

Practices and Procedures Guide

1100. Child Safety

Purpose Statement

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

Laws

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

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

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

[RCW 13.34](#)

[RCW 74.13](#)

[RCW 26.44](#)

[WAC 388-15](#)

[WAC 388-70](#)

Policy

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

Resources

- [Unlicensed Placements Policy](#)
- [Appendix A - Practice and Procedure Guide](#)

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

1110. Present Danger

Purpose Statement

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

Policy

- Assess if present danger exists during any contact with a child to determine if an immediate, significant and clearly observable behavior or situation is actively occurring and is threatening or dangerous to a child.
- When present danger exists, identify and take immediate protective action(s) necessary to create child safety.

Procedures

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

Resources

[Present Danger Guide](#)

[Protective Action Guide](#)

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

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

1120. Safety Assessment

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: December 2011

Revised Date: October 19, 2017

Policy Review: October 1, 2021

Purpose Statement

A Safety Assessment is based on comprehensive information gathering and is used to identify safety threats and determine when a child is safe or unsafe throughout the life of a case.

Scope

This policy applies to Children's Administration (CA) staff.

Laws

[RCW 26.44.195](#) Negligent treatment or maltreatment, offer services, evidence of substance abuse, in-home services, initiation of dependency proceedings

[RCW 26.44.030](#) Reports, duty and authority to make, duty of receiving agency, duty to notify, case planning and consultation, penalty for unauthorized exchange of information, filing dependency petitions, investigations, interviews of children, records, risk assessment process

[PL 105-89](#) Adoption Safe Family Act

Policy

1. Child safety will be determined by gathering and assessing comprehensive information about a family's behaviors, functioning and conditions.
2. A Safety Assessment will be completed at key decision points in a case to determine if safety threats exist and whether a safety plan can be developed with families to control or manage the identified threats.

Procedures

The caseworker must:

1. Complete and document a Safety Assessment at the following key points in a case:
 1. On all screened in Child Protective Services (CPS) intakes (including new intakes on active cases) no later than 30 calendar days from date of intake.
 2. On Division of Licensed Resources(DLR)/CPS intakes (including new intakes on active cases) that include a victim who is a biological, adoptive, or guardianship child of the subject, no later than 30 calendar days from the date of intake. DLR/CPS caseworkers must follow additional requirements per [2335 DLR/CPS Use of Safety Assessment and Safety Planning Tools policy](#).
 3. During the completion of the Comprehensive Family Evaluation.
 4. Before recommending unsupervised or overnight visits.
 5. When considering reunification or trial return home.

6. When there is a change in household members.
 7. A visitor resides on the premises more than five calendar days and:
 1. A child is in-home; or
 2. A child is placed out-of-home and having unsupervised visits in the parent's home.
 8. When considering case closure and new safety and/or risk factors have been identified since the most recent safety assessment was completed.
2. Determine if the child is safe or unsafe by:
 1. Gathering and assessing information through a review of CA history that includes prior intakes, service interventions, interviews and observations.
 2. Verifying information through source documents and contacts with collaterals. Information collected will include but is not limited to the following:
 1. Nature and extent of the maltreatment,
 2. Sequence of events that accompany the maltreatment,
 3. Child functioning on a daily basis,
 4. Parental disciplinary practices,
 5. General parenting practices, and
 6. Adult functioning.
 3. Considering and evaluating each potential safety threat using the Safety Threshold Guide criteria to determine if safety threats exist.
 3. When a child is identified as unsafe, the safety plan analysis must be used to determine if an in-home safety plan can manage or control the safety threats or if out-of-home placement is necessary.
 4. When a child in CA care and custody is determined to be unsafe with a licensed or unlicensed caregiver, the child must be removed from their placement.
 5. Review the safety assessment at case transfer.

Resources

[Information Gathering Questions](#)

[Safety Threshold Guide](#)

Safety Threats Guide (located on the CA intranet)

1130. Safety Plan

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date:

Revised Date: October 31, 2017

Policy Review: October 1, 2021

Purpose

A safety plan is a written agreement between the family and Children's Administration (CA) that identifies how safety threats to a child will be immediately controlled and managed in the child's home. Safety plans are

effective as long a threat to a child's safety exists and the caregiver's protective capacities are insufficient to protect the child.

Scope

This policy applies to CA staff.

Laws

[RCW 26.44.195](#) Negligent treatment or maltreatment, offer services, evidence of substance abuse, in-home services, initiation of dependency proceedings

[RCW 26.44.030](#) Reports, duty and authority to make, duty of receiving agency, duty to notify, case planning and consultation, penalty for unauthorized exchange of information, filing dependency petitions, investigations, interviews of children, records, risk assessment process

[PL 105-89](#) Adoption Safe Family Act

Policy

1. Safety plans will be developed to:
 1. Control or manage threats to a child's safety;
 2. Have an immediate effect; and
 3. Include actions that immediately address the safety threats.
2. Safety plans must be:
 1. Developed with participants that are suitable, reliable and that can provide a greater level of protection for the child than the parents.
 2. Reviewed and monitored twice monthly as long as the safety threat exists.
 3. Revised as threats emerge or are eliminated.

Procedures

1. Caseworkers must:
 1. Develop a safety plan with the parents and other safety plan participants when a child is identified as unsafe and either:
 1. Remains in the home;
 2. Is returned home by a court order; or
 3. Is returning home when the safety threats can be managed or controlled in the home.
 2. Assess the suitability and reliability of potential safety plan participants not acting in their professional capacity (e.g. medical provider, therapist, counselor, etc.) by:
 1. Conducting a comprehensive interview that addresses identified safety threats; and
 2. Reviewing the individual's information in FamLink and other CA electronic and hard files.
 3. Reviewing the results of a completed [background check](#) for the individual if they will have unsupervised access to a child.
 3. Follow the [Family Team Decision Making policy](#) when considering out-of-home placement or returning a child home.
 4. Include the following in the safety plan:
 1. Activities and tasks that control for safety threats or substitutes for diminished caregiver protective capacities.

2. Use of the family's suitable, formal and informal supports in order to manage safety threats.
3. Details for monitoring the safety plan.
4. Supports, safety services and actions at critical times when safety threats exist.
5. Formalize any protective action taken if applicable.
5. DLR/CPS caseworkers must follow additional requirements when a safety plan is necessary per [2335 DLR/CPS Use of Safety Assessment and Safety Planning Tools policy](#) for DLR/CPS.
 1. Any safety plan created in a licensed home for biological, adopted or guardianship children of a provider must be preapproved by the DLR CPS Program Manager or designee.
 2. Safety plans cannot be created in a licensed home for children in out-of-home care. If a safety threat is indicated, the child must be moved.
2. Supervisors must:
 1. Review and approve all safety plans in FamLink within two business days of entry and every 30 days thereafter.
 2. Any safety plan developed as a result of a FamLink override must be staffed with the area administrator or designee.

Forms

[Safety Plan form DSHS 15-259](#)

Resources

[Safety Analysis Guide](#)

[Protective Action Guide](#)

1135. Infant Safety Education and Intervention

Approval: Jennifer Strus, Assistant Secretary

Original Date: October 31, 2014

Revised Date: March 31, 2017

Sunset Review: March 31, 2021

Purpose

Children's Administration (CA) is committed to improving child safety outcomes for children under one year of age through early intervention and education with parents and out-of-home caregivers. Children under one-year-old are vulnerable to risk of harm from parental impairment due to alcohol/or drugs, accidental suffocation and serious injury from blunt-force trauma.

Scope

This policy applies to CA staff.

Laws

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

Policy

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

1. Newborn: Plan of Safe Care

DCFS staff must:

1. Complete a [Plan of Safe Care DSHS 15-491](#) with the family as required by the Child Abuse Prevention and Treatment Act (CAPTA) when a newborn:
 1. Is identified as substance affected by a medical practitioner. Substances are defined as alcohol, marijuana and any drug with abuse potential, including prescription medications.
 2. Is born to a dependent youth.
2. Upload the completed [Plan of Safe Care DSHS 15-491](#) in FamLink.

2. Birth to 6 months: Period of Purple Crying

1. DCFS staff will inquire if parents or caregivers have previously received information on Period of Purple Crying when working with families.
2. DLR Licensors will inquire if parents or caregivers have previously received information on Period of Purple Crying when licensing or approving a home study for families accepting placements.
3. CA staff will provide Period of Purple Crying educational materials to any parent/caregiver who has not previously received information.

3. Birth to One Year: Infant Safe Sleep

1. CA staff will conduct a safe sleep assessment:
 1. When placing a child in a new placement setting; or
 2. Completing a CPS intervention involving a child aged birth to one year, even if the child is not identified as an alleged victim or an identified child.
 1. The assessment must be completed where the child primarily resides.
 2. DLR CPS investigators will review the licensed facility environment for safe sleep.
2. When licensing or approving a home study with families accepting placements for infants, the home study workers will assess the sleeping environment and educate the family on safe sleep practices.
3. Document the results of the safe sleep assessment.

Procedures

1. Birth to 6 months: Period of Purple Crying

DCFS and home study staff must:

1. Determine if the parent/caregiver (licensed or unlicensed) has already received the "Period of PURPLE Crying" education and DVD/booklet.
 1. If already received, discuss any questions the caregiver may have regarding Period of PURPLE Crying.
 2. If not received:

1. Provide the "Period of PURPLE Crying" education and DVD/booklet. Review and discuss the information outlined in the booklet. The following key points should be relayed to caregivers:
 1. Teach what the letters "PURPLE" stand for as well as why understanding normal infant crying is important.
 2. Reinforce to families that if an infant is crying and they become frustrated they should put the infant down in a safe environment.
 3. Explain that caregiver's frustration due to Period of Purple Crying may cause the caregiver to shake the baby which can result in significant, if not life threatening, effects.
 2. Play the 10 minute "PURPLE" video for the caregivers after your presentation of the booklet if resources are available.
 1. Emphasize the importance of the material presented.
 2. Reinforce to the caregivers that all persons who will be caring for their infant should review this information.
 3. Remind caregivers about the 17-minute soothing film on the DVD to help caregivers understand ways to soothe their baby and cope with inconsolable crying periods.
 2. Document in a case note or provider note:
 1. When the caregiver receives or has previously received the Period of Purple Crying education and materials, or
 2. If the caregiver refused to discuss the Period of Purple Crying materials.
- 2. Birth to One Year: Infant Safe Sleep**
- DCFS and home study staff must:
1. Complete a safe sleep assessment with the parent or caregiver by:
 1. Reviewing and assessing the child's sleeping environment using the [Infant Safe Sleep Guidelines DSHS 22-1577](#) with parents or caregivers of infants younger than 12 months during the *first in-person* meeting.
 2. The DCFS caseworker must also review these guidelines at each subsequent [health and safety visit](#).
 2. Engage the parent or caregiver to create a safe sleep environment if one does not exist. This includes DCFS staff providing parents and unlicensed caregivers with a pack and play or bedside co-sleeper that meets the [Consumer Product Safety Commission Standard](#) as soon as possible if the child does not have a safe and separate sleeping area. DLR will not approve a home study without a safe sleep environment.
 3. Consult with his or her supervisor when there are additional risk factors, e.g., substance abuse, mental health issues, etc., associated with a parent or caregiver's ability to maintain child safety and a safe sleep environment.
 4. Include the following documentation:
 1. Results of safe sleep assessment (if needed) in a case note, Investigative Assessment, FAR Family Assessment, Comprehensive Family Evaluation, home study or provider note.
 2. If the caregiver refused to participate in the process of creating a safe sleep environment for the child.
 3. Any safety concerns or risk factors identified in licensed facilities will be immediately shared with the licensor.

Forms and Tools

[Infant Safe Sleep Assessment Guidelines \(DSHS 22-1577\)](#)

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

A program of the Safe Sleep campaign:

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

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

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

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

Resources

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

1140. Family Assessment

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: December 2011

Revised Date: October 19, 2017

Policy Review: October 1, 2020

Purpose

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

Scope

This policy applies to DCFS staff.

Laws

[RCW 26.44.260](#) Family assessment response

[RCW 26.44.270](#) Family assessment, recommendation of services

Policy

1. Assessments of the family are completed at key decision points in a case.

2. Assessments must identify the enhanced protective and diminished protective capacities directly related to the identified safety threats.
3. Family members must be included in the assessment process.
4. Assessments must include information and input from professionals and other collateral contacts that have knowledge of the child and family.
5. Information contained in the Comprehensive Family Evaluation (CFE) DSHS 10-480, Investigative Assessment (IA) DSHS 09-967 and the FAR Family Assessment (FARFA) DSHS 10-474 will be used to help develop the case plan.

Procedures

Caseworkers must:

1. Complete the FARFA and/or CFE with the family to address changes in behaviors, conditions and attitudes related to safety.
2. Assess conditions for return home when updating a CFE. Review how the safety threat is or is not:
 1. Being managed by the caregiver;
 2. How the parent is incorporating service provisions into their daily life; and
 3. If the safety threat can be managed in the family home.
3. Complete the following in FamLink:
 1. The DLR/CPS Investigative Assessment DSHS 09-967 within 60 calendar days of Children's Administration (CA) receiving the intake.
 2. The initial CFE within 45 calendar days of a Family Voluntary Services (FVS) or Child and Family Welfare Services (CFWS) case assignment. This includes supervisor approval in FamLink.
 3. The FARFA upon case closure, no later than 90 days from intake.
4. Update the CFE in FamLink:
 1. Every 90 days after the completion of the prior CFE on FVS cases.
 2. A minimum of every six months or when a new report to the court is required for a CFWS case.
 3. When conditions for return home have been achieved.
 4. When developing or changing a case plan.
 5. Prior to case closure.

Forms

Comprehensive Family Evaluation DSHS 10-480 (located in FamLink)

DLR/CPS Investigative Assessment DSHS 09-967 (located in FamLink)

Investigative Assessment (IA) DSHS 09-967 (located in FamLink)

FAR Family Assessment DSHS 10-474 (located in FamLink)

Resources

[Comprehensive Family Evaluation Guide](#)

[Comprehensive Family Evaluation for Legally Free Children Guide](#)

[Investigative Assessment Guide](#)

1150. Case Plan

Purpose Statement

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

Policy

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

Procedures

1. Develop case plans with the family, providers, resources and natural supports as applicable during a face-to-face meeting or shared planning meeting.
2. Complete a Family Assessment when developing a case plan and complete the Assessment of Progress when changing or ending the case plan.
3. Develop Voluntary Case Plans when the family meets criteria per Service Agreement Policy and Court Ordered Case Plans when the family meets criteria per [43081 Dependency Petition Process](#).
4. Create an Initial Voluntary Case Plan for a period up to 90 calendar days. A subsequent Case Plan may be developed for an additional 90 calendar days with supervisor approval. If services are extended beyond **180 calendar days, AA approval is required.**
5. Connect objectives to the safety threats identified through assessment. Objectives should not change throughout the life of the case.
6. Include required objectives based on the identified safety threats and needs of the family as assessed by the Safety Assessment(s) and information obtained through working with the family. Objectives include:
 1. Primary Family Level Objectives (FLO)
 2. Secondary FLO
 3. Individual Level Objectives (ILO)
 4. Child Action Plan (out-of-home care only)
7. Include at a minimum the following under both the family and individual level objective on the initial case plan:
 1. A specific and measurable plan.
 2. Provider/service/natural supports/social worker to assist in the development of this plan. Include social worker's role in acquiring resources.
 3. A process of how and who this plan will be shared and by when.
 4. How progress will be documented and celebrated.

8. Follow the same format for updated and ongoing case plans. Reflect the continued use of a provider, resource, social worker or natural supports.
9. Attach any provider plan developed with the parent(s) to the case plan when presented in court.
10. Identify the underlying and contributing factors associated with the safety threats so the factors can be addressed within the case plan.
11. Identify and coordinate the services needed for the:
 1. Reduction or elimination of safety threats to the child.
 2. Enhancement of parental protective capacity to change conditions, circumstances or behaviors contributing to the identified safety threat.
12. Evaluate and measure progress in the assessment of progress based on the behaviorally-specific objectives required and described in the case plan.
13. Update and revise the case plan when reunifying the child. The case plan must address the transition process for children and parents per [Trial Return Home Policy](#). Continue assessing identified objectives after child returns home.

1160. Commercially Sexually Exploited Children (CSEC)

Approval: Jennifer Strus, Assistant Secretary

Original Date: September 29, 2015

Revised Date: July 23, 2017

Sunset Review: July 1, 2021

Purpose

To identify, document and determine appropriate and culturally responsive services for children or youth with an open case in Children's Administration (CA) who are at risk of or are victims of commercial sexual exploitation (CSE).

Scope

This policy applies to all DCFS staff.

Laws

[PL 106-386](#) - Victims of Trafficking and Violence Protections Act of 2000

[PL 113-183](#) - Preventing Sex Trafficking and Strengthening Families Act

PL 114-22 - Justice for Victims of Trafficking Act of 2015

[RCW 9.68A.100](#) - Commercial Sexual Abuse of a Minor – Penalties

[RCW 9.68A.101](#) - Promoting Commercial Sexual Abuse of Minor - Penalty

[RCW 9.68A.102](#) - Promoting Travel for Commercial Sexual Abuse of a Minor - Penalty

[RCW 9.68A.103](#) - Permitting Commercial Sexual Abuse of a Minor - Penalty

[RCW 26.44.020](#) - Definitions

[RCW 26.44.030](#) - Reports – Duty and Authority to Make – Duty of Receiving Agency – Duty to Notify – Case Planning and Consultation – Penalty for Unauthorized Exchange of Information – Filing Dependency Petitions – Investigations – Interviews of Children – Records – Risk Assessment Process

Policy

1. A child or youth will receive a screening to assess whether he or she is a victim of CSE when:
 1. He or she is involved in an open case in any program within CA, in-home with his or her parent or guardian or placed in out-of-home care, and there is suspicion, indication or confirmation that the child or youth may be a victim of CSE.
 2. The child is age 11 years or older at the time of Child and Family Welfare Services (CFWS) case opening either in-home or out-of-home.
 3. The child or youth has returned to placement after being missing from care.
2. CA will report to law enforcement within 24 hours any child or youth who has been indicated or confirmed as CSEC regardless of whether or not the child or youth believes he or she has been victimized. CA staff will document the report to law enforcement on the Intake Referral tab in FamLink including the date and time of report and name of the law enforcement agency.
3. Any CA staff who suspects or learns that a child or youth has been sexually exploited will follow the mandatory reporting statute and make a report to intake.
4. A [shared planning meeting](#) will be held for all children or youth in the care and custody of CA when there is indication or confirmation of CSE.

Procedures

1. Screening Children and Youth for CSE Using the CSEC Screening Tool DSHS 15-476
 1. Caseworkers will screen all children and youth involved in open cases (Child Protective Services (CPS) investigations and Family Assessment Response, Division of Licensed Resources(DLR)/CPS, Family Reconciliation Services (FRS), Family Voluntary Services (FVS), CFWS and Adoption) when there is an allegation, suspicion, indication or confirmation that the child is a victim of CSE.
 2. Child Health and Education Tracking (CHET) workers who are co-assigned will screen all youth in the care and custody of CA age 11 years and older at initial placement unless the child has already been screened within 30 days of his or her out-of-home placement.
 3. Missing from Care Locators who are co-assigned will screen children and youth missing from care upon their return from a run episode.
 4. CFWS caseworkers will screen all children and youth:
 1. Age 11 years and older at the time of CFWS case opening if not screened by a CHET worker. This includes children and youth who remain in-home and those placed in out-of-home care.
 2. Who return from a run episode if the screen is not completed by a co-assigned Missing from Care Locator.
2. Case Planning and Services
 1. If the results of the screening tool determine the child or youth is indicated or confirmed as a CSEC, the DCFS caseworker will:

1. Assess the child and family needs and refer to appropriate services.
 2. Conduct a [shared planning](#) meeting for all children or youth in the care and custody of CA when the CSEC Screening Tool results identify new indicators or confirmation of CSEC to develop a [case plan](#) for safety and stability that addresses needs including but not limited to:
 1. Safety
 2. Placement stability
 3. Permanency Plan
 4. Social activities, including prudent parenting standards
 5. Cultural needs
 6. Education
 7. Medical, substance abuse and mental health treatment
 8. Independent Living Skills Program (ILS)
 3. Refer children or youth newly confirmed as a CSEC for medical screening and specialized CSEC services as available and appropriate.
 4. Assess and address any additional identified health or safety concerns.
 5. Document the [case plan](#) and services in FamLink under the Shared Planning tab or case plan.
2. If the child or youth is a household member of a licensed provider and the screening tool results determine the child or youth is indicated or confirmed for CSEC, the DLR/CPS investigator is responsible for the investigation and will refer the case to DCFS for services.

Forms

- CSEC Screening Tool (DSHS 15-476)

1170. Domestic Violence

Approval: Jennifer Strus, Assistant Secretary

Original Date: March 31, 2017

Policy Review: March 31, 2020

Purpose

To recognize and understand the dynamics of domestic violence (DV) in families through the universal screening process and to determine the impact of DV on child safety through the specialized DV assessment.

Scope

This policy applies to all Children's Administration intake workers, Department of Children and Family Services (DCFS) caseworkers and Division of Licensed Resources (DLR) staff.

Laws

[RCW 26.44.020](#) Definitions

[RCW 10.99.020](#) Definitions

[RCW 10.99.030](#) Law enforcement officers - Training, powers, duties - Domestic violence reports

[RCW 26.50.010](#) Definitions

[RCW 26.50.250](#) Disclosure of information

[RCW 42.56.240](#) Investigative, law enforcement, and crime victims

Policy

1. Universal DV screening is routinely conducted at key points in a case to determine if DV is present. DV screening includes interviews and review of records and available databases.
2. If DV is determined to be present in a case through universal screening, CA staff must conduct a Specialized DV Assessment which is an interview protocol, not a tool.
3. Information gathered during the DV screening and the Specialized DV Assessment, is used in addition to the gathering questions to complete the Safety Assessment and determine if a safety threat to the child exists.
4. If DV poses [present danger](#) to a child, CA staff must take immediate protective actions necessary to address child safety.
5. If DV poses a safety threat to a child in his or her **biological parent or legal caregiver's** care, the worker must:
 1. Develop an in-home safety plan per the [1130. Safety Plan](#) policy if the safety threat(s) can be immediately controlled and managed in the home.
 2. Ensure protection of the child and take necessary steps to place the child in out-of-home care if the safety threats cannot be immediately controlled and managed in the home.
6. If DV poses a safety threat to a child while in **licensed or unlicensed** care, he or she must be removed from that placement per [1120. Safety Assessment](#) policy.
7. CA intake workers must offer DV resource information to the **referrer** on all intakes (screened in or out) when DV is identified and the referrer is not familiar with DV resources.
8. CA caseworkers must offer DV resource information to the **adult victim in an open case** when DV is identified.

Procedures

1. The [intake](#) worker must ask the referent the following universal DV screening questions on all intakes:
 1. Has any adult used or threatened to use physical force against an adult in the home?
 2. If so, the intake worker must ask, "Who did what to whom?"
2. The CPS, FVS, CFWS caseworker must:
 1. Conduct universal DV screening through individual and separate interviews with all parents, caregivers, adults and children in the home even if DV was not identified at intake to determine:
 1. If DV is present?
 2. If so, who is the adult victim?
 3. If so, who is the DV perpetrator?
 2. Conduct universal DV screening at the following key points:
 1. At first contact with a family. If this is not possible, at the next available opportunity. If a parent refuses to meet separately, consult with the supervisor and document the parent's refusal to meet in a case note.

2. A new screened in intake.
3. Case transfer
4. [Re-assessment of safety](#) (e.g. moving to unsupervised visits, transitioning home, changes in household composition, etc.).
3. The DLR/CPS investigator must conduct universal DV screening when investigating child abuse or neglect (CA/N) allegations involving a biological family.
4. The DLR licensor must conduct universal DV screening when completing a home study.
3. Specialized DV Assessment Interview Protocol
 1. When DV is identified, the assigned caseworker, DLR/CPS investigator or licensor must conduct a to determine if the DV poses a threat to child safety or compromises the family's ability to address other CA/N. This assessment is accomplished via interviews, review of records and available databases for all of the following information:
 1. DV perpetrator's pattern of assaultive and coercive tactics.
 2. Impact of DV on the adult victim.
 3. Impact of DV on the child.
 4. Adult victim, perpetrator and community protective factors
 5. The lethality of the DV.
 2. Follow [1130. Safety Plan](#) policy if DV poses a threat to child safety.
4. Documentation
 1. The intake worker must document the outcome of the universal screening questions in the Additional Risk Factors narrative box of the intake. If the allegation of CA/N involves DV the intake worker must document the information in the Allegation/Concern narrative box.
 2. The assigned caseworker must document the outcome of the universal DV screen in the [Structured Decision Making Risk Assessment \(SDMRA\)](#) tool, narrative sections of the [investigative assessment](#), Family Assessment Response Family Assessment (FARFA), and Comprehensive Family Evaluation (CFE), and reports to the court as applicable.
 3. The assigned caseworker must document the outcome of the specialized DV assessment, if conducted, in a case note.
 4. The DLR/CPS investigator must document the outcome of the universal DV screening and specialized DV assessment interview protocol of the DV in a case note and in the DLR Risk Assessment Matrix, as applicable.
 5. The DLR licensor must document the outcome of the DV screening and specialized DV assessment interview protocol in a provider note or the home study, as applicable.
 6. Safety planning information for the victim or children must be documented in a case note, labeled **confidential DV safety plan** and include the confidential information:
 1. The identity of a victim or witness to the crime.
 2. The identity of the DV victim if the victim has filed a complaint with an investigative or law enforcement agency and there is an open criminal investigation.
 3. The location of a DV program, including shelters and transitional living facilities.
 4. The victim's address information, if he or she signed up for the Address Confidentiality Program (ACP). If the victim is participating in the ACP, use the P.O. Box address that is assigned to them through the Secretary of State.

Resources

- Refer to the Social Worker's Practice Guide to Domestic Violence for DV screening, assessment, and case planning located under the Domestic Violence tab on the CA intranet
- Statewide DV resources
 - Statewide DV Hotline telephone number 1-800-562-6025 V/TTY.
 - [Washington State Coalition Against Domestic Violence](#)
 - [DSHS/CAs DV site](#) (shelters, victim, and perpetrator programs)
 - [Address Confidentiality Program](#)

- Databases to identify previous DV:
 - CA case history in FamLink and MODIS
 - ACES
 - BARCODE
 - [WA State Courts](#)
 - Law enforcement reports

1700. Case Staffings

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

Purpose Statement

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

Policy

1. Engage families, natural supports and providers in case planning. Schedule staffings in a location and time that meets the needs of the parent(s) and their participants whenever possible.
2. Identify all relevant case participants.
3. Schedule staffings to correspond with planning for court hearings whenever possible.
4. Multiple issues impacting children and families may be addressed in one meeting rather than separate meetings held for each issue.
5. Utilize staffings to assist you and the family to develop or review resources or approaches to address child safety.
6. Prepare for staffings by determining how the participants can contribute to the case discussion and planning.
7. Utilize the [concurrent planning](#) process to develop child specific permanency goals.

Resources

Practice Model Website on the Children's Administration Intranet

Forms

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

Related Staffings

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

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

45431. Foster Care Assessment Program (FCAP)

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

1710. Shared Planning Meetings

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: September 1, 2006

Revised Date: October 19, 2017

Policy Review: October 1, 2021

Purpose

Children’s Administration (CA) uses shared planning meetings to engage parents, youth, caregivers, youth, relatives, fictive kin, natural supports and others, as appropriate, in the development of a plan that prioritizes child safety and meets the support and service needs of parents, children and caregivers. These meetings provide an opportunity for information to be shared, case plans to be developed and decisions made that will support the safety, permanency, and well-being of children.

Scope

This policy applies to all Division of Children and Family Services staff.

Laws

[RCW 13.34.067](#) Shelter Care, Case Conference, Service Agreement

[RCW 13.34.094](#) Description of Services Provided to Parents

[RCW 13.34.145](#) Permanency Planning Hearing

[RCW 74.13.341](#) Transition plan - Qualification for developmental disability services

[RCW 74.13.540](#) Independent Living Services

[RCW 74.14A.020](#) Services for Emotionally Disturbed and Mentally Ill Children

[PL 113-183](#) Preventing Sex Trafficking and Strengthening Families Act

Policy

1. Shared planning meetings must occur within the required timeframes or when required due to circumstances outlined in the [Guide to Shared Planning Meetings DSHS 22-1688](#):
 1. [Adoption Planning Review \(APR\)](#)
 2. [Behavioral Rehabilitative Services \(BRS\)](#)
 3. [Child Health and Education Tracking \(CHET\)](#)
 4. [Commercially Sexually Exploited Children \(CSEC\)](#)
 5. End of Life Care
 6. [Family Team Decision Making \(FTDM\)](#)

7. [Foster Care Assessment Program \(FCAP\)](#)
 8. [Shelter Care Case Conference](#)
 9. [Local Indian Child Welfare Advisory Committee \(LICWAC\)](#)
 10. Mental Health and Substance Abuse Treatment Planning
 11. [Permanency Planning Meeting](#)
 12. [Transition Plan for Dependent Youth 17 through 20 years](#) (currently referred to as the Multi-Disciplinary Staffing (For Youth 17.5) in FamLink)
2. Participants listed on the [Guide to Shared Planning Meetings DSHS 22-1688](#) must be invited to shared planning meetings.
 3. Incarcerated parents must be provided access and opportunities to participate in shared planning meetings.
 4. The child's safety, permanency and well-being must be discussed during shared planning meetings.
 5. [Visitation](#) must be discussed during the meeting when children are placed out of the home. [Visitation](#) discussions will include a review of the visitation plan, necessary level of supervision during the visitation session to ensure the safety of the child, transportation and efforts to include relatives and family supports at the visitation.
 6. All shared planning meetings must be documented on the [Shared Planning form DSHS 14-474](#) in FamLink.

Procedures

1. The assigned caseworker or supervisor must:
 1. Conduct a shared planning meeting within the timeframes or circumstances described in the [Guide to Shared Planning Meetings DSHS 22-1688](#).
 2. Ask youth age 14 and older to identify at least two support persons to attend the meeting who are not the caseworker or caregiver.
 1. One of the individuals selected may be designated to be the youth's advocate when discussing normal childhood activities under the reasonable prudent parenting standard.
 2. Any individual identified by the youth must be able to act in the youth's best interest.
 3. If the caseworker or tribal agency has good cause to believe the youth's identified support person is not acting in the best interest, he or she may be asked to leave the meeting.
 3. Invite participants indicated on the [Guide to Shared Planning Meetings DSHS 22-1688](#) a minimum of five calendar days before the meeting, when possible. If not possible, the effort to invite participants will be documented in a case note.
 4. Provide alternative methods to participate in the shared planning meetings such as conference calls and video conferencing.
 5. Obtain releases of information from parents and youth age 13 and older before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants.
 6. After the shelter care hearing but before the following shared planning meetings, describe the shared planning meeting process to parents requesting or participating in a:
 1. FTDM;
 2. Shelter Care Case Conference; or
 3. Permanency planning meeting.
2. If the child, caregiver or parent is unable to attend the shared planning meeting his or her input will be presented by the assigned caseworker and will be considered.
3. During the meeting, the assigned caseworker or supervisor will:
 1. Present a case history and the child and/or family's current situation.

2. Provide participants the opportunity to present information and engage in the shared planning process.
3. Identify family strengths and community and cultural supports.
4. Address and review the following (when applicable):
 1. Safety
 1. Safety assessments
 2. Safety plans
 3. Services needed to reduce safety concerns and increase protective capacities.
 2. Permanency
 1. Progress toward achieving a permanent plan and appropriateness of the case plan to address safety threats and barriers to reunification.
 2. All primary and alternate permanency plans.
 3. Compelling reasons if a TPR has not been filed within 12 months of child's OPD.
 4. Placement stability
 1. Appropriateness of current placement.
 2. Child's adjustment in the placement.
 3. The need for services to reduce risk of disruption.
 5. Sibling connections. This includes efforts to place siblings together and maintain sibling visits or contacts.
 6. Parent-child visits and level of supervision needed to manage safety threats during visitation.
 7. Relative search efforts, status of Tribal affiliation, involvement and notification to relatives and Tribes.
 8. Plan to maintain community and cultural connections.
 3. Well-being
 1. Mental health, physical health and well-being of child, including medical information and needs. This includes determining if a Wraparound Intensive Services (WISe) referral needs to be made for a child or youth with complex behavioral health needs.
 2. Alternative plan for assessment and treatment if child has been denied mental health or substance abuse services.
 3. Services to support healthy development and attachment. This includes normal childhood activities under the reasonable and prudent parenting standard.
 4. The child's connections with siblings and other relatives. For youth 16 and above, this includes discussing skills and strategies to safely reconnect with any identified family members and provide guidance and services to assist the youth.
 5. Child's education status, needs and supports. Assign tasks and responsibilities as appropriate for child's education to include but not limited to, school enrollment, transportation, referrals for school based services.
 6. Results of the CHET screening and other assessments if available. If CHET results are not available, present results at the next scheduled shared planning meeting.
 7. Services and activities needed to support the youth in his or her [transition to adulthood](#):
 1. For youth 14 years of age or older as part of transition planning:
 1. Education
 2. Employment
 3. Housing
 4. Health insurance
 5. Mentors and continuing supports

2. For youth 15 years of age and older status of referrals to Independent Living Services contract providers.
8. Cultural and/or Tribal connections.
4. Document all information discussed during shared planning meetings in FamLink using the [Shared Planning form DSHS 14-474](#) within the required documentation timeframes. Documentation includes all persons who were invited and attended the meeting.
5. Create and update the following, but not limited to, when needed:
 1. Safety Plan
 2. Parent, Child, Sibling Visitation Plan
 3. Comprehensive Family Evaluation (CFE)
 4. Court Report for dependent children
 5. Case plan for FAR and FVS cases
 6. Education Plan
 7. Transition Plan
 8. Referrals to services

Forms

[Shared Planning DSHS 14-474](#)

[Transition Plan form DSHS 15-417](#) (currently named Transition Plan for Youth Exiting Care)

[Shared Planning Parent Information Sheet DSHS 15-260](#)

Resources

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

[Caregiver Guidelines for Foster Childhood Activities](#)

www.caseylifeskills.org

[Understanding the Dependency Court Process DSHS 22-1499](#)

1720. Family Team Decision Making Meetings

Approval: Jennifer Strus, Assistant Secretary

Original Date: December, 2010

Revised Date: July 23, 2017

Policy Review: July 1, 2021

Purpose

Family Team Decision Making (FTDM) meetings follow the Shared Planning Meeting model of engaging the family and others who are involved with the family to participate in critical decisions regarding the removal of child(ren) from their home, placement stabilization and prevention and reunification or placement into a permanent home.

Laws

[RCW 13.34.067](#) Shelter Care, Case Conference, Service Agreement

[RCW 13.34.145](#) Permanency planning hearing, purpose, time limits, review hearing, petition for termination of parental rights, guardianship petition, agency responsibility to provide services to parents, due process rights

Policy

1. FTDM meetings must occur within the required timelines, unless approved by the area administrator (AA).
2. Participants listed on the [Guide to Shared Planning Meetings DSHS 22-1688](#) must be invited to the FTDM meeting.
3. Incarcerated parents must be provided access and opportunities to participate in FTDM meetings.
4. FTDM meetings must be documented in FamLink using the Shared Planning form 14-474.

Procedures

Caseworkers must:

1. Conduct a FTDM meeting within the following timeframes (Convene additional FTDM meetings as needed):
 1. Prior to:
 1. Removing a child and anytime out-of-home placement of a child is being considered.
 2. Moving a child from one placement to another.
 3. Trial return home or reunification of a child with parents.
 4. The end of a Voluntary Placement Agreement.
 2. No later than 72 hours after a child is placed:
 1. Into protective custody by law enforcement and prior to the shelter care hearing.
 2. With a new caregiver due to an unplanned change in placement.
 3. On a Voluntary Placement Agreement when there is an emergency and the FTDM cannot occur prior to placement.
 3. If the FTDM cannot occur within the required timeframe and is approved by the AA, the caseworker must document the reason, date of approval and notify the FTDM facilitator.
2. Certain circumstances may require that an individual be excluded from participating in the FTDM meeting. Those circumstances include, but are not limited to the following:
 1. The excluded individual is the subject in an on-going criminal investigation.
 2. It is unsafe for an individual to participate in the meeting.
3. If the child, caregiver or parent is unable to attend the FTDM meeting, their input will be presented and considered in the decision-making process.
4. If the FTDM is being combined with a [Shelter Care Case Conference](#), a parent must consent to the caregiver's attendance. For all other FTDMs combined with other shared planning meetings, if a parent does not consent to the caregiver's attendance, the caregiver will be asked to leave when parent's information is being discussed.

5. Document and verify the following has been documented in the appropriate place on the Shared Planning form DSHS 14-474 in FamLink within seven calendar days:
 - a. All persons who were invited and who attended.
 - b. Complete Section 8 on the form.
 - c. Discussions regarding safety, permanency and well-being outlined in the [1710. Shared Planning policy](#).
 - d. Any decisions reached and any plans made at the meeting.

Forms

[Shared Planning DSHS 14-474](#)

Resources

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

[2350. Audio Recording policy](#)

[4305. Permanent and Concurrent Planning](#)

1730. Shelter Care Case Conference

Purpose

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

Laws

[RCW 13.34.067](#)

[RCW 74.14A.020](#)

[RCW 13.34](#)

Policy

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

Procedures

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

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

Forms

- Case Plan

1740. Child Protection Teams (CPT)

Purpose

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

Laws

[Executive Order 12-04](#)

[WAC 388-15-033](#)

Policy

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

Procedures

1. Child Protection Teams participants may include:
 1. Law enforcement
 2. Physicians, and/or other medical professionals
 3. Mental health/substance abuse counselors
 4. Educators, CASA's, foster parents
 5. Domestic Violence advocates and/or experts
 6. DSHS staff with specific and complementary skills/knowledge to a CPT
 7. Other Mandated Reporters
 8. Professionals who play a significant role with the family
2. Staff are required to submit a [CPT Case Presentation Summary](#) to the CPT Coordinator:
 1. In all child abuse or neglect investigation cases in which the assessment requires the Department to offer services, and a Family Team Decision Making (FTDM) meeting will not or cannot be held, and the child's age is six years or younger; and

2. In all child abuse and neglect cases where serious professional disagreement exists regarding a risk of serious harm to the child and where there is a dispute over whether out-of-home placement is appropriate.
3. When the Department chooses to bring a case to CPT believing that such a consultation may assist in improving outcomes for a particular child.
3. CPT Coordinators must:
 1. Coordinate and manage CPT membership, recruitment, training, scheduling, record -keeping including CPT recommendations, reporting and communication for the CPT.
 2. Provide in writing the CPT staffing recommendations to the assigned worker and supervisor following the staffing.
 3. Maintain a tracking system to document activity for staffings and recommendations.
 4. Document the CPT in the Shared Planning section in FamLink per Shared Planning FamLink Manual.

Forms

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

Resources

- Child Protection Team Volunteer Handbook

2200. Intake Process and Response

Approval: Jennifer Strus, Assistant Secretary

Original Date: 1972

Revised Date: June 30, 2017

Policy Review: June 1, 2021

Purpose

Children's Administration (CA) receives and processes reports of child abuse and neglect, requests for services and provides information and referrals according to federal and state law on a 24-hour basis.

Scope

This policy applies to all CA intake staff.

Laws

[RCW 9A.16.100](#) Use of Force

[RCW 13.34.030](#) Juvenile Court Act - Definitions

[RCW 13.34.360](#) Safety of Newborn Children Act

[RCW 26.44.020](#) Abuse of Children - Definitions

[RCW 26.44.030](#) Abuse of Children - Reports

[RCW 46.61.687](#) Child Passenger Restraint

[RCW 74.13](#) Child Welfare Services

[RCW 74.15](#) Care of Children, Expectant Mothers, Persons with Developmental Disabilities

Policy

1. The intake worker will:
 1. Conduct a comprehensive interview with any referrer, including making reasonable efforts to learn the referrer's name, address, and telephone number and conduct a FamLink person search for all persons, victims, perpetrators, parents and family members listed in the intake.
 2. Contact and document collateral source information in order to complete a comprehensive intake when:
 1. Sufficient information is not available from the referrer to determine the intake screening decision or appropriate response time.
 2. It is necessary to verify or clarify a child abuse or neglect (CA/N) allegation.
 3. Process reports with allegations of CA/N, circumstances placing a child at [imminent risk of serious harm](#) and requests for services specific to CA from any source and in any form, and document in an intake.
 1. **Sufficiency Screening**

Screen in intakes for Child Protective Services (CPS) intervention if the following sufficiency screening criteria are met:

 1. The alleged victim is under 18 years of age;
 2. The allegation, if true, minimally meets the WAC definition of CA/N or it is alleged a child's circumstances place him or her at imminent risk of serious harm; and
 3. The alleged subject has the role of a parent, person acting in loco parentis, or unknown; or
 4. The subject is providing care in a facility subject to licensing by DSHS, Department of Early Learning (DEL), or in other state-regulated care.
 2. **Allegations of CA/N or Imminent Risk of Serious Harm**

Utilize the FamLink intake, Chronicity Indicator, and Structured Decision Making (SDM) Intake and Intake Practice Guides located on the CA intranet to determine assignment to CPS Investigation, Family Assessment Response (FAR), or for Division of Licensed Resources DLR/CPS.

 1. Screen in for:
 1. **CPS or DLR/CPS Investigation** when there is an allegation of:
 1. Sexual abuse or sexual exploitation.
 2. Serious physical abuse or serious neglect.
 3. Physical abuse to a child three years or younger for DCFS.
 4. Abuse or neglect reported by a physician, or a medical professional on a physician's behalf, regarding a child under age five.

5. Injury or bruise on a non-mobile infant, birth to twelve months regardless of the explanation about how the injury or bruise occurred.
2. **CPS or DLR/CPS Investigation** when a report is received from a commissioned law enforcement officer stating a parent has been arrested for Criminal Mistreatment in the fourth degree. [RCW 9A.42](#)
3. **CPS Investigation** when:
 1. Child or youth in the household is having sexualized contact or engaging in sexual behaviors with other children or youth in the home. (See reference for behaviors that may be considered [common for childhood development](#)).
 2. There is an open dependency case involving the child victim or other member of the household.
 3. A dependency action involving the child victim or household was closed within the previous 12 months.
 4. An alleged victim or subject has been named in three or more intakes screened in for investigation **or** Family Assessment Response (FAR) in the past 12 months.
4. **CPS FAR** when it is indicated on the Structured Decision Making Screening Tool.
5. **DLR/CPS Investigation** when there is an allegation of CA/N in a facility subject to licensing by DLR or Department of Early Learning (DEL) or the facility is state regulated. Follow the intake requirements in the DLR CA/N Handbook – Investigating Abuse and Neglect in State-Regulated Care.
2. Screen in CPS Risk Only reports when a child is at imminent risk of serious harm and there are no CA/N allegations. These include but are not limited to reports:
 1. From LE about a sexually aggressive youth under age 8.
 2. From the prosecutor's office about a sexually aggressive youth under age 12 who will not be prosecuted.
 3. Involving CA/N allegations against an individual age 18-21 who resides in a state-regulated or licensed facility, or facility subject to licensing.
 4. Of a child at imminent risk of serious harm on an open Department of Children and Family Services (DCFS) case.
 5. Of a child at imminent risk of serious harm in the care of a licensed or unlicensed provider.
3. Screen in reports made by a physician licensed under [RCW Chapter 18.71](#) on the basis of expert medical opinion that child abuse, neglect, or sexual assault may have or has occurred and that the child's safety will be seriously endangered if the child is returned home. [RCW 26.44.030\(8\)](#)
4. Screen in reports from anonymous referrers when alleged CA/N meets the sufficiency screening criteria or there is imminent risk of serious harm and one or more of the following exists:
 1. There is a serious threat of substantial harm to a child.
 2. The allegation(s) includes conduct involving a criminal offense that has, or is about to occur, in which the child is the victim.
 3. A member of the household has a prior founded report of CA/N within three years of receiving the most recent intake. Inform the referrer that, if he or she remains anonymous and the allegation is assessed at a lower risk, the intake (with the exception of DLR/CPS) will be screened out and not be assigned for investigation.

5. Screen in all reports of CA/N or imminent risk of serious harm involving a facility or a facility subject to licensing, regardless of the anonymity of the referrer.
6. Screen in reports involving a newborn exposed to substances including alcohol, marijuana, prescription medications and any drug with abuse potential to the following pathways:
 1. **CPS (Investigation or FAR) or DLR/CPS Investigation** when there is a CA/N allegation.
 2. **CPS Risk Only** when there is no CA/N allegation but the newborn is one of the following:
 1. [Substance affected](#) (as identified by a medical practitioner)
 2. [Substance exposed](#) and risk factors indicate [imminent risk of serious harm](#).
3. **Commercially Sexually Exploited Children (CSEC):**
 1. Complete the CSEC screening question for all intakes involving suspected or confirmed allegations of sexual exploitation of a child or youth.
 2. Assign all intakes with suspected or confirmed allegations of CSEC to CPS or DLR/CPS investigations when there are allegations of CA/N and the alleged subject is a parent, guardian, legal custodian or person acting in loco-parentis.
 3. Notify law enforcement within 24 hours of the time the intake is received on all suspected or confirmed CSEC related intakes when there is reasonable cause to believe a crime has been committed. The intake worker will notify the LE agency with jurisdiction when the 24-hour notification requirement cannot be met by an assigned caseworker or field supervisor managing the straw assignments.
4. **Requests for services for a family or child (Non CPS)**
 1. Screen in intakes for:
 1. **Family Voluntary Services (FVS)** when a parent or legal guardian requests services in the home or temporary placement of a child, and there is no anticipated court involvement.
 2. **Family Reconciliation Services (FRS)** when receiving a request from a youth age 13-17, parent (custodial or noncustodial), caregiver, LE, Tribal social worker or CA, HOPE Center or Crisis Residential Center (CRC) staff when at least one family member is voluntarily requesting one of the following:
 1. A family assessment for a Child in Need of Services (CHINS) or an At Risk Youth (ARY) petition.
 2. CA assistance for a family experiencing immediate family crisis due to conflict or a youth exhibiting high risk behaviors.
 3. The following pathways when receiving reports from a CRC, Hope Center or Overnight Youth Shelter involving a runaway youth and there are no allegations of CA/N:
 1. FRS for youth age 13 and older.
 2. FVS for youth under age 13.
 4. The following pathways when there are no allegations of CA/N regarding a parent or caregiver and requests are received for services involving commercially sexually exploited children and youth and the request is made by the youth, parent or other community member:
 1. FRS for youth age 13 and older.
 2. FVS for youth under age 13.
 5. **Child and Family Welfare Services (CFWS)** when:

1. Services are requested for a family or child, the request is appropriate and there is service availability. The caregiver, child, community member or other child welfare agency may make a service request.
2. A parent transfers a newborn (birth to 72-hours old) anonymously at a hospital emergency room, fire station or federally designated rural health clinic if open and personnel are present to accept the child. [See Safety of Newborn Children Act \(Safe Haven law\)](#).
6. **Extended Foster Care (EFC)** services when a youth requests services, and assign to where the youth currently resides.
7. **Non-CPS rule infraction** on reports regarding DLR or DEL licensed home or facility that do not contain allegations of CA/N.
8. **IV-E and non IV-E Tribal Placement/Payment Only** on all tribal payment requests, for both open and closed cases, unless it is a modification to an existing payment-only case.
2. Refer all inquiries regarding adoption to a DLR supervisor.
5. **Indian Child Welfare (ICW)**
 1. Make efforts to determine if a child is affiliated with a federally recognized Tribe. See [Washington State Tribes: Tribal Contact and Coordination Guidelines](#) and Tribal Agreements located on the ICW page on the CA intranet.
 2. If a child or family is affiliated with a Washington state federally recognized Tribe:
 1. Attempt collateral contact with the Tribe prior to making a screening decision.
 2. Document the contact or attempts in the ICW tab in the CA Intake.
 3. Follow [Indian Child Welfare Manual Chapter 1](#).
6. **Law Enforcement (LE)**
 1. Consult immediately with the intake supervisor if there is an indication the child may be in present danger and a LE child welfare check may be needed. See [1110. Present Danger](#) policy.
 2. Follow 2570. Mandated Reports to Law Enforcement policy.
7. **Domestic Violence (DV)**
 1. Screen for DV on all intakes by asking the following universal screening questions, “Has any adult used or threatened to use physical force against an adult in the home?” If so, the intake worker must ask, “Who did what to whom?”
 2. Offer DV resource information to the referrer on all screened in or out intakes when DV is identified and the referrer is not familiar with DV resources. Resource information is located at [Washington State Coalition Against Domestic Violence](#) and the [DSHS/CA's DV site](#).
8. **Contracted Provider**
 1. Screen out CPS intakes regarding a contracted provider (not acting as a parent, guardian, or in loco-parentis) that does not have a DLR or DEL license as third party and send the report to LE if an alleged crime has been committed.
 2. Complete a CA Contracts Unit Complaint form (not an intake) when receiving non-CPS complaints regarding a contracted provider that does not have a DLR or DEL license. See Contract Complaint Link on the Contracts Tab on the Intake and CPS page on the CA intranet.

3. Inform the CA headquarters contracts unit manager when made aware of a screened-in CPS intake related to the following persons or their biological family:
 1. A contracted provider who is not licensed or subject to be licensed by DLR or DEL, or
 2. An employee or sub-contractor of the provider.

9. **Alerts and Requests from Other States**

1. Generate an intake when an alert or request is received from another state.
 1. Screen in intakes when the child is in Washington state and there are allegations of CA/N that occurred in Washington state meeting the sufficiency screen or there is imminent risk of serious harm.
 2. Screen out the intake when it is determined that the child is not in Washington State.
2. Screen out intakes with requests for courtesy home walkthroughs or child welfare checks for a child residing in Washington State if there are not allegations of CA/N or imminent risk of harm and refer to appropriate resources (Interstate Compact on the Placement of Children (ICPC) or LE).

10. **After Business Hours, Weekends and State Holidays Intake Response**

1. The intake worker immediately notifies the intake supervisor of an emergent intake (no later than one hour after determining it is emergent).
2. The intake supervisor will contact the after hours supervisor/area administrator for an after hours response when:
 1. A child is in present or impending danger.
 2. A face-to-face cannot be completed during normal business hours.

11. **Additional Requirements**

1. Provide assurance to referrers that CA will make all legal and reasonable efforts to maintain their confidentiality.
2. Inform the referrers the name of any referrer may be disclosed for:
 1. Court proceedings.
 2. Dependency or criminal court proceedings.
 3. Criminal Investigations by LE including malicious reporting.
 4. When the court orders disclosure.
3. Inform the referrer that reports or testimony made in good faith have immunity under [RCW 26.44.060](#).
4. Generate an intake regardless of where the child resides in Washington state.
5. Generate a new intake on an open case when a report is received alleging a new instance of abuse or neglect. If the intake is screened in, the case will be assigned to a CPS caseworker.
6. Identify a minor child as a subject **only** when he or she is the parent of the alleged victim.
7. Generate and screen out an intake when a report is received about a pregnant woman's alleged abuse of substances **and** if there is no CA/N allegation or imminent risk of serious harm regarding children in her care. Substances can include alcohol, marijuana, prescription medications and any drug with abuse potential.
8. Generate a new screened out intake when a CA caseworker receives additional reports of the same CA/N allegations that are already documented in an intake (excluding facility related intakes) and:
 1. Select the reason code option of "Allegation Documented in Previous Intake."
 2. Include the previous intake number in the explanation dialogue box in Decision tab in FamLink.

3. The supervisor must confirm all allegations were previously documented.
9. Complete the following when any child is reported to intake as **Missing from Care (MFC)**.
 1. Notify the assigned caseworker and his or her supervisor of any child MFC. Refer to Intake Practice Guide on the CA intranet for notification details.
 2. Document the notification in a case note.
10. Respond to [inquiry only](#) calls by providing resource information as requested and available. Inquiry calls are not documented in FamLink because there is no CA/N allegation, concern or request for services specific to CA, and do not require screening.
4. Create and document the intake in FamLink on the date and time CA receives the information. Complete the intake according to the following timeframes and intake pathways:
 1. **Four hours:**
 1. Emergent CPS, CPS Risk Only, or DLR/CPS
 2. FRS
 2. **Four business hours** (8:00 a.m. to 5:00 p.m., Monday through Friday)
 1. Non-Emergent Investigation
 2. FAR
 3. Non-Emergent DLR/CPS
 3. **Two business days**
 1. Information Only
 2. Third Party
 3. CFWS
 4. Rule Infraction
 5. ICPC Home Study. See [5602. ICPC](#) policy.
2. The intake supervisor will:
 1. Review all intakes to make a final screening decision and pathway assignment. The final screening decision is based upon information in the intake and FamLink, and critical thinking that balances child safety, risk and mitigating factors.
 2. Restrict intake/case records during the process of documenting an intake and notify his or her area administrator when it is learned:
 1. The subject, victim, or client is an employee or family member of DSHS or DEL.
 2. The case is high profile. High profile cases include those involving a child fatality or near-fatality, reports in the media about events in a new intake, a child in an open case is the subject of an Amber Alert, or a parent or caregiver has been arrested as the suspect of child abuse or neglect in a new intake.
 3. The appointing authority determines it is necessary.
 3. Review the case history and current allegations on all screened out intakes that have the chronicity flag indicated to:
 1. Review and document patterns or history to determine if cumulative harm exists. [RCW 26.44.020 \(16\)](#)
 2. Assess if a call back to the referrer or collateral contact is necessary for additional information to make a final screening decision.
 4. Review FamLink Desktop alerts during his or her shift prior to clearing intakes. If there is an alert on a child identified in the intake, he or she will notify the assigned office immediately.
 5. Document an intake time frame extension in a case note explaining the rationale within seven calendar days of granting the extension. Extensions (not to exceed two hours) are only approved by the intake supervisor to allow intake staff additional time to complete collateral contacts.

Procedures

When completing an intake, the intake worker will follow steps outlined in the Intake Practice Guide located on the Intake page on the CA Intranet.

Forms

- Intake Report DSHS 14-260 located on the Intake and Forms pages on the CA Intranet.

Resources

- [Sexual Development and Behavior in Children](#)
- [Mandated Reporter Toolkit](#)
- The following is located on the CA intranet – Intake and DLR/CPS pages
 - Screening and Assessment Response Policy and Procedures
 - DLR Child Abuse and Neglect Practice Guide
 - DLR CA/N Handbook – Investigating Abuse and Neglect in State-Regulated Care.

2310. Child Protective Services (CPS) Initial Face-To-Face (IFF) Response

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date:

Revised Date: October 19, 2017

Policy Review: October 19, 2021

Purpose

To provide direction to Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR) staff in making initial face-to-face (IFF) contact with a victim or identified child in a Child Protective Services (CPS) response.

Scope

This policy applies to CA staff.

Laws

[RCW 26.44.020](#)

[RCW 74.13.031](#)

Policy

When conducting an IFF contact with the child, the DCFS caseworker, after-hours worker and the DLR/CPS investigator must:

1. Meet in-person with the victim or identified child in the following timeframes from the date and time CA receives the intake
 1. 24-hours for an emergent response.
 2. 72-hours for a non-emergent response.
2. Follow [Chapter 1 Initial Intake Indian Child Welfare \(ICW\) of the ICW Manual](#) policies when there is reason to know that the child is or may be a member, or the biological child of a member and eligible for membership in a federally recognized tribe.
3. During the IFF contact with the child:
 1. The DCFS caseworker, after-hours or the DLR/CPS investigator must:
 1. Assess for present danger and take protective action if present danger is identified.
 2. Observe the physical condition and behaviors of the child.
 3. Follow [6500. Photograph Documentation](#) policy when photographing a child's physical condition or environment to document child abuse or neglect.
 4. Follow [2333. Interviewing a Victim or Identified Child](#) policy when conducting a comprehensive interview.
 2. The DCFS caseworker and after-hours worker must:
 1. Observe the child's living environment, if possible.
 2. Gather relevant and sufficient information to complete the safety assessment within 30 calendar days, and the [Structured Decision Making Risk Assessment \(SDMRA\)](#) within 60 days of receiving the intake.
 3. The DLR investigator must complete a safety assessment of the victim or identified child who is a biological, adoptive, or guardianship child of a DLR/CPS investigation. See Investigating Abuse and Neglect in State-Regulated Care Handbook on the CA intranet.
4. If a child is believed to be at imminent risk of serious harm or there is a new allegation of CA/N, immediately call Intake to report the new information.
5. If there is information about a crime against a child, and the worker believes the child is in present danger, immediately call 911 to make a law enforcement (LE) report per the [Mandated Reports to Law Enforcement](#) policy.
6. Complete the [Commercially Sexually Exploited Child \(CSEC\) Screen DSHS 15-476](#) if the child is suspected or confirmed to be a victim of CSEC.
7. IFF Requirements During Business Hours if Unable to Locate a Victim or Identified Child
 1. If a victim or identified child cannot be located within the 24 or 72-hour timeframes, the DCFS caseworker or the DLR investigator:
 1. Must use the search activities identified in the Guidelines for Reasonable Efforts to Locate Children and/or Parents.
 2. Must consult with the supervisor.
 3. May contact after-hours worker to continue efforts to complete the IFF.
 2. If a parent or provider indicates they don't know where the victim or identified child is located, and hasn't contacted LE to report the child as a runaway or missing, the caseworker or the DLR investigator must complete search activities identified in the Guidelines for Reasonable Efforts to Locate Children and/or Parents and make a report to law enforcement.
 3. If there is a reason to believe a child has moved out-of-state before the IFF is conducted, the DCFS caseworker must contact that state's child welfare agency to report the allegations of CA/N.
8. IFF Requirements During After Hours
 1. The regional administrator or designee must develop protocols for how an after-hours worker responds to and reports the outcome of their case activity to the CPS or DLR/CPS assigned worker, or supervisor.
 2. Present Danger

1. The after-hours worker must immediately report to their supervisor if present danger is identified and protective actions taken.
2. The on-call supervisor or area administrator (AA) shall review and verbally approve the protective action taken by the after-hours worker, and document the protective action and approval in a FamLink case note.
3. The after-hours supervisor will review intakes assigned to the straw to determine if the IFF initial timeframe will expire before the next business day and assess the need to initiate after-hours contact.
4. Emergent intake response includes, but is not limited to:
 1. The Centralized Intake (CI) supervisor contacting the on-call DCFS after-hours field supervisor or AA when an after-hours worker is needed to respond.
 2. The CI supervisor contacting the DLR/CPS on-call supervisor when an after-hours worker is needed for a DLR/CPS case.
If the DLR/CPS on-call supervisor agrees with the emergent screening, and if an extension is not recommended, CI will contact the DCFS after-hours field supervisor or AA to request the after-hours worker response.
 3. The after-hours field supervisor or AA must contact the after-hours worker to coordinate field response and address worker safety.
5. If an emergent intake does not require immediate response by after hours, CI will email the emergent intake to the after-hours field supervisor or AA.
6. If there is conflict regarding a screening decision for an after-hours 24-hour emergent intake, the CI supervisor's decision prevails.
9. Extensions to the IFF are only used if:
 1. Child safety may be compromised if an extension is not granted, and the extension is approved by the AA.
 2. A LE officer requests to delay the IFF contact with the child per the County Child Abuse, Fatality and Criminal Neglect Investigation protocols and the extension is approved by the CA supervisor.
 3. Reasonable efforts were made to locate the child and the child cannot be located within the 24-hour or 72-hour timeframe. If this occurs, the assigned CA supervisor must review the caseworker's efforts to locate the child and approve a new extension every:
 1. Three business days on an emergent intake until the IFF contact occurs.
 2. Five business days on a non-emergent intake until the IFF occurs.
 4. A child was allegedly abused in a licensed facility that does not provide care during the weekend or holiday, and the extension is approved by a DLR/CPS supervisor.
 5. A CPS intake is screened out by an intake supervisor and the assigned field supervisor screens the intake in. The field supervisor must approve the extension no later than 24-hours from the date and time the intake screening decision was changed.
 6. An intake that is screened as non-CPS by the intake supervisor and the DLR/CPS supervisor screens it in as DLR/CPS. The DLR/CPS supervisor must approve the extension no later than 24-hours from the date and time the intake screening decision was changed and document the extension in FamLink using the reason "Referral changed from licensing to DLR/CPS."
 7. The intake was received by an intake worker on the last business day of a work week, and not reviewed by a supervisor until the next business day. The field supervisor receiving the screened-in intake may approve a 24-hour extension from the date and time the intake supervisor made the final screening decision.
10. Exceptions to the IFF are only permitted when approved by the CPS or DLR/CPS supervisor under any one of the following circumstances:
 1. Reasonable efforts to locate the child are exhausted.
 2. The child is deceased.
 3. The child has moved out of state.

4. The allegation involves a facility. The parent of the victim is the legal guardian, and not the subject, and the parent will not give permission for the investigator to interview the child.

11. Documentation

1. Within three calendar days of the IFF, the caseworker or after-hours worker will document in an IFF case note the following information:
 1. The IFF contact or attempted IFF, including date and time of the contact or attempted contact.
 2. If anyone else was present during the contact.
 3. If present danger was identified, any protective action taken.
2. The caseworker will upload all:
 1. Photographs taken into FamLink per the [6500. Photograph Documentation](#) policy.
 2. Audio recordings of child interviews per the [2350. Audio Recording](#) policy.
3. Extension
 1. The assigning caseworker or supervisor must document all extensions within three calendar days of determining the extension applies, and include the following:
 1. The rationale for the extension.
 2. The timeframe for the extension.
 3. The name of the LE officer and agency, if applicable.
 4. The AA approval, if applicable.
 5. The supervisor approval.
 2. Exceptions
 1. The caseworker or supervisor must document in the FamLink extension/exception module, the rationale for the decision, and what reasonable efforts were made to locate the child, if applicable.
 2. The supervisor approval of the extension must be entered into FamLink within three calendar days of determining an exception to the IFF applies.

Resources

- Guidelines for Reasonable Efforts to Locate Children and/or Parents.
- Investigating Abuse and Neglect in State-Regulated Care Handbook.
- [Washington State Tribes: Tribal Contact and Coordination Guidelines](#) See Investigating Abuse and Neglect in State-Regulated Care Handbook located on the CA intranet.

2331. Child Protective Services (CPS) Investigation

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: January 31, 2016

Revised Date: March 31, 2017

Policy Review: March 31, 2020

Purpose

A Children's Administration (CA) Child Protective Services (CPS) or Division of Licensed Resources (DLR) CPS investigation is conducted when an intake is screened in with allegations of child abuse or neglect (CA/N) or a child is believed to be at imminent risk of harm.

Scope

This policy applies to Division of Children and Family Services (DCFS) caseworkers and DLR investigators conducting CPS investigations

Laws

[RCW 26.44.030](#) Reports, Duty and authority to make

[RCW 26.44.100](#) Information about rights, Notification of investigation, report, and findings

[RCW 26.44.185](#) Investigation of child sexual abuse, Revision and expansion of protocols

[RCW 74.13.031](#) Duties of department, Child welfare services

[RCW 74.14B.010](#) Children's services workers, Hiring and training

Policy

1. The regional administrator (RA) or designee must:
 1. Develop CPS guidelines with the military base commander or designee for families living on-post within the region. Guidelines and procedures may include off-post families.
 2. Collaborate with the county prosecutor and CA offices to establish and maintain the county child abuse investigation protocol per [RCW 26.44.185](#).
2. The DLR/CPS supervisor and investigators must follow the CA/N section of the handbook "Investigating Abuse and Neglect in State-Regulated Care" located on the CA intranet.
3. The supervisor of the assigned DCFS caseworker must:
 1. Consult with the area administrator (AA) when there is a disagreement between supervisors about an intake screening decision or a CPS investigation identified for transfer to Family Voluntary Services (FVS).
 2. Assign CPS risk only intakes on an open case to the assigned CPS Family Assessment Response (FAR), CPS investigation, FVS or Child and Family Welfare Services (CFWS) caseworker to complete the CPS investigation; including the initial face-to-face contact with the child, safety, risk and investigative assessments. If the case is co-assigned with CPS investigations, assign the intake to the CPS investigation caseworker.
 3. Conduct [monthly supervisor case reviews](#), review all [safety plans](#) and document the reviews in a case note associated with the case.
 4. Review investigations submitted for approval, confirm the case documentation is complete and document the review in FamLink.
 5. Close the case or transfer the case assignment to FVS or CFWS for ongoing services as applicable.
 6. Review and approve timeframe extensions entered in FamLink for investigations that remain open past 90 calendar days from the date and time of intake due to collaboration with law enforcement or prosecutor and County Child Abuse, Fatality and Criminal Investigation Protocols.
 7. Review CPS cases for a statewide CPS alert through FamLink Help Desk when reasonable efforts to locate the child have been exhausted and either:

1. The child is believed to be in present danger or unsafe.
2. The court has authorized pick-up of the child.
8. If a child is believed to be unsafe and the child's whereabouts out-of-state are known, make a CPS report in that state.
4. The assigned caseworker must complete the following.
 1. Prior to face-to-face contact or investigative interview of a child:
 1. Review the case history, if applicable.
 2. Coordinate with local law enforcement agencies per county child abuse investigation protocol located on the CA intranet, as applicable.
 3. Follow [Indian Child Welfare Chapter 1 Initial Intake Indian Child Welfare \(ICW\)](#) policies when there is reason to believe that the child is or may be a member, or is the biological child of a member and eligible for membership in a federally recognized tribe.
 4. Contact the referrer to ensure that the information in the intake is clear and complete, while maintaining confidentiality of case information with non-mandatory reporters. Case information may only be shared with mandated reporters as long as the information is pertinent to the CPS case.
 5. If the investigation involves a military parent or guardian, notify the Department of Defense Family Advocacy Program, per the military Memorandum of Understanding.
 2. Face-to-Face Contacts and Interviews with Children
 1. Conduct [initial face-to-face \(IFF\)](#) present danger assessment with the victim or identified child within the following timeframes from the date and time CA receives the intake:
 1. 24-hours for an emergent response.
 2. 72-hour for a non-emergent response.
 2. Conduct the investigative [interview](#) with the victim or identified child within ten calendar days from the date and time CA receives the intake if the interview was not already completed during the IFF.
 3. For children who are not a victim or identified child but who reside in the household, make face-to-face contact with each child to assess his or her safety and gather information to complete the safety assessment. The [safety assessment](#) must be completed on all children no later than 30 calendar days from date of intake.
 4. Assess all children in the household for [present danger](#). Take immediate protective action if any child is in present danger.
 5. If a victim, identified child or child residing in the household cannot be located, continue efforts to locate him or her until either the interview or safety assessment occurs or reasonable efforts to locate the child have been exhausted. Follow [2310. IFF](#) policy and see Reasonable Efforts to locate Children or Parents on the CA intranet.
 6. During the investigative interview, follow the [2350. Audio Recording](#) policy for child physical or sexual abuse interviews.
 7. Follow the [6500. Photograph Documentation](#) policy when photographing a child's physical condition or surroundings to document CA/N.
 8. Conduct [monthly health and safety visits with children and parents](#) if the case is open longer than 60 calendar days.
 3. In-Person Interviews of the Child's Parent or Legal Guardian, and Alleged Perpetrators
 1. Notify the child's parents, guardian, or legal custodian:
 1. Of any CA/N allegations made against him or her at the initial point of contact, while maintaining the:
 1. Confidentiality of the person making the allegations.
 2. Safety and protection of the child.
 3. Integrity of the investigation process.
 2. When a child is taken into protective custody.

2. Identify and verify all individuals living in the home and assess for safety threats and risk.
 3. Provide [infant safety education and intervention](#) for all children in the household age birth to one year.
 4. Inquire about the child's possible membership or eligibility for membership in a federally recognized tribe. Follow [Indian Child Welfare Manual Chapter 3 Inquiry and Verification of Child's Indian Status](#).
 5. Conduct a universal domestic violence (DV) screening at key points in a case, i.e., a new intake, case transfer, and re-assessment of safety to identify if DV is present. If DV is identified, follow the 1170. DV policy and ensure all persons (e.g., child, caregivers or alleged perpetrators) are interviewed separately, if possible.
 6. If a parent or legal guardian or subject cannot be located, continue efforts to locate him or her or until either the interview occurs, or reasonable efforts to locate the parent have been exhausted. See Guidelines for Reasonable Efforts to Locate Children or Parents on the CA intranet
4. Safety, Risk and Investigative Assessments
 1. Complete a [safety assessment](#) within 30 calendar days from the date of the intake, and at key decision points in a case.
 2. If a safety threat is identified and cannot be managed with a safety plan, review the case with a supervisor to determine if the child should be placed in out-of-home care.
 3. Complete the [Structured Decision Making Risk Assessment](#) (SDRMA) within 60 calendar days from the date and time CA receives the intake. Services must be offered to family with a high SDMRA score, and may be offered to families with a moderately high score. Ongoing risk assessment continues throughout the life of a case from the initial CPS intake until the case is closed.
 4. Complete the [Investigative Assessment \(IA\)](#) on all investigations within 60 calendar days of date and time CA receives the intake.
 5. Document and submit for supervisor approval, a FamLink timeframe extension for investigations remaining open beyond 90 calendar days from the date and time CA receives the intake due to law enforcement or prosecutor collaboration.
5. Safety Plans
 1. If a safety threat is identified, and can be controlled and managed in the home, complete a [safety plan](#).
 2. Complete a [Plan of Safe Care DSHS 15-491](#) with the family when a newborn is either:
 1. Identified as substance affected by a medical practitioner.
 2. Is born to a dependent youth.
6. Consultations, Evaluations and Referrals
 1. Secure a prompt medical evaluation or treatment for a child:
 1. If indicators of serious CA/N exist.
 2. A child is three or younger with a physical abuse allegation.
 3. The alleged CA/N cannot be reasonably attributed to the explanation and a diagnostic finding would clarify the assessment of risk or determine the need for medical treatment.
 4. If the alleged neglect includes concerns that children are deprived of food, underweight, or are starved.
 2. Contact the Child Protection Medical Consultant in your region when identification or management of CA/N would be facilitated by expert medical consultation.
 3. Seek legal authority for the medical examination if the parent does not comply with the request.
 4. Contact the [Washington Poison Control Center](#) at 1-800-222-1222 if consultation is needed about prescribed or non-prescribed medications.

5. Refer a child or youth with complex behavioral health needs for a Wraparound Intensive Services (WISe) screen per [4542. WISe policy](#).
6. Make a referral to Early Support for Infants and Toddlers (ESIT) services within two business days of identifying a child younger than three years old with a possible developmental delay. To refer:
 1. Contact the Family Resources Coordinator at 1-800-322-2588 or through the [ESIT web site](#).
 2. Inform the child's parents or legal guardian of the ESIT referral, that the services are no cost to the family and:
 1. Voluntary for non-dependent children; and
 2. Mandatory for dependent children.
7. Case Coordination and Collateral Contacts
 1. Complete a criminal history [background check](#) for emergent placement of a child with an unlicensed relative or other suitable person. A criminal [background check](#) may be requested on alleged subjects or adults related to the investigation to assess child and caseworker safety.
 2. Contact law enforcement (LE):
 1. If there is information about a crime that has been committed against a child or vulnerable adult, or the child's welfare is endangered per [2571. Mandated Reports to Law Enforcement](#) policy.
 2. If assistance is needed to:
 1. Assure the safety of a child or staff.
 2. Observe or preserve evidence.
 3. Determine if a child is in need of protective custody.
 4. Enforce a court order.
 5. Assist with the investigation.
 3. Consult with the supervisor if a child is unsafe and LE does not place the child into protective custody.
 4. Interview professionals and other persons who may have knowledge of the child, parent or legal guardian, or the allegations of CA/N including but not limited to:
 1. Non-custodial parents
 2. School personnel
 3. Medical providers
 4. Childcare providers
 5. Relatives
 6. Neighbors
 7. Other adults or children living in the home.
 8. Other individuals identified by the parent or caregiver
 9. Tribal social worker, law enforcement or staff
 5. Seek expert consultation and evaluation of issues that may pose a child safety threat or risk of imminent harm, e.g., housing inspector, health department or other local authority, etc.
8. Investigating Allegations of Serious Physical and Sexual Abuse
 1. Consult with the Child Protection Medical Consultation Network (CP Med-Con) or with a Child Advocacy Center (CAC) physician:
 1. To determine if a child alleged to be sexually abused needs a medical examination.
 2. When there is an allegation of sexual abuse that includes physical injury to the child or the potential for the child to have a sexually transmitted disease.
 3. When the child is seriously injured.
 4. When there is a pattern of injury to a young child because of alleged CA/N.

2. Ensure the physician examining the child is affiliated with the CP Med-Con or with a CAC. If a child is examined or was previously examined by a physician who is not affiliated with the CP Med-Con or a CAC, refer the case to the CP Med-Con or CA physician so he or she is aware of the current allegations, available medical information, previous injuries and indications the child has been abused or neglected in the past.
 3. Place a child in out-of-home care (except when the court has determined the child is safe to remain in the home) when he or she:
 1. Has suffered a serious non-accidental injury and a safety plan separating the child from the alleged perpetrator cannot be developed.
 2. Is a sibling of a child who has been fatally or seriously injured due to abuse or neglect and a safety plan separating the child from the alleged perpetrator cannot be developed.
 3. Has a parent or legal guardian who has been determined to be unwilling or incapable (i.e., due to mental illness or substance abuse) of supervising or protecting the child and an in-home safety plan cannot be developed to assure the supervision/protection of the child.
 4. Has been sexually abused and a safety plan cannot be developed to protect the child from the alleged perpetrator.
 4. When a safety threat is identified and a [safety plan](#) will keep a child safe in the home, the safety plan must include:
 1. Separation of the child from the person who poses the safety threat.
 2. Safety plan participants who can assist in monitoring child safety, will take action to protect the child, and agree to contact the caseworker if the child is in danger. Safety plan participants can include relatives, neighbors, and mandated reporters.
 3. A parent or legal guardian who has the capacity to understand and follow a plan. Promises by parents and caregivers cannot control safety threats.
 4. Regular contact by the caseworker with all safety plan participants.
 5. Prior to allowing contact between the alleged perpetrator and victim:
 1. Consider the psychological harm and physical safety of the child.
 2. Consult with law enforcement, treatment providers and others involved with the family.
 3. Obtain reliable supervision of the contact between the child and the person who poses the safety threat so that the threat is sufficiently monitored.
 4. Obtain supervisor approval.
9. Additional Requirements
1. Follow the [2559. Hospital Hold](#) policy when a child has been placed on a Hospital Hold by a physician or hospital administrator.
 2. Follow the [4536. Sexually Aggressive Youth \(SAY\)](#) policy when investigating SAY intakes.
 3. When any child in an open case is believed to be at imminent risk of serious harm or there is a new allegation of CA/N not included in the original intake, the assigned caseworker must make a report to intake.
 4. Send a False Reporting Letter DSHS 27-070 by certified mail to any person believed to have made a false report of CA/N.
10. Concluding an Investigation
1. Notify all persons named in the intake as alleged perpetrators of the abuse or neglect findings, and his and her rights of review and appeal per [2559B. CPS Investigative Findings Notification](#) policy.
 2. Inform the Washington State federally recognized tribe of the outcome of the investigation when the child meets the definition of an Indian child.

3. The case must remain open when Family Voluntary Services (FVS) and Child and Family Welfare Services (CFWS) are provided, including placement in out-of-home care through a Voluntary Placement Agreement (VPA) or court order.
4. Close the case and submit to the CPS supervisor when:
 1. There is no safety threat or the safety threat has been reduced or eliminated, and the parent or legal guardian has the protective capacity to protect his or her child.
 2. There is continuing risk of CA/N which is not likely to be resolved through treatment efforts when:
 1. Further voluntary services are not available or accepted, and
 2. Court intervention is not necessary or appropriate.
 3. The family is unable to be located following the steps to locate in the “Guidelines for Reasonable Efforts to Locate Children or Parents” on the CA intranet. Complete the exception to the face-to-face contact per the [2310. IFF](#) policy.
5. Submit the completed case documentation to the supervisor for case closure or transfer.

Resources

- [Child's Physical Description DSHS 15-359](#)
- [Understanding the Dependency Process - brochure DSHS 22-1499](#)
- [Washington State Court Forms](#)

Located on CA intranet:

- Military MOU
- Child Custody Transfer DSHS 10-157 located on the CA Intranet
- Child Protection Medical Consultation Network
- Supervisory Review of Cases
- [Using Child Safety as the Basis for Case Closing - article](#)

2332. Child Protective Services Family Assessment Response

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: January 1, 2014

Revised Date: October 19, 2017

Policy Review: October 1, 2020

Purpose Statement

Family Assessment Response (FAR) is a Child Protective Services (CPS) alternative response to an investigation of a screened-in allegation of child abuse or neglect. FAR focuses on child safety along with the integrity and preservation of the family when lower risk allegations of child maltreatment have been reported.

Scope

This policy applies to Division of Children and Family Services (DCFS) staff.

Laws

[RCW 26.44.010](#) Declaration or Purpose

[RCW 26.44.020](#) Definitions

[RCW 26.44.030](#) Reports, Duty and Authority, Duty of Receiving Agency, Duty to Notify, Case Planning and Consultation, Penalty for Unauthorized Exchange of Information, Filing Dependency Petitions, Investigations, Interviews of Children, Records, and Risk Assessment Process

[RCW 26.44.031](#) Records, Maintenance and Disclosure, Destruction of Screened-Out, Unfounded, or Inconclusive Reports, Rules and Proceedings for Enforcement

[RCW 26.44.170](#) Alleged child abuse or neglect, Use of alcohol or controlled substances as contributing factor, Evaluation

[RCW 26.44.195](#) Negligent treatment or maltreatment, Offer of services, Evidence of substance abuse, In-home services, Initiation of dependency proceedings

[RCW 26.44.260](#) Family Assessment Response

[RCW 26.44.270](#) Family Assessment and Recommendation of Services

[RCW 26.44.272](#) Family Assessment, Assessment for Child Safety and Well-being, Referral to Preschool, Child Care, or Early Learning Programs and Communicating with and Assisting Families

[RCW 74.13.020](#) Definitions

[RCW 74.13.031](#) Duties of Department, Child Welfare Services and Children's Services Advisory Committee

Policy

1. Make initial contact with the parent or caregivers to schedule an appointment to meet with the family to provide them with written information regarding FAR.
2. **Safety Assessment**
 1. All identified child victims in the home must be assessed for child safety within [72 hours](#) of receipt of the intake.
 2. All children in the home not identified as victims must be seen face-to-face prior to the completion of the [Safety Assessment](#).
 3. A [safety plan](#) with the family must be completed when safety threat(s) are identified and can be controlled with a plan.
 4. When the child's safety cannot be managed with a [safety plan](#), the child will be placed out-of-home by a Voluntary Placement Agreement, law enforcement or court order.
3. **Family Assessment**
 1. Comprehensive information about the family must be gathered to assess child safety and the family's needs and strengths. Follow the [Photograph Documentation policy 6500](#) if photographs of children or the home environment are needed.
 2. A case plan must be developed with the family to reduce the risk of harm to the children when:
 1. The family assessment indicates services are needed; and
 2. The family agrees to services.

3. Tribes will be included in case planning if the child is determined by the tribe to be a member or the biological child of a member and eligible for membership per [Chapter 3 Inquiry and Verification of Child's Indian Status of the Indian Child Welfare Manual \(ICW\)](#).
 4. A meeting with the family must be conducted if they refuse to participate in identified services.
 5. All identified children, parents and out-of-home caregiver must receive monthly [health and safety visits](#) for cases open longer than 60 days.
 6. All risk only intakes screened-in on an open FAR case will have a completed [CPS investigation](#) by the FAR caseworker.
4. **Case Closure**
1. The case must be closed within 45 days from the date the intake was received.
 2. The FAR case may remain open an additional 45 days to allow for service delivery (paid or unpaid) with parent or caregiver's consent.
 3. The case cannot be open more than 90 days per [RCW 26.44.030 \(13\)](#).
5. **Case Transfer and Assignment**
1. A FAR case will be transferred to CPS investigation if:
 1. There is indication of severe maltreatment or abuse by a parent or caregiver.
 2. The parent or caregiver declines to participate in the FAR program.
 3. The parent or caregiver refuses to allow the FAR caseworker to complete an [IFF](#) or interview the identified children.
 2. Cases will be staffed with the supervisor to determine if the case will transfer or a dependency petition will be filed when:
 1. [Present danger](#) cannot be controlled with a protective action plan.
 2. The child's safety cannot be managed with a [safety plan](#).
 3. A FAR case will be transferred to Child and Family Welfare Services (CFWS) if a dependency petition is filed.

Procedures

1. **The FAR supervisor will review the intake and:**
 1. Discuss the intake with the CPS investigation supervisor if the pathway should be changed to CPS investigation.
 2. Resolve disagreements regarding the pathway with the area administrator (AA).
 3. Discuss with the FAR caseworker whether the child's safety or the integrity of the assessment would be compromised if the parents were notified prior to the completion of the IFF.
2. **Initial Contact with the parents or caregivers and children**
The FAR caseworker will:
 1. Contact parents or caregivers by phone when possible to:
 1. Inform the parents a FAR referral has been made regarding their children.
 2. Arrange an initial meeting. Unannounced home visits may occur but only when efforts to contact the parents have been unsuccessful or the safety of the child will be compromised.
 3. Explain the FAR and investigation pathways and inform the parents or caregivers of:
 1. Their rights under FAR;
 2. Their options to participate or decline to participate in FAR; and
 3. CA options if they do not agree to participate in services offered in FAR.
 4. Ask if the parent or caregiver agrees or disagrees to participate in FAR.
 5. Discuss the IFF requirements with parents or caregivers and collaborate with them to conduct the IFF within 72 hours.
 2. If the parent declines or interfere with the IFF and safety assessment of the child:
 1. Staff the case with the FAR and investigation supervisors to transfer the case to CPS investigation. If the IFF has not yet been completed, the FAR and investigation

supervisors will determine who will be responsible for the IFF and if an extension is necessary.

2. Transfer the case to CPS investigation.

3. **Assessment of Family**

The FAR caseworker will:

1. Assess for [present danger](#) on all children in the home and document in a case note.
2. Take immediate protective action if a child is in [present danger](#).
3. Gather comprehensive information to complete the FAR Family Assessment (FARFA) including:
 1. [Safety Assessment/safety plan](#)
 2. [SDM Risk Assessment](#)
 3. [Case planning](#)
4. Determine whether it is probable that the use of substances, including alcohol, marijuana, and/or prescription medications, contributed to the alleged abuse or neglect.
5. Partner with the family to identify collateral contacts to speak with regarding the family's circumstances and the safety of the children.
6. Complete an [Investigative Assessment](#) for all risk only intakes received on an open FAR case.
7. Assess for child safety and child well-being when collaborating with a family to determine the need for childcare, preschool, or home visiting services for non-school-age children.
8. Complete the [Commercially Sexually Exploited Child \(CSEC\) Screening Tool DSHS 15-476](#) when there is suspicion, indication or confirmation that a child or youth may be a victim of commercial sexual exploitation.
9. Inquire about the child's possible membership or eligibility for membership in a federally recognized tribe.
 1. Follow ICW Manual Chapter 3.0 Inquiry and Verification of Child's Indian Status.
 2. If a child is a member or eligible for membership with a Washington state Tribe, contact the tribe to:
 1. Determine the tribe's level of involvement.
 2. Identify any tribal services and resources available to the family.
 3. Review and follow any [Memorandum of Understanding](#) for Washington state tribes for families residing on or off a reservation.
10. Report any new allegation of CA/N identified during the assessment, following mandatory reporting requirements.
11. The FARFA must be completed upon case closure, no later than 90 days from intake.

4. **Identify and Provide Services and Community Resources**

The FAR caseworker will:

1. Develop a [case plan](#) with the family when the family assessment identifies a need for services or community resources. This includes:
 1. Referring a child to:
 1. Early Support for Infants and Toddlers (ESIT) services within two business days of identifying a child younger than three years old with a possible developmental delay. To refer:
 1. Contact the Family Resources Coordinator at 1-800-322-2588 or through the [ESIT web site](#).
 2. Inform the child's parents or legal guardian of the ESIT referral and that the services are no cost to the family and:
 1. Voluntary for non-dependent children; and
 2. Mandatory for dependent children.
 2. Preschool, licensed childcare for non-school-aged children or home visiting services to programs enrolled in the Department of Early Learning (DEL) Early Achievers Program. The programs must rate a level 3, 4, or 5 in the Early Achievers Program unless:

1. The family lives in an area with no programs that rate 3 or higher in the Early Achievers Program (or if all the childcare programs that meet this requirement are full);
 2. The program is not able to meet the needs of the child; or
 3. The child is already attending a program and the parents or caregivers do not wish to change programs.
 3. A [Designated mental health provider](#) if the child or youth has complex behavioral health needs for a Wraparound Intensive Services (WISe) screen per [4542. WISe policy](#).
 2. Providing [concrete goods](#) and supports that strengthen the family's ability to safely care for and meet their children's needs. Concrete goods must be directly related to the issues of safety and risk identified in the assessment.
 2. Conduct a meeting when the family declines services and the [Safety Assessment](#) indicates:
 1. The child is **unsafe**. Complete a Family Team Decision Making meeting to determine if:
 1. An in-home safety plan can be implemented.
 2. A safety plan cannot be implemented and out-of-home placement is necessary to ensure the child's safety
 2. The child is **safe**. Meet with the family to discuss how the family's participation in services offered can address issues identified in the assessment as opposed to closing the case with no services provided.
- 5. Case Transfer and Assignment**
The FAR caseworker will:
1. Complete case documentation and the FARFA within five calendar days of the decision to transfer.
 2. Staff case with FAR and investigation supervisors to determine how the intake will be assigned when a new intake screens in for:
 1. FAR and the case is open to an investigation caseworker.
 2. Investigation and the case is open to FAR caseworker.
- 6. Case Closure:**
The FAR caseworker will:
1. Close the case when the family is not in need of services and there is no present danger or identified safety threat.
 2. Send the family the [FAR Closing Letter DSHS 10-498](#) no later than five days after the supervisor approves case closure.
 3. Close the case if unable to locate the family and the Guidelines for Reasonable Efforts to Locate Children and/or Parents has been followed and efforts documented.
- 7. Documentation**
The FAR caseworker will:
1. Document in a FamLink case note:
 1. Parents were provided information about the FAR and investigations pathway.
 2. Parents were provided with the [FAR Brochure DSHS 22-1534](#).
 3. Parent's verbal decision to participate in:
 1. The FAR pathway
 2. Services more than 45 days from when the case opened.
 4. Any discussions with parents regarding child care or early learning services, if appropriate.
 2. Document in FamLink:
 1. Reasons for changing the intake screening decision on the Intake Decision tab.
 2. An approved IFF extension.

Resources

[Indian Child Welfare Manual](#)

Guidelines for Reasonable Efforts to Locate Children and/or Parents (available on the CA intranet)

[Protective Action Plan Guide](#)

2333. Interviewing a Victim or Identified Child

Approval: Jennifer Strus, Assistant Secretary

Original Date:

Revised Date: March 31, 2017

Policy Review: March 31, 2021

Purpose

To provide direction to Division of Children and Family Services caseworkers and Division of Licensed Resources investigators when interviewing a victim or identified child who has been allegedly abused or neglected or is at imminent risk.

Scope

This policy applies to CA staff.

Laws

[RCW 74.14B.010](#)

[RCW 26.44.030](#)

Policy

1. Before conducting interviews and assessments of children alleged to have been seriously physically or sexually abused, the Division of Children and Family Services (DCFS) caseworker or Division of Licensed Resources /Child Protective Services (DLR/CPS) investigator must complete the specialized training per [RCW 74.14B.010](#).
2. When conducting interviews, the DCFS caseworker or DLR/CPS investigator must:
 1. Make an initial face-to-face (IFF) present danger assessment with the victim or identified child per the [2310. IFF](#) policy. The IFF is required within the following timeframes from the date and time Children's Administration (CA) receives the intake:

1. 24-hour emergent response.
 2. 72-hour non-emergent response.
 2. Conduct a comprehensive interview with every victim or identified child who has the ability to communicate within ten calendar days from the date and time the intake is received if not already completed at the IFF.
 3. Complete a face-to-face present danger assessment of children who are **not** a victim or identified child in the intake although are related to the household. Gather information to complete the safety assessment.
 4. Assess if [present danger](#) exists during any contact with a child to determine if an immediate, significant and clearly observable behavior or situation is actively occurring and is threatening or dangerous to a child. Take immediate protective action if a child is in present danger.
 5. Follow the Washington State federally recognized tribe's [Memorandum of Understanding](#), if applicable, when interviewing a child who may be affiliated with a federally recognized tribe.
 6. When a child cannot be located and reasonable efforts have been exhausted, or face-to-face contact cannot occur, consult with the supervisor and follow the [IFF](#) policy.
3. Prior to the interview
1. The DCFS caseworker conducting the investigative interview or DLR/CPS investigator must interview the child outside the presence of his or her parent, caregiver, alleged perpetrator and sibling or other children living in the household. The interview may be conducted at a school, child care facility, child's home, etc. CA staff cannot transport children for an interview unless the child has been placed in protective custody by law enforcement first or the court has ordered shelter care or the child is dependent.
 2. Parent or Legal Guardian Permission
 1. The FAR caseworker must obtain the parent's permission prior to the IFF and interview unless the child's safety or the integrity of the assessment would be compromised if the parent was notified prior to the completion of the IFF.
 2. The DLR/CPS investigator must obtain the parent's permission prior to the IFF and interview if the child is not in CA care and custody.
 3. Additional requirements
The DCFS caseworker or DLR/CPS investigator will
 1. Review all the allegations, CA/N history and available information to prepare for the IFF and interview.
 2. Coordinate interviews of physical abuse, sex abuse or criminal neglect of a child per the county child abuse investigation protocol located on the CA intranet. Protocols may authorize an interview of the child by law enforcement, a child advocacy center, another agency or forensic interviewer.
 3. Conduct the interview in a neutral environment, e.g., school, child care, whenever possible.
 4. Refer to [Operations 4320. Limited English Proficiency \(LEP\)](#) policy when working with a child with LEP. If the caseworker is bilingual and has passed the required DSHS Bilingual Skills Test(s)/Assessment, he or she may conduct the child abuse interview in the child's language per DSHS Administrative Policy 18.82 located on the DSHS intranet.
4. During the interview
- The DCFS caseworker or DLR/CPS investigator must:
1. Avoid saying or doing anything that could be construed as leading or influencing the child.
 2. Make reasonable efforts to [audio record](#) child interviews when there is:
 1. A CPS investigation involving allegations of physical or sexual abuse.
 2. A CPS family assessment involving a physical abuse allegation, and the child is being interviewed without his or her parent present due to concerns that the safety of the child will be compromised if the parent is present.

3. Use near verbatim documentation if a child physical or sexual abuse interview is not being audio recorded.
3. Gather relevant and sufficient information; including observations of the child's appearance and non-verbal communication, to complete the [safety](#) and [risk](#) assessments to determine:
 1. If there are safety threats.
 2. How the child and family are functioning.
 3. Level of risk to the child in his or her environment.
4. To ensure that the interviews are voluntary, complete the following:
 1. Ask the child during the introduction, if he or she agrees to the interview.
 2. Ask the child if he or she wants another adult present during the interview. Make reasonable efforts to accommodate the child's wishes if he or she indicates yes.
 3. Make a reasonable effort to have the interview observed by another adult so long as the child does not object and the presence of the other adult will not intrude in the interview or jeopardize the investigation.
 4. Ask the child, during the interview, if it is okay to continue or if he or she wants a break. This can be done if the child appears uncomfortable during the interview, or at any time.
5. Follow [6500. Photograph Documentation](#) policy when photographing a child's physical condition to document child abuse or neglect.
5. After the interview
The CA caseworker or DLR/CPS investigator must:
 1. Notify the parent of the interview at the earliest possible point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation.
 2. Document the interview, including the child's appearance and non-verbal communication, in FamLink within three calendar days of the completion of the interview. If the interview is documented in near-verbatim, document the interview within fifteen calendar days of the completion of the interview.
 3. Follow the [2350. Audio Recording](#) policy when documenting the interview and ensure the information is in FamLink within ten calendar days of the completion of the interview.
 4. When any child on an open case is believed to be at imminent risk of serious harm or there is a new allegation of child abuse or neglect, the assigned caseworker must make a report to intake.
 5. If during the child interview, there is information about a crime against a child and the caseworker believes the child is in danger, the caseworker must call 911 and make a law enforcement report. If the child is not believed to be in danger, the caseworker will make a report to intake.
6. The supervisor must confirm:
 1. All child victims or identified children were interviewed.
 2. Allegations of child abuse and neglect were addressed.
 3. Children who are not a victim or identified child who are related to the household, had a face-to-face present danger assessment before the safety assessment was completed.
 4. Child interviews and contacts were documented in FamLink.

Resources

- [Child's Physical Description DSHS 15-359](#)
- [Safety Assessment DSHS 15-258](#)
- [Safety Plan DSHS 15-259](#)
- Structured Decision Making Risk Assessment on the CA intranet.
- DLR Risk Matrix on the CA intranet.

2334. Interviewing Subjects or Family Assessment Response Participants

Approval: Jennifer Strus, Assistant Secretary

Original Date:

Revised Date: March 31, 2017

Policy Review: March 31, 2021

Purpose

To provide direction for Children's Administration (CA) caseworkers in interviewing Child Protective Services (CPS) investigation subjects or Family Assessment Response (FAR) participants who have allegedly abused or neglected a child.

Scope

This policy applies to CA staff.

Laws

[RCW 26.44.030](#) Reports -- Duty and authority to make -- Duty of receiving agency -- Duty to notify -- Case planning and consultation -- Penalty for unauthorized exchange of information -- Filing dependency petitions -- Investigations -- Interviews of children -- Records -- Risk assessment process

Policy

1. The CA caseworker or Division of Licensed Resources/Child Protective Services (DLR/CPS) investigator must:
 1. Conduct individual and face-to-face interviews of each subject or FAR participant. If he or she refuses to be interviewed, consult with the supervisor and document in FamLink.
 2. If the subject or FAR participant cannot be located, continue efforts to locate until:
 1. The interview occurs, or
 2. Reasonable efforts to locate have been exhausted. See Guidelines for Reasonable Efforts to Locate Children or Parents on the CA intranet.
 3. Follow the Washington State federally recognized tribe's [Memorandum of Understanding](#) when interviewing a subject or FAR participant who is affiliated with a federally-recognized tribe.
 4. Prior to the interview
 1. Review all the allegations, child abuse or neglect (CA/N) history and available information to prepare for the interview and ensure all the allegations are fully investigated or assessed.
 2. Coordinate interviews of physical abuse, sexual abuse or criminal neglect of a child with law enforcement or another forensic interviewing specialist per county child abuse investigation protocols.

3. Refer to [Limited English Proficiency \(LEP\)](#) policy when working with a subject or FAR participant with LEP. If the caseworker is bilingual and has passed the required DSHS Bilingual Skills Test(s)/Assessment, he or she may conduct the child abuse interview in the child's language per DSHS Administrative Policy 18.82 located on the DSHS intranet.
 4. If [domestic violence \(DV\)](#) is alleged or suspected, conduct separate interviews of the subject, parent, caregiver, each child in the household and witness, if applicable.
 5. The DLR/CPS investigator must also:
 1. Interview subjects separately.
 2. Notify foster parents about the Foster Intervention Retention and Support Team (FIRST) program.
 6. If a parent or caregiver requests to audio or video record a meeting, inform the parent that CA staff does not consent to audio or video recording of meetings or discussions. Discontinue the meeting or conversation if the parent refuses to cooperate. If a meeting is discontinued, inform the supervisor immediately and document in FamLink.
5. During the interview
 1. Inform the subject or FAR participant of all CA/N allegations at the initial contact except when child safety may be jeopardized. Maintain the confidentiality of the referrer.
 2. Provide information about the subject's rights, including a right to respond to the allegations.
 3. Gather relevant and sufficient information to assess present danger, and complete the safety and risk assessments to determine:
 1. If there are safety threats.
 2. How the child and family are functioning.
 3. Level of risk to the child in his or her environment.
 4. The subject or FAR participant's accessibility to the child.
 4. Conduct universal DV screening per the [DV policy](#), and document the information in FamLink.
 5. Additional requirements
 1. A caseworker must follow the [Indian Child Welfare Manual Chapter 3. Inquiry and Verification of Child's Indian Status](#)
 2. The [FAR](#) worker must also:
 1. Explain the FAR pathway.
 2. Review and upload signed FAR agreement in FamLink.
 3. The CPS or DLR/CPS investigator must also provide information about making and appealing [investigation findings](#).
 6. After the interview
 1. Document the interview, including whether the subject or FAR participant was unavailable or unwilling to be interviewed, by either:
 1. Near verbatim documentation any time an alleged perpetrator makes statements regarding the alleged serious physical or sexual abuse. Information that does not include discussion of the allegations may be summarized.
 2. Upload in FamLink a copy of any near verbatim documentation obtained by a law enforcement officer.
 2. Obtain permission from the parent, legal guardian, or caregiver before taking a photograph of his or her home or items inside the home. Caseworkers may take photographs of conditions or items outside the home and in public view without permission. See [Photograph Documentation](#) policy.
 3. Make a report to intake when any child on an open case is believed to be at imminent risk of serious harm or there is a new allegation of child abuse or neglect (CA/N).

4. If during the subject interview, the subject or FAR participant provides information about a crime against a child or a vulnerable adult and the caseworker believes the child or vulnerable adult is in danger, the caseworker must call 911 and make a law enforcement report. If the child or vulnerable adult is not believed to be in danger, the caseworker will make a report to intake or Adult Protective Services.
2. The supervisor must confirm all alleged subjects or FAR participants were interviewed, and the allegations of CA/N were addressed and documented in FamLink. If the subject or FAR participant was not interviewed, ensure the case documentation includes the reason why the interview did not occur and efforts to locate, if applicable.

Forms

- [Indian Identity Request form DSHS 09-761](#)
- [Safety Plan DSHS 15-259](#)
- [Plan of Safe Care form DSHS 15-491](#)

On the CA intranet:

- Notification to Parents form DSHS 16-219
- CPS Temporary Custody Notification form DSHS 09-731
- Consent form DSHS 09-412
- Background Check Authorization DSHS 09-653

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

1. On all DLR/CPS intakes alleging the biological or adoptive child of a licensee is the victim of CA/N in which the child is not placed in out-of-home care, the assigned DLR/CPS Investigator will complete a Safety Assessment within 30 calendar days. The Safety Assessment may be documented directly in FamLink per [Safety Section policy](#).
2. Once the assigned DLR/CPS investigator has completed a Safety Assessment and Safety Plan, and has determined that there is a need for monitoring of the Safety Plan and/or provision of services, the DLR/CPS Supervisor shall contact the appropriate DCFS Supervisor.
 1. The Supervisor will ensure that the appropriate DCFS case assignment will occur to provide monitoring of the Safety Plan and/or provision of services.
 2. In the event of disagreement between the DLR/CPS Supervisor and the DCFS Supervisor, the matter will be immediately referred up the chain of command for resolution.
 3. As with any case transfer, appropriate staffings will occur to ensure the transition of services to the family.
3. When DCFS staff assume responsibility for the case, DCFS also assumes responsibility for making ongoing decisions about the safety of the child and/or provision of services. DCFS and DLR will utilize joint staffings and shared decision making whenever appropriate, especially if the license remains active. DLR completes the investigation of the allegation.

2350. Audio Recording

Approval: Jennifer Strus, Assistant Secretary

Original Date: April 1, 2004

Revised Date: March 31, 2017

Policy Review: March 31, 2020

Purpose

To provide guidance to staff on recording and retaining child interviews and retention of voicemail messages for evidentiary purposes. This policy also provides the agency response when parents or others want to record discussions or meetings with Children's Administration (CA) staff.

Scope

This policy applies to CA staff.

Laws

[RCW 13.50.010](#) Definitions—Conditions when filing petition or information—Duties to maintain accurate records and access—Confidential child welfare records.

[RCW 26.44.035](#) Response to complaint by more than one agency-Procedure- Written records.

[RCW 26.44.180](#) Investigation of child sexual abuse—Protocols—Documentation of agencies' roles.

[RCW 26.44.185](#) Investigation of child sexual abuse-Revision and expansion of protocols-Child fatality, child physical abuse, and criminal child neglect cases.

[RCW 70.125.030](#) Definitions.

[RCW 74.14B.010](#) Children's services workers-Hiring and training.

Policy

1. Audio Recording of Child Physical Abuse or Sexual Abuse Interviews

The CA caseworker must:

1. Successfully complete specialized training which meets the [RCW 74.14B.010](#) requirements for conducting interviews with children who are allegedly physically or sexually abused.
2. Follow local law enforcement protocol when a child abuse interview is conducted by law enforcement, a child advocacy center, another agency or forensic interviewer. If CA staff are present during a child abuse interview conducted by another agency or individual pursuant to a local protocol, CA equipment may be used to make an audio recording of the interview if local protocol permits.
3. Follow [2333. Interviewing a Victim and Identified Child Interview](#) policy.
4. Make reasonable efforts to audio record child interviews when there is:
 1. A child protective services (CPS) investigation of physical or sexual abuse allegations.
 2. A CPS Family Assessment Response (FAR) to a physical abuse allegation, and the child is being interviewed without his or her parent present due to concerns that child safety would be compromised if the child's parent is present.

5. Use near verbatim documentation when conducting the interview and audio recording is not possible or appropriate due to any of following:
 1. The child:
 1. Is too young or developmentally unable to verbally communicate.
 2. Refuses to participate if the interview is audio recorded.
 3. Demonstrates emotional distress or discomfort about being audio recorded.
 2. The joint CPS/law enforcement investigation team agrees it is not appropriate.
 3. Another agency is conducting and documenting the interview. CA will request a copy of the interview.
6. Prior to the interview:
 1. If the child interview takes place after the initial face-to-face and child safety will not be compromised, ask the parent or legal guardian for permission before conducting the child interview.
 2. If the parent or legal guardian allows the interview, seek permission to audio record the interview. If the parent refuses, document the interview as nearly verbatim as possible.
 3. Permission from the parent or legal custodian to the interview is not necessary when the child has been placed in protective custody or is in the care and custody of CA.
 4. Follow local office procedures to request a qualified interpreter when audio recording a child abuse interview in a language other than English. If the caseworker is bilingual and has passed the required DSHS Bilingual Skills Test(s)/Assessment, he or she may conduct the child abuse interview in the child's language per DSHS Administrative Policy 18.82 located on the DSHS intranet.
 5. Obtain the child's verbal consent to audio record if the child is developmentally able to consent. If the child refuses to be audio recorded, use near verbatim documentation.
7. During the audio recorded interview
 1. Begin the interview by recording:
 1. Your name and role.
 2. Date, time and location of the interview
 3. Child's name
 4. Verbal consent from the child, and permission to audio record.
 5. Whether the child wants a third party present. If so, record the name and position of the third party.
 2. Re-ask the child during the interview if it's okay to continue talking or if the child wants a break.
 3. Record the name and role of anyone entering or exiting the room, and the time the interview is concluded. Once the child leaves the room, also record observations of the child's emotional and physical state during the interview process.
8. After the Interview
 1. Store all CA audio recordings, and audio recordings provided to CA from law enforcement or a contracted provider in the case file or, when compatible, upload into FamLink. Summarize the contents of the audio recording in a case note. Document as applicable:
 1. The name of the interviewer.
 2. The name of the agency providing the copy of the recording.
 3. Date of the interview.
 4. Attendees present for the interview.
 5. Location of the interview.
 6. Child's disclosure or nondisclosure in regards to allegation of CA/N
 2. Follow office procedures in requesting a transcription of the audio recording when any of the following conditions apply:
 1. A child discloses child abuse or neglect during an interview.
 2. A dependency proceeding is commenced or in process.

3. A law enforcement agency, including a Prosecuting Attorney, requests a transcript.
4. An individual having a legal right to do so requests disclosure of file materials.
5. An interview is part of a Division of Licensed Resources (DLR-CPS) investigation and there is a founded finding.
3. Document near verbatim interviews in FamLink and include questions establishing a voluntary interview and the child's responses, including:
 1. The child's permission for the interview.
 2. If the child wanted a third-party present.
 3. Who was present for the interview.
 4. Where the interview occurred.
 5. The child's emotional and physical state during the interview process.
2. If a parent or caregiver requests to audio or video record a meeting, inform the parent that CA staff do not consent to audio or video recording of meetings or discussions. Discontinue the meeting or conversation if the parent refuses to cooperate. If a meeting is discontinued, inform the supervisor immediately.
3. If retaining a voicemail from a parent or caregiver for evidentiary purposes, complete the following:
 1. Retain the entire message. Do not make any edits or alterations and upload into FamLink. For help, contact HELP300@DSHS.WA.GOV.
 2. If audio recording of voicemail is not possible, use near verbatim documentation of the entire voicemail message.

Resources

Located on the CA intranet

- The Quick Reference Guide to Audio Recording CPS Child Interviews
- Interview Protocols
- Child Abuse Interviewing and Assessment Alliance Training
- Law Enforcement Protocols by office

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

Purpose

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

Policy

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

- Photograph
- Height & Weight

Update photographs and height and weight information as follows:

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

Procedure

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

Social Worker Documentation

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

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

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

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

2440. CPS Service Delivery

Approval: Jennifer Strus, Assistant Secretary

Original Date: March 31, 2017

Policy Review: March 31, 2020

Purpose

Provide guidance for Child Protective Services (CPS) investigation caseworkers to determine if voluntary services are needed and whether services will be delivered by the CPS caseworker or Family Voluntary Services (FVS) caseworker. Services are directed at eliminating safety threats, preventing placement, reducing risk and increasing the parent's protective capacities to assure the child's safety and well-being.

Laws

[RCW 26.44.180](#) Investigation of child sexual abuse -- Protocols -- Documentation of agencies' roles.

Policy

1. The CPS investigation caseworker must:
 1. Determine if voluntary services are necessary and in the child's best interest when there is an identified safety threat on the [Safety Assessment](#) or a moderate high or high risk score on the [Structured Decision Making Risk Assessment \(SDMRA\)](#) by completing all of the following:
 1. Consult with a CPS supervisor and review the following information:
 1. Safety Assessment
 2. Initial interviews
 3. Case history
 4. SDMRA
 2. Consider the following factors:
 1. Identified safety threats.
 2. Existing protective factors within the family and their support system.
 3. Level of family crisis.
 4. Family's ability and willingness to engage in services and achieve their goals within the time period specified.
 5. Services that will help maintain or restore a safe, stable family environment.
 6. Whether safety and protection of the child does not appear to require court intervention.
 2. If voluntary services are expected to last less than 60 calendar days from the intake date and the case is not transferred to FVS, complete the following:
 1. Initiate referrals to service providers or community resources at any time during the investigation when brief services are expected to be completed within sixty days.
Examples include:
 1. Removal of health and safety hazards from the home or minor repairs.
 2. The family will benefit from additional resources, e.g., childcare, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), bus pass, public health nurse, First Steps, Women, Infant and Children (WIC), Domestic Violence programs, Early Support for Infants and Toddlers (ESIT), or family planning.
 2. Coordinate with family members and community partners when recommending services.
 3. Complete a new safety assessment at key decision points per CA [Safety Assessment](#) policy.
 4. Ensure services paid by CA are completed within the investigation timeframe of 60 days unless there is an extension resulting from law enforcement request per [RCW 26.44.185](#).
 3. If the case will transfer to [FVS](#), initiate referrals to service providers or community resources and work with the CPS supervisor to:
 1. End the CPS assignment if the investigation is complete.
 2. Co-assign the case if the investigation is not complete.
 4. Consult with the CPS supervisor to determine if court intervention is needed if a family declines services, and any of the following exists:
 1. Safety threats exist and cannot be managed or controlled in the home.
 2. There is a moderate high or high risk score on the SDMRA.
 3. Reasonable efforts have not increased the parent's protective capacities.
 5. If a child's safety cannot be managed or controlled in the home:
 1. Initiate a [Voluntary Placement Agreement \(VPA\)](#) when the child is anticipated to safely return to his or her parent within 90 days.
 2. Initiate court intervention if the child is not anticipated to return to his or her parent within 90 days.
2. The CPS supervisor must:

1. Collaborate with the FVS supervisor when it is determined that FVS is appropriate, and a FVS caseworker is assigned.
2. Consult with the area administrator (AA) when there is a disagreement about a CPS investigation identified for FVS.
3. Document in a supervisory case note his or her review of the completed investigation, and transfer to FVS.

2540. Investigative Assessment

Policy

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

1. A complete Investigative Assessment will contain the following information:
 1. A narrative description of:
 1. History of CA/N (prior to the current allegations, includes victimization of any child in the family and the injuries, dangerous acts, neglectful conditions, sexual abuse and extent of developmental/emotional harm).
 2. Description of the most recent CA/N (including severity, frequency and effects on child).
 3. Protective factors and family strengths.
 2. Structured Decision Making Risk Assessment (SDMRA) tool.
 3. Documentation that a determination has been made as to whether it is probable that the use of alcohol or controlled substances is a contributing factor to the alleged abuse or neglect.
 4. Disposition; e.g., a description of DCFS case status.
 5. Documentation of Findings regarding alleged abuse or neglect. Findings will be based on CA/N codes designated in the intake according to the following definitions:
 1. Founded means: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect did occur as defined in WAC 388-15-009.
 2. Unfounded means: The determination following an investigation by CPS that, based on available information, it is more likely than not that child abuse or neglect did not occur or there is insufficient evidence for the department to determine whether the alleged child abuse did or did not occur as defined in WAC 388-15-009. RCW 26.44.020
 3. If a court in a civil or criminal proceeding, considering the same facts or circumstances contained in the CA case being investigated, makes a judicial finding by a preponderance of the evidence or higher that the subject of the pending investigation has abused or neglected the child, CA shall adopt the finding in its investigation.
 4. When a criminal or civil finding differs from an unfounded finding on a completed investigation or closed case, CA will, upon request, consider the changing the CA/N finding to founded.

Procedure

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

1. Compare the court case with the department case to ensure the same facts are considered.
2. Discuss the judicial findings with the CPS supervisor and Area Administrator to determine if the CA findings should be changed.

3. Send a new CPS Founded letter and follow regular CAPTA procedures, if it is determined the findings should be changed.
5. When a third founded finding is made involving the same child or family within the previous 12 months, CA must promptly notify the Office of the Ombudsman of the contents of the report and disposition of the investigation.

2541. Structured Decision Making Risk Assessment®(SDMRA)

Purpose Statement

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

Laws

[RCW 26.44.030](#)

[Executive Order 12-04](#)

Policy

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

Procedures

1. Complete the SDMRA no longer than **60** days after the intake was received and following the Safety Assessment and prior to a determination to offer ongoing services or a case transfer to another program area. Supervisors may extend the completion date of the SDMRA with reason.
2. When the SDMRA score is "high" and the child is determined **unsafe** through the Safety Assessment then:
 1. Follow the [Safety Plan policy](#)
 2. Follow the [1740 Child Protection Teams \(CPT\) policy](#).
 3. Document "Transferred to Tribal Authority" per ICW Manual on the Investigative Assessment disposition tab when a Tribe is assuming responsibility for providing services and monitoring the family.
 4. Explain why services were not offered or provided to the family in (including when Tribe assumes authority) in FamLink.
3. When the SDMRA score is "high" or "moderately high" and the child is determined **safe** through the Safety Assessment:

1. Offer services when the SDMRA score is high and both family and individual level concerns exist per [2440 Service Agreement policy](#).
2. Consider offering services when the SDM score is moderately high and both family and individual level concerns exist per [2440 Service Agreement policy](#).
3. Services are not offered to families when observable, verifiable and describable changes have been made within the family that reduces the identified risk in the SDMRA.
4. Follow the [1740 Child Protection Teams \(CPT\) policy](#).
5. Document the following on the Investigative Assessment disposition tab when services are not offered to the family by CA:
 1. "Transferred to Tribal Authority" if Tribe is assuming responsibility for providing services and monitoring the family
 2. "Other" on the drop down menu and in the text box document an explanation why services were not offered or provided
4. When the chronicity indicator has been identified with a family and the family has a SDMRA score of high, and:
 1. Voluntary services are offered:
 1. Refer family to appropriate evidence based or promising programs where available, or
 2. If not available, refer other relevant agency contracted or community services
 2. Voluntary services are not offered:
 1. Follow the [1740 Child Protection Teams \(CPT\) policy](#).
 2. Review case with CPS supervisor before case closure

Resources

- SDM Risk Assessment - Procedures Manual
- [1740 Child Protection Teams policy](#)
- [2440 Service Agreement policy](#)
- [Comparing and Understanding the Differences: Risk of Maltreatment, Present Danger, Impending Danger - article](#)
- [The Differences between Risk and Safety - article](#)

2558. Sexually Aggressive Youth

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

abused or neglected, whether any siblings are at risk, and whether the child or the child's parents are in need of services or treatment. RCW 26.44.075

4. DCFS may offer appropriate available services and treatment as provided in RCW 74.13.075 and may refer the child and his or her parents to appropriate services available within the community. If the parents refuse to accept or fail to obtain appropriate treatment or services under circumstances that indicate that the refusal or failure is child abuse or neglect, the department may pursue a dependency action as provided in chapter 13.34 RCW.

2559. Hospital Holds

Approval: Jennifer Strus, Assistant Secretary

Original Date:

Revised Date: July 23, 2017

Policy Review: July 23, 2021

Purpose

Hospital administrators or physicians have legal authority to detain children if they believe a child is in imminent danger if released to their parent. This policy provides Division of Children and Family Services (DCFS) caseworkers with direction on the department's response.

Scope

This policy applies to DCFS staff.

Laws

[RCW 26.44.056](#) Protective detention or custody of abused child - Reasonable cause - Notice - Time limits - Monitoring plan - Liability.

Policy

The DCFS caseworker must:

1. Receive a child into department custody who is identified to be at risk of imminent danger if released to his or her parent when:
 1. Placed on a hospital hold by a hospital administrator or physician, or
 2. Taken into protective custody (PC) by a law enforcement (LE) agency following contact from a hospital administrator or physician.
2. Follow [Indian Child Welfare Chapter 1 Initial Intake Indian Child Welfare \(ICW\)](#) policies when there is reason to believe that the child is or may be a member, or is the biological child of a member and eligible for membership in a federally recognized tribe.
3. Determine with the supervisor whether the child can be safely returned to the parent or guardian.
 1. If the child cannot be safely returned home, maintain the child in CA custody until the court assumes jurisdiction.

2. If the child can be safely returned home, return the child to the parent or guardian.
4. If the child can be safely returned home, monitor the child's safety for at least six months if:
 1. The child was placed on a hospital hold by the physician or hospital administrator; and
 2. The child was placed in protective custody by law enforcement.
5. Follow [1720. Family Team Decision Making Meetings](#) policy for critical decisions regarding the removal of a child from his or her parent.
6. Document the caseworker and supervisor determination about whether a child may return home and the reasons for the determination in FamLink.

2559B. CPS Investigative Findings Notification

Approval: Jennifer Strus, Assistant Secretary

Original Date: September 1976

Revised Date: July 23, 2017

Policy Review: July 1, 2021

Purpose

To inform subjects of the Child Protective Services (CPS) investigative findings including information regarding requests for review of founded findings.

Scope

This policy applies to all Children's Administration staff.

Laws

[P.L. 93-247](#) Child Abuse Prevention and Treatment Act

[P.L. 111-320](#) Child Abuse Prevention and Treatment Act Amendment

[RCW 26.44.100](#) Information about Rights and Notification of Investigation, Report and Findings

[RCW 26.44.125](#) Alleged Perpetrators Right to Review and Amendment of Finding Hearing

[WAC 388-15-065](#) Does CPS have to notify the alleged perpetrator of the results of CPS investigation?

[WAC 388-15-069](#) How does CPS notify the alleged perpetrator of the finding?

[WAC 388-15-073](#) What information must be in the CPS finding notice?

Policy

CA staff must:

1. Notify subjects of all approved CPS investigative findings in writing and orally, whenever possible, whether founded or unfounded and provide the [required information](#) regarding the steps necessary to request a CA founded finding review.
 1. Document efforts to notify and inform subjects of the finding and process for requesting review of a founded finding in a case note.
 2. Retain a hard copy of the founded or unfounded letter in the case file.
 3. Founded findings:
 1. Send a founded finding letter to the subject's last known address or known location by certified mail, return receipt requested. This includes:
 1. Documenting the certified mail tracking number on the letter and Deliver Tracking page in FamLink.
 2. Retaining the Domestic Return Receipt (green card) when received with the parent's signature or if it is returned undeliverable in the case file.
 2. Personally serve the founded finding letter if the certified mail is returned and the department is actively working with the subject on an open case in any CA program. If the subject refuses to accept the in-person delivery, CA staff must document that the caseworker attempted to hand deliver a copy of the finding letter to subject and the subject refused to accept the letter. This information is documented in the Delivery Tracking page in FamLink.
 4. Unfounded findings:
 1. Document the date the letter was provided and how it was provided to the subject in the Delivery Tracking page in FamLink.
 2. Send the unfounded finding letter to the subject's last known address or known location by United States (U.S.) mail or encrypted email.
 3. If provided via encrypted email, upload a copy of the email sent to the subject showing the letter is attached in the email into FamLink.
2. If a court in a civil or criminal proceeding, considering the same facts or circumstances contained in the CPS investigation, makes a judicial finding by a preponderance of the evidence (or higher standard) that the subject of the pending investigation has abused or neglected the child, CA will adopt the finding in its investigation.
3. When a court in a civil or criminal proceeding make a finding that differs from an unfounded finding on a completed investigation or closed case, CA will, upon request, consider changing the CA/N finding to founded.
 1. Compare the court case with the department case to ensure the same facts are considered.
 2. Discuss the judicial finding with the CPS supervisor and area administrator to determine if the CA finding should be changed.
 3. Send a new CPS founded finding letter to the subject and follow regular CAPTA procedures, if it is determined the finding should be changed.
4. Promptly notify the Office of the Family of Children's Ombuds of the contents of the report and disposition of the investigation when a third founded finding is made involving the same child or family within the previous 12 months.
5. Notify the guardian ad litem or court appointed special advocate, if assigned to a child involved in the investigation, of the disposition of the investigation

Forms

CPS Founded Letter DSHS 09-913

CPS Unfounded Letter DSHS 09-912

DLR/CPS Founded Letter DSHS 09-913a

DLR/CPS Unfounded Letter 09-912a and 09-912b

Resources

[2559C CPS Investigative Founded Findings Review](#)

[2540 Investigative Assessment policy](#)

2559C. CPS Investigative Founded Findings Review

Approval: Jennifer Strus, Assistant Secretary

Original Date: September 1976

Revised Date: January 31, 2016

Policy Review: January 1, 2020

Purpose

Inform staff of the process to review CPS investigative findings when a review is requested by a subject with a founded finding of Child Abuse/Neglect (CA/N).

Scope

This policy applies to all Children's Administration staff.

Laws

[P.L. 93-247](#) Child Abuse Prevention and Treatment Act

[P.L 111-320](#) Child Abuse Prevention and Treatment Act Amendment

[RCW 26.44.100](#) Information about Rights and Notification of Investigation, Report and Findings

[RCW 26.44.125](#) Alleged Perpetrators Right to Review and Amendment of Finding Hearing

[WAC Chapter 388-15](#) Child Protective Services

Policy

1. A request for review of a CPS founded finding must be received **within 30 calendar days** following the subject's receipt of the notification. If the request is not received within the designated timeframe, the subject has no further right to an internal review, administrative hearing or judicial review of the finding.
2. All CA founded findings reviews must be conducted within 30 days by the regional administrator or Division of Licensed Resources administrator or his or her designee who is above the first level of

supervision and was not involved in the original decision-making about the finding. At a minimum, the internal review must include:

1. A review of the case file, to include the intake, case notes, Investigative Assessment, and the findings information; and
2. A review of any written information provided by the subject of the intake.
3. When necessary, the review will include an interview with the assigned worker and/or the worker's supervisor.
3. CA staff must notify the subject of the CA founded findings review results within 30 calendar days from the date the department received the request.
 1. Notification must be in writing by certified mail, return receipt requested to the subjects last known address.
 2. If the results remain founded, the hearing notification letter must include the process to request an Administrative Hearing.
4. CA staff must change the findings in the "Findings" page in FamLink within 10 working days of the decision when a review or hearing overturns the founded finding.
5. All findings will remain in effect as originally determined pending any internal review or administrative hearing.

Forms

CPS Review Denied Notification form DSHS 27-136 (on Intranet)

2571. Mandated Reports to Law Enforcement

Approval: Jennifer Strus, Assistant Secretary

Original Date: 1972

Revised Date: July 23, 2017

Policy Review: July 23, 2020

Purpose

Provide Children's Administration (CA) staff direction for notifying law enforcement (LE) about crimes against children and vulnerable adults and alleged abuse of children.

Scope

This policy applies to all CA staff.

Laws

[RCW 13.50.010](#) Definitions – Conditions when filing petition or information – Duties to maintain accurate records and access – Confidential child welfare records.

[RCW 13.50.100](#) Records not relating to commission of juvenile offenses – Maintenance and access – Release of information for child custody hearings – Disclosure of unfounded allegations prohibited.

[RCW 26.44.030 \(4\)](#) Reports – Duty and authority to make – Duty of receiving agency – Duty to notify.

[RCW 74.13.031 \(3\)](#) Duties of department – Child welfare services

[RCW 26.44.190](#) Investigation of child abuse or neglect – Participation by law enforcement officer

Policy

CA staff will:

1. Notify LE when any of the following apply:
 1. There is a reasonable cause to believe a crime has been committed against a child or vulnerable adult.
 2. There is an allegation of child abuse or neglect (CA/N) including:
 1. Child fatality or near fatality suspected to be caused by CA/N.
 2. Non-accidental physical injury of a child.
 3. Sexual Abuse or sexual exploitation.
 4. A suspicion, indication or confirmation of commercial sexual exploitation (CSEC), and there is reasonable cause to believe a crime against a child has been committed.
 3. A law enforcement officer investigating alleged child abuse or neglect is, or has been, a parent, guardian, or foster parent of an alleged child victim. If the law enforcement agency continues the investigative assignment of an officer who is the current foster parent of the alleged child victim, the CA caseworker must remove the child from placement with the investigating officer.
2. Notify LE verbally or with a written Child Protective Services (CPS) intake report.
 1. Within 24-hours of receiving:
 1. A CPS intake with an emergent response time and the child is believed to be in danger.
 2. An intake about an indicated or confirmed Commercially Sexually Exploited Child.
 2. Within 72-hours of:
 1. Receiving a CPS intake with a non-emergent response time.
 2. When an investigation or Family Assessment Response (FAR) reveals reasonable cause to believe that a crime against a child may have been committed.
3. If a verbal report was made, send a copy of the intake to LE within five calendar days of making the verbal report.
4. When any child in an open case is believed to be at imminent risk of serious harm or there is a new allegation of child abuse or neglect not included in the original intake, the assigned caseworker must make a report to intake per [RCW 26.44.030 \(1\)\(a\)](#).
5. If there is reasonable cause to believe any **client** has been abandoned, abused, neglected, or exploited, regardless of the source of information, notify his or her supervisor or manager per DSHS Administrative 8.02 policy located on the DSHS intranet.
6. CA staff may release confidential case information to other juvenile justice or care system agencies only when an investigation or case involving the child in question, is being pursued by the other agency or when that other agency is responsible for supervising the child. This includes entities such as police, prosecuting attorneys, diversion units, detention centers, courts, and schools but does not include a child's placement, i.e., licensed or unlicensed caregiver.
7. Document in FamLink on the intake "referral" tab the following information when sending the report to law enforcement:
 1. LE agency name.
 2. Date and time the report was sent.
 3. Method by which the report was sent.
 4. Explanation of the reason the report was sent.

Forms

Intake Report DSHS 14-260 located on the Intake and Forms pages on the CA Intranet.

Resources

[Mandated Reporter Toolkit](#)

3000. Family Voluntary Services

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: September, 1995

Revised Date: October 19, 2017

Policy Review: October 1, 2021

Purpose

Family Voluntary Services (FVS) allows parents to voluntarily engage in services to increase their protective capacities and meet the child's safety, health, and well-being needs.

Scope

This policy applies to DCFS caseworkers.

Laws

[RCW 13.32A.140](#) Out-of-home placement - Child in Need of Services Petition by Department - Procedure.

[RCW 26.44.030](#) Reports - Duty to Make

[RCW 26.44.056](#) Protective Detention or Custody of Abused Child

[RCW 43.185C.315](#) Youth Services - HOPE centers - Requirements

[RCW 43.185C.320](#) Youth Services - HOPE centers - Eligibility

[RCW 74.14A.020](#) Services for Emotionally Disturbed and Mentally Ill Children, Potentially Dependent Children, and Families-In-Conflict

[PL 113-183](#) Preventing Sex Trafficking and Strengthening Families Act

Policy

1. The following cases are assigned for FVS:
 1. A non-Child Protective Services (CPS) [intake](#), including:

1. Request for services.
2. Intakes on runaway youth under age 12 who are at a Crisis Residential Center (CRC), Hope Center or overnight youth shelter.
2. CPS investigation or risk-only cases when the family has agreed to participate in services and any of the following exists:
 1. A moderately high or high risk score on the [Structured Decision Making Risk Assessment \(SDMRA\)](#) tool.
 2. A [safety assessment](#) has identified a safety threat that can be managed with a [safety plan](#).
 3. Child is placed in out-of-home care on a [Voluntary Placement \(VPA\)](#) due to a safety threat that cannot be managed in the home.
 4. Cases require six months of child safety monitoring when all three of the following conditions are met:
 1. The child is placed on a hospital hold by the physician or hospital administrator.
 2. The child is placed in protective custody by law enforcement (LE); and
 3. CPS determines the child can return home.
2. The FVS supervisor will:
 1. Hold a case transfer staffing with the CPS supervisor, including the sending and receiving caseworkers, when a request is made to transfer a case from FVS to CPS. An FVS caseworker must be assigned within three days of the request for transfer.
 2. Address issues in the case transfer staffing including the safety, permanency and well-being needs of the child, family's progress in services and any other identified service needs. The staffing must be documented in a case note.
 3. Consult with the area administrator (AA) when there is a disagreement about an intake screening decision or the transfer of a CPS investigation to FVS.
 4. Assign CPS Risk-Only intakes on open FVS cases to the FVS caseworker. If the case is co-assigned to FVS and CPS investigation, assign the Risk-Only intake to the CPS investigation caseworker.
 5. Conduct [monthly supervisor case reviews](#), review all [safety plans](#) and case plan. Document the reviews in a case note.
 6. Review for case closure if the family:
 1. Has completed or is no longer in need of services and there is no present danger or identified safety threat.
 2. Is unable to be located and the FVS caseworker followed the steps outlined in the "Guidelines for Reasonable Efforts to Locate Children and/or Parents" on the CA intranet.
 7. Review FVS cases that remain open to:
 1. Verify a case plan has been developed if the case has been open beyond 45 days and the family is participating in services.
 2. Verify monthly health and safety visits occurred if the case has been open beyond 60 days.
 3. Continue reviewing the case every 90 calendar days from FVS case assignment to determine if continued services are needed.
 4. Obtain AA approval if the case is open beyond 180 days from FVS case assignment and every 90 days thereafter if services are still needed.
3. The FVS caseworker will:
 1. For FVS Cases Transferring from CPS Investigations:
 1. Prior to initial contact with the family:
 1. Review the case file, safety assessment and [Case Plan DSHS 15-259A](#) and all other case information as it becomes available.

2. Participate in a case transfer staffing, if applicable, to discuss the case including safety, permanency and well-being needs of the child, family's progress in services and any other identified service need.
2. Make contact with the family within seven calendar days from the date a case transfers from CPS investigation to FVS.
3. Conduct an initial private face-to-face [health and safety visit](#) with all of the children within ten calendar days of the transfer.
4. Complete the following during the initial meeting with the child and family and subsequent meetings as needed:
 1. [Assess](#) for [present danger](#). Take immediate protective action if a child is in [present danger](#).
 2. Identify all individuals living in the home and assess for safety threats and risk.
 3. Provide [infant safety education and intervention](#) for all children in the household birth to one year of age if not completed and any time a new infant enters the home if previously completed. This includes:
 1. Engaging the parent to create a safe sleep environment if one does not exist; and
 2. Providing parents with a bedside co-sleeper or pack and play that meets the [Consumer Product Safety Commission Standard](#) as soon as possible if the child does not have a safe and separate sleeping environment.
 4. Inquire about the child's possible membership or eligibility for membership in a federally recognized tribe. Follow [Indian Child Welfare Chapter 3 Inquiry and Verification of Child's Indian Status](#).
 5. Prior to contacting or sharing any information about a family with collateral contacts and service providers, obtain releases of information from parents. This includes any information being shared about the mental health treatment, substance abuse treatment, access to reproductive services and sexually transmitted diseases (STD)/human immunodeficiency virus (HIV) for parents or youth age 13 years and older.
5. Complete a new safety assessment at key decision points per CA [safety assessment](#) policy.
6. Complete a [safety plan](#) with the family if a safety threat is identified and can be controlled and managed with a safety plan.
7. Conduct routine and universal [domestic violence \(DV\)](#) screening at key points in a case, i.e., a new intake, case transfer, and re-assessment of safety to identify if DV is present.
8. Complete the [Commercially Sexually Exploited Child \(CSEC\) Screening Tool](#) DSHS 15-476 when there is suspicion, indication or confirmation that the child or youth may be a victim of commercial sexual exploitation (CSE).
9. Complete the [Comprehensive Family Evaluation \(CFE\)](#) within 45 calendar days of a FVS assignment, and every 90 days after the CFE is approved.
10. Complete an [investigative assessment](#) within 60 days when assigned a CPS Risk-Only intake and follow [2331. Investigative Standards](#) policy.
11. Provide [concrete goods](#) and supports that strengthen the family's ability to safely care for and meet their children's needs. Concrete goods must be directly related to the issues of safety and risk identified in the assessment.
12. Conduct monthly [health and safety visits](#) with children and monthly visits with caregivers and parents.
13. Review the case with the supervisor and assess whether to place the child in out-of-home care when any of the following apply:
 1. Safety or risk cannot be managed with a safety plan.
 2. The family refuses services.

14. Complete the following case planning and service referral activities for children in-home or placed out-of-home under a [VPA](#).
 1. Develop a [case plan](#) with the family based on the assessment of the family's needs. The case plan must address the moderately high or high risk factors and the identified safety threats for the child.
 2. Refer the child and family to service providers or community resources when needed and available. This includes referring a child or youth with complex behavioral health needs for a Wraparound Intensive Services (WISe) screen per [4542. WISe policy](#).
 3. If a child is a member or eligible for membership in a federally recognized tribe from Washington state, contact the tribe to:
 1. Determine the tribe's level of involvement.
 2. Identify any available tribal services and resources.
 3. Review and follow the [Memorandum of Understanding \(MOU\)](#) that CA has with the child's tribe (if one has been completed)
 15. Complete the following additional case planning and service referral activities for a child placed out-of-home on a [VPA](#):
 1. Conduct a [Family Team Decision Making \(FTDM\) meeting](#) prior to placement and when returning the child home per the [VPA](#) policy.
 2. Develop a [parent, child and sibling visit](#) plan that includes visits in the least restrictive setting based on risk factors, existing danger, safety threats and protective factors.
 16. Transfer the case to Children and Family Welfare Services (CFWS) if a [dependency petition](#) has been filed. If the case is co-assigned and is within two weeks of case transfer, the CFWS worker will file the dependency petition.
 17. Make a report to intake per [RCW 26.44.030 \(1\)\(a\)](#) when any child in an open case is believed to be at imminent risk of serious harm or there is a new allegation of child abuse or neglect
 18. Close the case when:
 1. The family has completed or is no longer in need of services and there is no present danger or identified child safety threats.
 2. The family is unable to be located following the steps outlined in the "Guidelines for Reasonable Efforts to Locate Children and/or Parents" on the CA intranet.
2. For Non-CPS FVS Cases
1. Make contact with the referrer, youth or family member on non-CPS intake cases within the following times (excluding weekends and holidays):
 1. 72 hours for a request for services.
 2. 24 hours for intakes on runaway youth under age 12 who are currently located at a CRC, Hope Center or overnight youth shelter.
 2. Prior to initial contact with the family review the intake, history and all other case information as it becomes available.
 3. Complete the following during the initial meeting with the child and family, and subsequent meetings as needed:
 1. [Assess](#) for [present danger](#). Take immediate protective action if a child is in [present danger](#).
 2. Identify and verify all individuals living in the home and assess for safety threats and risk.
 3. Provide [infant safety education and intervention](#) for all children in the household birth to one year of age. This includes:
 1. Engaging the parent to create a safe sleep environment if one does not exist; and

2. Providing parents with a co-sleeper or pack and play as soon as possible if the child does not have a safe and separate sleeping environment.
4. Inquire about the child's possible membership or eligibility for membership in a federally recognized tribe. Follow [Indian Child Welfare Chapter 3 Inquiry and Verification of Child's Indian Status](#).
5. Prior to contacting or sharing information about a family with collateral contacts and service providers, obtain releases of information from parents. This includes any information being shared about the mental health treatment, substance abuse treatment, access to reproductive services and STD/ HIV for parents or youth age 13 years and older.
6. Initiate referrals to service providers or community resources when needed and available. This includes referring a child or youth with complex behavioral health needs for a Wraparound Intensive Services (WISe) screen per [4542. WISe policy](#).
7. Complete an [investigative assessment](#) when assigned a CPS Risk-Only intake and follow [2331. Investigative Standards](#) policy.
8. Complete the [CSEC](#) Screening Tool DSHS 15-476 when there is suspicion, indication or confirmation that the child or youth may be a victim of CSE.
9. Provide [concrete goods](#) and supports that strengthen the family's ability to safely care for and meet their children's needs. Concrete goods must be directly related to the issues of safety and risk identified in the assessment.
10. Complete the [CFE](#) by the 45th calendar day of the intake. Update the CFE every 90 calendar days if the case remains open.
11. Should the case remain open beyond 45 days the following must occur and the parent must be informed of the following:
 1. Conduct monthly [health and safety visits](#) with all children in the home and monthly visits with caregivers and all [parents](#) if the case is open beyond 60 days.
 2. Develop a [case plan](#) with the family based on the assessment of the family's needs.
 3. Complete routine and universal [DV](#) screening and re-assessment of safety to identify if [DV](#) is present.
4. Complete the following additional case planning and service referral activities for a child placed out-of-home on a [VPA](#):
 1. Conduct a [FTDM meeting](#) prior to placement and returning a child home per the [VPA](#) policy.
 2. Develop a [parent, child and sibling visit](#) plan that includes visits in the least restrictive setting based on risk factors, existing danger, safety threats and protective factors.

Forms

[Case Plan DSHS 15-259A](#)

CSEC Screening Tool DSHS 15-476 located on the CA intranet

[Indian Identity DSHS 09-761](#)

Voluntary Agreement Plan DSHS 09-004B located on the CA intranet

Resources

3100. Family Reconciliation Services

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: December 15, 1996

Revised Date: October 19, 2017

Policy Review: October 19, 2020

Purpose

Family Reconciliation Services (FRS) are voluntary services designed to resolve problems related to family conflict, at-risk youth, or a child who may be in need of services. These services are provided to alleviate personal and family situations which present a serious and imminent threat to the health and stability of the family and reunify the family, maintain the family unit or avoid out-of-home placement.

Scope

This policy applies to Children's Administration (CA) staff.

Laws

[RCW 13.32A](#) Family Reconciliation Act

[43.185C.290](#) Youth services - Child admitted to secure facility - Maximum hours of custody - Evaluation for semi-secure facility or release to department of social and health services - Parental right to remove child - Reconciliation effort - Information to parent and child - Written statement of services and rights - Crisis residential center immunity from liability

[43.185C.315](#) Youth services - HOPE centers - Establishment - Requirements

Policy

1. The caseworker must:
 1. Contact the family within twenty-four hours of being assigned the case, excluding weekends and holidays, to schedule an interview and assessment.
 2. Complete a Family Assessment with the involvement of a multidisciplinary team, if applicable, to determine available services to keep the family intact.
 3. Complete in FamLink, the Commercially Sexually Exploited Child (CSEC) screening tool DSHS 15-476 if a youth is suspected, indicated or confirmed of being a CSEC.

4. Refer a child or youth with complex behavioral health needs for a Wraparound Intensive Services (WISE) screen per 9717 WISE policy.
5. Follow [policy 1160 Commercially Sexually Exploited Children \(CSEC\)](#) for youth indicated or confirmed CSEC.
6. Follow [policy 4420 Health and Safety Visit](#) requirements for all cases open beyond 60 calendar days.
7. Upon request by the parent or child complete a Family Assessment for Child In Need of Services (CHINS) or At-Risk Youth (ARY).
8. File a CHINS petition on behalf of the youth when no dependency is being pursued, the parent has not filed an ARY petition, and the Department is asking the court to approve an out-of-home placement under the following circumstances:
 1. The child has been admitted to a crisis residential center or has been placed by the department in an out-of-home placement, and:
 1. The parent has been notified that the child was so admitted or placed.
 2. The child cannot return home and legal authorization is needed for out-of-home placement beyond seventy-two hours.
 3. No agreement has been reached between the parent and child as to where the child shall live.
 4. No child in need of services petition has been filed by either the parent or child.
 5. The parent has not filed an at-risk youth petition; and
 6. The child has no suitable place to live other than the home of his or her parent.
 2. The child has been admitted to a crisis residential center and:
 1. Seventy-two hours, including Saturdays, Sundays and holidays, have passed since such placement.
 2. The staff, after searching with due diligence, have been unable to contact the parent of such child, and
 3. The child has no suitable place to live other than the home of his or her parent.
 3. An agreement between the parent and child made pursuant to [RCW 13.32A.090\(3\)\(d\)\(ii\)](#) or pursuant to [RCW 13.32A.120\(1\)](#) is no longer acceptable to the parent or child, and:
 1. Seventy-two hours, including Saturdays, Sundays, and holidays, have passed since such notification.
 2. No new agreement between parent and child as to where the child shall live has been reached.
 3. No child in need of services petition has been filed by either the child or the parent.
 4. The parent has not filed an at-risk youth petition; and
 5. The child has no suitable place to live other than the home of his or her parent.
 4. The petition must:
 1. Be filed in the county where the parent resides.
 2. Allege the child is a CHINS.
 3. Ask only that the placement of a child outside the parent's home be approved.
9. Authorize emergency medical and dental care if a youth is placed in out-of-home care on a CHINS order.
10. Request a dismissal of a CHINS out-of-home placement no more than 180 calendar days from the initial review hearing (9 months total).
11. When requested, assist the parent in filing an ARY petition in the county where the parent resides and allege that:
 1. The child is an at-risk youth.
 2. The parent has the right to legal custody of the child.
 3. Court intervention and supervision are necessary to assist the parent in maintaining the care, custody and control of the child.

4. Alternatives to court intervention have been attempted or there is good cause why such alternatives have not been attempted.
12. Close case after 30 days unless referred for contracted services, or a CHINS or ARY petition have been filed or granted.
13. Close case once contracted services, CHINS or ARY end.

Procedures

1. The caseworker must:
 1. Assess the family and refer to appropriate services to avoid out-of-home placement.
 2. Report to intake when any child in an open case is believed to be at imminent risk of serious harm or there is a new allegation of child abuse or neglect
 3. Staff case with supervisor if:
 1. Services other than family crisis counseling is needed.
 2. The case needs monitoring or services beyond 30 days.
 4. Make a referral to a contracted service provider when appropriate.
 5. If ordered by the court, for a CHINS or ARY dispositional hearing:
 1. Submit a dispositional plan,
 2. Monitor compliance with the dispositional order,
 3. Assist in coordinating the provision of court-ordered services, and
 4. Submit reports at subsequent review hearings regarding the status of the case.
 6. Request dismissal of the CHINS when it is not feasible for CA to provide services due to one or more of the following circumstances:
 1. The child has been absent from court approved placement for 30 consecutive days or more;
 2. The parents and/or the child refuse to cooperate in available, appropriate intervention aimed at reunifying the family; or
 3. The department has exhausted all available and appropriate resources that would result in reunification.

Forms

Commercially Sexually Exploited Child (CSEC) Screen DSHS form 15-476

Family Assessment DSHS form 15-279

4000. CHILD WELFARE SERVICES

41211. Safety of Newborn Children Act

Procedure

1. CA staff must accept an intake of a newborn transferred (abandoned) under the Safety of Newborn Children Act. [See 2200. Intake](#)
2. **CA CFWS Responsibilities:**
 1. CFWS Supervisor assigns intake to a CFWS caseworker
 2. CFWS caseworker:
 1. Has face-to-face contact with the newborn and gathers available information from hospital and other caregivers.

2. Locates and places the newborn in emergency out-of-home, when able to be released from the hospital.
3. Verifies CA custody through a law enforcement transfer of custody.
4. Drafts and files a dependency petition.
5. Completes the child information/placement referral form ([DSHS 15-300](#)) based on available information and provides information to the caregiver/foster parent.
6. Schedules shared planning meeting to identify permanent plan and placement.
7. Consults with supervisor as necessary.

4122. Case Transfer

Approval: Jennifer Strus, Assistant Secretary

Original Date:

Revised Date: July 23, 2017

Policy Review: July 23, 2021

Purpose

To provide direction for Children's Administration (CA) staff in transferring cases between units, offices and regions in a manner that prioritizes child safety, permanency, and well-being.

Scope

This policy applies to CA staff.

Policy

1. Follow 6001. Case Assignment policy when determining primary case assignment and emergent response.
2. Transfer Between Units or Programs In The Same Office
 1. If a case is being transferred between units following the filing of a dependency or a change in program, complete the following:
 1. The sending and receiving supervisors will collaborate within three calendar days of the dependency or program change, e.g., Child Protective Services (CPS), Children and Family Welfare Services (CFWS), Family Voluntary Services (FVS), etc., to determine if case transfer is appropriate.
 2. If there is agreement, the receiving supervisor must assign/co-assign the case within five calendar days of the request for transfer.
 3. If there is disagreement, supervisors must consult with the area administrator (AA).
 2. When a child becomes legally free:
 1. If the permanent plan is adoption, the case must be staffed with an adoption supervisor within five working days from the date of the termination hearing and transferred to an adoption worker within ten working days from the date of the termination hearing.
 2. If the permanent plan for a legally free child changes to a plan other than adoption, the case will be staffed between the Adoption unit and Children and Family Welfare

Services (CFWS) unit. The staffing must occur within five calendar days of the court ordered change to identify the unit for the case.

3. Transfer Between Offices

1. The caseworker can request a transfer of primary case assignment between CA offices for a **non-court involved** case if the following requirements are met:
 1. The parent or legal guardian establishes residency in a different county and continued assessment or services are needed or requested. If a parent is in inpatient treatment with his or her child, transfer will not be considered until the parent has been in treatment for a minimum of thirty calendar days.
 2. The supervisors or AA in the sending and receiving offices agree to the case transfer.
 3. If there is agreement, the receiving supervisor must assign the case within five calendar days of receiving the request to transfer.
2. When requesting a transfer of primary case assignment between CA offices for a **court-involved** case (this does not apply to legally free cases):
 1. Follow [4431. Legal Jurisdiction](#) policy:
 2. If there is agreement and the receiving county's court accepts legal jurisdiction, the sending supervisor must verify that the case documentation is complete and transfer within five business days of receiving the court order to transfer legal jurisdiction.
 3. Follow [4430. Courtesy Supervision](#) policy when a child is in the care and custody of CA, and is placed outside the sending office's area.
 4. If a child in a foster home placement moves with the foster family to another area, the originating Division of Children and Family Services (DCFS) office notifies the Division of Licensed Resources (DLR), and the receiving DCFS office for [courtesy supervision](#), if necessary.
4. Transfer of jurisdiction from state court to tribal court, per [ICW Policies and Procedures Chapter 6: Casework Activities for Court Proceedings](#)
The CA caseworker will:
 1. Send [JU 11.0900 Motion for Order Transferring Jurisdiction to Tribal Court](#), and [Tribal Court's Order Accepting/Declining Jurisdiction, JU 11.0960](#) to the tribe for its use for these purposes (a tribe may also use its own tribal court forms). Upon receipt of an order from a tribal court accepting jurisdiction, the state court shall dismiss the child custody proceeding without prejudice.
 2. Provide the tribe with the case information, and if requested, schedule a transfer [case staffing](#).
5. Disagreement about case transfer must be resolved at the lowest level possible. If the disagreement is unresolved at the caseworker level, the supervisors must work with the AA, or Regional Administrator to resolve it.

4201. Emergency Planning for Birth Parents and Legal Guardians

Purpose

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

Policy

1. The assigned Social Worker is responsible for ensuring birth parent(s) and/or legal guardians of children placed in out-of-home care have the following information documented in the information management system:
 1. Emergency Contact Name; Recommend One In-State and One Out-of-State Contact
 2. Current Address for Birth Parent/Legal Guardian and Emergency Contact Person(s)
 3. Current Phone Number(s) for Birth Parent/Legal Guardian and Emergency Contact Person(s)
(As applicable)
2. The social worker is responsible for reviewing and updating this information as change occurs and at a minimum annually.

4211. Notification to Foreign Consulates

Purpose

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

Laws

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

Policy

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

Procedures

1. Determine and document each parent and child's citizenship at the time a child is placed in care by asking:
 1. Are you a US citizen? Are you a citizen of another country? If, yes what country?
 2. The child or parent: if the if child is a US citizen? Is the child a citizen of another country? If, yes what country?
2. Notify the foreign consulate by faxing the [Notice to Foreign Consulate of Child Protection Proceedings DSHS 15-402](#) of the child's or parent(s) home country as soon as citizenship is known when CA obtains legal custody of a child. Notification must be made as soon as possible but no later than 30 days. (*Notifications to consulates are preferably made by fax but may also be made by telephone or email*).

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

3. Coordinate if the consulate contacts CA to:
 1. Obtain a signed release from the parent(s) to share information with the consulate; and

2. Provider identified services with the family.
4. Document in FamLink any:
 1. Foreign citizenship on the person Management page.
 2. Notification to a consulate by uploading the [Notice to Foreign Consulate of Child Protection Proceedings DSHS 15-402](#) form into FamLink.

Cultural Considerations

Family Centered Approach:

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

For example:

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

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

Forms and Tools

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

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

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

TIPS on Mexican Consulate Services

Resources

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

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

4220. Assessment for New CWS Cases

4221. Family-Focused Assessments

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

4222. Community-Informed Decision-Making

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

4223. Culturally Appropriate Assessment

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

4224. Initial Assessment

The FVS social worker's initial assessment includes:

1. For youth missing from care that are referred by overnight shelters the social worker must:
 1. Notify Law Enforcement of youth's whereabouts per [Practice and Procedures Guide 4550 Children Missing from Care](#)
 2. Notify the youth's parents that a report has been received and the youth is currently safe and off the streets within 24 hours,
 3. Inform parents of services designed to resolve the conflict and accomplish reunification of the family.
 4. Make contact by telephone or other reasonable means.
2. For cases involving sexually exploited youth as defined in Appendix A, the FRS social worker must refer the youth and family to available services through the Office of Crime Victims Advocacy. The FRS social worker must explore filing a CHINS petition if applicable.
3. Identification of family needs and strengths.
4. Determining who is or may be legally responsible for the child, including presumed and alleged fathers.
5. Clarifying the presenting problems and resolutions expected.
6. Obtaining the family and child's own description of the situation and family's recommendations for how to solve the problem.
7. Reviewing family history, including such factors as ethnic and cultural heritage, family and community resources, emotional/social support systems, medical histories, family dynamics, educational backgrounds of parents and children, work histories/employment stability, availability of financial resources (TANF, public housing, Supplemental Security Income [SSI], Social Security, Veterans Administration benefits), and family mobility.
8. When the social worker or CHET Screening Specialist identifies a child birth to three years old with a concern about the child's developmental delays, a referral will be made to a Lead Family Resources Coordinator with the Early Support for Infants and Toddlers (ESIT).
 1. Referrals are made by contacting the local ESIT Lead Family Resource Coordinator or through the ESIT web site.

2. The referral must also be discussed with the child's parents/caregivers. The parents/caregivers should also be informed that services from ESIT are free. This service is required for children in out-of-home placement.
3. The referral must be made no more than two working days after a concern(s) has been identified. The family may request that the referral timeline be extended beyond two days. This request must be documented.
4. At the time of the pre passport staffing, or earlier if appropriate, the assigned social worker should be notified that a referral was made on behalf of the child. Document this in the pre passport Action Plan under the Developmental Domain for the child.
9. Reviewing available case records, previous service/placement history, and response to previous services.
10. Making collateral contacts necessary to complete assessment.
11. Consultation with supervisor as needed.
12. Determine Indian child status.
13. The social worker shall determine ethnic status of family members, complete the Indian Identity Request Form, DSHS 09-761, and determine whether any family members are of Limited English Proficiency (LEP) or are persons of sensory impairment. Interpreter services will be provided as needed by the family. All services subsequent to intake will also utilize interpreter services as needed.

4240. Assessment for Transferred Cases

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

4250. Assessment for Out-Of-Home Placement

4252. Assessing for Reasonable Efforts

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

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

1. Some children have dual status in that they may be dependent as well as meeting the service definitions for other programs or divisions. For example, a child may be found by the court to be both a dependent child and a juvenile offender who may also be committed to a Juvenile Rehabilitation Administration (JRA) placement for a period of time, or a child may be developmentally disabled and eligible for some DDD services. In such cases, DCFS services will be offered in accordance with state and local interagency agreements.
 1. DCFS is required to make a referral to the Division of Child Support (DCS) whenever a child is placed in out of home care for more than 72 hours.

2. CA's electronic case management system will automatically send a referral to DCS once the child is placed for 72 hours or more. The sent referral initiates the process for establishment and collection of support from the child's parents to reimburse DCFS for foster care expenditures.
 3. In certain cases there may be Good Cause for not pursuing collection and for those situations DCS will not collect support to reimburse the FC expenditures.
 4. Basis for a good cause determination as defined in CA's WAC 388-25. For a more complete description see 91400 in the CA Operations Manual.
2. Within the constraints of available financial resources, placement services will be provided to children according to the following ordered priorities:
 1. Children who urgently require protection from child abuse or neglect (CA/N).
 2. Children who are developmentally disabled as defined by DDD and are referred for placement shall be assessed against the process/criteria outlined in the DCFS/DDD agreement.
 3. Children who are mentally ill or who are among the priority populations identified by statute and Regional Support Networks (RSN) shall be assessed according to criteria defined in local DCFS/Mental Health agreements.
 4. Referrals of children with conduct disorders or juvenile offender histories shall be assessed utilizing DCFS guidelines. The juvenile justice system has primary responsibility for community protection. However, DCFS staff will assist in planning to the extent possible and as defined by DCFS agreements with the Juvenile Rehabilitation Administration (JRA) or other local agreements.
 3. DCFS social workers shall not place children in the types of situations outlined below, as they relate to CFWS. For placement standards for CPS, see chapter 2000, and, for FRS, see chapter 3000.
 1. Children who, after assessment, the DCFS worker believes will not be helped in out-of-home care.
 2. Youth 12 - 17 years of age in conflict with parents and who have not been through FRS, except adoption support families that have already received extensive counseling services.
 3. Youth 12 - 17 years of age whose parents are unwilling to have them at home due to misbehavior and who have not been through FRS.
 4. Youth for whom the primary placement issue is community protection, including sexual predators not covered by the Sexually Aggressive Youth (SAY) statute.
 5. Youth who are unwilling to live in the home of parents who are willing to have them at home, when this is the only presenting problem.
 6. Youth who are mentally ill and a danger to themselves or others as defined by a mental health professional.
 4. Admission of Children to Nursing Facilities
 1. Upon receiving a referral of a child for admission to a nursing facility, the Home and Community Services (HCS) division, Aging and Adult Services Administration (AASA), will confirm the involvement of the child with DCFS. If the child is not currently involved with DCFS, HCS will refer the child to DCFS or DDD if that is appropriate.
 2. DCFS will decline acceptance of the referral of the child if the child does not meet the service definitions of DCFS' programs.
 3. If the child is or becomes a client of DCFS and the DCFS social worker, in consultation with the worker's supervisor, determines that nursing facility admission is the most appropriate service for the child, the social worker will request that HCS staff:
 1. Attend any multi-disciplinary team staffings held; and
 2. Complete, or assist with the completion of, the HCS Comprehensive Assessment and, if appropriate, authorize nursing facility care.
 4. If the child to be placed is a DCFS client, DCFS will be expected to cover the cost of care through its programs in most instances. The DCFS social worker should consult with HCS and DDD staff, as appropriate, to identify other suitable resources to cover the cost of care. In

addition, the social worker must establish the child's eligibility for and authorize Title XIX Medicaid.

5. DCFS will not place the child in any facility without a court order or a voluntary placement agreement per [4307 Voluntary Placement Agreement \(VPA\) policy](#).
6. If the child is a DCFS client, the assigned DCFS social worker retains case management responsibility, including locating the appropriate nursing facility, discharge planning, and other activities. The DCFS social worker may request assistance of HCS staff in locating an appropriate nursing facility for the child.
5. The social worker shall conduct, and document, a social study whenever a child is placed in out-of-home care under the supervision of the department. The study shall be conducted prior to placement, or, if it is not feasible to conduct the study prior to placement due to circumstances of the case, the study shall be conducted as soon as possible following placement. The social study includes, but is not necessarily limited to, an assessment of the following factors:
 1. The physical and emotional strengths and needs of the child.
 2. The proximity of the child's placement to the child's family to aid reunification.
 3. The possibility of placement with the child's relatives or extended family.
 4. The racial, ethnic, cultural, and religious background of the child.
 5. The least-restrictive, most family-like placement reasonably available and capable of meeting the child's needs.
 6. The reasonable efforts to place siblings in the same foster home, relative caregiver, other suitable person or adoptive home.
 7. Reasons why siblings are unable to be placed together including if placement is contrary to the safety and well-being of any of the siblings.
 8. Compliance with RCW 13.34.260 regarding parental preferences for placement of their children. RCW 74.13.065

4254. Parent, Child, and Sibling Visits

Approval: Jennifer Strus, Assistant Secretary

Original Date: July 26, 2008

Revised Date: July 1, 2016

Sunset Review: June 30, 2020

Purpose

Visits are vital in maintaining family connections and can improve the safety, permanency, and well-being of children in out-of-home care. Visits should be consistent and frequent with the proper level of supervision to ensure child safety. The visitation plan should be developed timely and include visits in the least restrictive setting based on risk factors, existing danger, safety threats and protective factors.

Scope

This policy applies to Division of Children and Family Services caseworkers.

Laws

- [RCW 9.94A.030](#) Definitions
- [RCW 13.34.025](#) Child dependency cases, Coordination of services and Remedial services
- [RCW 13.38.040](#) Definitions
- [RCW 13.34.065](#) Shelter Care Hearing
- [RCW 13.34.130](#) Order of Disposition for a Dependent Child, Alternatives
- [RCW 13.34.136](#) Permanency Plan of Care
- [RCW 13.34.200](#) Order Terminating Parent and Child Relationship

Policy

1. Parent/Child Visits

1. Visits between the parent and child must be face-to-face in-person unless there are extenuating circumstances related to child safety, weather, illness, distance, etc. This requirement includes visits between incarcerated parents and their children.
2. Other forms of approved contact when extenuating circumstances exist or to supplement face-to-face visits include:
 1. Telephone contact.
 2. Electronic contact through video chat, Skype, FaceTime, or email.
3. Efforts must be made to hold an initial visit within 72 hours of the child's initial out-of-home placement and no later than five days from initial out-of-home placement or signing of a Voluntary Placement Agreement (VPA), unless there are documented safety concerns prohibiting the visit.
4. Visits between the parent and child are in the least restrictive setting and unsupervised unless the presence of threats and danger to the child requires the constant presence of an adult to ensure the safety of the child. Decisions about whether visits are unsupervised, monitored or supervised are based on:
 1. Risk factors
 2. Present danger
 3. Safety threats
 4. Protective factors demonstrated by the parent
5. Visits **must be supervised** when the following conditions exist and the physical, psychological or emotional safety of the child requires the constant presence of an adult who can safely supervise the visit:
 1. The allegations of abuse or neglect of the child resulted in injuries requiring medical treatment, evaluation, or assessment. This includes physical abuse, sexual abuse, and neglect.
 2. The abuse appears to be deliberate or premeditated.
 3. The allegations of abuse included multiple victims.
 4. The parent can provide no plausible explanation for his or her child's injury.
 5. The child is allegedly sexually abused.
 6. The child expresses or demonstrates extreme fear of his or her parent.
 7. The parent's view of his or her child is bizarre or unusual to the degree that what he or she says, about or to the child, causes emotional or psychological harm. Examples include the parent's belief that the child is possessed or is a threat to the parent.
 8. There is an active law enforcement investigation of the abuse or neglect.
 9. The parent is unable to provide the basic care required for a child based on the child's development, special need or disability.
 10. The parent may flee with the child.
6. Visit Plans will be developed in consultation with the parent, youth (if age 14 and older) and out-of-home caregiver, CASA or GAL and child's attorney (if appointed), Tribal worker (as applicable) and other supports identified by the parent.

1. Visit Plans must be in writing and provided to the parent and dependency court and if supervised or monitored, clearly state the reason for the level of supervision.
 1. An initial visit plan must be developed at the first Family Team Decision Making meeting (FTDM), when placement is being considered or a child is in a court-ordered placement (licensed or unlicensed). The visit plan will be effective for up to 60 days from the child's initial placement.
 2. The initial visit plan will be reviewed at the shared planning meeting held after shelter care and no later than 30 days prior to the scheduled fact finding hearing per [1710.Shared Planning policy](#).
 3. Visit plans must be developed at the time a VPA is signed when the child is placed pursuant to a VPA.
 2. On-going reassessment of risk and safety and review of visit plans will occur until the child returns home or permanency is achieved.
 1. Visit plans will be reviewed at all shared planning meetings and monthly supervisory case reviews.
 2. If the court orders a psychosexual evaluation for a parent and the visit plan is reassessed because of the evaluation, the court must approve the visit plan as it relates to duration, level of supervision and location of visits.
 3. Concerted efforts must be made to consult with law enforcement before recommending changes to parent/child or sibling visits when a parent or sibling has been identified as a suspect in an active criminal investigation for a violent crime that may impact child safety in relation to visits.
 4. Consult with the Assistant Attorney General (AAG) before disseminating any information received from law enforcement about the parent or sibling suspect or investigation.
 5. The caseworker will observe at least one visit per quarter. The visit observation meets that month's health and safety visit with the child and parent if other requirements of a health and safety visit are met. Private conversations with the child may occur before or after the visit.
 6. All participants in the visit must be notified when a visit must be rescheduled.
 7. Visits can only be limited or terminated to protect the child's safety, health or well-being.

Visits **cannot** be:

 1. Limited as a sanction for the parent's lack of compliance with dependency court orders.
 2. Denied based on the parent's incarceration.
 8. Visits will be discontinued if parental rights are terminated or relinquished.
2. **Sibling visits**
1. Children placed apart from their siblings will have two or more monthly face-to-face visits or contacts, unless there is an approved exception.
 2. Additional approved forms of sibling contact are encouraged to support and maintain sibling relationships. Approved forms of contact include:
 1. Telephone contact.
 2. Electronic contact through video chat (Skype), FaceTime, or email.
 3. On-going visitation is encouraged to promote and maintain the continuity of sibling relationships that existed prior to placement. This includes siblings who:
 1. Remained in the home at the time of removal;
 2. Aged out of foster care;
 3. Returned home;
 4. Placed with a non-custodial parent; and
 5. Lived part-time in the home at the time of the sibling's removal.
 4. Sibling contact during a parent/child visit meets the requirement for a sibling visit.
 5. Shared planning meetings or court events do not meet the requirement for a sibling visit.

6. The first sibling visit must occur as soon as possible after placement.
7. Sibling visits will continue after a parent's rights have been terminated or relinquished unless an approved exception applies.
8. Sibling visits **cannot** be limited or used as a sanction for a child's behavior or as an incentive to change a child's behavior.
9. Visit plans will be developed within 14 calendar days and in consultation with the out-of-home caregiver and child (when developmentally appropriate), unless an approved exception applies.

Procedures

1. Parent/Child Visit Plan

The assigned caseworker will:

1. Determine whether visits will be unsupervised, monitored, or supervised.
 1. Types of visits include:
 1. **Unsupervised** visits require the parent to be the primary caregiver and able to demonstrate the willingness and ability to safely care for the child for the duration of the visit and protect the child from any safety threats.
 2. **Monitored** visits require the parent to be the primary caregiver during the visit, while an approved adult is available to periodically observe and intervene if needed. The parent must demonstrate the willingness and ability to manage any safety threats and safely care for the child during the visit.
 3. **Supervised** visits require an approved adult to maintain line of sight and sound supervision and intervene if needed.
 4. For monitored or supervised visits, the parent's natural supports can act as monitors or supervisors before considering paid providers or caseworkers.
 2. Develop a written visit plan that includes the level of supervision, location, frequency, duration, transportation, and any other necessary details.
 1. Location of visits must be:
 1. In the least restrictive setting with consideration given to the family's culture.
 2. In the child's community whenever possible.
 3. In an age appropriate setting that supports safety of the child.
 4. At the CA office when needed to protect the child's safety or when support before, during and/or after visits is needed.
 3. Determine who may participate or supervise visits by completing the following:
 1. A [background check](#) request and FamLink check for any adult visit participants who will have unsupervised access to children, including family supports who are available to monitor, supervise or transport the child for visits, per the [6800. Background Check](#).
 2. CA supervisor must provide approval before allowing contact between the child and a parent who is a perpetrator in serious physical and/or sexual abuse cases.
 4. Verify all non-contracted persons supervising or monitoring visits, and/or transporting children meet the following criteria:
 1. Approved background check and FamLink check per [6800. Background Check](#).
 2. Valid driver's license if transporting. The transportation vehicle must be registered, insured and equipped with approved child restraints (car seat, lap and shoulder belts).
 3. Willing and able to intervene to keep the child safe.
 4. Able to prioritize the safety and well-being of the child.
 5. Willing and able to enforce visit rules, court orders, limitations and activities.
 6. Maintain confidentiality.
 7. Report observations during visits and transports to the caseworker (e.g. behaviors, interactions, and concerns).

5. Review visit plans at all shared planning meetings and monthly supervisory case reviews and assess the following:
 1. Changes needed in the level of supervision based on risk factors or safety threats and safety planning.
 2. Changes in permanency plan or legal status.
 3. Changes in the well-being of the child.
 4. Progress and compliance with services and any impacts on risk factors or safety threats.
 5. Changes to the visit plan to increase the number of visits and move to unsupervised (if not already occurring) within 90 days of a proposed trial return home.
 6. Recommendations to limit or terminate visits when one or more of the following conditions occur:
 1. Therapist recommends decreasing or suspending visits due to harm to the child.
 2. The child is at risk of physical or emotional harm due to the visits.
 3. The child's educational progress is negatively impacted by the duration and frequency of visits during school hours.
 4. The supervisor/monitor of the visits is threatened.
 5. The parent appears to be under the influence of substances. The visit may be stopped immediately but may resume after review of the visit plan.
6. Prior to changing a visit plan:
 1. Review recommended changes with the parent, youth (if age 14 and older), caregiver and supervisor.
 2. Inform the AAG of recommended changes.
 3. Inform the court of any changes in the visit plan in dependency cases.
 1. A court hearing is required prior to changing the visit plan unless the child's safety is jeopardized or the court order allows changes in visits without a hearing.
 2. If a court has ordered visits to occur and the visit will not occur as ordered, contact the AAG immediately to determine if an emergency hearing is needed.
7. Create a visit referral for all supervised and monitored visits (paid or unpaid) in FamLink.
8. Review the visit referral every six months. If supervised or monitored visits are continuing, update the referral in FamLink and resubmit the reauthorization for supervisor approval.
 1. The referral for supervised or monitored visits must include an explanation of:
 1. Why visits cannot be unsupervised.
 2. Why visits are not being supervised by a non-contracted provider, if using a paid provider.
 3. Any continued risk factors or safety threats to the child.
 2. All initial requests must be approved in FamLink by the supervisor.
 3. All reauthorizations must be reviewed by the supervisor and forwarded to the Area Administrator (AA) for approval every six months.
 4. The AA must review and approve in FamLink requests for reauthorizations of supervised or monitored visits every six months.
9. Document in FamLink:
 1. Efforts made to consult with law enforcement regarding changes to parent/child or sibling visits when a parent or sibling has been identified as a suspect in an active criminal investigation for a violent crime that may impact child safety in relation to visits.
 2. Consultation with the AAG prior to the dissemination of any information about the parent or sibling suspect shared by law enforcement.
 3. A visit plan for each child, including reasons for level of supervision: unsupervised, monitored or supervised.
 4. All parent-child visits in a case note and include the following:

1. Date, time and location of visit/contact
2. Participants in the visit/contact
3. Form of contact (face-to-face in-person, Skype, FaceTime or email)
4. Use the following types:
 1. Visit-Unsupervised
 2. Visit-Monitored
 3. Visit-Supervised
 4. Visit-Did not occur. No Show
 5. Visit- Cancelled-No Make Up Required
5. When a parent-child visit includes a sibling, use both parent and sibling visit case note types to record the visit.
6. Upload reports from contractors or approved natural supports into File Upload.

2. Sibling Visits

The assigned caseworker will:

1. Develop a written visit plan that includes the level of supervision, location, frequency, duration, transportation, and any other necessary details.
2. Determine the level of supervision and necessity for sibling visits based on:
 1. Age of the children.
 2. Children's perspective and input for youth 14 and over.
 3. Best interests of the children, including safety, health, and well-being.
3. Review the visit plan with case participants when there is:
 1. An increase or decrease in safety threats.
 2. A change in circumstances which causes an approved exception to apply. Obtain supervisor approval when an exception applies.
 3. A change in circumstances when the reason for the exception no longer exists.
 4. A change in the well-being of the child.
4. Review the visit plan and any recommended changes:
 1. During all shared planning meetings and monthly supervisory case reviews.
 2. During monthly health and safety and caregiver visits.
5. Document in FamLink:
 1. A visit plan for each child.
 2. All sibling visits/contacts in a case note including the following:
 1. Date, time, and location of visit/contact.
 2. Participants in the visit/contact.
 3. Type of contact (in-person visit, phone call, Skype, FaceTime or email).
 3. Use the following case note type:
 1. Visit- with siblings
 2. Use both parent and sibling visit case note type when a visit includes the child's parent and sibling.
 4. Upload reports from contractors and approved natural supports into File Upload.

3. Exceptions for Sibling Visits

1. When sibling visits are not occurring, the approved exception or reason must be documented and approved by the assigned caseworker's supervisor. Approved exceptions are:
 1. A court order prevents or limits visits or contacts.
 2. CA determines visits or contacts are contrary to the child's health, safety or welfare.
 3. CA determines visits or contacts will hinder reunification efforts.
 4. Child and/or sibling are developmentally able to determine his/her needs for sibling contact and request that contact occur less than two times per month, or not at all.
 5. Parent of a non-dependent sibling objects to or wishes to limit visits or contacts with the dependent sibling.
 6. The facility where the child or sibling resides prohibits/limits visits or contacts with siblings (i.e., during an intake period at an in-patient facilities).

7. Child is on the run from his/her placement for a majority of the calendar month.
8. Child is not complying with visitation arrangements.
2. Document for all exceptions or other reasons siblings are not having visits or contacts in the Sibling/Incarcerated Parent Visit Details tab on the Visit Plan/Referral page and obtain supervisor approval in FamLink.

Forms

[Visit Plan DSHS 15-209C](#)

[Visit Referral form DSHS 15-363](#)

[Provider Notification of Visit/Transport Schedule Initial Intake Screening Report DSHS 15-363B](#)

[Visit Report: Parent-Child Visit DSHS 15-448](#)

[Missed and No Show Report: Parent-Child Visit DSHS 15-451](#)

[Sibling Visit Report DSHS 15-452](#)

[Parent-Child Visit \(PCV\) Incident Report DSHS 15-454](#)

[Monitoring Review Report – On-Site Visit DSHS 15-462](#)

[Child Specific Caregiver Notification DSHS 15-450](#)

Resources

Social Worker Guide to Parent-Child-Sibling Visits (available on CA intranet)

Child Safety Framework (available of the CA intranet)

Present Danger Guide (available of the CA intranet)

Protective Action Guide (available of the CA intranet)

Safety Threats Guide (available of the CA intranet)

Safety Threshold Guide (available of the CA intranet)

Safety Plan Analysis Guide (available of the CA intranet)

[Caregiver Tip Sheet DSHS 22-1714](#)

[Parent Tip Sheet DSHS 22-1715](#)

[Caseworker Tip Sheet DSHS 22-1716](#)

4260. Considerations For Placement Choice

4261. Out-of-Home Placement Priorities

Approval: Jennifer Strus, Assistant Secretary

Original Date: October 31, 2010

Revised Date: October 31, 2016

Policy Review: October 31, 2020

Purpose

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

Scope

This policy applies to Division of Children and Family Services staff.

Laws

[RCW 13.34.030](#) Definitions

[RCW 13.38.040](#) Definitions

[RCW 13.34.130](#) Order of disposition for a dependent child and placement with relatives, foster family home, group care facility or other suitable person, placement of and Indian child in out-of-home care, and contact with siblings

[RCW 13.38.180](#) Placement preferences

[RCW 13.34.200](#) Order terminating parent and child relationship

[RCW 13.34.260](#) Foster home placement, parental preferences and foster parent contact with birth parents encouraged

[RCW 74.14A.020](#) Services for emotionally disturbed and mentally ill children, potentially dependent children and families in conflict

[RCW 74.15.020](#) Definitions

[PL 113-183](#) Preventing Sex Trafficking and Strengthening Families Act

[42 USC 671a](#) State plan for foster care and adoption assistance

Policy

1. Placement in out-of-home care:
 1. The following placement priority order will be used:
 1. Parent's placement preference, unless good cause is indicated to not use that placement.
 2. Child's [relative](#) or tribe according to the [4527 Relative Placement](#) policy, [RCW 74.15.020](#) and [RCW 13.38.180](#). Relatives include individuals who are related by blood, marriage (i.e. step-family members), and adoption.
 3. [Suitable person](#). A suitable person is appropriate under [RCW 13.34.130\(1\)\(b\)\(ii\)\(B\)](#) if the child or family has a pre-existing relationship with the suitable person and that person has completed all required background checks and appears suitable and competent to care for the child.
 4. Previous caregiver if a child **returns** to out-of-home care and:
 1. The caregiver is available, willing and able to meet the child's needs.
 2. Placement with that caregiver is in the best interest of the child.
 5. Licensed out-of-home setting, which includes:
 1. Family foster home
 2. Group care facilities
 2. The placement will be:
 1. In the least restrictive setting available;
 2. In close proximity to the family home and school the child was attending prior out-of-home removal; and
 3. Consistent with the child's best interest, including [special needs](#), safety, permanency and well-being.
2. All siblings must be placed together whenever possible, unless an exception applies. Siblings are defined in [RCW 13.34.030](#).
3. If the child is Native American, the caseworker must follow the placement preference outlined in [RCW 13.38.180](#). The child's tribe(s) if known, must be contacted as soon as possible to request placement preference.
4. Placements with unlicensed relatives and suitable persons must meet the requirements in the [45274 Placement with Unlicensed or Suitable Persons policy](#).
5. A [Family Team Decision Making meeting](#) will be conducted in accordance with [1710 Shared Planning](#) policy when placement is being considered, after a child has been placed in out-of-home care or a change in placement occurs to discuss placement resources and options.

Procedures

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

5. An abusive relationship between siblings exists where therapy, with a safety plan in place, is not effective or not the appropriate intervention;
 6. To permit placement with relatives who live near the home of a sibling;
 7. A court order prohibits the Department from placing siblings together; or
 8. Other extraordinary circumstances that are documented and approved by the assigned supervisor and Area Administrator under these procedures.
2. Documentation for Sibling Placement Exceptions
 1. The caseworker will:
 1. Document exceptions or other reasons siblings are being placed apart as it applies to each child on the Siblings/Incarcerated Parent tab in the FamLink Visit Page.
 2. Obtain supervisor and area administrator approval in FamLink.

Forms

[Visit Plan DSHS 15-209C](#)

4262. Routine and Special Needs

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

4264. Native American Children

Children's Administration (CA) caseworkers must follow Indian Child Welfare (ICW) policies and procedures when placing an Indian child.

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

4265. Minimizing Placements

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

4266. Out-of-State Placements

Purpose and Scope

1. This section establishes guidelines for CA staff to follow when considering placement, usually in a treatment setting, of a child in an out-of-home care setting in another state. Such placements include, but are not necessarily limited to, Behavior Rehabilitation Services/Group Care, Treatment Foster Care, Child in Needs of Services (CHINS) placements, and mental health treatment. They typically do not include relative placements.
2. While providing directions regarding such placements, CA reaffirms its commitment to meeting needs of children through resources that are geographically close to their families and that are the least restrictive, most home-like setting, consistent with the individual needs of the child.
3. This procedure applies to placements from this state to another state as well as to placements of children into specialized out-of-state facilities from out-of-state foster care or relative placements when the department no longer considers the home from which the child has been removed to be the child's permanent placement.

Procedure

1. Placements in out-of-state programs with which CA has current contracts in the states of Idaho and Oregon require only approval of the Division of Children and Family Services (DCFS) Region which utilizes the contract with the particular program and the Interstate Compact on the Placement of Children (ICPC) program manager. See paragraph c. vi. below. Current programs meeting this criterion are Northwest Children's Home, Lewiston, Idaho; Morrison Center, Portland, Oregon; and Janus, Portland, Oregon.
2. CA does not pay educational costs of children, including those placed out-of-state. The school district in which child resides has the responsibility for these educational costs. If the social worker finds the school district reluctant to cover the educational costs, the social worker needs to consult with the worker's supervisor and area manager, as appropriate, as well as the regional group care coordinator, to develop a plan for obtaining school district support.
 1. If the proposed placement is due, in part, to the inability of the educational district of the child's current residence to meet the educational needs of the child, the school district should be involved in the planning for the placement and should agree to pay for the educational costs for the child in another district, including a district in another state.
 2. If the child's educational needs are being met in the child's residence school district, the school district is under no obligation to pay for the education of the child in another district. However, as the district may be expending large amounts to meet the child's educational needs, the district may be willing to help support the educational needs of the child in another district. It is the school district's decision to make.
3. The procedure, for any out-of-state placement being considered, is:
 1. The social worker, at the earliest opportunity, must contact the school district in which the child is enrolled and ask for an Individual Education Plan (IEP) conference to discuss the benefits of the possible placement. If the child is not in special education and the placement is not imminent, the social worker must ask that the child be made a "focus of concern," a federal term related to accessing federal special education dollars.
 2. The social worker must invite the school district to participate in the placement planning process.
 3. In situations where there is an additional charge for educational services within the out-of-state facility, school districts have the ability to write a contract directly with the facility for these services. The district can then apply for federal funding by making the child a "focus of concern."
3. For children to be placed in non-currently contracted out-of-state programs, CA staff must meet the following requirements.
 1. The social worker must consult with the regional group care coordinator to discuss the child's needs and options to meet those needs.

2. The child's social worker must explore all reasonably available and appropriate placement options within this state that may be reasonably expected to meet the child's special needs. CA discourages out-of-state placement of children unless the child's needs can clearly be met only in the out-of-state placement. The social worker must consult with and advise the Juvenile Court and the child's guardian ad litem on the need for out-of-state placement, the proposed placement, and the plan for the child. In addition, the social worker must complete and document in the child's case file the following steps:
 1. Use of a team process to identify child and family needs, including names of participants and dates of meetings or consultations;
 2. Development of a plan to meet identified family and child needs;
 3. Exploration of non-traditional, alternative ways of meeting the child's needs; identification of barriers to these options;
 4. Assessment of relationship of the proposed placement to the child's permanency plan;
 5. Preparation of a description of the behavioral goals to be achieved through this placement;
 6. Determination of anticipated length of stay in out-of-state placement; and
 7. Development of a preliminary discharge plan which includes a description of how supports will be developed so that the child can be returned to the community quickly and which relates to barriers previously identified.
3. The regional group care coordinator must consult with the CA Residential Care Program Manager to explore all options that may be available within the state before proceeding to place the child out-of-state.
 1. This consultation must occur prior to submission of the written request described in subparagraph d below to the Regional Administrator for the out-of-state placement.
 2. The program manager can provide technical assistance or facilitation of meetings as requested and explore with the group care coordinator goals of the out-of-state placement and discharge planning.
4. The child's social worker must document, in writing using an Exception to Policy (ETP) form, the need for out-of-state placement, efforts to locate a suitable in-state placement, how the placement will further the permanent plan, a description of the specific facilities considered, the reasons for their rejection, the planned length of out-of-state placement, and the plan for return of the child to this state.
5. The Regional Administrator or designee must sign the ETP form to approve the placement, and the social worker files the signed form in the child's record.
6. For all out-of-state placements, CA staff must comply with the requirements of the Interstate Compact on the Placement of Children (ICPC) and the CA Practices and Procedures Guide, chapter 4000, section 4533, Rehabilitative Treatment Services. For those placements in Oregon and Idaho facilities with which CA has contracts, the social worker needs only to complete the CAMIS/ICPC page or an Interstate Compact Placement Request, DSHS 15-092, and fax it to the headquarters ICPC program manager at (360) 902-7903 for ICPC approval.
7. The Regional Administrator or designee may authorize an out-of-state placement only in a facility within 100 miles of the home from which the child is being placed, with the exception of a currently contracted program. The CA Assistant Secretary, or designee, must approve any out-of-state placement where the placement treatment facility is located more than 100 miles from the child's home and is not a currently contracted facility or program.
8. The Regional Administrator, or designee, as applicable, may approve out-of-state placement of a child only when:
 1. The placement is consistent with the child's permanent plan;
 2. Necessary services to meet the child's special needs are unavailable within this state;
 3. Appropriate services are offered in closest proximity to the family resource;
 4. There is a plan to return the child to this state within a limited period of time, unless the plan is to achieve proximity to the child's permanent planning family.

5. Placement is in a facility licensed in accordance with the rules of the state in which the facility operates; and
6. The child placed under a dependency or CHINS order is not placed in an out-of-state locked facility.
9. The assigned CA social worker does not require Regional Administrator approval for placements of children into specialized out-of-state facilities from out-of-state foster care or relative placements when the department continues to consider the home from which the child has been removed to be the child's permanent placement.
10. When the state of Washington pays for services, the regional contracts coordinator or other regional staff assigned by the Regional Administrator must negotiate a written child-specific purchase of service agreement between the department and the facility. This agreement must conform to form, content, and approval required by the CA Division of Management Services.

4267. Removal Of Children From Licensed Care

Purpose

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

Policy

1. DLR has the responsibility to investigate all allegations of child abuse and neglect (CA/N) in DSHS licensed, certified, and state operated care facilities for children. DLR also must ensure the immediate safety of alleged child victims and other children in the home or facility in the course of any investigation. DLR has the responsibility to make licensing decisions.
2. RCW 26.44.056 and RCW 13.34.050 provide that a child may be removed from a biological parent, adoptive parent, or legal guardian when CPS or law enforcement determines that the child would be at risk of imminent harm or danger if left with the parent. Only law enforcement may remove a child from a biological or adoptive parent or legal guardian or custodian without a court order.
3. The standard that must be met before a foster child can be removed from foster care is lower than that for removal from the child's parent or guardian. RCW 74.13.300 states the standard for removal from foster care by providing that removal may occur if the foster child's safety is in jeopardy. The term "child's safety is in jeopardy" is a lower standard than the imminent harm standard. RCW 74.15.010, the intent section for the licensing statute, clarifies this standard.
4. For children placed through a tribal child placing agency, CA must consult with the tribe's social service program when undertaking the steps for removal of children under this policy. Such actions must be consistent with the requirements of the federal Indian Child Welfare Act (ICWA), 25 U. S. C. 1901, et. seq., and CA Indian Child Welfare policies and procedures. CA may not remove a child in the custody of the tribe.
5. RCW 13.34.236 requires that a dependency guardian meet the minimum requirements to care for children as provided in RCW 74.15.030.

Procedures

1. If the investigating social worker determines that a child is at imminent risk or the child's safety is in jeopardy, CA staff will follow the steps below:

1. The DLR/CPS supervisor will make a recommendation to the appropriate DCFS supervisor so that DCFS staff can act to protect the children at risk.
 2. When children in CA's care and custody are determine to be unsafe in licensed or unlicensed care, children are removed from that placement.
 3. The two divisions must make every effort to resolve any differences of opinion regarding the assessment of risk.
 4. If DLR and DCFS staff are unable to resolve differences of opinion and DLR/CPS still believes that the child or children are at risk and need to be removed, the DLR/CPS Section Manager makes the final decision regarding initial assessment of risk.
2. DLR/CPS staff must inform the licensed or certified person or agency of the investigation findings. DCFS staff, who are responsible for the child in the placement, must inform the care provider of the need to remove the child, unless DLR staff has agreed, on an individual basis, to inform the provider.
 3. DLR and DCFS staff will coordinate and cooperate regarding the removal of the children to ensure that the removal is in accordance with CA policy and procedures. DLR/CPS staff may assist in the transport of children if this is the agreed upon plan with DCFS.
 4. If, in the course of a CPS or licensing investigation, OFCL staff determine that DLR will revoke the license and DCFS, child placing agency, or tribal-supervised children in the custody of CA (foster care, guardianship, pre-adopt) are present in the home, DLR and DCFS staff will take the following steps:
 1. The DLR Regional Manager will notify the DCFS Regional Administrator (or designee) and the private agency or tribal social service agency, when applicable. The DLR Regional Manager will convene a staffing to include ALL parties. The focus will be to review the issues and concerns AND to discuss the dual mandates of safety and permanency.
 2. If DCFS, the private agency, or the tribe requests DLR to continue the license of a foster/group care provider after a finding of child abuse/neglect, the continuation must be within the Adoption and Safe Families Act (ASFA) guidelines.
 1. This provision covers only homes and facilities licensed or certified by CA; it does not include homes or facilities licensed by sovereign tribes.
 2. DLR Regional Managers need to consult ASFA guidelines for corrective action plans and continuation of foster care licenses.
 3. The DCFS Regional Administrator or the applicable private agency or tribe must initiate a request for a continuation of the foster care license, under a corrective action plan, and the DLR/OFCL Regional Manager must make a decision on the request before DLR takes any adverse licensing action.
 4. If DCFS, or the private agency or tribe and DLR still cannot reach agreement, the DCFS Regional Administrator or the designated representative of the private agency or tribe and the Director of DLR must meet to discuss and resolve the situation, taking into consideration both safety and permanency.
 5. All removals of children from foster care placements must comply with RCW 74.13.300. The foster parent has the right to request a review of the decision to move the child pursuant to RCW 74.13.045, the department's complaint resolution process.
 6. The DCFS Regional Administrator and the Director of DLR must review the situation with the Assistant Secretary before DCFS staff process adoption consents and/or guardianship agreements if a child remains in a facility with founded CA/N or where OFCL believes revocation is indicated.

4270. Department of Corrections Confinement Alternatives

Purpose

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

Laws

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

Policy

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

Procedures

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

Forms and Tools

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

See Also

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

Resources

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

4300. CASE PLANNING

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

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

Purpose

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

Laws

[RCW 13.34.136](#)

Policy

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

Procedures

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

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

See Also

[2440 Service Agreements Policy](#)

[4301 Shared Planning Policy](#)

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

Approval: Jennifer Strus, Assistant Secretary

Original Date: July 28, 2013

Revised Date: July 1, 2017

Policy Review: June 30, 2021

Purpose

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

Definitions

Home schooling is when a child is receiving home-based educational instruction from his or her caregiver. The caregiver providing the home-based instruction is responsible for developing the curriculum being taught to the child, ensuring the annual assessment is administered, maintaining necessary records, etc.

Alternative Learning Experience (ALE) is a form of public education that provides instruction in an on-line, remote or site-based setting. The curriculum being used by the instructor is developed, approved and monitored by the school district.

Private school is a non-public school which meets a minimum set of state standards of health, safety, and education established and approved by the Washington State Board of Education. Credits obtained at a private school may not transfer directly to public school.

Scope

This policy applies to Division of Children and Family Services staff.

Laws

[RCW 13.34.045](#) Education liaison identification

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

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

[RCW 74.13.550](#) Child Placement

PL 110-351 Fostering Connections to Success and Increasing Adoptions Act of 2008

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

[PL 114-95](#) Elementary and Secondary Act of 1965

Policy

1. Children who enter out-of-home care or change placements will remain at the school they were attending, whenever it is practical and in the best interest of the child.
2. All school-aged children in out-of-home placement will attend public school, unless they are court approved for home schooling, private school or to participate in an ALE instruction conducted 100% on-line in the child's placement setting. Children placed under a Voluntary Placement Agreement only require CA approval.
3. The ongoing educational needs of children in out-of-home care will be addressed with the child and caregiver at each placement. This includes completing and updating the education information on the [Child Information and Placement Referral form 15-300](#) at each placement change.
4. All school-aged children in out-of-home care will have a completed Education Plan in FamLink that is updated at least every six months and attached to the [court report](#).
 1. The Education Plan will address the child's physical, emotional, or behavioral needs and any issues that impair his or her learning abilities. The plan should be reviewed at each placement change.
 2. The request and receipt of academic records must be documented in the education plan and attached to the [court report](#).
5. CA will facilitate post-secondary education planning for children in out-of-home care.
6. All children will be referred for services when a developmental concern is suspected. Refer children:
 1. Birth through two years of age to the appropriate early intervention agency within two working days of the concern being identified.
 2. Three through 17 years of age to the Child Find program or local school district for an assessment.
7. An Educational Liaison will be identified for children and youth grades six through twelve at shelter care and subsequent dependency review hearings if:
 1. Parental rights have been terminated;
 2. Parents are unavailable because of incarceration or other limitations;
 3. The court has restricted contact between the youth and parents; or
 4. The youth is placed in a behavioral rehabilitative setting and the court has limited the educational rights of the parents.

Procedures

The caseworker will:

1. Coordinate with child's school district to:
 1. Keep the child enrolled in the school they were attending when he or she entered care or changed placement when it is practical and in the best interest of the child. This includes [transportation](#) planning.
 2. Confirm the child is enrolled and attending school within three days of an initial out-of-home placement.
 3. Request any missing academic or medical records required for school enrollment within ten business days.
 4. Request updated records and education information as needed when there is a change in schools or change in out-of-home placement and at the end of each school year.
 5. Notify the child's previous and new school when an out-of-home placement change occurs and when the child is returned home by providing the completed [School Notification Form DSHS 27-093](#) to the schools.
 6. Advocate for appropriate services to meet the child's academic, medical, mental health and social-emotional needs. This includes participating in school meetings such as disciplinary or special education reviews.
 7. Pay any unpaid fees or fines owed by the child to the school or school district.
 8. Notify all legal parties to the case when a school disruption occurs (e.g. discipline, hospitalization, juvenile detention, etc.).
2. Obtain approval annually and/or when there is a change in caregivers for a child to:
 1. Be home schooled;
 2. Participate in an ALE instruction that is 100% on-line and in the child's placement setting (excludes group homes with an established school campus); or
 3. Attend a [Washington State Board approved private school](#) that does not use corporal punishment. Caseworkers must verify the private school is on the list of [Approved Private Schools in Washington State](#) and confirm with the private school that corporal punishment is not included in their discipline policies.
 4. Complete the [DCFS Administrative Approval Request form DSHS 05-210](#) and verify the request:
 1. Supports the child's safety and well-being needs (e.g. developmental, physical and social-emotional);
 2. Promotes inclusion in the caregiver's home and other events and activities; and
 3. Is consistent with the child's case plan.
 5. If the request is for home schooling, obtain and attach a copy of the approved declaration from the school stating the caregiver has been approved to home school the child.
 6. Regional Education leads must review the [DCFS Administrative Approval Request form DSHS 05-210](#) to:
 1. Review the reasons for the request.
 2. Consult with the caseworker if there are additional interventions or resources that can be explored.
 7. Obtain regional administrator or designee approval on the DCFS Administrative Approval Request form DSHS 05-210.
 8. Obtain approval from Director of Field Operations on [DCFS Administrative Approval Request form DSHS 05-210](#).
 9. For children in shelter care status or dependent, obtain court approval if approved by Director of Field Operations.
 10. Provide a copy of the approved [DCFS Administrative Approval Request form DSHS 05-210](#) and attachments to the Division of Licensing Resources licenser if the child is approved for home schooling and the caregiver is licensed.
3. If a youth requests to participate in an international study program, obtain:

1. Parent's approval if the youth is not legally-free.
2. Approval outlined in the [6100 Travel policy](#).
4. Refer a school-aged child to appropriate programs within two working days after a concern has been identified (e.g. Education Advocacy Program, Graduation Success, school counselor, etc).
5. If a child qualifies for early child intervention services, collaborate with the local service provider and the child's caregiver to enroll the child in the appropriate services and develop the Individual Family Service Plan (IFSP).
6. Provide the child's out-of-home caregiver with copies of necessary school records including IFSP, Individual Education Plan (IEP) or 504 Plans.
7. Monitor the child's ongoing academic progress including most current grades, state test scores, attendance and credits, when applicable, to make sure the child is prepared to progress to the next grade level and is on track to graduate. If the child is home schooled, review the end of year assessment to determine if academic progress is being made.
8. Engage child and caregiver in reviewing the child's progress and planning for academic success.
9. Provide copies of all education records to foster youth age fifteen through eighteen years prior to the youth turning eighteen years old as defined in the Transition Plan policy.
10. Involve youth in post-high school planning including options for post-secondary education and career or vocational training. This includes scholarships, financial aid, Education Training Voucher Program, etc.
11. Document the child's state student identification (SSID) number, education progress and needs in the FamLink Education Pages. This includes completing and updating the FamLink Education page at least every six months.

Forms

[Child Information and Placement Form DSHS 15-300](#)

[School Notification Form DSHS 27-093](#)

[DCFS Administrative Approval Request form DSHS 05-210](#)

Resources

DSHS CA FamLink Education Page eLearning (available in LMS)

[Education Advocacy Guide DSHS 22-1192](#)

[Social Worker's Practice Guide to Education: for Children and Youth in Foster Care DSHS 22-1185](#)

[Helping Foster Children Achieve Educational Stability and Success Guide DSHS 22-1210](#)

[Students in Foster Care - What Schools Need to Know DSHS 22-002](#)

Independence.wa.gov

[Early Support for Infants and Toddlers \(ESIT\)](#)

Caseworker's Guide to Transition Planning

[Office of Superintendent of Public Instruction Foster Care Education Program site](#)

4303. Case Plans

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

4304. Reasonable Efforts

Created on:
Aug 21 2015

Approval: Jennifer Strus, Asst. Secretary

Original Date: November 19, 1997

Revised Date: June 12, 2014

Sunset Review: June 12, 2018

Purpose

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

Laws

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

Policy

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

Procedures

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

Forms and Tools

Court reports. Permanency Planning Guide

See Also

[1710 Shared Planning](#)

[4305 Permanency and Concurrent Planning](#)

Resources

Suggested Practice Tips

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

4305. Permanent and Concurrent Planning

Approval: Jennifer Strus, Assistant Secretary

Original Date: 2000

Revised Date: July 24, 2015

Policy Review: June 30, 2018

Purpose

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

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

Scope

This policy applies to all Division of Children and Family Services staff.

Laws

- [RCW 74.15.020\(2a\)](#)
- [RCW 13.34](#)
- [RCW 13.36](#)
- [RCW 26.10](#)
- [RCW 26.33](#)
- [RCW 13.34.132](#)
- Adoption and Safe Families (ASFA) Act 1997

Policy

1. A permanency planning goal must be identified for all children in out-of-home care no later than 60 days from the Original Placement Date (OPD).
2. CA's written report to the court must identify concurrent plans. A permanent plan includes how the department is working towards securing a safe, stable and permanent home for the child. The court report must address the following:
 1. Primary and alternate permanent plans being pursued concurrently. Permanent and alternate permanent plan options **only** include:

1. Return of home to the child's parent, guardian or legal custodian
2. Adoption
3. Guardianship
4. Third party/non-parental custody
2. Reasonable efforts to return the child to his/her birth/adoptive parents.
3. How the permanency plan is in the best interest of the child.
4. How the agency has worked toward securing a safe, stable and permanent home for the child as early as possible.
3. Long-term foster or relative care is not a permanent plan. It is only considered when other permanent plans are determined not to be in the best interest of a child age 16 and older as the results of a shared planning decision making process. Continued efforts must be made to achieve legal permanency, unless determined to not be in the child's best interest.
4. CA must consider a permanent plan that allows the parent to maintain a relationship with the child when a parent:
 1. Is sentenced to long-term incarceration;
 2. Has maintained a meaningful role in the child's life;
 3. There is no court order limiting or prohibiting contact; and
 4. It is in the child's best interest.
5. Citizenship and immigration status of the child should be determined early in the case and should be re-confirmed prior to establishing a permanent plan per [4211 Foreign Consulate policy](#).

Procedures

1. Plan:
 1. Utilize the shared planning process when making permanency planning decisions for children in out-of-home care according to the timelines in the [1710 Shared Planning](#) policy. Any changes in a permanent plan require a new shared planning meeting. Staff permanent plans with your supervisor. Refer to Indian Child Welfare policies and procedures [ICW Chapter 10](#) for all **Indian** children.
 2. Determine the best interest of the child by consider the following:
 1. The child's wishes and long-term goals
 2. Medical issues
 3. Age of the child
 4. The child's connections to his or her identity, affiliations to his or her community, tribe, church, school, religious/spiritual beliefs, relatives and friends
 5. The long-term needs of the child
 6. The emotional ties and development needs and how these can be met through the identified permanent plan
2. Document:
 1. The primary and alternate permanent plan on both the shared planning page and the Permanency Planning page in FamLink.
 2. The reasons the identified permanent plan is in the best interest of the child in the case plan.
 3. When siblings are not placed together:
 1. Document exception(s) or other reasons siblings are being placed apart as it applies to each child on the Sibling Visit Details tab in the FamLink Visit Plan Page.
 2. Print a copy of the Sibling Visit Details tab in the FamLink Visit Page; obtain approval signatures from supervisor and Area Administrator.
 3. Upload approved Sibling Visit Details document into FamLink.
3. Permanent Plans:
 1. Identify a primary and alternate plan from the following options:
 1. Always consider **Return Home** as the primary permanent plan for a child when **all** the following conditions are met:

1. Aggravated circumstances do not exist.
 2. It is likely the child will return home per 43051 Reasonable Efforts to Return a Child Home policy.
 3. The plan of returning home is in the best interests of the child.
 4. The child (as age and developmentally appropriate) has been consulted regarding the potential benefits and risks of the return home.
 5. Safety threats are eliminated or can be managed in the family home.
2. Consider **Adoption**, per [4330. Adoption Process](#) policy, when a child is unable to return home and when **all** the following conditions are met:
1. The child was removed from parents and is dependent.
 2. Parental rights will likely be terminated by the court or relinquishment has been or will be accepted by both CA and the court.
 3. Reasonable efforts were provided to the parent(s) to safely reunify the child to his or her care. The parent(s) have not made sufficient and timely progress in addressing the parental deficiencies that brought the child into care and this is documented in the case file.
 4. The plan is in the best interests of the child.
 5. Aggravated circumstances may exist. Refer to [6120 Permanency Plan Review policy](#).
 6. The child (as age and developmentally appropriate) has been provided education about the impacts of adoption. Children over the age of 14 must sign consent for the adoption.
 7. The child and sibling are in the same placement, the permanent plan is adoption for that sibling and also in the best interest of this child.
 8. The prospective adoptive parent has an approved adoptive home study per 5330 Family Home Study policy.
3. Consider Title 13 **Guardianship** per [4340 Guardianship policy](#) when the following conditions are met:
1. The child was removed from the parents through a Voluntary Placement Agreement (VPA) or the child is a dependent of CA or tribe.
 2. A determination is made through the shared planning process that it is not in the best interests of the child to pursue reunification or adoption.
 3. The plan of guardianship is in the best interest of the child.
 4. The proposed caregiver has the ability to meet the child's special needs without CA case management and social worker support and the caregiver:
 1. Can make a commitment to parent the child until adulthood.
 2. Has a significant relationship with the child.
 3. Has an approved family home study per 5330 Family Home Study policy or [45274 Unlicensed Placements - Home Study Requirements](#) policy.
 5. The Permanency Planning Benefits and Limitation Matrix has been reviewed with the proposed caregiver.
 6. The child and a sibling are in the same placement, the permanent plan is Title 13 Guardianship for that sibling and guardianship is also in the best interests of this child.
 7. If the child is considered an Indian as defined in the Federal Indian Child Welfare Act and the Tribe(s) is involved and requesting a guardianship. If a guardianship subsidy is being requested the child and the prospective guardian must meet R-GAP eligibility requirements.
 8. The child (as age and developmentally appropriate) has been consulted regarding the potential benefits and risks of the permanency plan and the child has stated preference for the identified plan.

4. Consider **Third Party Custody** when the following conditions are met:
 1. The child was removed from the parent(s) through a VPA or the child is a dependent of CA or tribe.
 2. A determination is made through the shared planning process that it is not in the best interests of the child to pursue reunification, adoption or Title 13 Guardianship.
 3. The plan is in the best interest of the child.
 4. The proposed caregiver has the ability to meet the child's special needs without CA case management and social worker support and:
 1. Can make a commitment to parent the child until adulthood.
 2. Has a significant relationship with the child.
 5. If placement has been made with the proposed caregiver, the caregiver must have an approved family home study per 5330 Family Home Study or [45274 Unlicensed Placements policy](#).
 6. The [Permanency Planning Supports and Resources Matrix](#) has been reviewed with the proposed caregiver.
 7. The child and sibling are in the same placement, the permanent plan is third party custody for that sibling and third party custody is also in the best interests of this child.
 8. If the child is considered an Indian as defined in the Federal Indian Child Welfare Act and the tribe(s) is involved and requesting third party custody.
5. Third Party Custody/Non-Parental Custody actions may be initiated by the proposed caregiver in Family Court and for the matter to be heard by Family Court the Juvenile Court must waive its exclusive jurisdiction.
4. **Long-Term Foster or Relative Care Agreements must only be considered** when children are age 16 and over and **all** the following conditions are met:
 1. The child was removed from the parents and is dependent.
 2. A determination is made through the shared planning process that it is not in the best interest of the child to pursue legal permanency options: reunification, adoption, guardianship or third party custody.
 3. The plan is in the best interest of the child and the child needs the stability offered by this living arrangement.
 4. Compelling reasons per [43061 Compelling Reasons](#) policy must be reviewed at every court hearing and the court must find that the compelling reasons still exist and are documented in FamLink.
 5. The child has made a significant connection to the caregiver and has resided with the caregiver for over six months.
 6. The Permanency Planning Supports and Resources Matrix has been reviewed with the proposed caregiver.
 7. The youth (age 16 and over) has been consulted regarding the potential benefits and risks of the permanency plan and the youth has indicated a preference for the identified plan and is willing to sign the agreement.
 8. The youth over the age of 16 and capable of giving consent has agreed to sign consent for the long-term foster care agreement and is aware of the potential benefits/risks of other permanency plans.
 9. The caregiver:
 1. Makes a commitment to care for the child until the age of 18 or 21 if applicable.
 2. Shows an ability to meet child's special needs.
 3. Demonstrates an understanding that the child remains in the custody of CA and under CA's control and further demonstrates an ability to cooperate with CA in shared planning for the child.

4. Agrees to enter into a long-term foster care or relative care agreement approved by the court.
5. Signs a Long-Term Care Agreement for Foster Parent or Relative Caregivers DSHS 15-322.
6. The Regional Administrator signs the Checklist for Approval Long-Term Agreement for Foster Parents or Relative Caregivers DSHS 15-323.
7. Demonstrates an understanding of permanency as a long-term, life-long connection and has agreed to support the youth in his or her transition to adulthood.

Forms and Tools

- [Long-Term care Agreement for Foster Parent or Relative Caregivers \(DSHS 15-322\)](#)
- [Checklist for Approval Long-Term Agreement for Foster Parents or Relative Caregivers \(DSHS 15-323\)](#)
- [Voluntary Placement Agreement \(DSHS 15-281\)](#)

Resources

- [Permanency Planning Supports and Resources Matrix \(DSHS 16-231\)](#)

43051A. Trial Return Home

Purpose

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

Laws

[RCW 13.34.136](#)

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

Policy

1. Follow requirements outlined in the *Reasonable Efforts to Return a Child Home* policy (43051) prior to requesting a trial return home or when the Court orders the child's immediate return home.
2. Prior to a dependent child returning to the home of a parent a [background check](#) must be completed on all adults living in the home.
3. A trial return home must not exceed 6 months in duration, unless ordered by the court.
4. Identify and assess all caregivers of the child for services related to the safety of the child, and:
 1. Recommend the caregiver participate in the identified services.
 2. Notify the court of any service recommendations made to the caregiver during a regular review hearing.
 3. Promptly notify the court if a caregiver fails to engage in or follow through with the recommended services.

Procedures

1. Provide ongoing assessment of potential child safety threats during the monthly health and safety visits. Update the Safety Plan with the family if safety threats are identified. *Health and safety visits requirements are outlined in the ([4420](#) policy).*

2. Update the Comprehensive Family Evaluation based on the family's progress and information gathered during the monthly health and safety visit.
3. Provide the following once the child is placed in the parent's home under a trial return home:
 1. Ongoing safety and risk assessment
 2. Plan for monitoring the child's well-being (may include services and supports identified through CHET screening, Foster Care Assessment Program, or Family Team Decision Making)
 3. Other services identified in a Shared Planning meeting
 4. Revised trial return home plan or complete documentation for case closure.
4. Consult with the local AAG office (prior to court hearing) and document when it is in the child's best interest to request an extension of the trial return home beyond 6 months.
5. Recommend dismissal of the dependency when the parent(s) have completed the case plan requirements and demonstrated the ability to safely resume parenting and custody of the child(ren).
6. Document all trial return home activities and any completed services as required in the electronic case file.

43055. Permanency Planning Hearings-Timelines

Permanency planning hearings must occur:

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

4306. Filing a Petition to Terminate Parental Rights

1. Under Washington law, termination of parental rights is necessary for an adoption of a child. A petition to terminate parental rights is a step toward the implementation of a permanent plan of adoption. Adoption is the preferred permanent plan if a child can not be returned home.
2. If the parents, after filing of the termination petition, begin to make progress toward a permanency plan of returning the child home, the termination petition may be dismissed at the request of the department or the termination fact-finding hearing may be continued to allow the parents the opportunity to make the changes required.

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

Approval: Jennifer Strus, Assistant Secretary

Original Date: 1979

Revised Date: June 30, 2015

Policy Review: June 30, 2018

Purpose

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

Scope

This policy applies to all Division of Children and Family Services staff.

Laws

[RCW 13.34.126](#)

[RCW 13.34.132](#)

[RCW 13.34.136](#)

[RCW 13.34.145](#)

[RCW 13.34.180](#)

[RCW 26.33](#)

Adoption and Safe Families (ASFA) Act 1997

Policy

1. A petition to TPR must be submitted to the Attorney General's office by the child's 12th of the last nineteen (19) months in out-of-home care or sooner, when it is in the child's best interest and meets at least one of the following:
 1. The child is determined by the court to be an abandoned child.
 2. The child is in out-of-home care for a period of at least six months since dependency finding.
 3. Aggravated circumstances have been found by the court. The TPR petition must be made within 60 days of this court finding.
2. A TPR may be considered earlier in the dependency process when aggravated circumstances exist or the parents have failed to engage in services and the child has been in care for 90 days after the disposition.
3. A petition for TPR is not required when compelling reasons/good cause exist. Compelling reasons/good cause may include, but is not limited to:
 1. Birth parents are making significant progress and reunification (trial return home) will occur within three (3) months.
 2. Birth parent(s) has been accepted and is demonstrating compliance in a dependency treatment court program, long-term substance abuse or dual diagnosis program.

3. The department has not provided to the child's family such services as the court and the department have deemed necessary for the child's safe return home.
4. Adoption is not an appropriate permanent plan because:
 1. The child is over the age of 14 and after a discussion about adoption and other permanency options with the child, the child opposes adoption as a permanent plan.
 2. The child is placed with a relative and after a discussion about adoption and other permanency options with the relatives; another permanency option with the relative is in the best interest of the child.
5. The court or CA has determined that:
 1. A birth parent is considering relinquishment within a reasonable time to free the child for adoption.
 2. A non-offending parent is pursuing an alternate permanent plan.
 3. A professional assessment of the child has determined the child is unable to remain within a family setting.
6. The parent is incarcerated and:
 1. The incarceration is the only reason for filing the TPR; and
 2. The court has determined the parent maintains a meaningful role in the child's life.
7. The child's Tribe is opposed to adoption and has identified another acceptable permanency plan for the child.
4. Relinquishment of parental rights may be accepted when adoption is in the child's best interest per [1710 Shared Planning](#) policy. The relinquishment of parental rights of an Indian child must occur before a court judge per [ICW Chapter 6](#).

Procedures

1. Utilize shared planning meetings when making permanency planning decisions for children in out-of-home care according to timelines in the [1710 Shared Planning](#) policy.
2. Determine if relinquishment or TPR is in the best interest of the child by discussing the following with the birth parents:
 1. The option of a Voluntary Adoption Plan in accordance with [4330. Adoption Process](#) policy.
 2. The Open Communication Agreement options between the parent and the prospective adoptive family prior to accepting a relinquishment per [4330 Open Communication Agreement](#) policy.
3. Discuss aggravated circumstances as listed per [RCW 13.34.132](#) with assigned Assistant Attorney General.
4. Convene a Permanency Planning meeting within 30 days after the court determines aggravated circumstances exist. Identify a permanent planning goal per [4305 Permanency Planning policy](#).
5. Determine if compelling reasons/good cause exists to not file a petition for TPR.
6. Document compelling reasons/good cause in the:
 1. Report to the court. The court must approve the compelling reason/good cause exception at each permanency planning hearing and review at all subsequent hearings pertaining to the child.
 2. TPR Compelling Reasons group box in the FamLink Legal Record page.
7. File a TPR when compelling reasons/good cause no longer exists.
8. Document the filing of a TPR referral in FamLink Legal Record.

Forms and Tools

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

Resources

- Permanency Planning Practice Guide (available on CA Intranet)
- [Shared Planning Form \(DSHS 14-474\)](#)

43065. Voluntary Termination of Parental Rights

1. The juvenile courts are authorized to terminate parental rights voluntarily (relinquishment) under chapter 26.33 RCW. Social workers must use the forms provided by the Office of Attorney General or county prosecutor, as applicable, relating to relinquishment of parental rights. In order to achieve legal sufficiency it is important to use the most recently revised forms whenever handling a voluntary relinquishment. If out-of-date forms are used rather than the most recent form, the relinquishment may not be legally binding.
2. Petitions for voluntary termination of parental rights may be initiated for either an unborn or born child. The hearing on the petitions for relinquishment or termination cannot occur until at least 48 hours after the birth of the child or the parent's signing the consent to adoption, whichever is later. See section 43068 below for requirements regarding Indian children.
3. In considering a petition for termination of parental rights based on a voluntary consent to adoption by a parent, the judge will review whether the consent was genuinely voluntary and whether the termination of parental rights is in the best interest of the child.
 1. The social worker must take care to inform the parent that any relinquishment is voluntary throughout this process.
 2. If the parent has an attorney, that attorney must be involved in the legal process for termination of parental rights. When the parent has an attorney, the social worker does not work with a parent to secure a relinquishment and consent to adoption without the involvement of the parent's attorney.
4. Under a voluntary adoption plan, the department must follow the wishes of the alleged father, birth parent, or parent in identifying an adoptive placement. See the Case Services Policy Manual, chapter 5000, section 5762, and this chapter, section 45404.

43066. Pregnant and Parenting Youth

Approval: Jennifer Strus, Assistant Secretary

Effective Date: October 31, 2014

Sunset Review: October 31, 2018

Purpose

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

Laws

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

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

[RCW 26.44.030 Reports](#)

[RCW 74.13.280 Client Information](#)

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

[WAC 388-147](#)

HIV Law

Policy

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

Procedures

1. Dependent Pregnant Youth

The assigned worker must:

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

2. Dependent Parenting Youth

The assigned worker must:

1. Discuss the following during Health and Safety Visits in addition to other [4420 Health and Safety Visits](#) expectations:

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

The assigned worker must:

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

The assigned worker must:

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

5. **Documentation**

The assigned worker must:

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

Forms and Tools

[Caregiver Tip Sheet for Pregnant & Parenting Youth - DSHS 22-1537](#)

[Guidebook for Pregnant & Parenting Teens in Foster Care - DSHS 22-1538](#)

[CA Worker Tip Sheet for Pregnant and Parenting Youth - DSHS 22-1539](#)

[Teen Fathers Tip Sheet for Youth in Foster Care - DSHS 22-1540](#)

[Teen Mothers Tip Sheet for Youth in Foster Care - DSHS 22-1541](#)

Independent Living Services Referral - DSHS 13-353

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

[ICW Family Ancestry Chart](#)

Indian Identity Request Form - DSHS 07-761

See Also

[4400 TANF Benefits](#)

Resources

[DSHS: Division of Child Support](#)

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

[Washington State Teen Help](#)

[Women Infant and Children](#)

[First Steps](#)

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

43067. Opposing a Voluntary Petition

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

43068. Indian Children

1. Permanency Planning Case Staffing-If the child is identified as an "Indian child" per Appendix A, and is required to have a LICWAC staffing the child must have a Local Indian Child Welfare Advisory Committee (LICWAC) staffing to establish a permanency goal no later than 60 days from the original placement date. (Follow Indian Child Welfare Chapter 10: LICWAC policies and procedures)
2. Active Efforts-If the federal and state Indian Child Welfare Act (ICWA) protects the child, the caseworker must continue active efforts toward reunification with the child's parents or Indian custodian, if any, until the court terminates parental rights. See Appendix A for the definition of "Indian Child."
3. Compelling Reasons-The fact that the Tribal/State agreement defines the child as Indian and the child's involved tribe does not concur with the filing of the petition or with adoption as the permanency plan for this child may be a compelling reason not to file a termination of parental rights

petition. Compelling reasons not to file a termination petition must be made on a case by case basis considering the individual circumstances of the child and family

4. Termination of Parental Rights of an Indian child
 1. Special procedures apply when handling the voluntary or involuntary termination of an Indian child. The caseworker must refer to Indian Child Welfare policies and procedures.
 2. Petitions for voluntary termination of parental rights may not be initiated for an unborn Indian child. The hearing on the petitions for relinquishment or termination cannot occur until at least 10 days after the birth of the child or the parent's signing the consent to adoption.

4307. Voluntary Placement Agreement

Approval: Jennifer Strus, Assistant Secretary

Original Date: February, 1995

Revised Date: July 23, 2017

Policy Review: July 1, 2021

Purpose

A Voluntary Placement Agreement (VPA) safely supports a time-limited plan to remove a child who cannot remain safely at home for a short-term and place him or her in out-of-home care.

Scope

This policy applies to Division of Children and Family Services staff.

Laws

[RCW 13.34.245](#) Voluntary consent to foster care placement for Indian children, validation, withdrawal of consent, termination

[RCW 74.13.031](#) Duties of department, child welfare services, children's services advisory committee

[RCW 74.15.020](#) Definitions

Policy

1. A VPA will be used in specific time-limited circumstances as part of a short-term placement plan for children who cannot safely remain at home. A VPA will not exceed 90 days.
2. A VPA is valid when:
 1. Signed by both parents or legal guardians of the child unless:
 1. The department is unable to locate the other parent or legal guardian; or
 2. Legal custody resides with one parent, which must be verified.
 2. Signed by the DCFS caseworker and supervisor.
 3. Signed in front of a judicial officer of the Tribal Court or Juvenile Court when the child is an Indian child as per [ICW Chapter 6](#).

4. Placed with a licensed caregiver or relative as defined in [RCW 71.15.020 \(2\)](#) and within the state of Washington.
3. A VPA may not be used to place a child or youth:
 1. With an "[other suitable person](#)" per [RCW 13.34.130](#).
 2. On a hospital, medical, or physician hold.
 3. Outside of Washington state.
 4. In out-of-home care when the youth is 18 years or older. See [43105 Extender Foster Care policy](#) for youth over 18 years old.
4. A [Family Team Decision Making \(FTDM\)](#) staffing must be conducted before a child is:
 1. Placed or no later than 72 hours after the placement occurs when there is an emergency situation and an FTDM cannot occur prior to placement.
 2. Returned home to assess child safety and determine if the child can safely return home.
5. CA will return the child home within a "reasonable time" if a parent requests to vacate the VPA. For the purpose of this policy, "reasonable time" means one business day excluding weekends and holidays.

Procedures

1. Caseworkers and supervisors will approve VPAs in the following circumstances:
 - a. A safety threat exists, which cannot be managed in the home, and services provided during the 90 day period are likely to eliminate the need for court intervention.
 - b. After business hours, when a safety threat exists and the child is not placed in protective custody by law enforcement.
 - c. The parent or legal guardian needs temporary care for the child while undergoing medical care or treatment and there are no alternative placement resources.
 - d. The child's other parent or legal guardian is not immediately available to provide care.
2. If the parent terminates the VPA, the caseworker must immediately reassess safety to determine if the child can safely return home.
 - a. If the child can safely return home, the child must be returned to the parent or legal guardian with legal custody within "reasonable time."
 - b. If the child cannot safely return home, the department will immediately contact law enforcement to request placement of the child in protective custody or will file a dependency petition and request a pick-up order within "reasonable time."
3. Caseworkers must complete and upload the VPA form DSHS 9-004B into FamLink with all required signatures.
4. Caseworkers must document the following in FamLink:
 - a. The child's legal information on the Legal Records page.
 - b. The child's placement status on the Placement page.
 - c. A request from a parent or legal guardian to end the VPA and the subsequent actions in a case note.
 - d. The efforts made to have both parents sign the VPA.

Forms

Voluntary Placement Agreement form DSHS 9-004B (available on the CA intranet)

Resources

[Casework Activities for Court Proceedings](#) – Indian Child Welfare Policies and Procedures Chapter 6

4308. Legal Activity

43081. Dependency Petition Process - RCW 13.34.030 through 13.34.

1. The caseworker files a dependency petition when it is clear that child safety cannot be managed or controlled in the home and if the parents refuse or are unwilling to immediately make changes adequate to protect the child, or after reasonable efforts have not increased the parent's protective capacities.
2. The Office of the Attorney General or its designee represents the Department in dependency matters and presents the evidence supporting Department petitions alleging dependency or seeking the termination of a parent and child relationship. In Class 1-9 counties the Attorney General may contract with the prosecuting attorney of the county to perform duties of the Attorney General.
3. If a child is alleged to be dependent and if a child's health, safety, and welfare will be seriously endangered if he/she is not taken into custody, a service worker must file a petition and request a court order that the child be taken into custody. If the court enters such an order, the court may direct a law enforcement officer, a probation counselor, or a CPS official to take the child into custody. RCW 13.34.050
4. The caseworker is required to testify at the first shelter care hearing as to notice given to the parents.
5. The caseworker must refer to Indian Child Welfare (ICW) policies and procedures when working with Indian children who are a member or may be eligible for membership within a federally recognized tribe.

43082. Juvenile Court Hearings and Reports

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

43083. Compliance with Court Orders and Liability Protection

1. CA staff must make good faith efforts to comply with all court orders.
2. In cases where it is not possible to comply, with a court order, despite staff's best efforts, the social worker must promptly consult with the worker's supervisor and legal counsel to explore alternatives. If compliance is not possible, the worker must take steps to obtain a modification of the order. If the parties will not approve an agreed order of modification, the worker and legal counsel must schedule the matter for a hearing as soon as possible so that the situation can be brought to the court's attention and DCFS can request that the order be modified.
3. Employees are eligible for liability protection and may seek legal representation through the Office of the Attorney General, consistent with the provisions of DSHS Administrative Policy 18.63.

43091. Court Report

1. When a child is in out-of-home care, the caseworker must complete or update the report to the court in the following timeframes.
 1. The first report to the court is due no later than 10 working days before the dependency Disposition hearing or by the 60th day of the placement episode of a child (whichever date occurs first). The second report to the court is due by the 180th day of placement, and periodically thereafter at six month intervals.
 2. If the report to the court is completed earlier than required, the next report to the court is due no later than six months from the date of the last one completed.
 3. The report to the court shall include screening results and case plans to address the child/youth's multiple needs.
2. The report to the court must be submitted in the following situations:
 1. For all court disposition, permanency planning, and review hearings.
 2. To obtain approval to place a child in Behavior Rehabilitation Services, formerly called group care.
 3. For Shared Planning and administrative reviews.
 4. For citizen reviews.
 5. For tribal or Local Indian Child Welfare Advisory Committee (LICWAC) staffing, as appropriate and as defined in Indian Child Welfare (ICW) policies and procedures.
3. The report to the court must be developed after consulting, in person if possible, with the parents of the child, and, if developmentally appropriate, with the child. Following completion of the case plan, the caseworker's supervisor must approve and sign each report to the court. The caseworker must provide a copy of the report to the court to the parent(s) if the parent(s) whereabouts are known.
4. The child's report to the court contains information that is important for the child's caregiver to know so that the caregiver can provide appropriate care to the child. The child's report to the court must be shared with the child's foster parent, relative caregiver, or pre-adoptive parent(s).
5. Document in the Court Report for an incarcerated parent the following:
 1. How the parent participated in case planning
 2. What treatment services and resources are available in the facility that meet the parent's individual needs
 3. Visitation schedule or reasons why visitation is not appropriate with the incarcerated parent
6. The child's caregiver must preserve the confidentiality of information contained in the child's court report. A caseworker who becomes aware of a breach of confidentiality must discuss this with the caregiver, the caseworker's supervisor, and the licenser. The caseworker and supervisor may decide to use another strategy to provide the caregiver with all information pertinent to providing appropriate care for the child. The caseworker must document the alternate strategy for sharing information in the child's electronic record.

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

43092. Child Health and Education Tracking (CHET)

Approval: Jennifer Strus, Assistant Secretary

Original Date: January 8, 2007

Revised Date: January 1, 2016

Policy Review: January 30, 2020

Purpose

The Child Health and Education Tracking (CHET) program is responsible for identifying each child's long-term needs at initial out-of-home placement by evaluating his or her well-being. The results of the evaluation are used to develop an appropriate case plan and assist in placement decisions.

Scope

This policy applies to Children's Administration (CA) CHET screeners.

Laws

PL 110-351 Fostering Connections to Success and Increasing Adoptions Act of 2008

[RCW 74.14A.050](#) Identification of Children in a State-assisted Support System

Policy

CHET screeners must:

1. Evaluate all children in the care and custody of CA and who are expected to remain in care 30 days or more, **within 30 days of the child's original placement date**. This evaluation includes:
 1. Meeting with each child in-person to complete the CHET screen, unless the child is unavailable for an in-person meeting and the supervisor approves an exception to the in-person meeting. The reason for the exception must be documented in a case note.
 2. Assessing each child in the developmentally appropriate domain(s) in accordance with the CHET Practice Guide.
 3. Obtaining information from sources such as parents, caregivers and teachers, when available.
 4. Documenting the long-term well-being needs of the child in the [CHET Screening Report DSHS 14-444](#).
2. Follow the caseworker notification process in the CHET Practice Guide when a concern is identified during the screening process.
3. Make the following referrals:
 1. Early Support for Infants and Toddlers (ESIT) for children birth until his or her third birthday within two working days after a concern about the child's developmental delay is identified during the screening process. Referrals will be made in accordance with each region's ESIT protocol.
 2. Fostering Well-Being Care Coordination Unit (FWBCCU) for all children with complex physical health needs.
4. Provide and discuss the [CHET Screening Report DSHS 14-444](#) to caregivers and the assigned caseworker within five days of completion.
5. Document screening results and information gathered during the CHET screening process in the electronic documentation systems.
6. Upload the [CHET Screening Report DSHS 14-444](#) and all supporting documents into file upload in FamLink.
7. Participate in shared planning meetings, when invited.

Forms

[CHET Screening Report form DSHS 14-444](#)

Resources

4310. Services to Adolescents

43101. Assessment and Learning Plan

Purpose

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

Laws

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

[RCW 74.13.540](#) - Independent Living Services

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

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

Policy

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

Procedures

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

Forms and Tools

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

Resources

- Q & A for National Youth in Transition Database
- Youth prior to their eighteenth birthday may be eligible for up to \$500.00 to help attain their IL goals.
- **Contracted IL services** may be available to assist youth in the completion of the Assessment and LP. Contact your local office IL Coordinator to see if this service is available to your youth.
- Youth may receive services (including the ACLSA and LP) from contracted IL Services. If youth is participating in contracted IL services, make sure you receive documentation from IL provider that youth completed the ACLSA and developed a Learning Plan.

43102. CA Responsibilities to Dependent Youth 12 and Older

Approval: Jennifer Strus, Assistant Secretary

Original Date: June 10, 2010

Revised Date: September 29, 2015

Policy Review: September 1, 2019

Purpose

To help dependent youth age 12 and older understand Children's Administration's (CA) duties and responsibilities while the youth is in out-of-home care, including the youth's right to request counsel.

Scope

This policy applies to DCFS staff working with dependent youth.

Laws

[RCW 74.13.031 \(16\)](#)

[RCW 13.34.100 \(6\)](#)

[PL 112-34](#)

[PL 113-183](#)

Policy

The caseworker will:

1. Provide and discuss all required information to the youth within 30 days of becoming age 12 and then at least annually thereafter about their rights, in an age appropriate way, while in out-of-home care.
2. Assist youth, 14 and older, in obtaining and reviewing a copy of their consumer credit report annually.
3. Assist youth in correcting any inaccurate credit information.
4. Document these discussions in FamLink and in the court report.

Procedures

The caseworker will:

1. Provide and discuss the following information within 30 days of the youth becoming age 12 and then at least annually thereafter:
 1. His or her right to request counsel, asking the youth if he or she would like counsel. If youth declines, continue to ask the youth whenever a motion or petition is filed that affects the youth's placement, services, or familial relationships.
 2. The Rights of Children and Youth in Foster Care Declaration form. Obtain the youth's signature, provide a signed copy to the youth and upload the signed document into FamLink
 3. [Your Rights, Your Life: A Resource for Youth in Foster Care](#) booklet.
2. Inform youth age 14 and older how to obtain their consumer credit report and assist them in requesting a copy annually through www.annualcreditreport.com.
3. Review the credit report with the youth and identify any discrepancies. If discrepancies are identified, assist the youth in contacting the nationwide consumer credit reporting company that provided the credit report. Follow dispute instructions at each of the following websites:
 1. Equifax - www.investigate.equifax.com
 2. Experian - www.experian.com
 3. TransUnion - www.transunion.com
4. Document:
 1. The information above in procedures (1.-3.) was provided and explained to the youth in FamLink case notes and the court report, including the youth's decision to request counsel or not.
 2. The youth received "consumer awareness" on the National Youth in Transition Database (NYTD) tab of the Independent Living (IL) page under element "Budget & Financial Management."

Forms and Tools

[Rights of Children and Youth in Foster Care Declaration form](#)
[Your Rights, Your Life: A Resource for Youth in Foster Care](#)

Resources

<http://www.independence.wa.gov>
<http://www.annualcreditreport.com>
[Washington State Annual Credit Check Policy Q&A](#)

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

43103. Washington State Identocard, Instruction Permit and Personal Driver License for Foster Youth

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: June 12, 2008

Revised Date: December 4, 2017

Sunset Review: June 1, 2021

Purpose

Assist the youth in obtaining a state issued photo identification card prior to his or her 18th birthday. Photo identification helps the youth participate in normal childhood activities and prepare for adulthood such as opening a bank account, applying for a job seeking, housing, driving instruction permit, or personal driver license.

Scope

This policy applies to Division of Children and Family Services staff.

Laws

[RCW Chapter 13.34 Dependency and Termination of Parent-Child Relationship](#)

[RCW 74.13.283 Washington state Identocards – Foster Youth](#)

[RCW 74.13.710 Out-of-home care—Childhood Activities—Prudent Parent Standard](#)

Policy

1. All youth must have a state issued photo identification card prior to his or her 18th birthday.
2. To request a WA state Identocard, instruction permit or personal driver license:
 1. All requests for a Washington state Identocard must be submitted to Department of Licensing (DOL) on the Request for Washington State Identocard form DSHS 11-077. This is a standardized form approved by DOL and cannot be altered.
 2. The youth must be accompanied to the DOL office by the one of following persons to obtain his or her Identocard:
 1. Caseworker;
 2. Caregiver;
 3. Contracted Independent Living (IL) case manager; or
 4. Other adult designated by the caregiver
 3. All youth must have a Washington State Identocard Request form DSHS 11-077 in DOL's system before DOL will process a request for an instruction permit or personal driver license.

4. All requests for an instruction permit or personal driver license must be submitted on the Request for Washington State Instruction Permit or Personal Driver License form DSHS 02-636. This is a standardized form approved by DOL. It must be fully completed and cannot be altered.
5. Youth and caregivers must follow [DOL](#) instructions when obtaining an Identicard, instruction permit or personal driver license.

Procedures

1. When requesting a **WA state Identicard**, the caseworker must:
 1. Complete the WA state Identicard form DSHS 11-077 and attach a **2.5 in. by 3 in. color** photograph of the youth based on DOL's photo standards:
 1. A full face view of the youth directly facing the camera.
 2. The youth's head from the top of the head to the tip of the chin and side. Ears are not required to show.
 3. No hair (including bangs) across the eyes.
 4. No hats, glasses, hoodies or other items that obscure the face.
 2. Submit the original completed WA state Identicard form DSHS 11-077 to DOL in one of the following ways:
 1. First class mail to:
Department of Licensing
Attn: License Integrity Unit
PO BOX 9029 Olympia WA 98507-9029
Attn: Driver Examining Foster Care Kids
 2. Scan and email to: DOLSDSHSLETTER@DOL.WA.GOV
 1. Send the form as an attached word document or adobe only.
 2. Include in the subject line of the email the last name, first name, middle initial and date of birth of the youth.
 3. Do not leave any spaces between each section. For example John L. Doe born 01/01/1988 would be DoeJohnL010188.
 3. In-person when accompanying the youth to the local DOL office. Caseworkers will be required to show CA identification.
 3. Provide the youth with a copy of the completed WA state Identicard form DSHS 11-077 and place a copy in the youth's file.
2. The caseworker must assist the youth in obtaining the Identicard when the form is mailed or electronically submitted. This includes:
 1. Coordinating with the caregiver or contracted IL case manager to determine who is taking the youth to the local DOL office if the caseworker is not accompanying the youth.
 2. Explaining the steps for obtaining an Identicard at the local DOL office to the youth. This includes the informing the youth to bring a copy of the completed Identicard request form.
 3. Informing the youth when he or she can obtain his or her Identicard based on the timeframes listed below:
 1. After three business days if the form was electronically submitted.
 2. After seven business days if the form was mailed.
 3. The youth will have up to 60 calendar days to go to the local DOL office to request the Identicard.
 4. After 60 days the caseworker will need to submit a new request.
 4. The caseworker must discuss the procedures in section 2.ii and 2.iii with the caregiver and contracted IL case manager, when applicable, when the caseworker is not accompanying the youth.
3. When requesting an **Instruction Permit or Personal Driver License**, the caseworker must:
 1. Verify the youth has a WA state Identicard. If the youth does not have an Identicard.

1. Complete the WA state Identocard form DSHS 11-07 process outlined in procedure section 1.a.
2. Submit the completed identocard form **with** the Instruction Permit or Personal Driver License form DSHS 02-636.
2. Submit the original completed Request for Washington State Instruction Permit or Personal Driver License form DSHS **02-636** to DOL in one of the following ways:
 1. First class mail to:
Department of Licensing
Attn: License Integrity Unit
PO BOX 9029 Olympia WA 98507-9029
 2. Scanned and emailed to:
DOLSDSHSLETTER@DOL.WA.GOV
 1. Send the form as an attached word or adobe document only.
 2. Include in the subject line the last name, first name, middle initial and date of birth of the youth.
 3. Do not leave any spaces between each section. For example John L. Doe born 01/01/1988 would be DoeJohnL010188.
 3. If the Identocard request is being submitted electronically at the same time as the instruction permit or personal driver license request, **send one attachment** to DOL.
3. Inform the youth when he or she can go to the DOL office to obtain the instruction permit or personal driver license based on the timeframes listed below:
 1. After three business days if the form was electronically submitted.
 2. After seven business days if the form was mailed.
 3. The youth will have up to 60 calendar days to go to the local DOL office to request the instruction permit or personal driver license.
 4. After 60 days the caseworker will need to submit a new request
4. Provide the youth and or caregiver with a copy of the completed Request for Washington State Instruction Permit or Personal Driver License form DSHS 02-636.
5. Retain a signed copy in the case file.

Forms

Request for "Identocard" form DSHS 16-029 reduced fee (Located on the ASD forms drive)

Request for Washington State Identocard form DSHS 11-077 (Located on the CA Intranet)

Request for Washington State Instruction Permit or Personal Driver License form DSHS 02-636 (Located on the CA Intranet)

Resources

[Caregiver Guidelines for Foster Childhood Activities](#)

Washington State Identocard Q&A (Located on the CA Intranet)

43104. Transition Plan (for Dependent Youth 17 through 20 Years)

Approval: Jennifer Strus, Assistant Secretary

Original Date: October 4, 2010

Revised Date: July 1, 2016

Sunset Review: June 30, 2020

Purpose

The development of a transition plan is crucial to helping dependent youth in out-of-home care prepare for self-sufficiency and supports a smooth and successful transition into adulthood.

Scope

This policy applies to all Division of Children and Family Services staff.

Laws

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

[RCW 74.13.341](#) Transition plan - Qualification for developmental disability services

[RCW 74.13.540](#) Independent Living Skills

[42 U.S.C. 677](#) John H. Chafee Foster Care Independent Living Act

[PL 113-183](#) Preventing Sex Trafficking and Strengthening Families Act

Policy

1. Dependent youth in out-of-home care 30 days or more must:
 1. Have a [shared planning meeting](#) between ages 17 and 17.5 to discuss and develop a personalized, youth-directed transition plan. This includes inviting all required participants.
 2. Have a completed [Transition Plan form DSHS 15-417](#) (currently named Transition Plan for Youth Exiting Care) 90-days before turning age 18 or for youth electing to participate in the [Extended Foster Care \(EFC\) Program](#) 90 days before exiting the program. The transition plan must:
 1. Include all of the following state and federally required information:
 1. Education
 2. Employment
 3. Housing
 4. Health Insurance
 5. Local opportunities for mentors and continuing support
 6. Work force supports and employment services
 2. Be attached to the court report:
 1. When submitting a request to dismiss the youth's dependency at age 18;
 2. At each youth's review hearing if participating in the EFC; and
 3. When submitting a request to dismiss the youth's dependency from the [Extended Foster Care Program](#).
 3. Be provided with the following items and information prior to the youth's 18th birthday. This information may be provided throughout the life of the case as needed:
 1. Certified or original birth certificate

2. Social security card
3. State issued photo identification
4. Copies of all medical and education records
5. Health insurance card
4. Receive assistance to apply for developmental disability services when he or she may be eligible for developmental disability services beyond age 18.

Procedures

The caseworker must:

1. Assist the youth to identify important persons the youth wants invited to the [shared planning meeting](#).
2. The following required persons must be invited to the [shared planning meeting](#):
 1. All persons identified by the youth.
 2. Representatives from the:
 1. Behavioral Health Administration
 2. Developmental Disabilities Administration
 3. Economic Services Administration
 4. Rehabilitation Administration
 5. Independent Living contractor
3. Invite the following persons to the shared planning meeting, when applicable:
 1. Tribal caseworker
 2. Caregiver
 3. Biological or extended family
 4. Counselor
 5. Child Placing Agency case manager
 6. Probation officer
 7. Representatives from any community agency working with the youth
 8. CASA, GAL, or attorney appointed for the youth
4. Conduct a [shared planning meeting](#) between age 17 and 17.5 to develop a transition plan that will assist the youth in a safe and successful transition into adulthood. During the meeting:
 1. Complete the [Transition Plan form DSHS 15-417](#) (currently named Transition Plan for Youth Exiting Care).
 2. Provide written information about the [Extended Foster Care Program](#).
 3. Discuss the importance of obtaining a [Durable Power of Attorney for Health Care](#).
 4. Explain how to access his or her case record after exiting care.
 5. Obtain the youth's signature on the completed [Transition Plan form DSHS 15-417](#) (currently named Transition Plan for Youth Exiting Care).
 6. Provide a copy of the signed transition plan to the youth and retain a copy for the case file.
 7. The meeting must occur even when a youth is on the run. The transition plan should be shared with the youth upon his or her return to care and updated with the youth's input.
5. Review and update the transition plan with the youth during the monthly [health and safety visits](#) and follow-up on any uncompleted tasks identified in the transition plan. This process will continue until the youth leaves foster care at age 18 or the EFC Program if he or she elects to participate.
6. Complete the [Ward of the Court Verification form DSHS 27-056](#) for youth prior to exiting care.
7. Document in FamLink:
 1. The [Shared Planning form DSHS 14-474](#) for all [shared planning meetings](#) within the required documentation timeframes.
 2. The [Transition Plan form DSHS 15-417](#) (currently named Transition Plan for Youth Exiting Care) in the Independent Living page, including all information and documents provided to the youth.
 3. A case note for all monthly [health and safety visits](#).

Forms

[Transition Plan DSHS 15-417](#) (currently named Transition Plan for Youth Exiting Care)

[Ward of the Court Verification DSHS 27-056](#)

[Request for Children's Administration Records DSHS 17-041](#)

[Request for DDA Eligibility Determination DSHS 14-151](#)

Resources

Social Worker Guide to Transition Planning for Youth [DSHS 22-1313](#)

Monthly Health & Safety Visits Child Checklist (available on CA intranet)

17.5 Transition Staffing Q&A (available on CA intranet)

Independent Living Quick Help Guide

Shared Planning Guide

Pocket Guide [DSHS 22-080](#)

<http://www.uslivingwillregistry.com>

Gameboard

43105. Extended Foster Care Program

Approval: Connie Lambert-Eckel, Assistant Secretary

Original Date: June 22, 2011

Revised Date: October 19, 2017

Sunset Review: October 19, 2020

Purpose

The Extended Foster Care (EFC) Program is a voluntary program established to support eligible youth between the ages of 18 and 21 in a successful transition to independence through continued foster care placement and services.

Scope

This policy applies to Division of Children and Family Services (DCFS) staff.

Laws

[RCW 13.34.267](#) Extended Foster Care Services, Maintenance of Dependency Proceedings, Placement Care of Youth, Appointment of Counsel, Case Plan

[RCW 13.34.268](#) Extended Foster Care Services, Voluntary Placement Agreement, Decline, Petition for Dependency

[RCW 74.13.020](#) Definitions

[RCW 74.13.031](#) Duties of Department, Child Welfare Services, Children's Services Advisory Committee

[RCW 74.13.336](#) Extended Foster Care Services

[RCW 74.15.020](#) Definitions

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

Policy

1. Eligibility

1. EFC services must be provided to eligible dependent youth. To be eligible for the EFC program, a youth, on their 18th birthday, must be legally dependent, in foster care and meet one of the following eligibility criterion:
 1. Is enrolled in high school or a high school equivalency program;
 2. Is enrolled, has applied for, or can show intent to timely enroll in a post-secondary academic or post-secondary vocational certification program;
 3. Is participating in a program or activity designed to promote or remove barriers to employment, including part-time employment;
 4. Is employed 80 hours or more a month; or
 5. Is unable to engage in any of the above activities due to a documented medical condition.
2. The caseworker must:
 1. Verify and document that the youth meets the eligibility criteria on the FamLink EFC Eligibility page, prior to enrollment and for every subsequent court review.
 2. If the youth has a documented medical condition that prevents him or her from participating in any of the EFC program eligibility criteria listed in Policy section 1(a.) (i.-iv.) above, document the medical condition in the following pages in FamLink:
 1. Health/Mental Health,
 2. Court Report,
 3. EFC Eligibility,
 4. Upload supporting documentation from a licensed medical provider.
 3. If the youth has a temporary medical condition, verify continued EFC eligibility during the monthly health and safety visit. This verification includes reviewing the documentation from the licensed health care provider to determine if updated documentation is needed.
3. A tribal dependent youth may be eligible for the EFC program if the tribe's code defines "child" up to the age of 21 and they meet EFC program criteria.
4. A youth is not in foster care and not eligible for the EFC program if, on their 18th birthday, was:
 1. In a dependency guardianship.

2. Adjudicated or convicted of a crime and serving their sentence in a Juvenile Rehabilitation (JR) institution (JR community facilities are excluded) or Department of Corrections (DOC).
3. Placed in a trial return home or in-home dependency.
5. EFC youth are eligible for courtesy supervision per the [courtesy supervision policy](#).
2. EFC Enrollment
 1. An eligible youth must elect to participate in the EFC program initially:
 1. Starting on their 18th birthday; or
 2. Prior to their 19th birthday.
 2. The caseworker must:
 1. When a youth is disabled, coordinate with the Developmental Disabilities Administration (DDA), the youth's assigned CASA/GAL, attorney and court to assist the youth with the decision to enroll in the EFC Program.
 2. Document the youth's decision to participate on the EFC Eligibility page in FamLink.
 3. Complete the [Extended Foster Care Participation Agreement form DSHS 10-432](#) with a youth who elects to participate on their 18th birthday.
 1. Obtain the youth's signature.
 2. Provide the completed form to all parties involved, including the court.
 3. Upload the signed form into FamLink.
 4. Request the court to dismiss the dependency if the youth does not elect to participate in the EFC program. Once the case has been dismissed, the caseworker must end the placement episode in FamLink.
 3. Youth can transition between eligibility categories.
 4. Youth participating in the EFC program can exit the program at any time.
3. EFC enrollment after 18th birthday and prior to 19th birthday:
 1. Any youth who did not elect to participate in EFC on their 18th birthday who is requesting to enroll in the EFC program after their case was dismissed must:
 1. Have been legally dependent and in foster care on their 18th birthday
 2. Meet one of the categories in Policy section 1(a.) (i.-v.) above.
 3. Sign an [Extended Foster Care Services Voluntary Placement Agreement \(VPA\) DSHS form 15-431](#) and agree to entry of a dependency order within 179 days.
4. EFC re-enrollment prior to 21st birthday
 1. Any youth requesting to re-enter the EFC program who did participate in EFC on their 18th birthday, but had their EFC dependency dismissed must:
 1. Have been legally dependent and in foster care on their 18th birthday.
 2. Have previously enrolled/participated in EFC and unenrolled or lost eligibility and had the dependency dismissed.
 3. Have not entered into the EFC program previously on a VPA.
 4. Meet one of the eligibility criteria in policy section 1(a) (i.-v.) above.
 5. Sign an [Extended Foster Care Services Voluntary Placement Agreement \(VPA\) DSHS form 15-431](#).
 2. This includes those EFC youth who discharged from military active duty prior to age 21.
 3. These youth:
 1. Can only enter into EFC once through a VPA.
 2. Their placement in care on a VPA cannot exceed 179 days.
5. EFC enrollment or re-enrollment after 18th birthday, the caseworker must:
 1. Connect the youth to an intake worker or ensure the intake is created on the youth's behalf. An intake must be created and assigned to the office where the youth is currently residing.
 2. Make contact with youth requesting EFC within 72 hours of request for services.
 3. Determine and document program eligibility on the EFC Eligibility page in FamLink.
 4. If a youth is eligible for EFC:

1. Obtain the youth's signature on the [Extended Foster Care Services Voluntary Placement Agreement \(VPA\) DSHS form 15-431](#) before the youth re-enters care and before their 21st birthday. Upload the signed VPA in FamLink.
2. Notify the assistant attorney general within 90 days of youth returning to care once the VPA is signed.
3. File and establish a non-minor dependency action within 179 days from date the VPA was signed.
4. Create or update the existing transition plan with the youth prior to the first court review hearing.
5. If a youth is denied entry into EFC:
 1. Staff the case with the EFC regional lead prior to sending the EFC denial letter. A youth is only denied access to the EFC program when he or she:
 1. Was not legally dependent and in foster care on their 18th birthday.
 2. Does not meet any of the eligibility criteria, in policy section 1(a.)(i.-v.) above, at the time of their request;
 3. Elected to not participate in EFC on their 18th birthday and is over the age of 19.
 4. Had a previous EFC-VPA, or
 5. Is 21 years old or older.
 2. Send the youth an [EFC Denial Letter DSHS form 06-165](#) within 10 calendar days of the agency's decision of denial.
6. Case Planning and Service Provision
 1. Provide written information about the EFC program to youth between the ages of 17 and 17.5 at the 17.5 Transition Staffing.
 2. Document in a case note in FamLink and in the court report that the youth has been provided information about the EFC Program prior to their 18th birthday.
 3. All youth in EFC must receive the following:
 1. [Monthly health and safety visits](#), whether placed in-state or out-of-state.
 2. Regular court reviews.
 3. Case planning activities, including shared planning meetings, which must cover:
 1. A current transition plan that is updated and attached to the court report.
 2. A case plan that focuses solely on the youth, as the legal guardians are no longer party to their dependency.
 3. A case plan that assesses the following:
 1. The youth is safe in their placement;
 2. The youth continues to be eligible for extended foster care;
 3. The current placement is developmentally appropriate;
 4. The youth is developing independent living skills; and
 5. The youth is making progress towards transitioning to full independence within their capacity limits.
 4. The plan must also include the following:
 1. Education
 2. Employment
 3. Work force supports and employment services
 4. Local opportunities for mentors and continuing support; and
 5. Health Insurance
 6. Housing
 7. Identification and support of permanent connections.
 4. Services tailored to meet their transition needs while participating in the program.
 5. Referral for a Wraparound Intensive Services (WISe) screen if the youth has complex behavioral health needs per [4542. WISe policy](#).

6. A transition plan to include all of the case plan elements no more than 90 days prior to the dismissal of the EFC case. The plan must be attached to the court report.
 7. Assistance obtaining and reviewing a copy of their consumer credit report annually per policy [43102 CA Responsibilities to dependent Youth 12 and Older](#).
 8. If the youth foster care placement or Supervised Independent Living (SIL) setting disrupts, assist the youth in locating another placement.
4. Request court dismissal of the dependency when the youth:
 1. Is not eligible on their 18th birthday.
 2. Is eligible but chooses not to participate in the program on their 18th birthday.
 3. Is enrolled in EFC but no longer meets eligibility criteria.
 4. Turns 21 years old or chooses to leave the program.
 5. Is not complying with the dependency court order, case plan, or placement rules.
 6. Has left their approved placement for more than 72 hours without approval.
 7. Is no longer living in a CA or court approved placement and refuses to accept all other identified options.
 8. Has been adjudicated or convicted of a crime and is:
 1. Residing in a JR institution; or
 2. Incarcerated in a county jail or DOC facility.
 5. Document in FamLink that the placement has ended once the court dismisses the dependency.
7. Placement types
 1. EFC youth may be placed in licensed foster care, with relatives, other suitable adults or in a SIL setting.
 1. Foster care placements, such as, but not limited to licensed foster home, group home, or staffed residential home.
 1. An EFC youth who is placed in a licensed placement can continue to live in the same home as long as they are eligible, it is age appropriate and the caregiver agrees to continue to serve the youth.
 2. Placement payment may remain the same, but should be assessed and adjusted as needed using the foster care rate assessment or rate determination process for therapeutic placements.
 3. Discuss and document in the case plan the independent living skills the youth and caregiver will work on.
 2. SIL Setting
 1. SIL settings must be approved by CA or the court.
 2. Prior to approving a SIL setting, the CA caseworker must visit the proposed SIL setting to assess for safety and developmental appropriateness.
 3. SIL settings may include, but are not limited to:
 1. Apartments
 2. Room and board arrangements
 3. College or university residence halls/dormitories
 4. AmeriCorps or Job Corps
 5. Shared roommate settings
 6. Renting a room
 7. Parents/Guardians
 8. A licensed foster home with a room and board arrangement (Foster care reimbursement stops and SIL payments are made to the youth)
 4. EFC youth in the following circumstances are eligible to reside in a SIL setting:
 1. Enlisted in the military
 1. An EFC youth in an approved SIL setting, who is in the armed forces in basic training or has completed basic training and is serving part-time in the National Guard or in the reserves.
 2. Married

1. An EFC youth is in an approved SIL setting and is or becomes married. There are no service requirements and no additional financial support is provided for the non-minor dependent spouse unless they have their own EFC case.
3. Parenting
4. Adopted as an adult
3. SIL payments are:
 1. Provided when the EFC youth is in a SIL setting approved by CA or the court.
 2. Paid directly to the youth.
 3. Based on the current basic foster care reimbursement rate.
 1. To continue unless the EFC youth is no longer in a CA approved placement setting and;
 2. A court hearing was held and;
 3. The court did not approve the SIL setting or;
 4. Court dismissed the EFC dependency
 4. Not paid when other foster care placement payments are being paid (foster care reimbursement, Behavioral Rehabilitation Services, etc.).
 5. Discontinued when the EFC youth completes armed services basic training and is on full-time active duty.
 6. Discontinued when EFC youth chooses to stop participating in EFC.
4. EFC youth may leave a placement setting to participate in normal youth activities for up to 72 hours. Youth may be gone for longer than 72 hours with assigned caseworker or other designated CA staff approval. For in-state, out-of-state, or out-of-country travel requests exceeding 72 hours follow [6100 Client and Staff Travel policy](#).
5. For Interstate Compact Placement of Children (ICPC) cases when:
 1. The youth's EFC case is in Washington (WA) state:
 1. The assigned CA caseworker must contact the ICPC Unit to determine if the receiving state will provide courtesy supervision to EFC youth.
 2. If the receiving state does not provide courtesy supervision, the assigned CA caseworker is responsible for ensuring that [monthly health and safety visits](#) and case management services are provided while the youth is residing outside of WA. The CA caseworker must make efforts to locate contracted services as needed.
 2. The youth's EFC case is in another state:
 1. WA provides EFC services to an ICPC youth who was placed in WA prior to their 18th birthday when the sending state has an EFC program and requests WA to continue to provide this service.
 2. EFC funding must be provided from the sending state.
 3. Washington does not provide courtesy supervision to youth residing in WA with EFC cases in another state who were not residing in WA prior to their 18th birthday.

Forms

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

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

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

[Transition Plan for Youth Exiting Care DSHS form 15-417](#)

Resources

[43091. Court Report Policy](#)

[4430. Courtesy Supervision Policy](#)

[4420. Health and Safety Visits with Children and Monthly Visits with Caregivers and Parents](#)

[6100. Client and Staff Travel](#)

4311. Social Worker Role

1. Social workers have primary responsibility to coordinate the case planning efforts (per [Child Safety Section policy](#)) of all persons working on behalf of the child. This includes helping to develop goals and the means to their achievement with the parents in order to strengthen the family.
2. Information Sharing-Either prior to or soon after placement, the social worker must have a candid discussion with the care providers to inform them of the following:
 1. The reasons for the placement.
 2. Full disclosure of the child's needs and characteristics.
 3. The agency plan for the child's parents, relatives, and the care providers.
 4. The legal process.
 5. The child's right to have reasonable access to uncensored communication (i.e. private telephone calls, uncensored mail) with parents, relatives, and others. Exceptions to the rights result if court orders or case plans restrict the child's contact with certain people for their safety or the safety of others, or for the child's well-being.
3. The social worker must give the foster care/kinship care provider or /agency, information and resources within available funding, to assist with the stability of the placement and to meet the needs of the child.
4. The social worker works with the placement family/agency and with the other professionals involved in the case to support the permanent plan for the child.
5. See the Case Services Policy Manual, chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.

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

Purpose

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

Laws

[RCW 13.34.136](#)

Policy

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

Procedures

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

See Also

[2440 Service Agreements Policy](#)

[4301 Shared Planning Policy](#)

4313. Notification of Court Hearings to Out-of-Home Caregivers

Approval: Jennifer Strus, Assistant Secretary

Original Date: July 31, 2010

Revised Date: October 31, 2016

Policy Review: October 31, 2020

Purpose

Out-of-home caregivers are important and respected team members who have a vital role in meeting the individual needs of children placed in their care. Caregivers must be provided timely notification of court hearings.

Scope

This policy applies to Division of Children and Families staff.

Laws

[RCW 13.34.096](#) Right to be heard notice

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

[RCW 13.34.820](#) Permanency for Dependent Children Annual Report

Policy

Out-of-home caregivers must be:

1. Notified of all court hearings in a timely manner. Caregivers will be:
 1. Informed of all court hearings via telephone, writing or in-person and their right to be heard at those court hearings.
 2. Notified at the same time parties to the case are required to be notified; even though caregivers are not parties to the dependency action.
 3. Notified at the time of placement or as soon as possible if the child changes placement.
2. Provided the [Caregivers Report to the Court form DSHS 15-313](#). Caregivers will be:
 1. Encouraged to complete and submit the [Caregivers Report to the Court form DSHS 15-313](#) to the guardian ad litem or caseworker before each court hearing.
 2. Informed that the report only includes information about the child and that the report cannot include any information about the child's parent that is not directly related to the child's well-being.

Procedures

Caseworkers will:

1. Document the date the caregiver was notified in the Caregiver Notification page in FamLink.
2. Provide the court with the dates and method by which the caregiver was informed of the court hearing.

Forms

[Caregivers Report to the Court form DSHS 15-313](#)

Resources

A Relatives Guide to Child Welfare Services

4320. Open Adoption Agreements

Approval: Jennifer Strus, Assistant Secretary

Original Date: July 1, 1991

Revised Date: March 1, 2017

Policy Review: March 31, 2020

Purpose

Open Adoption Agreements provide communication with or contact between child adoptees, adoptive parents, siblings of child adoptees and a birth parent or parents when it is appropriate and in the child adoptee's best interests.

Scope

This policy applies to Division of Children and Family Services staff.

Laws

[RCW 26.33.295](#) Open adoption agreements—Agreed orders - Enforcement.

Policy

1. Before an Open Adoption Agreement (OAA) can be considered for a dependent child, the caseworker must conduct a [Shared Planning Meeting](#) prior to the termination of parental rights hearing. Attendance must include:
 1. Child's caseworker and supervisor
 2. Adoption caseworker or supervisor
 3. Adopting family and attorney if family desires
 4. Birth parent if applicable and attorney if birth parent desires
 5. Sibling if applicable and developmentally appropriate

6. Sibling's parent if applicable
 7. Each child's GAL/CASA as applicable
 8. Youth aged 12 or older or as developmentally appropriate
 9. Youth's two identified participants other than the caseworker or caregiver
 10. Child's attorney if one is appointed
 11. Service providers for child as appropriate
2. An OAA can be considered with birth parents and/or siblings when CA and the GAL/CASA determine that post-adoption contact and/or communication is in the child's best interest now and in the future. Best interest of the child includes, but is not limited to, the following:
 1. Continued contact/communication supports the child's:
 1. Sense of well-being and security
 2. Need to maintain connections with biological family members
 3. Stability in the adoptive placement
 4. Desire to maintain contact
 2. Continued contact/communication does not interfere with the physical safety and welfare of the child and the adopting parents.
 3. Prior to the court establishing an OAA, the caseworker will discuss with youth age 14 and over (younger if developmentally appropriate) the youth's interests in maintaining contact with birth parents and/or known siblings. The discussion should include:
 1. Type and amount of contact the youth feels would be beneficial.
 2. The youth's understanding of an OAA.
 4. A birth parent must have the developmental capacity to understand the terms of an OAA.
 5. An OAA with a sibling must have the sibling's parent or guardian consent.
 6. An OAA is not legally enforceable unless the terms of the agreement are set forth in a court order.
 7. The court will not approve an OAA unless signed by the parties, including the adopting parent(s) and birth parent, but only if parental rights have not been terminated. The agreement must be approved by the child's attorney if applicable, CA and the GAL as being in the child's best interest. Note: CA is not a party to the agreement and is not required to sign the OAA.
 8. The caseworker will advise the birth parent and adopting parent to consult their attorney's prior to signing an OAA. Note: The caseworker must not advise the birth parent and adoptive parent on legal matters.
 9. The costs and services related to negotiating an OAA may be considered a non-recurring expense under the adoption support program.

Procedures

The caseworker will:

1. Conduct a [Shared Planning Meeting](#) at least 30 days prior to a termination of parental rights hearing to determine and document in FamLink the following on the [Shared Planning Meeting form, DSHS 14-474](#):
 1. The child is in an adoptive placement and an OAA with the birth parent and/or sibling is in the best interest of the child. Document in a case note:
 1. The benefits to the child's well-being of maintaining contact and/or communication between a birth parent and/or child's sibling and the adopting parent and child. If the OAA is with a sibling, that the sibling is placed separately and has an established relationship with the child;
 2. That youth age 14 or older (younger if developmentally appropriate) was consulted about the OAA and the youth is in agreement; and
 3. The OAA must specify:
 1. The type of on-going contact and/or communication that is most appropriate for the child now and in the future.

1. The contact and/or communication must include at a minimum a letter and photo one time per year and may include:
 1. Letters
 2. Limited visitation
 3. Phone contact
 4. Electronic correspondence
 5. Additional Pictures
 2. A physical, mailing, or email address for each legal party if correspondence is a part of the agreement;
 3. That the OAA is effective from the date the adoption is finalized and that any contact in the intervening period shall be at the discretion of the CA; and
 4. That should there be a change in adoptive parents the OAA is not legally binding on future adoptive parents.
2. If a Shared Planning Meeting decision does not support an OAA with:
 1. A birth parent, the caseworker will proceed with the termination of parental rights petition.
 2. A known sibling, the caseworker will document the decision in the child's case record and the sibling's case record if applicable using an Exception to Policy form.
 3. A Letter of Intent can be agreed upon in a shared planning meeting with a birth parent for a child that is not placed in an adoptive home prior to termination of parental rights. The Letter of Intent:
 1. Is not a legally binding contract with CA;
 2. Allows the birth parent to express his/her wishes in terms of contact/communication he/she feels is in the child's best interests;
 3. Must document agreement by CA and the GAL/CASA that the OAA is in the child's best interest;
 4. Will include a statement that CA will make reasonable efforts to locate an adoptive family that will agree to the Letter of Intent conditions;
 5. Will not delay permanency for the child; and
 6. Will identify the type of ongoing communication with the birth parent, parents or siblings that is most appropriate for the child which may include:
 1. Letters
 2. Limited visitation
 3. Phone contact
 4. Electronic correspondence
 5. Pictures
2. Notify the AAG regarding CA's position on the OAA or Letter of Intent and the outcome of the Shared Planning Meeting.
 3. Prior to filing in court, the OAA must be signed by:
 1. Adoptive family
 2. Birth parent if applicable
 3. Sibling's attorney or GAL if applicable
 4. GAL/CASA
 5. Child's attorney if applicable
 4. The signed OAA may be submitted to both the Juvenile Court at the termination hearing and the Superior Court at the adoption hearing.
 5. Maintain a copy of the OAA in the child's adoption file (legally free).

Forms

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

4325. Creating A Legally Free File

Approval: Connie Lambert-Eckel, Assistant Secretary

Original Date:

Revised Date: September 30, 2017

Policy Review Date: September 30, 2022

Purpose

To provide Children's Administration (CA) caseworkers direction on how to create a hard file record and FamLink electronic case file for children who become legally free.

Scope

This policy applies to CA Children and Family Welfare Services (CFWS) and Adoption caseworkers.

Laws

[RCW 13.34.200](#)

[RCW 13.34.210](#)

[RCW 26.33](#)

[RCW 70.02](#)

[RCW 74.13.031](#)

[RCW 74.13.290](#)

[RCW 74.13.300](#)

[RCW 74.14A.020](#)

Policy

When the child becomes legally free, the assigned CA worker must:

1. Deactivate the child's case from the family case file and create a legally free child case file in FamLink within ten days of a child becoming legally free.
2. Follow the Legally Free Child Hard Case File Instructions located on the CA intranet and include all the information about the child from:
 1. The family's hard case file.
 2. The family's electronic records in Application Extender (AX), Management Operations Document Imaging System (MODIS), and FamLink.

3. If the information about the child is copied from the family hard file, place a copy of the information in the family hard case file and the **original** in the legally free child's hard file.
4. If the family case information is from AX or MODIS, the information should be extracted, printed, and placed in the legally free child's hard file or extracted and uploaded into the child's legally free electronic file in FamLink.
5. Place any information pertaining to the legally free child received after the termination of parental rights in the child's legally free hard case file or electronic FamLink file. This information must **not** be placed in the family electronic or hard case files.

4330. Adoption Process

Approval: Connie Lambert-Eckel, Assistant Secretary

Original Date:

Revised Date: September 30, 2017

Policy Review: September 30, 2022

Purpose

To provide direction to CA staff in the following:

- Identifying and assessing potential adoptive families for children with a permanent plan of adoption.
- Identifying available services for identified adoptive families.
- Providing comprehensive information to the prospective adoptive parent about a prospective adoptive child in compliance with federal and state confidentiality laws, pre-adoption and post adoption support services.
- Archiving sealed records for legally free children to create a permanent record of the child's past involvement with the agency.

Scope

This policy applies to Children's Administration (CA) Children and Family Welfare Services (CFWS) and adoption workers.

Laws

[RCW 13.34.040](#)

[RCW 13.34.130](#)

[RCW 13.34.200](#)

[RCW 13.34.210](#)

[RCW 13.34.260](#)

[RCW Chapter 13.50](#)

[RCW Chapter 26.33](#)

[RCW Chapter 70.02](#)

[RCW 70.24.110](#)

[RCW 74.13.031](#)

[RCW 74.13.290](#)

[RCW 74.13.300](#)

[RCW 74.14A.020](#)

[42 U.S.C. § 5106a](#)

[42 USC §671\(a\)](#)

Policy

1. Identifying the Adoptive Family

The assigned caseworker must:

1. Make adoptive placement decisions based on the best interest of the child.
2. Give preference to a kinship caregiver over a non-related caregiver when determining a placement for a child, provided that the kinship caregiver meets all relevant state child protection standards and placement is in the child's best interests.
3. Follow [Indian Child Welfare \(ICW\) Policies and Procedures](#) when there is reason to know that the child is or may be an Indian Child.
4. Not deny:
 1. Adoption or out-of-home placement based on the race, or national origin of the prospective adoptive parent or the child involved. This provision does not apply to nor affect the [Indian Child Welfare Act \(ICWA\)](#).
 2. Adoption services to an applicant based on the applicant's decision to complete an adoption home study rather than a unified foster and adoptive home study.
 3. Any person above the age of 18 the opportunity to become an adoptive parent on the basis of the race, or national origin.
 4. Placement of the child for adoption when an approved family is available outside the jurisdiction or office having responsibility for the child's case.
5. Schedule an Adoption Planning Review (APR) within thirty calendar days of the decision to file a termination of parental rights petition or accept a relinquishment of parental rights. For more information about Shared Planning, including required participants, see the Guide to Shared Planning located on the CA intranet.
6. During the APR staffing:
 1. Determine if the child's current caregiver would like to be considered as a prospective adoptive placement, whether he or she is able to safely meet the child's needs and if the placement is in the child's best interest.
 2. Determine with an adoption worker if a home study update is required and make the referral if warranted.

3. Provide [Child Information and Placement Referral DSHS 15-300](#), and significant medical and education information about the child to the prospective adoptive family as part of the decision-making process, if not already provided.
 4. Initiate social and medical assessments of the child if warranted.
 5. Explore available community resources for the prospective adoptive family.
 6. Determine if an [Open Adoption Agreement \(OAA\)](#) or Letter of Intent is in the child's best interests and, if so, discuss terms with the identified parties.
 7. If the APR will address an OAA or Letter of Intent, also invite the following individuals:
 1. Birth parents
 2. Birth parents' attorneys
 3. Assigned Assistant Attorney General
 8. Provide information, with assistance from an adoption worker, about adoption services, the adoption process, and adoption support. Explain the differences between foster care maintenance and the adoption support program.
7. When the child's current placement cannot be a prospective adoptive placement:
1. Develop a recruitment and post-termination case plan for the child.
 2. Discuss the case with the supervisor and adoption supervisor to determine whether to co-assign the case with an adoption worker.
 3. Refer to the [Washington Adoption Resource Exchange \(WARE\)](#) within five days of the APR staffing a child who:
 1. Has an identified plan of adoption, is not placed with a prospective adoptive family, a decision has been made to file a termination of parental rights petition, and the court has ordered that the child may be registered on an exchange or the birth parents have given permission for the child to be registered on an exchange, or
 2. Is legally free, not in a prospective adoptive placement and not already registered on the exchange.
 4. Send the following documents to the [Northwest Adoption Exchange \(NWAE\)](#) office for WARE registration:
 1. Completed WARE Registration form located on the CA intranet.
 2. A clear photograph of the child
 5. After WARE registration:
 1. Email the child's name, date of birth (DOB), case number, and WARE referral number to the Regional adoption/permanency program manager (RAPM).
 2. Complete the following child-specific recruitment activities, as needed for each child:
 1. Referral to Wendy's Wonderful Kid's Program (WWK) if the program is available.
 2. Referral to monthly statewide Consortium.
 3. When legally free, referral to other Exchanges by emailing NWAE office.
 4. Referral to the Youth Engagement Project or NWAE Specialize Recruitment Project by emailing NWAE office.
 6. As prospective home studies are received, utilize the Selection Committee Meeting process to select a prospective adoptive home for the child.
8. Adoption Purchase of Services (POS)
1. When a prospective adoptive home is located outside Washington, the assigned caseworker will:
 1. Contact Washington's [Interstate Compact on the Placement of Children \(ICPC\)](#) program.

2. If a POS contract is not needed, submit an [ICPC](#) request and wait for approval from the receiving state before placing the child.
3. If a POS contract is required, provide the CA adoption program manager with:
 1. The child's name and DOB.
 2. The name and contact number of the agency that will be providing supervision.
 3. A copy of the shared planning or Selection Committee staffing notes that identified the family as the best match for this child.
 4. A copy of the prospective adoptive family's home study.
 5. The child's transition plan.
 6. Identified services needed for the prospective adoptive family and child.
2. The CA adoption program manager will:
 1. Facilitate a contract with the receiving agency for adoption placement, monthly supervision and adoption finalization.
 2. Notify the assigned caseworker and ICPC program manager when the contract is complete and the ICPC request can proceed.
3. The assigned caseworker will follow the [ICPC](#) process for placement of a child in out-of-state placement.

2. **Selecting the Adoptive Home**

1. The CA Children and Family Welfare Service (CFWS) and Adoption worker must.
 1. Identify an adoptive home for children with a permanent plan of adoption who are not in an adoptive home by utilizing the Selection Committee Meeting in partnership with the Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA), tribe, and CA staff.
 2. The Selection Committee assesses the family's ability to meet the child's needs prior to placement of the child into the prospective adoptive home and used when:
 1. The permanent plan for the child is adoption and a decision has been made to file a termination of parental rights petition in a shared planning meeting, and the child's current placement is not a prospective adoptive placement; or
 2. The child is legally free and not in a prospective adoptive placement.

A shared planning meeting may be held in lieu of a Selection Committee meeting prior to placement when there is only one prospective adoptive placement for a child.

2. The RAPM or designee schedules the Selection Committee meeting and notifies participants.
3. The RAPM ensures the following individuals are invited to the Selection Committee Meeting:
 1. The assigned caseworker
 2. The assigned supervisor
 3. A representative from the adoption program who is not assigned to the case
 4. A representative from Child and Family Welfare Services (CFWS) program or unit who is not assigned to the case or a Permanency Lead from the Region
 5. The regional adoption program manager (RAPM) or designee
 6. The assigned Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA) if one is appointed.
 7. The child's attorney if one is appointed.
 8. Tribal representative if the tribe is involved in the case.
4. To refer a case for a Selection Committee Meeting, the assigned caseworker must:
 1. Notify the RAPM or designee of the staffing request and include the child's name, DOB, WARE profile number, and names of attendees in the request.
 2. Provide copies of the home studies of identified prospective adoptive placements to RAPM or designee.

3. Obtain [Consent Form DSHS 14-012](#) from families to share home studies with GAL/CASA and any other non- CA parties invited to the Selection Committee.
5. The Selection Committee members review the home studies and make a recommendation for a prospective adoptive placement that is a match for the child considering the following:
 1. The prospective adoptive family's ability to meet the child's cultural, linguistic, and religious needs. A prospective adoptive family need not be of the same ethnic background as the child to meet the ethnic or cultural needs of a child. CA staff will not select a prospective adoptive placement solely based on race/ethnicity.
 2. In the case of child behaviors that pose a danger to other children, a home that has no children or only children older than the child being placed.
 3. The availability of a caregiver in the home when placing medically fragile or severely disabled or children with other special needs and many medical or counseling appointments are anticipated for the child's care.
 4. The degree to which the family is willing to initiate and participate in medical or therapeutic treatment.
 5. The experience and skill level of the prospective adoptive parent and their capability to meet all of the child's identified needs and additional needs that may arise in the future.
 6. The compatibility between the child's personality and behaviors, and the expectations of prospective adoptive family members.
 7. The specific experiences and training the family has had which prepares them to provide for the special needs of the child.
 8. The resources available in the family's community to meet the child's special needs.
 9. If the child already resides with the prospective adoptive family, the child's attachment with the family and length of time in the placement.
 10. The prospective adoptive family's willingness to provide long-term contact with the child's siblings, birth relatives, former foster families, or other individuals when such contact is in the child's best interest.
 11. If the adoptive parent is a birth relative, evaluate:
 1. The relative's previous relationship with the child.
 2. The relative's ability to protect the child, from any risk of harm posed by the birth parents while simultaneously not portraying the birth parents in an unnecessarily negative manner.
 12. If ICW applies, refer to the [ICW Manual Chapter 8](#) for additional placement considerations.
6. If the assigned caseworker's decision is different than the Selection Committee recommendation, the assigned caseworker must:
 1. Obtain supervisor approval to override the Selection Committee's recommendation.
 2. Document the following reasons for not following the Selection Committee's recommendation in a case note:
 1. The child's attachment with the assigned caseworker's selected prospective adoptive family.
 2. The ability of the prospective adoptive family to meet the special, cultural and ethnic needs of the child.
 3. The prospective adoptive family's willingness to provide long-term contact with siblings, relatives, former foster families, or other individuals if such contact is in the child's best interest.
 4. If the individual is a relative, also document the following factors:
 1. The relative's previous relationship with the child.
 2. The relative's ability to protect the child from any risk of harm from the birth parents but not portraying the birth parents in an unnecessarily negative manner.

5. Any other factors influencing the assigned caseworker's decision to place with the selected prospective adoptive family including those listed in 2(e)(i-xii).
 7. Upon selecting a family for placement, the assigned caseworker:
 1. Notifies all considered families of the placement choice.
 2. Notifies NWAEE to remove the child from WARE and all other exchanges.
 3. Submits an ICPC request if placement is out-of-state and does not place the child out-of-state until the ICPC request is approved.
 4. Develops a transition and visitation plan for the child with the GAL/CASA and prospective adoptive family to initiate contact between the prospective adoptive family and the child and to observe the relationship as it develops.
 5. The assigned caseworker:
 1. Selects the location of the visitation.
 2. Accompanies the child on the initial visit.
 3. Discusses each visit separately with the child and the prospective adoptive family after a visit occurs.
 4. Decides after each visit and in consultation with the family and child, whether continued transition and placement is still in the child's best interest.
 5. Coordinates open contact between the prospective adoptive family and the child's current caregiver as often as is in the child's best interest.
- 3. Pre-Adoption Disclosure**
- The assigned caseworker must:
1. Provide comprehensive information to prospective adoptive parent about a child as required under state law so the prospective adoptive parent can make an informed adoption decision and successfully parent the child. Disclosure shall protect the identity of the birth family and comply with federal and state confidentiality laws.
 2. Compile Child and Identified Parent Information in the child's legally free hard file or FamLink electronic file:
 1. Make reasonable efforts to locate records and information not already in the child's hard file or FamLink electronic file concerning all known medical, mental health, education, family, and social background history about the child and birth family. To obtain information:
 1. Conduct interviews with the child, birth parents, and other known relatives.
 2. Contact physicians, treatment agencies, schools, and other sources from whom the child and/or birth parents received professional examination, evaluation, or treatment.
 3. Contact a tribal representative if ICWA applies.
 2. Verify that the child's social security number is in the child's file.
 3. Verify that all Native American Inquiry Referral (NAIR) and relative search inquiries were completed and documented in the child's FamLink electronic file.
 4. Verify that all birth parent assessments and evaluations are included in the child's legally free file. If the birth parent was a dependent child, review his or her dependency file for any evaluations and assessments to include in the child's legally free hard file or FamLink electronic file.
 5. Verify that the [Child's Family & Medical Background Form DSHS 13-041](#) is completed, and includes:
 1. Any inherited medical or psychological conditions of birth family and siblings.
 2. Child's signature if child is 13 or older.
 3. Disclose the following pre-adoption information to the prospective adoptive placement:
 1. Medical and education:
 1. All known and available medical and educational information concerning any mental, physical, and sensory handicaps and education status of the child from the Health and Education section in legally free child file.

2. Health/Mental Health and Education Summary from FamLink
3. Birth parent health and education documentation including psychological evaluations and drug/alcohol assessments, and other information as outlined in WAC 388-27-0100.
4. Social history on the child and birth family that includes the circumstances of the child's birth.
5. [Child's Medical and Family Background Information Form DSHS 13-041](#)
2. Legal:
 1. Legal Record from FamLink
 2. Placement History Report from FamLink
 3. Most recent Guardian ad Litem (GAL) report
 4. All court reports
 5. Dependency petition and orders establishing dependency
 6. Termination petition and orders terminating parenting rights
3. [Indian Identity Request Form DSHS 09-761](#), [Family Ancestry Chart DSHS 04-220](#) (if completed), and confirmation from the tribe if the child is Indian.
4. Documentation: All case notes beginning from the child's initial involvement with CA. This includes pre-termination case notes located in the family's hard case file and electronic file in FamLink.
5. All intakes and investigations that involve the child from the start of CAs involvement with the child. This includes pre-termination intakes and investigations located in the family's hard case file and electronic file in FamLink.
6. The original Comprehensive Family Assessment from the family's electronic case file in FamLink.
4. Redact identifying information for pre-adoption disclosure based on [Adoption Redaction Request DSHS 15-425](#) per the Pre-Adoption Disclosure Redaction Instructions located on the CA intranet.
5. Review the pre-adoption disclosure information and [Child's Medical and Family Background Information DSHS 13-041](#) with the prospective adoptive family and ask the prospective adoptive parent to initial and sign the form.
6. Provide pre-adoption disclosure information to the family on an encrypted USB drive. If a family does not have computer access, provide hard copies of the information with approval from the area administrator (AA). Refer to Pre-Adoption Disclosure Redaction Instructions located on the CA intranet for further instruction about this process.
7. Upload an exact copy of the disclosure information provided to the prospective adoptive family into FamLink under the File Upload tab as "Adoption Specific" and named "Pre-Adoption Disclosure."
8. Continue to provide additional case notes, physical health, mental health, education, family background and social history on the child and family that includes circumstances of the child's birth, child's placement history, and all court reports to the prospective adoptive family after initial pre-adoption disclosure is provided and within 30 days of receipt of new information.
 1. Verify that any pre-adoption disclosure information is redacted per the Pre-Adoption Redaction Instructions located on the CA intranet.
 2. Obtain the prospective adoptive parents' signatures on the [Acknowledgement of Child's Adoptive File Provided to Adoptive Family Acknowledgement of Children's Adoptive File Provided to Adoptive Family CA DSHS 10-500](#) and verify that the form is filed in the child's legally free case file.
 3. Upload additional disclosure information in FamLink under the File Upload tab as described above.
9. Provide pre-adoption disclosure information, including the [Child's Medical and Family Background Information DSHS 13-041](#), to the prospective adoptive family prior to placement

of the child into the prospective adoptive home. If the child is already placed in the home that CA will be identifying as the child's prospective adoptive home, pre-adoption disclosure should be provided when the placement is identified as a prospective adoptive home.

10. Follow [4120. Confidentiality](#) policy.

1. Information regarding sexually transmitted diseases, including HIV, for a child over the age of 14 cannot be disclosed without the consent of the child or an order from the court.
2. Mental health counseling and treatment information, including the prescription of psychotropic medications, for anyone age 13 and older, cannot be disclosed without the consent of the child or an order from the court.
3. Medical information regarding abortion or reproductive health for anyone age 13 and older cannot be disclosed without the child's consent. Consult with your assigned AAG regarding abortion or reproductive health information for a child younger than age 13.
4. Adoption disclosure may be provided to the following individuals:
 1. Child placing agency worker
 2. Guardian ad Litem who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child
 3. Individuals responsible for providing residential care for such a child when CA or a licensed child placing agency determines that it is necessary for the provision of child care services.
5. If a child refuses to provide consent for CA to release information covered by paragraphs iv. a – c above:
 1. Inform the adoptive parents that information exists which cannot be released because the child will not sign a release of information.
 2. The adoption worker must document in the case file that the child has refused the release of confidential information and that the social worker has informed the prospective adoptive parent of this fact.
 3. Before deciding whether placement should still occur despite the lack of disclosure, the CA worker, supervisor, and the prospective adoptive parent will need to meet to determine whether to proceed with the adoptive placement. The CA worker should consult with the assigned AAG before making any placement decisions when full disclosure cannot be provided to the prospective adoptive parent(s).

11. When a request for discovery is made regarding a legally free child with a permanent plan of adoption, the entire legally free child's hard file and electronic file is redacted according to the Pre-Adoption Disclosure Redaction Instructions.

1. Review
2. Do not provide the family file.

4. **Pre-Adoption Services and Finalization**

The adoption worker must:

1. Continue pre-adoption services to support the continuing placement of a child in the prospective adoptive family home. Support includes but is not limited to services, continued assessment of the child's well-being, and finalizing permanency through adoption.
2. Pre adoptive placement occurs when:
 1. The assigned caseworker, as a result of a shared planning meeting, Selection Committee meeting or Adoption Planning Review (APR), informs the family that they are the prospective adoptive home, and
 2. The prospective adoptive family has an approved adoptive home study, and
 3. The child is legally free or a termination of parental rights petition has been filed with the court.

3. When the child is in an identified prospective adoptive home upon case assignment, the adoption worker will:
 1. Review the hard case file for the child's birth certificate and social security number.
 1. If child's birth certificate is not in the file, the worker will request a new birth certificate for the child within five days of case assignment.
 2. If the child does not have a social security number, the worker will request a social security number for the child within five days of case assignment.
 2. Verify that ICWA inquiries and relative searches were completed. If not previously completed, complete NAIR form and/or Relative Search Tracking Form DSHS 10-544 and email to NAIR & Relative Search Unit.
 3. Review the case for physical health, mental health, education and family background information as required for the legally free file.
 1. If health, mental health, education or family background information is missing, the assigned caseworker will make a request for the information and:
 1. Document date of the request in a case note.
 2. If the assigned caseworker does not receive a response from the provider after 30 days, the assigned caseworker will send a second request.
 3. If the assigned caseworker still does not receive a response within 30 days after the second request, the assigned caseworker will document the lack of response in a case note and the attempts made to collect the information from the provider(s) on [Child's Medical and Family Background DSHS 13-041](#).
 2. Enter significant physical health/mental health information in FamLink under the child's health/mental health tab. Significant information is defined as health or mental health information that could be necessary information to meet the child's needs.
 3. Enter education information under the child's education tab in FamLink.
 4. Refer a child or youth with complex health needs for a Wraparound Intensive Services (WISe) screen per [4542. WISe policy](#).
 5. Refer the child for a Supplemental Security Income (SSI) application if the assigned caseworker has reason to believe the child could be eligible and has not already been screened by the SSI facilitator.
 6. In FamLink, create a caregiver notification letter and provide to the prospective adoptive family if not previously provided.
 7. Complete the [Child's Medical and Family Background DSHS 13-041 Report](#).
 8. Verify that disclosure was provided after the prospective adoptive home was identified. If disclosure was not completed, the assigned caseworker will provide disclosure to the family. Follow adoption pre-adoption disclosure policies.
 9. Follow CFWS procedures regarding shared planning meetings, health and safety visits, court reports, service referrals, and sibling visits.
 10. Discuss early implementation of Adoption Support with prospective adoptive parent if they are non-licensed relatives.
 11. Advise prospective adoptive parent of [Adoption Support](#) Benefits and Limitations within 30 of the decision that identified this family as the prospective adoptive family.
 1. Provide the name of the adoption support consultant.
 2. Provide [Waiver of Right to Receive Written Information on Adoption Support Limitation Program DSHS 27-121](#)
 3. Discuss similarities and differences between foster care maintenance and adoption support program such as the differences in payments for childcare under the two programs.

12. Prepare the Adoption Support Packet by completing [Adoption Support Program Application Checklist DSHS 10-477](#) with attachments
 13. Compile a Life Story Book with the child or provide information to the prospective adoptive family so they can complete the book with the child. Life Story Book instructions are located on the adoptions forms page on the CA intranet.
 14. Complete [Post Placement Report DSHS 27-107](#). If the post-placement report does not approve adoption with the prospective adoptive family, the assigned caseworker will consult with the assigned AAG.
 15. When CA consents to the adoption and the assigned caseworker does not intend to appear at the adoption hearing, complete a [Waiver of Notice of Further Hearing DSHS 09-54](#).
 16. Obtain or confirm written consent of child for adoption if the prospective adoptive child is 14 or older.
 17. Complete a Consent to Adoption on all families that CA supports for adoption and provide to Adoption AA with:
 1. A copy of the prospective adoptive family's home study
 2. The [Post Placement Report DSHS 27-107](#)
 3. A new [background check](#) if the home study was completed more than one year ago.
 18. If child is placed out of state, request concurrence to finalize adoption from ICPC unit. Concurrence is required before adoption finalization.
 19. If a parent has appealed a termination order, do not sign or forward a Consent to Adoption. Consult with the assigned AAG.
 20. If CA does not support adoption with the prospective adoptive family, request a placement change with the court. If the court orders continued placement:
 1. File a copy of the denied home study if applicable in Superior Court under the adoption petition cause number.
 2. Provide the prospective adoptive family with disclosure.
 3. Provide the prospective adoptive family with the name of the Adoption Support Consultant assigned to their case.
 4. CA does not provide adoption services to prospective adoptive families that CA will not approve for adoption.
 21. Complete [Declaration of Adoption Facilitator DSHS 09-765](#)
 22. If SSI or Social Security trust money is available for a child, inform the prospective adoptive family and instruct the family to apply at the agency providing benefits if they wish to receive the trust. The prospective adoptive family must be made aware that their confidentiality cannot be guaranteed if they apply for these funds. The adoption worker will ask the family to confirm in writing if they do not wish to apply for either type of benefit.
4. The adoption worker provides the prospective adoptive family's attorney with the following documents and information when the worker determines that adoption by the prospective adoptive family is in the best interest of the child and the family:
1. A certified copy of the legal orders terminating parental rights of all biological and/or legal parents.
 2. Consent to Adoption signed by the Adoption AA.
 3. Adoption consent signed by children 14 years of age and older.
 4. A copy of the final signed Adoption Support Agreement and agreement for non-recurring costs reimbursement. For the child to be eligible for adoption support, the adoption support agreement must be signed by all parties before the adoption decree is entered.
 5. A written request for a certified copy of the adoption decree.
 6. Signed [Post Placement Report DSHS 27-107](#).

7. Child's Birth Certificate
8. Open Communication Agreement /Letter of Intent if one was agreed upon with the birth parents. This form is located on the CA intranet.
9. Signed original home study on the prospective adoptive family.
10. Signed [Declaration of Adoption Facilitator DSHS 09-765](#)
5. The prospective adoptive family's attorney files the petition for adoption.
6. After the adoption is finalized, the adoption worker will;
 1. Email the fiscal analyst (FA) to close out all payment and services effective the day before the adoption finalized.
 2. Email the FA to close out placement using the day the adoption finalized as the end date.
 3. Unless the child was not receiving IV-E funds, email IV-E specialist to provide the IV-E file within 30 days of adoption finalizing.
 4. If the IV-E specialist does not provide the IV-E file within 30 days after the adoption finalizes, the IV-E specialist will send the IV-E file to adoption archives.
 5. Obtain a copy of the adoption decree from the adoptive family's attorney, retain a copy in the child legally free file, and submit a copy to the adoption support program.
 6. Request dismissal of dependency by sending a copy of the adoption decree to the assigned AAG.
 7. If child was in ICPC placement in another state, submit [ICPC Report on Placement Status of Child Form 100B](#) and a copy of the adoption decree to ICPC unit for closure of ICPC case.
7. When services and placement are closed, the adoption worker will:
 1. Obtain dependency dismissal order through the assigned AAG and document in FamLink legal.
 2. Document "Adoption Finalization" in FamLink legal and close legal module.
 3. Complete Adoption and Foster Care Analysis and reporting System (AFCARS) elements.
 4. Create the Adoption Support Case in FamLink.
 5. Assign the adoption support case to the adoption support consultant.
 6. Close the legally free case in FamLink and make it "restricted".
8. Follow adoption archiving policies to close a legally free child's case file.
5. **Archiving the Adoption File**
The CA adoption worker must:
 1. Correctly archive sealed records for legally free children to create a permanent record of the child's past involvement with the agency. Sealed archived adoption files are only available to adoptees and adoptive parents.
 2. Archive all records of legally free children once a child is adopted, including private agency adoptions and duplicate files.
 3. Not include sibling records in one file for archiving.
 4. Archive records of legally free children who are adopted within thirty calendar days of the dismissal of the dependency.
 5. Not delay archiving based on IV-E files. IV-E files not available within 30 days of dependency dismissal will be forwarded to archives records management separately by the title IV-E specialist.
 6. When archiving a legally free child's file:
 1. Complete the [Archiving Cover Memo DSHS 16-209](#).
 2. Remove all file documents from the legally free child hard files.
 3. Separate the following documents and secure with a rubber band and attach to DSHS 16-209:
 1. Signed Child's Medical and Family Background Report DSHS 13-041.
 2. Signed [Post Placement Report DSHS 27-107](#).

3. Adoption Decree.
4. Dependency dismissal order.
5. IV-E file if available at time of archiving.
4. Secure each volume with a rubber band and include a cover sheet on each volume that indicates the volume number.
5. Filing that is not part of a volume can be consolidated and considered as its own volume.
6. Place the volumes in a covered archive box.
7. If the file requires more than one box, each box needs an [Archiving Cover Memo DSHS 16-209](#) but only one box needs the archive memo with attachments.
8. Any documents in the child's legally free FamLink electronic file including case notes do not need to be copied and placed in the archive file.
9. Case notes from the parent's original hard file must be:
 1. Included as copies in the archived file, or
 2. Uploaded in the child's legally free FamLink electronic file under the Adoption Specific category and titled "Case Notes."
10. Verify an EXACT copy of the pre-adoption disclosure information provided to the adoptive family is uploaded into the child's legally free FamLink electronic file under the "Adoption Specific" category and titled "Pre-Adoption Disclosure."
11. Keep the archived box free of writing, including any identifying information and send to Adoption Archives, MS 45713. For legally free youth who have aged out-of-care, send box to the Management Operations Document Imaging System (MODIS).

6. Adoption Inquiries

The CA adoption worker or designee must:

1. Provide information and guidance on inquiries from adoptive parents, adoptees, prospective adoptive parent and staff about adoption process and services that are available through CA when requested.
2. Provide referrals to inquiries on sealed archived adoption records.
3. Participate in efforts to recruit families who want to adopt children with special needs and who are in the care of CA.
4. Inform families that they can create an account on [WARE](#) to view children available for adoption by going to www.warekids.org.
5. Assist a family with registering a family profile on WARE, including:
 1. Verifying that the family has a [home study](#) approved for adoptive placement.
 2. Completing the WARE Family Form.
 3. Emailing the completed WARE Family Registration to ware@nwresource.org.
6. Unless there is an exception approved by the regional administrator, withdraw a family from WARE by contacting [NWAE](#) when:
 1. The family adopts a child.
 2. The family moves to another state.
 3. CA is informed of the family's decision to receive adoption services from another agency or through an independent placement.
 4. The family or worker determines that adoption is no longer the plan.
 5. CA learns that the mother seeking to adopt is pregnant. WARE registration may be changed to "pending" status, rather than withdrawal from WARE, with the family's approval.
7. Inform the family as soon as the family profile is withdrawn.
8. Facilitate adoption training, and provide information about the following topics:
 1. The court process.
 2. Children's development, including bonding and attachment, and separation and loss issues.

3. Interaction with the child's family that may include visitation and an open adoption agreement.
 4. Confidentiality of information.
 5. Impact of placement on the foster-adoptive or adoptive family.
 6. Adoption as a lifelong process and commitment.
 7. The significance of adoption in permanency planning for children in foster care and how the child is the primary focus in adoption services.
 8. CA adoption process procedures, and the differences between foster, adoptive, and foster-adoptive placements.
 9. Children with special needs, and available resources to help families care for children with special needs.
 10. Legal risk involved in foster-adoptive placements and the placement of legally free children under appeal.
 11. [Adoption support](#)
9. Respond to general adoption inquiries with the following information:
 1. Division of Licensed Resources (DLR) contact information if the request is for an adoptive home study.
 2. Private Child Placing Agency (CPA) contact information for families seeking to adopt infants or children without special needs.
 3. Explain how pursuing an adoptive home study does not guarantee placement of a specific child if a prospective adoptive parent inquires about a specific child.
 10. If a prospective adoptive parent is inquiring about a specific child in another state, facilitate a home study referral to the other state.
 11. When a Child Placing Agency needs to complete an adoption home study update, facilitate the [background check](#) by forwarding the completed [Background Authorization Form DSHS 09-653](#) for each individual and one background check purpose to the CA Background Checks at cabc@dshs.wa.gov.
 12. Make a report to intake when:
 1. Any child on an open case is believed to be at imminent risk of serious harm or there is a new allegation of CA/N not already reported to intake.
 2. The family is requesting services for an adopted or biological child.
 13. Respond to record information requests about a sealed archived adoption record by:
 1. Referring all requests except those from CA staff to the CA Public Disclosure Unit and never provide information from the sealed archived adoption record.
 2. If the requestor is the adoptee, also refer to the Department of Health for a copy of his or her birth certificate.
 3. If the requestor is the assigned caseworker, refer requestor to headquarters adoption program manager.

Resources

- [Shared Planning Meeting Form DSHS 14-474](#)
- [Child's Medical and Family Background Report DSHS 13-041](#)
- [Family Ancestry Chart for the child DSHS 04-220](#)
- [Northwest Adoption Exchange \(NWAE\)](#)
- Adoption Process Checklist

Located on the DSHS intranet

- DSHS Administrative Policy 7.22. Cultural Competence
- DSHS Administrative Policy 18.81 Nondiscrimination in Direct Client Services

- DSHS CA Adoptions Website

Located on the CA intranet

- [Washington Adoption Resource Exchange \(WARE\)](#) Registration Form
- Interstate Compact on the Placement of Children (ICPC) Checklist
- Permanency Planning Placement Agreement DSHS 15-175

For more information, contact the headquarters adoption program manager.

4340. Guardianship

Approval: Jennifer Strus, Assistant Secretary

Original Date: February 2004

Revised Date: October 31, 2016

Policy Review: October 31, 2020

Purpose

Guardianships as defined in [RCW 13.36 Guardianship](#) are a permanent plan that allows for and supports a continuing relationship between the parent and child, while providing permanency, safety, and well-being for the child with a legal guardian until he or she reaches the age of 18.

Scope

This policy applies to Division of Children and Family Services staff.

Laws

[RCW 13.36](#) Guardianship

[RCW 13.34.030](#) Definitions

[RCW 13.34.145](#) Permanency Planning Hearing and Guardianship Petition

[RCW 13.34.232](#) Guardianship for Dependent Child

[RCW 13.34.234](#) Guardianship for Dependent Child and Dependency Guardianship Subsidies

[RCW 13.36.070](#) Guardianship Termination Petition

[RCW 74.13.031](#) Duties of the Department

[RCW 74.15.020](#) Definition of Relative

Policy

1. Before a permanent plan of guardianship can be considered for a dependent child, a [shared planning meeting](#) must be conducted.
2. During the [shared planning meeting](#), a guardianship can be considered as the child's permanent plan when:
 1. Reunification is not likely in the foreseeable future;
 2. Guardianship rather than adoption is in the child's best interest;
 3. Continuing the parent-child relationship is beneficial to the child and would not disrupt the stability of the guardianship;
 4. The proposed guardian is available to make a commitment to the child until adulthood with the intention of a lifelong commitment;
 5. The proposed guardian has a completed home study with a recommendation for placement;
 6. The child will have been placed in the proposed guardian's home at least six months prior to the guardianship being established; and
 7. The child (as developmentally age appropriate) has been consulted regarding the guardianship and a discussion of the potential benefits and risks of other permanency plans has occurred.
 8. If the child has a sibling in the same placement and the permanent plan for the sibling has been considered in selecting a permanency plan of guardianship.
 9. If a parent is incarcerated.
3. Guardianships can be subsidized, based upon eligibility requirements.
4. CA case management and funded services provided to the child and caregiver prior to the establishment of the guardianship will be terminated when it is finalized.
5. All guardianships must be approved by the regional administrator or designee prior to the worker filing a guardianship petition.
6. Any dependency guardianship established prior to June 10, 2010:
 1. May be converted to a guardianship under the when the guardian and the department have both agreed to convert the existing dependency to a guardianship.
 2. Will remain open for subsidy or services payments but must be closed when the child reaches 18 years old.
 3. Will not receive any additional services on converted guardianship cases.
7. A guardianship will not be vacated or a Voluntary Placement Agreement (VPA) accepted in order to make a child eligible for foster care or extended foster care services.
8. When the guardianship is established by the court, the child's dependency will be dismissed.

Procedures

The caseworker will:

1. Conduct a [shared planning meeting](#) prior to making permanency planning recommendations to the court. During the shared planning meeting:
 1. Discuss and consider the following permanent planning options:
 1. Return home
 2. Adoption
 3. Guardianship
 4. Non-Parental Custody
 2. Determine if guardianship as the permanent plan is in the child's best interest. This determination includes documenting the:
 1. Reasons why a guardianship is in the best interest of this child.
 2. Proposed guardian's:
 1. Commitment to be a permanent home for the child.

2. Understanding of the requirements to receive guardianship subsidy per the [43401 Relative Guardianship Assistance Program \(R-GAP\) policy](#).
 3. Ability to meet the child's existing connections to family, friends and community.
 4. Agreement with the plan of guardianship with the specific child.
2. Confirm that the proposed guardian has a completed home study that recommends placement.
 3. Verify and document the caregiver has been provided with an explanation of both adoption and guardianship.
 1. Provide and discuss the [Permanency Planning Matrix DSHS 16-231](#) with caregiver, youth as appropriate and the parents. Document these discussions in a case note.
 2. Discuss and document in a case note or [Shared Planning Meeting DSHS 14-474](#) form that the following elements were explained to the proposed guardian:
 1. The following services are not available under a guardianship, including but not limited to:
 1. Mileage reimbursement
 2. Travel reimbursement
 3. Respite care
 4. Clothing vouchers
 5. Child care
 6. Case aid services
 7. Tutoring
 8. Case management services
 9. Educational support
 10. Parent-child visitation support
 2. When a guardianship is established, the child is not in foster care and all CA funded services including case management are no longer available.
 3. He or she may request additional services through community resources or Family Voluntary Services, Family Reconciliation Services or referrals to other services through CA. Available services are dependent upon program eligibility criteria.
 4. The difference between subsidized and unsubsidized guardianships:
 1. Subsidized guardianships may be established if the proposed guardian is a foster licensed relative and the child is Title IVE eligible, per [43401 R-GAP](#) policy. If the guardianship is subsidized, the caseworker must:
 1. Notify the R-GAP gatekeeper.
 2. Verify that the R-GAP agreement is signed prior to establishing the guardianship.
 2. Unsubsidized guardianships can be established. The caseworker must provide the proposed guardian with information on the benefits available to him or her and how to request benefits through the Community Services Office in the Economic Services Administration.
4. When a determination has been made to establish a guardianship, prior to submitting a guardianship petition to the court, the caseworker will:
 1. Collaborate with the proposed guardian and the child's parents to establish a visitation plan.
 2. Complete the [Guardianship Approval Checklist DSHS 15-324](#) and attach the following required documents to the checklist:
 1. A copy of the completed shared planning meeting form.
 2. A copy of the proposed visitation plan between the child and parents.
 3. The signed Declaration of Proposed Guardian form.
 3. If the proposed guardian is a relative, provide him or her with the R-GAP paperwork to complete and submit to the R-GAP gatekeeper. The R-GAP agreement must be signed prior to entry of a guardianship order per the [43401 R-GAP](#) policy.

4. Provide disclosure to the proposed guardian, as required on [Guardianship Approval Checklist DSHS 15-324](#).
 5. Obtain approval of the [Guardianship Approval Checklist DSHS 15-324](#) from his or her supervisor, area administrator and regional administrator or designee.
 6. Submit a request to the assistant attorney general (AAG) to file a guardianship petition. Provide the AAG with the signed Declaration of Proposed Guardian court document and proposed visitation plan. This can only occur after the checklist has been approved by all parties.
5. When a guardianship is established, the caseworker will:
1. Contact the AAG to request that the court dismiss the dependency.
 2. Terminate all services and placement when the guardianship is finalized.
 3. Terminate case management and the borrowed bed fees, if applicable when the guardianship is finalized on families that are licensed by a private agency.
 4. Transfer guardianship cases eligible for subsidy to the R-GAP gatekeeper.
 5. Close the case, if the guardianship is unsubsidized.

Forms

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

[Permanency Planning Matrix DSHS 16-231](#)

Declaration of Proposed Guardian Court Form Title 13 Guardianship

[Guardianship Approval Checklist DSHS 15-324](#)

Resources

Q&A Caregivers

Q&A Social Workers

43401. Relative Guardianship Assistance Program (R-GAP)

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Effective Date: June 10, 2010

Revised Date: October 19, 2017

Sunset Review: October 1, 2021

Purpose

The Relative Guardianship Assistance Program (R-GAP) provides a subsidy for children placed with a qualified licensed relative when it is determined during a [shared planning meeting](#) that a [guardianship](#) is in the child's best interests.

Scope

This policy applies to all Children Administration staff.

Laws

[RCW 13.34](#) Juvenile Court Act, Dependency and Termination of Parent-Child Relationship Chapter

[RCW 13.36](#) Guardianship Chapter

[RCW 74.13.031](#) Duties of the Department, Child Welfare Services, Children's Services Advisory Committee

[RCW 74.13A.047](#) Adoption Assistance Payments, expenditure limits

[PL 113-183](#) Preventing Sex Trafficking and Strengthening Families Act

[RCW 74.15.020](#) Definitions

[RCW 13.38.040](#) Definitions

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

[42 U.S.C. 671](#) State plan for foster care and adoption assistance

[42 U.S.C. 673](#) Adoption and guardianship assistance program

[42 U.S.C. 675](#) Definitions

Policy

1. R-GAP includes a monthly subsidy and Medicaid eligibility for the child and is available to support a child's care with a licensed relative caregiver.
2. A child is eligible for R-GAP if they meet the following eligibility requirements:
 1. Placed for at least six consecutive months with a relative caregiver who has been licensed for at least six consecutive months.
 2. Is Title IV-E eligible as determined by a Title IV-E specialist prior to establishing the guardianship.
 3. Placed with a relative who meets the definition of relative per [RCW 74.15.020\(2\)\(a\) Relative Definitions](#) or is an Indian child and the caregiver meets the definition of relative by tribal code and custom.
3. A child qualifies for R-GAP when they are placed in a home with a sibling already receiving R-GAP.
4. Relative caregivers must be provided with an explanation of R-GAP when [guardianship](#) is being considered as a potential permanent plan for the child.
5. The R-GAP subsidy will continue for youth until their 21st birthday when one of the following applies:
 1. Youth achieved permanency through guardianship at the age of 16 or older and the youth is:
 1. Enrolled in high school or in a high school equivalency program;

2. Enrolled, applied for, or can show intent to timely enroll in a post-secondary academic or post-secondary vocational certification program;
3. Participating in a program or activity designed to promote or remove barriers to employment; or
4. Employed 80 hours or more a month.
5. Unable to engage in any of the above activities due to a documented medical condition.
2. A youth achieved permanency through a guardianship and has a mental or physical handicap which warrants the continuation of assistance.
6. The R-GAP Agreement:
 1. Is a contract between the relative guardian and CA.
 2. Must be signed prior to establishing a guardianship court ruling or order.
 3. Remains in effect regardless of the guardian's state of residence unless the agreement is terminated.
7. In the event of the death or incapacity of the legal guardian, the R-GAP subsidy and Medicaid for the child will transfer to a successor legal guardian if the successor legal guardian was named in the original R-GAP Agreement or the R-GAP Amendment prior to the death or incapacity of the legal guardian.
 1. The R-GAP Agreement must be amended prior to the establishment of the guardianship with the successor guardian. Prior to the R-GAP payment:
 1. The successor guardian must become the child's legal guardian.
 2. The regional R-GAP gatekeeper will complete:
 1. Fingerprint-based background check of the successor guardian; and
 2. Child abuse and neglect registry checks in-state (FamLink) and out-of-state on the guardians and other adults 18 and older living in the guardian's home.
 3. The successor guardian must pass a background check.
 2. The successor guardian does not need to be a relative and does not need to be licensed as a foster parent to receive the R-GAP subsidy.
 3. CA will pay non-recurring expenses associated with obtaining the new legal guardianship with the successor guardian of the child up to a maximum amount of \$2000.00.
8. A fair hearing may be requested by any relative caregiver whose R-GAP application has been denied. A request for a fair hearing must be made within 90 days of the denial letter being mailed to the caregiver.

Procedures

1. If a [guardianship](#) is being considered as the child's permanent plan, the assigned worker must determine whether the child meets the following R-GAP requirements:
 1. Has resided in the home of the licensed relative for six consecutive months and the relative caregiver has been licensed for at least six months at the time of R-GAP application;
 2. Found by the court to be a dependent child of Washington state; and
 3. Consents to the guardianship as his or her permanent plan if he or she is 14 years old and older.
2. When a licensed caregiver is interested in receiving R-GAP subsidy for an eligible child:
 1. The assigned worker will:
 1. Complete the Guardianship Approval Checklist DSHS 15-324;
 2. Complete Sections I and V of the Title IVE R-GAP Eligibility form DSHS 14-319A;
 3. Provide proposed relative guardian with the R-GAP Application and Worksheet (DSHS 15-392 and 15-390); and
 4. Provide the Regional R-GAP Gatekeeper with a completed R-GAP subsidy packet, which includes:
 1. Title IVE R-GAP Eligibility form DSHS 14-319A;

2. R-GAP Application DSHS 15-392;
 3. R-GAP Worksheet DSHS 15-390;
 4. Guardianship Approval Checklist DSHS 15-324 signed by regional administrator or designee, with attachments.
 5. A copy of the proposed guardian's foster license, if license is not in FamLink.
 6. If the child is Indian, a letter from the child's tribe determining that the proposed guardian is considered the child's relative based on tribal code or custom.
2. The Regional R-GAP Gatekeeper will:
 1. Review the completed R-GAP application packet.
 2. Initiate the R-GAP IVE Eligibility tab in FamLink and complete Section 1 using R-GAP IVE Eligibility form DSHS 14-319A.
 3. Notify IV-E specialists to complete IV-E Federal Funding Eligibility Determination for R-GAP in FamLink.
 4. Document the information from the R-GAP Worksheet into the FamLink R-GAP agreement.
 5. Negotiate the monthly subsidy amount with the proposed guardian and approve any non-recurring expenses for the finalization of the guardianship. The R-GAP monthly subsidy amount cannot exceed the statutory cap for foster care maintenance payments for that child had the child remained in a licensed foster home during the same period:
 1. For a child under age 5, up to 80% of the foster care maintenance payment;
 2. For a child aged 5 to 9, up to 90% of the foster care maintenance payment; and
 3. For a child aged 10 to 18, up to 95% of the foster care maintenance payment.
 6. Inform the prospective guardian and the assigned worker that the R-GAP Agreement must be signed prior to the guardianship hearing and order.
 7. Launch the R-GAP Agreement in FamLink and send to the proposed relative caregiver for signature.
 8. Submit the signed R-GAP Agreement to the regional administrator or designee for signature.
 9. Notify the assigned caseworker that the R-GAP Agreement has been signed by all parties and that the guardianship hearing can take place.
 10. Provide a signed copy of the R-GAP Agreement to the proposed guardian.
 3. When the guardianship is established, the assigned worker will:
 1. Notify the regional R-GAP gatekeeper on the date the guardianship is established.
 2. Close all services and payments in FamLink the day prior to the date the guardianship was established.
 3. Update and close legal and placement in FamLink.
 4. When the regional R-GAP gatekeeper is notified of the establishment of the guardianship, he or she will:
 1. Review the case in FamLink to ensure that placement, legal, services and payments are closed.
 2. Authorize appropriate R-GAP services in FamLink for the agreed upon monthly subsidy and agreed upon non-recurring expenses.
 3. Update provider information by adding the child to the FamLink "Non-CA Children in Placement" group box on the Placement tab in Provider Maintenance.
 4. Create amendments to the R-GAP Agreement upon the request of the relative guardian and agreement of the department.
 5. Create an amendment to the R-GAP Agreement transferring the subsidy to the named successor legal guardian in the event of the death or incapacity of the legal guardian.
 6. End the R-GAP service payment and open the R-GAP Over 18 service code for eligible youth 18 years and older in FamLink.
 7. Terminate the R-GAP Agreement according to the terms of the agreement or if one of the following occurs:

1. The child reaches 18 years of age unless eligible to continue to age 21.
2. The guardian no longer has legal responsibility for the child, unless a successor guardian has been named and the guardian is deceased or incapacitated.
3. The guardian is no longer providing financial support for the child.
4. The guardian or child dies.

Forms and Tools

- R-GAP Agreement (Launched in FamLink)
- R-GAP Application and Worksheet (DSHS 15-392 and 15-390) (available on the CA intranet)
- IV-E Eligibility Determination DSHS 14-319a (available on the CA intranet)
- Declaration of Proposed Guardian (available on the CA intranet)
- [Guardianship Approval Checklist DSHS 15-324](#)

Resources

- Permanency Planning Benefits and Limitations (available on CA intranet)
- Q&A Social Workers (available on the CA intranet)
- [Medicaid to 26 Q&A](#)
- [ICW Manual](#)

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

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

7. Ability to meet the cultural needs of the child. A placement resource need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of the child. Unless a compelling reason is identified, CA staff will not match children to a placement family on the basis of race.
7. The rights of relatives of legally free Indian children, as defined in the CA Indian Child Welfare (ICW) policies and procedures, the Tribal-Washington State Indian Child Welfare Agreement of 1987, and the federal Indian Child Welfare Act of 1978 must be preserved in accordance with those requirements.

4400. Concurrent TANF Benefits

Approval: Jennifer Strus, Assistant Secretary

Effective Date:

Revised Date: July 31, 2015

Sunset Review: July 31, 2018

Purpose

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

Scope

This policy applies to all Children's Administration caseworkers and supervisors.

Laws

[WAC 388-454-0015](#)

Policy

1. CA will notify Economic Services Administration (ESA) when a child is removed from a parent receiving TANF benefits.
2. CA will coordinate efforts with ESA to continue the parent's eligibility for 180 days of ongoing TANF benefits when the primary permanency plan is reunification within 180 days of Original Placement Date (OPD).

Procedures

The assigned caseworker will:

1. Notify ESA by completing and emailing the [Concurrent TANF Benefits/Family Reunification Notice of Removal from TANF Home DSHS 15-362](#) within 7 business days of the child's removal from the parent's home.

2. Provide ESA with demographic information and permanency planning information to determine the parent's ongoing eligibility for TANF benefits while their child(ren) are in out-of-home care.
3. Update [DSHS 15-362](#) and email ESA a request for an extension of benefits beyond 180 days if the child(ren) continues in out-of-home care beyond 180 days and the primary plan remains reunification.
4. Provide ESA with case updates and family progress, including the information outlined below:
 1. On open TANF Cases:
 1. Case and service plan updates:
 1. Prior to the 6 month dependency review hearing.
 2. Prior to the first permanency review hearing if an exception to rule (ETR) has been granted.
 2. Notification:
 1. When reunification of the child(ren) is imminent.
 2. When the permanent plan changes.
 3. When the assigned caseworker changes.
 2. On Closed TANF Cases:
 1. Refer parent(s) for new TANF application 30 days prior to the child(ren) returning home if they were previously receiving TANF benefits.
 2. Notify ESA that the parent has been referred.
5. Document communication with ESA and decisions in FamLink.

Forms and Tools

[Concurrent TANF Benefits/Family Reunification Notice of Removal from TANF Home DSHS 15-362](#)

Resources

[Interagency Concurrent Benefits On-Line Training in LMS](#)

4412. Supportive Services

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

4413. Information Sharing with Out-of-home Caregivers

Approval: Jennifer Strus, Assistant Secretary

Original Date: September 27, 1995

Revised Date: October 31, 2016

Policy Review: October 31, 2020

Purpose

Share all known safety, permanency and well-being information about the child to the child's caregiver when a child is placed in out-of-home care.

Scope

This policy applies to Division of Children and Family Services staff.

Laws

[RCW 74.13.280](#) Client Information

[RCW 26.44.030](#) Reports

Policy

1. Out-of-home placement caregivers must be provided with all information known about each child being placed in his or her care.
2. When placing a youth identified as sexually aggressive youth (SAY) or physically assaultive and aggressive youth (PAAY), the [SAY 45361](#) and [PAAY policy 45362](#) must be followed.

Procedures

The caseworker must:

1. Share current and updated child specific documents and information with out-of-home caregivers, including but not limited to:
 1. Child specific safety concerns and safety planning.
 2. The child's case plan for permanency and well-being.
 3. Information on all youth identified as SAY, PAAY, high risk, and sexually reactive/problematic per [RCW 74.13.280](#) and [4536 SAY/PAAY](#) policy.
 4. Youth Supervision Plan DSHS 15-352.
 5. [Child Information/Placement Referral form \(CIPR\) DSHS 15-300](#).
 1. No later than 72 hours after initial placement.
 2. No later than 24 hours after an urgent change in placement. Urgent is defined as one of the following:
 1. A court order has been entered requiring an immediate change in placement.
 2. The child is unsafe.
 3. At or before a planned change in placement.
 4. Document that the completed CIPR form was provided to the caregiver by uploading into FamLink a:
 1. Signed and dated copy of the form; or
 2. Copy of the email sending the completed form to the caregiver.
 6. Health, mental health and education information from FamLink when new health, mental health or education information is obtained about the child.
 7. Child Health and Education Tracking (CHET) Screening Report DSHS 14-444 within the first 60 days of initial placement, if completed.
 8. On-going Mental Health Screening Report DSHS 13-476 if completed within the previous six months.

9. Recommendations and reports resulting from all assessments and screenings within 5 days of receipt.
 10. [Dates and times of court hearings and Caregiver's Report to the Court DSHS 15-313.](#)
 11. [Child's Court Report DSHS 27-095.](#)
 12. [Shared planning meeting](#) notices.
2. Document when and what information has been shared with the caregiver in a case note.
 3. Notify and share information with the child's Guardian Ad Litem or Court-Appointed Special Advocate, if assigned, when an intake report is received alleging abuse or neglect of a dependent child.

Forms

Youth Supervision and Safety Plan Tips (available on the CA intranet)

Youth Supervision Plan DSHS 15-352 (available on the CA intranet)

[Report to the Court DSHS 15-313](#)

[Child Information Placement Referral form DSHS 15-300](#)

Resources

[Permanency Planning Practice Guide](#)

[Information Sharing Quick Reference](#)

4420. Health and Safety Visits with Children and Monthly Visits with Caregivers and Parents

Approval: Jennifer Strus, Assistant Secretary

Original Date: April 30, 2007

Revised Date: October 31, 2016

Sunset Review: October 31, 2020

Purpose

Face-to-face visits with children who have an open case with CA and regular visits with out-of-home caregivers and all known parents provides opportunity for ongoing assessments of the health, safety, and well-being of children. Regular visits with out-of-home caregivers increase opportunities to monitor child safety, can promote permanency, and provides the worker with information they can share with the parent. Regular visits with parents can provide the parent with reassuring information about how his/her child is doing in placement, monitors progress with services and case goals, shorten length-of-stay and achieve permanency more quickly.

Scope

This policy applies to CA staff.

Laws

[Social Security Act 424\(f\)](#)

[RCW 74.13.031 Duties of department](#)

[RCW 74.13.710 Prudent Parent Standards](#)

Policy

1. **All health and safety visits and monthly visits** must be conducted by the assigned CA worker or another qualified CA staff. The number of visits conducted by another qualified CA staff is not to exceed four times per year with no two visits occurring in consecutive months.
2. Children in CA custody, or with a Child Protective Services (CPS) or Family Reconciliation Services (FRS) case open beyond 60 days or receiving family voluntary services (FVS) must receive private, individual face-to-face health and safety visits **every calendar month**. Additionally:
 1. The first health and safety visit must occur within one week (seven calendar days) of the child's initial placement or any change of placement. Placement of a child is not considered a health and safety visit.
 2. The **majority** of health and safety visits must occur in the home where the child resides. If the assigned CA worker must visit the child in another location, the CA worker must document the reason and benefit gained.
 3. When children are on an in-home dependency or trial return home all health and safety visits must occur in the home where the child resides. (This requirement does not preclude additional visits outside the home.)
 4. For in-home dependency or trial return cases with children age five or younger, two in-home health and safety visits must occur every calendar month for the first 120 calendar days from establishment of the in-home dependency or trial return home. (One of the two visits may be conducted by a qualified CA staff or contracted provider.)
 5. For FVS cases, with children age five or younger and residing in the home, two in-home health and safety visits must occur every calendar month. (One of the two visits may be conducted by a qualified CA staff or contracted provider).
3. **Out-of-home caregivers** must receive face-to-face monthly visits.
 1. CA workers must conduct an unannounced monthly visit with caregivers in 10 percent of randomly selected homes. The caregivers requiring an unannounced visit are randomly selected in FamLink.
 2. Visits with children and caregivers may occur during the same monthly visit.
 3. Location of the monthly visit may vary.
4. **All known parents or legal guardians** involved in a Voluntary Placement Agreement (VPA), shelter care, dependency proceedings or voluntary services (FVS or FRS) must receive face-to-face monthly visits with the majority of visits occurring in the parent's home. Unless an exception (outlined in procedures) exists, visits must continue until one of the following apply:
 1. The case is closed
 2. The child becomes legally free.
 3. The court determines that reasonable efforts toward reunification are no longer required
5. All visits must be documented in FamLink **within three calendar days** of the visit.

Procedures

1. The assigned CA worker or another qualified CA worker conducts visits on the following cases:
 1. Out-of-home care: including when a **dependency** petition is filed or dependency is established and the court has ordered that the child reside in out-of-home placement.
 2. [Extended Foster Care](#) cases.
 3. [In-home dependencies](#): including dependent children who return home on a trial return home or remain home under the jurisdiction of the court and until dismissal of the dependency.
 4. Voluntary placement cases: when the child is placed under a [VPA](#).
 5. [Courtesy Supervision](#) cases.
 6. [Interstate Compact on Placement of Children \(ICPC\)](#) cases. When an interstate compact agreement is made with another state to provide services, the CA worker will request, in writing, the following actions be completed by the receiving state:
 1. Conduct monthly face-to-face visits; and
 2. Submit a written report to CA quarterly on the frequency and quality of the visits. The CA worker will check in by telephone or email monthly and document the contact. Once the quarterly report is received, the assigned CA worker will enter the dates of the monthly face-to-face visits, a summary of the report and respond to any concerns. Note: The receiving state may contract with a private agency for monthly face-to-face visits. The reporting requirements are the same.
 7. Voluntary services cases including FVS and FRS.
 8. CPS cases open beyond 60 days.
2. Requirements for **Health and Safety Visits with Children**

The following activities must be completed during the visit:

 1. Assess for present danger per [Child Safety Policy](#).
 2. Observe:
 1. How the child appears developmentally, physically and emotionally;
 2. How the parent or caregiver and the child respond to each other;
 3. The child's attachment to the parent or caregiver; and
 4. The home environment (when the visit occurs in the home where the child lives). If there are changes to a licensed foster home (such as new family members) the CA worker must notify the licensor.
 3. Discuss with the verbal child in private, separate from the parent or out-of-home caregiver, either in the home or in another location where the child is comfortable:
 1. Whether the child feels safe in his or her home or placement.
 2. The child's needs, wants and progress.
 3. How visits with siblings and parents are going.
 4. The child's connections with siblings and other relatives. For youth 16 and above, this includes discussing skills and strategies to:
 1. Safely reconnect with any identified family members.
 2. Provide guidance and services to assist the youth.
 3. Maintain community and cultural connections
 5. Participation and interest in normal childhood activities.
 6. Case activities and planning such as visits and permanent plan.
 4. Confirm that each child capable of reading, writing and using the telephone has a card with the assigned CA worker's name, office address, and phone number.
 5. Discuss specific objectives outlined in the [43066. Pregnant and Parenting Policy](#) with pregnant and parenting youth.
3. Requirements for **monthly visits with the out-of home caregiver**

The following activities must be completed during the visit:

 1. Discuss the child's well-being and permanency goals;
 2. Observe the child and caregiver relationship and home environment when a visit occurs in the caregiver's home;
 3. Assess the caregiver's ability to provide adequate care and maintain placement stability.

4. Identify any support or training needs.
 5. Inquire about the child's visits with siblings and parents and how child is responding.
 6. Discuss any normal childhood activities in which the child is participating, or is interested in or maintains his or her community or cultural connections.
 7. Discuss any requests to significantly change the child's appearance. Significant changes include, but are not limited to, body piercings, haircuts and changes in hairstyles. Prior approval must be obtained from the parent (Tribe, if child is legally free) or court.
 8. Share the parent's interest in the child's care and requests for the child's participation in normal childhood activities.
4. The unannounced monthly visit with the out-of-home caregiver must be conducted within 30 days of receiving the automated notification from FamLink.
 1. During the visit the CA worker will complete the same activities (outlined in procedures) for scheduled monthly visits.
 2. When the unannounced visit occurs within the monthly visit timeline, this visit meets the monthly caregiver visit requirement in addition to the unannounced monthly visit requirement.
5. Requirements for **monthly visits with known parents or legal guardians**.
Focus on the following during the visit:
 1. Case planning, service delivery and goal achievement;
 2. Progress made to eliminate or manage the identified child safety threats;
 3. Barriers to needed services, consideration of additional or different services;
 4. Discuss housing stability, i.e.) where is the parent living and how long can they remain in their current home;
 5. Permanency planning for the child;
 6. Child and parent visitation;
 7. Review of a child's interest in and participation in normal childhood activities; and
 8. Any requests to significantly change the child's appearance. Significant changes include, but are not limited to, body piercings, haircuts, and changes in hairstyles. Prior approval must be obtained from the parent (tribe if child is legally free) or court.
6. Coordination with Federally Recognized Tribes
The assigned CA worker:
 1. Contact the child's Tribes to discuss and plan how to involve the Tribes in the monthly visits. Documents the contact and plan in the case notes.
 2. Contact non-federally recognized tribes when a parents wants the Tribe's involvement and has signed a release.
7. Documentation
The assigned worker or another qualified CA worker who conducted the visit must document health and safety visits in case notes within three calendar days of each visit in the following manner:
 1. Use the following codes for visits and attempted visits **for all children**
 1. Health and Safety Monitoring Visit (CA Social Worker).
 2. Health and Safety Visit with Child (Attempted). *Use to document efforts to conduct the health and safety visit. An actual visit must take place for compliance with policy.
 3. Health and Safety Monitoring Visit (Conducted by other agency) for:
 1. FVS cases where a contracted provider conducts the visit.
 2. For out-of-state ICPC cases where another agency conducts the visits.
 2. When allowed, a visit by a CPA worker does not relieve CA workers from completing their monthly visits. Both visits **must** be documented in FamLink.
 3. Use the following codes for **visits with out-of-home caregivers**:
 1. Monthly Caregiver Contact (in-person) for each child (on a case) who requires a visit.
 2. Unannounced Assigned CA Worker Monthly Visit (randomly selected visit)
 1. Unannounced Health and Safety Visit; or
 2. Unannounced Health and Safety Visit Attempted.

4. Document caseworker visits with each **parent** for each child on a case who requires a visit. Select and use the following parent visitation activity codes::
 1. Visit-SW Parent (Mother).
 2. Visit-SW Parent (Father).
 3. Visit-SW Parent (Attempted).
8. Monthly Visit Exceptions
 1. CA workers will use and document only the following visit exceptions on the Extension/Exception Page in FamLink:
 1. The mother or father's whereabouts is unknown after performing ongoing diligent efforts as per Guidelines for Reasonable Efforts to Locate Children and/or Parents (DSHS 02-607) & [5750 Shelter Care Policy](#) to locate them.
 2. A parent was located and indicated no interest in being involved in the child's life or refuses to have contact with the agency.
 3. Visits between the CA worker and the father or mother is contrary to the child or CA worker safety.
 4. Parental rights for the mother or father were terminated with no plan for parental involvement.
 5. Father or mother is deceased.
 2. Supervisors must approve the visit exception within three (3) calendar days of social worker's request and discuss during [Monthly Supervisory Case Reviews](#), per policy.

Resources

[Caregiver Guidelines for Foster Childhood Activities](#)

CA Caseworker Monthly Visits with Out-of Home Caregivers (Available on CA Intranet)

CA Caseworker Health & Safety Visits with Child (Available on CA Intranet)

Monthly Visits with Parents Desk Aide (Available on CA Intranet)

Travel Quick Reference Guide (Available on CA Intranet)

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

Purpose

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

Policy

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

Procedure

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

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

4421. Smoking Near Children

Purpose

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

Policy

The policy prohibits smoking by CA staff when acting in any official capacity with client children and foster youth 18-21 years of age. Smoking is prohibited while transporting client children under age 18 and foster youth 18-21 years of age when using either state vehicles or private vehicles. It further prohibits smoking when there is direct contact with client children under age 18 and foster youth 18-21 years of age such as talking with a child outside of a building, going to a cafe for refreshments, or any public venue where smoking may be permitted.

Definitions

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

Procedure

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

4422. Guidelines for Client Referrals to Contractors

1. Social Workers must provide contractors with written information regarding referred cases. The release of information to contracting agencies is permitted under RCW 13.50.100. The social worker provides the following information in the initial referral, when available and applicable:
 1. Date and time of referral.
 2. Inclusive dates of service authorization.
 3. Purpose of the referral. Provide a clear statement to the contractor regarding type of case; e.g., crisis intervention, child abuse, reunification, etc., and the services to be performed.
 4. Clear, written expectations to the contractor; e.g., "This is a CPS case. Please provide unannounced visits, document your observations, and report them to the assigned social worker."
 5. Description of family strengths and extended family networks (if known).
 6. Family members' responses to current and past services.
 7. Known or suspected past or current mental health, developmental, or other health related disabilities and conditions.
 8. Known or suspected past or current involvement with drugs, alcohol, or illegal activities.
 9. Copy of current report to the court.
2. The social worker complies with the following procedures for ongoing case management:
 1. Keep the contractor informed of new developments/concerns regarding referred case.
 2. Keep a written record of required reports, noting date due, date received, acceptable, non-acceptable, etc.

4430. Courtesy Supervision

Approval: Jennifer Strus, Assistant Secretary

Original Date: 2002

Revised Date: July 1, 2016

Policy Review: July 1, 2020

Purpose

Courtesy supervision is provided for children in the care and custody of Children’s Administration (CA) when placement in another CA office service area is necessary. This policy establishes clear communication and service provision requirements for caseworkers sharing courtesy supervision cases in order to provide for the child’s safety, well-being and permanency needs.

Scope

This policy applies to Division of Children and Family Services (DCFS) caseworkers.

Policy

1. All CA offices will provide courtesy supervision when requested by a sending CA office for a child in CA’s care and custody, and placed outside the sending office's area. Reasons for the child’s move from the sending office area include:
 1. A child and his or her parent or caregiver has moved.
 2. A permanent or other relative placement has been located.
 3. A specific need for specialized medical, emotional or educational services not available near the child's current placement .
 4. A specific need for placement in a specialized home or facility due to the child's behavior.
 5. A child and his or her siblings can be placed together.
 6. Compliance with state and federal Indian Child Welfare Act (ICWA) placement preference.
2. A [shared planning](#) or [FTDM](#) staffing must occur when requested by the sending or receiving caseworker.
3. If there is a disagreement about an unmet need related to the child’s safety, well-being or permanency, the sending or receiving supervisor will request a meeting to occur between the offices as soon as possible.
4. Conflicts will be resolved at the lowest level possible. If the conflict is unresolved, the regional administrators (RAs) or their designees will work toward resolution.
5. **Sending courtesy supervision requests**
 1. The caseworker must:
 1. Send a completed [Courtesy Supervision Referral DSHS 10-459](#) to the gatekeepers in the sending and receiving regions within 72 hours when a child has moved or will be moving.
 2. For a planned placement move, conduct an FTDM. For an emergent placement move, notify a supervisor in the receiving office within 24 hours of the move and, if not already completed, request household safety inspection using [DSHS 10-453](#).
 3. Update the placement in FamLink within 72 hours of a placement move.
 4. Provide and review the following information with the prospective caregiver prior to or at the time of placement:
 - A. Child Information and Placement Referral form [DSHS 15-300](#)
 - B. [Placement Agreement Form DSHS 15-281](#)
 - C. Documentation about how to access medical, educational and behavioral treatment for the child.
 5. Verify the following information is in FamLink:
 1. Current court order.
 2. [Placement Agreement DSHS 15-281, if completed](#).
 3. [Home](#) Study Request if completed. If not, complete within 30 calendar days. See [5100. Completing the Home Study](#) policy.
 4. Child Information and Placement Referral form DSHS 15-300 is signed by the caregiver or verified by email receipt.

5. Information for completed background checks for all household members age 16 and older. Follow [6800. Background Checks](#).
6. [Extended Foster Care Participation Agreement DSHS 10-432](#), if applicable.
7. Voluntary Placement Agreement DSHS 09-004B (located on the CA intranet), if applicable.
8. Independent Living (ILS) Information, if applicable.
6. Maintain primary assignment to the case and responsibility for service referrals, decision making and payment authorizations.
7. Initiate service referrals when notified of an identified service need for the child.
8. Update the receiving caseworker about progress and changes in case plan, court dates and invite to all Shared Planning meetings.
9. Notify the caregiver of the court dates and invite to all Shared Planning meetings.
10. If the placement disrupts, schedule a FTDM.
11. Notify the receiving caseworker and supervisor if the child is moved.
2. The sending regional gatekeeper or designee will verify information in FamLink upon receipt of a courtesy supervision request. See section in 7(vi). If the required information is incomplete, notify the sending caseworker and supervisor.
6. **Receiving courtesy supervision requests**
 1. The receiving regional gatekeeper or designee will review the [Courtesy Supervision Referral Form DSHS 10-459](#) and assign in FamLink as soon as possible and no later than 72 hours of receiving the referral.
 2. The receiving caseworker will:
 1. Prior to placement:
 0. Complete [Household Safety Inspection Form DSHS 10-453](#) for all unlicensed caregivers, if not already completed by the sending caseworker. Document the completion of this form in a case note and upload in the case file.
 1. Identify and verify all individuals living in the home and assess for safety threats.
 2. Obtain the caregiver's signature on the [Placement Agreement Form DSHS 15-281](#), if not already signed, and upload in FamLink.
 2. After placement:
 0. Conduct [monthly health and safety visits](#) with the children and caregivers. A health and safety visit must occur within seven (7) calendar days of a placement move.
 1. If the child is determined to be unsafe:
 1. Remove the child from the placement.
 2. Make a report to intake when there is a new allegation of abuse or neglect on an open case.
 3. Notify the sending caseworker and discuss placement alternatives.

Collaborate with the sending caseworker on case planning and decision making.

Notify the sending caseworker of requests or need for services for the child or caregiver.

Attend all shared planning and FTDM's for children, including children in group care or Behavioral Rehabilitative Services, unless otherwise negotiated with the sending caseworker.
7. If the placement is at risk of disruption, notify the sending caseworker to schedule a FTDM.

Forms

- [Household Safety Assessment \(DSHS-10-453\)](#)
- [Courtesy supervision Referral Checklist \(DSHS 10-459\)](#)
- [4420. Social Worker Monthly Visits with Children, Out-of-Home Caregivers and Parents](#)
- [Placement Agreement DSHS 15-281](#)
- [Child Information and Placement Referral Form DSHS 15-300](#)

Resources

- [DSHS CA R1 Courtesy Supervision](#)
- [DSHS CA R2 Courtesy Supervision](#)
- [DSHS CA R3 Courtesy Supervision](#)

4431. Legal Jurisdiction and Office Assignment

Approval: Jennifer Strus, Assistant Secretary

Original Date:

Revised Date: July 23, 2017

Policy Review: July 23, 2021

Purpose

To support a child's safety, permanency and well-being, this policy provides direction to caseworkers about determining which county is the correct legal venue in which to file the dependency petition or termination case, and when and how to request a change in jurisdiction.

Scope

This policy applies to Division of Children and Family Services (DCFS) staff.

Laws

[RCW 13.34.040](#) Petition to court to deal with dependent child - Application of federal Indian Child Welfare Act.

Policy

1. When Children's Administration (CA) files a dependency petition, the case will be assigned to the DCFS office where the child and parent, guardian, or legal custodian reside. If they reside in different counties, priority is given to what is in the child's best interest, and to the county where the child is most likely to return home.
2. If the child or parent, guardian or legal custodian does not reside in Washington but the child is located in Washington, contact the Attorney General's Office, Prosecutor's Office, or Special Assistant Attorney General assigned to your office to discuss legal jurisdiction. If CA files a

dependency petition, the case will be assigned to the DCFS office where the child is located at the time of filing.

3. Before requesting that the court transfer legal jurisdiction, all of the following must apply:
 1. The parent or legal custodian with whom reunification is planned has lived in a different county than where the dependency petition was originally filed for a minimum of three consecutive months;
 2. The supervisors and area administrators (AA) in the sending and receiving offices agree to the case transfer; and
 3. The Attorney General's Office, Deputy Prosecuting Attorney or Special Assistant Attorney General in the sending and receiving counties also agree to the transfer.
4. If there is agreement as described above and the receiving county's court accepts legal jurisdiction, the sending supervisor must verify that the case documentation is complete and transfer the case to the receiving supervisor within five business days of receiving the court order to transfer legal jurisdiction. If the receiving county's court denies the request to transfer jurisdiction, the sending office must retain primary office assignment.
5. For transfer of legal jurisdiction from state court to tribal court, per [ICW Policies and Procedures Chapter 6: Casework Activities for Court Proceedings](#) the CA caseworker will:
 1. Send [JU 11.0900 Motion for Order Transferring Jurisdiction to Tribal Court](#), and [Tribal Court's Order Accepting/Declining Jurisdiction, JU 11.0960](#) to the tribe for its use for these purposes (a tribe may also use its own tribal court forms). Upon receipt of an order from a tribal court accepting jurisdiction, the state court shall dismiss the child custody proceeding without prejudice.
 2. Provide the tribe with the case information, and if requested, schedule a transfer [case staffing](#).
6. Disagreements about office assignment must be resolved at the lowest level possible. If the disagreement remains unresolved, the supervisors and AAs must work with the regional administrators (RAs) or their designees to resolve it.
7. Disagreements about the legal jurisdiction of an [Indian child's](#) case being in state or tribal court are resolved by the court. Before seeking a court determination, the assigned caseworker, supervisor, and the tribal Indian Child Welfare Administrator should try to resolve the disagreement. If this is not possible or is unsuccessful, the supervisor will consult with the HQ ICW program manager.
8. Legal jurisdiction can only be transferred to other Washington counties, and cannot be transferred to counties in other states.
9. If a dependency petition has been filed, legal jurisdiction of an [Indian child's](#) case can be transferred to any federally recognized tribe in which the child is:
 1. A member, or
 2. Eligible for membership and of which the biological parent is a member.

Resources

Contact the Attorney General's Office, Prosecutor's Office, or Special Assistant Attorney General assigned to your office about questions regarding legal jurisdiction to file a dependency or termination petition as to a child, or which county the petition may be filed in.

4500. SPECIFIC SERVICES

4501. Case Management

Service Definition

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

Eligibility

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

Procedures for Access

1. Social workers refer families for case management by following established CPS, FRS, and CWS intake procedures.
2. Social workers are assigned by a local office supervisor following intake.
 1. The entry point for case assignment for CPS is a referral alleging abuse and/or neglect. See chapter 2000.
 2. For FRS the entry point is a family's request for services to resolve family conflict. See chapter 3000.
 3. The entry point for CWS is a family's request. See chapter 4000; sections 4100 and 4200.

Other Sources

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

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

Service Definition

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

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

Eligibility

1. Families and children are eligible for IFPS and/or FPS when a child is in out-of-home placement and can be reunited within 30 days or the social worker has determined that, without intervention, the child, for IFPS, is at imminent risk of out-of-home placement or, for FPS, at substantial likelihood of being placed out-of-home due to at least one of the following:
 1. Child abuse or neglect.
 2. A serious threat of substantial harm to the child's health, safety, or welfare.
 3. Family conflict.
2. The social worker need not refer otherwise eligible families and family preservation services need not be provided if at least one of the following conditions is met:
 1. The services are not available in the community in which the family resides.
 2. The services cannot be provided because the program is filled to capacity.
 3. The family refuses services. or
 4. The social worker or the service provider determines that the safety of a child, a family member, or persons providing the services would be unduly threatened.
3. IFPS/FPS may not be used for families in need of an in-home crisis resolution or therapeutic service to avoid possible family disruption or foster care placement at some unspecified time in the future and is not to be used as an interim measure until a planned placement resource is secured.
4. The family has a case open for service with CPS, FVS, FRS, or CFWS. The child must be either residing in the family home or be able to go home immediately, within 30 days, with IFPS.
5. The child, for IFPS, has been assessed by the assigned social worker as needing immediate placement or, for FPS, will need placement in the future if family dynamics do not change or is already in placement but could return home immediately with IFPS.
6. F. For IFPS, immediate placement means that the social worker is planning to file a petition with the juvenile court to remove the child from the family home within 72 hours or is planning to obtain a voluntary placement authorization from the child's parents (per [4307 Voluntary Placement Agreement \(VPA\) policy](#)) within 72 hours.
7. For FPS, substantial likelihood of placement means the assigned social worker has determined, through assessment, that there is a strong possibility that another injury or crisis will occur in the near future, resulting in the placement of the child, or the child is already in placement but could return home sooner with FPS.
8. The Regional Administrator may limit the provision of IFPS or FPS to families where children would be receiving paid DCFS placement services.
9. The social worker has determined that there are no less intensive services available that can meet the family need.
10. An immediate opening with the contracted IFPS and/or FPS agency is available.

Procedures for Access

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

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

Other Sources

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

4509. Respite For Parents

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

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

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

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

Service Definition

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

3. Respite care services for unlicensed relative caregivers or other suitable persons (See Practices and Procedures Guide Section 4261) are intended to meet the needs of children and families in emergency situations and when the placement is at risk of disruption.
4. Payment for respite services is not available to individuals who reside or live in the caregiver's residence. Respite services may be provided by a relative of the child or caregiver, only when the respite care provider resides outside the child's current placement.
5. Respite care that is provided outside the child's caregiver's home must be provided by individuals who are licensed foster parents or licensed child care providers.
6. Unlicensed respite providers can provide paid respite services only in the child's caregiver's home. Unlicensed respite providers must (1) successfully complete a FamLink background clearance and Washington State Criminal check and (2) meet the standards identified in WAC 388-148-1320. Background checks for unlicensed respite providers providing respite in licensed foster homes will be completed by Division of Licensed Resources (DLR) staff, or in the case of respite services for unlicensed relative caregivers, background checks will be completed by the assigned CA social worker.
7. The social worker or licensor will verify that the respite provider has experience and/or training to deal with the particular special needs of the child in care such as dealing with children who are medically fragile, children who have been sexually and/or physically aggressive or assaultive.
8. Licensed child care providers may be used to provide respite care services for respite that is less than 24-hour duration. Respite payment to licensed child care providers is paid at the regional child care rates using the appropriate SSPS respite payment code. SSPS child care codes in the 2800 series are not used to authorize respite payment.
9. Licensed providers for respite service must not exceed their licensed capacity and must meet Minimum Licensing Requirements (MLRs) while providing respite.
10. Licensed caregivers using paid respite services, may not provide respite to other children (paid or exchange), during the period of paid respite.
11. Child-specific respite care plans are an element of the child's case plan. As appropriate, the need for continued respite service is reviewed at service re-authorization and/or during multidisciplinary staffings.
12. Respite care payments remain the fiscal responsibility of the originating region and office during courtesy supervision activities.

Respite Care Category Descriptions

1. **Retention Respite** provides licensed CA caregivers, licensed Tribal foster parents, and licensed Private Child-Placing Agency foster parents providing care for CA-placed children, with regular "time off" from the demands of caregiving responsibilities. Retention Respite guidelines are:
 1. Retention respite is intended to provide regular, monthly breaks from the demands of foster parenting and can also be used to meet emergent needs of licensed caregivers.
 2. Retention respite is awarded on a monthly basis per CA, Tribal, or Private Agency foster home caring for CA children.
 3. Retention respite is earned by eligible licensed caregivers at a rate of two (2) days per month.
 4. Retention respite is authorized in daily units only.
 5. The licensed caregiver home may accumulate or 'bank' a maximum of fourteen (14) days of retention respite days to be used at one time. Licensed caregivers should be encouraged to use retention respite as it is earned.
 6. Newly licensed caregivers will have a 30-day waiting period from the first eligible child placement before accruing retention respite.
 7. A licensed caregiver must provide foster care to one or more children at least twenty (20) days in a month to earn retention respite for that month.
 8. When a day of retention respite is authorized, respite is normally paid for each eligible foster child in the home, regardless of how long the child has been in placement in the home.

However, a licensed caregiver can elect to use retention respite for only one child, even though more than one child is in the placement. Whether retention respite is used to meet the needs of one or more children, the time used will be deducted from accrued retention respite days.

9. Licensed caregivers and social workers should be aware of pending respite plans in the caregiver's home when a child is placed. Efforts should be made to avoid changes in caretakers for a child shortly after placement.
 10. The respite provider must have experience and/or training to deal with the particular special needs of the child in care such as dealing with children who are medically fragile or children who have been sexually and/or physically aggressive or assaultive.
 11. Regions will develop a process to authorize and monitor retention respite eligibility and utilization for CA foster homes.
 12. Tribal and Private Agencies shall monitor retention respite eligibility and utilization for their licensed homes, and will coordinate with CA regional management to develop a process to access and report retention respite usage.
2. **Child-Specific Respite (CSR)** provides unlicensed relative caregivers, other suitable persons, licensed CA caregivers, licensed Tribal foster parents, and licensed Private Child-Placing Agency foster parents providing care for children placed by CA, with the opportunity for relief from the caregiving responsibilities that are linked to the medical, behavioral or special needs of an individual child. The CSR guidelines are:
1. CSR is authorized on a case-by-case basis consistent with the written service plan for the child.
 2. CSR is authorized in half-day or daily increments. Half-day will be authorized for respite services 0 - 5 hours and daily respite will be authorized for respite services greater than 5 hours.
 3. CSR is part of a child's unique service plan. The need for continued service is reviewed at service re-authorization and during multidisciplinary staffing.
 4. CSR for more than 1 week must have Area Administrator approval.
 5. CSR may be discontinued based on an updated assessment of the needs of the child.
 6. In calculating CSR, the worker should consider the availability of relief from caregiving responsibilities provided through retention respite, school, other relatives, visitation schedules, etc.
3. **Exchange Respite** is the relief from parenting responsibilities, which is negotiated and arranged between licensed caregivers and does not include payment of CA funds. Exchange respite guidelines are:
1. Licensed caregivers must remain within their licensing requirements (i.e. capacity, age, gender, etc.).
 2. Licensed caregivers must notify the child's social worker(s) of exchange respite services prior to the respite occurring.
 3. The social worker will verify that there are no licensing complaints pending which would preclude the respite provider from caring for the child.
 4. The social worker will inform the respite provider of any special needs of the child, supervision requirements and safety issues prior to initiating respite.

Procedures for Access

1. Retention Respite is authorized through SSPS by the regional designee responsible for monitoring the accrual and utilization of retention respite for foster families.
2. The assigned social worker for each child in a licensed home shall be notified that retention respite is being authorized.
3. Child-Specific Respite (CSR) is authorized through SSPS by the assigned social worker for the child.

4. For unlicensed relative caregivers and other suitable persons, the assigned social worker shall explore other family support options prior to requesting respite services.

Respite Care Payment

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

Respite Care Rates

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

4514. Family Support Networks

Service Definition

Each individual family's extended family, tribe, friends, and other lay or professional helpers who help resolve current issues of concern constitute a support network. Informal support networks reduce social isolation that may contribute to CA/N and may provide the resources to assist in reduction of family conflict. Supportive networks may be more helpful than professional services because they are generally a life-long part of the client's life.

Eligibility

All DCFS clients are eligible for the service.

Procedures for Access

1. The social worker uses "reasonable efforts" in locating and contacting extended family members, friends, and lay helpers for potential support and/or placement resources.

2. The social worker is encouraged to develop informal family support network alternatives to professionally provided services when possible.
3. The social worker provides the family support network consistent information and support, within the limits of laws on confidentiality.

Other Sources

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

4515. Family Home Support Services

Service Definition

1. Family Home Support Services (FHSS) provides supportive, culturally appropriate, in-home, skill-building services in partnership with DCFS client families. Services are provided as part of a comprehensive case plan to clients of DCFS. Services may be offered on weekends and beyond normal working hours. Overnight service may be provided in emergent cases where all other appropriate placement options have been determined to be inappropriate.
2. Services provided by Home Support Specialists (HSS) include:
 1. Teaching and demonstrating basic physical and emotional care of children, including child development and developmentally appropriate child discipline.
 2. Teaching homemaking and other life skills, including housekeeping, economical shopping, nutrition and food preparation, personal hygiene, financial budgeting, time management and home organization, with consideration given to the family's cultural environment.
 3. Helping families obtain basic needs. Networking families with appropriate supportive community resources; e.g., housing, clothing and food banks, health care services, and educational and employment services.
 4. Providing emotional support to families and building self-esteem in family members; aiding family members in developing appropriate interpersonal and social skills.
 5. Providing client transportation/supervision of visits on a time-limited basis.
 6. Observing family functioning, assisting the social worker in identifying family strengths as well as areas needing intervention or remediation, reporting to the social worker on the family's progress in skill-building, family functioning and other areas defined in the case plan.
 7. Providing individual care services, including child care and household management on an emergent, time-limited basis when necessary to maintain a family that is in crisis.
3. FHSS is not intended to provide long-term maintenance for a family, is not a housekeeping service, and is not interchangeable with CHORE Services. Requests for on-going or repetitive child care or household maintenance are not appropriate for FHSS.

Eligibility

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

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

Procedures for Access

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

4516. Health Services for Mothers and Children

Service Definition

1. Services available to detect risk factors that might affect the health or growth of the baby early in the pregnancy. Health related services designed to assist parents with infants and young children. Programs offering health screening, assessment, and treatment for children. Health services provided through the Early and Periodic Diagnosis and Treatment (EPSDT) or Healthy Kids Program and Women, Infants, and Children (WIC) program.

2. DCFS also contracts with local health departments to provide public health nursing services in-home for families who need them.

Eligibility

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

4517. Health Care Services for Children In Out-Of-Home Care

Purpose

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

Policy

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

Procedures

Initial Health Screens (IHS):

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

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

EPSDT Examinations:

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

Dental Examinations:

1. Schedule the child's dental examination within 30 days of out-of-home placement.
2. Children in out-of-home placement that received an initial dental assessment within 6 months before placement **do not** need another dental examination unless medically indicated.
3. Obtain a copy of the dental exam and determine if recommended treatments and follow-ups have occurred for the child.
4. Provide the child's caregiver all dental examination results and assist them in obtaining any recommended services for the child.
5. Document the dates and results of all dental examinations in the FamLink Health/Mental Health Pages under the "Health" tab and insert a new "Medical/Dental/Exam" within the required placement documentation timeframes as per [Initial Placement and Moves 15400](#).
6. Review and record the child's dental information at Shared Planning Meetings and the report to the court.

Forms and Tools

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

Resources

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

45171. Medically Fragile Children

Purpose

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

Policy

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

Procedures

1. Complete a referral by emailing the Fostering Well-Being Care Coordination Unit at: dhsfwbccu@dshs.wa.gov.
2. When a medically fragile child is discharged from a hospital:
 1. Participate in a discharge planning meeting with the identified caregiver
 2. Coordinate with hospital or Primary Health Care Provider about the discharge plan to:
 1. Assess appropriate placement,
 2. Identify resources and training to support the care of the child,
 3. Obtain a copy of the child's treatment plan or identify the on-going plan for treatment and examinations, and
 4. Refer the medically fragile child to the Fostering Well-Being Care Coordination Unit.
3. When the assigned social worker has received confirmation from the Fostering Well-Being Care Coordination Unit that the child meets the medically fragile criteria:

1. Ensure any recommendations made by medical providers and in the Care Coordination Summary are followed-up on to address the ongoing medical needs of the child.
2. Document the child as "medically fragile" in the Special Needs page in FamLink.
4. Develop a [Caregiver Support Plan](#) for initial and any subsequent placements with a caregiver. At a minimum, the plan must address:
 1. Caregiver training specific to the child's needs,
 2. Additional supports to meet the child's needs, e.g. Medicaid Personal Care,
 3. Support for the caregiver to have alternate care for the child if needed, e.g. planned and emergency respite care, and
 4. Steps to take in an emergency situation when a caregiver is unable to care for the child.
5. NOTE: Children placed in Behavioral Rehabilitation Services group or foster homes, skilled nursing facilities, on a trial return home, or who receive case management services from a Child Placing Agency do not require Caregiver Support Plans.
6. Determine any additional support and training needs during the initial [Social Worker Monthly Health and Safety Visit](#) within the first 7 days of placement.
7. Review the Caregiver Support Plan with the caregiver at each [Social Worker Monthly Health and Safety Visit](#) to determine if any changes to the plan are needed.
8. Upload the Caregiver Support Plan signed by the caregiver into FamLink. Document the following in FamLink within 10 calendar days of receiving information:
 1. Child's medically fragile status on the FamLink Special Needs page per [Medically Fragile Documentation](#), and
 2. Child's medical conditions/information in the Health/Mental Health page per [Health Care Services for Children in Out-of-Home Care policy](#)

See Also

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

Resources

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

45172. End-of-Life Care

Approval: Jennifer Strus, Assistant Secretary

Original Date: October 31, 2016

Revised Date: Not applicable

Policy Review: October 31, 2020

Purpose

To provide guidance when a child's medical provider makes a recommendation to begin making end-of-life decisions for a dependent child in out-of-home care. This policy does not apply to a child in tribal custody or youth in Extended Foster Care.

Definitions

Do-not-resuscitate (DNR) order is a medical order written by a doctor. It instructs health care providers not to perform cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating. A DNR order is created or set up before an emergency occurs and allows an individual to choose whether or not he or she wants CPR in an emergency.

Hospice care is supportive care provided to people in the final stage of a terminal illness focusing on comfort, quality of life and being free of pain rather than a cure.

Scope

This policy applies to Division of Children and Family Services staff.

Laws

[RCW 74.13.031](#) Duties of the department, child welfare services and children's services advisory committee

Policy

1. When a child's medical provider makes a recommendation to begin making end-of-life decisions for hospice or the issuance of a DNR order the caseworker will:
 1. Immediately notify his or her supervisor and the regional medical consultant (RMC).
 2. Notify the following individuals of the medical provider's recommendations:
 1. Child's parents and parent's attorney, if the child is not legally-free
 2. Assistant attorney general (AAG)
 3. Child's out-of-home caregiver
 4. Guardian Ad Litem (GAL)/Court Appointed Child Advocate (CASA)
 5. Child's attorney, if assigned
 3. Document efforts made to locate the parent in FamLink if the parent of the child cannot be located.
 4. Contact the child's tribe if the child is a member of a federally recognized tribe to determine their role in making end-of-life decisions.
 5. Conduct a shared planning meeting if any party to the case disagrees with the medical provider's recommendations
 6. Assist the child's family and caregivers to identify community based services and supports that address grief and loss.
2. AAG consultation is required if organ donation is proposed.

Procedures

1. When conducting a shared planning meeting, the discussion must include what is in the best interest of the child and whether court approval is necessary to implement the recommendations.
 1. Invitees must include the following:
 1. Child's parents and parent's attorneys, if the child is not legally-free
 2. AAG
 3. CASA/GAL

4. RMC
5. Child's attorney, if assigned
6. Out-of-home caregivers; even though they are not parties to the child's case.
2. Consult with the medical provider regarding how to involve the child and ensure the child's wishes are represented at the shared planning meeting. This includes determining whether it is in the child's best interest and if he or she is physically able to participate in the meeting.
3. If the medical provider determines the child is developmentally appropriate and physically able to participate, work with the child's medical provider to determine if the child wants to attend the meeting.
4. If the child chooses to attend the meeting, make arrangements to accommodate his or her needs as appropriate.
2. When court action is pursued to obtain approval of the medical provider's recommendations regarding the child's end-of-life care, the caseworker must:
 1. Consult with AAG to determine appropriate steps for seeking court approval of the recommendations.
 2. Work with the RMC to obtain the following documentation and attach to the motion:
 1. A written statement from the medical provider who is recommending hospice care or the issuance of a DNR order. The statement from the provider must include statements from two additional medical providers qualified to assess the patient's condition indicating with reasonable medical judgment that the patient is an advanced stage of a terminal and incurable illness and is suffering severe permanent mental and physical deterioration;
 2. The child's medical history including the child's current condition, diagnosis and prognosis;
 3. Any supporting documentation provided by the medical provider to support his or her recommendation including that the recommendation is in compliance with the hospital's ethics protocol, if applicable;
 4. Parent's recommendation or concerns, if applicable (if child is not legally-free); and
 5. Child's opinion about his or her desire to enter into a DNR order if the child expressed an opinion. Include when, where and how the child made his or her wishes known. The child's wishes must also be documented in a case note.
 3. Provide the date and time of the court hearing to the:
 1. Child's parents and parent's attorney, if the child is not legally-free.
 2. Child if developmentally appropriate and physically able to participate.
 3. Child's attorney, if assigned
 4. Out-of-home caregivers
 5. GAL/CASA
 4. If the parent of the child cannot be located, document efforts made to locate the parent in FamLink.
3. When a child's medical professional recommends end-of-life care, the supervisor will:
 1. Inform his or her area administrator of the medical provider's recommendation;
 2. Confirm that the caseworker is consulting with the RMC;
 3. Verify with the caseworker that all parties to the case have been notified; and
 4. Assure the caseworker has identified and referred the family and caregivers to any needed support services addressing grief and loss.

Resources

Guidelines for Reasonable Efforts to Locate Children and/or Parents (on CA intranet)

http://kidshealth.org/parent/system/ill/bfs_hospice_care.html

4518. Drug and Alcohol Testing, Assessment and Treatment

Approval: Jennifer Strus, Assistant Secretary

Original Date:

Revised Date: October 31, 2016

Policy Review: October 31, 2020

Purpose

To provide direction regarding the testing, assessment, and treatment services for clients who are suspected of using drugs or alcohol that impacts his or her ability to safely parent.

Scope

This policy applies to Division of Children and Family Service (DCFS) caseworkers and Division of Licensed Resource staff working with clients who are suspected of using drugs or alcohol.

Laws

[26.44.170](#) Alleged child abuse or neglect - Use of alcohol or controlled substances as contributing factor

[26.44.195](#) Negligent treatment or maltreatment - Offer of services - Evidence of substance abuse

Policy

The CA caseworker will:

1. Determine if the use of drugs or alcohol is a contributing factor to alleged child abuse or neglect, or is impacting child's safety or health based on the results of one or more of the following:
 1. [Structured Decision Making Risk Assessment \(SDMRA\) tool](#)
 2. [Investigative assessment](#)
 3. [Early Periodic Screening Diagnostic and Treatment \(EPSDT\)](#)
 4. [Child Health and Education Tracking \(CHET\)](#)
2. Arrange for drug or alcohol testing by a CA drug testing contracted provider to facilitate decision-making and case planning when either:
 1. The suspected use impacts child safety, and the parent or caregiver is not already in drug or alcohol treatment, or
 2. It is court ordered under a dependency action.
3. Authorize drug or alcohol testing services by:

1. Completing all required fields on the drug testing order form per the Drug Testing Order Instructions located under the Medical tab on the CA intranet.
2. Obtaining the required testing approvals as shown on Drug and Alcohol Resource sheet located under the Medical tab on the CA intranet.
3. Submitting the form to the contracted provider.
4. If drug or alcohol use is identified and impacts the child's safety or health:
 1. Develop a case plan in collaboration with the client.
 2. Obtain the client's insurance coverage information to determine available drug or alcohol assessment and treatment resources.
 3. Refer the client to a qualified chemical dependency professional for a drug or alcohol assessment and include a completed, signed [Consent Form DSHS 14-012](#). Assessment or treatment agencies may also require clients to sign their form in order to disclose information.
 4. Refer adult clients without insurance or resources to the local DSHS Community Service Office (CSO) to determine their eligibility for state or federally funded assessment and treatment services.
5. If drug or alcohol treatment is recommended, coordinate with the provider in treatment planning.
6. Refer a child to a medical provider if a child's exposure to drugs or alcohol causes concern for the child's safety or health.
7. Refer a youth to [Apple Health Core Connections \(AHCC\)](#) to initiate coordination of services and interventions to address any drug or alcohol concerns for a child under age eighteen.
8. If the case or provider is assigned to DLR, and DLR has made the determination that drug and alcohol abuse is impacting the individual's ability to safely parent children, the DLR worker will complete a compliance agreement and refer the case to DCFS for services if necessary. See [Practices and Procedures 5150. Licensing Investigations](#).

Forms

[Consent Form DSHS 14-012](#)

Resources

- [Substance Abuse and Mental Health Services Administration website](#)
- [Division of Behavioral Health and Recovery - Substance Use Treatment Services](#)

4519. Concrete Goods

Approval: Jennifer Strus, Asst. Secretary

Effective Date: May 1, 2014

Revised Date: July 23, 2017

Sunset Review: July 23, 2020

Purpose

Assist children and families with concrete goods when those goods or expenditures support child safety, reduce risk of abuse or neglect, prevent out-of-home placement, support out-of-home placement, or facilitate safe reunification. The assistance is intended to remove concrete barriers for successful achievement of case plan goals.

Scope

This policy applies to Division of Children and Family Services (DCFS) caseworkers and Division of Licensed Resources (DLR) licensors.

Policy

1. In-home and out-of-home concrete goods are provided to a child or family when:
 1. Funding is available and approved.
 2. Purchases are made using the most economical and reasonable approach.
 3. Concrete goods meet an identified need through the assessment and supports the case plan per [1140 Family Assessment](#) policy.
2. Approvals for in and out-of-home concrete good expenditures:
 1. Up to \$200 may be approved by the caseworker.
 2. \$201 to \$500 must be approved by the supervisor.
 3. \$501 to \$1200 must be approved by the area administrator.
 4. \$1201 or more must be approved by the regional administrator.
3. In-home concrete goods
 1. Are provided to a child or family to maintain child safety and reduce risk, prevent placement or to remove barriers to facilitate a trial return home. Concrete goods include but are not limited to: child safety items, clothing, shelter, furniture, utilities, transportation, or paraprofessional services not available for purchase through a Children's Administration (CA) service contract.
 2. Before in-home concrete goods are authorized:
 1. There is documentation of need either in the assessment or written proof of need, e.g., disconnection notice of utilities or eviction notice.
 2. The family must be willing and able to cooperate with services.
 3. The family must have a plan that will continue to maintain the support provided temporarily by CA. The concrete goods are not intended to be an ongoing means of support.
4. Out-of-home concrete goods
Are provided to support parent-child visits or promote the plan for reunification when the child is placed in out-of-home care. Concrete goods include, but are not limited to: games, books for visits, clothing, furniture, or paraprofessional services not available for purchase through a CA service contract.
5. Out-of-home concrete goods for kinship caregivers who are unlicensed or have a pending foster care license, are flexible in nature and can be used to:
 1. Support or maintain the placement.
 2. Facilitate the home study or licensing process including purchase of items required for home study or licensing approval. Purchases or approvals may be completed by DCFS caseworkers or DLR licensors.
6. Follow [4527. Kinship Care](#) policy when considering concrete goods for a child placed in licensed kinship care.
7. Concrete goods can be used for the following:
 1. For clothing, follow [4537. Clothing Allowance for Children in Out-of-Home Care](#).
 2. Housing payment and utilities

1. Provide first and last months' rent when the family is moving.
 2. Authorize only non-refundable cleaning or security deposits.
 3. Rent (not intended to be ongoing).
 4. Back payments for utilities, garbage pick-up, etc.
3. Gift cards
 1. Use small denomination gift cards to support transportation of parents to services and visitation, not to exceed \$15 per card.
 2. Several cards may be provided to the parent, but should be signed out using the case identification number.
 4. Vehicle repairs which allow parents to go to work, participate in services or parent-child visits, or support their ability to increase their child's safety.
 5. Food assistance for out-of-home concrete goods should be used to support parent-child visits when a family does not qualify for Community Services Office basic food program.
 6. Food assistance for in-home concrete goods should be authorized until a family becomes eligible for the following or until they can provide sufficient food on their own.
 1. Basic Food through the Department of Social and Health Services Community Services Office (CSO).
 2. The Women, Infants, and Children (WIC) nutrition program.
8. Payment
 1. The DCFS caseworker initiates a payment request by creating a service referral through casework in FamLink, to generate the authorization.
 2. The DLR licensor sends the Support Funds Form DSHS 06-135 to the DLR regional staff.
 3. The DLR regional staff will:
 1. Order the items identified on the form using the online retailer guide located on the DLR Programs page on the CA intranet. If an item is not listed on the guide, seek approval from the licensing supervisor.
 2. Document the child's FamLink identification number on the online retailer's website.
 3. Send the Support Funds Form DSHS 06-135 and receipt to the Headquarters Fiscal Integrity Team.
 9. Documentation
 1. The DCFS caseworker documents in a FamLink case note how the provision of:
 1. In-home concrete goods will meet, increase, maintain, or establish child safety, reduce risk or stabilize reunification.
 2. Out-of-home concrete goods will support parent-child visits and/or promote the plan for reunification.

Resources

- [In-Home Goods Provider Guide](#)
- [Community Service Office Basic Food, Cash, Medical](#)
- [Medicaid Denial Process Fact Sheet](#)
- [Consent form DSHS 14-012](#)
- Located on the CA Intranet
 - Concrete Goods Poster
 - Support Funds form DSHS 06-135
 - Online retailer guide located DLR Page

4520. HIV/AIDS Support Services

Service Definition

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

Eligibility

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

Procedures for Access

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

4521. Psychological/Psychiatric Services

Service Definition

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

Eligibility

1. Under Healthy Kids Services, Medicaid-eligible children and their families are provided specific mental health evaluation and treatment. For eligible children under 19 years of age, mental health services must be determined to be medically necessary as a result of a Healthy Kids/EPSDT health screen.
2. Medicaid-funded mental health services must be the first choice for treatment. DCFS-funded services are to be used only when all other payment resources have been exhausted. Families or children are eligible for DCFS direct-funded psychological/psychiatric services under the following circumstances:
 1. Parents or children with an active CPS, FRS, or CWS case.
 2. All RSN resources have been exhausted or the child/parent is not eligible to receive the service under a Healthy Kids plan.
 3. The child/family has demonstrated it doesn't have the financial resources or insurance to pay for the service.
 4. Funding is available to provide the service.
 5. Services are only available from DCFS-contracted providers.

Procedures for Access

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

Other Sources

1. If the need for the service is primarily to support the child's ability to stay in school, funds for evaluations/treatment may be available through the local school district. The caseworker may contact the child's school, or have the child's family contact the school, and make a referral to determine if the child is eligible for special education services.
2. DDD may provide psychiatric/psychological evaluations and/or behavior management training or treatment for developmentally disabled children living in their own homes or parents.
3. The JRA or local juvenile probation offices may provide similar services for delinquent children.
4. Division of Vocational Rehabilitation (DVR), General Assistance-Unemployable (GA-U), and SSI evaluations may be a resource. If the child has a current or recent SSI application, the caseworker shall ask the SSI facilitator to access the SSI file for current medical or psychological assessments.

4522. Income Maintenance

Service Definition

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

Eligibility

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

Procedures for Access

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

Other Sources

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

4523. Housing

Service Definition

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

Eligibility

DCFS clients with either no housing or inadequate housing are eligible for the service. Homeless youth may be eligible for out-of-home care services through DCFS when they have been determined eligible for placement

following a CWS assessment. CPS referrals are not accepted on a family if the only reason for the referral is homelessness.

Procedures for Access

1. The social worker works with a family to obtain housing through referrals to the CSO and, in emergencies, through direct referral to emergency shelter programs in the local communities. EMFS can provide the social worker with information on how to assist clients who need to apply for available publicly funded housing through the federal Section 8 or other programs, including those operated through the state Department of Trade, Community, and Economic Development (CTED).
2. In accordance with regional procedures, the social worker refers adolescents emancipating from foster care to regionally contracted ILS programs for education and counseling regarding housing needs.
3. For placement in out-of-home care for children, the social worker follows procedures outlined in this chapter.

Other Sources

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

4524. Educational And Job Training Services

Service Definition

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

Eligibility

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

Procedures for Access

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

Other Sources

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

4525. DCFS Administrative Approvals

Approval: Jennifer Strus, Assistant Secretary

Original Date: January 31, 2016

Policy Review: January 31, 2020

Scope

This policy applies to all Children's Administration (CA) staff.

Purpose

DCFS administrative approvals are requested when a policy indicates an administrative approval is required, exception to a policy is needed, or to provide reimbursement /supports to a licensed caregiver beyond what the foster care rate assessment or policy allows.

Policy

1. Approval requests are only for exceptions to a policy, exceptional cost foster care reimbursement, or when a policy requires an administrative approval.
2. Approval requests must be submitted on [DCFS Administrative Approval Request form DSHS 05-210](#).
3. Exceptional cost foster care is only approved when the foster care rate assessment is completed and the support or supervision for the child needed goes beyond what the rate assessment can provide.
4. Exceptional cost foster care requests must be submitted on a [DCFS Administrative Approval Request form DSHS 05-210](#).
5. Exceptional Cost Foster Care Plans (ECP):
 1. Are developed for placements intended to be permanent or beyond thirty days when a child in out-of-home care has extreme physical, medical, emotional or intellectual impairments, and the licensed caregivers are providing intensive supervision or extra supports to meet the child's exceptional needs.
 2. Must only be considered when all other sources of financial or other supports have been explored to meet the special needs of the child.
 3. Must be reviewed by the assigned CA caseworker and supervisor at the time the foster care rate assessment is completed. Approval by the regional administrator or designee is required to initiate or maintain the plan and payment.

4. May be backdated up to, but not exceed, 30 days. Approval must be granted before a payment can be made.
5. Not required for crisis or emergent placements (Emergent placements are less than 30 days).

Procedures

1. Approval Request

The assigned caseworker must:

1. Determine if an approval request is needed. Requests may include, but are not limited to:
 1. Policy requirements ([4533. Behavioral Rehabilitation Services](#), etc.)
 2. Camps
 3. Additional funding allowed in policy, but not requiring an Exceptional Cost Foster Care Plan
 4. Exceptions to a policy
 5. Respite
 6. Caregiver supports
 7. Childcare services
 8. Exceptional Cost Foster Care Plans
2. Complete and submit a [DCFS Administrative Approval Request form DSHS 05-210](#) when policy requires it or when an exception to a policy is needed.
3. Send a completed [DCFS Administrative Approval Request form DSHS 05-210](#) for review and approval to the supervisor, area administrator, regional administrator or designee.
4. Once approved, upload the document into FamLink.

2. Exceptional Cost Foster Care Plans (ECP)

The assigned caseworker must:

1. Complete and submit a [DCFS Administrative Approval Request form DSHS 05-210](#) when a placement is to continue beyond 30 days, and a foster parent needs exceptional reimbursement for supervision or support for a child with exceptional needs.
2. Request an ECP reimbursement only for foster care reimbursement and not to pay for contracted services such as, but not limited to: case aides, counseling etc.
3. Complete all required fields on [DCFS Administrative Approval Request form DSHS 05-210](#).
4. Only state to a licensed caregiver that an ECP request will be submitted. The worker should not pay the ECP prior to approval.

Forms and Tools

[DCFS Administrative Approval Request 05-210](#)

4527. Kinship Care: Searching for, Placing with, and Supporting Relatives and Suitable Other Persons

Approval: Jennifer Strus, Assistant Secretary

Original Date: April 15, 2008

Revised Date: July 23, 2017

Policy Review: July 23, 2021

Purpose

This policy provides direction for Children’s Administration (CA) caseworkers in searching for, notifying, placing, and supporting children when they are placed in out-of-home care with kinship caregivers. Federal and state laws give priority to placing with kinship caregivers absent child safety and welfare concerns.

Scope

This policy applies to CA staff.

Laws

[RCW 13.34.060](#) Shelter care—Placement—Custody—Duties of Parties

[RCW 13.34.065](#) Shelter care—Notice of Custody and Rights

[RCW 13.34.130](#) Order of disposition for a dependent child, alternatives—Petition seeking termination of parent-child relationship—Placement with relatives, foster family home, group care facility, or other suitable persons—Placement of an Indian child in out-of-home care—Contact with siblings.

[RCW 13.38.030](#) Findings and Intent

[RCW 26.44.240](#) Out-of-home care—Emergency Placement—Criminal History Check

[RCW 74.15.020](#) Definition of Relative

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

Definitions

Kinship caregivers are relatives or suitable other persons.

A relative is defined as any of the following:

1. A blood relative, including those of half-blood and including first cousins, second cousins, nephews or nieces, and persons of preceding generations as defined by prefixes of grand, great, or great-great. Also included are stepfathers, presumed fathers, stepmothers, stepbrothers or stepsisters.
2. A person who legally adopts a child or the child's parent as well as the natural and adopted children of such persons, and other relatives of the adoptive parents in accordance with law.
3. A spouse of any relative, even after a divorce.
4. A relative of any half sibling of the child.
5. An “Indian child’s family” or “extended family member” is defined as follows: an individual, defined by the law or custom of the child’s tribe, as a relative of the child. If the child’s tribe does not identify such individuals by law or custom, the term means an adult who is the Indian child’s grandparent, aunt, uncle, brother, sister, brother-in-law, sister-in-law, niece, nephew, first or second cousin, or stepparent, even following termination of the marriage.”

A suitable person is a person:

1. Who has a preexisting relationship with the child or family;
2. With whom the child is comfortable;
3. Who is available and willing to safely care for and nurture the child; and
4. Who has passed all the required background and Child Protective Services checks.

Policy

1. Efforts to search for relatives must occur when:
 1. A child:
 1. Is placed in out-of-home care
 2. Disrupts from placement or re-enters out-of-home care
 2. Twelve months have passed since the previous relative search and the child is not currently placed in kinship care.
 3. Paternity has been established or is presumed.
2. Searching for Relatives
 1. The Native American Inquiry and Relative Search Unit (NAIR) must:
 1. Review new placements in FamLink, and initiate relative search letters to identified relatives.
 2. Contact the caseworker when the initial placement is with a kinship caregiver to learn if the relative placement is stable, or if a relative search is still needed.
 3. Complete the Relative Search Tracking Form DSHS 10-544 with all relatives identified through the relative search activities.
 2. The assigned caseworker or designee must:
 1. Complete and document relative search activities throughout the life of the case.
 2. Contact the NAIR unit at CARelativeSearch@dshs.wa.gov whenever a relative search is needed.
 3. Conduct an ongoing search for relatives when a child is not placed with a relative.
 4. Discontinue relative search only when a permanent plan for the child has been completed.
 5. Confirm paternity via the birth certificate, the office of Child Support Enforcement, or a paternity affidavit entered into court. Ensure proof of paternity is uploaded in the case file.
 6. Contact or review the following resources to identify relatives:
 1. Parent, child, and known relatives.
 2. School employees, medical providers, faith-based community members, Court Appointed Special Advocates (CASA)/Guardians ad Litem (GAL), etc.
 3. Databases accessible to CA including Automated Client Eligibility System (ACES), Department of Licensing, Client Registry and Barcode, and Department of Health.
 4. Other divisions within the Department of Social and Health Services agencies, e.g., Support Enforcement, Community Service Office, etc.
 5. For cases that have paternity established at a later date, send a completed [Extended Relative Search Referral DSHS 15-457](#) to the NAIR unit within five calendar days of learning that paternity was established.
 7. When a child is an [Indian child](#), follow [Indian Child Welfare Manual Chapter 7 Indian Child Placement Preferences and Relative Search](#)
 8. When a child is legally free, consult an adoption worker before searching for relatives, and follow [4350 Status of Relatives of Specified Degree with Legally Free Children policy](#).
 3. Notifying Relatives
 1. The NAIR unit must:

1. Send the Relative Notification Letter DSHS 15-330 to all relatives identified on the Relative Search Tracking Form DSHS 10-544. The letter must be sent within 30 days of the child being placed in out-of-home care, absent known restraining orders which are documented in FamLink.
2. Track and document the relative's response to the letter on the Placement/Relative Screen tab in FamLink.
3. Notify the caseworker with the names of relatives who have been identified as a potential placement or support resource.
2. The caseworker or designee must:
 1. Notify known relatives when a child is initially placed in out-of-home care within 30 days absent a verified No Contact Order.
 2. Notify known relatives assessed as suitable and competent per [4261. Out-of-Home Placement Priorities](#) policy and continue relative search when a child disrupts from placement, re-enters out-of-home care, or requires a higher level of care.
 3. The initial notification must include the following information:
 1. The child has been or is being removed from the custody of the parent.
 2. The relative has the option per federal and state law to participate in the care and placement of the child. Their options may be lost due to failure to respond to the notice.
 3. How to become a licensed foster family home and the additional services and supports available for the child placed in licensed care.
 4. The Relative Guardianship Assistance (RGAP) Program, the RGAP agreement and possible RGAP subsidy if the relative is licensed prior to the establishment of the guardianship.
 4. Track and document the relative's response to the letter on the Placement/Relative Screen tab in FamLink.
 5. Update the Relative Search screen in FamLink when new information is received.
4. Documenting Relative Search Activities
 1. The assigned caseworker or designee must document the following activities on the Relative Search Screen or in a case note:
 1. Each kinship caregiver's decision to be a placement option, or to provide support, e.g., respite, transportation or help with visitation.
 2. Any other relatives identified as placement or support resources.
 3. Reasons for decisions to not place with identified and willing kinship caregivers.
 2. During monthly case review, the assigned supervisor will review and assess:
 1. The status of the relative search.
 2. Relative Search documentation in FamLink.
5. Placing with Kinship Caregivers (Relatives and Suitable Others)

The caseworker must:

 1. Prioritize kinship placements as long as there are no safety concerns. Make placement decisions according to the best interest of the child per [4261. Out of Home Placement Priority](#) policy.
 2. Follow the [Interstate Compact Placement \(ICPC\)](#) if a kinship caregiver resides outside of Washington state.
 3. Verify the completion of required activities per policy [45274. Placements with Unlicensed Relatives or Suitable Persons](#) including:
 1. Background Authorization form 09-653 for all household members age 16 and older per [6800. Background Check](#) policy.
 2. Child Protective Services (CPS) history checks for each household member.
 3. Character, competence and suitability assessment per the [6800. Background Check](#) policy for each kinship caregiver who want to be a placement resource.
 4. Kinship caregiver's ability and willingness to:

1. Provide a safe home and [safe sleep environment](#) for the child.
2. Meet the child's on-going basic and special needs.
3. Meet the cultural needs of the child.
4. Cooperate with the case plan and make the child available for court ordered visitation with parents and siblings.
5. Walkthrough of the kinship caregiver's home and property and complete the Household Safety Inspection for Unlicensed Placement Form DSHS 10-453.
6. [Home Study](#) referral before placement, or within 30 calendar days of the start of an emergent placement. A referral must be made regardless of whether the kinship caregiver wishes to be licensed, and is completed by submitting the following to Division of Licensed Resources (DLR):
 1. Completed Family Home Study Application DSHS 10-354.
 2. Background check results.
4. Invite each kinship caregiver or prospective kinship caregiver to Family Team Decision Making Meetings (FTDM's) per the [Shared Planning](#) policy.
6. Supporting Kinship Care Placements.

The assigned caseworker must:

 1. Provide the following resource information at placement, or within three calendar days of an emergent placement:
 1. The completed Relative Placement Packet, Child Information/Placement Referral (CHIPR) Form DSHS 15-300 and other requirements per [4413. Information sharing with Out-of-Home Caregivers](#) policy.
 2. Available Financial Resources
 1. Temporary Assistance for Needy Families (TANF) benefits through the Community Services Office (CSO) that include child only grants.
 2. Foster care payments for kinship caregivers who become licensed.
 3. RGAP subsidy.
 4. Social Security Income/Social Security Assistance.
 5. [Federal funding](#), for proper eligibility determination
 6. [Kinship Care Support Funds](#) available to assist with placement of the child in kinship care.
 7. [Clothing Voucher](#)
 8. [Caregiver Transportation and Mileage Reimbursement](#)
 3. Training
 1. Kinship 101: Supports and Resources for Kinship Caregivers available through the [Alliance for Child Welfare](#).
 2. Other trainings focused on behavioral interventions and more at www.allianceforchildwelfare.org
 2. Use Kinship Care Support funds per the [Concrete Goods](#) policy to provide goods and services to meet the needs of children in unlicensed kinship care or assist kin with removing barriers to home study or foster care license.
 3. Continue to assess the kinship caregiver's ability to provide safe care and permanency to the child, as well as their need for services on an on-going basis.

Resources

- Located on the Intranet
 - Protocol for Completing Relative Search Request
 - Creating and Monitoring Your Relative Search Requests
 - Placement Packet
 - Got The Goods Resources

- [Household safety inspection for unlicensed placement and adoptions Home Study Updates Form DSHS 10-453](#)
- [Foster Home Study Application DSHS 10-354](#)
- Relative Notification Letter DSHS 15-330
- Relative Search Tracking Form DSHS 10-544
- [Background Authorization DSHS 09-653](#)
- Extended Relative Search Referral Form DSHS 15-457
- [Application for Benefits DSHS 14-001](#)
- [Child's Medical and Family Background Report DSHS 13-041](#)

45274. Placements with Unlicensed Relatives or Suitable Persons

Approval: Jennifer Strus, Assistant Secretary

Original Date: April 15, 2008

Revised Date: July 1, 2016

Policy Review: June 30, 2020

Purpose

In order to support and preserve connections to family relationships, children should be placed in the safest setting that best meets their needs. Children are best cared for by a person they have a relationship with, when the caregiver is assessed as safe and suitable. An unlicensed caregiver is a relative or suitable person as described in [RCW 74.15.020\(2\)\(a\)](#) or [13.34.130\(1\)\(b\)](#).

Scope

This policy applies to DCFS staff.

Laws

[RCW 13.34.060](#) Shelter care—Placement—Custody—Duties of Parties

[RCW 13.34.065](#) Shelter care—Notice of Custody and Rights

[RCW 13.34.130](#) Order of Disposition for a Dependent Child

[RCW 26.44.240](#) Out-of-home care—Emergency Placement—Criminal History Record Check

[RCW 74.15.020](#) Definitions

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

Policy

1. **Before** a child is placed with an unlicensed caregiver:

1. All persons living in the home will be identified.
2. The home and property will be assessed for safety concerns.
3. The decision to place the child with an unlicensed caregiver will be based on the results of the character, competence and suitability assessment per [6800. Background Checks](#).
4. The unlicensed caregivers will have an **approved home study** for the child being placed.
2. A child may be placed with an unlicensed caregiver prior to the completion of a home study under the following circumstances:
 1. An **emergent placement** refers to those limited instances when the department is placing a child in the home of unlicensed individuals, including neighbors, friends or relatives, as a result of:
 1. The sudden unavailability of the child's primary caregiver (i.e. biological parents, legal guardians, licensed or unlicensed caregiver);
or
 2. A disrupted placement with a licensed or unlicensed caregiver.
 2. An unlicensed caregiver has been identified for a child in placement, has passed the required [background check](#) and the Area Administrator (AA) approved the placement with the unlicensed caregiver pending the outcome of the home study.
 3. The caseworker will provide the unlicensed caregiver with the appropriate forms needed to request a home study. Once the documents have been completed, the caseworker will submit the required documents to DLR **within 30 days** of the placement.
3. When a child is placed in out-of-home care with an unlicensed caregiver, follow [4527. Kinship Care: Searching for, Placing with, and Supporting Relatives and Suitable Other Persons policy](#).
4. The child must be moved from the placement if the unlicensed caregiver's home study is not approved for that child.
5. Unlicensed caregivers will be made aware of the financial supports available to him or her when a child is placed in the home.

Procedures

Caseworker must:

1. **Before placing** a child in an unlicensed caregiver's home:
 1. Conduct a walkthrough of the unlicensed caregiver's home and property using the [Household Safety Inspection for Unlicensed Placement and Adoptions Home Study Updates form DSHS 10-453](#). For courtesy supervision cases, follow requirements in [Courtesy Supervision policy](#).
 2. Complete the assessment of character, competence, and suitability to determine if the caregiver is a suitable placement per [6800. Background Checks](#). This includes obtaining results of the [background check](#) for all household members aged 16 and older.
 3. Review the content in the completed home study in FamLink under the Provider icon to verify the caregiver has an approved home study for the child being placed.
 4. Obtain AA's approval on the [DCFS Administrative Approval Request form DSHS 05-210](#) when required per policy section 2.b. above.
2. In those limited instances where the unlicensed caregiver is being referred for a home study after the placement occurs, the caseworker must submit the following information to DLR [within 30 days of placement](#):
 1. Foster Home Study Application DSHS 10-354 completed by the caregiver.
 2. [Background check summary](#) for all household members age 16 years and older indicating all members passed the required [background check](#).
3. When discussing the financial support options available to the unlicensed caregiver include the following:
 1. Temporary Assistance for Needy Families (TANF) benefits through Community Services Office (CSO)

2. Relative Support Services Funds (RSSF)
3. Licensed foster care
4. [Clothing allowance](#)
4. Discuss the caregiver's requirement to comply with the case plan and court orders, including but not limited to parent/child visits, sibling visits and any other conditions ordered by the court. Non-compliance with the case plan or court order is grounds for removal of the child from the caregiver, subject to review by the court.
5. Document the following in FamLink:
 1. Completion of the walkthrough of the home and property including any safety concerns identified.
 2. Results of the [background check](#) for all household members age 16 and older on the Background Check tab in the Person Management page.

Forms and Tools

[Household Safety Inspection for Unlicensed Placement and Adoptions Home Study Updates form DSHS 10-453](#)

[Foster Home Study Application DSHS 10-354](#)

[DCFS Administrative Approval Request form DSHS 05-210](#)

Resources

[5110 Completing the Home Study policy](#)

4528. Regular Receiving Care

Service Definition

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

Procedures for Access

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

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

4529. Specialized Receiving Care

Service Definition

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

Procedures for Access

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

4531. Private Child Placing Agencies

Purpose

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

1. Case Management
2. Parent-Child Visits
3. Intensive Case Management
4. Borrowed-Home
5. Follow-Up Services
6. Case Aide Services

Child Placing Agency Services Definition and Eligibility Requirements

1. Children in the custody of DSHS-CA placed in a Child Placing Agency foster home may receive one or more of the following services:
 1. Case Management
 1. **Definition** - Targeted Case Management Services **provided by the Child Placing Agency**. Case Management Services include coordinating or providing services to enable the child and caregivers to utilize medical, educational, social, and other services necessary for maintaining the child's physical, psychological, and/or developmental health. Responsibilities of the CPA include:
 1. Obtain initial and on-going medical screens under the published guidelines for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.
 2. Ensure the child and caregiver participate in scheduled Child Health and Education Track (CHET) screens.
 3. In conjunction with CA, develop a plan for follow up on medical, dental, mental health or substance abuse issues identified through either the EPSDT evaluation, the CHET screen or other assessment procedures.
 4. Work with education advocacy coordinators as available for services to school age children.
 5. Assist with the development and implementation of Individualized Education Plans (IEP) as needed.
 6. Monitor progress of school age children who are enrolled in school.
 7. Assist in keeping the child's school placement stable while in foster care. Provide support to children and caregivers to assist the child(ren) in making yearly academic progress.
 8. Implement recommendations for age appropriate socialization or developmental remediation for services to pre-school children (i.e. enroll in developmental pre-school, Head Start/Early Childhood Education and Assistance Program (ECEAP), Early Support for Infants and Toddlers (ESIT).
 9. Recognize culturally unique needs of each child and in conjunction with CA develop and implement a shared plan to maintain the connection between the child and his or her culture
 10. Assess and identify child strengths and talents and consider opportunities for the child to pursue those interests when developing shared plans.
 11. Support the foster parent in having contact with the birth parent, when appropriate, as determined by case manager or DCFS social worker.
 12. Offer youth age fourteen and over, appropriate opportunities for the youth to begin to acquire the skills necessary for a successful transition to adulthood.
 13. Refer eligible youth age 15 and over to Contracted IL services if available and appropriate.

14. Support the ILS plan and services, as age appropriate.
 15. In conjunction with CA, ensure the Ansel-Casey Life Skills Assessment (ACLSA) is completed on all youth fifteen years (15) and older.
 16. Appear in court to testify as requested by CA
 17. Attend shared planning meetings as arranged or scheduled by CA.
 18. Arrange shared planning meetings as appropriate.
 19. Conduct 90-day Health and Safety visits.
2. **Eligibility** - The social worker and the supervisor will determine if case management services are appropriate when a child is placed in a private agency home. Individual offices may create internal guidelines to determine when to use private agency case management services.
2. Parent-Child Visits
 1. **Definition** - Transportation and visitation supervision services for children in placement.
 2. **Eligibility** - All Children receiving Case Management services are eligible for weekly parent-child visits conducted by the Child Placing Agency.
3. Intensive Case Management
 1. **Definition** - Intensive Case Management (ICM) is the additional support provided to children receiving case management services when extensive coordination of services is required. Services requiring extensive coordination may include:
 1. Behavior that requires intensive supervision
 2. Case Aide Services
 3. Mental health, medical, substance abuse or other therapeutic services
 4. In-home modeling, training and support for a caregiver to manage challenging behaviors
 5. Supports to stabilize placement and prevent disruption
 6. *Note* - ICM services may be requested by CA or by the Child Placing Agency if there is a need for more intensive case management.
 2. **Eligibility** - A child is eligible for time limited ICM services when receiving basic case management services from a contracted Child Placing Agency and one of the following applies:
 1. The child has been in a Behavioral Rehabilitative Services (BRS) placement for a minimum of three (3) months and is "graduating" from a BRS placement and in need of Intensive Case Management.
 2. The child's case requires extensive coordination of service.
 3. This is determined on a case-by-case basis. See referral procedures for more information.
4. Borrowed-Home Services
 1. **Definition** - Children's Administration (CA) borrows a foster home/bed from a Child Placing Agency.
 2. **Eligibility** - A child is eligible for Borrowed-Home services when the child is placed in a Child Placing Agency home and case management services are provided by CA. CA only pays the private agency to maintain the foster care license and provide any related licensing services. This service also covers maintenance of a foster care license for foster parent guardianships in a private agency home.
5. Follow-Up Services
 1. **Definition** - Follow-up care services are case management services provided by the Child Placing Agency after the child has left the CPA foster home.
 2. **Eligibility** - A child is eligible for Follow-Up Services when the child has moved out of Child Placing Agency foster care and returned home, in relative care, or in extended family/non-relative care and the private agency agrees to continue case management services to the child. Follow-up Services may be provided for up to six months.

6. Case Aide Services

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

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

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

2. Social Worker Responsibilities

1. Referral to Child Placing Agency

1. When making a referral to the Child Placing Agencies social workers must use the Child Placing Agency Referral Form (DSHS 10-402 this replaces the 15-190); the Child Information/Placement Referral Form (15- 300) and the Parent-Child Visit Plan form (15-209C).

2. Emergency Placements - If the CA social worker is unable to make a written referral prior to placement, the social worker will complete the referral within five (5) calendar days of placement.

3. Timeframe for Post Referral Follow up - The CA worker must contact the Child Placing Agency worker within one week of the referral and discuss required case management services, coordination, roles, and responsibilities.

4. Additional referral requirements related to specific services include:

Referral for Parent-Child Visits.

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

Requests/Referral for Intensive Case Management. (ICM)

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

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

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

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

2. Authorization ICM Regional Gatekeeper Responsibilities

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

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

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

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

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

5. Monitoring

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

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

4532. Therapeutic Or Treatment Foster Care

Service Definition

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

Eligibility

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

Procedures for Access

1. The social worker determines that appropriate relative care is not available prior to placement of the child in foster care.
2. The social worker locates and contacts an available, appropriate foster home parent utilizing the locally determined placement system.
3. The social worker informs the foster parent of DCFS responsibilities toward finding a relative that is similar and familiar to the child. The social worker assists the foster parent by providing clear information and consultation/resources if needed to care for a particular child.
4. In instances where placement is not emergent, the social worker must arrange pre-placement visits to reduce the anxiety of the child around the placement and to familiarize the child with the child's temporary family. When possible and appropriate, the social worker must involve parents in pre-placement visits. Unless emergency preempts such involvement, the child's social worker must be involved in the pre- placement visits and the actual placement in the foster home. See section 45282, paragraph H, for the requirement to contact the child placed after hours or on weekends within the next few days following placement.
5. To reduce conflict between DCFS and foster parents about the temporary nature of foster care, social workers need to be clear at the time of placement, and regularly thereafter, about the long term and permanency plan for the child.

1. To help the foster parent decide if they can care for the child, the social worker provides the foster home parent with information about the immediate condition of the child, the child's behaviors, school and medical information, and specifics of the permanency plan that will affect the child and the placement. See the Case Services Policy Manual, chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.
2. The social worker clarifies dates of future visits to the foster home and provides the foster home with written background information and emergency numbers when placing the child. Most regional offices have designated forms for providing information to foster parents. Specific information to be provided to the foster parents includes:
 1. Child's full name, birth date, and legal status.
 2. Last school of attendance and eligibility for special education and related services.
 3. Medical problems/history including name of doctor/ dentist and medical coverage.
 4. Name and address of parent/guardian.
 5. Reason for placement.
 6. Emergency procedures and any special instructions.
 7. The name and telephone number of the social worker and of the social worker's immediate supervisor.
6. See section 45282 for procedures regarding federal funding.
7. The social worker makes a contact with the foster home within three days following placement to see how the child is adjusting.
8. The social worker and the licenser encourage foster parents to keep a record of the child's stay in their home, including any medical reports received by the foster parent, significant developmental milestones, behavior, schools attended, names of all medical providers and dates of visits, grades/report cards, friends, pets, and pictures of the child.
9. Whenever possible or appropriate, the social worker must provide parents/guardians with information about the child's adjustment, health, and school progress while in foster care.
10. After the initial contact following placement, the social worker must visit the foster home and have face-to-face contact in the foster home with the foster parents and child every calendar month not to exceed 40 days between visits. The social worker conducts these on-site interviews to ensure the health and safety of the child, to assess the child's adjustment to placement, to assess services needed by the child or foster parent, and to provide casework support to assist foster parents in caring for the child. The social worker must document the activities in the case SER. When there are problems with a placement, the social worker works with foster parents to find resources for resolving problems. For example, specialized training, consultation, or other support may be needed at particular times with particular placements.
11. For children who are dependent under chapter 13.34 RCW, the social worker must notify the current caregiver of the date of scheduled court review hearings pertaining to the child. The social worker almost notify the caregiver of the caregiver's right to an opportunity to be heard in the review hearing and to provide the court with information. This right to notice of hearings and opportunity to be heard applies to foster parents, pre-adoptive parents, and relatives who are caring for the child at the time of the hearing. This hearing notice does not give the caregiver legal status as a party to the case. The court will make the final decision about whether and how the caregiver will provide input at the hearing.
12. When the child's social worker has a specific concern or complaint regarding a foster home, the worker conveys the concerns in writing to the foster care licenser for that home. When the complaint is an allegation of CA/N, the social worker shall make a CPS referral.
13. When a child is to be removed from a foster home, the social worker shall send five-day written notice to the foster parent prior to the date of the child's move unless a court order or concern for the child's health and safety requires that the child be moved immediately.

14. Procedures for contracted or other types of therapeutic foster care vary, depending on the contract or agreement with DCFS. The social worker consults their supervisor, the special placements coordinator, or home finder, and regional procedures for specific guidelines.

4533. Behavioral Rehabilitation Services

Approval: Jennifer Strus, Asst. Secretary

Effective Date: September 27, 1995

Revised Date: July 1, 2014

Sunset Review: June 30, 2018

Purpose

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

BRS services are intended to:

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

Laws

[RCW 13.34.100](#)

[WAC 388-25-0100](#)

Policy

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

7. If the youth requires out of state BRS, follow [4266 Out-of-State Placements](#) policy.

Procedures

1. Eligibility and Referral

The Social Worker will:

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

The Regional BRS Manager will:

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

per instructions included in the form. This document must be included with the contract approval request.

4. Follow Policy 4266 Out-of-State Placements if youth requires out of state Intensive Residential Child Specific contracted services. DSHS 10-490 form must be completed.
 11. Obtain approval from the receiving BRS manager when out-of-region BRS is needed.
2. The Service Period (In-home or out-of-home)

The CA Worker will:

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

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

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

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

Regional BRS Manager will:

10. Provide oversight, guidance, consultation regarding BRS contractor's compliance. Including quality of service, outcomes and performance.
11. Monitor and track regional BRS data, including but not limited to, date of entry, exit, length of stay, placement type, service and rate.

12. Review every six months, the youth's service needs, level of care, target exit date, and transition plan in collaboration with the social worker and contracted service provider.
 13. Participate in CFT meetings when possible.
3. Aftercare (Out-of-home BRS)

The CA Worker will:

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

Regional BRS Manager will:

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

Forms and Tools

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

4534. Crisis Residential Center (CRC) Placement

Approval: Jennifer Strus, Assistant Secretary

Original Date: December 12, 1996

Revised Date: July 23, 2017

Policy Review: July 23, 2020

Purpose

Crisis Residential Centers (CRC) are short-term, semi-secure or secure facilities for runaway youth and adolescents in conflict with their families. CRCs provide resources for emergency, temporary residence, assessment, and referrals to services for youth ages 12-17.

Scope

This policy applies to all Division of Children and Family Services (DCFS) caseworkers.

Laws

[RCW 13.32A.030](#) Definitions

[RCW 13.32A.080](#) Unlawful harboring of a minor

[RCW 43.185C.305](#) Youth Services-Crisis Residential Services-Removal From-Unauthorized leave

[RCW 43.185C.310](#) Youth services—Crisis residential centers—Removal to another center or secure facility—Placement in Secure Juvenile Detention Facility

[RCW 74.14A.020](#) Services for Emotionally Disturbed and Mentally Ill Children, Potentially Dependent Children, and Families-In-Conflict

[RCW 74.13.031](#) Duties of Department—Child Welfare Services—Children's Services Advisory Committee.

[RCW 74.13.035](#) Crisis Residential Centers Annual Records—Multiple Licensing

Policy

1. Accessing Placement in a CRC
 1. The caseworker must:
 1. Refer to [2200. Intake](#) or [3100. Family Reconciliation Services](#) policies for service requests for non-dependent youth requiring placement.
 2. Send a [Child Information and Placement Referral form DSHS 15-300](#) to the CA placement coordinator for dependent youth. The CRC will make the final determination whether to accept the placement request and priority will be given to:
 1. Youth who have run from out of home care; or
 2. Youth whose health and safety is at risk and a short-term placement is needed until an alternative is found.
 2. Placement in a CRC
 1. The caseworker must:
 1. When a child is not in CA's care and custody and is placed in a CRC:
 1. Contact the youth within 24 hours of placement, excluding weekends and holidays and:
 1. Identify the youth's critical needs.
 2. Obtain legal authorizations for placements lasting longer than 72 hours, if needed.
 3. Ensure placements in a CRC do not exceed 15 calendar days; the placement should not be longer than it takes to facilitate family reconciliation, return of the youth to the youth's home, or to develop an alternative long-term placement plan.
 4. Ensure a youth's length of stay in a juvenile detention-based secure CRC does not exceed five calendar days. NOTE: For youth moving between CRC and Secure CRC, the youth's stay cannot exceed 15 calendar days total.
 5. Follow [ICW Manual Chapter 5.05 CPS Referrals – Involvement of All Indian Tribes before Court Intervention](#), and notify the youth's tribe of the placement change if the youth is enrolled or is eligible for membership in a federally recognized tribe.
 6. When a child is in CA's care and custody and placed in a CRC:
 1. Schedule a [Family Team Decision Making](#) or [Shared Planning Meeting](#) within 72 hours of placement, excluding weekends and holidays.
 2. Authorize emergent medical and dental care.
 3. Transition the youth within five days of the discharge placement being identified.
 4. Relocate all dependent youth who have reached the maximum length stay of 15 calendar days for CRC or Secure CRC not located in a

detention center, 5 calendar days for Secure CRCs that are located in a detention center, or 15 calendar days total CRC and Secure CRC.

7. Document case coordination in FamLink.

3. Information Sharing with CRC Staff

1. For dependent youth in a CRC the caseworker will provide and exchange the following information, if applicable, per [RCW 74.13.280](#) and [4413. Placement](#) policy. Information includes, but is not limited to:

1. Name
2. Date of birth
3. Gender
4. Behaviors
5. Risks
6. Special needs
7. Sexually Aggressive/Physically Aggressive Assaultive Youth (SAY/PAAY) history
8. Offense history

Forms

[Child Information and Placement Referral form DSHS 15-300](#)

[Youth Run Prevention Plan DSHS 10-484](#)

[Return Child De-Briefing form DSHS 15-309](#)

Resources

Contracted Youth Services Providers

4536. Sexually Aggressive Youth

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: September 31, 1995

Revised Date: October 19, 2017

Policy Review: October 19, 2020

Purpose Statement

To guide Children's Administration (CA) caseworkers in identification of Sexually Aggressive Youth (SAY), removing the SAY identification, and providing the needed supervision and services to meet the youth's needs.

Scope

This policy applies to CA staff.

Laws

[RCW 13.34](#) Juvenile Court Act - Dependency and Termination of Parent - Child Relationship

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

[RCW 26.44.160](#) Allegations that child under twelve committed sex offense - Investigation - Referral to prosecuting attorney - Referral to department - Referral for treatment.

Policy

1. Regions must have at least one SAY committee. The SAY committee determines SAY identification/removal, youth's eligibility for SAY funded resources as outlined in [RCW 74.13.075](#), and provides quality assurance oversight.
2. Each region must have regional SAY leads responsible for oversight of the SAY committees and communicating committee decisions to the caseworker.
3. Caseworkers must refer youth who are the subject of a proceeding under [RCW 13.34](#) or a child welfare proceeding held before a tribal court, who are suspected to have demonstrated sexually aggressive or inappropriate sexual behaviors to the regional SAY committee to determine if a SAY identification is appropriate.
4. For identification as SAY, youth must be eight years or older and meet one of the following criteria:
 1. The regional SAY committee has or has previously approved the youth for SAY funded treatment.
 2. The regional SAY committee has determined the youth meets the definition of SAY as defined in [RCW 74.13.075](#).
 3. A valid record exists documenting the youth has been found guilty in a court of law for a sexual offense.
5. All requests for SAY funding must be approved by the regional SAY committee. The caseworker must submit a new request to the SAY committee every six months for continued funding.
6. Prior to youth being identified as SAY, the regional SAY committee may approve funding for an evaluation to help determine SAY identification and appropriate treatment needs.
7. Placement of youth identified as SAY:
 1. SAY identified prior to being placed:
 1. Licensed caregivers must complete the CA approved SAY training prior to placement.
 2. Unlicensed caregivers must complete the CA approved SAY training within 30 days of placement.
 2. SAY identified while in a placement:
 1. Licensed and unlicensed caregivers must complete the CA approved SAY training as soon as possible, but no later than 30 calendar days, after the youth is identified as SAY.
 2. Caseworkers must verify that caregivers have completed the CA approved SAY training.
 3. Caseworkers must verify that caregivers have completed the CA approved SAY training.
 4. If caregivers have not completed the CA approved SAY training, caseworkers must:
 1. Provide caregivers with information on where and how to access the training.
 2. Discuss the training requirement with the caregiver and document in the electronic case file the date the caregiver agrees to complete the training.
 3. Verify completion of the CA SAY training.
8. Priority for SAY funds must go to dependent youth. However, non-dependent youth (i.e. Children in Need of Services, Voluntary Placement Agreement, Etc.) may receive SAY services.
9. Referrals from prosecutors or law enforcement for SAY services will be investigated for abuse and neglect. See [2331. CPS Investigation](#) policy.

10. Polygraph testing can only be provided or funded for youth identified as SAY if a court orders the test. A plethysmograph will not be approved or funded.

Procedures

Caseworker must:

1. Complete the SAY Determination Referral DSHS form 15-399 when seeking determination or removal of SAY identification or authorization of SAY funding. Referrals must include:
 1. A detailed description of the youth's sexually aggressive or inappropriate behaviors.
 2. Any other relevant information necessary to determine SAY identification and funding needs, including a completed Request for Authorization of SAY Funds DSHS form 15-399A.
 3. An uploaded copy of the Youth Supervision Plan DSHS form 15-352 in FamLink (when applicable).
2. Complete the approved Youth Supervision Plan DSHS 15-352 in FamLink:
 1. Ensure the Regional SAY Committee has reviewed and approved the Youth Supervision Plan before implementing for youth identified as SAY.
 2. Review the Youth Supervision Plan DSHS form 15-352 with the caregiver.
 3. Identify with the caregiver any training, support or consultation they need as part of the supervision plan.
 4. Obtain the caregiver's signature prior to placement, but no later than 72-hours after placement and document the plan in a FamLink Case Note within seven calendar days.
 5. Upload the signed Youth Supervision Plan DSHS form 15-352 into FamLink.
 6. Provide a copy of the signed Youth Supervision Plan DSHS form 15-352 to the caregiver.
 7. Notify the DLR Licensor via email a signed plan has been completed.
 8. Review the youth supervision plan at least every six months with caregiver and supervisor. Update as needed.
3. Complete a referral to and provision of an appropriate and comprehensive evaluation, treatment and supplemental services by a CA contracted SAY provider as approved by the Regional SAY Committee.
4. Coordinate services and Youth Supervision Plan with the SAY contracted provider, youth's caregiver and, if applicable, Juvenile Rehabilitation or county probation.
5. Document the SAY Warning Indicator in FamLink on the Person Management page, within seven calendar days of the Regional SAY committee identifying a youth as SAY.
6. Request reauthorization of SAY funding from the Regional SAY Committee every six months. Submit DSHS form 15-399 and DSHS form 15-399A and include the following information with the request:
 1. SAY provider quarterly reports;
 2. New documented incidents of inappropriate sexual behaviors;
 3. Supervision Plan; and
 4. Other new evaluations or reports that are important to determine SAY funding needs.

Forms and Tools

Youth Supervision Plan form DSHS 15-352

SAY Determination Referral form DSHS-15-399

Request for Authorization of SAY Funds DSHS form 15-399A

Resources

45362. Physically Assaultive/Aggressive Youth

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: April 30, 2010

Revised Date: October 19, 2017

Policy Review: October 2, 2021

Purpose

To guide Children's Administration (CA) caseworkers in properly identifying Physically Assaultive/Aggressive Youth (PAA Y) and providing the needed supervision and services to meet their needs.

Scope

This policy applies to DCFS staff.

Laws

[RCW 74.13.280](#) Client Information

Policy

1. When identifying and determining a youth as PAA Y as defined by [RCW 74.13.280](#), a youth must exhibit one or more of the following behaviors that are developmentally inappropriate and harmful to the child or others:
 1. Observed assaultive behavior;
 2. Reported and documented history of the child willfully assaulting or inflicting bodily harm; or
 3. Attempting to assault or inflict bodily harm on other children or adults when the child has the apparent ability to carry out the attempted assaults, including threats to use a weapon.
2. Regions must establish a PAA Y committee to determine PAA Y identification and provide quality assurance oversight.
3. All PAA Y Determination Referrals DSHS 15-400 and Youth Supervision Plans DSHS 15-352 must be initially reviewed and approved by Regional PAA Y Committee.
4. All youth identified as PAA Y must have a signed Youth Supervision Plan DSHS 15-352 prior to placement, but no later than 72 hours and the plan must be documented in FamLink within seven calendar days.
5. All youth identified as PAA Y must be provided needed services.
6. If a youth has complex behavioral health needs, the caseworker must refer them for a Wraparound Intensive Services (WISe) screen per the [4542. WISe policy](#).

7. Youth identified as PAAY must only be placed with licensed caregivers who have completed the CA PAAY training.
8. Youth identified as PAAY and placed with unlicensed caregivers, the caregiver must complete the CA PAAY training as soon as possible, but no later than 30 calendar days.
9. Youth already placed and then identified as PAAY, the caregivers must complete the CA PAAY training as soon as possible, but no later than 30 calendar days.

Procedures

Caseworkers must:

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

Forms and Tools

- Youth Supervision Plan DSHS 15-352 (located on the CA intranet)
- PAAY Determination Referral DSHS 15-400 (located on the CA intranet)

- FamLink Document upload instructions (located on the CA intranet)

Resources

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

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

Approval: Jennifer Strus, Assistant Secretary

Original Date: September 27, 1995

Revised Date: August 6, 2015

Policy Review Date: August 6, 2018

Purpose

Provides for the essential clothing needs of children entering care or to assist in providing additional funding for an exceptional need not met through the standard clothing allowance in the foster care monthly payment or other community resources.

Scope

This policy applies to CA caseworkers and fiduciaries.

Laws

[WAC 388-25-0125](#)

Policy

1. The CA caseworker will authorize a one-time clothing voucher up to \$200 for each child at the time of initial placement in out of home care, (licensed foster home or unlicensed caregiver home).
2. The CA caseworker with regional administrator (RA) or designee approval may authorize an additional clothing voucher up to \$200, per year after initial placement, when a child has an exceptional clothing need not met through local community resources or the standard clothing allowance in the foster care monthly payment (if the child is placed in a licensed foster home).
3. Reimbursement for clothing expenses may be authorized by the CA caseworker only with RA or designee approval if:
 - a. The expenses were pre-authorized by the caseworker with RA or designee approval.
 - b. The amount does not exceed \$200.
 - c. Expenses were identified at the time of initial placement or
 - d. There was a subsequent exceptional need identified and,
 - i. Other local community resources were not available

- ii. The clothing need could not be met through the standard clothing allowance in the foster care monthly payment (if the child is placed in a licensed foster home).
4. All clothing purchased becomes the property of the child and is sent with the child if the placement changes.

Procedures

1. **Initiating a clothing voucher**
 - a. The CA caseworker will approve the initial clothing voucher requests (at or around the time of placement) up to \$200.
 - b. The CA caseworker must create a service referral in FamLink
 - c. The supervisor must approve all clothing requests in FamLink.
 - d. The RA or designee must approve all clothing voucher requests to meet a child's exceptional need before processing.
 - e. The CA caseworker must document the reason for the child's exceptional need for clothing in the service referral and note the approval by the RA or designee.
2. **Processing a clothing voucher**
 - a. The fiduciary opens and processes the service referral, creating a service authorization and clothing voucher in FamLink. The fiduciary or designee retrieves the clothing voucher from FamLink, embosses it with a DSHS stamp and provides a hard copy to the assigned caseworker or designated individual in the office.
 - b. The CA caseworker or designated individual in the office signs and provides the hard copy to the caregiver.
 - c. The fiduciary pays the clothing voucher once the receipt is received and has confirmed the requested items were purchased for the authorized amount.
3. **Caregiver Reimbursement**
 - a. The CA caseworker will initiate a payment to reimburse the caregiver when the caregiver purchases clothing and provides a receipt and the RA or designee has approved the purchase.
 - b. The CA caseworker will work with fiduciary staff to set up an authorization for the clothing and process a payment to reimburse the caregiver based on receipts presented.

Resources

[Concrete Goods Guide](#)

4538. Transportation

Service Definition

Transportation activity related to making a placement, necessary during and to support the placement, preventing a placement, or returning a child/runaway that is a dependent in this state.

Eligibility

1. A child/client of DCFS may be eligible for this service if a transportation need falls within the service definition.
2. CA may reimburse the expenses upon social worker authorization when the service is consistent with the ISSP, supports a permanent plan, or directly prevents a foster/group care placement, and is not payable from another source.

3. The Regional Administrator must establish a dollar limit for the total cost of the transportation episode for a child/client, with documented supervisory approval required for amounts above that level.
4. Within the service definition, the social worker may authorize related travel for the child, parents, relatives, permanent planning resources, and care providers.

Procedures for Access

1. The Regional Administrator must issue procedures to enable social workers to authorize transportation services in accordance with this section.
2. The social worker must receive written approval in accordance with regional procedures before authorizing transportation services exceeding regional limits.
3. The regional procedures must, at minimum, include the following provisions:
 1. The social worker completes a Social Service Authorization, DSHS 14-154A(X), for each anticipated vendor, leaving the exact cost of services blank unless it is known. If a foster parent or group/rehabilitative service provider chooses to purchase the transportation service and be reimbursed by the department, the care provider may be the vendor.
 2. At the bottom of the authorization, the social worker writes:
 1. The maximum amount authorized; e.g., "NOT TO EXCEED \$200." If the travel has already occurred, the social worker opens and closes the DSHS 14-154A/159 in the same action, showing actual amount of payment.
 2. The name of the purchaser. If the purchaser is the social worker, the worker's supervisor must initial the authorization form.
 3. The transportation service to be purchased and from whom; for example, "a bus ticket in the amount of \$45.00 dollars to travel from Yakima to Seattle and return using Regional Bus Co."
 3. The social worker routes the client and vendor copy of the authorization to the care provider or user of the transportation.
4. The purchaser and vendor must follow these steps for payment to the vendor:
 1. The purchaser gives the vendor the Vendor copy of the social service authorization.
 2. The vendor gives the purchaser an itemized receipt for the purchase. The vendor may attach their copy of the receipt to their copy of the DSHS 14-154A(X) so they can be matched with to the remittance advice accompanying the warrant.
 3. The purchaser signs the receipt and routes it to the local DCFS office.
5. For reimbursement to a foster parent who has provided the transportation, the foster parent submits a signed A-20, Travel Expense Voucher, to the local DCFS office.
6. After the purchase, the following steps shall be taken:
 1. The social worker compares the DSHS 14-154A(X) to the receipt and resolves any discrepancies with the purchaser.
 2. The worker enters the exact amount of the purchase on the DSHS 14-154A(X) and terminate the service. The termination code must verify that the service was provided.
 3. The local office transmits the DSHS 14-154(X) to Olympia in accordance with local procedures.
 4. SSPS then issues a warrant to the vendor in the amount authorized.
7. The vendor receives the warrant, accompanied by form A-2, Vendor Remittance Advice, showing the clients and warrant amount. The vendor may match the amount and names on the A-2 with the vendor copy of the DSHS 14-154A(X) and resolve discrepancies with the social worker.
8. For Medicaid travel reimbursements to private individuals, the social worker must obtain prior approval from the Medical Assistance Administration's Central Authorization Unit at 1-800-228-

6641. If approval is given, the social worker obtains billing instructions from the Central Authorization Unit.

Other Resources

1. The social worker attempts to obtain the following resources before committing DCFS to pay transportation costs or authorize payments:
 1. Parents/guardian/family.
 2. Volunteers (individual or organization).
 3. Other states for children who may be the responsibility of the other state.
 4. Schools, especially for education-related transportation needs.
 5. Reimbursement by Medicaid for transportation provided by foster parents, guardian, other family members, or volunteers to/from medical services. If the transportation is for a service covered by a medical coupon, the service should be Medicaid-eligible.
 6. Medicaid using a medical coupon for services from ambulances, cabulances, and taxi providers for medical transportation, requiring prior approval by the Area Medical Unit except in emergency situations.
 7. Foster care transportation funds.

4539. Inpatient Mental Health Treatment For Children

Service Definition

1. Services to provide psychiatric/psychological treatment to children in the care and custody of DCFS in a hospital or clinical setting. See section 4521, Psychological/Psychiatric Services, above, for additional guidance. Chapters 13.34 and 71.34 RCW
2. There are two types of inpatient mental health treatment for children in Washington state:
 1. Acute inpatient care provided in community hospitals and Evaluation and Treatment Centers, and
 2. Long term inpatient care, provided in the five Children's Long Term Inpatient Programs.

Eligibility

1. Children who are in the care and custody of DCFS and who require inpatient mental health treatment are eligible for this service.
2. No social worker shall provide written consent for voluntary inpatient treatment of a minor child except as described in this section; nor shall the social worker seek inpatient treatment of a child in a court-ordered placement (i.e., dependency, Child in Need of Services [CHINS]) without prior written consent of the child's parents whenever possible.
3. If a parent's prior consent is not possible, then prior approval of the juvenile court is required unless an emergent situation does not allow time for a hearing. In such a case, the social worker will seek court approval within 48 working hours of the placement by requesting a juvenile court hearing.
4. Consent is not required if the child is involuntarily detained in an Evaluation and Treatment facility by a County Designated Mental Health Professional or is subsequently court ordered through the Involuntary Treatment Act (ITA), chapter 71.34 RCW.
5. Children 13 years of age and older may voluntarily seek and consent to inpatient treatment without consent of their parent/guardian or the department. Such a child must consent to inpatient treatment except under the conditions set forth in paragraph 4, above. Parental consent by itself is insufficient.

6. Admission to publicly-funded acute inpatient treatment shall occur only if the child meets medical necessity guidelines as determined by the Regional Support Network (RSN)-authorized mental health professional(s) and with the concurrence of the professional person in charge of the facility.
7. For long-term inpatient psychiatric care, the Children's Long-term Inpatient Program (CLIP) Committee must provide authorization prior to admission. Referral to the CLIP Committee shall only be made by the RSN/Prepaid Health Plan (PHP) of residence. Different access points and procedures may be applied by the local RSN/PHP.

Procedures for Access

1. Emergent Or Non-Emergent (Elective) Voluntary Inpatient Mental Health Treatment for a Child in Custody of the Department
 1. For purposes of this policy, "voluntary patient" means:
 1. A minor 13 years of age or older who has been evaluated and determined to meet criteria of medical necessity for inpatient treatment and who gives written consent for inpatient care; or
 2. Any child under the age of 13 whose parent or legal guardian makes application for the child to be evaluated by the appropriate professional and who has been determined to meet criteria of medical necessity for inpatient treatment. The consent of the child is not required in this instance.
 3. Any legally free child who is in the permanent custody of the department and who also meets the conditions outlined in ii above. The assigned DCFS social worker, with the approval of the supervisor, may sign the consent for treatment of the child under the age of 13.
 2. The following conditions apply if the child is in the department's custody through a dependency order, a voluntary placement agreement (VPA), or a Child in Need of Services (CHINS) order.
 1. If the social worker believes that a minor child is in need of psychiatric inpatient treatment, the social worker follows the following procedures:
 1. The social worker consults his/her supervisor and obtains the concurrence of the supervisor to seek inpatient treatment. The social worker must also consult with the child's parent/legal guardian whenever possible prior to seeking inpatient care.
 2. The social worker, with concurrence of the supervisor, makes an immediate referral to the RSN/PHP certification authority in accordance with state Mental Health Division (MHD) policy Memorandum #96-26 or subsequent revisions.
 3. Children shall only be admitted after a determination of medical necessity.
 - For acute psychiatric care, the RSN/PHP-authorized mental health professional(s) must determine whether medical necessity is met.
 - In either case, the professional person in charge of the facility concurs with the admission.
 4. Once a determination of medical necessity has been made, written consent for admission, treatment, and release of information is given in accordance with the following:
 - For children under 13 years of age, the consent of the parent or legal guardian is required whenever possible, even when the child is under a dependency order.
 - The social worker may give consent for elective care only after obtaining authority to do so from the juvenile court, except when the child is in the permanent custody of the department, in which case the social worker can consent under the permanent

custody order. Court review shall occur within 48 hours of the petition except where the department has permanent custody.

- In emergencies, the social worker may provide written consent for immediate inpatient care within a community hospital.
 - Parental agreement/consent or court review must sanction the social worker's consent within 48 hours, except where the department has permanent custody.
 - Court review does not supplant the authority of the RSN/PHP designated mental health professional(s) and the professional person in charge of the inpatient facility who must determine medical necessity prior to admission.
 - Children 13 years of age and older may consent to treatment without the consent of the parent or social worker. If the parent or social worker does not support inpatient care, they may give notice to the evaluation and treatment facility that admitted the child in accord with chapter 71.34 RCW.
 - The Washington State Supreme Court, in the case of *State v. CPC Fairfax Hospital*, 129 Wn.2d 439 (1996), determined that a child 13 years of age or older admitted to that an inpatient facility on application of the child's parent was detained without due process. Since that decision, providers have declined admissions where the consent of the child has not been obtained prior to a voluntary inpatient admission.
 - Thus, for children 13 years of age and older who are unwilling to be admitted to inpatient care, the parental consent is not considered by care providers as sufficient consent for admission against the child's will.
 - In the absence of parental consent, or consent of the child age 13 or above, the social worker may petition the juvenile court for the authority to give consent for the admission against the child's will.
 - In emergencies the social worker may give consent immediately. This type of admission is considered a voluntary (parent-authorized) admission under chapter 71.34 RCW. Court review shall occur within 48 hours of the petition for elective care, and within 48 hours of admission for emergent care. Court review does not supplant the authority of the RSN/PHP designated mental health professional(s) and the professional person in charge of the inpatient facility who must determine medical necessity prior to admission.
 - If the custodial parent does not agree with admission to inpatient care for children of any age, the social worker may file a dependency petition with the court, if one does not already exist. At that time, the social worker may simultaneously request authority to provide consent for inpatient treatment.
2. Involuntary Inpatient Mental Health Treatment for a Child in Custody of the Department
1. The following conditions apply if the child is in the department's custody through a dependency order, a VPA, or a CHINS order.
 2. Admission for involuntary treatment may only occur after a determination of medical necessity is made by a County Designated Mental Health Professional (CDMHP). The CDMHP has authority to initially detain for 72 hours in an acute psychiatric facility any child, 13 years of age or older, who meets the criteria for involuntary detention.

- **Children under the age of 13 may not be involuntarily detained through this process.**
- 2. CDMHPs are bound by law to explore and utilize less restrictive treatment options when they are available and appropriate. Consent of the parent or minor child is not required for involuntary admission to inpatient care.
- 3. Necessity for treatment beyond 72 hours is evaluated by the facility, in concert with significant others involved with that child, and must be ordered by the superior court in accord with chapter 71.34 RCW.
- 4. Youth exhibiting the following conditions, as a result of a mental disorder, may be referred to the local CDMHP for assessment if she/he is unwilling to be hospitalized voluntarily:
 1. Is in danger of serious physical harm or manifests severe deterioration in routine functioning resulting from a failure to receive care essential to personal health or safety; and/or
 2. Is a danger to self or others as evidenced by threats or attempts to commit suicide or inflict bodily harm to self or others; and/or
 3. Is likely to cause substantial loss or damage to the property of others.
- 5. Subsequent Admissions-Any subsequent admissions for voluntary care shall require a new assessment and determination and must follow the appropriate protocol as outlined above.

4541. Psychotropic Medication Management

Purpose and Scope

1. This standard and procedure establishes guidelines for Children's Administration (CA) staff and CA-licensed or certified out-of-home care providers to follow when a child is in the custody of the department, placed in out-of-home care, and is or may be administered psychotropic medication.
2. This standard applies to children placed in the department's custody, whether by voluntary placement agreement (VPA) or court order. It is prospective only. It applies only to children not receiving such medications on the effective date of this policy, June 1, 1997.

Definitions

1. For definitions of "Medical History," "PRN," and "Psychotropic Medication" as they pertain to this section, see Appendix A.
2. "Informed consent" means consent given for administration of psychotropic medications by a person authorized by law or under this section following provision of information by a licensed medical professional regarding the purposes of the medication, the range of dosages, possible side effects, and expected results.

Standard

1. The CA social worker and the out-of-home care provider must comply with the provisions of RCW 13.34.060 regarding authorization of routine medical and dental care for the child in the custody of CA.
2. For children who have been prescribed psychotropic medication, compliance with Chapter 71.34 RCW, Mental Health Services for Minors, is required.
3. Neither the CA social worker nor the out-of-home care provider may authorize the administration of psychotropic medications to a child in the custody of CA, with the following exceptions:

1. The CA social worker may authorize the administration of such medications if the child is legally free and in the permanent custody of the department.
2. The CA social worker may authorize the administration of such medications when it is impossible to obtain informed parental consent after normal work hours, on weekends, or on holidays. In such instances, the social worker must obtain either informed parental consent or a court order within 72 hours, excluding weekends and holidays, of authorizing administration of the medication.
4. The parent of the child in CA custody must provide informed consent for the administration of psychotropic medications to the child, unless the child is age 13 or older and competent to provide consent in his or her own behalf. If the parent is unavailable, unable, or unwilling to consent to the administration of medically necessary psychotropic medications, the social worker shall obtain a court order before the medications may be administered.
5. Consent for treatment will vary according to the child's age.
 1. Children age 13 years and older must consent to the administration of their own medication. They also have the right to maintain confidentiality of the information.
 1. The CA social worker needs to encourage the adolescent to share information about the use of such medication with their parents, their out-of-home care provider, and their guardian ad litem. The care of the child is likely to be compromised if the out-of-home care provider does not have knowledge of the medication being used and access to the prescribing physician for consultation.
 2. If the child refuses to release information concerning medication to the out-of-home care provider, the CA social worker shall review the child's continued need for placement. If the child remains in out-of-home care and continues to refuse to release information about his/her medication, the social worker will request the court to order release of the information to the care provider and to the department.
 3. If the child refuses to release information to the parent, the parent, if wanting the information, needs to request a court order to obtain it.
 2. Children who are 13 years of age and older may not be able to provide knowledgeable consent to administration of psychotropic medication due to cognitive disabilities. In such an instance, the treating medical professional determines if the child is capable of giving consent. If the child is unable to provide consent, the parent must provide consent or the social worker must obtain a court order to authorize treatment.
6. The informed parental consent or court order needs to be a general authorization for the administration of psychotropic medications at the direction of a qualified, licensed physician so that a change in the consent or court order is unnecessary when it is necessary for the physician to adjust the medication.
7. The social worker may contact the statewide Child Abuse Consultation Network at 1-206-987-2194 or after hours at 1-206-987-2000 whenever medication management would be facilitated by expert medical consultation. For consultation with a pharmacist on prescribed or non-prescribed medications, the CA social worker, the foster parent, or other care provider may contact the Washington Poison Control Center at 1-800-222-1222. Department staff needs to identify himself or herself as a CA social worker, and ask to speak to the pharmacist on duty.

4542. Wraparound with Intensive Services (WISe)

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: October 19, 2017

Revised Date: Not applicable

Purpose

To identify and refer Medicaid eligible children and youth up to age 21 who have complex behavioral health needs in-home and out-of-home in an open case in Children's Administration (CA) for a Wraparound with Intensive Services (WISe) screen and support access to WISe, when the child or youth qualifies for services.

Scope

This policy applies to all DCFS staff.

Laws

[Social Security Act Title XIX Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#)

Policy

Caseworkers must:

1. Referral for a WISe Screen
 1. Refer or verify a referral is made to a [designated mental health provider](#) for a WISe screen for children and youth with complex behavioral health needs with an open case in any program who meet the following criteria:
 1. Entering or discharging from a Children's Long-Term Inpatient (CLIP) facility;
 2. Have requested or been referred for crisis intervention services, including involuntary commitments;
 3. Are being considered or referred for [Behavior Rehabilitation Services \(BRS\)](#);
 4. Are receiving BRS. A WISe screen is required every six months, which can coincide with the quarterly report date; or
 5. Are transitioning out of BRS. BRS contracted providers are responsible for initiating the screening referral for mental health services upon exiting BRS services.
 6. Are at-risk of out-of-home placement;
 7. Are experiencing multiple placement disruptions;
 8. Have disrupted from a pre-adoptive or adoptive placement;
 9. Are returning home and need additional behavioral health support and services;
 10. Frequently runs away and has returned after being missing from care;
 11. Have special education needs or have a 504 plan with multiple school suspensions; or
 12. Are involved in multiple systems (i.e., CA, Juvenile Rehabilitation (JR), Developmental Disabilities Administration (DDA), or behavioral health agencies or providers).
2. Information Needed for a WISe Referral
Provide the following information about the child or youth to the [designated mental health providers](#) for the area where they reside when making a WISe referral:
 1. Name;
 2. Date of birth;
 3. Placement and caregiver information;
 4. Prescribed psychotropic medications;
 5. The need for interpreter services

6. Whether the child or youth is involved in CA services and indicate the service; and
7. If the child or youth is either:
 1. Currently receiving BRS;
 2. Being considered for BRS; or
 3. Exiting BRS.
3. After a WISE Referral Has Been Made:
 1. If a child or youth does not qualify for WISE services, verify with the caregiver, [designated mental health provider](#) or [Behavioral Health Organization](#) that the child or youth was referred for other behavioral health services to address their behavioral health needs.
 2. If a child or youth qualifies for WISE services:
 1. Join the CFT and participate in conversations with team members regarding the child or youth.
 2. Attend and participate in CFT meetings. CFT meetings can be combined with other shared planning meetings.
 1. For children or youth in BRS, follow the requirements in [4533 BRS policy](#).
 2. For other children and youth with complex behavioral health needs, at CFT meetings:
 1. Encourage and support engagement and collaboration with the child or youth and family in the development and ongoing monitoring of the [Cross System Care Plan until treatment is completed](#);
 2. Provide consultation on services and resources available through CA;
 3. Obtain and bring the signed release of information form from the child, youth or parents when they are unable to attend the meeting prior to sharing any confidential information with any CFT team members.
 4. Review the CFT Cross System Care Plan to verify it is in alignment with the child, youth or family's DCFS case plan, e.g. court orders.
4. Document the Following in a FamLink Case Note:
 1. For BRS cases, follow the documentation requirements in [4533 BRS policy](#).
 2. For other cases of children or youth with complex behavioral health needs document:
 1. Conversations with the child or youth, families and caregivers regarding WISE services.
 2. Date a WISE referral was made and screen results, when made by the caseworker.
 3. Name of individual who agreed to make the referral, when applicable.
 4. Verification of referral being made by another individual when not made by the caseworker.

Resources

[WISE Information Sheets for Children's Administration Caseworkers](#)

[WISE Referrals Contact List by County](#)

[Wraparound with Intensive Services \(WISE\) Implementation](#)

[WISE Manual](#)

[Regional Family, Youth, and System Partner Round Table Manual and Resource Guide](#)

[WISE Overview](#)

[WISE Dashboard](#)

4543. Foster Care Assessment Program

Service Definition

1. The Foster Care Assessment Program is a multi-disciplinary contract between Children's Administration (CA) and Harborview Center for Sexual Assault and Traumatic Stress and its subcontractors to assess the needs of children who have been in out-of-home care for more than 90 days. Assessment services include a six-month follow-up period to assist the DCFS social worker in implementing a placement plan and to help meet the needs of the child and family.
2. The program has two goals:
 1. Ensure that the physical and emotional health, developmental status, and educational adjustment of children in the care of the state have been assessed and any significant needs addressed; and
 2. Identify and help resolve obstacles to reunification, adoption, guardianship, or other permanent plan.

Eligibility

CA and Harborview give priority for the service to those children identified as likely to need long term care because the children face physical, emotional, medical, mental, or other long-term challenges that serve as barriers to achieving a plan for permanency. See RCW 74.14A.050.

Service Description

1. The contractor's program social worker and a pediatrician will conduct each assessment. The social worker and the pediatrician will review case information and consult with key people in the child's life, including the DCFS social worker, parents, foster parents, the child's primary care physician, teacher, and other involved professionals.
2. The standard assessment consists of structured clinical interviews and the administration of standardized measures. A multi-disciplinary team representing pediatrics, psychiatry, psychology, social work, DCFS, and other consultants (e. g., ethnic/cultural and foster/adoptive parent) will review the preliminary results of the assessment.
3. All important parties in the child's life will be involved in the development of a concrete plan to address the child's health needs and to establish the best possible permanent family connection for the child.
4. A Harborview program social worker will provide six months of follow-up services to assist the DCFS social worker with the implementation of the child's plan.

Procedures for Access

CA social workers refer children to the regional Foster Care Assessment Program coordinator in accordance with local procedures. The coordinator assists in prioritizing and processing referrals.

4544. Responsible Living Skills Program

Service Definition

1. Responsible Living Skills (RLS) programs provide permanent residential placements for dependent street youth aged 14-18.
 1. RLS programs provide youth with a permanent placement setting in concert with services critical for the youth's successful transition into adulthood.
 2. RLS programs employ a positive youth development philosophy that focuses primarily on promoting a youth's positive development rather than identification and resolution of problems.
 3. RLS programs may take the form of either group or single-family residential placement settings, depending upon proposals submitted for approval by individual RLS providers.
2. "Street youth" means a person under the age of eighteen who lives outdoors or in another unsafe location not intended for occupancy by the minor and who is not residing with his/her biological/adoptive parent(s) or at his/her legally authorized residence. Typically, these youth do not have families who are available to them, and traditional placement alternatives such as foster or group care have not met their needs.
3. RLS programs employ a service delivery model designed primarily to achieve competency in independent living skills for adolescents placed there. Specifically, RLS programs will focus on assisting youth in achieving competency in:
 1. Basic education, e.g., a GED;
 2. Job skills;
 3. Basic life skills (including but not limited to):
 1. Money management;
 2. Nutrition/meal preparation;
 3. Household skills;
 4. Parenting ;
 5. Health care;
 6. Access to community resources; and
 7. Transportation and housing options.
4. RLS programs will also provide/facilitate group and individual counseling as is appropriate. However, RLS programs are not BRS programs; they are intended for street youth committed to stabilizing their lives. Youth referred to an RLS program should exhibit significant degrees of impulse and behavioral controls.

Eligibility

1. The priority and eligibility criteria for referrals are:
 1. Dependent street youth aged sixteen to eighteen years of age, whose permanency plan is independent living.
 2. Dependent street youth fourteen and fifteen years of age, who are not succeeding in family-based foster care. Placement of youth in this age range should be with the intent of enabling the youth to make a transition from a street living situation to a more stable placement setting.
 3. Criteria are all located in statute, and therefore Exceptions-to-Policy to waive one or all of these eligibility criteria are not permitted:
 1. Any youth referred to an RLS program must have previously resided in either a Secure Crisis Residential Center or a HOPE Center; the youth's social worker may waive this requirement if the social worker feels that given the minor's current circumstances, this is the most appropriate placement for the youth.
 2. Youth must be a dependent youth under Chapter 13.34 prior to entry into an RLS program;
 3. The youth's primary and alternative permanency plan must not be Return Home.
2. Law Enforcement Access: Youth may not be placed directly into an RLS program by law enforcement. If the youth is a reported runaway, or if law enforcement is involved due to a family-in-

conflict situation, the case is handled as any other FRS case, and placement, if required, made with extended family, CRC, SCRC, or other resource as appropriate.

Procedures for Access

1. Street youth may be identified as potential referrals to RLS program services through the following means:
 1. HOPE Center: As part of a HOPE Center's permanency placement planning function, a Placement and Liaison Specialist (PALS) may contact the assigned DCFS social worker to discuss the youth's eligibility for placement in an RLS program.
 2. DCFS Staff: DCFS staff may also identify dependent youth among their caseloads that will not be returning home and also meet the other eligibility criteria.
 3. Secure CRC: While in residence at a SCRC, the youth may be identified as appropriate for RLS program services. The SCRC would discuss the youth's eligibility with the assigned DCFS social worker.
 4. The assigned DCFS Social Worker will refer the case to their Regional RLS Program Coordinator. If the RLSP Coordinator deems the referral appropriate, the case will be discussed with the provider. The contractor, youth and the DCFS social worker will mutually agree upon a youth's admission based on:
 1. The RLS Program offers services that meet the youth's needs as identified in the Report to the Court;
 2. The youth desires to participate in learning independent living skills;
 3. The youth demonstrates sufficient behavioral control to participate and benefit from the program.

45446. Re-Admission to an Residential Living Skills Program (RSLP)

Created on:
Jul 07 2015

1. Youth who leave an RLS program and are subsequently discharged (e.g., youth who run away and/or are placed in an alternative placement setting due to non-compliance with the RLS program), may be re-admitted if the youth's social worker and the RLS program determine that re-admittance is warranted.
2. Some factors for re-admittance would be based on the review of the situation, motivation of the youth, and any safety concerns for the youth and/or other residents.
3. The RLS program shall obtain written authorization from DCFS prior to re-admittance of the youth.

45447. Case Coordination

1. Upon admittance into residency, the youth's DCFS social worker will provide the RLS program an Initial Baseline Assessment (IBL) tool.
2. Collaboratively, the RLS program and the DCFS social worker will utilize the IBL to establish an Independent Living Plan. The ILP will be developed within 30 days of a youth's entry into the RLS program.
3. A physical evaluation is required for any youth entering the RLS program if that youth has not had a physical exam within the last calendar year.

45448. Exit from an RLS Program

Youth can exit an RLSP when they are 18-20 and want to leave the program. Youth over 18 must exit an RLSP when they choose to end participation in Extended Foster Care or are no longer eligible for Extended Foster Care. See [43105. Extended Foster Care Program](#)

45444. Legal Authorization for Responsible Living Skills Program (RLSP) Placement

Created on:
Jul 07 2015

1. The legal status of any youth placed in an RLS program must be a dependent youth per Chapter 13.34 RCW. There is no authority to execute an Exception-to-Policy waiver.
2. Additionally, a youth's primary and alternative permanency plan, per RCW 13.34.145, must not be Return Home.

45445. Length of Stay in a Residential Living Skills Program (RSLP)

Youth must be under the age of 18 to be admitted to an RLSP and may reside in an RLSP until eighteen years of age. Youth 18 to 20 years of age may remain in residence voluntarily if they resided in the RLSP on their 18th birthday and are participating in Extended Foster Care. See [43105. Extended Foster Care Program](#)

4545. HOPE Center Placement

Approval: Jennifer Strus, Assistant Secretary

Original Date: July 1, 2000

Revised Date: July 23, 2017

Policy Review: July 23, 2021

Purpose

Hope centers provide temporary residential placement, assessment and coordination of community services for street youth.

Scope

This policy applies to Division of Children and Family Services (DCFS) caseworkers.

Laws

[RCW 13.32A.140](#) Out-of-Home Placement, Child in Need of Services

[RCW 43.185C.315](#) Youth Services, Hope Centers, Requirements

[RCW 43.185C.320](#) Youth services, Hope Centers, Eligibility, Minors

[RCW 74.13.280](#) Client Information

[RCW 74.14A.020](#) Services for Emotionally Disturbed and Mentally Ill Children, Potentially Dependent Children, and Families-In- Conflict

Policy

1. Accessing Placement in a Hope Center

1. The caseworker must:

1. Refer to [2200. Intake](#) or [3100. Family Reconciliation Services](#) policies for service requests for non-dependent youth requiring placement. Contact extended family, CRC, or other resource for placement as appropriate.
2. Send a [Child Information Placement and Referral DSHS form 15-300](#) to the CA placement coordinator for dependent youth. The Hope Center will make the final determination whether to accept the placement request, and priority will be given to:
 1. Youth close to turning 18 years old or who could utilize a Hope Center placement before accessing:
 1. Responsible Living Skills Program (RLSP)
 2. Independent Youth Housing Program (IYHP)
 3. Extended Foster Care (EFC)
 4. Other long term housing and service options.

2. Placement in a Hope Center

The caseworker will:

1. Obtain legal authorization for placements lasting longer than 72 hours.
2. Ensure the youth does not stay in a Hope Center longer than 30 calendar days. Note: A Hope Center may approve extensions, but placement cannot exceed 60 calendar days total. During the Hope Center stay, the caseworker must try to facilitate family reconciliation, return the youth home, or develop an alternative long-term placement plan.
3. Follow [ICW Manual Chapter 5.05 CPS Referrals – Involvement of All Indian Tribes before Court Intervention](#), and notify the youth's tribe of the placement change if the youth is enrolled or eligible for membership in a federally recognized tribe.
4. When a child is in the care and custody of CA, and placed in a Hope Center:
 1. Follow [4420 Health and Safety Visits](#) policy.
 2. Schedule a [Family Team Decision Making Meeting](#) or [Shared Planning Meeting](#) within 72 hours of placement, excluding weekends and holidays.
 3. Authorize emergent medical and dental care.
5. Document case coordination in FamLink.

3. Information Sharing with Hope Center Staff

1. For dependent youth in a Hope Center who have self-referred or been referred by law enforcement, the caseworker must provide and exchange information per [RCW 74.13.280](#) and [4420 Placement Planning](#) policy. Information includes, but is not limited to:
 1. Name
 2. Date of birth

3. Gender
4. Behaviors
5. Risks
6. Special needs
7. Sexually Aggressive/Physically Aggressive Assaultive Youth (SAY/PAAY) history
8. Offense History

Forms

[Child Information and Placement Referral Form DSHS 15-300](#)

[Youth Run Prevention Plan DSHS 10-484](#)

[Return Child De-Briefing Form DSHS 15-309](#)

Resources

Contracted Youth Service Providers

4550. Youth Missing from Care

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: August 2004

Revised Date: October 19, 2017

Policy Review: October 19, 2020

Purpose

Dependent youth who run from out-of-home care are putting their safety and well-being at risk. When a youth runs from out-of-home care, staff need to act quickly to locate the youth, address the youth's reasons for leaving and develop a run prevention plan.

Scope

This policy applies to Children's Administration (CA) staff.

Laws

[RCW 74.13.031](#) Duties of department - Child welfare services - Children's services advisory committee

[PL 113-183](#) Preventing Sex Trafficking and Strengthening Families Act

[PL 106-386](#) Victims of Trafficking and Violence Protections Act of 2000

Policy

1. Youth Missing From Care (MFC):
 1. Active and ongoing efforts must be made to locate a youth MFC within 24 hours of notification and until the youth returns to care.
 2. A run report must be filed with law enforcement (LE) and the National Center for Missing and Exploited Children (NCMEC) when a youth is MFC. CA cannot give NCMEC consent to release child information.
 3. Caregivers must be informed of the requirement to file a run report with LE and contact NCMEC at 1-800-843-5678 when a youth is MFC. Caregivers must be informed they cannot give NCMEC consent to release youth information.
 4. The youth's dependency must continue while he or she is on the run until their 18th birthday, at which time the caseworker must request to dismiss the dependency unless the youth enrolls in Extended Foster Care.
 5. When a youth is MFC overnight or longer, the case must be staffed with a supervisor within two calendar days, excluding weekends and holidays.
 6. An attorney must be requested for all youth MFC overnight or longer if the youth does not have an attorney.
 7. LE and NCMEC must be contacted for a youth remaining on the run at 18 years of age to terminate the run report.
 8. [Policy 1160 Commercially Sexually Exploited Children \(CSEC\)](#) must be followed regarding the completion of the CSEC screen for MFC youth.
2. Youth Returning to Care:
 1. LE, NCMEC and individuals or agencies involved with the youth must be notified within 24 hours of the youth's return to out-of-home care.
 2. A debriefing interview must be conducted with the youth within two calendar days (excluding weekends and holidays) of returning to out-of-home care. A [Returning Child Debriefing form DSHS 15-309](#) must be completed.
 3. A [Youth Run Prevention Plan form DSHS 10-484](#) must be developed with the youth and caregiver within seven calendar days of the youth's return to care

Procedures

1. When youth are MFC, CA staff must:
 1. Create the FamLink Temporary Situation in Placement to document youth is on the run.
 2. Document LE run report number provided by the caregiver in a case note. If the caregiver did not file a run report or contact NCMEC, immediately contact LE to file a run report and contact NCMEC at (1-800-843-5678). Document the LE run report number in a case note.
 3. Notify individuals or agencies important to a youth within 24 hours of learning the youth is MFC. Individuals to notify may include but are not limited to:
 1. Legal parent or guardian
 2. Relatives
 3. Child's Attorney, CASA, GAL
 4. School
 5. Therapist
 6. Tribe
 4. Make ongoing search efforts to locate the child beginning within 24 hours of learning the youth is MFC and continue until the youth returns to care. Ongoing outreach and search efforts may include but are not limited to the following locations, individuals, and entities:
 1. Bus stations
 2. Youth centers
 3. Family members' and friends' homes
 4. Known hangouts
 5. School

6. Homeless shelters
7. Agency available data bases
8. Probation/parole
9. Communication with family, friends and known associates
5. **MFC locators only:** May search Social media websites and Not Safe For Work (NSFW) websites such as Craigslist and Backpage.com
6. Notify the Regional MFC Lead within 48 hours of learning a youth is MFC.
7. Conduct a MFC staffing with the supervisor within two calendar days (excluding weekends and holidays) for youth MFC overnight or longer. Document the staffing results in FamLink. The MFC staffing includes:
 1. Search strategies and efforts
 2. Protective factors and vulnerabilities of youth
 3. Individuals contacted
 4. Potential reasons the youth ran
 5. Determining if the youth needs an attorney appointed
 6. Determining if a pick-up order and warrant are needed, and
 7. Discussing if a court hearing should be scheduled. Some factors to consider when making this determination are:
 1. Placement problems or no appropriate placement options available
 2. All other efforts and interventions have failed
 3. Youth is a chronic runner
 4. Court sanctions would be an effective deterrent for the youth
8. Write and file a declaration for a pickup order or warrant for the youth with the court (if the court allows).
9. Discuss the following areas at the court hearing, if scheduled:
 1. Placement problems or no appropriate placement options available,
 2. Additional services needed to support or stabilize the youth,
 3. Search and run prevention strategies that have occurred and
 4. Any efforts to locate the youth.
10. Document the following in a case note (at least monthly) until the youth returns to out-of-home care or ages out of care:
 1. Continued efforts to locate youth,
 2. Any contact with the youth,
 3. Other critical information obtained related to the youth's health, safety, or whereabouts and
 4. Any follow-up action taken since entry of prior case note.
2. When youth return to care, CA staff must:
 1. Notify LE, NCMEC (1-800-843-5678) and other individuals important to the youth's case within 24 hours of the youth's return to care.
 2. Assess and address any identified health or safety concerns and assist the youth in accessing appropriate care within 24 hours of returning to care.
 3. Close the Temporary Situation Placement and document the youth's current placement in the Placement page in FamLink.
 4. Conduct a debriefing interview with the youth within two calendar days (excluding weekends and holidays) of returning to out-of-home care to:
 1. Evaluate the youth for health and safety concerns and assist with appropriate care and safe placement.
 2. Discuss the youth's interest in re-establishing connections with their biological family, including parents, grandparents, and siblings. This includes discussing skills and strategies to safely reconnect with any identified family members, provide guidance and services to assist the youth.

5. Complete the [Returning Child De-Briefing form 15-309](#) with the youth and upload the completed form in FamLink or complete the debriefing form in FamLink once available.
6. Develop a run prevention plan with the youth and caregiver within seven calendar days of the youth returning to care and document on [Youth Run Prevention Plan form DSHS 10-484](#). The run prevention plan is developed from information gathered from the returning debriefing interview and should focus on:
 1. Services or activities that the youth needs to help them stay in care including, but not limited to:
 1. Increase in family visits or other safe, positive social connections,
 2. Independent living skills,
 3. Medical visits,
 4. Substance abuse treatment,
 5. Behavioral health services
 2. Interventions that could prevent the youth from running from care. Including but not limited to:
 1. Alone time,
 2. Time to visit with friends,
 3. Listening to music,
 4. Creating a list of individuals that youth will reach out to if they have a desire to run in the future.
 5. Talking to youth about what they are feeling during the “need to run” moment.
 3. This plan is to assist the youth and caregiver with future options when the youth expresses a desire to run from care.
 4. Upload the completed [Youth Run Prevention Plan form DSHS 10-484](#) in FamLink.
7. Complete the [CSEC Screening Tool DSHS 15-476](#) as required by the [Policy 1160 Commercially Sexually Exploited Children \(CSEC\)](#).

Forms

[Youth Run Prevention Plan form DSHS 10-484](#)

[Returning Child Debriefing form DSHS 15-309](#)

[CSEC Screening Tool DSHS 15-476](#)

Resources

[MFC Lead and Locator directory](#)

[Youth at Risk for Running Away - Tips for Caregivers and Staff](#)

[Run Prevention Tips for Staff](#)

[How to Help a Youth Who is at Risk to Run - Prevention Tips for Caregivers](#)

[Resource Information for Youth at Risk to Run - Tips for Staff and Caregivers](#)

[When a Youth Runs & Returns - Tips for Caregivers](#)

[When a Youth Returns - Tips for Staff](#)

4600. CASE REVIEW

General Information

1. All case plans are reviewed at regular intervals in an effort to ensure that case management for the family is comprehensive in scope, that children receive proper care, and that permanency plans are accomplished in a timely manner. Social workers need to be familiar with case review requirements for different types of case situations.
2. Case review requirements may differ depending upon the following or other factors:
 1. Whether the case originated in CPS, FRS, or CWS.
 2. Whether children are in an in-home or out-of-home care situation.
 3. Whether there is court involvement.
 4. Whether the child is a Native American/Alaskan Native child.
 5. Whether the child is in a rehabilitative service placement.
 6. Whether the case plan specifies adoption as the permanency plan.

4640. Court Review Hearings

Court review hearings must be held every six months from the date of placement or establishment of dependency, whichever comes first. Six month reviews continue to occur as long as the child remains dependent or until a dependency guardianship has been established.

4650. Administrative Case Review

1. Administrative case review must occur in the following situations:
 1. Court procedures or hearings have not met the federal guidelines or time-frames for periodic review.
2. Administrative review may be used for other purposes as determined by the Regional Administrator.
3. The social worker shall give reasonable advance notice of the date, time, and place of review to:
 1. Child's tribe, in accordance with the ICW Manual;
 2. Relative caretakers;
 3. Treatment Providers;
 4. Other professionals who play a significant role with the family;
 5. Individuals with responsibilities identified in the safety plan;
 6. The family, if appropriate, if not present, their perspective should be represented;
 7. Foster Parent;
 8. Child, if over 12 years of age.
4. With the exception of the GAL and parents' attorney, parents must give written consent to the attendance of others at the review. Social workers shall encourage such permission. Foster care providers often have valuable information about the child's daily life, medical, educational and emotional condition. They may be invited into the review without parental permission but only for the purpose of giving information about the child's adjustment to out-of-home care and to give the reviewers information on the child's current condition.

4651. Recommendations from Review

1. The person designated by the review committee shall complete the Administrative Review Form, DSHS 05-203, after the review.
2. The Administrative Review Coordinator shall send copies of the DSHS 05-203 to:
 1. The parents of the child.
 2. The social worker for the child.
 3. Children over 12 subject to the review.
 4. The Indian child's tribe or LICWAC, as applicable.
 5. The private agency social worker responsible for placement of the child, when applicable.
 6. The GAL for the child.

4670. Permanency Planning Hearing

1. The juvenile court makes a determination regarding the future status of the child by the 12th month of placement for all. To provide reasonable assurance that this has occurred, permanency planning hearings are held for any child in placement by the 12th month of original placement date and annually thereafter. See Appendix A for the definition of "Original Placement Date."
2. The social worker must notify the child's foster parent(s) or kinship caregiver(s) of the date and location of permanency planning hearings pertaining to the child.

4671. Preparation for Permanency Planning Hearings

1. The social worker submits an updated report to the court, to the juvenile court prior to the permanency planning hearing within timeframes established by regional and juvenile court policy. The report to the court submitted for a permanency planning hearing must clearly delineate the DCFS recommendations for permanency planning.
2. While it is always necessary when updating the report to the court to review the parents' progress towards improving the conditions leading to the child's placement in out-of-home care, it is particularly important that a careful review of the permanency plan occur at the time of the permanency planning review. If, at this point, the social worker is still recommending to the court that eventual return home will occur, the worker shall carefully describe to the court how this view is consistent with the child's right to early achievement of a safe, permanent home. The worker carefully considers all alternative permanency plans before making a recommendation on either a primary or an alternative plan to the court.

4680. LICWAC Review

For procedures regarding review of Indian children in placement, the caseworker follows Indian Child Welfare Chapter 7 policies and procedures.

46100. Monthly Supervisor Case Reviews

Purpose

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

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

Policy

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

The case review discussion must include:

1. A focus on child safety, including the supervisor's review that all monthly visits for the child, known parent/legal guardian and caregiver by the assigned social worker have been completed and documented as required in the Social Worker Monthly
2. Health and Safety Visit Policy.
3. Steps the family and/or children need to achieve permanency including concurrent planning, relative search, and community supports.
4. Assessment of the services provided to each family, including the family cultural and linguistic needs.
5. **Note:** Social work supervisors will not document social worker performance concerns in the client electronic case file.

Procedure

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

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

46110. Complaint Resolution

1. CA management will always make effort to resolve complaints at the lowest possible level in the organization, while involving affected staff in exploration and resolution of the issues.
2. As provided in WAC 388-74-035 and RCW 74.13.045, after making a reasonable effort to resolve a complaint with a social worker or licenser, a client, foster parent, kinship caregiver, or community

member may contact the CA Constituent Relations office to request assistance. The toll free number is 1-800/723-4831.

3. When Constituent Relations staff and local CA staff have been unable to resolve the complaint, the Regional Administrator, the Office Chief, or the Constituent Relations supervisor may convene a panel to review the complaint in accordance with WAC 388-74-040. The panel must submit written findings and recommendations to the CA Assistant Secretary, who will issue a final, written report.
4. See the Operations Manual, chapter 3000, section 3220, for identification of those issues and topics that are not subject to the complaint resolution process described in RCW 74.13.045, chapter 388-39 WAC, and this section (46110).

4630. Periodic Case Review

Legal Requirements

1. Federal law requires that each child in out-of-home care have a full case review at least every six months from the beginning date of the placement episode. This may be accomplished in a full court review hearing or through an administrative review.
2. State law requires that the case of every dependent child be reviewed by the juvenile court every six months from the date of the establishment of dependency or the date of the placement of the child, whichever comes first. Placement is limited to 90 days for children who are in placement as a result of an Child in Need of Services (CHINS) Disposition hearing.
3. Other types of court hearings or internal staffing may sometimes meet federal requirements for periodic review if:
 1. Parent(s) of the child have been invited to the review or staffing.
 2. One person on the reviewing body is not directly responsible for developing and implementing the case plan.
 3. The review addresses the content of the periodic review.

Content of Periodic Reviews

1. Periodic reviews cover the entire case plan and focus on child safety.
2. They shall include a review of:
 1. The safety threats which necessitated placement.
 2. Need or reason for the child's continued placement.
 3. The report to the court, Case Plan and Comprehensive Family Evaluation.
 4. The appropriateness of the type of placement and the permanent plan.
 5. Parental progress with the case plan and progress toward permanency.
 6. The projected date that the permanent plan will be completed.
 7. Whether parents and children twelve years and older have been notified and/or involved in agency decision-making especially as it relates to changes in visitation, placement, and the child's legal status.

4700. CASE RESOLUTION/CLOSURE

General

1. CPS investigations must be completed within 90 days of the date of referral.
2. FRS episodes of service are concluded within 90 days of the date of referral.
3. CWS episodes of service are concluded according to the following guidelines:

1. The social worker closes cases open without court action if the supervisor does

4730. Court and/or Placement Cases

1. DCFS shall not close cases for service while a supervised dependency or CHINS order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.
2. The social worker shall complete all forms and narrative recording within 90 days of a decision to terminate services and close a case.
3. The supervisor shall review both CAMIS and the case folder for accuracy and completeness and sign-off the closure in the case record before closure or transfer to another service.
4. For legally free children who are not adopted and the child leaves care and is at least 18 years of age, the social worker prepares the file for archiving and sends it to Olympia adoption archives.

4735. Youth Petition for Reinstatement of Parental Rights - Policy

1. A child, age 12 and older, has the right to petition the court for reinstatement of parental rights if:
 1. She/he has been legally free for three (3) or more years from the date of termination or the exhaustion of appeals; and
 2. She/he has not achieved or will not imminently achieve a permanent plan.
2. A child younger than age 12 may petition the court for reinstatement of parental rights if she/he can show good cause and is able to meet the above requirements.
3. A proceeding to reinstate parental rights is a separate action from the termination of parental rights proceeding and does not vacate the original termination of parental rights order.

47351. Reinstatement of Parental Rights

Purpose

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

Laws

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

Policy

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

Procedures

1. Notify *eligible* youth 12 and older who meet the criteria of their right petition the court for reinstatement of parent rights:
 - Previously found dependent under [RCW 13.34](#).
 - Age 12 and older
 - Legally free for at least three years; with the entry of a final order of termination
 - Permanent plan is not achieved or will not immediately be achieved
 - Permanent plan was achieved but not sustained for three years
2. Note: Eligible youth under age 12 may also petition the court for reinstatement of parental rights if good cause is determined.
3. The court will inquire if an eligible youth has received notification of right to counsel and the parental rights reinstatement at a review hearing. An eligible youth includes the following criteria:
 - Does not have a court appointed attorney;
 - Age 12 and older
 - Legally free for at least three years; with the entry of a final order of termination
 - Permanent plan is not achieved or will not immediately be achieved.
4. Note: After the eligible youth's 15th birthday the court will make an additional inquiry.
5. Document the notification in a Case Note or on the Shared Planning Form in the electronic case file.
6. Complete a Safety Assessment and [background check](#) of the parent(s) and any other adults in the home prior and be prepared to make recommendations. Consider the following:
 - Reinstatement of parental rights is in the best interest of the youth;
 - Reinstatement will present a risk to the health, safety, and welfare of the youth, and;
 - The parent(s) has addressed their parental deficiencies.
7. Complete the following when the court conditionally grants the petition to reinstate parental rights:
 - Change the permanency plan in the report to the court to reunification;
 - Complete a Safety Assessment and Plan and refer family for transitional services;
 - Supervise placement for six months as per [Trial Return Home 43051A](#) policy; and
 - Conduct monthly social worker visits/health and safety checks in the home, not to exceed 40 days between each visit as per [Social Worker Visit 4420](#) policy.
8. When the court determines the youth is safe and has lived with the parent for a minimum of six (6) months:
 - Document court decision to dismiss the dependency;
 - Close the case.

Resources

Guidelines for Reinstatement Hearings

Reinstatement Threshold Hearing Notification could include:

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

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

4. **Note:** Hearing notification to all parties is by via personal service or certified mail or the court can order a specific type of notification.

Reinstatement Threshold Hearing could include:

Request the court to order any assessments and/or evaluations needed to evaluate the parent's current fitness and interest in reinstatement. In determining what assessments and/or evaluations may be appropriate consider the following:

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

Reinstatement Merit Hearing Notification could include:

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

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

Reinstatement Merit Hearing could include:

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

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

5000: Case Support

5100. Applying as a Foster Parent or Unlicensed Caregiver

Approval: Jennifer Strus, Assistant Secretary

Original Date: 1974

Revised Date: August 31, 2015

Sunset Review: August 31, 2018

Purpose

Applications for foster home licenses, adoption, relative care, and suitable other are submitted to local offices and processed by Division of Licensed Resources (DLR) staff, to assess character, competence and suitability of potential caregivers for children in out-of-home care.

Scope

This policy applies to all DLR licensing staff.

Laws

[42 USC 671a](#)

[RCW 74.15](#)

[RCW 74.13.250](#)

[WAC 388-148](#)

Policy

1. Children's Administration(CA) is prohibited from denying any person the opportunity to become a foster or adoptive parent, on the basis of race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability or national origin of the foster or adoptive parent, or the child, involved [42 USC 671a](#) and [RCW 49.60.030](#)
2. All applicants seeking to care for children in CA care and custody must have an approved family home study.
3. All licensing applicants must complete required training as noted in [5180. Foster Parent Training](#).
4. Relatives and suitable others seeking to be placement resources for children in foster care are not required to be licensed.
5. Applicants seeking only to be an adoptive placement are not required to be licensed.
6. Applicants seeking a foster home license must meet the licensing regulations specified in [WAC 388-148](#).
7. Foster care maintenance payments can only be issued to licensed foster homes.
8. All provider and case files (electronic and paper information) must be restricted for personnel or personnel's household members if employed by: Children's Administration (CA), Economic Services Administration (ESA), Department of Early Learning (DEL), or by DLR Administrator directive.
9. For DSHS employees seeking foster care licensing or adoption see **Administrative Policy 6.24**. See Resources below.

Procedures

The DLR Worker or designee must:

1. Initiate the home study when an application and [background checks](#) for all household member(s) age sixteen (16) and older are received.

2. Date-stamp applications and accompanying documents from prospective applicants and assign to a DLR worker.
3. Create a provider, if needed, and enter the application into FamLink.
4. Compile a six section folder with documents filed with the most current document on top of the section. (See CA intranet under DLR Programs, DLR Forms)
5. Store large documents for regional licensing in an additional file, clearly labeled as to the contents.
6. Restrict access to provider files when applicable. See #8 above.

Forms

- [Family Home Study Application DSHS 10-354](#)
- [Background Authorization DSHS 09-653](#)

Resources

To locate DSHS Administrative policies, go to the DSHS Intranet titled Inside DSHS, click Resources, Other Employee Resources and Administrative Policies and Rules.

5105. Division of Licensed Resources (DLR) Monthly Supervisor Provider Reviews

Approval: Jennifer Strus, Assistant Secretary

Effective Date: March 31, 2017

Sunset Review: March 31, 2020

Scope

This policy applies to DLR state licensing and regional licensing supervisors.

Purpose

DLR supervisors meet monthly with their staff to provide practice and guidance that addresses:

1. Status on pending applications, renewals, amendments, or unlicensed home study requests.
2. Issues or concerns with licensed, unlicensed, or pending providers.
3. Any new intakes or open provider actions.
4. Review of overcapacities, no referrals, or legal actions being taken on providers.
5. Timely completion of home studies and licenses.

Policy

1. DLR supervisors and regional licensing supervisor's must conduct **monthly** provider reviews on all pending new license applications, unlicensed home studies, and renewals with each assigned DLR worker and ensure each review includes:
 1. The assessment of the caregiver to become or continue to be a placement resource for children in Children's Administration care and custody.
 2. The assessment of caregivers who are in the process of:
 1. Becoming licensed as foster parents.
 2. Renewing their foster care license.
 3. Amending their foster care license.
 4. Becoming approved as an unlicensed placement resource for children in Children's Administration's (CA) care and custody.
 3. Review of provider timelines to ensure home study, new license or renewal process is progressing toward completion.
 4. Creation of a plan if there are concerns or barriers to a timely completion of the home study or license.
 5. Review of any new intakes or open provider actions per [5150. Licensing Investigations](#) policy.
 6. Review of the DLR worker's FamLink ticklers.
 7. Identification of any further steps the applicant(s) needs to do to complete the home study or licensing process.
 8. Review of providers with open provider actions, no referrals, or that have pending legal actions with the assigned DLR worker.
2. DLR supervisors must document each review in FamLink and include:
 1. Dates of unlicensed home study requests, or the receipt dates of new or renewal license applications.
 2. A plan of action if there are concerns or barriers to a timely completion of the home study, license, or renewal.
 3. Information noting the steps the DLR worker or the applicant(s) need to do to complete the home study, licensing process, or renewal.
3. Regional licensing supervisor must:
 1. Review all new private agency or group care licenses and pending private agency or group care renewals.
 2. Verify completion of biannual health and safety visits as required in [5130. Regional Licensing](#) policy.
 3. Review completed and scheduled Comprehensive Reviews as in [5140. Comprehensive Reviews](#) policy.
 4. Document the following information for all pending applications over 90 days for new child placing agencies (CPA), group care licenses, or CPA foster homes, or renewals for CPAs, CPA foster homes, or group care facilities:
 1. Dates of receipt of application for the new or renewal license applications.
 2. A plan of action if there are concerns or barriers to a timely completion of the license or renewal.
 3. Information noting the steps the Regional Licensor or private agency licensor must do to complete the licensing process.

5110. Completing the Home Study

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date:

Revised Date: October 19, 2017

Purpose

Children placed in out-of-home care are particularly vulnerable and have a special need for placement in a safe, stable and nurturing environment. Assessing the applicant's ability to provide a safe and healthy environment for every child is critical to a child's well-being.

Scope

This policy applies to all Division of Licensed Resources (DLR) licensing staff.

Laws

[RCW 26.33.180](#) Preplacement report required before placement with adoptive parent, exception

[RCW 26.33.190](#) Placement report, requirements, fees

[RCW 43.20A.205](#) Denial, suspension, revocation, or modification of license

[RCW 74.13](#) Child Welfare Services Chapter

[RCW 74.14A.020](#) Services for emotionally disturbed and mentally ill children, potentially dependent children, and families in conflict

[RCW 74.15](#) Care of children, expectant mothers, persons with developmental disabilities

Policy

1. The home study process must be initiated on any individual who wants to care for children placed out-of-home regardless of whether the applicants intends to be licensed. Home studies are not required for youth participating in the [Extended Foster Care Program](#).
2. The home study referral must be made within 30 days of the start of the placement per the [45274. Placements with Unlicensed Relative or Suitable Persons policy](#).
3. The home study must include an assessment of the character, competence and suitability of the applicants as well as the physical setting of the placement.
4. The DLR worker must interact with the applicants in a manner that is culturally competent and solution based.
5. The DLR worker must have a discussion about cultural awareness and competency with the foster parents to educate the foster parents on the importance of meeting the child's cultural needs.
6. The DLR worker must assess the applicant's ability to care for children in out-of-home care by reviewing or completing the following:
 1. Application packet
 2. [Background Authorization DSHS 09-653](#)
 3. Administrative Review's collateral information for crimes and/or negative actions, if applicable;
 4. Condition of the home;
 5. Applicant interviews;

6. Applicant's children's interviews (including adult children and other children residing in the home); and
7. Other collateral contacts, as applicable.
7. The DLR worker must contact or document at least two attempts to make contact with all adult children.
8. The DLR worker will obtain at least three references. No more than one reference may be related to the applicants by birth, marriage or former marriage as noted in [5201. Emergency Planning for Licensed and Unlicensed Caregivers](#).
9. The DLR worker must complete a minimum of three in-person contacts, with two visits in the applicant's home.
10. The DLR worker must complete a joint interview if there are two applicants; and a separate individual interview for each applicant and each household member (including children).
11. Licensed providers and all household members must have influenza and pertussis vaccinations when licensed for children ages birth to two years, unless a medical exemption has been approved for influenza.
12. Licensed and unlicensed providers and all household members must have pertussis vaccinations prior to taking placement of children birth to two years.
13. The DLR worker must complete the required number of licensed or unlicensed home studies per **DLR Performance Goals** located on the Children's Administration (CA) intranet under DLR Programs.
14. An adoption home study update is required when:
 1. There is a change within the family, e.g. divorce, someone new moves in the home, a medical condition or significant change affecting the caregiver's ability to care for children.
 2. The needs or characteristics of a child considered for adoption is significantly different than when the family was assessed in a previously approved home study.
 3. The family previously adopted a child and is now adopting another child, unless the child (subject of the current adoption) was residing in the home during the previous home study and assessed.
 4. The local court requires an update.
15. All home studies and adoption home study updates must be approved, denied or withdrawn in writing. NOTE: Denied foster home licensing applicants have a due process right to an administrative hearing. Denied unlicensed, suitable other, or adoption only home study applicants do not have an appeal process or a due process right to an administrative hearing.

Procedures

1. New Home Study

The DLR worker must:

1. Review the completed [Family Home Study Application DSHS 10-354](#), supporting documentation and forms to confirm all information is complete.
2. Launch the home study icon in FamLink when an application and background authorization forms for all household members age 16 and older are received.
3. Complete all of the following:
 1. [Background checks](#) on all household members age 16 years and older using the [Background Check Authorization form DSHS 09-653](#).
 2. Fingerprints on all household members age 16 years and older, unless they have previously been completed.
 3. Household members under the age of 16 years may be required to complete a [background check](#) to ensure safety of a child placed in a licensed home. Requests for a background check on a household member under the age of 16 years old must be staffed with a supervisor. If the supervisor approves a background check on a youth under the age of 16, and the youth has lived:

1. In Washington state for the previous three years, an in-state [background check](#) is required.
2. Outside of Washington state in the previous three years, a national [background check](#) is required.
4. A FamLink person search and CA file review on all persons, regardless of any age living in the home, or who are being cleared to provide substitute care for children.
5. An out-of-state child abuse and neglect registry check per [6800 Background Check](#) policy.
4. Notify the applicant by phone, email or mail the [Incomplete Application DSHS 15-433](#) for a full license or the Expedited Incomplete Application DSHS 15-433A for an expedited license within one week of application receipt. Indicate whether their application is complete or if more documentation is needed.
5. Follow-up with the applicant a minimum of every 30 days if there are outstanding application materials.
6. Inform relatives not seeking licensure that foster care reimbursements can only be issued to licensed foster homes, but that they can apply for child-only Temporary Assistance for Needy Families (TANF).
7. Obtain a copy of any previous home studies if completed outside of CA. The DLR worker must obtain a signed release of information and request a copy from the agency or person who completed that home study. If unable to obtain the previous home study the DLR worker will document their efforts to do so.
8. Contact Division of Children and Family Services (DCFS) regarding any barriers in completing the home study, for families referred by DCFS for a home study.
9. Review the completed [Personal Information DSHS 15-276](#) to assist in formulating questions for the interviews.
10. Conduct applicant and household member interviews.
11. Complete the [Family Home Study DSHS 10-043](#), using the Family Home Study Guide as a reference.
12. Complete the [Reference Questionnaire DSHS 15-286](#) on at least three people designated by the applicant, two must be unrelated to the applicant.
13. Complete and document in FamLink the [Verification of Indian Status DSHS 15-128](#) if an applicant is Native American and provides Tribal verification.
14. Complete the [Foster Home Inspection Checklist DSHS 10-183](#) for all applicants requesting licensure. If the relative or suitable other or adoptive applicant is not seeking licensure, complete [Household Safety Inspection for Unlicensed Placements and Adoption Home Study Updates DSHS 10-453](#).
15. Complete the [Licensing and Safety Supervision Plan For Site Specific Conditions DSHS 10-419](#) if the home presents child safety hazards for an applicant for licensing. Complete a plan in the home study addressing the hazards for an **unlicensed** applicant.
16. Staff with DLR supervisor if there are parenting concerns, barriers to the home study or if requiring the applicants to provide additional information or complete evaluations.
17. Require the applicant to provide additional information or complete an evaluation if concerns are identified in the personal statements, interviews or other times during the home study process. Evaluations required are at the applicant's expense or in rare situations can be paid by DCFS.
 1. Obtain a release signed by the applicant allowing information sharing before, during and after the evaluation.
 2. Provide all the information to the evaluator prior to the scheduled evaluation related to the worker's concern and document the results or conclusions in the home study.

18. Use the [Home Study File Checklist DSHS 10-182](#) for **licensed** homes or the [Unlicensed File Checklist DSHS 10-182A](#) for **unlicensed** homes to confirm home study requirements are met.
19. The DLR supervisor will review and approve all home studies for finalization in FamLink in a timely manner.

2. **Adoption Home Study Update**

The DLR worker must:

1. Complete a minimum of one in-person contact with the applicants at their home.
2. Complete all of the following
 1. [Background checks](#) on all household members age 16 years and older using the [Background Check Authorization form DSHS 09-653](#).
 2. Fingerprints on all household members age 16 years and older, unless they have previously been completed.
 3. Household members under the age of 16 years may be required to pass a [background check](#) to ensure safety of a child placed in a licensed home. Requests for a background check on a household member under the age of 16 years old must be staffed with a supervisor. If the supervisor approves a background check on a youth under the age of 16, and the youth has lived:
 1. In Washington state for the previous three years, an in-state [background check](#) is required.
 2. Outside of Washington state in the previous three years, a national background check is required.
 4. A FamLink person search and CA file review on all persons, regardless of any age living in the home or are being cleared to provide substitute care for children.
 5. An out-of-state child abuse and neglect registry check per [6800 Background Check](#) policy.
3. Conduct interviews of minor and adult children, and any other household members.
4. Complete new references or a follow-up call discussing the applicant's ability to parent with the references identified for the previous home study.
5. Complete a [Household Safety Inspection for Unlicensed Placements and Adoption Home Study Updates DSHS 10-453](#), whether licensed or unlicensed.
6. Complete an [Emergency Evacuation Plan DSHS 16-204](#), unless there have been no changes from the previous plan.
7. Obtain an [Applicant Medical Report DSHS 13-001](#), [Financial Worksheet DSHS 14-452](#) and [Marital History DSHS 09-979](#) if the initial home study was not completed as a unified home study.
8. Complete a [Home Study File Checklist DSHS 10-182](#) for licensed applicants or [Unlicensed File Checklist DHS 10-182A](#) for unlicensed applicants.

3. **Upon Approval or Denial of the Home Study**

The DLR worker must:

1. Maintain an original and a copy of the home study in the provider or licensing file.
2. Provide a second original home study to the CA Adoption worker when requested.

4. **Home Study Denial on Unlicensed Home**

The DLR worker must complete the following when considering a home study denial for an applicant not seeking licensure:

1. Use the [Shared Decision Making Matrix](#)
2. Request a staffing with DCFS staff if they referred the family.
3. The home study denial must be approved by the DLR supervisor or DLR area administrator.
4. If the denial is approved, send the applicant a copy of their denied home study or denial letter. The denial letter must be approved for use by the DLR supervisor. A copy of the denied home study or letter goes in the licensing file and to the referring DCFS caseworker.
5. Document information obtained in the home study icon in FamLink.
6. Document information about the denial in the home study recommendations section.

7. Approve the home study in FamLink and the supervisor will enter a provider note stating that the home study was denied with a description of the basis for the denial.
 1. See Denials for applicants seeking licensure see [5160. Adverse Licensing Actions](#)

Forms

[Applicant Medical Report DSHS 13-001](#)

[Background Check Authorization DSHS 09-653](#)

Expedited Incomplete Application DSHS 15-433A (located on the CA intranet)

[Family Home Study DSHS 10-043](#)

[Financial Worksheet DSHS 14-452](#)

[Foster Home Inspection Checklist DSHS 10-183](#)

[Home Study File Checklist DSHS 10-182](#)

[Household Safety Inspection for Unlicensed Placements and Adoption Home Study Updates DSHS 10-453](#)

[Incomplete Application DSHS 15-433](#)

[Licensing and Safety Supervision Plan For Site Specific Conditions DSHS 10-419](#)

[Marital History DSHS 09-979](#)

[Personal Information DSHS 15-276](#)

[Reference Questionnaire DSHS 15-286](#)

[Unlicensed File Checklist DSHS 10-182A](#)

[Verification of Indian Status DSHS 15-128](#)

5120. Licensing State Foster Homes

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Effective Date: 1974

Revised Date: October 19, 2017

Sunset Review: October 1, 2021

Purpose

The Division of Licensed Resources (DLR) licenses and re-evaluates foster homes to safeguard the safety and well-being of children in out-of-home care by assessing and monitoring their compliance with minimum licensing requirements (MLR).

Scope

This policy applies to all DLR licensing staff.

Laws

[RCW 74.15.040](#) Licenses for foster family homes required, Inspections

[RCW 74.15.100](#) License application, issuance, duration, Reclassification, Location Changes

[RCW 74.15.110](#) Renewal of Licenses

[RCW 74.15.130](#) Licenses, Denial, suspension, revocation modification, Procedures, Adjudicative proceedings, Penalties

[RCW 74.15.140](#) Action against licensed or unlicensed agencies authorized

[RCW 74.13.260](#) On-Site monitoring program

[RCW 43.20A.205](#) Denial, suspension, revocation, or modification of license

Policy

1. New Foster Home Licenses and Renewals

1. Follow the [5110. Completing the Home Study](#) policy.
2. The DLR worker must interact with the applicant(s) in a manner that is [culturally competent](#).
3. DLR worker must have a discussion about cultural awareness and competency with the foster parent(s) to educate the foster parent(s) on the importance of meeting the child's cultural needs.
4. DLR worker must confirm that all [WAC 388-148](#) requirements are met before a foster home license is issued and maintained throughout the duration of the license.
5. The DLR worker must assess the physical setting of the applicant's property and premises to determine the residence meets MLR.
6. Waivers to WAC requirements must be approved by the DLR administrator or designee.
7. Licenses are issued for a maximum of three years.
8. Licenses will be issued or denied in writing.

2. Provisional Expedited Foster Care Licenses

Individuals applying for a provisional expedited license must meet the following requirements:

1. Held a foster care license in the last five years that was not closed due to a denial, revocation or an agreement to relinquish.
2. Resides in the same home in which the applicant was licensed and no additional individuals have moved into the home.
3. Seeking a license from the same agency with which they were previously licensed and the agency agrees to supervise the home.
4. Passed a new fingerprint-based [background check](#) for all household members age 16 years and older before the expedited license is issued.

3. **Foster Home Moves**

1. Foster parents moving to a new residence with an acceptable history of child care and if the family remains intact, may continue to provide care under their previous license for 30 days from the move date. The DLR worker must visit the home and approve the family's new home within 30 days.
2. Foster home moves are completed as an amended license, and have the same expiration date as the current license.

4. **Modifications**

Modifications must be completed when the license capacity (age, gender, and/or number) is modified due to change in household members, adoption, licensee request or through shared decision-making.

5. **Foster Home Change in Circumstance**

1. Foster parents must have their suitability reassessed when there has been a change in their circumstances that affects their ability to parent.
2. Changes in circumstances will result in the completion of the [Foster Home Re-Assessment DSHS 10-405](#) form, license modification **or** a new three year license. The DLR worker must staff the situation with a supervisor to determine which of these licensing actions to complete.
3. Foster parents must apply for a new license when there is a change in circumstance due to the absence or presence of an additional caregiver.
4. Changes to the license with or without the licensee's approval require written notification of the licensee's appeal rights unless the changes occur at license renewal.

6. **Health and Safety Monitoring**

The DLR worker or designated DLR worker must annually monitor a random sample of no less than 10% of their total state licensed foster homes by July 1st of each year.

7. **Waivers and Administrative Approvals**

1. The DLR worker must submit a [Licensing Waiver DSHS 15-411](#) to the DLR Administrator or designee when the WAC does not allow discretion and the DLR worker supports an exception to the MLR.
2. Waivers are time limited, usually child specific, and may compromise federal funding for all children placed in out-of-home care.
3. Non-safety waivers for relative homes do not affect federal funding.
4. The IV E Specialist must be notified of all approved waivers.
5. The DLR worker must submit an [Administrative Approval DSHS 15-411](#) to the DLR area administrator (AA) when the WAC specifically allows DLR discretion for approval.

Procedures

1. **New Foster Home Licenses**

The DLR worker must:

1. Verify that a [Family Home Study Application\(s\) DSHS 10-354](#) has been received and that a [Background Check Authorizations DSHS 09-653](#) form and fingerprints were completed for all household members 16 years and older.
2. Staff with supervisor to determine if a household member under the age of 16 years needs to complete a [background check](#) to verify safety of a child placed in a licensed home. If the supervisor approves a [background check](#) on a youth under the age of 16, and the youth has lived:
 1. In Washington for the previous three years, an in-state [background check](#) is required.

2. Outside of Washington in the previous three years, a national background check is required.
3. Open a pending “Full” license in FamLink.
4. Complete the Home Study and required forms. See [5510. Completing the Home Study](#) policy.
5. Determine the applicants have sufficient income to meet their family’s personal needs without reliance on foster care payments per [WAC 388-478-0015](#).
6. Verify the [Policy Agreements DSHS 10-290](#) form has been completed.
7. Verify the Verification of Indian Status DSHS 15-128 is completed and documentation is provided, if applicable.
8. Verify and document completion of Orientation, Caregiver Core Training, First Aid/CPR/Blood-Borne Pathogens training, and Tuberculosis (TB) test.
9. Verify foster homes licensed for children under the age of two years have completed pertussis and influenza vaccinations on all household members, unless a medical exception has been approved for the influenza vaccine. There are no exemptions for pertussis.
10. Verify all requirements on the [Home Study File Checklist DSHS 10-182](#) are completed and the home meets the MLR.
11. Document the following in FamLink on the provider’s “General” tab in the “License Information” group box:
 1. Select “Full” license as the “Type”.
 2. The “Date Issued” is the date the foster home license is approved and the “Expiration Date” is three years’ minus one day from the “Date Issued”.
 3. Select the “Approve” radio button in the “License Recommendation” group box to obtain supervisor approval.
12. Provide a paper copy of the Foster Home License DSHS 10-010, [New License Letter DSHS 10-429](#), and Foster Parent Identification (ID) cards to the foster parent following supervisor approval.
13. Notify the placement desk when a general foster home or foster-to-adopt home has been licensed.

2. **Provisional Expedited Foster Care Licenses**

When a provisional expedited license application is received the DLR worker must:

1. Verify the applicant meets the requirements to be eligible for a provisional expedited license.
2. Read closing provider notes and provider actions in FamLink to verify the foster home license was not closed with recommendations for necessary evaluations, services or trainings.
 1. If the home was closed with recommendations for necessary evaluations, services or trainings a staffing is required with the supervisor. If the supervisor approves a “no referral” being placed on the provisional expedited foster care license, the DLR worker must notify the applicant that CA will not be placing children into their home until a full license has been approved. See “No Referral Process” below.
 2. The applicant may choose to withdraw the provisional expedited application and submit a new license application.
3. Send the Provisional Expedited Incomplete Application DSHS 15-433A form with the application packet to the applicant.
4. Verify that a completed [Family Home Study Application DSHS 10-354](#) has been received and that a [Background Check Authorization DSHS 09-653](#) form and fingerprints were completed for all household members 16 years and older.
5. Staff with supervisor to determine if a household member under the age of 16 years needs to complete a [background check](#) to verify safety of a child placed in a licensed home. If the supervisor approves a background check on a youth under the age of 16, and the youth has lived:
 1. In Washington for the previous three years an in-state [background check](#) is required.
 2. Outside of Washington in the previous three years a national background check is required.

6. Complete the [Household Safety Inspection for Unlicensed Placements DSHS 10-453](#) form or [Foster Home Inspection Checklist DSHS 10-183](#) within seven days of receiving the application for the provisional expedited license.
 7. Verify [Policy Agreements DSHS 10-290](#) have been submitted.
 8. Verify the [Provisional Expedited File Checklist DSHS 10-182B](#) has been completed.
 9. Enter the capacity for the license in FamLink by verifying the following:
 1. The number of children cannot be more than the capacity they had when they were previously licensed.
 2. If a caregiver moved out of the home the capacity cannot be more than what is allowed by the minimum licensing requirements.
 3. If children who were previously in the home when licensed have since been adopted or are in a guardianship, reduce the number from their previous license capacity.
 10. Document the following in FamLink on the provider's "General" tab in the "License Information" group box:
 1. Select "Initial" license as the "Type".
 2. Select the "Approve" radio button in the "License Recommendation" group box to obtain supervisor approval.
 3. The "Date Issued" is the date the provisional expedited license is approved and the "Expiration Date" is three months minus one day from the "Date Issued". If the foster home license is not completed within 90 days, close the license unless the applicant has made significant progress to complete their full foster home license and the AA approves the second provisional expedited license.
 4. Open a new pending "Full" license the day after the provisional expedited license was approved.
 11. Upon supervisor approval, issue the New Provisional Expedited License Letter DSHS 10-429A and a paper copy of the Provisional Expedited Foster Home License DSHS 10-010A within five days of requirements being met.
 12. Notify the IV-E specialist that this home does not meet minimum licensing requirements. CA cannot claim IV-E funds until a full license is issued on the home.
3. **After the Provisional Expedited Foster Care License is issued the DLR worker must:**
1. Follow the New Foster Home License procedures d.-m.
 2. Verify all licensing application materials have been submitted by the applicant within 14 days of receipt of the application.
 3. Determine the expiration date of the full license in FamLink. The expiration date documented in FamLink is three years minus one day. The start date is the day after the provisional expedited license was closed.
 4. Notify IV-E specialist that the home is now fully licensed.
4. **Renewals**
- The DLR worker must:
1. Send a re-application packet to the licensee 120 days in advance of the license expiration date. For applications received prior to the expiration date the license remains in effect until DLR completes the renewal. The packet must include:
 1. [Family Home Study Application DSHS 10-354](#)
 2. [Background Authorization\(s\) DSHS 09-653](#)
 3. [Financial Worksheet DSHS 14-452](#)
 4. [Policy Agreements DSHS 10-290](#)
 5. [Emergency Evacuation Plan DSHS 16-204](#)
 6. [Employed Foster Parent Child Care Plan DSHS 10-406](#)
 2. Send the [Foster Care License Renewal Notice DSHS 10-436](#).
 3. Track the expiration dates and demonstrate diligent efforts to assist a family to renew.

4. Notify the foster parents at least two weeks prior to the license expiration, that placement and payment must be stopped if their foster care application is not received before the license expiration date.
5. If an application has not been received within one day of the license expiration date, the DLR worker must contact the licensee and assist in obtaining an application if the foster parents intends to renew.
6. Close the license if a signed application is not received by the license expiration date. If there are children placed in the foster home, the DLR worker must notify the placement worker that the license has been closed.
7. Complete an updated home study in FamLink if the family is planning to adopt within the next twelve months.
8. Complete additional forms depending on the changes in family circumstances. Forms include, but are not limited to
 1. [Financial Worksheet DSHS 14-452](#)
 2. [Applicant Medical Report DSHS 13-001](#)
 3. [Marital/Civil Union/Domestic Partnership History DSHS 09-979](#)
 4. [Licensing and Safety Supervision Plan for Site Specific Conditions DSHS 10-419](#), as applicable.
9. Require the applicant to provide additional information or complete an evaluation when concerns are identified during the interview or on the renewal paperwork. Evaluations required are at the foster parent's expense.
10. Obtain a release signed by the applicant allowing information sharing before, during and after the evaluation.
11. Provide all information to the evaluator related to the worker's concern.
12. Complete all of the following.
 1. [Background checks](#) on all household members age 16 years and older using the [Background Check Authorization form DSHS 09-653](#).
 2. Fingerprints on all household members age 16 years and older, unless they have previously been completed.
 3. A FamLink person search and CA file review on all persons, regardless of any age living in the home, or are being cleared to provide substitute care for children.
 4. An out-of-state child abuse and neglect registry check per [6800 Background Check](#) policy.
13. Complete the following required forms:
 1. [Home Study File Checklist DSHS 10-182](#)
 2. [Foster Home Inspection Checklist DSHS 10-183](#)
 3. [Foster Home Re-Assessment DSHS 10-405](#)
 4. [Licensing and Safety Supervision Plan for Site Specific Conditions DSHS 10-419](#), as applicable.
 5. Document individual training plan for the next renewal period. Worker may use the [Individual Training Plan DSHS 06-166](#).
14. Confirm the completion of required foster parent training. See [5180. Foster Parent Training](#) policy.
15. Approve or deny the license in writing following the supervisor's review of the license per [5160 Adverse Action on a Foster Care License policy](#).
16. Provide a paper copy of the license, Renewal License Letter DSHS 10-431, and Foster Parent ID Cards to the foster parent following supervisor approval.

5. Foster Home Moves

The DLR worker or Child Placing Agency (CPA) Licensor must:

1. Obtain a [Family Home Study Application DSHS 10-354](#).
2. Assess the physical setting and issue an amended license within 30 calendar days.
3. Complete the following forms:

1. [Foster Home Re-Assessment DSHS 10-405](#)
 2. [Home Study File Checklist DSHS 10-182](#)
 3. [Foster Home Inspection Checklist DSHS 10-183](#)
 4. [Emergency Evacuation Plan DSHS 16-204](#)
 5. [Licensing and Safety Supervision Plan for Site Specific Conditions DSHS 10-419](#), as applicable.
 4. The DLR worker must notify a IV-E specialist if a license is not issued within 30 days of a move.
 5. The DLR worker may issue a new three-year license in lieu of amending the license if the license expires within six months of the move. The renewal paperwork is required to complete this license.
- 6. Modifications**
The DLR worker must:
1. Verify the home and applicants meets MLR.
 2. Conduct a site visit and an additional assessment if the modification is significantly different than the original assessment.
 3. Provide the foster parent with written notice of the modification using the Revised License Letter DSHS 10-430 to inform them of their appeal rights even if the applicant requested the modification per [RCW 43.20A.205](#).
 4. Issue a modified license; the expiration date of the license is the same as the current license.
- 7. Foster Home Change in Circumstance**
The DLR worker must:
1. Conduct interviews or obtain additional information from the licensee when re-assessing the suitability of the applicant to care for children in out-of-home care.
 2. Document the information by updating the home study in FamLink or on the [Foster Home Re-Assessment DSHS 10-405](#) form.
 3. The DLR worker may modify the license at any time during licensure depending on the circumstances, evaluation of the DLR worker, or by request of the licensee
- 8. Health and Safety Monitoring**
The DLR worker must:
1. Complete the [Foster Home Monitoring Visit DSHS 10-416](#) for each monitoring visit following [RCW 74.13.260](#).
 2. Conduct announced or unannounced visits. The DLR worker should schedule the visit at a time when foster children are available to be interviewed in the home.
- 9. Overcapacity/Age/Gender Administrative Approvals**
The DLR worker must review the Overcapacity Administrative Approval DSHS 15-349 form in FamLink to approve or deny placements that are outside the license capacity. Overcapacities for respite will be completed on the DSHS 15-349 form.
- 10. No Referral Process**
The DLR worker must:
1. Create a “no referral” in FamLink when a licensee requests no additional placements be made in their home.
 2. Discuss if there is a provider safety, health or well-being concern with the DLR supervisor to determine whether to recommend a "no referral."
 3. When recommending a "no referral" on a foster home:
 1. Notify Division of Children and Family Services (DCFS) and other involved agencies.
 2. If approved, inform all involved DCFS, Developmental Disabilities Administration (DDA) staff, and tribes when a decision is made not to place.
 3. Complete a letter to the foster parents notifying them that no more placements will be made in their home and send to the DCFS regional administrator (RA) or designee for approval. If approved, the DCFS RA or designee must send the letter to the foster parent and notify the DLR worker.

4. Create a "no referral" in FamLink.
4. When lifting a "no referral" on a foster home that was previously approved by DCFS:
 1. Notify DCFS RA or designee for approval. If approved, the DLR worker will remove the "no referral" in FamLink.
 2. Notify the foster parent.
 3. Notify the placement desk.

Forms

- [Administrative Approval DSHS 15-411](#)
- [Background Check Authorization DSHS 09-653](#)
- [Emergency Evacuation Plan DSHS 16-204](#)
- [Employed Foster Parent Child Care Plan DSHS 10-406](#)
- [Family Home Study Application DSHS 10-354](#)
- [Financial Worksheet DSHS 14-452](#)
- [Foster Care License Renewal Notice DSHS 10-436](#)
- [Foster Home Inspection Checklist DSHS 10-183](#)
- Foster Home License DSHS 10-010
- [Foster Home Monitoring Visit DSHS 10-416](#)
- [Foster Home Re-Assessment DSHS 10-405](#)
- [Home Study File Checklist DSHS 10-182](#)
- Expedited Incomplete Application DSHS 15-433A
- [Individual Training Plan DSHS 06-166](#)
- [Licensing and Safety Supervision Plan for Site Specific Conditions DSHS 10-419](#)
- New Provisional Expedited License Letter DSHS 10-429A
- [New License Letter DSHS 10-429](#)
- Overcapacity Administrative Approval DSHS 15-349
- [Policy Agreements DSHS 10-290](#)
- Provisional Expedited Foster Home License DSHS 10-010A
- [Provisional Expedited File Checklist DSHS 10-182B](#)
- Renewal License Letter DSHS 10-431
- Revised License Letter DSHS 10-430
- [Verification of Indian Status DSHS 15-128](#)
- [Policy Agreements DSHS 10-290](#)

NOTE: Forms that are not linked are on the CA intranet under DLR Programs, DLR Forms.

Resources

- DLR Performance Goals (see intranet under DLR Programs, DLR Resources)
- [WAC 388-148](#) Child foster homes minimum licensing requirements

5130. Regional Licensing

Approval: Connie Lambert-Eckel, Assistant Secretary

Original Date: August 31, 2015

Revised Date: October 19, 2017

Sunset Review: October 1, 2020

Purpose

Regional licensing assesses, licenses and monitors services provided to children in out-of-home care by group care facilities (GCF) and private child placing agencies (CPA).

Scope

This policy applies to all Division of Licensed Resources (DLR) regional licensing staff.

Laws

[RCW 43.20A.205](#) Denial, suspension, revocation, or modification of license

[RCW 74.15](#) Care of children, expectant mothers, persons with developmental disabilities

Policy

1. GCF, CPA and Adoption Services and Child Foster Homes must meet licensing requirements.
2. Waivers to Washington Administrative Code (WAC) requirements must be approved by the DLR administrator or designee using the [Licensing Waiver DSHS 15-411](#).
3. Licensing application documents must be received within 90 days of receipt of application or it may be withdrawn. Regional licensors must work with the agency and notify them prior to withdrawing an application.
4. GCF may have more than one type of license depending on the services offered.
5. Foster homes certified by the CPA must meet minimum licensing requirements (MLR).
6. Applicants for a provisional expedited license certified by the CPA must meet the following requirements:
 1. Held a foster care license in the last five years that was not closed due to a denial, revocation, or an agreement to relinquish.
 2. Resides in the same home in which the applicant was licensed and no additional individuals have moved into the home.
 3. Seeking a license from the same agency with which they were previously licensed and the agency agrees to supervise the home.
 4. Passed a new fingerprint-based [background check](#) for all household members age 16 years and older before the expedited license is issued.
7. The regional licensor must complete the required number of CPA foster homes licenses per month per **DLR Performance Goals** located on the Children's Administration (CA) intranet under DLR Programs.
8. Foster parents must apply for a new license when there is a change in circumstance due to the absence or addition of an identified caregiver.
9. A CPA may certify homes in more than one geographic region as long as the agency provides supervision and support to the home. The license must be issued from the region in which the family physically resides.
10. The CPA license is approved by the regional licensor in the region where the license is issued.
11. Licenses are issued for a maximum of three years.

12. Licenses will be issued or denied in writing.

Procedures

1. New Licenses for GCF and CPA

The Regional Licensors must:

1. Verify the Application for Child Care Agency License DSHS 10-408 and the application materials are complete.
2. Contact and obtain references for a newly hired agency director or administrator using the DLR Agency Letter of Reference DSHS 16-211. A minimum of three references are required. Agency references may be accepted for the agency director or administrator if the agency has upper management to complete the references.
3. Process the [background check](#) for licensing applicants, staff and volunteers in accordance with [WAC 388-06A](#).
4. Complete FamLink person search and CA file review on all licensing applicants, staff and volunteers.
5. Determine if a person is disqualified and/or denied from association with a child care or private agency for not meeting MLR in [RCW 74.15](#) and [WAC 388-145](#), [WAC 388-147](#), and [WAC 388-148](#). (See [5160 Adverse Action on a Foster Care License](#))
6. Evaluate the agency's policy and procedures, physical setting, personnel files, child files and/or provider files using the designated checklist for the type of license. Review sample files for agencies currently pending licensure. (See CA intranet DLR Programs, DLR Forms)
7. Request an inspection from the Department of Health (DOH) and the Washington State Patrol's (WSP) Fire Protection Bureau for all **GCF** with the exception of Staffed Residential Homes licensed for five or fewer children. Approved inspections must be documented prior to issuing the license. Additional inspections may be requested if concerns are noted.
8. Confirm that all staff having unsupervised access to children are cleared through a [background check](#).
9. Confirm that an adequate number of staff are available to provide services. This may include review of the shift logs or a calendar to verify appropriate staffing levels.
10. Confirm all WAC licensing requirements for the applicable license are met before a license is issued.
11. Document the license start and expiration date in FamLink as three years minus one day.
12. Submit the file for supervisory review.

2. New Licenses for CPA Foster Homes

The Regional Licensors must:

1. Verify that a [Family Home Study Application DSHS 10-354](#) has been received and that background authorization forms and fingerprints are completed for all household members 16 years and older. Household members under the age of 16 years may be required to complete a [background check](#) to verify safety of a child placed in a licensed home. Requests for a background check on a household member under the age of 16 years old must be staffed with a supervisor. If the supervisor approves a background check on a youth under the age of 16, and the youth has lived:
 1. In Washington state for the previous three years, an in-state [background check](#) is required.
 2. Outside of Washington state in the previous three years, a national background check is required.
2. Open a pending "Full" license in FamLink.
3. Complete FamLink person search and CA file review on all persons, of any age, living in the home, or who are being cleared to provide substitute care for children.

4. Require the applicant to provide additional information or complete an evaluation when concerns are identified during the interview or on the paperwork. Evaluations required are at the foster parent's expense.
 1. Obtain a release signed by the applicant allowing information sharing before, during and after the evaluation.
 2. Provide all information to the evaluator related to the worker's concern.
 5. Verify the home study meets the [5110 Home Study policy](#) requirements.
 6. Verify the CPA foster home application materials are complete.
 7. Document the following in FamLink on the provider's "General" tab in the "License Information" group box:
 1. Select "Full" license as the "Type".
 2. The "Date Issued" is the date the foster home license is approved and the "Expiration Date" is three years' minus one day from the "Date Issued".
 3. Select the "Approve" radio button in the "License Recommendations" group box to obtain supervisor approval.
 8. Submit the file for supervisory review.
 9. Issue a license based on the CPA's certification that a foster home meets the MLR.
 10. Provide a paper copy of the license DSHS 10-010 and Foster Parent Identification (ID) cards to the agency for the foster parent following supervisor approval.
 11. The regional licensor must verify the following information is in the regional licensing paper file:
 1. [Certification for License of Foster Home DSHS 10-016](#)
 2. [Family Home Study Application DSHS 10-354](#)
 3. [Home Study File Checklist DSHS 10-182](#)
 4. [Foster Home Inspection Checklist DSHS 10-183](#)
 5. Home Study
 6. [Emergency Evacuation Plan DSHS 16-204](#)
 7. [Background Authorizations DSHS 09-653](#); and fingerprints for 16 years and older
 8. Administrative Review's collateral information for crimes and/or negative actions, if applicable
 9. [Licensing and Safety Supervision Plan DSHS 10-419](#), if applicable
 10. Verification of required training
 11. [Verification of Indian Status DSHS 15-128](#), if applicable

NOTE: Other required licensing documents not listed above are required to be completed and maintained in the CPA files (medical statement, marriage and divorce statements and documentation, financial statement, policy agreements, immunizations, etc.).
- 3. Provisional Expedited License for CPA Foster Home**
- When a provisional expedited license application is received, the regional licensor worker must:
1. Verify the applicant meets the requirements to be eligible for a provisional expedited license.
 2. Verify that a Family Home Study Application DSHS 10-354 has been received and that Background Check Authorizations DSHS 09-653 and fingerprints were completed for all household members age 16 years and older. Household members under the age of 16 years may be required to complete a [background check](#) to verify safety of a child placed in a licensed home. Requests for a background check on a household member under the age of 16 years old must be staffed with a supervisor. If the supervisor approves a background check on a youth under the age of 16, and the youth has lived:
 1. In Washington state for the previous three years, an in-state background check is required.
 2. Outside of Washington state in the previous three years, a national background check is required.
 3. Verify the [Provisional Expedited File Checklist DSHS 10-182B](#) has been completed.

4. Enter the capacity for the license in FamLink by verifying the following:
 1. The number of children cannot be more than the capacity they had when they were previously licensed.
 2. If a caregiver moved out of the home the capacity cannot be more than what is allowed by the minimum licensing requirements.
 3. If children who were previously in the home when licensed have since been adopted or are in a guardianship, reduce the number from their previous license capacity.
5. Document the following in FamLink on the provider's "General" tab in the "License Information" group box:
 1. Select "Initial" license as the "Type".
 2. Select the "Approve" radio button in the "License Recommendation" group box to obtain supervisor approval.
 3. The "Date Issued" is the date the provisional expedited license is approved and the "Expiration Date" is three months minus one day from the "Date Issued". If the foster home license is not completed within 90 days, staff with the supervisor whether or not to reissue a second expedited license.
 4. Open a new pending full license the day after the expedited license was approved.
6. Upon supervisor approval, issue the paper copy of the Provisional Expedited Foster Home License DSHS 10-010A within five days of requirements being met.
7. Notify the IV-E specialist that this home does not meet minimum licensing requirements. CA cannot claim IV-E funds until a full license is issued on the home.
8. The regional licensor must verify the following information is in the regional licensing paper file:
 1. [Certification for License of Foster Home DSHS 10-016](#)
 2. [Family Home Study Application DSHS 10-354](#)
 3. [Provisional Expedited License File Checklist DSHS 10-182B](#)
 4. [Background Check Authorizations DSHS 09-653](#); and fingerprints for 16 years and older.
 5. Administrative Review's collateral information for crimes and/or negative actions, if applicable.
 6. NOTE: The completed Policy Agreements DSHS 10-290 and Household Safety Inspection for Unlicensed Placements DSHS 10-453 or Foster Home Inspection Checklist DSHS 10-183 are required to be completed and maintained in the CPA files.
4. **After the Provisional Expedited License for CPA Foster Home is Issued the Regional Licensor must:**
 1. Follow the New Foster Home License procedures section b.-k.
 2. Verify with the agency that all licensing application materials have been submitted by the applicant within 14 days of receipt of the application.
 3. Determine the expiration date of the full license in FamLink. The expiration date documented in FamLink is three years minus one day. The start date is the day after the provisional expedited license was closed.
 4. Provide a paper copy of the Foster Home License DSHS 10-010 and Foster Parent ID cards to the foster parent following supervisor approval.
 5. Notify the IV-E specialist that the home is now fully licensed.
5. **Renewal for GCF or CPA**
The Regional Licensor must:
 1. Send a courtesy renewal notice to the agency 120 days in advance of the license expiration date. For applications received prior to the expiration date, the license remains in effect until DLR completes the renewal.
 2. Verify the Application for Child Care Agency License DSHS 10-408 and renewal materials are complete.

3. Document compliance with all applicable items on the designated checklist. Areas of non-compliance are documented on a [Compliance Agreement DSHS 10-248](#).
4. Complete c-l requirements in the New Licenses for GCF and CPA section.

6. Renewals for CPA Foster Homes

The Regional Licensors must:

1. Send a courtesy email to the private agency if a renewal application has not been received within one month of the license expiring.
2. Contact the agency if an application has not been received within one day of the license expiration date.
3. Close the license if a signed application is not received by the license expiration date. If there are children in placement, the regional licensors must notify the placement worker that the license has been closed.
4. Verify that a [Family Home Study Application DSHS 10-354](#) has been received and that a background authorization form and fingerprints are completed for all household members 16 years and older.
5. Complete FamLink person search and CA file review on all persons, of any age, living in the home, or who are being cleared to provide substitute care for children.
6. Review the renewal materials provided by the private agency.
7. Submit the file for supervisory review.
8. Issue a license based on the CPA's certification of a foster home meeting MLR.
9. Provide a paper copy of the license and Foster Parent ID cards to the agency for the foster parent following supervisor approval.
10. The regional licensors must verify the following information is in the CPA Foster Home paper file for a renewal: :
 1. [Certification for License of Foster Home DSHS 10-016](#)
 2. [Family Home Study Application DSHS 10-354](#)
 3. [Home Study File Checklist DSHS 10-182](#)
 4. [Foster Home Inspection Checklist DSHS 10-183](#)
 5. Home Study
 6. [Emergency Evacuation Plan DSHS 16-204](#)
 7. [Background Authorizations DSHS 09-653](#); 16 years and older and
 8. Fingerprints; 16 years and older
 9. Administrative Review's collateral information for crimes and/or negative actions, if applicable
 10. Verification of required trainings
 11. [Licensing and Safety Supervision Plan DSHS 10-419](#), if applicable

7. Moves for GCF

Regional Licensors must:

1. Verify the Application for Child Care Agency License or Certification DSHS 10-408 is complete.
2. Review the agency floor plan and evacuation procedures for compliance with the MLR.
3. Verify that all agency staff have a background check completed following the [6800 Background Check](#) policy.
4. Complete a physical inspection of the agency using the designated checklist.
5. Request an inspection from the DOH and the WSPs Fire Protection Bureau for all GCF with the exception of Staffed Residential Homes licensed for five or fewer children. Approved inspections must be documented prior to license issuance. Additional inspections may be requested if concerns are noted.
6. Document compliance with all applicable items on the designated checklist. Areas of non-compliance are documented on a [Compliance Agreement DSHS 10-248](#).
7. The new facility must be licensed and operating prior to children being moved.

8. The regional licensor may issue a new three-year license in lieu of amending the license if the license expires within six months of the move. The renewal paperwork is required to complete this license.
9. Provide a paper copy of the license to the agency following supervisory approval.

8. **Moves for CPA**

Regional Licensors must:

1. Verify the Application for Child Care Agency License or Certification DSHS 10-408 is complete.
2. Verify that all agency staff have a background check completed following the [6800 Background Check](#) policy.
3. Complete a physical inspection of the agency.
4. Document compliance with all applicable items on the designated checklist. Areas of non-compliance are documented on a [Compliance Agreement DSHS 10-248](#).
5. The regional licensor may issue a new three-year license in lieu of amending the license if the license expires within six months of the move. The renewal paperwork is required to complete this license.
6. Provide a paper copy of the license to the agency following supervisory approval.

9. **Moves for Child Placing Agency Foster Homes**

See Foster Home Family Moves located in the [5120. Licensing State Foster Homes](#) policy.

10. **CPA Foster Home Change in Circumstances**

The Regional Licensors must:

1. Review the private agency's assessment of the foster home that had a change in circumstance affecting their parenting.
2. Require the agency to complete the [Foster Home Re-Assessment DSHS 10-405](#) or update the home study.
3. Staff the change in circumstance with the DLR supervisor and private agency licensor to determine the appropriate licensing action (Foster Home Re-assessment, license modification, or new three-year license).
4. The regional licensor may modify the license depending on the circumstances, evaluation of the regional licensor and CPA Licensor, or by request of the licensee.

11. **Health and Safety Monitoring**

1. The regional licensors must complete six-month health and safety reviews on all **contracted Behavioral Rehabilitative Services (BRS)** CPA and GCF.
2. For GCF and CPA contracted with BRS, regional licensors must:
 1. Complete a site inspection using the designated checklist for the type of license.
 2. The six-month health and safety reviews are not required for a BRS provider for the review period following completion of a Comprehensive Review or renewal.
 3. Document the six-month health and safety reviews in a FamLink provider note with the activity "Regional Licensing Health and Safety."
 4. Review other documents and conduct interviews as necessary.
 5. Complete a review of a minimum of three child files during at least one of the six-month health and safety monitoring visits.
 6. Complete a review of a minimum of three personnel files during at least one of the six-month health and safety monitoring visits.
7. For GCF, regional licensors must also:
 1. Complete a review of storage, administration, and documentation related to medication.
 2. Complete 10% percent of the six-month health and safety monitoring visits unannounced.
3. For all **facilities serving homeless youth**, the regional licensors must complete a health and safety review every three years beginning at or around 18 months after entering into a new license or during each renewal (mid-licensing) period. These facilities include overnight youth

shelters and facilities that have a contract through the Department of Commerce for HOPE beds.

4. For GCF serving homeless youth, regional licensors must:
 1. Complete a review of a minimum of three personnel files using the appropriate checklist during the mid-licensing health and safety monitoring visits.
 2. Complete a review of storage, administration and documentation related to medication.
 3. Document the mid-licensing health and safety reviews in a FamLink provider note with the activity “Regional Licensing Health and Safety.”
 4. Review other documents and conduct interviews as necessary.
 5. Complete a review of a minimum of three child files using the appropriate checklists during the mid-licensing health and safety monitoring visits.
 6. Complete 10% percent of the mid-licensing health and safety monitoring visits unannounced.

12. **Comprehensive Review**

The regional licensor must participate in comprehensive reviews for contracted BRS providers or contracted and/or licensed providers. See [5140. Comprehensive Reviews](#).

13. **Overcapacity/Age/Gender Administrative Approvals**

The regional licensor must review the Overcapacity Administrative Approval DSHS 15-349 form in FamLink to approve or deny placements outside the license capacity for private agency foster homes. Overcapacities for respite will be completed on the form DSHS 15-349. Once approved the regional licensor will send the agency a copy of the DSHS 15-349.

NOTE: Overcapacities for GCF require a waiver approved by the DLR administrator or designee.

14. **No Referral Process**

The Regional Licensor must:

1. Create a “no referral” when an agency or licensee requests no additional placements be made in a CPA foster home.
2. Staff with the DLR supervisor if the agency is not in agreement with the “no referral” and **if there is a safety, health or well-being concern** to determine whether to recommend a “no referral.”
3. When recommending a “no referral” on a **CPA foster home**:
 1. Notify Division of Children and Family Services (DCFS), and other involved agencies.
 2. If approved, inform all involved CPA, DCFS, Developmental Disabilities Administration (DDA) staff, and tribes when a decision is made not to place.
 3. Complete a letter to the foster parents notifying them that no more placements will be made in their home and send to the DCFS regional administrator (RA) or designee for approval. If approved, the DCFS RA or designee must send the letter to the foster parent and notify the DLR worker.
 4. Create a “no referral” in FamLink.
4. When lifting a “no referral” on a CPA foster home that was previously approved by DCFS:
 1. Notify the DLR administrator or designee and DCFS RA or designee for approval. If approved, the DLR worker will remove the "no referral" in FamLink.
 2. Notify the foster parent.
 3. Notify the placement desk
5. When recommending a “no referral” on a **GCF**:
 1. Staff with the DLR administrator or designee.
 2. If approved, inform all involved DCFS, DDA staff, and tribes when a decision is made not to place.
 3. Complete a letter to the GCF notifying them that no more placements will be made in the facility and send to the DCFS RA or designee for approval. If approved, the DCFS RA or designee must send the letter to the agency and notify the DLR worker.
 4. Notify DCFS, and other involved agencies.
 5. Create a “no referral” in FamLink.

6. When lifting a “no referral” on a GCF that was previously approved by DCFS:
 1. Notify the DLR administrator or designee and DCFS RA or designee for approval. If approved, the DLR worker will remove the “no referral” in FamLink.
 2. Notify the foster parent.
 3. Notify the placement desk.
7. For facilities that do not accept placement of children in care and custody of the department, staff with DLR supervisor and assistant attorney general for possible summary legal action if health and safety of children is at risk.

Forms

- Application for Child Care Agency License or Certification DSHS 10-408
- [Background Check Authorizations DSHS 09-653](#)
- [Certification for License of Foster Home DSHS 10-016](#)
- Child Placing Agency Checklist DSHS 16-185
- [Child Placing Agency Foster Home Licensing Investigation DSHS 23-036](#)
- [Child Placing Agency Foster Home Licensing Investigation Interviews DSHS 23-036A](#)
- [Compliance Agreement DSHS 10-248](#)
- Crisis & Secured Crisis Residential Checklist DSHS 16-186
- [DLR Agency Reference Letter DSHS 16-211](#)
- DLR Licensing Findings DSHS 27-068
- [Emergency Evacuation Plan DSHS 16-204](#)
- Emergency Respite Center and Resource and Assessment Center Checklist DSHS 16-183
- [Family Home Study Application DSHS 10-354](#)
- [Foster Home Re-Assessment DSHS 10-405](#)
- Group Home and Staff Residential Home Checklist DSHS 16-189
- [Home Study File Checklist DSHS 10-182](#)
- [Licensing and Safety Supervision Plan DSHS 10-419](#)
- [Licensing Waiver DSHS 15-411](#)
- Maternity Services Checklist DSHS 16-184
- Medically Fragile Children and Children with Severe Developmental Disabilities Checklist DSHS 16-188
- Overnight Youth Shelter Checklist DSHS 16-190
- Provisional Expedited Foster Home License DSHS 10-010A
- Provisional Expedited License Checklist DSHS 10-182B
- [Verification of Indian Status DSHS 15-128](#)

NOTE: Forms that are not linked are on the CA intranet under DLR Programs, DLR Forms.

Resources

- DLR Performance Goals located on the CA intranet under DLR Programs.
- THERE IS NO CURRENT CHECKLIST FOR GROUP RECEIVING CENTER OR DAYTREATMENT SERVICES*
- [WAC 388-145](#) Group Care Facilities minimum licensing requirements
- [WAC 388-147](#) Child-placing agencies and adoption centers minimum licensing requirements
- [WAC 388-148](#) Child foster homes minimum licensing requirements

5140. Comprehensive Reviews

Approval: Jennifer Strus, Assistant Secretary

Effective Date: October 31, 2014

Revised Date: March 31, 2017

Sunset Review: March 31, 2020

Purpose

Comprehensive reviews help Children's Administration (CA) Contracts, Behavioral Rehabilitation Services (BRS) and Division of Licensed Resources (DLR) staff evaluate the ability of contracted licensed BRS providers and other resource providers to meet the health, safety and well-being needs of children in their care.

Scope

This policy applies to DLR regional licensing, BRS program managers and Contract Unit staff.

Policy

1. Comprehensive reviews measure compliance with licensing standards and contract requirements, while also monitoring the overall performance of a program.
2. Comprehensive reviews are completed by a CA regional or headquarters staff team consisting of DLR, Division of Children and Family Services (DCFS), BRS, contracts and other program staff. External stakeholders may also participate, e.g. Developmental Disabilities Administration (DDA).
3. Comprehensive reviews must be conducted on each facility or Child Placing Agency (CPA) under an in-state BRS contract:
 1. Every three years, beginning at or around 18 months after entering into a new license or during each renewal period.
 2. Other times identified by the Comprehensive Review team, i.e., when there is a high score on the Contract Risk Assessment/Analysis tool DSHS 15-466, frequent intakes, a critical incident, or newly identified concerns.
 3. Comprehensive reviews may also be conducted on other licensed or contracted group care facilities or CPAs that do not have a BRS contract when deemed necessary by the review team.
4. If the BRS provider or other contracted and/or licensed provider has an open DLR/CPS investigation(s) during a comprehensive review, the Comprehensive Review team will notify and invite the DLR/CPS Investigator to participate in the review.
5. Biannual health and safety reviews are not required for a contracted licensed BRS provider for the review period following completion of a comprehensive review.

Procedures

1. **Percentage of Information to be reviewed:**
 1. Group care facilities
 1. Review a minimum of 20% of all active child files or files of children placed within the last 30 days of the comprehensive review date, with no fewer than six files being reviewed.

2. For group care facilities with less than 50 personnel files, review a minimum of 20% of personnel files, with no fewer than six files being reviewed.
 3. For group care facilities with 50 or more personnel files, review no fewer than ten files.
 4. If the contractor has fewer than six child or personnel files, complete a 100% review.
 5. Interview a minimum of 20% of children and staff, with no fewer than two youth and staff for each residential living unit.
 6. For group care facilities with 50 or more staff, interview no fewer than ten staff.
 7. If child safety or a health issue is identified during the Comprehensive Review, interview a minimum of 50% of children and staff for the residential living unit with the identified issue.
2. CPAs
1. For CPAs with less than 50 active child files, review a minimum of 20% of all active child files or files of children placed within the last 30 days of the comprehensive review date, with no fewer than six files being reviewed.
 2. For CPAs with 50 or more active child files review no fewer than ten files.
 3. Review a minimum of 20% of personnel files, with no fewer than six files being reviewed.
 4. If the contractor has fewer than six child or personnel files complete a 100% review.
 5. Interview at least one staff who is responsible for certifying CPA homes.
 6. Conduct in-person or telephone interviews of ten or more children placed in foster homes through the CPA. If the contractor has fewer than ten children placed in foster homes through the CPA interview all children placed.
2. **The Regional Licensor** in each region will:
1. Facilitate an annual meeting with the Comprehensive Review Team held between October and December. The purpose of the meeting is to identify:
 1. The next year's review schedule.
 2. Licensed or contracted providers to be reviewed.
 3. Individuals leading each review, rotating between DLR, BRS, and Contracts Unit staff.
 2. Search for licensing and/or DLR/CPS investigations for the period under review and provide information found to the review team.
3. **The Comprehensive Review Team Lead** will:
1. Notify the licensed or contracted provider four to six weeks prior to the Comprehensive Review and include the following information:
 1. Date, time, and location of the review.
 2. Questions about their program strengths, challenges, and any technical assistance.
 3. Documents or items to be reviewed.
 4. Copies of the forms/tools that will be used during the on-site visit.
 2. Collaborate with the team members prior to the onsite visit and:
 1. Review the tools and instructions for use.
 2. Discuss existing concerns.
 3. Identify individual tasks for completion.
 4. Discuss relevant WACs, BRS Handbook, or contract issues.
 3. Facilitate an on-site meeting with the agency director and other agency staff at the start of the review to discuss:
 1. Purpose of the Comprehensive Review.
 2. Comprehensive Review process
 3. Location where the files will be reviewed.
 4. Conduct the Comprehensive Review with team members at the CPA office or group care facility being reviewed. If two or three facilities for the same parent agency are being reviewed, conduct interviews and facility inspection at each facility.

5. Ensure the comprehensive review team reviews no more than three licensed facilities during each Comprehensive Review. Licensed facilities must be associated with one parent agency under one BRS contract and the license expiration dates are within six months of each other.
 6. Ensure the Comprehensive Review includes (as applicable), but is not limited to, a review of the following:
 1. Program Review
 2. Personnel files
 3. Child files
 4. Youth interviews
 5. Staff interviews
 6. Social Worker questionnaires
 7. Foster parent interviews
 8. Incident reports
 9. Medication logs
 10. Documentation of consultant hours
 11. Staff schedules
 12. Facility inspection
 7. Facilitate a staff debriefing on the last day of the review to:
 1. Ensure all Comprehensive Review forms located on the DLR intranet are completed.
 2. Discuss strengths, concerns, and patterns that will be shared with the agency director and other agency staff during the exit interview.
 8. Facilitate an exit interview on the last day of the review with the agency director and other agency staff to:
 1. Discuss any health and safety, licensing, and/or programming concerns.
 2. Complete an Immediate Action Plan Compliance Agreement DSHS 10-522 if there is an immediate licensing or contracts violation and give it to the licensed or contracted provider to implement.
 9. Notify the agency director that the Final Report and compliance agreement will be sent within 30 days following the review. The compliance agreement will address licensing and programming issues, and the health and safety of the youth being served.
 10. Complete the Final Report DSHS 10-520 with the assistance of the Comprehensive Review team **within 30 days** following the on-site review.
 11. Provide the Final Report to the licensed and/or contracted provider and staff that participated in the review and place in the DLR and CA Contracts' files.
4. **Disagreement with the Final Report:**
1. If review members disagree about the report, the final decision shall be made by the following members:
 1. DLR Supervisor if WAC is the standard cited for the findings of non-compliance.
 2. BRS Program Manager if the BRS Handbook is cited for the findings of non-compliance.
 3. Contracts Program Manager if the Contract is being cited for non-compliance.
 2. If the **licensed and/or contracted provider** believes there are factual errors in the report, he/she will submit a written document within 30 days of receipt of the Final Report that outlines his/her concerns. The following members will respond and resolve:
 1. Regional licensor if the concern is a licensing issue.
 2. BRS or Contracts manager if the concern is a program or contracts issue.
5. **Monitoring Compliance Agreements:** Responsibility to monitor compliance agreements rests with the regional licensor, BRS program manager, and/or Contracts manager, depending on which standard is used in the plan as noted in Procedures 4.a.

Forms and Tools

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

- DSHS 10-510 Comprehensive Review: BRS / Contracts Program Review
- DSHS 10-511 Comprehensive Review: DLR Program Review
- DSHS 10-512 Comprehensive Review: BRS Contractor Client File
- DSHS 10-513 Comprehensive Review: DLR Client File
- DSHS 10-514 Comprehensive Review: Personnel Files
- DSHS 10-515 CA Worker Questionnaire
- DSHS 10-516 Youth Interview
- DSHS 10-517 Staff Interview
- DSHS 10-518 Foster Parent Interview
- DSHS 10-519 Incident Report Review
- DSHS 10-520 Comprehensive Review Final Report
- DSHS 10-521 Comprehensive Review: Compliance Agreement
- DSHS 10-522 Comprehensive Review: Immediate Action Plan Compliance Agreement

Resources

Comprehensive Health and Safety Reviews Tips Sheet

5150. Licensing Investigations

Approval: Jennifer Strus, Assistant Secretary

Effective Date: 1998

Revised Date: August 31, 2015

Sunset Review: August 31, 2018

Purpose

Licensing Complaint Investigations are conducted to determine if a violation of the Washington Administrative Code (WAC) licensing regulations has occurred in a licensed facility. When violations occur, DLR will take steps to remedy the violation.

Scope

This policy applies to all DLR staff.

Laws

[RCW 74.15](#)

Policy

1. The DLR/CPS Handbook must be used for all concurrent DLR/CPS and licensing investigations of child abuse and neglect (CA/N) allegations.

2. Licensing complaint investigations must begin within 5 days of receipt of the intake. Document the beginning of the investigation in a provider note.
3. A site visit must occur unless circumstances exist that would eliminate this requirement. Such circumstances must be approved by a supervisor.
4. Conduct a thorough licensing investigation by identifying and addressing all WAC violations, and utilizing shared decision making as necessary.
5. Investigation findings (“Valid” or “Not Valid”) must be made within 45 days on licensing only investigations, using the following criteria:
 1. **Valid:** Based on the facts obtained in the investigation, there is reasonable cause to believe a licensing violation occurred.
 2. **Not Valid:** Based on the facts obtained in the investigation, there is reasonable cause to believe a licensing violation did not occur or it cannot be determined if a licensing violation occurred.
6. Before an investigation is extended beyond 45 days due to a DLR/CPS investigation or extenuating circumstances, the supervisor must approve and document this extension in a provider note.
7. DLR staff will immediately address any violations which threaten the health and safety of children and document in the provider module. If merited, DLR will inform DCFS and/or the private agency of the intake and recommend a “no referral” be placed on the home. This could result in recommendations for removal of children or in no additional children placed in the home. Findings must be documented in a Provider Action in FamLink.
8. DLR staff will notify the licensee of the findings in writing. Regional licensors must copy the supervising agency when they notify the licensee. Additional WAC violations noted during a licensing complaint must be addressed so that the violation is remedied.
9. A compliance agreement is created in collaboration with the licensee with a plan to remedy all WAC violations.
10. The Provider Action will remain open until all legal actions, including appeals, are complete.
11. Contracts staff will be notified of any “valid” findings on providers who are also contracted with the state.
12. Infractions alleged to have occurred on applicants not yet licensed, will be addressed in the home study.
13. If a licensee has a full license and a pending application with another agency, the investigation will focus on the fully licensed facility.

Procedures

1. Homes and facilities directly licensed by CA

The complaint investigator or DLR licensor will:

1. Review the following case and provider information as applicable:
 1. Case numbers associated with the provider.
 2. Case and provider notes.
 3. Intakes attached to the Person ID numbers to include the child.
 4. Incident reports and any past compliance agreements.
2. Collaborate with the licensor if the complaint investigator is someone other than the licensor.
3. Send intake to law enforcement if a crime has been alleged.
4. Notify the appropriate Tribe if the intake involves an identified child who is of Indian ancestry.
5. Notify the licensee of the following at the earliest possible time that does not jeopardize the investigation:
 1. Allegations in the intake.
 2. Investigation process and timelines.

3. Information about Foster Intervention and Retention Support Team (FIRST) or other supports if the allegation is against a foster home.
 6. Contact the referrer to confirm the information in the intake and gather additional details.
 7. If the child has a worker, notify the child's worker of the allegation and invite the worker to the child interview. The complaint investigator will determine the interview questions.
 8. Interview the identified child(ren) individually. A third party (not named in the intake) may be present if requested by the child.
 9. Conduct private interviews of all individuals with relevant information (foster parents, staff, verbal foster children, etc.)
 10. Document all interviews in provider notes.
 11. Obtain approval from a supervisor to not interview an identified child or a child with relevant information when circumstances merit it. The supervisor must document approval in a provider note.
 12. Maintain ongoing communication with the assigned child's worker of any issues affecting a child's permanency, safety, and well-being.
 13. Complaint investigations may include:
 1. Interviews of the assigned child worker(s) for the children currently or previously in the foster home or facility.
 2. Interviews with children not in the Department's custody (parental consent required).
 3. Collateral contacts, including, but not limited to:
 1. Foster child's therapist
 2. Foster child's medical providers
 3. Foster child's teachers/school counselors
 4. Professionals providing services to the foster parent
 Some of these collaterals may require a signed release of information. A release of information signed by youth over age 13 in CA custody is required for mental health and substance abuse treatment providers providing services to the child.
 14. Require the licensee to complete an assessment(s) if needed and identify the issues to be assessed. DLR may specify the provider and require the licensee to pay for the evaluation.
 15. Staff with the supervisor and any relevant individual(s) if new information creates:
 1. Cause to re-refer to CA intake or law enforcement.
 2. Placement reconsideration by the child's social worker.
 3. Cause for action related to licensing or placement.
 4. Cause to re-assess safety.
- 2. Foster homes certified by a Child Placing Agency (CPA)**
- The regional licensor will:
1. Be responsible for investigative activity including directing and providing support and assistance to the CPA staff.
 2. Send intake to law enforcement if a crime has been alleged.
 3. Notify the appropriate Tribe if the intake involves an identified child who is of Indian ancestry.
 4. Review the provider history.
 5. Communicate the following to CPA staff:
 1. Intake allegation(s). Note: Do not provide a hard copy of the intake to CPA staff.
 2. Potential licensing violation(s).
 3. Specific parties to be interviewed by CPA staff. Regional licensors may attend the interviews as needed.
 6. Inform CPA staff that if a child discloses abuse and neglect during the investigation, the CPA staff only collects as much information as needed for a CPS intake. He or she will not conduct a child forensic interview. CPA staff will call CA intake to report the new information.
 7. Determine and document the findings in FamLink.

8. Determine whether the violation can be corrected. Collaborate with the CPA staff to complete a [Compliance Agreement DSHS 10-248](#) with the foster family remediating each of the “valid” findings.
 9. If the licensee remains out of compliance with minimum licensing requirements (MLRs) or the compliance agreement does not remedy the deficiency, supervisory staffing and additional licensing action may be merited.
3. **Closing complaints on homes directly licensed by CA:**
1. The complaint investigator must notify his or her supervisor of the completion of the licensing complaint investigation.
 2. For “not valid” finding(s), the complaint investigator’s supervisor must review all documentation, complete the approval process in FamLink and send a findings letter to the licensee informing them of the “not valid” finding.
 3. For “valid” finding(s):
 1. The complaint investigator’s supervisor will:
 1. Review the information within the provider action.
 2. Document review in a provider note.
 3. Communicate to the licensor and the licensor’s supervisor the “valid” finding.
 2. The licensor will develop a compliance agreement in collaboration with the licensee when he or she is notified of the “valid” finding. The licensor may ask the complaint investigator for input on the compliance agreement. The compliance agreement will:
 1. Address the specific WAC violation(s).
 2. Include a completion date for all specific action items.
 3. Be signed by the licensee and uploaded into FamLink.
 4. Be monitored by the licensor.
 3. The licensing supervisor will complete the approval process in FamLink when the compliance agreement is completed and the deficiency is remedied.
 4. If the licensee remains out of compliance with MLRs or the compliance agreement does not remedy the deficiency, supervisory staffing and additional licensing action may be merited.
4. **Closing complaints assigned to Regional Licensors**
1. The regional licensor selects “complete” on the provider action.
 2. For all “not valid” findings, the supervisor must review all documentation, complete the approval process in FamLink and send the findings letter to the licensee.
 3. For a “valid” finding(s), the supervisor must review the information within the provider action. The review is documented in a provider note by the reviewing supervisor.
 4. The regional licensor will upload the compliance agreement in FamLink and monitor until completion. The compliance agreement includes the following:
 1. Specific WAC determined to be in violation.
 2. A completion date for all specific action items.
 3. Licensee signature.
 5. The regional licensor’s supervisor will approve the provider action in FamLink upon completion of the compliance agreement, unless other action is being taken. If the licensee remains out of compliance with MLRs, additional licensing action may be merited.

Forms

- [Compliance Agreement DSHS 10-248](#)
- [Compliance Agreement Continuation DSHS 10-248A](#)
- [Child Placing Agency Foster Home Licensing Investigation DSHS 23-036](#)
- [Child Placing Agency Foster Home Licensing Investigation Interviews DSHS 23-036A](#)

Resources

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

Government to government relationships must be respected when working with Tribal CPAs and facilities. Follow Tribal Agreements when interviewing Tribal children in a CA licensed foster home, private agency foster home, or group care facility.

[WAC 388-145](#)

[WAC 388-147](#)

[WAC 388-148](#)

5160. Adverse Action on a Foster Care License

Approval: Jennifer Strus, Assistant Secretary

Original Date: 1974

Revised Date: August 31, 2015

Sunset Review: August 31, 2018

Purpose

Provide Division of Licensed Resources (DLR) staff direction when a licensing violation occurs in a licensed foster home or facility that affects the health, safety and well-being of children placed.

Scope

This policy applies to all DLR licensing staff.

Laws

[RCW 43.20A.205](#)

[RCW 74.14A.020](#)

[RCW 74.15.010](#)

Policy

1. DLR has jurisdiction over all foster home licenses and licensing applicants even if a person requests to withdraw his/her licensing application, or fails to renew his/her license. [WAC 388-148-1625 \(3\)](#).
2. DLR must deny, suspend, or revoke a license when a licensee cannot care for children in a manner that provides for the safety, health and well-being of children.
3. DLR may limit or restrict a license or require the licensee to enter into a compliance agreement to ensure the safety, health and well-being of children in care.
4. DLR may suspend or revoke a license, if a foster home or group care licensee has more children, different ages or genders than the license allows without prior approval from the licensor.

5. DLR must disqualify any person from having unsupervised contact with children in out-of-home care if he or she does not meet licensing requirements. RCW 74.15; [WAC 388-06A](#)
6. If DLR denies a request for an exemption to the Minimum Licensing Requirements (MLR), a licensee does not have appeal rights.

Procedures

1. Considering a legal action:

The DLR worker must:

1. Consider a legal action against the licensee when one of the following has occurred:
2. Substantiation of child abuse or neglect.
3. Serious licensing violations that cannot be corrected.
4. Follow the [Shared Decision Making Matrix](#) and consult with the Assistant Attorney General's (AAG) Office when considering a legal action or change to a license.
5. Determine the adverse action in consultation with DLR management.
6. Changes to a license action include:
 1. The DLR worker may modify the license at any time during the licensing period depending on the circumstances or wishes of the licensee.
 2. The DLR worker must notify the state home licensee of his/her appeal rights when any modification is made to the license, unless the change occurs at license renewal.
7. Changes to a probationary license, actions include:
 1. DLR may issue a probationary license as part of a corrective action plan when the licensee is unable to comply with MLRs or has been the subject of multiple complaints or concerns about noncompliance with licensing regulations. Probationary licenses are rarely issued, and should only be considered as a final attempt to bring a licensee into compliance. Probationary licenses are not considered full licenses and placements with probationary licenses are not eligible for IV-E funding.
 2. When deciding whether a probationary license will be issued, the following must be considered:
 1. An intentional or negligent violation of licensing requirements.
 2. A history of violation of licensing requirements.
 3. A current violation of licensing requirements.
 4. Whether the licensee is making a good faith effort to comply with the licensing requirements.
 5. Any other factors relevant to the specific situation.
8. In collaboration with the licensee, the DLR worker will develop a plan to correct the area of noncompliance within the probationary period.
9. A probationary license may be issued for up to six months and, at the discretion of DLR, and may be extended for an additional six months.
10. DLR must immediately terminate the probationary license if, at any time, the noncompliance for which the probationary license was issued presents an immediate threat to the health or well-being of the children.
11. An existing license is invalidated when a probationary license is issued.
12. At the expiration of the probationary license, DLR will reinstate the original license for the remainder of its term, issue a new license, or revoke the original license.
13. Probationary licenses will only be issued following staffing with the DLR Administrator and the AAG, with an agreement from the licensee.
14. Upon approval as to form and content by the AAG, the DLR Area Administrator must sign and send the final letter by certified mail or other proper method of service to the licensee as provided in [RCW 43.20A.205](#).
15. Licensees may request to be placed on a no referral status at any time.

16. The licensee does not have appeal rights if DLR makes the decision not to issue a probationary license.
2. **Agency Staff Disqualification, or Licensing Denials, Suspensions or Revocations**
The DLR worker must:
 1. Consult with the AAG when considering agency staff disqualification, denial, suspension, or revocation, to determine legal sufficiency.
 2. Prepare a draft disqualification, denial, suspension, or revocation (as applicable) letter for review by the AAG when a determination is made to take adverse licensing action. The letter must include:
 3. Document a concise summary of the CPS or licensing allegations (if applicable), RCW, and WAC violations, findings, and conclusions.
 4. Document any corrective action attempted, if appropriate.
 5. Detailed citation of all applicable RCW/WAC violated.
 6. Complete information advising the licensee of their administrative hearing rights, including the filing process and timeframes.
 7. Send an approved letter by the AAG to the DLR Supervisor to sign and send to the DLR Area Administrator for final approval.
 8. Send the signed letter by certified mail or other proper method of service to the licensee. [RCW 43.20A.205](#)
 9. Send the DLR Administrator settlements to review and approve.
 10. Consult with the AAG when an Administrative Law Judge overturns the licensing action.

5170. Recruitment and Retention of Homes

Recruitment and retention activities are an on-going statewide process, with emphasis in the local area on the need for specially skilled homes for specific children. Recruitment is primarily a responsibility of DCFS and a secondary responsibility of DLR and the licenser. Assigned DCFS staff are encouraged to conduct outreach to people of different racial and ethnic backgrounds as part of a regular and periodic effort to recruit new homes.

5172. Considerations for Placements

When it is necessary to place a child or sibling group into foster care, the focus of the placement worker and the worker assigned to the child(ren) is first on meeting the child(ren)'s individual needs by providing the least restrictive possible placement. When the assigned worker requests a foster home for a child(ren), the placement worker consults the licenser, as appropriate, and considers the following when identifying a suitable home:

- A. The child(ren)'s proximity to their own home and family to facilitate visitation with parents.
- B. Closeness to the child(ren)'s school or child day care so that attendance is not disrupted.
- C. The foster family's ability to meet the child's cultural, linguistic, and religious needs. A foster family need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of a child. Unless CA staff identifies a compelling reason, CA staff will not match children on the basis of race to foster or adoptive families.
- D. In the case of behaviors that pose a danger to other children, a home that have either no children or children older than the child being placed.
- E. If many medical or counseling appointments are anticipated, the availability of a caretaker or substitute at home, which is essential with medically fragile or severely disabled/special needs children.
- F. The experience and skill level of the foster parent.

- G. The capability of the foster parent to meet the identified needs of the child, such as behavioral or physical needs. The placement worker uses these primary factors plus other case-specific and unique criteria as guides in searching for the most appropriate placement.

5180. Foster Parent (Licensed Family Foster Home) Training

Approval: Jennifer Strus, Asst. Secretary

Effective Date:

Revised Date: July 21, 2016

Sunset Review: July 2020

Purpose

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

Policy

1. Foster home license applicants must complete the following training prior to licensing:
 1. Orientation, completed online or in person by at least one licensee residing in the home.
 2. Caregiver Core Training (CCT), completed by at least one licensee residing in the home.
 3. First Aid/CPR, completed by all licensees residing in the home.
 4. HIV/BBP, completed by all licensees residing in the home.
2. The Caregiver Core Training is exempt for foster homes that have had a break in service but were licensed within the previous five years and have completed PRIDE or CCT.
3. Effective 4/1/2014, Licensed foster parents must complete caregiver continuing education every three years as follows:
 1. First three year licensing period: the foster parent must complete 36 hours of caregiver continuing education training that includes trainings from each of the three competency categories. After 1/1/2015, it must also include a cultural competency training.
 2. Second three year consecutive licensing period: the foster parent must complete 30 hours of caregiver continuing education training that includes trainings from each of the three competency categories. After 1/1/2015, it must also include a cultural competency training.
 3. All subsequent three year licensing periods: the foster parent must complete 24 hours of caregiver continuing education training from any competency category.
4. Foster homes taking placement of Sexually Aggressive Youth or Physically Assaultive/Aggressive Youth (SAY/PAAY) youth as defined in RCW 74.13.075 must complete either the SAY/PAAY online or in-person training prior to the child being placed or within 30 days of placement. Both caregivers in the home are required to complete this training.

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

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

Procedures

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

Resources

- [WAC 388-148-1375](#) What training am I required to have before I become licensed?

Online Foster Parent Training:

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

Access to Training

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

Procedures for Accessing Training

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

5182. Support Services

1. The licensor often becomes aware of problems or concerns which arise due to child(ren)'s behavior, payment issues, communication between the social worker and the foster parent, or conflicts regarding case plans. The licensor must attempt to clear up such questions by providing general information and refer the foster parent to the child's worker, the worker's supervisor, and/or inform the worker and the supervisor of the problems/concerns. At other times, the licensor may convene a meeting of concerned parties to open communication and resolve issues.
2. The licensor informs the foster parents that they have access to peer support through the statewide Foster Parents Association of Washington State (FPAWS). The licensor also provides information to foster parents about availability of Foster Intervention/Retention Support Team (FIRST) at the time of licensing, upon request, and at the time of a CPS investigation.
3. Support services, such as respite care, may be available but can vary from region to region, depending on budgetary allotments and program development. See chapter 4000, Section 4510, for a description of Respite Care for foster parents. The Regional Administrator must issue procedures identifying the nature of such services available in the region and the steps the DCFS social worker must take in behalf of the licensee to access them.

5184. Foster Parent Liaison

1. The legislature, in RCW 74.13.340, mandated that CA provide foster parent liaison positions throughout the state. See the CA Case Services Policy Manual, chapter 8000, section 8110. CA contracts with the liaison agencies to:
 1. Provide support, consultation, and assistance to foster parents in accessing the DCFS and DLR systems;
 2. Troubleshoot issues;
 3. Promote teamwork between the foster parent and the social worker; and
 4. Expedite the licensing process.
 5. See the specific foster parent liaison contract for additional details on services.
2. The CA social worker must refer the foster parent to a liaison in instances where the foster parent requests assistance from a liaison.

5190. Property Damage Reimbursement

1. Within available funds and subject to such conditions and limitations as the department may establish, the department shall reimburse foster parents for property damaged or destroyed by foster children placed in their care.
2. The department shall establish by rule in the Washington Administrative Code (WAC) a maximum amount that may be reimbursed for each occurrence.
 1. The department shall reimburse the foster parent for the replacement value of any property covered by this section.
 2. If the damaged or destroyed property is covered and reimbursed under an insurance policy, the department shall reimburse foster parents for the amount of the deductible associated with the insurance claim, but to the limit per occurrence as established by CA. [RCW 74.14A.020](#); [RCW 74.13.335](#)

5201. Emergency Planning for Licensed and Unlicensed Caregivers

Purpose

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

Policy

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

Service Description

1. After considering the custodial or the non-custodial parent as a placement resource, DCFS regards relatives to be the first priority for placement of children who are removed from their homes. The relatives must be assessed as being appropriate to the child's needs and capable and willing to cooperate with the case plan. The search for relatives shall continue as long as it is in the best interest of the child or until the permanent plan for a child has been completed. The social worker shall document all search efforts for relatives.
2. When a child is being placed through a voluntary placement agreement the social worker shall request from the parent(s) and/or legal guardian(s) information regarding relatives who could be considered as possible placement resources by the department.
3. For a child placed by court order, the court order shall include specific language requiring the parent(s) or legal guardian to provide information regarding relatives or other suitable persons who could be considered as possible placement resources by the department.

Eligibility

Relatives who can assist DCFS and the family in meeting the child's needs are eligible for consideration for placement. Relatives are considered to be those persons who are related to the child by blood, marriage, or adoption. Some relatives who are more distantly related must be licensed as family foster homes. RCW 74.15.02

Procedures

1. Relatives of the child exempt from licensing
 1. Persons related by blood, marriage, or legal adoption to the child, through the mother or presumed or biological father, including:
 1. Grandparent
 2. Step Parent

3. Brother
 4. Step Brother
 5. Sister
 6. Step Sister
 7. Uncle
 8. Aunt
 9. Nephew
 10. Niece
 11. First Cousin
 12. Second Cousin
2. Persons of preceding generations related by blood or adoption as denoted by prefixes of grand, great, and great-great.
 3. Spouses of the above persons, even after the marriage is terminated.
 4. Relatives of any half-sibling of the child as stated above.
 5. "Extended family members" as defined by law or custom of the 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 related to the child as defined in this section and further including second cousin and brother-in-law or sister-in-law.
 6. Unless known to the child or family and approved for placement by the court, any other relatives, including relatives of alleged fathers, must be licensed if DCFS or a child placing agency makes or supervises the placement. See the Case Services Policy Manual, Appendix A, for the definition of "alleged father."
2. To consider a relative, who is exempt from licensing as a caretaker, the social worker completes a home study/assessment (per Section 45274 Relative Placement Home Study). The worker completes the study prior to placement, except in the case of a parent making the placement before DCFS takes custody or pursuant to a Shelter Care order or a Dependency disposition order.

5250. Caregiver Transportation and Mileage Reimbursement

Purpose

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

Policy

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

Procedures

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

Important: Mileage submitted after 90 days cannot be reimbursed.

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

3. Transportation reimbursement requests of over \$500.00 also require Regional Business Manager approval.
4. Send the approved Caregiver Monthly Mileage form to your Regional Fiduciary Specialist for payment.

Forms and Tools

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

5400. Child Care

Approval: Jennifer Strus, Assistant Secretary

Original Date: July 1, 1995

Revised Date: July 23, 2017

Policy Review: July 23, 2021

Purpose

To provide safe, quality child care to meet the needs of children in home or in out-of-home care, and promote safety, permanency and well-being.

Scope

This policy applies to Children's Administration (CA) staff.

Laws

[RCW 74.13.020](#) Definitions

[RCW 74.15.020](#) Definitions

[RCW 43.215.545](#) Child care services

Policy

CA staff:

1. May authorize child care for eligible children residing in their parent's home and in out-of-home care. [WAC 388-165-140](#)
2. Are responsible for child care for eligible children in licensed and unlicensed out-of-home care.
3. Must verify the child meets the following eligibility criteria prior to authorizing child care:
 1. The child has an open CA case, and
 2. The child is 12 years old or younger, or is under age 19 with verified special needs per [WAC 388-165-210](#), and

3. The child's case plan identifies the need for child care and that need is based on the needs of the family.
4. Must verify that child care services are provided by a qualified provider per [WAC 388-165-108](#) and [WAC 388-165-235](#).
5. Must notify child care providers ten calendar days in advance of a planned termination, e.g., planned placement move, or as soon as possible for an urgent and unanticipated termination, e.g., unplanned or court ordered move.

Procedures

The caseworker must:

1. When accessing child care for children in CA care and custody placed in licensed or unlicensed **out-of-home care**:
 1. Use Early Head Start, Head Start or Early Childhood Education and Assistance Program (ECEAP), when available, as the first option over CA funded child care for children birth to five years old.
 2. Authorize child care as needed for:
 1. Caregivers who have on-going commitments, such as part-time or full-time employment, or continuing education to maintain employment.
 2. Extraordinary circumstances that require child care, e.g., a child enrolled in a child care program who needs continuity of care between placements or the caregiver is experiencing short-term employment transition.
 3. Not authorize child care funding for:
 1. A two-caregiver family when one caregiver is employed and the other is not employed and is at home.
 2. A two-caregiver family when both caregivers are not employed and are at home.
 3. Caregivers requesting child care for placement stabilization; in these cases, respite or other services should be offered.
 4. Complete a Child Care Program Agreement DSHS form 15-397, obtain the caregiver's signature and include the agreement in the case plan. This agreement requires the caregiver to notify the caseworker of any changes in status that might warrant a change in child care authorization, e.g., a change in employment status.
2. When accessing child care for children living in their **own home**:
 1. Determine if resources other than CA funded child care are available to meet the needs of the family.
 2. Use Early Head Start, Head Start or Early Childhood Education and Assistance Program (ECEAP), when available, as the first option over CA funded child care for children birth to five years old.
 3. Authorize child care for children living in their own homes to:
 1. Address safety concerns or
 2. Prevent out-of-home placement.
 4. Complete a Child Care Program Agreement DSHS form 15-397, obtain the caregiver's signature on the agreement and include the agreement in the case plan. This agreement requires the caregiver to notify the caseworker of any changes in status that might warrant a change in child care authorization.
3. Payment for Child Care
 1. Authorize payment for licensed child care only when one of the following criteria is met:
 1. The facility providing the center-based child care program is licensed by Department of Early Learning (DEL) or the equivalent agency in another state.
 2. The family home providing the child care is licensed by DEL or the equivalent agency in another state.

3. The home or center is certified by DEL or equivalent agency in another state if the child care program or family home is exempted from the licensing requirements by DEL, e.g., military, public schools or Tribal Nations.
 2. Authorize payment for child care with unlicensed Relatives/Family, Friends and Neighbors (FFN) only when the provider is:
 1. A person unrelated to the child providing child care in the child's own home.
 2. A relative, as defined by [RCW 74.15.020 \(2\) \(a\) \(i\)-\(vi\)](#), who lives outside the child's home, and provides child care in the child's home or in the relative's own home.
 3. Complete and document the following to approve the unlicensed FFN provider:
 1. Verify the age, maturity, and suitability of the caregiver. The caregiver must be:
 1. 18 years of age or older.
 2. A U.S. citizen or legally allowed to work in the United States.
 3. Of sufficient physical, emotional, and mental health to meet the needs of the child.
 2. Complete a background check per [6800. Background Check](#) policy.
 3. Authorize payment of a registration fee to the providers when:
 1. A child is first enrolled with a provider.
 2. A child is enrolled in a child care provider during the eligibility period outlined in the Working Connections and Seasonal Child Care Subsidy Program, [WAC 170-290-0003](#).
 3. A child has more than a 60-day break in child care services and the provider has a break in service fee.
 4. A monthly field trip/quality enhancement fee up to 30 dollars per child or the provider's actual cost for the field trip, whichever is less, may be authorized:
 1. Directly to a licensed or certified family home child care provider if the child care is provided by a licensed or certified family home care provider, or
 2. As reimbursement to the out-of-home caregiver if the child care is provided in a licensed child care center.
 3. The field trip/quality enhancement fee is intended to cover the provider's actual expenses for:
 1. Admission.
 2. Enrichment programs and/or ongoing lessons.
 3. Public transportation or mileage reimbursement at the state office of financial management rate for the use of a private vehicle.
 4. The cost of hiring a nonemployee to provide an activity at the child care site in-house field trip activity.
 5. The purchase or development of a prekindergarten curriculum.
 4. The field trip/quality enhancement fee shall not cover fees or admission costs for adults on field trips, or food purchased on field trips.
 5. The fee must be required of all parents whose children are in the provider's care.
 5. Not authorize unlicensed child care payment when the care is provided by:
 1. Biological mother or father.
 2. Adoptive mother or father.
 3. Siblings living with either parent, or siblings under the age of 18
 4. Stepmother or stepfather.
 5. Step-siblings living with either parent, or step-siblings under the age of 18.
 6. Follow the requirements of [WAC 388-165-235](#).
4. Special Needs Child Care Rate
1. Ensure the child has a physical, mental, emotional or behavioral condition that requires a higher level of care as verified by a health, mental health, or education professional with at least a master's degree.

2. Obtain documentation supporting the higher level of care needed from the health, mental health, or education professional.
 3. Complete [Administrative Approval Request DSHS form 05-210](#) for the additional cost of care and attach the documentation.
 4. Obtain approval from the Area Administrator on [Administrative Approval Request DSHS form 05-210](#) for the additional cost of care.
 5. Ensure special needs care only covers care required to meet the child's additional needs above the daily routine care required. This includes:
 1. Ambulatory assistance.
 2. Feeding and hygiene assistance.
 3. Communication or behavioral intervention and support as applicable and needed.
 4. Other needs specific to the care of the child.
 6. Ensure the provider's training needs and the child's equipment needs are not covered by special needs care.
5. Termination of Child Care Services
1. For a planned termination, e.g., planned placement move, permanency:
 1. Provide child care providers with notice at least ten calendar days prior to the planned termination date. Notice must be provided:
 1. Verbally,
 2. In writing using the Child Care Planned Termination DSHS form 10-433, or
 3. By email
 2. Document termination in FamLink case notes.
 3. Terminate payment authorization in FamLink.
 2. For urgent and unanticipated terminations, e.g., urgent or emergent move or court order:
 1. Notify the provider as soon as possible of the termination.
 2. Reimburse the provider for any child care services provided or costs incurred in anticipation of providing ongoing child care.
 3. Document termination and notice in FamLink case notes.
 4. Terminate payment authorization in FamLink.

Forms

Child Care Planned Termination DSHS form 10-433

Child Care Program Agreement DSHS form 15-397

[Administrative Approval Request DSHS form 05-210](#)

5500. INDIVIDUALS ENGAGED BY CA

Service Description

Volunteers, students, interns, and any other individual, whether paid or unpaid, engaged by CA to provide care, supervision, or treatment for children shall be assessed for appropriateness and capability. Hourly respite care providers who support foster parents are included in this group.

Eligibility

Prospective employees or volunteers will have appropriately clear criminal history and CA record checks as well as the necessary skills and suitability to provide care, supervision, or treatment for children for whom the agency is responsible. Those individuals who will be transporting clients must possess a valid driver's license recognized by the state of Washington along with adequate insurance coverage.

Procedures

1. The social worker or Community Resource Program Manager must have the applicant complete a Criminal History and Background Inquiry form, DSHS 14-239, and submit it according to procedures outlined in the Operations Manual, chapter 5000, section 5500. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.
2. The worker completes a review of CA records that may exist, including a CAMIS inquiry.
3. Local or regional procedures may designate a specific person other than the social worker to complete the above steps.
4. Approved applicants for volunteer or paid positions shall complete any required documentation applicable to the service they are providing.

Other Resources

There are several handbooks and pamphlets published regarding the use of volunteers in DSHS. Some regional and local offices have Community Resource Program Managers. Respite care providers for foster family homes are often the responsibility of the licenser.

5600. Interstate Compact on the Placement of Children

Approval: Jennifer Strus, Assistant Secretary

Effective Date: July 1984

Revised Date: October 31, 2014

Sunset Review: October 31, 2018

Purpose

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

Laws

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

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

Policy

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

Resources

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

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

Approval: Jennifer Strus, Assistant Secretary

Effective Date: July 1984

Revised Date: October 31, 2014

Purpose

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

Laws

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

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

Policy

1. ICPC Out-of-State

1. Request and Approval Process

1. An ICPC request and approval is required prior to:
 1. Sending a **dependent** child out-of-state for placement with the following:
 1. Biological parent(s) - unless the court has found the parent to be fit and that placement with the parent is in the child's best interest.
 2. Relative(s)
 3. Foster home
 4. Adoptive home
 5. Residential program or group care facility.
 2. Sending an Indian child out-of-state if Children's Administration (CA) has jurisdiction **or** the Tribe has jurisdiction and would like to request an ICPC. The Tribe must agree to follow the content of the ICPC and the receiving state/Tribe agrees to complete the ICPC process as a courtesy.
2. CA worker must contact the Washington State probation or parole office when a child is on probation or parole to verify the applicability of Interstate Compact on Juveniles prior to submitting an ICPC request.
3. HQ ICPC must receive approval from the receiving state's ICPC Compact Administrator or alternate prior to a child's out-of-state placement.
4. States may choose to contract out their ICPC home study or courtesy supervision services. Washington State cannot impose any restrictions on another state's decision to contract out for these services.

2. Placement

1. CA worker must place a child in an out-of-state placement within **six months** of the placement approval date on the [ICPC Placement Request - 100A DSHS 15-092](#).
2. CA maintains jurisdiction after a child is placed out-of-state and is responsible for the case work and financial obligations including medical and educational expenses.
3. CA worker must request [monthly health and safety visits](#) from the receiving state.
4. HQ ICPC receives Supervision Reports quarterly from the receiving state for a child in an approved parent, relative, foster or adoptive ICPC out-of-state placement. HQ forwards the report to the CA worker.
5. A child placed out-of-state must return to Washington State within **5 business days** if the receiving state requests return.

6. CA worker must notify HQ ICPC if an ICPC violation has occurred and work diligently to come into ICPC compliance. Coming into compliance could include:
 1. Submitting an ICPC request to CA HQ.
 2. Returning a child to Washington State.
 7. HQ ICPC must maintain the ICPC record in FamLink.
 8. Written concurrence from the receiving state's ICPC office must be received prior to finalizing a permanent plan, changing a placement, or transferring custody.
3. **Closing an ICPC**

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

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

Procedures

1. ICPC Out-of-State

1. Request and Approval Process

1. CA worker submits a completed [ICPC Placement Request - 100A DSHS 15-092](#) with supporting documents (See checklist located on the ICPC page on the CA Intranet) to HQ ICPC.
2. HQ ICPC reviews and forwards the ICPC packet to the receiving state.
3. CA worker must receive the following from HQ ICPC before placing a child out-of-state.
 1. An approved Home Study (not required for residential/group care).
 2. Approved and signed [ICPC Placement Request - 100A DSHS 15-092](#)
4. CA worker must review the receiving state's home study to determine whether it adequately evaluates the safety, suitability and competence of the caregiver(s). Note: home study requirements vary in each state and are completed according to the laws and regulations of the receiving state, e.g., fingerprint based [background checks](#) for relative placements are not completed in every state.
5. CA worker may resubmit a placement request to HQ ICPC if the placement request is denied and the reasons for denial have been corrected. The receiving state may, at its discretion, accept the new request.
6. CA worker submits the [ICPC Report on Child's Placement Date or Change of Placement- 100B](#) if the approved placement **will not** be used.

2. Placement

1. CA worker submits the [ICPC Report on Child's Placement Date or Change of Placement- 100B](#) within **5 business days** of placement to HQ ICPC.
2. HQ ICPC forwards the 100B form to the receiving state.
3. CA worker is responsible for travel per [Travel Policy](#).
4. CA worker initiates foster care payment for a child placed in an approved foster placement.
5. HQ ICPC forwards quarterly supervision reports for parent, relative, foster and adoptive homes to the CA worker.
6. CA worker must contract for health and safety visits for children in group care or as otherwise required and not provided.
7. CA worker must review supervision reports to assist in case planning, and to initiate any services that would benefit the placement.

8. CA worker must work with his/her regional contracts manager to initiate and pay for services out-of-state.
 9. CA worker must notify HQ ICPC if an **ICPC violation** has occurred and work diligently to come into ICPC compliance. This could include:
 1. Submitting an ICPC request.
 2. Returning a child to Washington State.
 10. CA worker must request written concurrence through HQ ICPC. **Concurrence** only occurs after a period of supervision and placement stability.
3. **Closing an ICPC**
1. CA worker receives concurrence from the receiving state ICPC office, completes the permanent plan and submits the 100B and appropriate court order to HQ ICPC.
 2. CA worker submits 100B when a child returns to Washington State, the approved placement is not utilized or a child is no longer in the approved ICPC placement.
 3. HQ ICPC forwards the 100B and court order to the receiving state ICPC office to close the compact agreement.

Forms and Tools

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

ICPC Page on the CA Intranet

- ICPC Checklist
- Financial and Medical Plan
- Border Agreement

Resources

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

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

Approval: Jennifer Strus, Assistant Secretary

Effective Date: July 1984

Revised Date: October 31, 2014

Sunset Review: October 31, 2018

Purpose

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

Laws

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

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

Policy

1. ICPC In-State

1. Request and Approval Process

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

2. Placement

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

3. Closing an ICPC

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

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

Procedures

1. ICPC In-State

1. Request and Approval Process

1. HQ ICPC receives the home study request and sends it to Central Intake for a non-CPS intake and case creation.
 2. HQ ICPC sends the home study request to the Washington State local office for assignment.
 1. Division of Licensed Resources completes relative, foster and adoptive home studies following the Family Home Study Guide.
 2. Division of Children and Family Services completes the parent home study using the Parent Home Study Guide.
 3. CA worker sends the completed home study with placement recommendations by the due date on the ICPC request. If the home study is not completed by the due date, a preliminary report or **closing letter** must be provided.
 4. The completed home study or closure letter is due no later than **180 calendar days** after assignment.
 5. HQ ICPC will send the home study or closure letter and 100A placement decision to the sending state.
- 2. Placement**
1. HQ ICPC sends notification to the local supervisor to begin supervision.
 2. Local office supervisor assigns the case for courtesy supervision.
 3. CA worker must complete the first [health and safety](#) visit no more than **30 calendar days** after HQ ICPC case assignment to the local office is made. Continue monthly visits until HQ ICPC provides written notification to stop courtesy supervision.
 4. CA worker may remove the child and place he or she in a safe and appropriate placement if the ICPC placement no longer meets the needs of the child.
 1. CA worker must notify HQ ICPC and the sending state immediately.
 2. CA worker may place the child in a licensed facility or with relative or suitable persons using the [Unlicensed Placements under Emergent and Urgent Circumstances](#) procedures.
 3. In cases where the placement resource is uncooperative, and present danger exists, the CA worker must take a [protective action](#).
 4. If a shelter care hearing is held, inform the court that the child is placed in Washington State pursuant to ICPC and that another state maintains legal jurisdiction. CA, the sending state and courts will work together until the child is returned to the sending state.
 5. CA worker must complete a quarterly supervision report and send to HQ ICPC within **10 business days** after the last home visit of the quarter. HQ ICPC forwards the report to the sending state. HQ ICPC requests a written recommendation from CA worker regarding finalization of the permanent plan upon the request of sending state.
 6. HQ ICPC reviews recommendations and provides written decision to the sending state and the finalization of the permanent plan can occur.
 7. HQ ICPC will inform the sending state ICPC office of any placement concerns.
- 3. Closing an ICPC**
1. HQ ICPC notifies the CA worker of ICPC case closure when:
 1. A permanent plan is achieved and the 100B form and/or court order is received.
 2. Placement is no longer in the child's best interest and notification was provided to the sending state of compact termination.
 3. A child returns to the sending state.
 2. HQ ICPC will provide written notification to the CA Worker when the ICPC is closed.
 3. HQ ICPC closes the FamLink case.

Forms and Tools

- ICPC closure letter DSHS 27-104

- ICPC Parent Home Study DSHS
- Family Home Study DSHS 10-043

ICPC Page on the CA Intranet

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

Resources

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

5650. Considerations & Notification for Placement Moves

Purpose

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

Laws

[RCW 74.13.300](#)

[RCW 74.14A.020](#)

Policy

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

Procedures

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

1. Prior to requesting a placement change for a child in out of home care, the CA staff must complete the following steps:
 1. Consult with his/her supervisor regarding recommendations to move a child.
 2. Follow procedures in the [Indian Child Welfare Manual](#) if the child is an Indian child
 3. Conduct a Family Team Decision Meeting (FTDM) or Shared Planning Meeting to discuss:

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

Forms and Tools

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

5700. Adoption Support

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: 1971

Revised Date: October 19, 2017

Sunset Review: October 1, 2021

Purpose

To provide support to adoptive families interested in adopting children with special needs in order to remove the barriers that would prevent adoption.

Laws

[RCW 74.13A.005](#) Adoption support, state policy enunciated

[RCW 74.13A.007](#) Adoption support expenditures, findings, intent

[RCW 74.13A.020](#) Adoption support program administration, rules and regulations, disbursements from general fund criteria, limits

[RCW 74.13A.030](#) Both continuing payments and lump sums payments authorized

[RCW 74.13.031](#) Duties of department, child welfare services, children's services advisory committee

[RCW 74.13A.055](#) Voluntary amendments to agreements, procedure when adoptive parties disagree

[RCW 74.13A.060](#) Nonrecurring adoption expenses

[RCW 28.B.118.010](#) Washington College Bound Scholarship

PL 96-272 Adoption support and Child Welfare Act of 1980

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

42 U.S.C. 671 State plan for foster care and adoption assistance

42 U.S.C. 673 Adoption and guardianship assistance program

42 U.S.C. 675 Definitions

Scope

This policy applies to all Children's Administration (CA) adoption caseworkers and adoption support workers.

Policy

1. Determining Adoption Support Eligibility and Special Needs

The adoption support worker will:

1. Determine the child is eligible for adoption support when it is in the child's best interest and the child:
 1. Is younger than age 18 when the department and the adoptive parent sign the adoption support agreement and the adoption is finalized.
 2. Is legally free for adoption or eligible for a customary adoption.
 3. Has a special condition according to [WAC 388-27-0140](#) that creates a barrier to adoption for one or more of the following reasons:
 1. A diagnosis of a physical, mental, developmental, cognitive or emotional disability;
 2. Race or ethnicity;
 3. Six years of age or older at the time of adoption;
 4. Is a part of a sibling group (three or more); or if a sibling group of two, at least one sibling has a disability or meets the special needs criteria;
 5. Was previously adopted and eligible for Title IV-E reimbursement; or
 6. At risk for a physical, emotional or disabling condition.

4. Is not the biological child of the adopting family whose rights were previously terminated.
2. Determine the child meets one of the following Washington state or federal eligibility criterion:
 1. Is in state-funded foster care or child caring institution, or likely to be placed in out-of-home care; or
 2. Is eligible for federally funded adoption support as defined in Title IV-E of the Social Security Act.
3. Identify reasonable efforts were made to adopt the child without adoption support. Efforts include, but are not limited to:
 1. Registration with Washington Adoption Resource Exchange (WARE) for 90 days or longer without an appropriate family being identified.
 2. Efforts to find adoptive parent able to adopt without adoption support were made.
 3. Determination of the selected adoptive parent inability to adopt without assistance.
 4. Determination that it is against the child's best interest to search for another adoptive parent, i.e., relative of specified degree, etc.
4. Complete the adoption support negotiation and provide a copy of the signed document to the adoption worker for placement in the court's adoptive legal file prior to adoption finalization.
5. Eligibility for adoption support is determined without regard to income.
2. **Reviewing, Negotiating and Implementing the Initial Adoption Support Agreement**
 1. Within 30 calendar days of receiving a completed application packet, the adoption support worker will contact the family to begin the negotiation process. This contact will include reminding the family that the adoption support agreement must be finalized before the adoption occurs.
 2. The adoption caseworker will:
 1. Submit separate applications for each child being adopted.
 2. Complete application packets with the following documentation in paper format.
Application materials provided by the adoptive parent include:
 1. Application for Adoption Support Program and/or Reimbursement of Adoption Finalization Costs form DSHS 09-998
 2. Adoption Support Worksheet DSHS 09-997
 3. Federal IRS form 1040
 3. Verify the following documents are in the application packet:
 1. Adoption Support Child Registration form DSHS 10-061 completed by the assigned adoption worker,
 2. Adoptive Home Study
 3. Termination of Parental Rights Order
 4. Child's birth (Birth Certificate or Department of Health)
 5. Child's social security number (Social Security Administration) or Automated Client Eligibility System (ACES)
 6. Child's special needs condition
 7. Signed Child's Medical and Family Background Report form DSHS 13-041 without attachments.
 3. The adoption support worker will:
 1. Negotiate with the adoptive parent to:
 1. Determine the adoption support monthly cash payment through an agreement between the adoptive parent and the agency, considering the family circumstances and needs of the child.
 2. Finalize the development of the initial adoption support agreement which includes:
 1. Medicaid

2. Non-Recurring costs (Reimbursed up to \$1500 for specified adoption related expenses)
3. Pre-Authorized counseling (available upon request of the parent and if the provider meets program requirements)
4. Monthly cash payment (a negotiated amount that may be available to remove barriers to adoption).
3. Verify the monthly cash payment does not exceed the statutory cap for the foster care maintenance payment the child would have received if in a foster family home.
4. Coordinate with the assigned adoption worker to complete a Request to Exceed Adoption Support Rate Schedule DSHS 15-477 if the monthly cash payment request exceeds the statutory cap of the top foster care rate for the child's age.
2. Inform the adoptive parents that a child adopted:
 1. After reaching age 13 years will be considered an independent person when submitting the Free Application for Federal Student Aid.
 2. Between age 14 and 18 years will have continued eligibility for the Washington College Bound Scholarship.
 3. Between age 16 and 18 years may be eligible for Extended Adoption Support.
 4. Contact the adoption support program manager if the adoption support worker and the adoptive parent do not agree on the terms of the adoption support agreement. The adoption support program manager will assist the adoption support worker in setting the level of support.
3. Send the adoptive parent a determination notice when there is a disagreement on the adoption support agreement.
4. Make continuing payments, lump sum payments, or both.
5. Initiate the Medicaid, pre-authorized counseling, non-recurring costs, and/or monthly cash payment after receiving the adoption decree, if applicable.
6. Continue medical coverage, pre-authorized counseling, and monthly cash payments if the family moves out of state.
7. Notify the prospective adoptive parent in writing if the adoption support application is denied and include information about the adoptive parent rights if they disagree with CA's decision.
3. **Determining On-Going Eligibility for Adoption Support for a Youth age 18 and Older**
 The adoption support worker will only authorize adoption support beyond a child's 18th birthday when the adopted child qualifies for ongoing eligibility. To be eligible, the child must:
 1. Be attending a full time instructional program leading to a high school diploma or a General Education Development certificate (G.E.D.)/High School Equivalency Certificate (HSEC) and a request for continued adoption support is made by the adoptive parents prior to the child's 18th birthday, or
 2. Been adopted at or after the age 16 and the child meets one of the following criteria for post adoption support:
 1. Attending high school or working on high school equivalency certificate.
 2. Enrolled in college or vocational education program.
 3. Employed at least 80 hours per month.
 4. Participating in a program designed to promote or eliminate barrier to employment.
 5. Unable to participate in the above due to a documented medical condition.
4. **Reviewing a Request to Change Existing Adoption Support**
 The adoption support worker will:
 1. Review the following information to negotiate a change in the adoption support agreement when a request to change the existing agreement is received:
 1. The Adoption Support Agreement Review Form.
 2. Most recent IRS Form 1040 or financial statement.

3. Documentation of any change in the child's diagnosis or treatment recommendations.
 4. Early Periodic Screening, Diagnosis and Treatment (EPSDT) or medical and treatment recommendations.
 5. Documentation of mental health, educational, or additional supervision supports.
2. Contact the adoptive parent no later than 30 calendar days after a request to change the existing agreement is received.
 3. Sign a new agreement with the adoptive parents if CA and all adoptive parents agree to modify the initial adoption support agreement.
 4. Make changes in the terms of the agreement retroactive to the first day of the month in which CA received the written request.
 5. Inform the adoptive parent that he or she has a right to an adjudicative proceeding after completing the review and there is no agreement to the modification.
5. **Determining Eligibility for Adoption Support After Adoption Finalization**
1. The adoption support worker will conduct the following when an adoptive parent requests adoption support after the adoption has been finalized:
 1. Identify if the child was adopted prior to the adoption support agreement being negotiated and approved.
 2. Determine the child's eligibility for federal funding is based on information in the adoption file.
 3. Determine the child has special needs.
 4. Determine if the child meets Title IV-E eligibility.
 2. Deny an adoption support application unless an administrative law judge finds **extenuating circumstances**. These include:
 1. Known information about the child or family was not provided to the family prior to adoption.
 2. Adoption support was denied based on a means test.
 3. The family was denied adoption support based on erroneous information or advice.
 4. The parent was not informed of the availability of adoption support.
6. **Closing Adoption Support**
- The adoption support worker will:
1. Close adoption support after the child reaches age 18 unless he or she meets eligibility for ongoing support.
 2. Terminate adoption support prior to the child turning age 18 if:
 1. The adoptive parent no longer has legal or financial responsibility for the child.
 2. The child or parent dies.
 3. The child emancipates, or otherwise ceases to need support.
 3. Terminate all adoption support when the child is age 21.

Forms and Tools

Forms below not linked are located on the CA intranet

Information for Eligibility

- [IV-E Eligibility Determination for Adoption Support Application form DSHS 14-319](#)

Completing the Initial Adoption Support Agreement

- Adoption Support Program Checklist DSHS 10-477 (located on the CA intranet)
- Agreement form DSHS 10-228 (located on the CA intranet)
- CA Provider File Action Request form DSHS 06-097 (located on the CA intranet)

- Request to Exceed Adoption Support Rate Schedule DSHS 15-477 (located on the CA intranet)
- IRS 1040
- ICAMA Request form DSHS 15-416 (located on the DSHS intranet)
- [Adoption Support Child's Registration form DSHS 10-061](#)
- [Application for the Adoption Support Program and/or Reimbursement of Adoption Finalization Costs form DSHS 09-998](#)
- [Adoption Support Worksheet DSHS 09-997](#)
- [Child's Medical and Family Background Report form DSHS 13-041](#)
- [Shared Planning Meeting \(Noting Adoption as Plan\) form DSHS 14-474](#)
- [Waiver of Right to Receive Written Information on Adoption Support Program Limitation form DSHS 27-121](#)

Ongoing Adoption Support Age 18 years and older

- Extended Adoption Agreement DSHS 10-227A (located on the CA intranet)
- Letter for 18 Year Old DSHS 15-413 (located on the CA intranet)
- [Disability Statement at 18 form DSHS 15-412](#)

Request to Change Existing Adoption Support

- Revised Adoption support Agreement DSHS 10-227 (located on the CA intranet)
- IRS 1040
- [Adoption Support Review form DSHS 10-082](#)

Determining Eligibility after Adoption

- Same forms listed above in Completing the Initial Adoption Support Agreement
- Initial Adoption support Agreement DSHS 10-228 (located on the CA intranet)

Resources

- **Adoption Support Reconsideration Program** for state-funded adopted youth is not available at this time due to a lack of funding.
- [Post Adoption Questions and Answers Booklet](#)

In FamLink:

- [Post Adoption Questions and Answers Booklet](#)
- Adoption Support Program Practice Tips (located on the CA intranet)
- Adoption and Foster Care Analysis and Reporting System (AFCARS) Guides (located on the CA intranet)
- FamLink Quick Help Guides (located on the CA intranet)
- FamLink User Manual (located on the CA intranet)
- Preauthorized Counseling Protocol (located on the CA intranet)

6000: Operations

6001. Case Assignment

Approval: Jennifer Strus, Assistant Secretary

Original Date:

Revised Date: July 23, 2017

Policy Review: July 23, 2021

Purpose

To provide direction for Children's Administration (CA) staff in making a case assignment. Case assignment is prioritized based on the child's safety, well-being and permanency needs.

Scope

This policy applies to CA staff.

Laws

[RCW 26.44.030](#) Reports - Duty and authority to make - Duty of receiving agency - Duty to notify - Case planning and consultation - Penalty for unauthorized exchange of information - Filing dependency petitions - Investigations - Interviews of children - Records - Risk assessment process.

Policy

1. Primary intake case assignment belongs to the CA office where:
 1. The parent or legal guardian of the victim or identified child resides, e.g. the residential address as provided to the school, medical provider or for public benefits, etc.
 2. The child resides and the parent's whereabouts are unknown.
 3. The facility address where the child is located, e.g. childcare, foster home, state-regulated facility, etc.
2. When a victim or identified child is in need of emergent response in a county where the parent does not reside, the office in the county where the child is located will:
 1. Conduct an initial face-to-face contact.
 2. Assess for [present danger](#) and take [protective action](#) if present danger exists.
 3. Arrange temporary placement if needed.
 4. Attempt to contact the tribe if there is reason to know the child is an Indian child.
 5. Access medical or mental health treatment if needed.
3. [Extended Foster Care \(EFC\) Program](#)
 1. When a youth requests to participate in [EFC](#) starting on his or her 18th birthday, assign the case to the office where the case is currently assigned.
 2. When a youth requests to re-enter care to participate in [EFC](#), assign the case to where the youth is currently residing.
4. Interstate Compact on the Placement of Children (ICPC)
 1. When the Headquarters ICPC unit requests a case be created for an incoming ICPC request, the case is opened and assigned to the home study straw.

2. Intakes with new allegations of child abuse or neglect will be screened per the Intake policy.
5. When requesting a transfer of case assignment for a **non-court involved** case, follow the [4122.Case Transfer](#) policy.
6. When requesting a transfer of case assignment for a **court-involved** case, follow policy [4431. Legal Jurisdiction](#) and [4122.Case Transfer](#) policy.
7. Disagreement about primary case assignment must be resolved at the lowest level possible. If a disagreement remains unresolved, the supervisors must work with the area administrators or their chain of command to resolve it.
8. When any child in an open case is believed to be at imminent risk of serious harm or there is a new allegation of child abuse or neglect, the assigned caseworker must make a report to intake per [RCW 26.44.030 \(1\)\(a\)](#).

6100. Client and Staff Travel

Approval: Jennifer Strus, Asst. Secretary

Effective Date:

Revised Date: June 12, 2014

Sunset Review: June 2018

Purpose

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

Laws

[RCW 74.13.710](#)

[RCW 74.15.030](#)

Policy

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

Procedures

A. Child/Client Travel

CA Staff will:

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

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

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

Forms and Tools

- [Travel Approval Quick Reference Guide](#)
- [Children's Administration Travel Authorization form \(DSHS 03-478\)](#)
- [Children's Administration Caregiver Authorization form \(DSHS 10-454\)](#)
- [Guidelines for Foster Child Activities](#)

Resources

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

6201. Developing Contracts

Approval: Jennifer Strus, Assistant Secretary

Effective Date: February 15, 1998

Revised Date: July 31, 2015

Sunset Review: July 31, 2018

Purpose

The Department of Social and Health Services (DSHS) requires written contracts before beginning any work by a contractor.

Scope

This policy applies to all caseworkers and DCFS contract managers.

Laws

RCW Chapters [39.26](#), [39.30](#)

[RCW 39.26.110](#)

[RCW 42.52.080](#)

RCW Chapter [43.19](#)

[RCW 43.43.832](#), [RCW 43.43.834](#)

[RCW 49.60.030](#)

Policy

1. Children's Administration (CA) develops contract(s) when service(s):
 1. Are not provided by CA.
 2. Fulfill a resource gap.
 3. Are not covered by medical insurance.
 4. Are court ordered.
2. Services must be consistent with CA mission and values, add value to the client's case plan, meet CA management approval, and must be in compliance with DSHS Administrative Policies. To locate DSHS Administrative policies see Resources below.
3. CA staff can only pay for services when a contract is established and signed by both parties. Verbal agreements are prohibited. An [After the Fact Justification DSHS 15-472](#) must be completed in those rare instances in which a provider begins work before a contract is in place.
4. CA must not furnish contractors with workspace or any state resource, i.e., computer, identification badge, phone, fax machine, copier, etc., unless it is an agreed upon contract term.
5. Contract formats include:
 1. Client Service Contract
 2. Data Share Agreement
 3. Indian Nation Intergovernmental Agreement
 4. Interlocal Agreement

5. Personal Service Contract
6. Purchase Service Contracts
6. CA staff must follow DSHS Administrative Policy 13.10 for:
 1. Contract development
 2. Staff training on managing and monitoring contracts
 3. Agency Contract Database (ACD) access
 4. Signing Authority
7. Agencies under contract with CA must ensure clients have equal access to:
 1. Interpretation Services
 2. Translation Services
 3. Accommodation Services
 4. Culturally Relevant Services
8. CA staff must follow DSHS Administrative Policy 5.01 when safeguarding confidential client information.
9. CA staff must follow DSHS Administrative Policy No. 13.12 for contract procurements

Procedures

1. **Initiating Contract Services**
 1. If services are needed, the caseworker must review FamLink and other contract resources to determine if an active contract exists.
 2. If no contract exists, the caseworker or regional program manager will find and speak with a potentially qualified provider about whether they wish to contract with the state and submit a completed [Contract Request/Approval Form DSHS 15-471](#) to the Regional Contract Unit.
 3. The caseworker may also contact the HQ or regional contract/program manager to look for services.
2. **Approving Contracts**
 1. The Regional contract manager (RCM) sends the completed Contract Request form to the regional operations manager (ROM) for approval.
 2. The ROM verifies available funds for contracted services, identifies account coding and reviews for approval. If approved, the ROM sends the approved contract request to the RCM.
 3. The RCM sends the [Contract Request/Approval Form DSHS 15-471](#) to the CA HQ Contracts Unit (CU) for final approval(s).
 4. Regional and HQ contract managers will complete an [After the Fact Justification DSHS 15-472](#) if services begin before a contract is in place.
3. **Developing Contracts**
 1. The HQ contract manager will develop and update contract templates on the Agency Contracts Database (ACD).
 2. The regional and headquarter (HQ) program manager will acquire necessary contract documents from his or her assigned contractor.
 3. RCMs will collect, review and maintain all necessary documents which may include, but are not limited to, the following:
 1. Contractor intake form
 2. Contractor update form
 3. Staff list/board of directors
 4. 501c IRS non-profit letter (if applicable)
 5. Certificate of Insurance (See DSHS Administrative Policy 13.13)
 6. Licenses, i.e., Department of Health, etc.
 7. Certifications, i.e., mental health counseling, training, etc.
 8. Resume, degrees, and required qualifications
 9. Photo identification, i.e., driver's license or ID card, etc.

4. Regional and headquarters (HQ) contract managers will input or verify contractor information is entered into the ACD and FamLink.
5. Regional contract managers will prepare and sign pre-approved client service contracts for new contractors and for contract renewals.
6. Regional and HQ contract managers, working with regional and HQ program managers, will negotiate and develop custom contracts as needed with the assistance and approval from the Key Contract Coordinator.

Forms and Tools

- [Contract Request/Approval Form DSHS 15-471](#)
- [After the Fact Justification 15-472](#)

Resources

To locate DSHS Administrative policies, go to the DSHS Intranet titled Inside DSHS, Click Resources, Other Employee Resources and Administrative Policies and Rules.

6202. Monitoring Contracts Policy

Approval: Jennifer Strus, Asst. Secretary

Original Date: February 15, 1998

Revised Date: July 1, 2017

Sunset Review: July 1, 2020

Purpose

Establish requirements for monitoring Children's Administration (CA) contracted providers on the delivery of goods and services so that:

1. Delivery of goods and services meet the scope of the work, identified outcomes and other relevant terms and conditions.
2. Funds are allocated as defined in the contract.
3. Fiscal and program risk is identified early and reduced.

Scope

This applies to CA contract and program managers who monitor contractor performance.

Laws

[RCW 39.26](#)

[RCW 39.34](#)

Policy

Regional and Headquarters (HQ) contract managers will be the lead staff for all contract monitoring activities, including Compliance Agreements. Additionally, the Regional and HQ Contract Managers will coordinate these activities with program and financial staff to develop and schedule a yearly monitoring plan. Staff from the CA Contracts Unit, in coordination with program managers, will:

1. Monitor contracts according to Department of Social and Health Services (DSHS) Administrative Policy No. 13.11 Monitoring Contractor Performance.
2. Conduct contract monitoring by:
 1. Performing an on-site visit, at a minimum, once every three-years for all in-state contractors;
 2. Performing an on-site visit annually for all contracts that score high on the annual risk assessment form; and
 3. Performing an on-site visit, when deemed necessary, if a contractor has a medium score on the annual risk assessment form, has frequent CPS intakes, has a critical incident, is a new contractor, or has newly identified concerns.
3. Perform annual contract monitoring using CA standardized tools including:
 1. [CA Contracts Risk Assessment and Analysis DSHS 15-466](#)
 2. CA Annual Monitoring Plan
 3. CA Annual Contract Tracking and Annual Contract Monitoring Report
 4. CA monitoring tools for monitoring activities
4. Issue a [Compliance Agreement DSHS 15-467](#) or [Immediate Action Plan Compliance Agreement DSHS 15-468](#), as necessary, to correct issues identified during on-site monitoring activities or other times deemed necessary, e.g. frequent intakes, critical incidents, contractor complaints, data breach, or newly identified concerns.
5. Conduct an annual risk assessment of each service and contract for which CA is responsible.
6. Submit a completed [CA Contracts Risk Assessment and Analysis DSHS 15-466](#) form on all current contractors to HQ, CA Contractors Unit, no later than **June 30** of each year.
7. Submit a monitoring plan to HQ, CA Contracts Unit, no later than **June 30** of each year.
8. Submit a Contract Monitoring Report summarizing all monitoring activities conducted during the previous fiscal year (July 1 – June 30) to HQ CA Contracts Unit, no later than **August 31** of each year.
9. Enter into the Agency Contract Database (ACD), monitoring activities as specified in the Annual Monitoring Plan.
10. Conduct a comprehensive review in coordination with the Department of Licensed Resources (DLR) per the [Comprehensive Review](#) policy.
11. CA HQ Contracts Unit must submit a summary of all statewide contract monitoring activities performed during the previous fiscal year to [Central Contract and Legal Services](#) (CCLS) no later than **October 31** of each year

Forms

- [CA Contracts Risk Assessment and Analysis DSHS 15-466](#)
- [Compliance Agreement DSHS 15-467](#)
- [Compliance Agreement Desk Review Final Report DSHS 15-463](#)
- [Compliance Agreement On-Site Review Final Report DSHS 15-464](#)
- [Immediate Action Plan Compliance Agreement Contracts DSHS 15-468](#)
- [Monitoring Report for Compliance Action Notification DSHS 15-465](#)
- [Monitoring Review Report - Desk Review DSHS 15-461](#)
- [Monitoring Review Report - On-Site Visit DSHS 15-462](#)

Resources

- CA contract monitoring procedures are located on the CA Contracts Unit SharePoint. For contract policy and procedure questions, contact CAPolicy@dshs.wa.gov.
- CA staff should report contract violations, late reports, and any other problems with a contractor through the Contract Complaint Tool located on the CA intranet or <https://www.surveymonkey.com/r/J2NSZMT>
- To locate the following policies, go to the DSHS Intranet titled Inside DSHS, Click Resources, Other Employee Resources and Administrative Policies and Rules.
 - DSHS Administrative Policy 13.10, Central Contract and Legal Services
 - DSHS Administrative Policy 13.11, Monitoring Contractor Performance
 - DSHS Administrative Policy 13.13, Insurance Requirements for Contracts
 - DSHS Administrative Policy 13.16, Performance-Based Contracting
 - DSHS Administrative Policy 19.50.30, Sub recipient Monitoring, Fiscal Process

6300. Mobile Technology

Approval: Jennifer Strus, Assistant Secretary

Original Date: July 1, 2016

Policy Review: July 1, 2020

Purpose

Mobile devices are an essential tool for Children’s Administration (CA) staff to securely access and record information, contact emergency services, and improve communication wherever state business is conducted. This policy sets forth requirements for the assignment, maintenance, use and monitoring of state-issued mobile devices including:

- Cell phones
- Smartphones
- Air cards
- Tablets
- Netbooks
- Similar electronic devices

Scope

This policy applies to CA staff using a state-issued mobile device.

Laws

Directive by the Governor 11-18

[RCW 42.52](#) Ethics in Public Services

[RCW 42.56.100](#) Protection of public records – public access

[RCW 42.56.420](#) Security

[RCW 42.56.590](#) Notice of Security Breaches

[RCW 46.61.667](#) & [46.61.668](#) Use of Wireless Communication Device While Driving

[WAC 292-110-010](#) Use of State Resources

Policy

1. Issuing, Managing, Using and Returning Mobile Devices
 1. The DSHS assistant secretary or designee will implement the requirements of this policy for staff per Administrative Policy 15.10.
 2. CA staff will:
 1. Review Administrative policies 05.05, 15.15 and 18.64, and IT Security Policy 5.2.5 when assigned a mobile device and complete the following trainings on the DSHS Learning Management System (LMS):
 1. Mobile device training
 2. DSHS – IT Security Online Training course
 2. Use a mobile device only during regularly scheduled work hours or approved overtime hours. Refer to Administrative policies 18.80 Teleworking (if applicable), and 18-28 Compensation.
 3. Use a mobile device only to conduct state business that is related to official state duties (emails, texts, taking photos, applications (apps), etc). Follow DSHS Administrative Policies No. 15.15 Use of Electronic Messaging and the Internet and No. 18.64 Standards of Ethical Conduct for Employees.
 4. Mobile devices may be used in a public place but must be kept secure at all times. Devices must not be left unattended in the view of the public. Follow Administrative Policy No. 14.22 Use of State-Issued Mobile Devices.
 5. Connect a state-issued phone only to another state-issued device.
 6. WiFi Access:
 1. Use the state-issued device hotspot only with a state-issued device.
 2. Connect state-issued devices **only** to DSHS email systems or accounts. Accessing non-DSHS sites for entertainment or personal use is strictly prohibited.
 3. Staff may access any available WiFi with the exception of WiFi available through a client or caregiver.
 7. When a mobile device is known or suspected to be lost or stolen, complete all of the following:
 1. First, immediately notify the Children’s Administration Technology Services (CATS) HELP300@DSHS.WA.GOV.
 2. Complete a Loss of Public Funds, Assets, or Illegal Activity Report Form DSHS 17-169 located on the CA intranet forms site to his or her supervisor and the HELP300@DSHS.WA.GOV.
 3. Complete an Administrative Incident Reporting System (AIRS) report when any client information is lost or a mobile device is lost or stolen and its value is estimated to be in excess of \$750.00.
 3. The CA supervisor will:
 1. Review Administrative policies 05.05, 15.15 and 18.64, and IT Security Policy 5.2.5 with new CA staff who have access to electronic messaging systems or the internet,

- and ensure he or she received the mobile device training on the DSHS Learning Management System (LMS) and the DSHS – IT Security Online Training course.
- 2. Obtain the signed Remote Access Request and Agreement form DSHS 03-443 for any staff needing remote access, and annually thereafter.
- 3. When a mobile device is stolen, ensure a law enforcement report is made and a copy of the law enforcement report is sent to HELP300@DSHS.WA.GOV.
- 4. Report all unauthorized use of mobile devices to his or her appointing authority.
- 4. CATS staff will:
 - 1. Follow Administrative Policies No. 14.22 Use of State-Issued Mobile Devices for issuing, managing, and returning mobile devices and No. 14.07 Control of Capital Assets.
 - 2. Assign, secure and monitor mobile devices, and provide user education and support.
 - 3. Authorize applications known as “apps” on mobile devices.
 - 4. Manage the device functionality, security, applications and software.
 - 5. Monitor the data including but not limited to internet use, email, messaging, documents, image files and videos, application use, geolocations, device system data and the meta-data associated with files and applications.
 - 6. Encrypt devices with DSHS compliance standards.
 - 7. Immediately send the Loss of Public Funds, Assets, or Illegal Activity Report form DSHS 17-169 report when a device is lost, stolen or damaged to Operations Review and Consultation (ORC). Follow Office of the Chief Information Officer 143 Security Incident Communication, Administrative Policy No. 16.10 Reporting the Loss of Public Assets to the State Auditor’s Office and Administrative Policy No. 14.07 Control of Capital Assets.
- 2. Inputting, Storing and Managing Information on a Mobile Device
 - 1. Text messages sent or received must be brief, and related to state business.
 - 2. Safeguard and retain case-related information, and maintain confidentiality per Administrative Policy Chapter 5 DSHS Records and Privacy, DSHS IT Security Policy, and [Case Services Manual 4120. Confidentiality](#). Text messages with case-related information must **not** be deleted before transferred or saved to FamLink.
 - 3. Transfer to FamLink any case-related information, including text messages created, sent, received or stored on a mobile device, within seven calendar days. For help, contact HELP300@DSHS.WA.GOV.
 - 4. Follow Administrative Policy No. 14.22 Use of State-Issued Mobile Devices.
 - 5. Delete all client related information from the mobile device AFTER confirming it is transferred to FamLink.
 - 6. Take [photographs only](#) for business-related purposes. Photographs taken for investigations of child abuse or neglect must not be edited or cropped, and must be transferred to FamLink within seven calendar days.
 - 7. Use CA network equipment only to print or transfer client information or photographs.

Procedures

- 1. Issuing, Managing, Using and Returning Mobile Devices
 - 1. Issuance
 - 1. To request an iPhone, CA staff will complete the DSHS Mobile Device Request and Approval form DSHS 17-212, and provide the form to his or her supervisor.
 - 2. CA supervisor will:
 - 1. Submit the completed DSHS Mobile Device Request and Approval form DSHS 17-212 to the regional operations manager.
 - 2. Submit the completed Remote Access Request and Agreement form DSHS 03-443 to HELP300@DSHS.WA.GOV.

3. Regional operations manager will:
 1. Ensure fiscal and CATS director signatures are obtained and submit request to the Regional Business Center (RBC) for procurement.
 2. Coordinate with CATS to deliver and set-up device.
 3. Document asset tag number and serial number into Asset Management System (TRACKS).
4. CATS will verify set-up is complete and staff is trained on use.
2. Return
 1. CA staff will return the device to his or her supervisor.
 2. CA supervisor will return the device to the regional operations manager.
 3. Regional operations manager will notify the RBC of returned device.
2. Inputting, Storing and Managing Information on a Mobile Device
Transfer texts one of the following ways:
 1. Transfer to the caseworker's business email address and paste in an email attachment into a FamLink case note.
 2. Save in a .pdf format and upload to the FamLink case record.

Forms

- Remote Access Request and Agreement form DSHS 03-443
- DSHS Mobile Device Request and Approval form DSHS 17-212

Resources

- HELP300@DSHS.WA.GOV
- DSHS Communications
- CAMOBILE@DSHS.WA.GOV
- [Office of the Chief Information Officer Washington State](#)
- DSHS Information Security Manual
- [Executive Ethics Board website](#)
- Mobile Device Training and the DSHS Security Training located in the Learning Management System (LMS)

6301. Child Fatality/Near-Fatality Reviews

Approval: Jennifer Strus, Assistant secretary

Original Date:

Revised Date: October 31, 2016

Sunset Review: October 31, 2019

Purpose

Child fatality or near-fatality reviews are used to examine cases involving a fatality and near-fatality of a child and meet specific criteria to:

1. Increase our understanding of the circumstances surrounding the child's death or near fatal injury.
2. Examine existing CA policies and procedures to determine the need for policy development or revision, or recommend legislative change.
3. Evaluate CA services and community response to the identified needs of the family and to identify areas for education and training.
4. Build community alliances, expertise and commitments for program improvements, policy, and procedural changes, and improved multi-disciplinary collaboration.

Scope

This policy applies to CA staff.

Laws

[RCW 74.13.640](#)

Policy

1. A Child fatality or [near-fatality](#) review is required for a child under age 18 and the following conditions apply:
 1. The cause of the child's death or near-fatality is believed to be abuse or neglect.
 2. There is an open case on the family or CA was providing services to the deceased or injured child within 12 months prior to the fatality or near fatal injury. Adoption support or Tribal Payment Only cases do not meet these criteria, unless there has been another active service provided to the child during the 12 months preceding the death or near-fatality.
2. The critical incident practice consultant or critical incident review specialist (CIRS) must consult with the Office of the Family and Children's Ombuds (OFCO) to determine if a child fatality or near-fatality review should be conducted in any case when it is unknown if the death or fatal injury is a result of child abuse or neglect.
3. The child fatality or near-fatality review process is not a personnel investigation, and the report must not include the name of the employee.
4. When conducting a child fatality or near-fatality review, the CIRS must:
 1. Organize and facilitate a multidisciplinary Child Fatality or Near-fatality Review Team unless the assistant secretary requests facilitation by an impartial professional.
 2. Consult with the Assistant Attorney General's office prior to each review when there are legal questions or complex legal issues.
 3. Consult with the CA legislative liaison and the CA assistant secretary when a legislator participates in the review.
 4. Consult with the CA assistant secretary and Department of Social and Health Services (DSHS) Communications Director when a media representative participates in the review.
 5. Consult with the regional administrator (RA) when a CA staff member requests to observe a child fatality or near-fatality review.
 6. Invite committee members who:
 1. Have no prior or direct involvement with the case.
 2. Have professional expertise relevant to the specific issues of the case such as service providers, foster parent representatives, child advocates, medical professionals, law enforcement, and CA staff.
 3. Represent a child's ethnic or cultural heritage.

7. Require all review team members, consultants and observers to sign a Child Fatality Case Review Confidentiality Agreement Form DSHS 27-128 or Child Near-fatality Case Review Confidentiality Agreement DSHS Form 27-129 before reviewing CA records or documents.
8. Request case information from the assigned caseworker, supervisor or area administrator prior to the review.
9. Arrange interviews with CA caseworkers or any persons involved with the family or the deceased or injured child as appropriate for the review.
10. Ensure observers do not participate in review discussions.
5. The critical incident practice consultant must:
 1. Track the progress and completion of the review in coordination with the Field Operations Division.
 2. Collaborate with the headquarters statewide quality assurance unit manager to track completion of all review recommendations requiring implementation.
 3. Document the completed review in the Administrative Incident Response System (AIRS) under the same incident number identified in the initial AIRS report.
6. The CIRS must ensure the child fatality review or near-fatality review report includes:
 1. The committee's discussion and findings addressing policy and case practice or individual employee actions and decisions in the specific case under review.
 2. The committee's recommendations (if applicable).
7. The CIRS must ensure the child fatality review report is completed and posted on the public website within 180 calendar days of a child's death.
8. When a Child Fatality Review report cannot be completed within the timeframe, CA must request an extension from the Governor. The CIRS will document the request for an extension in the follow-up section in the AIRS report.
9. The CIRS or designee:
 1. Sends all fatality and near-fatality reports to the DSHS secretary and CA assistant secretary, and CA division directors and regional administrators, as applicable.
 2. Makes fatality and near-fatality reports available to all CA staff.
 3. Provides a copy of all fatality and near-fatality reports to OFCO.
 4. Provides a copy of all redacted child fatality reports to legislative committees and the public through posting on the DSHS internet.
 5. Prepares and distributes the quarterly report findings to the legislature.
10. The RA or designee collaborates with the CA Headquarters Quality Assurance staff to review the recommendations, and track implementation status and outcomes in response to policy, legislative or training recommendations. The statewide portion of the action plan will include a timeline and monitoring for progress and completion.
11. All requests for information and documentation about the child fatality report, near-fatality report, or related documents must be forwarded to the CA public disclosure unit.

Forms

- [Child Fatality Case Review Confidentiality Agreement Form DSHS 27-128](#)
- [Child Near-fatality Case Review Confidentiality Agreement Form DSHS 27-129](#)

Resources

[Office of the Family and Children's Ombuds](#)

6302. Administrative Incident Reporting

Approval: Jennifer Strus, Assistant Secretary

Original Date:

Revised Date: July 1, 2016

Sunset Review: July 1, 2020

Purpose

Establish requirements for the timely notification, documentation and management of administrative incidents. Administrative incidents are serious and emergent situations involving Children's Administration (CA) clients, staff and providers, and include:

- Critical incidents (Near-Fatality or Fatality of a Child)
- Client related incidents
- Provider related incidents
- Staff safety
- Theft, vandalism or property damage

Documentation of these incidents in the Administrative Incident Reporting System (AIRS) is used to identify issues, patterns and trends, and determine needed actions to address the safety of children, clients, and staff.

Scope

This policy applies to CA staff.

Laws

[Executive Order 96-01](#)

[RCW 74.13.500](#) Disclosure of child welfare records

[RCW 74.14A.020](#) Services for emotionally disturbed and mentally ill children, potentially dependent children, and families-in-conflict

[RCW 74.14A.025](#) Services for emotionally disturbed and mentally ill children, potentially dependent children, and families-in-conflict

[RCW 26.44.020](#) Definitions

[WAC 388-06A-0170](#) Will a criminal conviction permanently prohibit me from being licensed, contracted, certified, or authorized to have unsupervised access to children?

[WAC 388-06A-0180](#) Are there other criminal convictions that will prohibit me from being licensed, contracted, certified, or authorized to have unsupervised access to children or from working with children

[WAC 388-70-095](#) Foster care for Indian children — Serious injury, death, abandonment, child abuse, neglect, incarceration.

Policy

1. CA staff will immediately notify his or her supervisor when learning of an [Administrative Incident](#) .
2. The supervisor will immediately notify law enforcement when there is reason to believe an Administrative Incident involves a crime.
3. Employee Misconduct (Not documented in AIRS)
 1. CA staff will:
 1. Immediately notify his or her supervisor when learning of allegations of employee misconduct or criminal conduct.
 2. Refer to Administrative 18.62 and 18.64 policies located on the DSHS intranet.
 2. The supervisor will immediately notify his or her chain of command up to the regional administrator (RA) or Division of Licensed Resources (DLR) administrator.
 3. The RA or designee or DLR administrator or designee, will notify the director of Field Operations or designee of the alleged misconduct within 48 hours; the director will notify the assistant secretary.
4. **Critical Incidents**
 1. Critical incidents include
 1. Child fatalities or near-fatalities
 1. That occurred on an open case at the time of the fatality or near-fatality or there was CA history on the family within 12 months of the fatality or near-fatality, including intakes screened out for investigation.
 2. That occurred in a CA or Department of Early Learning (DEL) licensed, certified, or state operated facility.
 2. High Profile incidents that may generate significant interest by the media, the legislature or the Governor's Office.
 2. The regional designee will document critical incidents in AIRS within **one hour** of being notified of the incident. If one hour is not possible, the designee must notify his or her chain of command up to the director of Field Operations or designee.
 3. CA staff will notify intake to create a new intake when:
 1. A child fatality or near-fatality is suspicious for child abuse or neglect.
 2. A child dies and there is an open case on that child or while placed in a CA licensed or state operated facility.
 4. The intake or unit supervisor will update AIRS and document in a case note if a near-fatality becomes a fatality due to the circumstances described in the original intake. A new intake is not required.
 5. CA intake will inform an Indian child's tribe when there is a fatality or near-fatality within 24 hours of learning of the incident.
5. **Other Administrative Incidents**
 1. The supervisor will document all other administrative incidents in AIRS within 24 hours of receiving notification. Other administrative incidents include:
 1. **Client Related Incidents** serious injury of a child client on an open case requiring professional medical treatment (beyond first aid treatment) alleged to be the result of:
 1. A [serious injury](#) of a child client on an open case requiring professional medical treatment (beyond first aid treatment) alleged to be the result of:
 1. Physical abuse
 2. Sexual abuse
 3. Neglect
 4. Unexplained injury
 5. Injury that is not consistent with parent or caregiver(s) explanation.
 2. Allegations of molestation or rape by an adult caregiver of a child client who is in the care and supervision of CA.
 3. A suicide, suicide attempt or a near-fatal injury of a child client.
 4. Placement of a child in any of the following:
 1. DSHS office due to no placement resource available.

2. Detention facilities for children in CA care and custody.
3. Apartments or hotels
5. Placement is not allowed in an institution not designed for children, such as adult mental hospitals and detoxification facilities, or institutions or homes with caregivers who don't have the specialized training required to care for a child with sexually aggressive or physically assaultive behaviors per [4536. Sexually Aggressive Youth](#), [45362. Physically Aggressive Youth](#) and [4413. Placement Services](#) policies.
6. Any other client-related incident that does not fall into one of the previously identified categories believed to require administrative notification or attention.
2. **Provider-Related Misconduct Incidents** occurring in a facility licensed or subject to licensing by DSHS or DEL or other facilities certified by DSHS. Misconduct includes:
 1. Alleged criminal activity
 2. A conviction disqualifying a licensed provider from providing care to children. [WAC 388-06A-0170 & 388-06A-0180](#)
 3. Any arrest or pending arrest for:
 1. Child abuse or neglect
 2. Spousal abuse (domestic violence)
 3. A crime against a child
 4. A crime involving violence (including rape, sexual assault, or homicide but not including other physical assault or battery)
 5. Felony physical assault or battery offense
 4. Felony drug-related crimes including:
 1. The Imitation Controlled Substances Act. RCW Chapter [69.52](#)
 2. Illegal sale and distribution of prescription drugs. RCW Chapter [69.41](#)
 3. Selling, transferring, or otherwise furnishing to any person substances used in making controlled substances. RCW Chapter [69.43](#)
 4. Illegal drugs or substances use. RCW chapter [69.50](#)
 5. Unlawfully manufacturing, delivering or possessing a controlled substance with intent to deliver.
 5. Incidents involving multiple victims or patterns of molestation or rape between child clients placed by CA.
 6. A pattern of high-risk child abuse or neglect referrals.
3. **Safety Incidents** involving CA staff, licensed caregivers and contracted providers. Follow [Operations Manual 8600. Employee Safety](#)
Incidents include:
 1. An assault, safety threat or a perceived safety threat to staff, a licensed caregiver or contracted provider by a child client, parent or individual related to the case.
 2. Staff involvement in a traffic accident while on the job, in a personal or state-owned vehicle when any of the following apply:
 1. A child client was a passenger.
 2. The staff or child client was injured and required medical treatment.
 3. The staff was at fault for the accident.
4. **Property Damage or Loss of Client Information**
 1. A theft, or incident involving vandalism or damage to state property estimated to be in excess of \$750.00.
 2. Incidents resulting in any loss of client information, e.g., loss of case file, printed case documents or on thumb drives, etc.
6. Additional AIRS Documentation Requirements
 1. The supervisor of the assigned caseworker will ensure documentation about a client related placement exception includes:

1. Detailed attempts to locate a more permanent placement for the child.
 2. Reason for placement.
 3. Approving authority.
 4. CA staff providing care of the child if applicable.
2. The supervisor will include the following information about a safety incident:
 1. Identification of the subject of an AIRS report by job title and office (not by name) when he or she is a CA staff.
 2. The jurisdiction and police report case number in the AIRS "Community" section.
 3. Information about an incident resulting in a serious injury requiring professional medical treatment (if applicable).
 3. The intake or DLR area administrator or designee will document alleged misconduct in a facility or foster home and complete the Facility-Foster Home section.

Resources

- DSHS Administrative policy 18.62 and 18.64 are located on the DSHS Intranet titled Inside DSHS, Click Resources, Other Employee Resources, and Administrative Policies and Rules.
- AIRS Companion Guide located under Computer Help tab on the CA intranet.
- Critical Incident Protocol located under the Supervisor tab on the CA intranet.
- [Washington State Patrol Protocol and DSHS Interagency Agreement](#)

6400. Adverse or Negative Action on a Domestic Violence Perpetrator Treatment

Approval: Jennifer Strus, Assistant Secretary

Original Date: August 1, 2016

Review Date: August 1, 2020

Purpose

Establish a timeline by which an administrative hearing can be requested after Children's Administration (CA) issues an adverse or negative action to a domestic violence perpetrator treatment (DVPT) program.

Scope

This policy applies to CA staff who manage certification of DVPT programs.

Laws

[RCW 26.50.150](#)

Policy

1. CA has jurisdiction over all Washington state DVPT programs that request certification/recertification. [WAC 388-60-0035](#).
2. CA has jurisdiction over complaints alleging a certified DVPT program has acted in a way that places victims at risk; or (b) failed to follow the standards in [WAC 388-60](#), [WAC 388-0625](#); [388-60-0645](#).

3. If a DVPT program does not meet the standards for certification or recertification, CA must provide the program with notice of the right to an administrative hearing if certification is denied. [WAC 388-60-0485](#).
4. If CA revokes or suspends a DVPT program's certification, issues a written warning, or imposes corrective action, CA must provide the program with notice of the right to an administrative hearing. [WAC 388-60-0725](#).
5. If CA takes adverse or negative action on a DVPT program, CA must notify the program that it has 30 calendar days from the date the notice is received or personally served on the program to request a hearing from the Office of Administrative Hearings. The notice shall include the filing process and timeframes. [WAC 388-02](#).

Procedures

1. If CA takes adverse or negative action on a DVPT program, CA will send written notification by certified restricted mail/return receipt requested.
2. If service by certified mail is unsuccessful, CA will attempt personal service of the notification, and document on a Declaration of Personal Service. The DVPT program has 30 calendar days from the certified mail return receipt or personal service date, to request an administrative hearing. The first day of the 30-day count begins the day after the service date and ends on the 30th day thereafter.

6500. Photograph Documentation

Approval: Jennifer Strus, Assistant Secretary

Original Date: September 16, 1995

Revised Date: April 27, 2017

Policy Review: April 30, 2022

Purpose

To ensure effective documentation of a child's physical condition or surroundings when responding to allegations of child abuse or neglect (CA/N) or when a child is in the care and custody of Children's Administration (CA).

Scope

This policy applies to CA staff.

Laws

[RCW 13.50.010](#) Definitions - Conditions when filing petition or information - Duties to maintain accurate records and access—Confidential child welfare records.

[RCW 26.44.050](#) Abuse or neglect of child - Duty of law enforcement agency or department of social and health services - Taking child into custody without court order, when.

Policy

1. CA staff may take photographs for evidentiary and case management purposes only. Not all cases will require photographic documentation.
2. When taking photographs, only use a state issued device with standard settings, and do not alter, enhance or filter the photographs in any way.
3. CA staff must follow the County Child Abuse, Fatality and Criminal Neglect Investigation Protocol, located on the CA Intranet, prior to taking any photographs when documenting a child's physical condition related to CA/N. Protocols may authorize photographs of the child by law enforcement, a child advocacy center, another agency or forensic interviewer.
4. When the case does not meet the County Child Abuse, Fatality and Criminal Neglect Investigation Protocol, complete the following to document a child's physical condition related CA/N:
 1. Prior to taking any photographs, request parent or caregiver permission in a Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR) child protective services (CPS) investigation case if the parent is present and has care and custody of the child.
 2. Prior to taking any photographs, request permission from the child who has the capacity to understand what giving permission means.
 3. Obtain parental permission if photographs are needed in a [Family Assessment Response \(FAR\)](#) case.
 4. Document the caseworker's request to photograph a child and the child or parent's answer in FamLink.
 5. Photograph the child when the alleged subject is not present whenever possible.
 6. Take one full-length photograph of the child that includes his or her face.
 7. Photograph the injury that show the shape, size and location of the injury. Include photographs taken from a distance and close-up with a standard measurement (such as a ruler) to demonstrate size.
 8. If an alleged injury is located under clothing, caseworkers may ask a child to remove outerwear, roll-up sleeves, or pant legs, lift up shirt to expose back or lower torso. Removal of clothing will be based on the child's age and development.
 9. Photographing a child may not be possible or appropriate due to, but not limited to, the following:
 1. The child is unable to communicate verbally due to a developmental disability as defined in [RCW 71A.10.020](#).
 2. The child demonstrates emotional distress or discomfort about being photographed.
 3. The parent or child does not give permission.
 4. When a photograph of a child cannot be taken:
 1. The caseworker must ask the parent and child, if present, for permission to observe the injury.
 2. If the observation is permitted, document the following information on the [Child's Physical Description form DSHS 15-359](#) or in a case note and staff with supervisor:
 1. Child's name and date of birth
 2. Case number
 3. Location, date, and time of contact with the child.
 4. Caseworker name, office and phone number
 5. Name of any other adult present for the face-to-face with the child.
 6. When applicable, facility name, type of license and address

7. Description of the child's physical condition that may include injuries (location, shape, size, color)
8. When applicable, the name, date, and contact information of any other professionals who viewed the injury.
3. If observation of the injury is not permitted:
 1. Assess if [present danger](#) exists during contact with the child;
 2. If [present danger](#) does not exist, request the parent take the child to his or her primary care physician or urgent care provider.
4. If the parent will not or does not access medical care for the child:
 1. Staff with your supervisor; and
 2. Notify law enforcement.
5. When taking photographs of the child's surroundings, the DCFS/CPS caseworker and DLR/CPS investigator must:
 1. Request permission from the parent or caregiver.
 2. Photograph the room or area at a distance to identify place and overall condition.
 3. Take photographs of health and safety hazards that are outside of the house and the hazards are in public view.
 4. Take close-up photographs of items that present health and safety risks.
 5. Take photographs with and without an item of standard measurement to demonstrate size.
 6. Take photographs to demonstrate progress when identified health and safety risks have been eliminated.
 7. Document the following in a case note:
 1. Caseworker's request for permission and the caregiver's response in FamLink.
 2. When a photograph of a child's surroundings cannot be taken or permission from the caregiver is not given:
 1. Name of any other individuals who were present at the time of the observations.
 2. Description of the environment as it relates to the child's health and safety.
6. DLR workers must document conditions of a home or facility as necessary by doing the following:
 1. Obtain caregiver permission to photograph items inside and the condition of the home or facility.
 2. Photograph the room or area at a distance to identify place and overall condition.
 3. Take close-up photographs of items that present any health and safety risks.
 4. Take photographs to demonstrate progress when identified health and safety risks have been eliminated.
 5. Document the worker's request and caregiver's response in FamLink.
7. The CA caseworker must:
 1. Photograph and document a child's height and weight within five business days of placement in out-of-home care per [2421. Emergency Planning for Children in Out-of-Home Care](#) policy.
 2. Photograph and update the height and weight information of the child:
 1. When there are significant changes in the child, e.g. change in appearance, major weight loss or gain, etc.
 2. Every six months for a child younger than six years.
 3. Annually for a child age six years and older
 3. Follow [43103. Washington State Identicard, Instruction Permit and Personal Driver License for Foster Youth](#) policy when photographing a youth to obtain a state issued photo identification card prior to his or her 18th birthday
 4. Include a clear photograph of the child when referring to the Washington Adoption Resource Exchange (WARE) per [4330. Adoption Process](#) policy.
8. CA staff must upload every photograph taken of the child or child's surroundings, except those taken for Identicard purposes, into File Upload in FamLink in their unaltered state within seven calendar days. This includes photographs that are not clear or taken in error. CA staff must not delete

photographs from the device until uploaded into FamLink. Uploaded photographs must include the following information:

1. Date and time of the photograph.
 2. Location where the photograph was taken.
 3. A brief description of what is in the photograph.
 4. First and last name of the photographer.
 5. Title, workplace and contact information of the photographer.
9. CA staff must assess for [present danger](#) and report to intake when any child which there is an open case is believed to be at imminent risk of serious harm or there is a new allegation of child abuse or neglect.
10. CA staff must upload every photograph received from any individual or entity, such as law enforcement or providers, into FamLink. Maintain all hard copies of photographs in the hard-copy file. Document the following in a case note when a photograph is received:
1. Date the photograph was received.
 2. Name of the person who provided the photograph.
 3. Name and contact information of the person who took the photograph, if available.
 4. Description of what the photograph depicts
 5. Any additional information specific to the pictures.

Forms

- [Child's Physical Description DSHS 15-359](#)
- Request for "Washington State Identicard" DSHS 11-077

Resources

- CPS Guide
- FamLink File Upload Quick Help Guide (CA Intranet)
- Storing Multiple Images in FamLink (CA Intranet)
- Digital Photo Quick Help (CA Intranet)
- How to Attach an Image to a Case [Image Upload](#) (CA Intranet)
- [Areas of Suspicious Bruising](#)
- [Ten-4 Bruising Rule](#)
- [Normal vs. Suspicious Bruising](#)

6600. Documentation

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date:

Revised Date: October 19, 2017

Policy Review: October 19, 2021

Purpose

Provide direction for documenting case-related events, communications and activities.

Scope

This policy applies to CA staff.

Laws

[RCW 74.14A.20](#)

[RCW 74.14A.025](#)

[RCW 74.15.020](#)

Policy

CA staff must:

1. Document case or provider-related events, communications and activities in FamLink.
2. Document events, communications and activities within ten calendar days of the event occurring, unless an exception is granted by the supervisor. Documentation must be complete and accurate.
3. Exceptions must be completed and required timeframes met as follows:
 1. One hour of being notified of a [critical incident](#), the regional designee will document the incident in Administrative Incident Response System (AIRS).
 2. Twenty-four hours of being notified of an [administrative incident](#), the supervisor will document the incident in AIRS.
 3. Two business days for a supervisor to review and approve entry of a Safety Plan.
 4. Three calendar days for:
 1. [Initial Face-to-Face](#).
 2. [Victim or Identified Child Abuse Interview](#)
 3. [Monthly Health and Safety Visits](#)
 4. Completed [Safety Plan](#) (Using or not using an No Carbon Required (NCR) form.
 5. Termination of payment authorization when services are completed per [5400. Child Care](#) policy.
 5. Five business days from the child's original placement date (OPD) per [2421. Emergency Planning for Children in Out-of-Home Care](#).
 6. Seven calendar days for:
 1. Current photograph, height and weight information for a child entering out-of-home care per the [2421. Emergency Planning for Children in Out-of-Home Care](#) policy.
 2. [Shared Planning Meetings](#)
 7. Fifteen calendar days for near verbatim documentation of a [child's physical or sexual abuse interview](#).
 8. Thirty calendar days for:
 1. Completing the [Safety Assessment](#) (Using or not using an NCR form.
 2. A supervisor review of a Safety Plan during their monthly supervisory review.
 3. Sending the Relative Notification Letter DSHS 15-330 to all relatives identified on the Relative Search Tracking Form DSHS 10-544 from the child's OPD.
 9. Forty-five calendar days for:
 1. The Initial Comprehensive Family Evaluation of a Family Voluntary Services (FVS) or Child and Family Welfare Services (CFWS) case assignment and approval. See [1140. Family Assessment/Assessment of Progress](#) policy.

2. All Division of Licensed Resources (DLR) documentation and closing a case beginning from the decision to terminate services.
10. Sixty calendar days for completing:
 1. [The Investigation Assessment](#).
 2. [The Structured Decision Making Risk Assessment](#).
 3. All DCFS documentation and closing a case beginning from the decision to close the case.
11. Ninety calendar days from the date of the intake for the [Family Assessment Response Family Assessment](#).
4. Retain all handwritten notes until the information has been entered in FamLink. Once information has been stored in FamLink, immediately destroy handwritten notes.
5. Include the following information in FamLink case note documentation:
 1. Who was present, identifying them by their full name and role.
 2. What occurred.
 3. When (date and time) the event occurred.
 4. Where the event occurred.
 5. Why (purpose)
 6. How: A description of the caseworker's assessment of the event or contact including supporting facts or evidence.
6. When communicating with the Assistant Attorney General (AAG) or assigned attorney for your office:
 1. Record all AAG information in FamLink as AAG activity type.
 2. Store all hard copies of AAG information in the "Privileged Communication with AAG" or confidential section of the hard case file, if applicable.
7. Confidential Documentation
 1. Follow the [Domestic Violence \(DV\)](#) policy when documenting safety planning information for a:
 1. DV victim
 2. Witness to a crime, or
 3. DV victim's child
 2. Follow [Case Services 4120. Confidentiality](#) policy when documenting mental health and medical, including blood-borne pathogen information about a parent or child.
 3. Safeguard, and retain case and provider-related information per [Case Services 4120. Confidentiality](#) policy.
8. Follow [Intake Process and Response](#) policy for documentation timeframes.
9. Follow the [Mobile Technology](#) policy and DSHS Administrative Policies No. 15.15 Use of Electronic Messaging and the Internet and No. 18.64 Standards of Ethical Conduct for Employees when communicating by email or text.
10. Follow [Photograph Documentation](#) policy when taking photographs in the course of a CPS investigation.
11. Follow [Audio Recording](#) policy when audio recording for child physical or sexual abuse interviews, or if retaining a voicemail from a parent or caregiver for evidentiary purposes.
12. If there is an error or more information needs to be added to incomplete documentation in FamLink; correct or add to the information. If the documentation is finalized and requires the assistance of HELP300@dshs.wa.gov to correct, create a case or provider note that describes the following:
 1. What was corrected.
 2. Correction date.
 3. Reasons for the correction.

Resources

FamLink User Manuals located on the CA intranet

6620. Good Cause for Non-Cooperation with Division of Child Support

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: July 1, 1997

Revised Date: Oct 31, 2017

Policy Review: Oct 31, 2020

Purpose

The Children's Administration (CA) must refer to the Division of Child Support (DCS) foster care cases in which sufficient good cause exists to not pursue collection or establish support or paternity.

Definition

“Good Cause (GC)” An individual is approved for non-cooperation with DCS requirements when the individual is unable to participate for various reasons as outlined by DCS. The individual must claim and CA must determine good cause.

Scope

This policy applies to CA staff.

Laws

[RCW 13.34.270](#) Child with developmental disability - Out-of-home placement - Permanency planning hearing.

[RCW 74.13.020](#) Definitions.

[RCW 74.13.031](#) Duties of department - Child welfare services - Children's services - advisory committee.

[RCW 74.13.350](#) Children with developmental disabilities - Out-of-home placement - Voluntary placement agreement.

[RCW 74.20.040](#) Duty of department to enforce child support - Requests for support enforcement services - Schedule of fees - Waiver - Rules.

Policy

1. CA must use the following criteria, as defined in WAC 388-25-0227, to determine whether sufficient good cause exists for requesting that DCS not pursue collection or establish child support or paternity on foster care cases:
 1. When pursuing child support is not in the best interest of the child or the circumstances of the family and may result in an increased risk of physical, sexual or emotional harm.

2. Juvenile Rehabilitation (JR) has discharged the child who has served time for an offense against a family member living in the home and is being placed directly into foster care to protect that family member.
 3. Adoption proceedings for the child are pending in court or a public or private agency is assisting the custodial parent to decide if the child will be placed for adoption.
 4. The child's birth is a result of incest or rape and establishing paternity would not be in the child's best interest.
 5. The custodial parent or the child may be placed in danger of domestic abuse, perpetrated by the other parent or responsible person.
 6. During a dependency proceeding, the Juvenile or Tribal Court finds the parents will be unable to comply with agreed reunification plans because paying support creates a financial hardship. CA will forward a copy of this court order to DCS.
 7. The caseworker determines that paying DCS foster care support causes undue financial hardship that will delay or prevent family reunification. The basis for this determination must be documented in the child's case file.
2. Additionally, good cause can be granted under WAC 388-27-0265, when a child is in the Adoption Support Program:
1. If a child is on active status with Washington State's adoption support program and the department places the child in foster care, group care, or residential treatment, the department may report to DCS that good cause exists for not pursuing collection of support payments.
 2. The department must review the adoption support agreement and must discontinue any cash payments to the adoptive parent during the child's out-of-home placement unless the adoptive parent(s) documents continuing expenses directly related to the child's needs.
3. The Division of Children and Family Services (DCFS) caseworker must notify the IV-E specialist of the need for a good cause determination upon discovering a possible good cause situation.
 4. The DCFS caseworker and IV-E specialist must determine if the case meets the criteria for good cause.
 5. The IV-E specialist must notify the regional federal funding program manager (FFPM) of their recommendation and request approval.
 6. The regional FFPM must review the information and recommendation from the DCFS caseworker and IV-E specialist to verify the case is appropriate for a good cause determination and will make the final decision.
 7. After affirming their decision with the caseworker and IV-E specialist, the regional FFPM must notify the DCS Foster Care Coordinator via email of the determination approving or denying the claim. The email must explain:
 1. Which parent(s) the decision applies to.
 2. The reason for the approval or denial.
 3. That the good cause determination applies only to the out-of-home episode for which it was requested.

Resources

[What happens if DSHS approves my good cause claim?](#)

6800. Background Checks

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: February, 1998

Revised Date: October 19, 2017

Policy Review: October 1, 2021

Purpose

This policy outlines the requirements Children's Administration (CA) staff must follow prior to authorizing an individual to have unsupervised access to children in the care and custody of the department. This includes gathering and assessing an individual's background information and other information contained in CA's electronic system (e.g. FamLink, Management Operation Document Imaging System (MODIS), etc.) and hard files prior to contracting with, licensing an organization or individual or placing a child with an individual.

Definitions

Background information is the result of an in-state, national or National Crime Information Center (NCIC) background check.

CA background check specialist is the centralized NCIC or non-emergent background check staff processing the background check in CA.

CA requestor is the CA contracts manager, Division of Children and Family Services (DCFS) caseworker or Division of Licensed Resources (DLR) licensor submitting the background check.

In-state background check is a background check through the Washington State Patrol (WSP) and includes a review of the following:

- Founded findings of child abuse or neglect (CA/N) made by CA.
- Current and previous self-disclosures.
- Conviction information from the WSP, Administrative Office of the Courts (AOC), Department of Corrections (DOC) and prior Federal Bureau of Investigation (FBI) results received by the department.
- Negative actions issued by CA, Department of Health (DOH) and the department's Aging and Long-Term Support Administration (AL TSA).
- Sex offender registry.
- Out-of-state CA/N history, when applicable.
- Western Identification Network (WIN) conviction information.

National background check is a fingerprint-based background check through the FBI and the WSP, or a previously completed fingerprint-based background check through the department if the individual has not lived outside of Washington state since the last fingerprint-based background check was completed by the department. This background check includes a review of the following:

- Founded findings of CA/N made by CA.
- Current and previous self-disclosures.
- Conviction information from the WSP, AOC, DOC and FBI results received by the department.
- Negative actions issued by CA, DOH and the department's AL TSA.
- Sex offender registry.
- Out-of-state CA/N history, when applicable.
- WIN conviction information.

Unsupervised means the individual is not in the presence of the [parent](#) or another individual who has passed a background check and is currently approved by CA to have contact with a child. Incidental contact is not considered unsupervised access. "Incidental contact" means minor or casual contact with a child in an area accessible to and within visual or auditory range of others. It could include passing a child while walking down a hallway but would not include being alone with a child for any period of time in a closed room or office.

Scope

This policy applies to CA staff.

Laws

[Public Law 105-89](#) Adoption and Safe Families Act of 1997

[RCW 74.15.030](#) Powers and duties of Secretary

[RCW 74.13.700](#) Denial or delay of licensure or approval of unsupervised access to children

[RCW 13.34.138](#) Returning a dependent child home (Sirita's Law)

[RCW 43.43.837](#) Fingerprint-based background checks

[WAC 388-06A](#) Background check requirements for Children's Administration

[RCW 26.44.240](#) Emergent placement background check

[RCW 43.20A.710](#) Background checks for providers

[RCW 74.13.710](#) Prudent parent standard

Policy

1. CA staff will provide each individual needing a background check with all documents required to complete a background check.
2. CA background check specialists will process all background checks, document the results in FamLink and notify the CA requestor with the outcome of the background check.
3. When an administrative review is required for DCFS and DLR purposes, the CA administrative review unit will complete the administrative reviews as part of the background check process.
4. Any individual who will have unsupervised access to a child in the care and custody of the department must pass the background check before CA approves unsupervised access to a child.
 1. If a court orders unsupervised access to a child, a background check is still required.
 2. The background check process is not required for any individual when an out-of-home caregiver is authorizing unsupervised access to a child for normal childhood activities less than 72 hours under the [reasonable and prudent parenting standard](#).
5. CA must not authorize unsupervised access to a child, including issuing a license, approving a placement or authorizing an employee to work under a contract with CA, if an individual's background information has a:
 1. [Permanent disqualifying crime](#);
 2. [Five year disqualifying crime and it has been less than five years from date of conviction](#); or
 3. History that includes a crime or negative action that directly relates to child safety, permanence or well-being.

6. Prior to CA authorizing an individual who has a criminal conviction or a negative action not listed in policy section 5 (e.g. through a license, placement or contract) to have unsupervised access to a child, CA staff must:
 1. Evaluate the individual's character, competence and suitability as it relates to that child's safety, permanence and well-being;
 2. Determine if placement is in the child's best interest, if placement is sought; and
 3. Determine if an administrative review is required by using the following:
 1. [DSHS Secretary's List of Crimes and Negative Actions for use by Children's Administration](#)
 2. [Overview of Administrative Approval Process for Crimes and/or Negative Actions](#)
7. CA will complete background checks on [parents](#) to assess for services and not for the purpose of authorizing unsupervised access to their child. The character, competence and suitability assessment does not apply to parents.
8. CA must complete background checks on individuals for the following purposes:
 1. Contracting
CA must complete:
 1. An in-state background check for individuals or service providers, age 16 and older, who may have unsupervised access to a child. This includes:
 1. Issuing a new contract;
 2. Approving a new individual to work under a contract; or
 3. Renewing a contract.
 2. A national background check for individuals, age 18 and older, who have lived outside of Washington in the last three years.
 2. Licensure and Unlicensed Home Study
 1. CA must complete:
 1. An in-state background check for:
 1. Individuals, age 16 and older, excluding a foster child, who reside in a home that is in the process of licensure renewal;
 2. A new employee in a licensed agency; or
 3. Group care or licensed agency staff when the agency is in the process of renewing its license.
 2. A national background check for individuals:
 1. Age 16 and older who reside in a home that is or will be licensed; or
 2. Age 18 and older who is a new employee in a licensed group care facility; or
 3. Age 18 and older who have lived outside of Washington state in the last three years and is a new employee in a licensed agency or group care or licensed agency staff when the agency is in the process of renewing its license.
 3. Request CA/N history from each state an adult, age 18 and older, has lived in the last five years prior to initial licensure or when an adult moves into a licensed home.
 2. CA may require an in-state background check for individuals who are younger than age 16 to verify the safety of a child placed in that home, upon supervisor approval. A national background check must also be requested for these individuals if the individual has lived outside of Washington state in the last three years.
 3. The DLR licensor or home study writer must review CA electronic data system and hard files information for each member of the household regardless of age.
 3. Non-Emergent Placement
Prior to making a non-emergent placement, CA must:
 1. Complete a national background check for individuals, age 16 and older, living in a home where a child may be placed. This applies to placements made for adoption,

Child In Need of Services (CHINS) cases if CA is ordered to place the child, when a foster child is placed in respite care, when CA takes custody under a Voluntary Placement Agreement (VPA), when CA approves an unlicensed placement or [reinstating parental rights](#).

2. CA may require an in-state background check for individuals who are younger than age 16 to verify the safety of a child placed in that home, upon supervisor approval. A national background check must also be requested for these individuals if the individual has lived outside of Washington state in the last three years.
3. Request CA/N history from each state an adult, age 18 and older, has lived in the last five years.
4. Verify the unlicensed caregiver has an approved home study or approval from an area administrator pending the outcome of the home study, per [45274 Placements with Unlicensed Relatives or Suitable Persons](#).
4. Unsupervised access to a child that is not covered in policy section a. through c. CA must complete:
 1. An in-state background check for individuals or service providers, age 16 and older, who may have unsupervised access to a child.
 1. This includes individuals who babysit, are identified as a safety-plan participant, supervise a visitation or volunteer to assist with case services.
 2. This excludes individuals approved by the out-of-home caregiver for normal childhood activities under the [reasonable and prudent parenting standard](#).
 2. A national background check must be completed for individuals, age 18 and older, who have lived outside of Washington in the last three years.
5. Interstate Compact on the Placement of Children (ICPC)

CA is responsible for completing the background check for children in the custody of another state who may be placed in Washington state when a home study is being completed.

 1. When a relative, foster parent or adoption home study is being completed, CA staff must also follow policy section 8.b.
 2. If the ICPC request is for placement with a parent in Washington state, CA must:
 1. Complete a national background check for individuals, age 18 and older, including [parents](#); and
 2. Request CA/N history from each state every adult age, 18 and older, including [parents](#), has lived in the last five years.
 3. If the request is part of the ICPC Border Agreement:
 1. CA must:
 1. Complete an in-state background check for individuals, age 16 and older, living in the home prior to placing a child in the home.
 2. Request CA/N history from each state every adult, age 18 and older, have lived in the last five years.
 2. Every individual, age 16 and older, must complete a national background check following the placement.
 3. CA may require an in-state background check for individuals who are younger than age 16 to verify the safety of a child placed in that home, upon supervisor approval. A national background check must also be requested for these individuals if the individual has lived outside of Washington state in the last three years.
 4. Caregivers of a child dependent in Washington state who will be placed outside of Washington state under the ICPC will have their background check completed by the receiving state according to the receiving state's policy.
6. Prior to returning a dependent child home

1. CA must identify and complete background checks for each adult, age 18 and older, including [parents](#), living in the home where a dependent child will be placed. For every adult, age 18 and older, CA must:
 1. Complete a national background check; and
 2. Request CA/N history from each state the adult has lived in the last five years.
 3. Recommend to the court that placement of the child in the parent's home be delayed based on the need to complete the background check on other adults, age 18 and older, or additional services are needed to ensure the safety of the child prior to placement.
2. CA must identify any persons who may act as a caregiver for the child, in addition to the [parents](#), with whom the child is being placed and:
 1. Review the results of the background check to determine whether any caregivers are in need of any services to increase child safety prior to the child returning home.
 2. Recommend to the court the need for such persons to engage in or complete services to increase child safety prior to the child returning home.
7. CPS Investigations (known as NCIC Purpose Code C)
 1. CA is authorized to access NCIC background information when investigating or responding to reports of CA/N.
 2. NCIC Purpose Code C background checks may only be conducted on alleged subjects and other adults related to the investigation to assess child and caseworker safety:
 1. Prior to the CA requestor's initial visit to the home.
 2. When any new adult related to the investigation is identified and has not been previously assessed prior to completing a safety assessment.
 3. NCIC Purpose Code C background checks are requested at the discretion of the investigating caseworker and are not required.
8. Emergent Unlicensed Placement (known as NCIC Purpose Code X)
 1. CA must:
 1. Complete a NCIC Purpose Code X background check of every adult, age 18 and older, prior to placing a child with a relative or other suitable person when a child requires immediate placement due to the sudden unavailability of the child's current primary caregiver (e.g. [parents](#), legal guardians, or licensed or unlicensed caregivers).
 2. Complete a national background check for individuals, age 16 and older, living in a home where an emergent placement is made following the placement.
 3. Request CA/N history from each state an adult, age 18 and older, has lived in the last five years when an emergent placement is made.
 4. Assess the safety of the home and property prior to placement using the [Household Safety Inspection for Unlicensed Placements and Adoption Home Study Updates](#) form.
 5. Notify the court and recommend removal of the child if:
 1. Any individual, age 18 and older, living in the home fails to submit fingerprints to the WSP within 15 calendar days from the date of the NCIC Purpose Code X background check and the emergent placement is made; or
 2. Any individual's background check reveals a crime or negative action relating directly to child safety, permanence or well-being.
 2. CA may:
 1. CA may require an in-state background check for individuals who are younger than age 16 to verify the safety of a child placed in that home, upon supervisor approval. A national background check must be requested for these individuals that have lived outside of Washington state in the last three years.

2. Request a NCIC Purpose Code X background check with a relative or other suitable person within seven calendar days of the child's date of removal from the current primary caretaker if the placement was initially made with a licensed provider.

Procedures

1. Background Checks for Purposes of Contracting, Licensing, Non-Emergent Placement, Other Unsupervised Access or ICPC with a non-parent and [Reinstatement of Parental Rights](#)
 1. When a CA requestor needs a background check for purposes in policy section a. through e. the following procedures apply:
 1. Obtain a completed [Background Authorization](#) form and review for completeness and legibility.
 2. Complete a [Background Check Request Cover Sheet](#) for each individual and choose one background check purpose.
 3. Email the completed forms to the background check unit at cabc@dshs.wa.gov.
 2. When the CA requestor receives notification from the CA background check specialist that a background check has been processed for purposes in policy section a. through e., prior to authorizing unsupervised access the requestor must:
 1. Review the [Background Check Summary](#).
 2. If the individual passed the background check,
 1. Request a copy of the background information from the individual if there is criminal or negative action history; and
 2. Review an individual's information in FamLink and other CA electronic and hard file records. DLR licensors must also review other household members' information in FamLink and other CA electronic and hard file records if the purpose of the background check is for adoption, licensure or unlicensed placement when completing a home study.
 3. Consider the following factors to determine if it is in the child's best interest for the individual to have unsupervised access to the child:
 1. Vulnerability of the child to whom the person is requesting unsupervised access.
 2. The relationship, if any, of the person requesting unsupervised access with the child.
 3. In order to aid reunification, consider the proximity of the person who is requesting unsupervised access to the child's family, school and community.
 4. The person's ability to meet the physical, emotional and mental health needs of the child.
 5. The person's ability to meet the racial, ethnic, cultural, and religious needs of the child.
 6. The specific experiences and training the person has that prepares him or her to provide for or support any special needs of the child.
 7. The degree to which the person is willing to initiate and participate in treatment of the child.
 8. In order to maintain sibling connections, consider the person's ability to provide care to this child and siblings.
 9. Information in FamLink and other CA electronic and hard file records, if any.
 4. Authorize unsupervised access if the review determines information does not relate directly to child safety, permanence, or well-being.

3. If the individual did not pass the background check they are not authorized unsupervised access by CA.
4. If the individual did not pass the background check and the child is placed out-of-home under shelter care order or dependency petition, CA staff must:
 1. Notify the court as early as possible that the individual did not pass a background check and recommend the removal of the child. This includes contacting the assigned assistant attorney general to determine when the information can be presented to the court.
 2. Document the recommendation for removal in a FamLink case note.
 3. Inform the court to request the background information directly from the individual if that information is needed.
2. Background Checks for Purposes of Returning Dependent Child Home and ICPC with a Parent
 1. When a CA requestor needs a background check before returning a dependent child to a parent the following procedures apply:
 1. Identify who resides in the home.
 2. Complete a [Background Check Request Cover Sheet](#) for each individual and choose one background check purpose.
 3. Obtain a completed [Background Authorization](#) form and review for completion and legibility.
 4. Email the completed forms to the background check unit at abc@dshs.wa.gov.
 2. When the CA requestor receives notification from the CA background check specialist that a background check has been processed, the requestor must:
 1. Review the [Background Check Summary](#).
 2. Request a copy of the background information from each individual, including the parent if there is criminal or negative action history; and
 3. Review the background information; and
 4. Review each individual's, including [parent's](#), information in FamLink and other CA electronic and hard files; and determine if this individual will be a caregiver, and if so, determine if services are needed to increase child safety prior to the child returning home.
 5. Recommend to the court:
 1. The need for the individual to engage or complete services prior to the child returning home; or
 2. The individual is authorized unsupervised access if the review determines information does not relate directly to child safety, permanence, or well-being.
3. Background Checks for CPS Investigations (known as NCIC Purpose Code C)
 1. When a CA requestor needs a background check for CPS investigation or when responding to allegations of CA/N, the:
 1. CA requestor may call CA NCIC background check unit prior to going to the home and must provide the CA background check specialist with the names and dates of birth of the alleged subjects or other adults related to the investigation.
 2. Prior to completing a safety assessment, CA requestor may call CA NCIC background check unit and provide additional names and dates of births of alleged subjects or other adults related to the investigation not previously requested.
 3. CA background check specialist will process the NCIC Purpose Code C request through the NCIC database and provide the background information to the CA requestor.
 4. CA requestor must not document the background information in FamLink or share the background information with any individuals outside of the department.
 2. When the CA requestor receives notification from the CA background check specialist that a background check has been processed, the CA requestor will review the information to develop strategies for responding to the allegation safely.

4. Background Checks for Emergent Unlicensed Placement (known as NCIC Purpose Code X)
 1. When a CA requestor needs a background check for an emergent unlicensed placement, the:
 1. CA requestor must call CA NCIC background check unit prior to placing a child in the home of an unlicensed caregiver and must provide the CA background check specialist the names and dates of births of all adults, age 18 and older, living in the home where a child may be placed.
 2. CA requestor must email the completed forms to the background check unit at cabc@dshs.wa.gov within five calendar days from the date the placement was made.
 3. CA requestor must complete a [Background Check Request Cover Sheet](#) for each individual and choose “emergent placement” as the background check purpose.
 4. CA requestor must have each individual, age 16 and older, residing in an approved emergent unlicensed placement complete the [Background Authorization](#) form and review for completion and legibility. This also applies to individuals younger than age 16 when applicable.
 5. CA requestor may request an in-state background check for individuals who are younger than age 16 in situations where it is warranted to ensure the safety of a child placed out-of-home. A national background check must be requested for these individuals that have lived outside of Washington state in the last three years.
 6. CA background check specialist will process the NCIC Purpose Code X request for adults, age 18 and older, through the NCIC database. Within one hour from the time of the request, the background specialist will approve or deny the emergent placement following a character, competence and suitability assessment of the background information received from the NCIC database.
 7. CA background check specialist conducts a character, competence and suitability assessment of the background information received from the in-state and national background check results and sends the [Background Check Summary](#) to the CA requestor.
 2. When the CA requestor receives notification from the CA background check specialist indicating the background check has been processed, the CA requestor must:
 1. Review the [Background Check Summary](#).
 2. If the individual passed the background check:
 1. Review the individual’s information in FamLink and other CA electronic and hard files;
 2. Request a copy of the background information from the individual if there is criminal or negative action history; and
 3. Consider the following factors to determine if the emergent unlicensed placement is in the child’s best interest:
 1. Vulnerability the child to whom the person is requesting unsupervised access.
 2. The relationship, if any, of the person requesting unsupervised access with the child.
 3. In order to aid reunification, consider the proximity of the person who is requesting unsupervised access to the child’s family, school and community.
 4. The person’s ability to meet the physical, emotional and mental health needs of the child.
 5. The person’s ability to meet the racial, ethnic, cultural, and religious needs of the child.
 6. The specific experiences and training the person has that prepares him or her to provide for or support any special needs of the child.
 7. The degree to which the person is willing to initiate and participate in treatment of the child.

8. In order to maintain sibling connections, consider the person's ability to provide care to this child and siblings.
 9. An individual's information in FamLink and other CA electronic and hard file records, if any.
 3. Determine if the placement is in the child's best interest. If the placement is not in the child's best interest, the CA requestor must:
 1. Notify the court as early as possible that the individual did not pass a background check and recommend the removal of the child. This includes contacting the assigned assistant attorney general to determine when the information can be presented to the court.
 2. Document the recommendation for removal in a FamLink case note.
 4. If the individual did not pass the background check or did not submit the fingerprint to the WSP within fifteen calendar days from which the NCIC background check was conducted, the CA requestor must:
 1. Notify the court as early as possible that the individual did not pass a background check and recommend the removal of the child. This includes contacting the assigned assistant attorney general to determine when the information can be presented to the court.
 2. Inform the court it may request the background information directly from the individual if that information is needed.
 3. Document the recommendation for removal in a FamLink case note.
5. Court-Ordered Placements or Court Ordered Return Home Prior to Dependency
 1. If a judge orders an individual unsupervised access to a child who did not complete or pass a background check, the CA caseworker must:
 1. Follow the steps outlined in Procedures section 1.
 2. Notify the court as early as possible that the individual did not complete or pass a background check. This includes:
 1. Contacting the assigned assistant attorney general to determine when the information can be presented to the court.
 2. Inform the court it may request the background information directly from the individual if that information is needed.
 3. Document the recommendation and results of the court hearing in a FamLink case note.
 2. If a judge is considering returning a child home to a parent where court proceedings have begun but the dependency has not been established, the CA caseworker must:
 1. Notify the court that the department does not have the authority to complete a background check on the individual for the purpose of returning a child home.
 2. If a NCIC Purpose Code C has been completed, that information cannot be shared with the court or the individual.
 3. Document the results of the court hearing in a case note.

Forms

[Background Check Authorization DSHS 09-653](#)

[Background Check Request Cover Sheet DSHS 27-131](#)

[Background Check Summary DSHS 27-132](#)

Resources

Background Check Processes and Requirements (available on CA intranet)

NCIC (Emergent) Process (available on CA intranet)

Appendix A: Definitions

The following definitions apply for purposes of the *CA Practices and Procedures Guide*.

“**ADMINISTRATIVE INCIDENTS**” are serious and emergent incidents involving CA clients, staff and providers.

“**ADOPTION SUPPORT AGREEMENT**” means a written contract between the adoptive parent(s) and the department that identifies the specific support available to the adoptive parent(s) and other terms and conditions of the agreement.

“**AFTERCARE SERVICES**” means the provision of less intensive, ongoing services to youth and their families following the youth’s discharge from residential care or in-home services.

“**AGE OR DEVELOPMENTALLY-APPROPRIATE**” means activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

“**AT-RISK YOUTH**” means a juvenile who:

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

RCW 13.32A.030

“**BEHAVIORAL REHABILITATION SERVICES**”: See “After-Care Services,” “Continuum of Care,” “Group Care,” In-Home Services,” “Residential Care,” “Staffed Treatment Foster Care,” and “Treatment Foster Care.”

“**BORROWED FOSTER HOME**” means the placement and supervision by an agency of child(ren) in a foster family home licensed or certified by another agency, with the permission of that agency.

“**Caregiver**” means an adult living in the home permanently or semi-permanently and has routine responsibility for childcare. This may be the other legally responsible adult, another adult relative or a live-in partner. It may also be any other adult with regular ongoing time in the home and has routine responsibility for childcare.

“**CASE PLAN**” means a written statement by the social worker of the anticipated activities, including service agreements, which are planned in the conduct of the case.

“CERTIFICATION FOR ADOPTION” means a person or persons constituting a household have submitted an application for adoption to the department or a child placing agency, have had a satisfactory home study completed, and have been determined suitable as adoptive parent or parents.

"CHILD," "JUVENILE," and "YOUTH" mean any unemancipated individual who is under the chronological age of 18 years. RCW 13.32A.030

"CHILD ABUSE AND NEGLECT"

CPS WAC Definitions of CA/N

Child abuse or neglect means the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child under circumstances which indicate that the child's health, welfare, and safety is harmed. An abused child is a child who has been subjected to child abuse or neglect as defined in this section.

- A. Physical abuse means the non-accidental infliction of physical injury or physical mistreatment on a child. Physical abuse includes, but is not limited to, such actions as:
 - 1. Throwing, kicking, burning, or cutting a child;
 - 2. Striking a child with a closed fist;
 - 3. Shaking a child under age three;
 - 4. Interfering with a child's breathing;
 - 5. Threatening a child with a deadly weapon;
 - 6. Doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks or which is injurious to the child's health, welfare and safety.
- B. Physical discipline of a child, including the reasonable use of corporal punishment, is not considered abuse when it is reasonable and moderate and is inflicted by a parent or guardian for the purposes of restraining or correcting the child.
 - 1. The age, size, and condition of the child, and the location of any inflicted injury shall be considered in determining whether the bodily harm is reasonable or moderate.
 - 2. Other factors may include the developmental level of the child and the nature of the child's misconduct.
 - 3. A parent's belief that it is necessary to punish a child does not justify or permit the use of excessive, immoderate or unreasonable force against the child.
- C. Sexual abuse means committing or allowing to be committed any sexual offense against a child as defined in the criminal code.
 - 1. The intentional touching, either directly or through the clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party.
 - 2. A parent or guardian of a child, a person authorized by the parent or guardian to provide childcare for the child, or a person providing medically recognized services for the child, may touch a child in the sexual or other intimate parts for the purposes of providing hygiene, child care, and medical treatment or diagnosis.
- D. Sexual exploitation includes, but is not limited to, sex trafficking and commercial exploitation as those term are defined by law. Sexual exploitation also includes, but is not limited to, such actions as allowing, compelling, encouraging, aiding, or otherwise causing a child to participate in one or more of the following:
 - 1. Any sex act when anything of value is given to or received by any person for the sex act;
 - 2. Sexually explicit, obscene or pornographic activity to be photographed, filmed, or electronically reproduced or transmitted;

3. Sexually explicit, obscene or pornographic activity as part of a live performance, or for the benefit or sexual gratification of another person.
- E. Negligent treatment or maltreatment means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, on the part of a child's parent, legal custodian, guardian, or caregiver that shows a serious disregard of the consequences to the child and creates a clear and present danger to the child's health, welfare, or safety.
1. When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor must be given great weight.
 2. The fact that the siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment.
 3. Poverty, homelessness, or exposure to domestic violence perpetuated against someone other than the child does not, in and of itself, constitute negligent treatment or maltreatment.
 4. A child does not have to suffer actual damage or physical or emotional harm to be in circumstances that create a clear and present danger to the child's health, welfare, or safety.
 5. Negligent treatment or maltreatment may include, but is not limited to one or more of the following:
 1. Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child's health, welfare, or safety, such that the failure shows a serious disregard of the consequence to the child and creates a clear and present danger to the child's health, welfare, or safety;
 2. Actions, failures to act, or omissions that result in injury or risk of injury to the physical, emotional, and/or cognitive development of a child, such that it shows a serious disregard of the consequences to the child and creates a clear and present danger to the child's health, welfare, or safety;
 3. The cumulative effects of a pattern of conduct, behavior, or inaction by a parent or guardian in providing for the physical, emotional or developmental needs of the child, such that it shows a serious disregard of the consequences to the child and creates a clear and present danger to the child's health, welfare, or safety;
 4. The effects of chronic failure on the part of a parent or guardian to perform basic parental functions, obligations, or duties that causes injury or substantial risk of injury to the physical, emotional, or cognitive development of the child, such that it shows a serious disregard of the consequences to the child and creates a clear and present danger to the child's health, welfare, or safety.
- F. A Parent or guardian abandons a child when the parent or guardian is responsible for the care, education, or support of a child and:
1. Deserts the child in any manner whatever with the intent to abandon the child;
 2. Leaves a child without the means or ability to obtain one or more of the basic necessities of life such as food, water, shelter, clothing, hygiene, and medically necessary health care; or
 3. Forgoes for an extended period of time parental rights, functions, duties and obligations despite an ability to exercise such rights, duties, and obligations.
- G. Abandonment of a child by a parent may be established by conduct on the part of a parent or guardian that demonstrates a substantial lack of regard for the rights, duties, and obligations of the parent or guardian or for the health, welfare, and safety of the child. Criminal activity or incarceration of a parent or guardian does not constitute abandonment in and of themselves, but a pattern of criminal activity or repeated or long term incarceration may constitute abandonment of a child.

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

- Educational needs
- Medical needs

- Social needs
- Psychological needs
- Cultural needs
- Independent living needs

“CHILD AND FAMILY TEAM (CFT)” means a group of people established by the family and WISE agency that consists of family members and other people connected to them through natural, community, and formal support relationships. The CFT develops and implements the family’s plan, addresses unmet needs, works toward the child, youth or family’s vision and team mission, and monitors progress regularly to revise and refine the plan of care.

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

- A. Is beyond the control of his or her parent such that the child's behavior endangers the health, safety, or welfare of the child or other person.
- B. Has been reported to law enforcement as absent without consent for at least 24 consecutive hours from the parent's home, a crisis residential center, an out-of-home placement, or a court-ordered placement on two or more separate occasions and has exhibited:
 1. A serious substance abuse problem or
 2. Behaviors that create a serious risk of harm to the health, safety, and welfare of the child or any other person.
- C. Is in need of necessary services, including food, shelter, health care, clothing, educational, or services designed to maintain or reunite the family, and
 1. Who lacks access, or has declined, to utilize these services.
 2. Whose parents have evidenced continuing but unsuccessful efforts to maintain the family structure or are unable or unwilling to continue efforts to maintain the family structure

"CHILD IN NEED OF SERVICES (CHINS) PETITION" means a petition filed in juvenile court by a parent, child, or the department seeking adjudication of placement of the child. RCW 13.32A.030

“CHILD PLACING AGENCY” means an agency which places a child or children for temporary care, continued care, or for adoption.

“CLIENT” means, for the purposes of defining a child client is a child (or youth up to age 21) in the care, custody, and/or supervision of the Children's Administration and/or the Department of Social and Health Services as it relates to services CA provides.

"COMMERCIALY SEXUALLY EXPLOITED CHILD" (see also SEX TRAFFICKING VICTIM) means a child who has not attained 18 years of age who is induced to perform any sex act on account of which anything of value is given to or received by any person.

"COMMUNITY NETWORK" means working relationships between DCFS, cultural consultants, key informants (lay/professional person), natural helpers (extended families, folk healers), and other agencies to develop cultural responsiveness.

"COMPELLING REASON” means, for purposes of the Adoption and Safe Families Act and RCW, a factor in case planning that presents an unusual circumstance that makes necessary a decision which would not normally be made for a child or family. “Compelling Reason” includes, but is not necessary limited to:

1. Circumstances in which a child:
 1. Is over age 14 and is opposed, following a discussion with the caseworker of the alternatives, to adoption as a permanent plan;

2. Has significant ties to the child's family which are positive and expected to be on-going and would be disrupted by termination of parental rights;
 3. Is in placement for reasons other than abuse, neglect, abandonment, or no parent able or willing to care for the child (e, g., children in care due to the risk they pose to others, due to behavioral management issues, etc.);
 4. Does not have a permanent placement resource identified and for whom there is significant risk that an adoptive resource will not be found; or
 5. Has other unique situations described in the court report by the caseworker that constitute compelling reasons not to file a petition to terminate parental rights.
2. The supervising agency is required to recruit, identify, and process a permanency placement resource for a child when a permanent plan other than reunification is identified for the child. In unusual circumstances, it may be appropriate to leave a child in a temporary placement setting until the court decision-making process is completed or in order to meet the treatment needs of the child.
 3. The court or CA has determined that:
 1. A birth parent is considering relinquishment within a reasonable time to free the child for adoption.
 2. A non-offending parent is pursuing an alternate permanent plan.
 3. A professional assessment of the child has determined the child is unable to remain within a family setting.
 4. The parent is incarcerated and:
 1. The incarceration is the only reason for filing the TPR; and
 2. The court has determined the parent maintains a meaningful role in the child's life.
 5. The child's Tribe is opposed to adoption and has identified another acceptable permanency plan for the child per RCW 13.38.150.

"**COMPLIANCE AGREEMENT**" means a written plan approved by DSHS which identifies deficiencies in Contractor's performance, describes the steps a contractor must take to correct the deficiencies, and sets forth timeframes the contractor must meet in order to return to compliance within the terms of the contract.

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

"**CONTINUUM OF CARE**" means provision of care from in-home services to highly structured residential care and the ability to provide appropriate services to the child/family.

"**CONTRACT**" is a legally binding written agreement between DSHS and another public or private entity for the provision of goods or services. Terms such as Memorandum of Understanding (MOU) or Service Level Agreement (SLA) may also be used to refer to contracts falling within the scope of the Contracts policy.

"**CONTRACT FORMAT**" means an electronic or hard copy contract template developed or approved by Central Contracts Legal Service. A contract format includes but is not limited to: data elements, general terms and conditions, and special terms and conditions. All approved contract formats are available in the Agency Contract Database for use by authorized staff.

"**CONTRACT RESOURCES**" means the Regional and Statewide Contract Directories on the Intranet/Internet, as well as the Regional Contract/Program Managers.

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

"CRITICAL INCIDENT" is an event that requires an immediate and thorough response, notification, information gathering and communication. All critical incidents are reported through the Administrative Incident Reporting System (AIRS) and in some high profile situations may require an initial phone call alert to headquarters staff. Critical incidents include:

- Fatality or near fatality of a child with an open case.
- Fatality or near fatality of a child which services were provided to the family within 12 months preceding the child's death or near fatality, including information only referrals.
- High profile event receiving media coverage and involves an individual or family for whom we have provided services.

"CULTURAL COMPETENCE" means a set of behaviors and attitudes that enables individuals working with a child or family to learn about or recognize the cultural context of a situation and to integrate that knowledge into an action.

"CULTURAL CONSULTANTS" means culturally competent individuals recognized by the department and/or client as a resource to help assess and/or resolve problems relating to cultural issues.

"CULTURAL DIVERSITY" means the distinguishable differences in life styles, values, traditions, religions, etc.

"CULTURALLY RESPONSIVE" means a pattern of behaviors that incorporates and acknowledges the importance of cultures (competence), the assessment of cross-culture relations (literate), vigilance towards the dynamics that result from cultural difference (effective), the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs (relevant).

"CULTURE" means the integrated pattern of human behavior including thought, communication, actions, customs, beliefs, values, institutions, of a racial, ethnic, religious or social group.

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

"DESK REVIEW" means a monitoring activity comprised of reviewing information including but not limited to the contractor's payment and billing system, and reports to verify contract compliance.

"DEVELOPMENTAL STAGES" means:

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

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

"DOCUMENTED MEDICAL CONDITION" is any physical or mental health condition documented by a licensed health care provider that may be temporary or permanent, including but not limited to, a physical injury or a physical or behavioral health condition.

A "documented medical condition" may include physiological, mental, or psychological conditions or disorders, including but not limited to, orthopedic, visual, speech, and hearing impairments.

"**ETHNIC**" means a group designated by customs, characteristics, language, common history and/or racial affiliation.

"**ETHNOGRAPHIC INTERVIEWING**" means communication with a member of another culture to identify the:

- A. Key cultural differences.
- B. Meaning of those cultural practices and norms.

"**EXTENDED FAMILY MEMBER**" means an adult who is a grandparent, brother, sister, stepbrother, stepsister, uncle, aunt, or first cousin with whom the child has a relationship and is comfortable and who is willing and available to care for the child. RCW 13.32A.030

"**EXTENUATING CIRCUMSTANCES**" (in relation to adoption support) means a finding by an administrative law judge or a review judge that one or more certain qualifying conditions or events prevented an otherwise eligible child from being placed on the adoption support program prior to adoption.

"**FAMILY PRESERVATION SERVICES**" means in-home or community-based services drawing on the strengths of the family and its individual members while addressing family needs to strengthen and keep the family together where possible and may include:

- A. Respite care of children to provide temporary relief for parents and other care givers.
- B. Services designed to improve parenting skills with respect to such matters as child development, family budgeting, coping with stress, health, safety, and nutrition.
- C. Services designed to promote the well-being of children and families, increase the strength and stability of families, increase parents' confidence and competence in their parenting abilities, promote a safe, stable, and supportive family environment for children, and otherwise enhance children's development.

RCW 74.14C.010

"**FOSTER CARE**" means placement of a child by the department or a licensed child placing agency in a home or facility licensed pursuant to chapter 74.15 RCW or in a home or facility that is not required to be licensed pursuant to chapter 74.15 RCW.

"**FOSTER FAMILY CARE**" means care and supervision provided on a 24-hour basis for up to six children in the licensed family abode of the person or persons under whose direct care and supervision the child is placed.

"**GROUP CARE**" means the provision of a safe, healthful environment for youth in a 24-hour licensed facility for more than six children, which provides the basic needs of food, shelter, and the provision of therapeutic services required for the successful reunification of youth with their family resource.

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

“HEALTH & EDUCATION RECORD” means the entire array of data entry screens in the electronic data system, including the provider, education, behavior, counseling, and daily routine information entered by CA staff.

"IMMINENT RISK" means, for Intensive Family Preservation Services, when a decision has been made by the department that without intensive family preservation services, a petition requesting the removal of a child from the family home will be immediately filed under chapters 13.13A or 13.34 RCW, or that a voluntary placement agreement will be immediately initiated. 74.14C.010 RCW

"IMMINENT RISK OF SERIOUS HARM" (Used in Risk Only Intakes and coordination with law enforcement)

Imminent - Having the potential to occur at any moment, or there is substantial likelihood that harm will be experienced.

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

- Death
- Life endangering illness
- Injury requiring medical attention
- Substantial risk of injury to the physical, emotional, or cognitive development

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

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

“INDIAN CHILD” means any unmarried and unemancipated person who is under age eighteen and is either (a) a member or citizen of an Indian tribe or (b) is eligible for membership or citizenship in an Indian tribe and is the biological child of a member/citizen of an Indian tribe. 25 U.S.C. § 1903 (4); 25 C.F.R. § 23.2. A child who meets this definition is subject to the Indian Child Welfare Act.

“INFORMED CONSENT” means the process by which the treating health care provider discloses appropriate information to a competent patient or their caregiver so that a decision can be made to accept or refuse treatment; including medications. It originates from the legal and ethical right the patient has to direct what happens to their body and from the ethical duty of the physician to involve the patient in their health care.

“IN-HOME SERVICES” means services provided in the child’s home in lieu of out-of-home placement equivalent to the level of service intensity required to maintain the child in residential care.

"IN LOCO PARENTIS" A person who acts in the position of a parent of a child and who has assumed on an on-going basis a parent’s rights, duties and responsibilities towards the child. A person living in the home and participating in the day-to-day parenting decisions in one or more of the following:

- Financial
- Supervision
- Decisions on where the child sleeps within the home

- Discipline
- Attending medical appointments
- Attending school conferences

"INQUIRY ONLY CALLS" occur when someone contacts Children's Administration for the sole purpose of obtaining information and not for purposes of alleging CA/N or requesting services specific to CA.

"INTENSIVE FAMILY PRESERVATION SERVICES" means community-based services that are delivered primarily in the home, that follow intensive service models with demonstrated effectiveness in reducing or avoiding the need for unnecessary imminent out-of-home placement. RCW 74.14C.010

LEGALLY FREE -A child is legally free for adoption if the child has no legal parent, either because the parent has died or because parental rights have been terminated (through relinquishment or involuntary termination) by a court order.

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

"MEDICAL HISTORY" means health information on the child contained in the child's case record, as required by the *CA Practices and Procedures Guide*, chapter 4000, section 43092, Health and Education Record.

"MEDICAL NECESSITY FOR INPATIENT MENTAL HEALTH CARE" means a requested service which is reasonably calculated to: (a) diagnose, correct, cure, or alleviate a mental disorder; or (b) prevent the worsening of mental conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available. RCW 71.34.020

"MISSING CHILD" means any child under the care and authority of CA and the child's whereabouts are unknown and/or the child has left care without the permission of the child's caregiver or CA. This does not include children in dependency guardianship

"MONITORING" includes any activity that reviews and evaluates contractor performance and compliance with the terms, conditions, and requirements of a contract.

"MONITORING PLAN" means a written proposal for monitoring contractor(s) compliance with the contract requirements and obligations. The plan is based on the assessment of risk to the department and its clients as well as the performance of services by the contractor.

"NEAR FATALITY" means an act that, as certified by a physician, places the child in serious or critical condition. RCW 74.13.500

"NEAR VERBATIM" means in exactly the same words as were used originally.

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

"ON-SITE REVIEW" is a contract monitoring activity that reviews and evaluates contractor performance and compliance with the terms, conditions, and requirements of a contract at the contractor's place of business.

“ORIGINAL PLACEMENT DATE” or **“ORIGINAL FOSTER CARE PLACEMENT”**, for the purposes of the Social Security Act and federal regulations, means the date of the child’s most recent removal from the child’s home and placement into foster care under the care and responsibility of the state agency. 45 CFR 1356.21(k)

This definition applies both to children placed in foster care under a voluntary agreement and to those children under the state’s responsibility through court order. Therefore, the original date of placement, for purposes of Title IV-E and section 422 of Title IV-B, would be when the child is in foster care and the state has been given responsibility for care either through a voluntary placement agreement or a court adjudication. PIQ 83-06

"OUT-OF-HOME PLACEMENT or CARE" means a placement in a foster family home or group care facility or placement in a home, other than that of the child's parent, guardian, or legal custodian, not required to be licensed under 74.15 RCW. RCW 74.14C.010

"PARENT" means a biological parent or adoptive parent of a child or an individual who have an established parent-child relationship under RCW 26.26.101, unless the legal rights of that person have been terminated or paternity has been disestablished.

"PARENTING STATUS" means:

- A. **Custodian** - a person appointed by the parent, guardian, or court to provide care for a child.
- B. **Guardian** - a person appointed by the court to provide care or to supervise a child.
- C. **Parent** - is the prime person responsible for the care of a child and may include:
 - 1. **Adoptive parent** - a person the courts grant parental status, rights, and privileges for a child.
 - 2. **Birth or natural parents** - the persons, male and female, who conceived and gave birth to the child.
 - 3. **Custodial parent** - the parent with whom the child resides:
 - 4. **Legal** - a current court order designating a parent's right to the child's custody that may include:
 - a. Joint custody.
 - b. Parenting plans.
 - c. Shared custody.
 - d. Sole custody to one parent.
 - 5. **Physical** - the parent(s) with whom the child resides or is found.
- D. **Stepparent** - a person, not the child's parent, who is currently married to the child's parent.
- E. **Caretaker** - a person who has actual physical supervision responsibility for a child and may include any of the above parenting statuses or a person appointed to provide physical custody.

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

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

"PLACEMENT DECISION" means the decision to place, or to delay or deny the placement of, a child in a foster care or an adoptive home, and includes the decision of the agency or entity involved to seek the termination of birth parent rights or otherwise make a child legally available for adoptive placement. 42 USC 5115a

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

"PRESERVATION SERVICES" means family preservation services and intensive family preservation services that consider the individual family's cultural values and needs. RCW 74.14C.010

"PREVENTIVE SERVICES" means preservation services, as defined in 74.14C RCW, and other reasonably available services capable of preventing the need for out-of-home placement while protecting the child. RCW 13.34.030

"PRN" stands for *pro re nata* and means "As needed."

"PROBATIONARY LICENSE" means a license issued as a disciplinary measure to an agency that has previously been issued a full license but is out of compliance with licensing standards. RCW 74.15.020

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

"PSYCHOTROPIC MEDICATION" means medication, the prescribed intent of which is to affect or alter thought processes, mood, sleep, or behavior, including, but not limited to, anti-psychotic, antidepressant, and anxiolytic medications. The classification of a medication depends on its stated, intended effect when prescribed because it may have many different effects. Examples of some such medications are:

- Amitriptyline/Elavil
- Desipramine/Norpramine
- Amoxapine/Asendin
- Imipramine/Tofranil
- Trimipramine/Surmontil
- Fluoxetine/Prozac
- Sertraline/Zoloft
- Phenelzine/Nardil
- Isocarboxazid/Marplan
- Burpropion/Wellbutrin
- Carbamazepine/Tegretol
- Lithium/Eskalith or Lithobid
- Chlordiazepoxide/Librium
- Diasepam/Valium
- Lorazepam/Ativan
- Propranolol/Inderal
- Chlorpromazine/Thorazine
- Halperiodal/Haldol
- Trifluoperazine/Stelazine
- Thioridazine/Mellaril
- Methylphenidate/Ritalin
- Pemoline/Cylert
- Amphetamine Sulfate/Amphetamine

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

REASONABLE AND PRUDENT PARENTING STANDARD means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver or designated official for a child care institution shall use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities. (See [Caregiver Guidelines For Foster Childhood Activities](#)).

The term 'age or developmentally-appropriate' means:

1. Activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and
2. In the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

"RELATIVE" From 74.15.010 (2) (a) (i-vi): Persons related to the child, expectant mother, or person with developmental disability in the following ways:

1. Any blood relative, including those of half-blood, and including first cousins, second 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 1, 2 or 3 above, even after the marriage is terminated;
5. Relatives, as named in 1, 2, 3 or 4 or of any half sibling of the child, or
6. 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 eighteen 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 twenty-four-hour basis to an Indian child as defined in 25 U.S.C. Sec. 1903(4).

"RESIDENTIAL CARE" is a generic term for group care, residential treatment, and treatment foster care.

"RESIDENTIAL TREATMENT SERVICES": See "After-Care Services," "Continuum of Care," "Group Care," "In-Home Services," "Residential Care," "Staffed Treatment Foster Care," and "Treatment Foster Care."

"RUNAWAY" is a juvenile who leaves and remains away from home without parental permission. (This definition is taken from "The Runaway and Homeless Youth Act".) **"SAFE"** child means children are considered safe when there is no present danger or impending danger threats or the caregiver's protective capacities control all known safety threats.

"SAFE HAVEN (Safety of Newborn Children Act)" Allows a parent to transfer (abandon) a newborn anonymously and without criminal liability at a hospital emergency room, fire station or federally designated rural health clinic if open and personnel are present to accept the child.

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

"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

"SERIOUS INJURY" of a child client is an injury requiring professional and medical treatment (beyond first aid).

"SERVICE AGREEMENT" means a formal written description of services to be provided or performed. Agreements are developed by the social worker with the parent and/or the court and any child over age 13 who is to receive or participate in services.

"SEX TRAFFICKING" means the recruitment, harboring, transportation, provision, or obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

"SEX TRAFFICKING VICTIM" (Commercially Sexually Exploited Child) means any child or youth over whom the State/Tribal agency has responsibility for placement, care, or supervision and who the agency has reasonable cause to believe is, or is at risk of being, a sex trafficking victim (including children for whom an agency has an open case file but who have not been removed from the home, children who have run away from foster care and who have not attained 18 years of age or such older age as the State has elected under section 475(8) of this the Act, and youth who are not in foster care but are receiving services under this section.

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

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

"SPECIAL NEEDS" means the specific factors or conditions that apply to the child and that may prevent the child from being adopted unless the department provides adoption support services.

"STAFFED TREATMENT FOSTER CARE" means a licensed treatment foster care where the foster parents are professional staff who are hired to provide 24-hour supervision to six or less children residing in a foster home-like setting.

"SUBSTANCE-AFFECTED NEWBORN" means a newborn child who has withdrawal symptoms resulting from prenatal substance exposure and/or demonstrates physical or behavioral signs that can be attributed to prenatal exposure to substances.

"SUBSTANCE-EXPOSED NEWBORN" means a newborn child who tests positive for substance(s) at birth, or the mother tests positive for substance(s) at the time of delivery or the newborn is identified by a medical practitioner as having been prenatally exposed to substance(s).

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

“TREATMENT FOSTER CARE” means a program designed for children, youth, and their families whose special needs are provided through services delivered primarily by treatment foster parents trained, supervised, and supported by agency staff. In addition to the provision of a safe, healthful environment, foster parents are expected to be members of the treatment team and to perform tasks which are central to the treatment process in a manner consistent with the child’s treatment plan.

"UNEXPECTED DEATH OF A MINOR" means a death not resulting from a diagnosed terminal illness or other debilitating or deteriorating illness or condition where death is anticipated.

“UNFOUNDED” means available information indicates that, more likely than not, child abuse or neglect did not occur. Chapter 26.44.020

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

“WRAPAROUND WITH INTENSIVE SERVICES (WISe)” means intensive mental health services and supports, provided in home and community settings, for Medicaid eligible individuals, up to 21 years of age, with complex behavioral health needs and their families. These services are provided by community mental health agencies.

Appendix C

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

[Click here to open the pdf: *DLR Shared Decision Making Policy Matrix*](#)