updated. As these policies are issued, Shared Decision Making Guidelines need to be updated.

SHARED DECISION MAKING WITHIN THE CHAIN-OF-COMMAND

Attachment A establishes a minimum baseline expectation for sharing information and decisions with supervisors and regional managers.

Those areas where Tribes need to be informed and given the opportunity to review and/or approve our internal decisions are identified.

TEAM DECISION MAKING

Shared decision making means systematically employing teams for key decision making (**Attachment B**). Team decision making will provide:

- opportunities for critical thinking and creative problem solving;
- shared responsibility and improved compliance with decisions;
- shared liability; and
- opportunities for quality assurance.

Several key decisions that should be shared by a team (Attachment C) are identified. In some instances, the Division already employs a team decision-making format that will continue. New requirements for team decision making are recommended. The substantial workload impact involved is recognized. Implementation will need to include: a realistic appraisal of current staffings which could be eliminated through the use of team decision making; initial work to establish team composition and structures and decision making protocols; and team building necessary for the establishment and maintenance of successful teams.

The following teams should be established and routinely utilized in each region:

- Prognostic Staffing
- Adoption Review
- Permanency Planning

- Administrative Review
- CPS/Licensing
- DDD/DCFS Teams (per regional agreements)
- Community Cross Program Teams (Wrap around)
- ICWAC
- CPS/Abuse Neglect

The teams identified in the left-hand column represent new expectations. The teams in the right-hand column currently exist in most areas.

The issues highlighted by Health and Safety reviews require immediate action. Therefore, CPS/Licensing teams are the first priority. Prognostic teams offer the most significant long term benefit to children and families and should be implemented as a high priority. Next, in rank order of descending priority, regions should phase-in implementation of permanency planning team staffings and CPS/Abuse Neglect teams..

Each Region needs to clarify with Tribes and ICWAC the nature of tribal/ICWAC participation in DCFS teams.

Cross-program teams (wrap-around) exist in all areas of the state. These teams are external teams for which DCFS staff are key participants. These teams are generally developed under the auspices of Children's Mental Health statutes and are generally managed by RSN's, and/or education. Team decisions include admissions to mental health facilities and programs and also individual treatment plans. Regions need to develop guidelines clarifying these teams' authority for case planning decisions and for the authorization of DCFS funds. Problem resolution mechanisms also need to be in place for these teams. Regions need to clarify with Tribes and ICWAC the nature of tribal/ICWAC participation in these community teams (as it relates to Indian children in DCFS caseloads).

SHARED DECISION MAKING WITH COMMUNITY CONSULTATION TEAMS

DCFS currently has statutory and policy mandates for several community consultation teams. DCFS needs a format for problem resolution when there is conflict between community and DCFS professionals serving a child or family. The first recommendation is to utilize existing consultation teams, such as CPTs. Recognizing that this will not always be successful, it is also recommended for the "sharing up" of information and decisions involving unresolved conflict with community professionals. At every level, the supervisor, area manager or regional administrator should convene a staffing to include all the professionals involved in a case conflict, as the preferred means of resolving conflict.

POLICY FOR SHARED DECISION MAKING SOCIAL WORKER/LICENSOR WITH SUPERVISOR

Community Issues				
Information to Supervisor (after the event)	Review by Supervisor (after the event and/or prior to approval at a higher level)	Authorized Decision Maker	Approval by Supervisor (prior to event)	Authorized Decision Maker

<ul style="list-style-type: none"> Choice of provider (placement services) 	Screening decision except those based on imminent hard and/or behavioral indicators only.	Social Worker	<ul style="list-style-type: none"> Screen-ins based on risk of imminent hard only and/or based on behavioral indicators only. 	Supervisor
<ul style="list-style-type: none"> Clients feel wrongly treated 	<ul style="list-style-type: none"> Risk tags 	Social Worker	<ul style="list-style-type: none"> Screen-outs or low risk tags if new referral on case open within the last year. 	Supervisor
	<ul style="list-style-type: none"> Open/Close 	Social Worker	<ul style="list-style-type: none"> Initial intervention strategies on cases with multiple referrals from more than one referent. 	Supervisor
	<ul style="list-style-type: none"> Case plans with no court action. 	Social Worker	Case closure if case has multiple referrals within the last year.	Supervisor
	Incident report (at assignment)	N/A	*Screen-outs where a Tribe makes a referral	Supervisor
	*Any serious inflicted injury, sexual abuse, and all child deaths on cases open in the past year.	N/A	<ul style="list-style-type: none"> *Legal filings (e.g. dependencies; terminations) 	Supervisor
	Pattern of non-compliance with MLRs or poor care in a licensed facility.	Area Manager	<ul style="list-style-type: none"> *Out of home placement (prior to placement if possible or ASAP) 	Supervisor
	Inability/failure to meet IVB requirements.	N/A	<ul style="list-style-type: none"> *Returning a child (CPS) to home 	Supervisor
	Review of ICW issues (ethnicity; compliance; Tribes; LICWAC)	N/A	<ul style="list-style-type: none"> Decision not to place given sexual abuse. 	Supervisor
	Impasse with ICWAC	DSHS Secretary	Decision not to place in cases of medical	Supervisor

			neglect involving chronic illness or special health care needs.	
	<ul style="list-style-type: none"> Unorthodox practice (e.g. creative; doubtful; out on a limb). 	Area Manager	Inability to meet response time on cases requiring high risk standard investigation.	Supervisor
	<ul style="list-style-type: none"> Adoption 	Area Manager unless otherwise delegated by RA.	<ul style="list-style-type: none"> Cross cultural placements 	Supervisor
	<ul style="list-style-type: none"> Guardianship; permanent foster care agreements. 	Area Manager	<ul style="list-style-type: none"> Returning a dependent child home. 	Supervisor
	<ul style="list-style-type: none"> Decision to place or to continue placement in homes where founded incident report of CA/N and/or pattern of poor care in licensed facility. 	RA	<ul style="list-style-type: none"> Disputed changes of placements (e.g. move from foster home to relatives). 	Supervisor
	<ul style="list-style-type: none"> Unorthodox placements (e.g. child in a motel; in an apartment; or in other unusual situations). 	RA	Case plan/closure where interventions are not working (e.g. chronic neglect; adolescents who don't fit).	Supervisor
	<ul style="list-style-type: none"> CPS case closures if risk is high after investigation. 	Area Manager	Review home study and compliance with MLR's prior to licensing.	Licensing Supervisor
	Decision not to place given serious inflicted injury	Area Manager	ISP's	Supervisor
	Second extension of 90 day rule	Area Manager	Designated expenditures per region's delegation of authority.	Supervisor
	Decisions to license if home appears marginal (e.g. home barely meets or arguably does not meet MRLs).	DLR Regional Manager	ETPs; ECPs; Waivers	Per region's delegation of authority.

	Decision to re-license where a home has had founded complaints.	DLR Director	Initiating contacts to or responding to the media as representative of the Department.	Per DSHS policy 2.08
	Decision to re-license where a home has a corrective action plan.	DLR Regional Manager	Services beyond program limits (e.g. extension of 90 day rule; FRS beyond 90 days; in-home CWS beyond six months; licensing applications beyond 90 days).	Supervisor
	Decision to re-license where a home has multiple complaints of any kind regarding child care or family functioning.	DLR Regional Manager	*Decision to staff with ICWAC	Supervisor
	Social worker/licenser disagreements about CPS/licensing placement decisions	Area Manager	Failure to comply with court orders (e.g. foster child is ill and worker is unable to comply with court order visitation	Supervisor
	Decision not to comply with or to challenge court orders that require specific placements outside of policy or which require large expenditures on services	RA	Status of case file and compliance with agency policies at the time of case transfer.	Per regional or office policy
	Struggles/conflicts regarding prioritizing workload	N/A	After Hours placements which require licensing waivers (e.g. over-capacity, space).	On-call Supervisor can approve placements then Area Manager reviews first working day.
	Decision by after hours staff to allow a child to sleep-over in a DCFS office.	Area Manager	Release of youth to herself/himself instead of custodial parent in FRS situation.	Supervisor
	<ul style="list-style-type: none"> Relative placement where criminal check shows prior charges/convictions for crimes against persons. 	RA		
	<ul style="list-style-type: none"> CPS/CWS decision not to place when physician 	Area Manager		

	recommends placement.			
	Worker initiated change of placement without five day written notice (conflicts with foster parents or relatives). Applies to children placed with same foster parent for 90 days or more.	Area Manager		
	<ul style="list-style-type: none"> Case plan on children legally free for six months or in care for one year with no permanent home identified. 	Area Manager		
	<ul style="list-style-type: none"> Administrative cases 	N/A		
	<ul style="list-style-type: none"> All child deaths on open cases; all cases open subsequent to child deaths. 	N/A		
	<ul style="list-style-type: none"> Decision not to place dependent child when court has ordered out of home placement. (See DCFS Manual 4000-24) 	Area Manager		
	<ul style="list-style-type: none"> Group care placements 	Area Manager or per region's delegation of authority.		
	<ul style="list-style-type: none"> Serious inflicted injury or sexual abuse by the caregiver which occurs after a case is opened and/or occurs on a case closed within the 12 months. 	N/A		
	<ul style="list-style-type: none"> High profile cases and referrals of politically prominent persons. 	N/A		

	<ul style="list-style-type: none"> Pattern of non-compliance on part of any unit member or unit in general (e.g. timelines; timely court reports/ISPs, IVB, ICW, etc). 	N/A		
	<ul style="list-style-type: none"> Placement of DCFS kids with DCFS staff. 	RA		
	<ul style="list-style-type: none"> Waiver reports prior to sending to headquarters. 	RA		
	Workload issues; need for additional staff; issues regarding office organization.	N/A		
Scheduling of CPTs; interagency staffings.	Community board memberships	RA	Case related conflicts with community agencies or professionals which have not been resolved at the social worker/licensor level (staffings encourage)	Supervisor
Conflicts with providers and community professionals (Tribes, LICWAC, GALS, schools, therapists) *Recommendations of staffing groups.	Social worker/licensor participation on community task force or community groups.	Area Manager or RA		

POLICY FOR SHARED DECISION MAKING SUPERVISOR WITH AREA MANAGER

Practice Issues				
Information to Supervisor (after the event)	Review by Supervisor (after the event and/or	Authorized Decision Maker	Approval by Supervisor (prior to event)	Authorized Decision Maker

	prior to approval at a higher level)			
Internal conflicts between/among staff, supervisors or units	Out-of-state travel requests	DSHS Secretary		
Threats to worker safety or against DSHS staff	Outside employment by staff if no conflict of interest	RA		
Suspected misconduct by DSHS employees	Outside employment by staff if potential conflict of interest	Office Chief		
Communications by social worker/licensor to those outside of the chain of command (e.g. letters directly to DSHS Secretary)	Extended annual/sick leave requests	Per region's delegation of authority		
Safety hazards				
Facility problems				
Questionable practice by peer				

POLICY FOR SHARED DECISION MAKING SUPERVISOR WITH AREA MANAGER

Practice Issues				
Information to Area Manager	Review by Area Manager (after the event and/or prior to	Authorized Decision Maker	Approval by Area Manager (prior to the event)	Authorized Decision Maker

(after the event)	approval at a higher level)			
Categories of clients that are difficult to serve due to resource deficits.	After Hours placements which require licensing waivers (e.g. over capacity, space)	On-call Supervisor can approve placements then Area Manager reviews first working day	**CPS closure on cases that are high risk after investigation	Area Manager
Release of youth to herself/himself instead of custodial parent in FRS situation	Decision not to follow CPT recommendations on mandatory staffings	RA	Decision not to follow CPT recommendations for non-mandatory staffings	Area Manager
Unresolved client complaints	Decision to leave child in foster home or group home following founded CA/N	RA	**CPS decision not to place when physician recommends placement	Area Manager
Backlog in other units that impact workload (e.g. adoption home studies)	Relative placement where criminal check shows prior charges/convictions for crimes against persons	RA	Worker initiated change of placement without 5 day written notice (conflicts with foster parents or relatives). Applies to children with same foster parent for 90 days or more.	Area Manager
	Decision to relicense where a home has had founded complaints	RA	Case plan on children legally free for 6 months or in case for 1 year with no permanent home identified	Area Manager
	Decision to relicense where a home has a corrective action plan	RA	Decision not to place dependent child when the Court has ordered out of home placement (See DCFS Manual 4000-24)	Area Manager

	Decision to relicense where a home has multiple complaints of any kind regarding childcare or family functioning	RA	**Decision not to place in FRS/CWS situation where physician/MHP says child must be placed (suicidal/medical condition) or child has serious medical or mental health issues where child's life may be in danger.	Area Manager
	Decision to staff and/or initiate corrective action if there is a pattern of non-compliance with MLR's or poor care in a licensed facility.	RA	Cross cultural permanent plans	Area Manager
	Pattern of non-compliance with MLR's or poor care in a licensed facility	Area Manager	*Decision not to place an adolescent sex offender referred by DJR, Juvenile Court, or detention when victims are in the home.	Area Manager
	Administrative cases	N/A	*Group care placements	Area Manager of per region's delegation of authority
	*All child deaths on open cases; all cases opened subsequent to child deaths.	N/A	Revocations or suspensions	RA or per region's delegation of authority.
	Serious inflicted injury or sexual abuse by the caregiver, which occurs after a case is opened and/or occurs on a case closed within the last 12 months.	N/A	Contents of Administrative Reports of Incidents; CIR's	Area Manager and DLR Director

	*High profile cases and referrals of politically prominent persons	N/A	Conflict or disagreements with Tribes	Area Manager and DLR Director
	Impasse with ICWAC	DSHS Secretary	*Unorthodox practice (e.g. creative, doubtful, out on a limb)	Area Manager
	Workload issues; need for additional staff; issues regarding office organization	N/A	ETP's; ECP's; Waivers	Per region's delegation of authority
	*Unorthodox placements (e.g. child in motel; child in apartment; or other unusual situations)	RA	Decision by after hours staff to allow a child to sleep-over in a DCFS office	Area Manager
	Disagreements between or among units regarding assignments (e.g. CPS vs FRS; CPS/licensing issues)	Area Manager & DLR Director		
	Pattern of non-compliance on part of any unit member or unit in general (e.g. timelines; timely court reports/ISP's; IVB; ICW; etc.)	N/A		
	*Failure to comply with Court orders including Tribal Court orders.	N/A		

POLICY FOR SHARED DECISION MAKING SUPERVISOR WITH AREA MANAGER

Community Issues				
Information to Area Manager (after the event)	Review by Area Manager (after the event and/or prior to approval at a higher level)	Authorized Decision Maker	Approval by Area Manager (prior to the event)	Authorized Decision Maker
	Decision not to comply with or to challenge Court orders that require specific placements outside of policy or which require large expenditures on services	RA		
	Placements of DCFS kids with DCFS staff	RA		
	Out-of-state travel requests	DSHS Secretary		
	CPT appointments	RA		
	Waiver reports prior to sending to Headquarters	RA		

	Media requests for information	Per DSHS Policy 2.08.		
Significant problems in relationships with community agencies	Community board memberships	RA	Case related conflicts with community agencies or professionals which have not been resolved at supervisory level (staffings encouraged)	Area Manager
Concerns about Juvenile Court process or ability of key providers to server clients.			Cases requiring clarification of agency position (e.g. conflict with interagency staffing groups)	Area Manager
Opportunities for interagency collaboration			Staff's participation on boards, task forces and committees; or social work advocacy in the community.	Area Manager
<ul style="list-style-type: none"> Threats to staff or licensed facilities 	Performance indicators (e.g. placement rate, filing rate, permanency planning statistics)	N/A	<ul style="list-style-type: none"> Initiating contacts to the media as representatives of the Department 	Per DSHS Policy 2.08
<ul style="list-style-type: none"> Unit's training needs 	Monthly review of workload statistics and unit performance	N/A	<ul style="list-style-type: none"> Initiating contacts to Legislators as representatives of the Department 	Per DSHS Policy 2.08
<ul style="list-style-type: none"> Resources/service gaps or shortages 	Serious threats to staff	N/A	<ul style="list-style-type: none"> Personnel actions/counseling memos, evaluations 	Area Manager
<ul style="list-style-type: none"> Communications by staff to those outside of the chain of command (e.g. letters directly to the Secretary) 	Pattern of budget overruns	N/A	<ul style="list-style-type: none"> Filing vacancies, leave without pay requests 	Area Manager

<ul style="list-style-type: none"> • Safety hazards 	Corrective action plans for licensed facilities, group homes, staff	Licensing Area Manager	<ul style="list-style-type: none"> • Hiring decisions 	RA or per region's delegation of authority
<ul style="list-style-type: none"> • Facility Problems 	Outside employment by staff if there is a potential conflict	Office Chief		
<ul style="list-style-type: none"> • Major computer/equipment problems (e.g. network going down frequently) 	Outside employment by staff if no conflict of interest	RA		
<ul style="list-style-type: none"> • Give Area Manager feedback about decisions/concerns, policies, styles 	Supervisor not having monthly conferences with staff	N/A		
<ul style="list-style-type: none"> • Extended annual/sick leave requests 				
<ul style="list-style-type: none"> • Misconduct by staff 				
<ul style="list-style-type: none"> • Questionable practice by peer 				
<ul style="list-style-type: none"> • Suspected non-compliance/misconduct by contractor 				
<ul style="list-style-type: none"> • Staff feelings/morale 				
<ul style="list-style-type: none"> • Consistently outstanding staff performance; consistently poor staff performance. 				

POLICY FOR SHARED DECISION MAKING AREA MANAGER WITH REGIONAL ADMINISTRATOR

Community Issues

Information to Area Manager (after the event)	Review by Area Manager (after the event and/or prior to approval at a higher level)	Authorized Decision Maker	Approval by Area Manager (prior to the event)	Authorized Decision Maker
Serious inflicted injury or sexual abuse by the caregiver which occurs after a case is opened and/or occurs on a case closed within the last 12 months.	*All serious injury and/or sexual abuse on cases opened in licensed facilities.	N/A	Decision not to comply with or to challenge Court orders that require specific placements outside of policy or which require large expenditures on services.	RA
Decision not to place an adolescent sex offender referred by DJR, Juvenile Court, or detention when victims are in the home.	*All child deaths on open cases; all cases opened subsequent to child death.	N/A	Content of Administrative Report of Incidents; CIR's.	RA
Conflict with ICWAC Tribes	*Unresolved ICWAC impasse	DSHS Secretary	*Unresolved conflicts regarding changes of placement per complaint protocol (e.g. child in case longer than 90 days)	RA
	Report on cross cultural placements	N/A	Relative placement where criminal check shows prior charges/convictions for crimes against persons.	RA
			Placement of DCFS kids with DCFS staff	RA
	Decision by after hours staff to allow a child to	Area Manager	<ul style="list-style-type: none"> • Revocations or suspensions 	RA or designee

	"sleep-over" in a DCFS office.			
			<ul style="list-style-type: none"> • Waiver reports prior to sending to Headquarters 	RA
			<ul style="list-style-type: none"> • Waivers involving founded C/AN 	RA
			<ul style="list-style-type: none"> • Decision to re-license where a home has had founded complaints. 	RA
			<ul style="list-style-type: none"> • Decision to re-license where a home has a corrective action plan. 	RA
			<ul style="list-style-type: none"> • Decision to re-license where a home has multiple complaints of any kind regarding child care or family functioning. 	RA
			*Unorthodox practice (Area Managers feel uncomfortable)	RA
			*Decision not to follow CPT recommendations on mandatory staffings.	RA
			<ul style="list-style-type: none"> • Unresolved conflicts with Tribes 	State Tribal Accord
			<ul style="list-style-type: none"> • Unresolved complaints per the complaint protocol 	RA
			*Relative placement where criminal check	RA

			shows prior charges/convictions for crimes against persons.	
			*Unorthodox placements (e.g. child in a motel, in an apartment, or in other unusual situations)	RA
<ul style="list-style-type: none"> Significant issues with community agencies or professionals 			<ul style="list-style-type: none"> Case related conflicts with community agencies or professionals which have not been resolved at the Area Manager level (staffings encouraged) 	RA
<ul style="list-style-type: none"> Significant concerns about Juvenile Court process 			<ul style="list-style-type: none"> Community board memberships 	RA
<ul style="list-style-type: none"> Opportunities for resources 				
<ul style="list-style-type: none"> Resource/service gap or shortages 				
<ul style="list-style-type: none"> Staff's participation on boards, task forces and committees, or social work advocacy in the community 				
Workload statistics (monthly)	Suspected misconduct by staff	RA or per region's delegation of authority.	<ul style="list-style-type: none"> Board memberships with potential conflict of interest. 	RA
Pattern of non-compliance	Pattern of budget overruns	N/A	<ul style="list-style-type: none"> Disciplinary actions 	RA
OCR complaints	Report on corrective action plans/incidents reports	N/A	<ul style="list-style-type: none"> Supervisor evaluations 	RA

Media requests for information (major market)	FTE expenditures	N/A	<ul style="list-style-type: none"> • Outside employment by staff if no conflict of interest 	RA
Serious threats to staff	Performance indicators (e.g. placement rate; filing rate; permanency planning statistics)	N/A	<ul style="list-style-type: none"> • Outside employment by staff if conflict of interest 	Office Chief
Internal conflicts with impact on service delivery	Workload issues; need for staff changes	N/A	<ul style="list-style-type: none"> • Extended leaves as required by personnel policies 	RA
Consistency outstanding staff performance; consistency poor staff performance	Suspected non-compliance or misconduct by contractor	RA or per region's delegation of authority	<ul style="list-style-type: none"> • Hiring decisions 	RA or designee
<ul style="list-style-type: none"> • Serious threats to staff or licensed facility 			CPT appointments	RA
<ul style="list-style-type: none"> • Significant unmet training needs 			Oversight Committee appointments	RA
<ul style="list-style-type: none"> • Staff feelings/morale 			ICWAC appointments	RA
<ul style="list-style-type: none"> • Give RA feedback about decisions/concerns, policies, styles 			Monitoring region's budget and expenditures	RA
<ul style="list-style-type: none"> • Corrective action plans (e.g. employee; residential care facilities; contractors; private agencies) 			ECPs; ETPs; Waivers	RA or per region's delegation of authority and/or DLR Director
<ul style="list-style-type: none"> • Initiating contact to Legislators as representatives of the Department 			Initiating contacts to major media	RA
<ul style="list-style-type: none"> • Communications by staff to those outside of the chain of command 			Out-of-state travel requests	DSHS Secretary

(e.g. letters directly to the Secretary)				
• Safety hazards				
• Facility problems				
• Major computer/equipment problems (e.g. networks going down frequently)				
• Unresolved issues with state office				
• Backlog in state office				
• Performance issues with state office which impacts service delivery in local offices				
• Unreasonable requests for information from state office				
• Intra-DSHS issues/conflicts				
• Impact of policies on service delivery (both DCFS and cross programs)				

TEAM DECISION MAKING PROPOSAL
Attachment B

Team decision making shifts the primary responsibility for key case decisions from the individual social worker to a decision making group comprised of involved parties and resource persons. We would anticipate that a shared decision making process will generally be superior to individual decision making because:

- a more thorough review and analysis of information can be achieved;
- a more diverse range of conclusions, options, and solutions can be generated and considered; and

- the likelihood of compliance by all parties affected by decisions is increased when they are involved in decision making.

There are examples of team decision making currently in use around the state, some involving division staff across programs, family members, and professionals representing other community providers and systems. This proposal recommends a more systematic and wide spread use of team decision making in service planning than is currently practiced in the division.

BENEFITS OF TEAM DECISION MAKING:

- provides opportunity for critical thinking and creative problem solving;
- shares responsibility for decisions among all involved parties;
- shares potential liability for unwanted outcomes of decisions; and
- offers an opportunity for quality assurance monitoring.

REQUIREMENTS OF TEAM DECISION MAKING:

- requires a significant investment of time for meeting organization and participation;
- depends on a degree of mutual respect and trust by participants;
- facilitated by an understanding and acceptance of roles by participants; and
- should be experienced as useful by participants, particularly the social worker and family.

PROGNOSTIC STAFFINGS

All children in placement beyond 60 days will be staffed by an internal team including the Area Manager (or designee). The staffing will focus on the case plan and permanency planning goals. Other staffing formats (ICWAC, Administrative Review, Foster Care Citizen Review Board, Wrap-around, etc.) could substitute. A prognostic staffing needs to occur (ideally) 2 to 6 months after placement. Minimal participation would include the social worker, supervisor, area manager (or designee), foster parent, and child if age appropriate. Broader participation is encouraged in these team staffings.

The area manager could waive the staffing if the permanent plan is about to be achieved.

We recommend the Legal Placement be amended to include the date of the prognostic staffing. Staffings need to be documented in FamLink.

PERMANENCY PLANNING STAFFINGS

Team staffings will occur prior to all Juvenile Court permanency planning hearings when the child is not in the home of choice and not likely to return to the parents within the next 90 days. All legally free children not in their home of choice will be staffed annually (more frequently if appropriate).

Minimal participation includes the social worker, foster parent, child if age appropriate, supervisor, area manager (or designee), and the adoptions supervisor (if termination is one of the plans considered and/or the child is legally free). These staffings could include a variety of other individuals such as representatives from Families for Kids. Other staffings such as ICWAC could meet the requirements. In agreement with the adoptions supervisor, this staffing could be considered the Adoption Review staffing.

In addition to permanency planning issues, these staffings should review special needs of children (such as ECP plans).

CPS/LICENSING STAFFINGS

Team staffings will include:

- licensed foster homes with 2 or more CPS referrals within 6 months;
- founded CA/N in foster care (regardless of risk level) where staff wish to leave children in the home; return children to the home; or utilize corrective action in lieu of revocation;
- licensed homes with a pattern of non-compliance with MLR's or poor care (Area Manager can waiver staffing if a corrective action plan is initiated and compliance is documented).

Minimal participation includes CPS social worker, CPS supervisor, licensor, placement worker (if different from licensor), licensing supervisor, social worker(s) for children in home, Tribe (if involved), licensing area manager (or designee), DCCEL for dually licensed homes, and AAG as appropriate.

Homes which meet the criteria for staffing but are certified by a private agency and licensed by the Regional Licensor will also be staffed. In such cases, the private agency staff will be part of the team.

EXTERNAL COMMUNITY TEAMS

Community Treatment Teams (wrap around):

Regions need to develop guidelines clarifying these teams authority for case decisions and funding. Teams also need a problem solving resolution including a mechanism for resolving disputes between administrators of systems (DCFS, DDD, Juvenile Courts, Mental Health, etc.) Tribes need to be included if a tribal child is involved in these teams. Multidisciplinary teams required by RCW 13.32A will be incorporated into existing community teams wherever possible.

Community Placement Teams:

Regions need to clarify the authority of these teams regarding placement decisions as it relates to DCFS children. Such teams generally determine mental health hospitalization, CLIP, CHAP, etc. placements. Tribes need to be included if a tribal child is involved in these staffings.

FOR ALL TEAMS, REGIONS NEED TO CLARIFY WITH TRIBES AND ICWAC THE NATURE OF THE TRIBAL/ICWAC PARTICIPATION IN TEAMING AND CONSULTATION STAFFINGS.

- **CROSS PROGRAM CHILDREN STAFFINGS**
 - Policy mandate: N/A

These teams have their mandate from Children's Mental Health and their mandate and authority will vary by RSN. Regions need to ensure DCFS staff have clarification regarding these teams' authorities.

MINORITY ADVISORY/CROSS CULTURAL PLACEMENT TEAMS

MINORITY ADVISORY/CROSS CULTURAL PLACEMENT TEAMS

Policy Mandate: The Martinez OCR Agreement contains no specific requirement for such teams, although such teams would be consistent with the spirit of the agreement.

REGIONAL SAY TEAMS

REGIONAL SAY TEAMS	
Policy Mandate:	RCW 74.13.075(2). In expending funds for treatment of sexually aggressive youth, DSHS shall establish in each region a case review committee to review all cases for which the funds are used.
Mandatory Membership:	None
Mandatory Staffings:	In determining expenditure of SAY funds, the committee shall consider (a) the age of the juvenile; (b) the extent and type of abuse to which the juvenile has been subjected; (c) the juvenile's past conduct; (d) the benefits that can be expected from the treatment; (e) the cost of treatment; and (f) the ability of the juvenile's parent or guardian to pay for the treatment.
Recommended Staffings:	As stated.

•MULTI-DISCIPLINARY TEAMS

MULTI-DISCIPLINARY TEAMS	
Policy Mandate:	RCW 13.32A. These teams were established in the 1995 "runaway" legislation. Operational policy is not yet developed.

•OVERSIGHT COMMITTEES

OVERSIGHT COMMITTEES	
Policy Mandate:	RCW 74.13.031 requires the department to establish a children's services advisory committee to advise on all matters relating to child welfare, licensing of child care agencies, adoption, and related services.
Mandatory Membership:	With passage of legislation in the 1995 session of the Legislature, there is no mandated membership. The department has broad latitude to include representation from a wide range of interests to assist and advise the department on issues involving DCFS.
Mandatory Review:	The committee is mandated to assist the secretary in the development of a partnership plan for utilizing resources of the public and private sectors, and advise on all matters relating to the division's programs and services.

Recommended Consultation/Review: Any major policy change and/or budgetary change which will impact local communities. Oversight Committee members should be included in Child Fatality Review teams.

CHILD FATALITY REVIEW TEAMS

CHILD FATALITY REVIEW TE	
Policy Mandate:	DSHS Administrative Policy 8.02; P. L. 93-247, section 107b; P. L. 102-295, Child Abuse Prevention and Treatment Act; RCW 26.44. Department policy requires an investigation by a community-based review team of all child deaths related to child abuse and neglect and cases involving families that have a current or recent history with DCFS.
Mandatory Membership:	There is no mandatory membership. However, membership shall include community representatives selected based on their experience with child abuse and neglect cases, knowledge of the community and its resources, and knowledge of the department's systems. Members may include representatives from mental health, medical providers,

	law enforcement, the prosecutor's office, the local health department, the coroner or medical examiner, etc.
Mandatory Staffings:	Fatality reviews shall occur with regard to all child deaths related to child abuse and neglect as well as fatalities in open cases, cases closed within the past year, and any death, including SIDS, occurring in Children's Administration licensed, certified, or supervised out-of-home care. Reviews also apply to unlicensed facilities and homes certified for adoption.