PERMANENCY PLANNING
November 22, 2016 – PT 2016.11

PROCEDURES 315
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PRINCIPLES OF PERMANENCY PLANNING

PERMANENCY is not a place to live. It is a sense of belonging and membership.

Permanence is not a philosophical process, a plan, or a foster care placement, nor is it intended to be a family relationship that lasts only until the child/youth turns age 18.

Permanency is about locating and supporting a lifetime family. For young people in out-of-home placement, planning for permanency should begin at entry into care, and be youth-driven, family focused, culturally competent, continuous, and approached with the highest degree of urgency.

National Resource Center for Permanency and Family Connections,
Hunter College School of Social Work

Section 315.05 The Permanency Planning Process

Permanency planning is a decision-making process that identifies a permanency goal for a child in substitute care, beginning from the earliest contacts with the child and family, continuing through service provision and ending when services are terminated.

The purpose of these procedures is to describe the requirements for assessment driven, trauma-informed permanency planning, to provide instructions for using assessments, Child and Family Teams, Lifebooks and other tools to help children develop and maintain lifelong connections while they are in substitute care, and to attain permanency.

The permanency planning process begins when the first contact is made with the child and family, and continues until the health and safety of the child are ensured and permanency is achieved.

Permanency is achieved when a child has a family relationship that offers:

- safe, stable and committed parenting;
- unconditional love and lifelong support; and
- legal family membership status.

Good permanency planning is <u>assessment driven</u>, <u>trauma-informed</u> and <u>focused on the child and family's identified strengths and needs</u>. It clearly identifies and focuses on the changes in parenting behavior expected to help the child return home, and enables the child to build and maintain lifelong connections.

When a child cannot be safely returned home, permanency planning (through a Concurrent Plan) plays an important role in identifying and securing another permanent home, often from among the child's lifelong connections, as quickly as is consistent with the child's best interests, health, safety and well-being.

To be successful, the assessment, decision-making and service planning functions of the permanency planning process must be followed by timely actions. The child's sense of time must always drive the permanency planning process.

Activities that must occur as part of the permanency planning process include:

a) **Placing Worker.** A Placing Worker (Child Protection Specialist, Permanency Worker or Intact Family Worker placing the child) shall perform the following duties within the time frames established in these Procedures, or more frequently when directed by the Placing Worker's supervisor.

1) The Placing Worker shall identify, locate, interview, and assess a non-custodial parent, a custodial parent of a sibling, and other relatives to determine if a relative would be an appropriate initial placement. When appropriate, the Placing Worker shall review the Region's or agency's vacancy list to identify a licensed foster family home for initial placement. See **Procedures 315.60(a), Responsibilities of the Placing Worker.**

2) Selection of initial placement. If a relative is contacted and not selected, the Placing Worker must document in a contact note why placement with that relative is not appropriate. See **Procedures 315.60(a), Responsibilities of the Placing Worker**.

3) Note to Child Protection Specialists: If the Transitional Visit does not occur at the Shelter Care (Temporary Custody) hearing, the Child Protection Specialist shall initiate a parent-child visit within one week, complete the initial Visitation and Contact Plan and file that plan with the court within the required 10 day time frame. See **Procedures 315.65, Prepare and File Initial Visitation and Contact Plan**

b) **Permanency Worker.** The Permanency Worker shall perform each of the following duties within the time frames established in these Procedures, or more frequently when directed by the Permanency Supervisor:

1) Within 72 hours after case assignment (excluding holidays and weekends), conduct an in person visit with the child and the primary caregiver in the substitute care placement. See **Procedures 315.130(b)(2) Ongoing Intervention and Contact/With Children in Placement** and **Procedures 315.130 (d), Contact with Foster Families/Relative Caregivers**.

2) Within 5 days after case assignment (excluding holidays and weekends), attend and participate in the Handoff Staffing. See **Procedures 315.130(a), Initial Intervention and Contact by Permanency Worker**.

3) If the Transitional Visit does not occur at the Shelter Care (Temporary Custody) hearing, within 5 days after case assignment (excluding holidays and weekends), conduct a Transitional Visit with the family. See **Procedures 315.130(a), Initial Intervention and Contact by Permanency Worker**.

4) Conduct a diligent search to place siblings together. The diligent search requirement is ongoing until a joint placement is located. See **Procedures 301.80, Sibling Placement**.

5) Within 10 days after protective custody (excluding holidays and weekends), develop and file an initial Visitation and Contact Plan with the court. See **Procedures 315.65, Prepare and File Initial Visitation and Contact Plan**.

6) Ensure each child entering and leaving substitute care receives the **CFS 1050-95, How to Connect with Your Brothers and Sisters** booklet.

7) Conduct a diligent search to locate missing parents. **See Procedures 315.60(b), Additional Responsibilities of the Permanency Worker.**

8) Search for and send written notice to relatives of the child and family in order to identify persons that can serve as formal, informal or natural supports and resources for the child and family and help the child build lifelong connections. See **Procedures 315.60, Identifying, Searching For and Engaging Relatives**.

9) Within 7 days after protective custody, arrange an Introductory Meeting with the parents and caregiver to support the return home goal. See **Procedures 315.30(b), Introductory Meeting**.

10) Conduct Child and Family Team Meetings. See **Procedures 315.105, Child and Family Team Meetings**.

11) Within the first 30 days after initial placement, ensure the child (when age and developmentally appropriate) receives a paper copy of the **CFS 496-1, Illinois Foster Child and Youth Bill of Rights**. See **Procedures 315.135(a), Foster Child Bill of Rights**.

12) Within 40 days after protective custody, complete an Integrated Assessment (IA) in conjunction with an IA screener. See **Procedures 315.95(b), Integrated Assessment**.

13) Develop the Service Plan and Concurrent Plan with input and concurrence of the family, select an appropriate and realistic permanency goal and complete all necessary referrals. See **Procedures 315.140, Developing the Service Plan** and **Procedures 315.155, Developing the Concurrent Plan**.

14) Conduct all contacts and interventions (casework activities that occur during worker contacts) as required in **Procedures 315.130, Worker Contacts and Interventions**.

15) Prepare for and participate in Monthly and Quarterly Supervisory conferences with the Permanency Supervisor. See **Procedures 315.310, Supervision Milestones.**

16) Prepare for, attend, and participate in Administrative Case Reviews and all court hearings for each assigned case. See **Rules 316, Administrative Case Reviews and Court Hearings.**

17) On an ongoing basis, assess and update the Service Plan whenever there is a change or completion in the case services. See **Procedures 315.175, Reviewing and Updating the Service Plan and Permanency Goal.**

18) When appropriate, help the family prepare for reunification, termination of Department-funded services and develop Reunification and After Care Service Plans. See **Procedures 315.250, Reunification, Planning for After Care and Termination of Services**.

19) Assess child safety and risk. See **Procedures 315.Appendix A, Child Endangerment Risk Assessment (CERAP)**.

20) On a monthly basis (every 30 days), have face to face meetings with the families, children residing in the home, children in placement and caregivers, and observe a parent-child and a sibling visit. See **Procedures 315.130(b), Ongoing Intervention and Contact**.

21) Ensure that each child has a Lifebook. See **Procedures 315.Appendix E, Lifebooks for Children in Substitute Care**.

Section 315.10 Definitions

*"**Adoption Dissolution**" means a circumstance where the child is removed from an adoptive placement after the adoption is finalized.* [750 ILCS 50/1(AA)]

"Fictive kin" *means any individual, unrelated by birth or marriage, who:*

i) is shown to have close personal or emotional ties with the child or the child's family prior to the child's placement with the individual; or

ii) is the current foster parent of a child in the custody or guardianship of the Department, if the child has been placed in the home for at least one year and has established a significant and family-like relationship with the foster parent, and the foster parent has been identified by the Department as the child's permanency connection. 20 ILCS 5/505(7)(b).

"File mining" means a thorough review of notes, assessments, reports and any other documentation that might lead to a possible connection or resource for a child and family. File mining includes, but is not limited to previous placements, educational settings, memberships in organizations, churches, activities, and teams.

"Formal support" is support from a relative that includes, but is not limited to, placement, backup placement, and extended respite. See **Section 315.60(b) Additional Responsibilities of the Permanency Worker.**

"Informal support" is support from a relative that includes, but is not limited to, phone calls, email, social media contact, cards for special occasions, provide family photographs, offer emotional support, plan outings, or celebrate important events in a child's life. See **Section 315.60(b) Additional Responsibilities of the Permanency Worker.**

"Godparent" is a person who sponsors a child at baptism or a person in whom the parents have entrusted a special duty that includes assisting in raising the child if the parent is unable to raise the child.

*"**Minimum parenting standards**" means that a parent or other person responsible for the child's welfare is able and willing to ensure that a child is healthy and safe, which includes ensuring that the child is adequately fed, clothed appropriately for the weather conditions, provided with adequate shelter, protected from physical, mental and emotional harm, and provided with necessary medical care and education required by law.* [89 Ill.Admin.Code 315.20 (DCFS Rule 315.20, Permanency Planning/Definitions)]

"Natural support" is support from a relative that includes, but is not limited to, short term respite, mentoring, coaching parents, child care, transportation to visitation or services, supervise visitation; and/or See **Section 315.60(b) Additional Responsibilities of the Permanency Worker.**

*"**Placement Disruption**" means a circumstance where the child is removed from an adoptive placement before the adoption is finalized.* [750 ILCS 50/1(BB)]

"Placing Worker" means the Child Protection Specialist, Permanency Worker or Intact Family Worker who places a child in a substitute care placement.

*"**Post-Placement and Post-Adoption Support Services**" means support services for placed or adopted children and families that include, but are not limited to, counseling for emotional, behavioral, or developmental needs.* [750 ILCS 50/1(CC)]

"**Relational permanency**" is a well-being need for a child that refers to a child's experience of trust, emotional connection to and sense of connection with one or more adults who provide an unconditional and lifelong commitment to the child. Relational permanency is ideally achieved when children are reunified with their parents or when children are adopted or achieve guardianship with family members or other caring adults.

"Relative", for purposes of placement of children for whom the Department is legally responsible, *means any person, 21 years of age or over, other than the parent, who:*

- *is currently related to the child in any of the following ways by blood, adoption,* marriage, or civil union*: grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin,* first cousin once removed (children of one's first cousin to oneself), *second cousin* (children of first cousins are second cousins to each other), *godparent* (as defined in this Section), *great-uncle, or great-aunt; or*

- *is the spouse*, or party to a civil union, *of such a relative; or*
- *is the child's step-father, step-mother, step-grandfather, step-grandmother or adult step-brother or step-sister*; or
- is the partner, or adult child of a partner, in a civil union with the child's mother or father; or
- is a fictive kin as defined in this Section.

Relative also includes a person related in any of the foregoing ways to a sibling of a child, even though the person is not related to the child, when the child and its sibling are placed together with that person. For children who have been in the guardianship of the Department, have been adopted, and are subsequently returned to the temporary custody or guardianship of the Department, a "relative" may also include any person who would have qualified as a relative under this definition prior to the adoption, but only if the Department determines that it would be in the best interests of the child to consider this person a relative. [20 ILCS 505/7(b) and DCFS Rule 315, Permanency Planning/Definitions)]

*"**Secondary Placement**" means a placement, including but not limited to the placement of a ward of the Department, that occurs after a placement disruption or an adoption dissolution. "Secondary Placement" does not mean secondary placements arising due to the death of the adoptive parent of the child.* [750 ILCS 50/1(EE)]

Section 315.15 Best Interests of the Child

a) Best Interests, Health and Safety of the Child

Permanency planning is an ongoing process that first and foremost must consider the best interests, health and safety of the child in all planning decisions. Health, safety and well-being are the paramount factors that must be considered when determining the best interests of the child. This means that a child is (or will be) in a living arrangement that meets the placement selection criteria contained in DCFS **Rule 301, Placement and Visitation Services,** that protects the child's physical health and safety, and promotes the child's emotional, medical, and developmental well-being.

When evaluating the best interests of the child, the Permanency Worker shall consider the following factors from **Section 1-3 of the Juvenile Court Act** [705 ILCS 405/1-3]:

1) *the physical safety and welfare of the child, including food, shelter, health, and clothing;*
2) *the development of the child's identity;*
3) *the child's background and ties, including familial, cultural and religious,* including the primary method and/or language of communication between the child and the parents or any other special communication needs;

4) the child's sense of attachments, including:

A) where the child actually feels love, attachment, and a sense of being valued (as opposed to where adults believe the child should feel such love, attachment, and a sense of being valued);

B) the child's sense of security;

C) the child's sense of familiarity;

D) continuity of affection for the child;

E) the least disruptive placement alternative for the child;

5) the child's wishes and long-term goals;

6) the child's community ties, including church, school, and friends;

7) the child's need for permanence, which includes the child's need for stability and continuity of relationships with parent figures and with siblings and other relatives;

8) the uniqueness of every family and child;

9) the risks attendant to entering and being in substitute care; and

10) the preferences of the persons available to care for the child.

The child's best interests and health, safety and well-being must be considered and documented throughout service intervention and during, but not limited to, the following activities:

- investigation of allegations of abuse or neglect (including the handling of hotline calls);
- completion of Safety and Risk Assessments throughout the life of the case;
- completion of the initial, Integrated and ongoing assessments;
- completion of the CANS (Child/Adolescent Needs and Strengths) assessment;
- contacts with parents, including engaging parents in services;
- finding and engaging family members and other relatives;
- planning, monitoring, and assessing visitation and contact;
- Child and Family Team meetings;
- service planning;
- permanency goal selection;
- Administrative Case Reviews;
- Legal Screenings; and
- all court proceedings.

b) The Child's Sense of Time

The safety of the child is the primary concern of all Department and Purchase of Service Agency (POS) staff. All services, reviews and decisions are made in response to the child's need for safety and stability.

Children have a different sense of time than adults. What seems like a short family disruption or a brief separation to adults may be a very painful and intolerably long period for children. In general, younger children are less able to tolerate periods of separation than older children. For this reason, the Permanency Worker must act promptly using the best information available when dealing with children and their families.

The child's sense of time relates to the developmental needs of the child based on chronological age, developmental capacity, and overall well-being, including emotional, health, education and social needs.

Time frames established in the Juvenile Court Act and DCFS Rules and Procedures reflect the child's sense of time and are directly related to the developmental needs of the child.

When a reunification permanency goal is established, the Permanency Worker and caregiver must help the child to remain a member of his/her family unit. Services must be delivered to both the family and child in the context of the child's membership in the family unit, and the parents and other significant family members must be included in all services to the child.

c) Promoting Child and Family Well-Being

Promoting well-being involves understanding and addressing child and parental/family functioning in physical, behavioral, social, and cognitive areas. A focus on well-being should be integrated into all aspects of child welfare services. Addressing child and family needs related to well-being is a critical part of reducing risks and increasing safety and protective factors in child abuse and neglect cases.

d) Family-Centered and Child-Focused Practice

Family-centered practice is a way of working with the family, both formally and informally, across service systems to enhance the family's capacity to care for and protect the child. It focuses on the child's safety and needs within the context of the family and community and builds on family strengths to achieve optimal outcomes. Family is defined broadly to include birth, blended, kinship, foster and adoptive families and fictive kin.

Family-centered practice:

- strengthens, enables, and empowers the family to protect and nurture the children;
- safely preserves family relationships and connections when appropriate;
- recognizes the strong influence that social systems have on individual behavior;

- enhances family autonomy;
- recognizes the family's right to define who they consider family;
- respects the rights, values, religious beliefs and culture of the family; and
- focuses on the entire family rather than select individuals within the family.

The family unit, including the child as an individual and continuing member, is the focus of intervention.

The child remains a member of the family even while living in substitute care. Family-centered intervention looks to the extended family members and relatives, not only as caregivers for the family's child, but also as supporters of the family in their work toward reunification.

Through visitation and shared parenting, committed extended family members and relatives provide a wealth of opportunities to support the parents while keeping the child attached as a family member.

The family must be an active participant in all assessment, intervention, review, evaluation and decision processes. Through individual contact with the parents and Child and Family Team Meetings (that may include extended family members and relatives), the Permanency Worker provides:

- immediate response to the crisis of placement;
- engagement, full disclosure and ongoing feedback;
- open, inclusive and frequent planning; and
- review and evaluation of progress toward reunification or an alternative permanency goal.

Family-centered practice provides an opportunity for the family to discuss their progress, casework support, clinical intervention and the effectiveness of the services provided.

e) Strength-Based Practice

A key to implementing strength-based practice is to begin identifying and documenting observable strengths that can serve to support the family in achieving their goals for safety, permanency and well-being.

All families have strengths and needs. Most parents want to resolve the problems and issues that confront them, and they want to be as effective as possible in their role as parents. Most families have had some success at solving past problems. Drawing on successful experiences helps identify skills already available within the family and gives the family hope for the future. Most families can be guided to draw upon their strengths and resources to resolve the problems and issues confronting them and will be able to engage in some or all of the services needed.

The Permanency Worker must document the family's identified strengths and discuss openly how the family can use and build upon those strengths to support positive change. This discussion should occur on an ongoing basis and be shared with the family as part of full disclosure regarding case progression and family prognosis in support of permanency for all children in the family.

f) Trauma-Informed Practice

The Department has stated the following vision for a trauma-informed practice model:

> *The vision of the practice model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children who are entering protective care or currently living in* a substitute care placement. *This vision also continues with efforts to reduce, if not alleviate, secondary trauma experienced by children while living in out-of-home care.* (DCFS Strategic Plan for Trauma, 2007)

A child's reaction to traumatic stress:

- may have both short- and long-term consequences for the child's mental and physical health;
- may adversely impact the child's ability to protect himself/herself from abuse;
- may have both short- and long-term consequences for the child's life trajectory; and
- can adversely impact the child's stability in placements.

The need for placement as a safety intervention must be balanced against the trauma of removal and prolonged separation from the family with whom the child shares membership, tradition and identity. The child's attachment to his/her family, even in the face of maltreatment, is critical to the child's emotional security.

g) Culturally-Informed Practice

Culturally-informed practice includes:

- respect for families of all cultures;
- appreciation of cultural diversity;
- advocacy for social justice and equal opportunity for all families;
- awareness of one's own cultural biases;
- approaching relationships with culturally-different families with openness and a willingness to learn;
- asking families about their family, their family history and the role culture plays in their lives;
- asking families how they identify the current problem and what they see as solutions; and
- identifying and utilizing strengths and resources within the family.

h) Risk v. Safety

The Child Endangerment Risk Assessment Protocol (CERAP) is a process whose purpose is to identify the likelihood of moderate to severe harm (i.e. safety threats) in the immediate future. When immediate risk to a child's safety is identified, the protocol requires that action be taken, such as the implementation of a safety plan or protective custody. Identified safety threats and the safety plan to control the identified threats are documented in the Service Plan and the **CFS 1441-A, Safety Plan**.

Safety threats are restricted to the essential criteria of immediacy and severity or potential degree of harm. Since risk allows a broader concept for evaluation of the family, safety threats are depicted within the broader meaning of risk. The purpose of the broader area of risk is not control, but rather to decrease the risk of future maltreatment and resolve problems that cause risk. Safety threats must be controlled and risk factors may be resolved or reduced.

Safety and risk are different in two important ways:

1) Time Element:

- Safety considers danger of harm now or in the very near future.
- Risk considers a longer-term threat (e.g., a child may be at risk months into the future).

2) Potential Degree or Severity of Harm:

- Safety is concerned with the potential for moderate to severe harm.
- Risk is concerned with the full range of severity of harm (i.e., from low to severe).

The primary purpose of the CERAP is to immediately control the situation to prevent harm from occurring in the short-term. The primary purpose of Risk Assessment is to reduce or resolve the problems that lead to risk. Safety and risk both require intervention in order to prevent harm. However, safety must always be assessed and controlled quickly, while risk may be assessed and reduced or resolved over a longer period of time.

Each safety threat must be considered from the perspective of the threat it poses for the particular child involved. Some children are more vulnerable than others. A situation that poses a safety threat to a 5 year old may not pose a threat to a child who is 10 years old. The CERAP safety assessment tool must be used at the case milestones indicated in **Procedures 315.Appendix A, Child Endangerment Risk Assessment (CERAP)**, and also at any other time when the Permanency Worker believes that a child may be unsafe.

Safety and Risk Assessments must be documented in SACWIS within 24 hours.

Section 315.20 The Importance of Lifelong Connections

The best interests of children require that they have lifelong connections and a safe, permanent, secure, and nurturing home for healthy psychological and physical development in order to mature to stable adulthood.

It is widely recognized that kinship care for children entering the child welfare system is often highly advantageous to both children and their families. It is important for staff to recognize that not only is this a good social work practice, but **notice to relatives and searching for relative placements is legally mandated**. The Permanency Worker is required to make reasonable efforts to locate and engage relatives who may be willing and able to be placement, visitation or other supportive resources for the child and the family. **Procedures 315.60, Identifying, Searching For and Engaging Relatives, Procedures 315.70, Notify and Interview Relatives,** and **Procedures 315.75, Assessment of Relatives as Placement Resources** are intended to ensure Child Protection Specialists, Permanency Workers and Intact Family Workers comply with these legal mandates.

In addition, Section 7 of the Child and Family Services Act [20 ILCS 505/7] requires the Department to make reasonable efforts to identify and locate a relative who is ready, willing and able to care for the child. These efforts must be renewed each time the child requires a placement change and it is appropriate for the child to be placed in a home environment. The Placing Worker/Permanency Worker must document efforts to identify and locate a relative placement and maintain the documentation in the case record.

When children must be removed from a parent, the Placing Worker must determine if there is a non-custodial parent or other relative who may be a placement resource. Placing Workers and Permanency Workers are required to identify, search for and engage the child's relatives on both the maternal and paternal sides of the family. The Placing Worker/Permanency Worker shall ask the parents and/or child to identify grandparents and other relatives that may be willing and able to serve as placement resources or positive supports for the child. The Placing Worker/Permanency Worker must comply with all requirements set out in **Procedures 315.60.**

Throughout the life of the case, the Permanency Worker shall continue to collect information about other relative supports and connections as that information becomes available, in order to develop a network of individuals who commit to support the family toward reunification and ensure the children do not linger in foster care.

Section 315.25 Engaging Children, Families, Relatives and Caregivers

a) **Child Protection Specialists.** Call the reporter and secure more information about the family. If there is an open service case, speak with the Permanency Worker before interviewing the family. Ask the Permanency Worker to go along when interviewing parents, the child, and relatives to promote more engagement with the process and build trust. Keep an open mind. Treat the parents as innocent parties and withhold judgement until all the facts are gathered. Be respectful of the family and their time, home environment and personal space. Be mindful of the family's cultural issues, and use clear, honest and respectful communication.

When interviewing a child at school, be mindful that being called to the principal's office can be scary and embarrassing. Let the child know he/she is not in trouble, how and when the Child Protection Specialist will contact the parents and what might happen. Take the time to show the child you really do care about his/her safety.

Try to put the child at ease. Really listen to the child and show an interest in him/her, rather than just eliciting facts and evidence for the investigation.

b) **Permanency Workers.** Family dissolution is a crisis for the entire family. Every day that the child remains away from the family may add to the crisis. The optimal time to begin a trusting relationship is during this crisis. By joining with the family, the Permanency Worker can establish his/her role as a supportive agent of change. By supporting the family during the crisis, the Permanency Worker can build the foundation for the work of reunification.

The Permanency Worker should anticipate that some parents may be hesitant to participate in an assessment process, especially immediately following the removal of their child. However, the Permanency Worker should continue efforts to engage the parent to help them understand the importance of their participation in the work of reunification and the consequences of not participating. If the parents are unable or refuse to participate in the assessment, the Permanency Worker must continue to reengage the parents in the assessment process while explaining the consequences of their actions.

Permanency Workers need to be focused on Permanency from Day One. The partnership developed between the family and Permanency Worker through family engagement strategies strengthens the assessment process and leads to more appropriate service provision.

Working collaboratively, Permanency Workers and families are better able to identify a family's unique needs and develop relevant and culturally appropriate Service Plans that address underlying needs, build on family strengths, and draw from community supports. When families are part of the decision-making process and have a say in developing Service Plans that affect them and their children, they are more likely to be invested in the Service Plans and more likely to commit to achieving outcomes and complying with services that meets their individual needs.

c) **All DCFS/POS and Residential Treatment Facility Staff.** When a child requires placement in a Residential Treatment facility, it is crucial that the Permanency Worker and facility staff work collaboratively in the best interests of the child. The list below sets out a few key considerations for Permanency Workers and others who will be interacting with family members.

- Be respectful of the family and their time, their home environment and their personal space. A family's belief that all its members are respected and their feelings and concerns are being heard strengthens their relationship with their caseworker. This positive relationship, in turn, can increase the chances for successful intervention.

- Consider cultural issues of the family and use clear, honest, and respectful communication with families, which may help set a foundation for building some trust.

- Really listen to the child, show an interest in the child, and take time with the child to show you really do care about their safety. Relate on their level.

- When discussing the results of screens, let the family know that the Department does perform screens (e.g., drug, domestic violence, CERAP) on everyone during an investigation and during service provision.

- When mental health records must be acquired, explain ~~that~~ the reason those records are important for assessing safety and permanency planning.

- Slow down and really listen to the family and take a real interest.

- Understand that each individual has rights and responsibilities as a member of their family or household and honor their positions.

- Gather information about and contact relatives (maternal <u>and</u> paternal, extended family members, fictive kin) by using tact and sensitivity so as not to appear to be going behind the family's back. Inclusion of family members - including fathers, extended family and fictive kin - early in a case provides a greater opportunity to explore the use of relatives as ~~a~~ placement and permanency options for the child.

- Explain to the family how the process works, what they can expect, and if they have issues or concerns that they contact the Permanency Supervisor or the Advocacy Office for Children and Families. Give full disclosure in a caring and concerned manner.

Section 315.30 Shared Parenting

This Section outlines the requirements for engaging parents and caregivers in a partnership aimed at supporting permanency and child well-being.

Shared parenting is a form of engagement that links parents and caregivers in the development of an actual partnership focused on the well-being of the child. Shared parenting is not a new concept in Illinois child welfare practice. Many families practice and have experienced the benefits of shared parenting. In addition to supporting child well-being, a shared parenting approach has been found to have a positive impact in the following ways:

- It empowers parents in their role as parents;
- It encourages parents to participate in Action Steps identified in the Service Plan;
- It minimizes separation and loss for the child;
- Caregivers mentor parents in appropriate parenting practices;
- Parents support caregivers to ensure their child is well cared-for;
- Children are able to maintain parental and/or familial connections and have consistency in their lives;
- The partnership between parents and caregivers supports positive case outcomes;
- When reunification is the goal, the lines of communication between the child, parents and caregiver can remain open with continuing support and connection; and
- If reunification is not possible, the child can have continued contact with parents.

Within the shared parenting framework, Permanency Workers, parents and caregivers work as a team. As with any effective team, players have different roles, responsibilities and tasks, but each team member has the same goal - in this case, to preserve or rebuild the family around the long-term welfare of the child. This requires that the team members form a partnership or positive alliance always seeking to keep parents focused on the welfare of the child.

a) Permanency Worker Requirements for Developing a Shared Parenting Partnership

The first critical act in establishing the partnership is the recognition that caregivers are part of the Child and Family Team and have a significant role in the team achieving and sustaining the desired permanency outcome while supporting child well-being.

At the Shelter Care (Temporary Custody) Hearing, if the Permanency Worker, caregivers and parents are all present, the Permanency Worker shall introduce the caregivers and parents to one another.

Within the first 72 hours of initial placement (excluding weekends and holidays), the Permanency Worker must meet with the child and caregivers in the caregiver's home. The Permanency Worker should introduce the caregivers to their role in the shared parenting partnership and the importance of establishing this partnership. At this initial visit in the caregiver home and at every in home contact thereafter, the Permanency Worker shall encourage the caregiver to make attempts to engage the parent.

The Permanency Worker shall encourage the caregiver to send notes to the parent at parent-child visits about how the child is doing (e.g., eating, sleeping, what he/she likes to play), and to send a drawing made by the child.

An Introductory Meeting with the child's parents, foster parents/relative caregivers, and Permanency Worker should be scheduled within 7 days after protective custody. (Introductory Meetings are described more fully in **subsection b** below.)

At the 14-Day Child and Family Team Meeting and every meeting thereafter, the Permanency Worker, parents and caregivers shall:

- Discuss the importance of the parenting partnership and the ways that the parent may be supported by the caregiver and the caregiver by the parent.
- Discuss how shared parenting can enhance the child's well-being.
- Review the **CFS 458-C, Let Me Tell You about My Child** and encourage the parents and caregivers to use this form to routinely share information with each other in support of co-parenting the child.
- Discuss the role of the caregiver in supporting permanency and in helping achieve Outcomes in the Service Plan.
- Discuss parent-child visitation and the possibility of extending or increasing the frequency of visitation with caregiver support. This may include:
    - The possibility of caregiver supervision of parent/child visits;
    - The possibility of using technology to increase parent/child contact; or
    - The possibility of using technology to establish regular and frequent parent and caregiver interaction.

The Permanency Worker shall encourage including the parent in celebrations of the child's milestones (e.g., birthdays, graduation) and also during routine appointments, such as medical or dental check-ups, haircuts, parent-teacher meetings, sporting or extracurricular events, recitals, etc. The Permanency Worker shall make note of the child's upcoming appointments or events and discuss with the caregiver and parent how the parents might be included in the appointment or event.

Efforts to establish a shared parenting partnership are required and must be ongoing. The Permanency Worker shall document all efforts to engage the parents and caregivers in shared

parenting in contact notes within 48 hours, and include the content and outcome of each discussion.

b) **Introductory Meeting.** The Introductory Meeting (also referred to as IceBreaker Meeting) brings together the child's parents, foster parents/relative caregivers, and Permanency Worker within the first week of a new placement. The goal is to reduce the trauma the child experiences after removal from his/her family by building a healthy relationship between the child's parents and caregivers. Introductory Meetings create an avenue for communication that enables caregivers to receive more information about the child and allows parents to know more about their child's caregivers while the child is in substitute care.

Introductory Meetings are never held at the foster parent/relative caregiver's home; they are held at a DCFS or private agency office or other community location. Only first names of parents and caregivers are used and no phone numbers or addresses are revealed or exchanged.

If safety issues exist, the Permanency Worker must discuss those issues with the Permanency Supervisor before scheduling an Introductory Meeting. The discussion of safety issues, and decision whether to hold an Introductory Meeting, shall be documented by the Permanency Supervisor in a supervisory note within 48 hours.

Introductory Meetings usually last 20 to 30 minutes and follow a structured format to keep the meeting on track. When contacting the parents and caregiver to schedule the meeting, the Permanency Worker will review an "IceBreaker discussion guide" to help them prepare for the meeting. The Permanency Worker should also ask the parents and caregivers to keep what is said during the meeting confidential.

When the meeting takes place, the parents and caregiver will have an opportunity to ask each other a few questions about the child to help the child adjust to the new placement. The Permanency Worker should open the meeting by emphasizing the importance that the parents and caregivers have in the child's life right now, and urging participants to respect each other's feelings, opinions, cultural differences and ideas. The parents can use the **CFS 458-C, Let Me Tell You About My Child** and tell the caregiver about the child's likes/dislikes, favorite toys, allergies or bedtime habits. The caregiver can provide broad, general answers to questions about their family and home (e.g., "we have children of our own and foster children in our home" or "your son shares a room with another five year old boy"). The Permanency Worker is there to observe and make note of information disclosed about the child, and any information that may aid in case planning.

Foster Parent/Relative Caregiver's Role:

- Review the "IceBreaker" discussion guide with the Permanency Worker before the meeting and follows the guidelines;
- React to statements by the parents in a non-judgmental way;

- Encourage the parents to share information that will aid in the care of the child;
- Use first names only. Do not share address or phone number;
- Provide information about his/her family and the child to help relieve the birth parent's anxiety;
- Do not make any agreements with the parents that have not been approved by the Permanency Worker;
- Refer any questions on case planning to the Permanency Worker;
- Reassure the parent that it's the caregiver's role to support the Department's goal of Return Home.

Parents' Role

- Review the discussion guidelines with the Permanency Worker before the Introductory Meeting;
- Adhere to the guidelines provided and keep the discussion child-focused;
- Use first names only. Do not ask for the address or phone number of the caregiver;
- Provide information to the caregiver that will ease the child's transition;
- Do not discuss the reason why their child came into care or other case planning issues.

Permanency Worker's Role

- Review the discussion guidelines with the parents and the caregiver before the Introductory Meeting;
- Remind participants to use first names only; they should not ask for or share addresses and phone numbers at the Introductory Meeting;
- Assist in keeping the discussion child-focused;
- Discuss the child's Lifebook and ask both parents and caregivers to help with providing and maintaining information that can be included in the Lifebook;
- After the meeting, follow up on any red flag issues that are presented by the caregiver or parents;
- Document the information received about the child on the **CFS 458-C, Tell Me About Your Child** and forward it to the caregiver;
- Document the meeting in a contact note.

Beyond the Introductory Meeting, the Permanency Worker should seek the parents' approval to include the caregiver in Child and Family Team Meetings.

Section 315.35 Service Planning in Support of Permanency

a) **Service Plan and Concurrent Plan Required**. Every child in substitute care must have a documented Service Plan and Concurrent Plan as part of the overall permanency planning process. As part of the Integrated Assessment process, a Concurrent Plan for each placed child shall be developed simultaneously with, and recorded in addition to, the primary Service Plan.

A thoughtfully prepared Concurrent Plan is not a Plan B, but is a plan to build supports and connections that should eliminate delays in attaining permanent families for children in substitute care. When developing a Concurrent Plan, the Permanency Worker, family and Child and Family Team should consider all reasonable options for attaining permanency for the child at the earliest possible point, and determine how they should concurrently pursue those options that will best serve the child's needs. The Concurrent Plan should identify relatives and other permanency resources who can support the Concurrent Plan should action on the plan become necessary.

Example: When a "return home" permanency goal is established, the family should receive the full array of reunification services, including frequent visitation and shared parenting involvement. The child should be placed with a caregiver willing to assist in the work of reunification while at the same time be willing to commit to providing permanency for the child should reunification not occur.

b) **Required Documentation.** The Permanency Worker shall document all discussions regarding development of the Concurrent Plan <u>in contact notes</u> and in the <u>Integrated Assessment</u>. The Concurrent Plan itself is documented in the Service Plan.

Discussions around the Concurrent Plan should be ongoing and must be revisited minimally every 90 days as part of the ongoing assessment and service planning process that occurs at Quarterly Child and Family Team Meetings. As family conditions change over time, it may become necessary to establish an alternate Concurrent Plan if family or resource circumstances or abilities change. The Child and Family Team Meeting is a helpful forum to openly address all progress towards permanency and barriers to permanency for both the primary permanency goal and the Concurrent Plan. Any changes envisioned to either the primary Service Plan or the Concurrent Plan must be openly discussed with members of the Child and Family Team as part of that meeting process.

Development of a Concurrent Plan in no way minimizes the primary permanency goal and Service Plan, and is not meant to alarm the family. Rather, concurrent planning provides a greater potential for a child in care to achieve timely permanency. Research has shown that a primary benefit of concurrent planning appears to be that children in substitute care achieve permanency with families more quickly. When the parents and family members are engaged in developing a Concurrent Plan, not only are they fully informed of the possibilities for their child if reunification is no longer possible, but the parents can also be the best source of information to plan for their child. Encouraging open communication and full disclosure

between the parents, caregivers, extended family, attorneys, guardians ad litem and service providers allows all those responsible for ensuring the best interests of the child to work collectively in establishing the best possible permanency plan when reunification will not be possible.

The Service Plan must clearly articulate the Concurrent Plan for permanency and must identify the permanency resource for the Concurrent Plan. When a resource has not been identified, the Permanency Worker must document efforts made to identify a resource in the Service Plan as well as in contact notes. Additionally the **CFS 458-B, Relative Resources and Positive Supports Worksheet** must be updated and reviewed for potential family resources minimally during or immediately after each Child and Family Team Meeting.

c) **Importance of Family Connections in Achieving Permanency.** In cases where family connections have not been maintained over time, the Permanency Worker must begin the family finding steps outlined in **Procedures 315.60, Identifying, Searching For and Engaging Relatives**, and may contact the DCFS Resource and Recruitment unit and the regional Permanency Achievement Staff for a referral and assistance in seeking permanency resources for children and youth with no identified kin connections.

Section 315.40 Reasonable Efforts and Reasonable Progress

a) **Reasonable Efforts by the Department / Reasonable Efforts Findings by the Court.** The Placing Worker and Permanency Worker shall ensure, and document in contact notes, that they, the Department and their agency (if purchase of service) have made reasonable efforts to:

- prevent or eliminate the need to remove a child from the child's home;
- identify, locate and notify the child's family members that their related child is in substitute care;
- engage the parents (including non-custodial parents) and relatives; and
- reunify the family when the child is placed in substitute care and reunification is the permanency goal that is in the best interests of the child.

Unless the family circumstances are such that no efforts reasonably can or should be made to maintain the child in the child's home or to reunify the family, the Permanency Worker must always be prepared to establish "reasonable efforts." The Juvenile Court Act permits expedited termination of parental rights only in very limited circumstances. When the Permanency Worker and Supervisor agree that no efforts reasonably can or should be made, it is crucial for the Permanency Worker to document facts to support grounds for expedited termination of parental rights and request a legal screening with DCFS Regional Counsel within 10 business days. This process is described in **Section 309.80(d), Expedited Termination of Parental Rights**. The legal process for early termination of reasonable efforts is also described in Section 2-13.1 of the Juvenile Court Act [705 ILCS 405/2-13.1].

Permanency planning must ensure accountability and full disclosure on the part of the Permanency Worker and other service providers, as well as accountability on the part of each of the parties to the Service Plan for their obligations as listed in the Service Plan and any Court orders.

The Permanency Worker shall fully discuss the expectations and obligations listed below with each of the parties to the Service Plan. This information shall also be documented on the Service Plan. **These are minimum expectations.** The Permanency Supervisor may expand this list as appropriate for each placement case.

1) The desired permanency goal for each child;

2) Identification of safety threats that must be resolved to achieve the permanency goal and ensure the child's health, safety and well-being;

3) Identification of measurable changes or outcomes that will eliminate safety threats and reduce risk;

4) Identification of the services the Department and other service providers will provide toward achieving the permanency goal;

5) Identification of applicable time frames for achieving the permanency goal; and

6) Identification of any consequences to the parents if the time frames are not met.

b) **Reasonable Efforts and Reasonable Progress by the Parents.** When a child enters substitute care, the parents are required to make reasonable efforts to cooperate with the Service Plan and reasonable progress toward the return of the child to their home. The Juvenile Court Act does not require parents to become super-parents in order to have their child returned. Likewise, parents are not required to meet the minimum standards for foster home licensing in order to attain the permanency goal.

Here is what parents must do:

1) They must ensure the health and safety of their child by demonstrating the ability to comply with minimum parenting standards, as defined in DCFS **Rule 315.20**:

"Minimum parenting standards" means that a parent or other person responsible for the child's welfare is able and willing to ensure that a child is healthy and safe, which includes ensuring that the child is adequately fed, clothed appropriately for the weather conditions, provided with adequate shelter, protected from physical, mental and emotional harm, and provided with necessary medical care and education required by law.

2) They must make reasonable efforts to correct the conditions that led to the child's removal, as demonstrated by attending court hearings, scheduled meetings with the Placing Worker/Permanency Worker, therapists, and other service providers; cooperating with the Permanency Worker; and complying with the Service Plan. Examples of reasonable efforts or lack of reasonable efforts by the parents are described in **Procedures 315.200, Have Parents Made Reasonable Efforts and Reasonable Progress**.

3) They must make reasonable progress toward the return of their child as demonstrated by a change in the behaviors or circumstances that threaten the child's best interests and health, safety or well-being, and were the reasons why the Department removed the child from the home. Examples of reasonable progress or lack of reasonable progress by the parents are also described in **Procedures 315.200**.

Section 315.45 Critical Decisions

When Critical Decisions must be made, the Permanency Worker shall discuss the case and the need for the Critical Decision with his or her supervisor. The decision shall not be implemented until supervisory approval has been obtained.

The Permanency Supervisor shall document the Critical Decision in a supervisory note within 24 hours and shall designate the note as a "Critical Decision." The supervisory note shall document the requested decision and the clinical issues that led to the final determination. A Permanency Worker's contact note may supplement, but shall not take the place of, the supervisory note.

The Permanency Worker shall explain the Critical Decision and the reason for it, either in person or by phone, to the affected parties (e.g. child, parents, caregivers). The Permanency Worker shall document oral explanations of Critical Decisions in a contact note**.** Notification shall also be made by mailing the **CFS 151, Notice of Decision** to the affected parties with receipt expected at least 10 days prior to the date the decision becomes effective. When the child has an attorney or guardian ad litem, that individual shall also receive a copy of the **CFS 151.**

If the Permanency Worker has attempted to reach the parents two times but has not succeeded, the Permanency Worker may implement the decision without notifying the parents. These attempts shall be documented in a contact note within 48 hours. However, the Permanency Worker shall continue to attempt to locate the parents even after the Critical Decision has been implemented.

The Permanency Supervisor shall be available to review and explain Critical Decisions made at the next Child and Family Team Meeting.

The Permanency Worker shall take measures to ensure that hearing impaired or limited/non-English speaking persons understand the Critical Decisions (both in imminent risk or non-imminent risk situations) and their right to request a Service Appeal.

a) List of Critical Decisions

Critical Decisions are time sensitive and made throughout the life of a case. Child Protection and Permanency Supervisors are to make Critical Decisions after a review of all the known information and in consultation with the Child Protection Specialist or Permanency Worker. All Critical Decisions must be documented in a supervisory note within 24 hours and recorded in the investigative or case file. A **CFS 151, Notice of Decision** must be hand delivered or mailed, within 48 hours, to the parties directly affected by the decision. Although all Department decisions affecting children and families are important, the Department identifies the following decisions, which require approval of the Child Protection or Permanency Supervisor, as the most critical ones affecting children and families. Situations that require a Critical Decision include, but are not limited to:

- Safety determinations. Making decisions regarding child safety is dependent upon information gathering and an analysis of all the available information and factors;
- Safety Plan implementation;
- Deciding whether services can prevent the child's placement away from his/her parents or primary parent figure or deciding whether to remove the child from the home of his/her parents or primary parent figure;
- Deciding whether a child shall be placed apart from siblings who are also placed in substitute care or should not have contact with one or more siblings.
- Deciding whether to recommend the return of the child to the home of his/her parents or primary parent figure from a placement away from his/her parents or primary parent figure;
- Deciding whether to decrease the frequency or the duration of parent and/or sibling visits with the child and whether the visits should be supervised;
- Deciding whether to release the name, address, and telephone number of the foster parent/relative caregiver to the parent and/or siblings placed apart;
- Deciding whether to change a child's placement;
- Deciding whether to seek termination of parental rights and seek an alternate permanent home;
- Deciding if a child is prepared for partial or total independence; or
- Requesting the juvenile court to reinstate parental rights for a child.

b) Critical Decisions Made in Imminent Risk Situations

When a Critical Decision must be made in a situation where the child is in imminent risk of harm, the Child Protection Specialist, Intact Family Worker or Permanency Worker shall make the decision in conjunction with the Permanency Supervisor or his/her designee. When the supervisor and designee cannot be reached, the Permanency Worker shall contact the next level manager. The Child Protection Specialist, Intact Family Worker or Permanency Worker shall explain the Critical Decision and the reason for it, in person or by phone, to the parties directly affected by the decision (e.g., the child, parents, caregiver) no later than the date of the action. Following the verbal notification and/or unsuccessful attempts to verbally contact the parties affected, the Child Protection Specialist, Intact Family Worker or Permanency Worker shall mail the **CFS 151, Notice of Decision**, within 48 hours, to the parties directly affected by the decision. When the child has an attorney or guardian ad litem, that individual shall also receive a copy of the **CFS 151**. In situations of imminent risk, the **CFS 151** shall include a statement why timely notice was not provided. The Child Protection Specialist, Intact Family Worker or Permanency Worker shall document oral explanations of critical decisions in a contact note.

Section 315.50 Selection of Initial Placement

Permanency can be the result of preservation of the family; reunification with birth family; or legal guardianship or adoption by kin, fictive kin, or other caring and committed adults.

Children taken into care of the state child welfare system experience a variety of losses brought about by change. These experiences are often traumatic for the children and create trauma experiences in addition to trauma caused by the abuse and/or neglect that lead to involvement with and entry into the child welfare system. When entering substitute care, children experience such obvious losses as familial relationships, school and/or peer relationships, and their actual home settings. If they have experienced multiple placements, changing families or caregivers numerous times, they experience losses such as the loss of cultural bonds, family traditions or daily routines.

Many, if not most, of the changes in the lives of these children are thrust upon them; it is not in their power to alter the events and circumstances that deeply and permanently impact their lives. The initial separation of children from the home of their parents or caregivers is at least anxiety producing, and, at most, severely traumatic. For children who have been in multiple substitute care placements, the effects of loss are profound and long-term.

The child welfare system must acknowledge the critical importance of separation and loss to children's long-term protection and permanency and act to decrease the subsequent impact. The importance of the parent-child relationship is memorialized in Section 7(c-1) of the Child and Family Services Act:

> *To the extent that doing so is in the child's best interests* [as defined in Section 1-3 of the Juvenile Court Act]…, *the Department should consider placements that will permit the child to maintain a meaningful relationship with his or her parents.* [20 ILCS 5/505(7)(c-1)]

Because separation and loss, and the resulting separation anxiety and grief, occur at various times throughout placement, the Child Protection Specialist must be aware of the impact of this dynamic during the initial intervention, family engagement and the placement process. In addition, the Child Protection Specialist and Permanency Worker must also be aware of the impact of this dynamic upon initial placement and throughout the continued engagement, assessment and service planning processes, particularly for children who experience multiple placements.

All Department and Purchase of Service (POS) staff are expected to use the **Guidelines for Minimizing the Effects of Separation and Loss in Substitute Care (**located in **Procedures 300.Appendix F)** to prepare and assist with the adjustment of children that are initially placed.

a) Matching the Child and Caregiver for Effective Permanency Planning

An effective match between the caregiver and the child and family facilitates the movement of the child to permanency.

The initial placement of the child may or may not be the caregiver who can accommodate the permanency path of the child and family. Each child entering home-based substitute care is initially placed in a home that geographically supports his links to school, family and community. Within the first 40 days of placement, a careful assessment of the child and family identifies the services required to provide for the child's safety, well-being and permanency path. The child remains in the initial placement when it best meets the assessed needs. If those needs are better met by another placement, the Permanency Worker should make arrangements to transition the child to that placement as soon as practicable.

The Permanency Worker must discuss the placement selection process with the caregiver. **All caregivers should be aware that a change in the initial placement might be required to meet the specific permanency needs of the child and family and that such a change is not a judgment on the suitability of the caregiver match with a different child and family.** The Permanency Worker must discuss the case and the need to make a change in placement with the Permanency Supervisor. Supervisory approval is required and a Critical Decision must be documented in a supervisory note within 24 hours.

b) Responsibility to Consider Relative Placement

A relative may be able to care for the child, and relative placements are often the least traumatic initial placements for children entering care. The definition of "relative", for placement purposes, includes fictive kin (or close family friends). **Procedures 315.55, Expanded Definition of "Relative": Family Finding, Relative Resources and Positive Supports** should help Placing Workers understand who can be considered "relative caregivers" for a child.

In the event that children are taken into protective custody with no open intact family case, the Child Protection Specialist, as the Placing Worker, is responsible to identify and contact relatives who may be appropriate, willing and able to serve as placement resources.

When protective custody is taken of a child in an intact family case, or court-ordered removal of a child occurs, the Child Protection Specialist (if a pending investigation exists) and the Intact Family Specialist share responsibility to identify and contact relatives.

In the event that there is a court-ordered removal of a child in placement, or a placement decision made from a Child Welfare Intake, the Permanency Worker or Intact Family Specialist is responsible to identify relatives.

All placement decisions require a Critical Decision to be made by the Placing Worker's supervisor. Supervisory consultation includes, but is not limited to, discussion of geography, educational needs, the need for a joint sibling placement and/or the development of a plan to preserve contact with siblings, social and emotional needs, spiritual needs, medical needs, service availability and when possible and appropriate, input from the child. The Placing Worker must complete a **CFS 418-J, Checklist for Children at Initial Placement** to determine any special medical, emotional or behavioral needs that may affect the type of substitute care placement required to meet that child's individual needs.

The sections that follow list the steps the Placing Worker (Child Protection Specialist, Intact Family Specialist or Permanency Worker) must take to identify, interview and assess the identified relatives. These steps must occur before considering alternate substitute care placement types.

Procedures 315.60, Identifying, Searching For and Engaging Relatives contain the required steps for identifying and contacting relatives.

Procedures 315.75, Assessment of Relatives as Placement Resources contain the criteria for assessing relatives who express an interest in becoming substitute caregivers for a related child.

Procedures 315.80, Sibling Placement contain additional considerations that must be addressed when placing sibling groups.

Section 315.55 Expanded Definition of "Relative": Family Finding, Relative Resources and Positive Supports

Section 7 of the Child and Family Services Act [20 ILCS 505/7] requires the Department to make reasonable efforts to identify and locate a relative who is ready, willing and able to care for the child. The Placing Worker must document efforts to identify and locate a relative placement and maintain the documentation in the case record.

These efforts must be renewed each time the child requires a placement change and it is appropriate for the child to be placed in a home environment.

If there are several appropriate placement resources, the Placing Worker must weigh all of them to determine which placement is in the child's best interests.

For purposes of placement of children in DCFS care, the persons described in **subsections a through e** below are considered "relatives" when a Child Protection Specialist, Permanency Worker or Intact Family Worker is seeking a substitute care placement for a child:

a) Any person, 21 years of age or over, other than the parent, who:

- is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin, first cousin once removed (children of one's first cousin to oneself), second cousin (children of first cousins are second cousins to each other), godparent (see below), great-uncle, or great-aunt; or
- is the spouse, or party to a civil union, of such a relative; or
- is the child's step-father, step-mother, step-grandfather, step-grandmother or adult step-brother or step-sister; or

- is the partner, or adult child of a partner, in a civil union with the child's mother or father; or
- is a fictive kin (see below).

b) A person who is related to a sibling of a child in any of the ways described in **subsection a**. (Example: placement of an add-on child with a sibling who has been adopted or is in subsidized guardianship.)

c) When a child in DCFS guardianship who was adopted or in a legal guardianship is returned to DCFS custody or guardianship (e.g., death of adoptive parents), "relative" may include any person who would have qualified as a relative under **subsections a or b** prior to the adoption.

d) The Placing Worker shall ask the parents and the child to identify **fictive kin** who may be able to serve as a caregiver for a child entering substitute care, and shall again inquire, as appropriate, any time a child in care requires a new foster home placement.

1) "Fictive kin" is determined by an assessment of the relationship between the named individual and child. It is not enough to simply say that the individual and child have met each other, or for the individual to say he/she knows and likes the child. The individual must have "a close personal or emotional tie with the child or the child's family."

   Fictive kin also includes *"the current foster parent of a child in the custody or guardianship of the Department, if the child has been placed in the home for at least one year and has established a significant and family-like relationship with the foster parent, and the foster parent has been identified by the Department as the child's permanency connection."* [20 ILCS 5/505(7)(b)]

2) When the child is verbal, the Placing Worker shall ask the child how he knows the named individual. Does the child know this individual well? What does the child think about this individual? Does the child trust him/her?

3) If an assessment determines the named individual is fictive kin to the child or family, there must be an assessment to determine whether the individual can be an appropriate placement for the child (i.e., he/she must be able to meet the child's identified needs).

e) A **godparent** whose role in the family pre-dates placement of the child with the godparent. The family may or may not have written documentation to establish the godparent-godchild relationship. The Placing Worker should ask a parent to confirm the fact that the person was designated as the child's godparent. If a parent is unavailable, the Placing Worker should ask other family members to help identify the relationship. When the child is able to understand, the child can also help identify his/her godparent. When family members are not available or cannot confirm, and formal documentation is not available, a person claiming to be the child's godparent can still be considered for placement as a fictive kin.

Section 315.60 Identifying, Searching For and Engaging Relatives

It is widely recognized that kinship care for children entering the child welfare system is often highly advantageous to both children and their families. It is important for staff to recognize that not only is this a good social work practice, but searching for relative placements is legally mandated.

Relative caregiver placements shall be sought and made in accordance with these procedures, **Procedures 301.60, Placement Selection Criteria** and **301.80, Relative Home Placements.** These procedures are intended to ensure Child Protection Specialists, Permanency Workers and Intact Family Workers comply with all legal requirements.

a) Responsibilities of the Placing Worker

The Child Protection Specialist, Permanency Worker or Intact Family Worker placing the child ("Placing Worker") shall ask the parent whether there is a non-custodial parent or if there are relatives that may be willing and able to serve as placement resources or positive supports for the child.

The Placing Worker shall ask the parent and/or child to identify grandparents and other relatives on both the maternal and paternal sides of the family, and list each relative on the **CFS 458-B, Relative Resources and Positive Supports Worksheet.** For each listed relative, the Placing Worker shall document:

- who (e.g., parent, child) identified the relative as a possible resource/support and the date identified;
- phone numbers, home and email addresses, if any;
- the relationship of the listed person to the parent or child (e.g., non-custodial parent, maternal grandparent, godparent of child, next-door neighbor/fictive kin); and
- if the parent/child thinks the relative might be a placement resource, visitation resource, or offer other types of support to the family.

The Placing Worker shall document <u>all identified relatives</u>, and shall not omit from this list anyone named by the parent or child.

The Placing Worker shall ask the child (when verbal), outside the presence of the parents and any relative, about each relative named by the parent as a placement resource. The Placing Worker shall ask how the child knows the person and if the child trusts and feels safe with that person. If the child does not trust or feel safe with a relative named by the parent, the Placing Worker shall discuss the child's feelings and concerns about that relative.

The Placing Worker shall also ask the child to name the persons who are important to him/her. Conversations with the child shall be documented in a contact note using the child's words within 48 hours.

If the child does not know, trust or feel safe with a person named by the parent, the worker shall not place the child with that person. The Placing Worker and Supervisor shall convene a supervisory staffing to discuss the child's feelings, and determine and validate the child's concerns. The Supervisor shall make and document a Critical Decision regarding placement of the child with that relative in a supervisory note within 24 hours.

The Placing Worker shall continue to update the **CFS 458-B,** adding names and contact information for any additional relatives identified during contacts and interviews, and indicating who identified the relative. When the Child Protection Specialist is the Placing Worker, the Child Protection Specialist shall ensure that the assigned Permanency Worker receives all information obtained about identified relatives at the case handoff staffing.

b) Additional Responsibilities of the Permanency Worker

The Permanency Worker must conduct a diligent search to locate a missing custodial and non-custodial parent of a child in the custody of the Department.

The Permanency Worker shall identify all siblings in DCFS-approved legal guardianships and adoptions and consider those homes as potential placements. The Permanency Worker shall include those siblings and their parents/legal guardians on the **CFS 458-B, Relative Resources and Positive Supports Worksheet**.

The Permanency Worker shall add each individual listed on the **CFS 458-B** into SACWIS as a "Collateral" and under the "Family Finding Supports and Connections" hyperlink on the Relationships tab from the Case Maintenance window. This shall be done for every open child case in the family, however, some relatives may be specific to a particular child.

The Permanency Worker shall attempt to contact and interview **each listed relative** who was not interviewed by the Placing Worker within 5 days of case assignment and shall document each interview or attempted interview in a contact note.

The Permanency Worker shall also contact each relative who was interviewed by the Placing Worker and expressed an interest in supporting the child and/or family.

During these interviews, the Permanency Worker shall ask about each relative's involvement in the child's and family's life, including past and current relationship, and ask about potential relationships with the child and family. The Permanency Worker shall ask if the relative is willing and able to be a formal, natural or informal support for the child as described below. The role of formal, natural or informal supports includes, but is not limited to the following:

- Formal Support: placement, backup placement, extended respite;
- Natural Support: short term respite, mentoring, coaching parents, child care, transportation to services, supervise visitation; and/or

- Informal Support: phone calls, email, social media contact, cards for special occasions, provide family photographs, offer emotional support, plan outings, or celebrate important events in a child's life.

The Permanency Worker shall document the relative's stated desires for formal, natural and/or informal support in a contact note.

If a relative is willing to provide supervision of the child during transportation or at visits, the Permanency Worker shall conduct a background check of that relative (Person Search and LEADS) to ensure that the relative can safely supervise the child.

As noted in (a) above, the Permanency Worker must ask the child (when verbal), outside the presence of the parents and any relative, about each relative named by the parent as a placement resource. If the child does not trust or feel safe with that relative, the Permanency Worker shall discuss the child's feelings and concerns about that relative. **The Permanency Worker shall not place the child with that person**, but shall staff the situation with the Permanency Supervisor, who will make a Critical Decision regarding placement with that relative.

The Permanency Worker shall ask each relative if he/she is aware of other relatives of the child who should be contacted, and obtain addresses and phone numbers (if known) for those relatives. The names and contact information for additional relatives shall be added to the **CFS 458-B,** and the Permanency Worker shall indicate who identified each added relative. The Permanency Worker shall send the **CFS 151-H, Notice to Relatives** to each additional relative (see **Procedures 315.70, Notify and Interview Relatives**) and add the relative into SACWIS as a "Collateral" and under the under the "Family Finding Supports and Connections" hyperlink.

The Permanency Worker shall take copies of the **CFS 458-B** to the Integrated Assessment to review with the parents, caregiver, child (if verbal and developmentally able) and the IA Screener. During the Integrated Assessment, the Permanency Worker shall add any additional relatives identified by the parents, caregiver, or child to the **CFS 458-B**.

The Permanency Worker shall also take the **CFS 458-B** to each Child and Family Team Meeting. The Permanency Worker shall ask team members if there are any other relatives they want to add to the **CFS 458-B** at that time.

The Permanency Worker shall also review the child/family's case records (including sibling records) to find relatives who may have been previously identified. Identified relatives shall be added to the **CFS 458-B**, noting the record where the information was found.

The Permanency Worker is ultimately responsible for building supports and connections for the child and family. In some instances, it may be appropriate for the Permanency Worker or Permanency Supervisor to enlist the support of the local Permanency Achievement Specialist (PAS) team and Resource Recruitment team for assistance in conducting a thorough review

of the child's case record and the family case record ("file mining"). This includes considering all possible avenues for developing supports and connections. The Permanency Worker is responsible for documenting all identified supports and connections. However, when file mining is performed by an assigned PAS, the PAS shall assist in documenting this information.

Throughout the life of the case, the Permanency Worker shall continue to collect information about other relative supports and connections as that information becomes available, in order to develop a network of individuals who commit to support the family toward reunification and ensure the children do not linger in foster care. The Permanency Worker shall send notices to, interview and add all identified relatives to the **CFS 458-B** and in SACWIS, as required in **Procedures 315.70, Notify and Interview Relatives**.

When assessing a person related to a child through a birth parent after parental rights have been terminated, the Permanency Worker must also determine whether it is in the best interests of the child to consider the person as a "relative" for purposes of formal, natural or informal support for the child. (This applies only when parental rights were terminated while the child was in DCFS care.) The Permanency Worker shall review the closed child and family case records to identify birth family or other relatives who may have had a positive relationship with the child prior to termination of parental rights, and shall conduct a "Person Search" to determine if there are any open or closed records of DCFS involvement with the relative and his/her own children.

c) When a Child Requires a Change in Foster Home Placement

The Permanency Worker shall review the **CFS 458-B, Relative Resources and Positive Supports Worksheet** and interview contact notes to determine if any of the identified relatives should be considered as a placement resource.

When directed by the supervisor, the Permanency Worker shall conduct an additional search for possible relatives.

The Permanency Worker should also contact (or reconnect with) identified relatives to determine if they could now be a formal, natural or informal support.

The Permanency Worker shall also ask the child (when the child is verbal), outside the presence of the parents and any relative, whether there are any additional persons that should be considered as fictive kin.

When the Permanency Worker determines that the child cannot be placed in a home environment, the Permanency Worker shall continue to make efforts to identify and locate relatives who may be able to serve as a natural or informal support for the child and potential placement and/or resources. These efforts shall continue unless the Permanency Supervisor determines and documents that such efforts would be futile or inconsistent with the child's best interests.

d) When a Child in Care Has No Identified Supports or Connections

In cases where family connections have not been maintained over time, the Permanency Worker must begin the family finding steps outlined in **Procedures 315.60, Identifying, Searching For and Engaging Relatives**. The Permanency Supervisor and Permanency Worker shall have weekly supervision during the first month of these intensive family finding efforts until relatives are identified, notices are mailed and interviews are conducted in accordance with these Procedures and with **Procedures 315.70, Notify and Interview Relatives**. (See also **Procedures 315.20, The Importance of Lifelong Connections**.)

The Permanency Worker must conduct a thorough review of the child's case record and the family case record, considering all possible avenues for developing supports and connections for ALL children. When the family case is closed the Permanency Worker shall search SACWIS for the closed case and review the record. The Permanency Worker or Permanency Supervisor may also enlist the support of the local Permanency Achievement Specialist (PAS) team to assist in this effort, when appropriate.

A thorough review of the record ("file mining") includes, but is not limited to: previous placements, educational settings, memberships in organizations, churches, activities, teams, etc. The Permanency Worker must review notes, assessments, reports and any other documentation that might lead to a possible connection.

All possible supports and connections shall be documented on the **CFS 458-B, Relative Resources and Positive Supports Worksheet.** The Permanency Worker shall document all attempts to locate and contact each relative to determine whether the relative can be a possible support and connection for the family, and assess the relative's interest and ability to provide support to the child.

The Permanency Worker must send a CFS 151-H to any newly identified relatives within 7 days of obtaining the relative's postal contact information.

Section 315.65 Prepare and File Initial Visitation and Contact Plan

a) Initial Visitation and Contact Plan Requirements. The Permanency Worker must develop an initial Visitation and Contact Plan, which must be filed with the court and served on the parties within 10 working days after a child enters substitute care (protective custody). The Visitation and Contact Plan must explain whether the siblings were placed together; if not, the efforts made to place siblings together; and if a decision was made to place siblings apart, the basis for that decision. A decision to place a child apart from siblings who are also placed in substitute care is a Critical Decision.

If the initial Visitation and Contact Plan was completed and filed by the Child Protection Specialist, the Permanency Worker shall review and make any necessary amendments to the Plan as determined by requirements in these Procedures.

The Permanency Worker shall review the following Procedures when developing the Visitation and Contact Plan to ensure compliance with State law and Department policy:

- **Procedures 301.210, Family-Child Visitation;**
- **Procedures 301.220, Sibling Visitation;**
- **Procedures 301.230, Contact Among Siblings Placed Apart;**
- **Procedures 301.240, Grandparents Visitation;**
- **Procedures 301.255, Sibling Visitation With and Among Adult Siblings;**
- **Procedures 301.Appendix B – Family Visit Planning and Guide to Practice; and**
- **Procedures 301.Appendix C - Sibling Placement and Visitation; Special Considerations.**

If one or more siblings have been adopted or placed in legal guardianship, the Permanency Worker should determine if a **Post Permanency Sibling Contact Agreement** exists. If so, the Permanency Worker shall review that Agreement, contact the adoptive parent/legal guardian and arrange for the child to have the visits or contact set forth in that Agreement. (The **CFS 1800-SC, Post Permanency Sibling Contact Agreement** will be in a child's post-adoption record. When there is an open case involving a sibling, the **CFS 1800-SC is** placed in that sibling's case record. See **Procedures 301.250, Sibling Visitation and Contact with Adopted Siblings and Siblings in Subsidized Guardianship.**)

When a sibling group is not placed together in substitute care, sibling visits are usually coordinated with parental visits when the permanency goal is "return home." **However, the sibling visit will be deemed to have occurred only if all siblings are present at the parent-child visit.** Siblings in parental custody who depend on the parent for transportation are not required to be present for these visits. However, if a sibling residing in the home of the parent is in DCFS custody or guardianship, the Permanency Worker many need to arrange for that sibling to be transported to the visit.)

The Permanency Worker, caregiver and parents should explore all available supports for visitation. Parents may identify family and friends who can assist with transportation and supervision of visits. The Permanency Worker, through family finding, may identify relatives who can supervise visits. The caregiver may be willing to help with transportation of the child and supervising visits.

b) **In No Instance Shall Withholding Visits or Contact Be Used as a Form of Punishment or Discipline.** Visitation is one of the most important activities in which parents and children participate. Child welfare research identifies parent-child visitation as one of the critical factors affecting relationship-building, knowledge and skill enhancement, and reunification stability. Visitation is a powerful therapeutic intervention that serves as a window into parent-child functioning and interaction.

Visitation helps children in the following ways:

- Reinforces the child's identity.
- Helps the child to know his/her parents and siblings are all right.
- Demonstrates to the child that the parents care for and love him/her.
- Gives the child a sense of hope.
- Helps alleviate the child's magical thinking and sense of responsibility.
- Helps the child and parent grow in their relationship.
- Enhances family strengths and reinforces parent competence and capabilities.
- Assures the child that the caregiver is supportive of the parent-child and sibling visits.

Visitation helps parents in the following ways:

- Helps the parent know the child is all right.
- Demonstrates parental capacity and the presence of protective factors.
- Strengthens the parent-child relationship.

Withholding parent-child or sibling visitation or contact to punish or discipline a child, or to punish a parent or sibling, affects the Permanency Worker's ability to engage the child and family, observe parent-child and sibling interactions, and assess parental efforts and progress.

DCFS Rule 301.220, Sibling Visitation and the ***Aristotle P. v. McDonald*** **Consent Decree** require twice-monthly sibling visitation. **Rule 301.220** prohibits the Department or a POS agency from withholding or reducing (or seeking to have the court withhold or reduce) sibling visitation or contact as a form of punishment or discipline.

c) **When a Parent Has Demonstrated Dangerous Behavior.** The Child Protection Specialist or the assigned Permanency Worker shall comply with the requirements of **Procedures 301, Appendix A, Family Visit Planning - Critical Decisions and Documentation Protocol**, as part of the temporary custody screening process for such high risk cases as when a parent has demonstrated dangerous behavior (e.g., abduction; torture; threats to kill with plan; taking children hostage) and cases involving severe mental illness, and the Child Protection or Permanency Supervisor has made the Critical Decision to substantially restrict visitation. The Child Protection Specialist or Permanency Worker shall include:

- supporting documentation, such as police reports, psychological or psychiatric reports or case notes documenting observations; and
- a statement that the Department/POS agency intends to share information on the restriction with necessary persons, such as school or day care staff and the child's pediatrician.

Section 315.70 Notify and Interview Relatives

a) **Written Notice to Relatives.** Federal law (Title IV-E) requires DCFS to make efforts to identify and provide notice to all maternal and paternal grandparents and adult relatives of the child, including any other adult relatives suggested by the parents. Notice must be provided within 30 days after the removal of a child from the custody of his/her parents. [42 U.S.C. 671(a)(29)]

The Permanency Worker shall prepare and send **written notice**, using the **CFS 151-H, Notice to Relatives to all grandparents** of the child or children, **all parents of a sibling of the child** (where such parent has legal custody of such sibling), **and other adult relatives identified by the family, even when an initial placement has been made with a relative caregiver. At initial placement, the CFS 151-H shall be sent within 30 days of obtaining temporary custody. In all other circumstances, the CFS 151-H shall be sent within 7 days of obtaining the relative's postal contact information.**

A copy of each **CFS 151-H** shall be placed in the family's record.

The **CFS 151-H** shall identify each child by **first name, gender and age only**.

b) **Special Note Regarding Domestic Violence.** The Permanency Worker shall not send the **CFS 151-H** to a relative for whom there is a police report of family or domestic violence, an indicated finding of family or domestic violence or court finding of family or domestic violence. The Permanency Worker shall obtain a copy of the police report, indicated finding or court finding for the record, and note on the **CFS 458-B** why the relative was not contacted and interviewed.

c) **When a Relative Contacts the Permanency Worker.** If the Permanency Worker receives a call from a relative that received a **CFS 151 H**, the Permanency Worker will explain the importance of maintaining family connections and discuss the relative's possible assistance. The Permanency Worker will ask the caller to describe their relationship to the child (e.g., great-aunt, second cousin to all or some children) and to the child's parents. If a sibling group is involved, the relative shall be asked how he/she is related to each of the children. The Permanency Worker will ask the caller how involved they would like to be in the child's (or children's) and family's lives.

If the caller states that he/she is interested in offering support to the child and family, the Permanency Worker will schedule a time for either an in person interview or a phone interview to discuss possible role with the child as a formal, natural or informal support. If the caller does not want to be involved in the child's life, the Permanency Worker shall ask for names and contact information regarding other relatives of the child who are known to the caller. The Permanency Worker shall document the names of identified relatives in a contact note. Any relatives who have not been previously identified shall be entered on the **CFS 458-B** and as collaterals in the child's record. A **CFS 151-H** shall be sent within 7 days of obtaining the relative's postal contact information.

If the relative asks to be considered as a placement resource and the child is currently in a placement that is consistent with the child's best interests, the Permanency Worker shall explain why the current placement is in the child's best interests; however, this information may be helpful in the event another placement becomes necessary in the future. If there is currently no need for a placement resource, the Permanency Worker shall ask the relative about other ways the relative can become involved in the child's life (e.g., contact/visits, helping with transportation to/supervision of parent-child or sibling visits). If a permanency resource for the Concurrent Plan has not been identified, the Permanency Worker shall explore the relative's interest in becoming a permanency resource for the child. The Permanency Worker shall document the interview in a contact note and update the **CFS 458-B**.

It is possible that a fictive kin may have a relationship with only one or some children in the family (e.g., a child identifies a favorite teacher or a parent of a teammate). To avoid confusion, the Permanency Worker should call the fictive kin before mailing the **CFS 151-H**.

After the interview, the Permanency Worker shall mail, fax or email a blank **CFS 458-A, Statement of Relationship** to the relative or ask the relative to obtain this form from the DCFS website. The relative may mail, fax, email or hand deliver the completed form to the Permanency Worker. The interview shall be documented in a contact note and placed in the case record. The Permanency Worker shall update the **CFS 458-B**, if needed, after interviewing the relative.

The Permanency Worker shall contact the Department's Diligent Search Services Center (DSSC) when assistance is required to locate identified or unidentified relatives. Permanency Workers should request separate searches on the DSSC website to find adult relatives of each parent. The **CFS 151-H** can then be sent to the identified and located relatives.

Section 315.75 Assessment of Relatives as Placement Resources

a) Assessing Relatives as a Placement Resource

The Placing Worker shall ensure that a relative selected as a placement resource is able to meet the child's identified needs and adequately provide for the child's safety and welfare.

DCFS **Rule 301.80(g) and Procedures 301.80(c), Assessing Relatives as a Placement Resource** set out criteria to assess the relative's relationship with the child and family. This assessment must be documented in a case note. The required assessment requires the Placing Worker to consider:

1) *The best interests of the child as defined in Section 1-3 of the Juvenile Court Act [705 ILCS 405/1-3]* **(see Procedures 315.15, Best Interests, Health and Safety of the Child)***;*

2) *The nature and quality of the relative's relationship with the child. This includes the length of time the child has been in care and whether this relative has been part of the child's life during that time;*

3) *The relative's ability to protect the child from abusive parents and/or his or her own risk behaviors;*

4) *The relative's ability to understand the needs of the child and family and the indicated findings and court findings that have been made with regard to the child and family;*

5) *Whether the relative was involved with the family dynamics that led to the removal of the child from his/her parents;*

6) *The relative's role, if any, in resolving or intervening in the present situation;*

7) *The relative's willingness to work with the Permanency Worker and the Child and Family Team in implementing the Family Service Plan;*

8) *The relative's willingness to work towards the permanency goal and accept necessary services;*

9) *Adequacy of personal supports to ensure the relative's ability to care for and meet the child's identified needs;*

10) *In cases involving domestic violence, mental health and/or substance abuse, how placement with the relative supports the ability of the parents to meet the requirements of the Service Plan and/or have safe contact with the child; and*

11) *If siblings are being placed together and one of the siblings does not trust or feel safe with the relative, the placing worker shall ask the child (when verbal), outside the presence of the parents and any relative, about the relative.* [89 Ill.Adm.Code 301.80(g)]

The Permanency Worker should also consider the distance of the relative's home to the parent's home and the impact that distance may have on visitation and reunification efforts.

Procedures 301.80(d), Home Assessment contains the requirements for assessing the relative's home (including adult household members), completion of the DCFS Home of Relative Packet, and the importance of always using age-appropriate supervision and discipline that meet the child's identified needs. These assessments and discussions must be documented in a contact note.

Initial placements with unlicensed relatives are considered "conditional placements" pending completion of all required background checks. A final placement decision with unlicensed relatives must be made within 90 days of the day of the child's placement, and requires assessment of all required background checks for the caregivers and other persons in the home. (See **Procedures 301.80(e), Conditional Placement** and **301.80(f), Final Placement Decision**.)

The Permanency Worker shall complete the **CFS 2017, Child/Caregiver Matching Tool** prior to making a placement decision to ensure that the selected caregiver is able to meet all of the child's identified needs. The **CFS 2017** must be completed for all placements, whether related or unrelated. When CAPU identifies an agency with an available placement, the Placing Worker must ensure the identified placement can meet the child's needs as outlined in the **CFS 2017**. If services or supports are needed to allow the caregiver to meet the child's needs, the Placing Worker and/or Permanency Worker must arrange for those services. The Permanency Worker shall include all identified needs as Outcomes and Action Steps for the child in the Service Plan.

After completing this assessment, if the Placing Worker determines that placement with an identified unlicensed relative will not be in the child's best interests, the Placing Worker must document the basis for that decision in a case note.

If the child does not know, trust or feel safe with an identified relative, the worker shall not place the child with that person. The Placing Worker and Supervisor shall convene a supervisory staffing to discuss the child's feelings, and determine and validate the child's concerns. The Supervisor shall make a Critical Decision regarding placement of the child with that relative and document the decision in a supervisory note within 24 hours.

b) Ongoing Assessment of Relative Placement

The Permanency Worker is required to conduct ongoing assessments of the relative caregiver's home for appropriateness and safety. This includes every home visit, prior to the child's administrative case review, whenever circumstances lead the Permanency Worker to believe that the caregiver is unable to meet the needs of the child and/or there are other safety issues (e.g., criminal activity, new household members). Suspected incidents of abuse or neglect must be reported to the State Central Register's Child Abuse Hotline.

Any concerns identified by the Permanency Worker that suggest that the caregiver is unable or unwilling to meet the identified needs of the child shall be documented immediately. The Permanency Worker shall discuss these concerns with the Permanency Supervisor <u>within 24 hours</u>. The Permanency Supervisor shall determine the appropriate action, which may include, but is not limited to:

- meeting with the caregiver to discuss the identified concern;
- providing written notice to the caregiver, on the **CFS 151, Notice of Decision**, 14 days in advance of a placement change;
- If the concerns pose an immediate and serious risk to the child, the child should be removed from the caregiver's home immediately, and the written notice on the **CFS 151** sent to the caregiver within 48 hours; or

- Reviewing the **CFS 458-B, Relative Resources and Positive Supports Worksheet** to determine whether the Permanency Worker has identified another relative who may be a more appropriate placement for the child, and planning a change of placement.

Section 315.80 Sibling Placement

a) When making decisions about initial placement, change of placement and sibling add-on cases, it is the policy of the Department to place siblings together, unless:

1) it is in the best interests of the child to be placed apart or to remain apart from his/her siblings;

2) the Permanency Worker has been unable to locate a joint placement for the siblings despite a diligent search;

3) a court has ordered that the siblings be placed apart; or

4) it is in the best interests of the child or siblings to be placed with a relative and the relative is not willing to accept all of the children.

b) It shall be in the best interests of a child to be placed apart from his or her siblings only if:

1) the child has special medical, educational, behavioral, or emotional needs that require the child to be placed apart from his/her siblings and the child has been placed or accepted at a placement intended to address those needs;

2) the child is at risk of physical, mental, or emotional harm if placed with his/her siblings and the specific risk and the basis for assessing that risk are documented in the child's case file; <u>or</u>

3) placement of the child with his/her siblings would require that the child be removed from a current foster home and it is in the best interests of the child to remain in that foster home rather than move to a joint placement with his/her siblings.

c) Considerations when Selecting the Placement

1) The Permanency Worker must select a placement with a caregiver who will be <u>actively involved</u> in developing, nurturing and supporting sibling relationships.

2) **Close Proximity.** When a child must be placed apart from his/her siblings, the Permanency Worker should make <u>every effort</u> to place the child and siblings in close proximity to each other. Close proximity promotes more frequent, informal, and natural contact between the siblings. Problems such as distance, travel, location,

structure, frequency and length of visitation can become almost non-existent when children are in close proximity and able to see each other frequently, and in some instances on a daily basis. Factors that contribute to frequent contact include:

- children attend the same school;
- children attend the same church;
- the children's caregivers live in the same neighborhood (city), or town (rural);
- children participate in the same youth activities and organizations;
- children participate in the same music, dance, other artistic lessons; or
- children participate in the same community activities that bring families and children together.

3) **Relative Placements.** Siblings placed apart are more likely to have frequent contact with one another if they are placed with, or among, relatives. (Placing siblings with foster parents who are related to one another can also be an effective strategy.)

Family members generally tend to meet frequently on an informal basis (e.g., family dinners, birthday parties, cookouts, fishing trips, babysitting, and just visiting). Parents are more likely to visit a child placed with relatives, and siblings are more likely to maintain telephone and other contact with each other when living with relatives.

When interviewing relatives about placement of a sibling group and a joint placement is not available, the Placing Worker should also ask whether two or more relatives would be willing to care for the children. This can be especially advantageous for the children when the relatives live near one another or have frequent contact.

4) **Temporary/Emergency Placements**. In the event that an exhaustive search of relatives and licensed foster home placements fails to identify a joint placement for a sibling group, the Placing Worker should pursue temporary/emergency overnight placement of the children in a licensed foster home. Note that emergency foster home placement is intended to serve as <u>temporary</u> placement for children and should not be considered a long-term placement. **Emergency placements require the approval of the DCFS Area Administrator or appropriate emergency placement resource gatekeeper.**

Before a Placing Worker may consider changing a temporary placement with a relative caregiver or licensed foster home into a longer term placement, the Placing Worker must 1) conduct the required assessment and determine that the caregiver is willing and able to meet the child's identified needs; <u>and</u> 2) request a supervisory staffing for a Critical Decision and obtain supervisory approval for the continued placement.

Section 315.85 Special Placement Considerations

Permanency Workers must consult and comply with the directives in **Procedures 301.60, Placement Selection Criteria**. Those procedures address important federal and State requirements for placement considerations (e.g., least restrictive; proximity to home; race, ethnicity and national origin; same religion; communication requirements; foster parent preference). Other important placement considerations, not currently in **Procedures 301**, are set below.

a) **Referral to the DCFS Statewide Shelter System.** The DCFS Statewide Shelter System was established to provide children and youth with a safe and nurturing environment during a time of crisis. A shelter is intended to serve as a temporary, short-term placement for children and youth and is not considered a long term placement. Children/youth cannot enter an emergency shelter unless the Child Protection Specialist, Intact Family Worker or assigned Permanency Worker has exhausted all efforts to avoid a shelter placement, including available relative (includes fictive kin) and/or licensed foster home placements.

When making a referral to any statewide shelter, the Child Protection Specialist or Permanency Worker shall complete:

- **CFS 1900, ERC Intake and Referral Form-Disruption**; OR
- **CFS 1901, ERC Intake and Referral Form-DCP-Dependency**;

  AND

- **CFS 1452-4, Documented Efforts to Prevent Emergency Shelter Placement** form for each child/youth.

All daytime shelter approvals for temporary placement during the work week (Monday - Friday 8:30 a.m. to 5:00 p.m.) shall be managed by the Statewide Shelter Coordinator or designee.

Complete instructions and forms for placing children in the Statewide Emergency Shelter System are available on D-net (**Operations > Emergency Shelter Process/Schedules**).

b) **Child Approved for Specialized Foster Care Placement.** The **CFS 418-J, Checklist for Children at Initial Placement** must be completed for all children entering substitute care even if the child was previously placed in substitute care. The checklist must be included in the case opening packet submitted to CAPU at the time of case assignment. The checklist is child-specific; all of the items that appropriately describe the child's special needs should be checked. The option 'none' should only be checked if the child does not have any of the special needs listed on the form. If any of the items (other than 'none') are selected, the Placing Worker shall complete and submit **CFS 418-J** via DCFS Outlook email to "Spec FosterCare". The Placing Worker shall email supporting documentation regarding the child's service needs and diagnosis to "Spec FosterCare" Attention: DCFS Specialized Foster Care Unit, as soon as possible.

Note: The **CFS 418-J** should only be e-mailed to the DCFS Specialized Foster Care Unit if one of the items other than 'none' is checked.

There will be instances where the child's special needs will not be known and/or documented at the time of initial case assignment. If any of the conditions included on the **CFS 418-J** become known and documented within the first 10 days after case assignment, the child's case should be referred to the DCFS Specialized Gatekeeper for an Expedited Review.

If the child has the following conditions when protective custody is taken (investigation) or guardianship is received (child welfare referrals/ dependency), the case may be appropriate to refer for specialized foster care services. Examples of medical conditions that may require specialized foster care services include, but are not limited to:

- The child has a life threatening disease as documented by a medical professional (e.g., brain tumor, cancer);
- The child is dependent on life saving equipment (e.g., ventilator dependent, dialysis equipment, oxygen 24 hours a day);
- The child has a medical/physical condition or impairment that requires an extraordinary level of daily supervision and/or assistance;
- The child is a quadriplegic;
- The child has severe physical limitations due to multiple physical conditions;
- The child is currently in a psychiatric hospital or has been psychiatrically hospitalized within 72 hours after day of intake; or
- The child is an alleged sexual perpetrator confirmed by a delinquency petition and/or an Indicated SCR report.

Medically complex children do not need to demonstrate any behavioral impairment, but must have a medical/physical condition or impairment that requires an extraordinary level of daily supervision and/or assistance, as documented by a medical professional. Worker observation will not be considered without documentation from a medical professional.

Examples of other behavioral and mental health issues that may warrant consideration for specialized foster care services include, but are not limited to, sexual victimization, sexual aggression, fire setting, juvenile delinquency, compulsive behaviors, disability, substance abuse problems or mental illness.

When assessing whether a child has a condition or behavior that requires specialized foster care services, the Placing Worker shall also consider the following factors, cumulatively:

- The child's individual functioning in his or her home, school and community;
- The child's current or recommended involvement in identified services;
- The child's degree of need as defined by the recommended intensity and/or frequency of services;
- The caregiver's required level of participation in activities and/or services needed to meet the child's treatment and educational needs; and
- The child's required level of supervision and parenting to the extent that it is beyond what would be typical of a child of the same age.

Children appropriate for specialized foster care services must have documented impairments (determined by an appropriate medical or mental health professional) that are **chronic in duration and nature** (e.g., must be expected to last 12 months or longer) **as evidenced by at least two of the following criteria:**

- The child has a DSM diagnosis documenting impairment in functioning in at least two settings (e.g., home, school and/or community) and life domains (e.g., emotional, social, home, school and/or community);
- The Children's Global Assessment Scale (CGAS), completed by a licensed clinician, may be used to identify the seriousness of the child's impairments in psychological, social and occupational/school functioning. Further evidence of impairment (i.e., a lack of progress with current interventions provided (e.g., SOC), number of placement moves and disruptions, number of psychiatric hospitalizations, educational instability and disruptive behaviors in the home, school or community) must be documented with the DSM diagnosis or CGAS;
- Without intensive support, the child's behavior significantly interferes with interpersonal relationships and social functioning. These behaviors occur across multiple settings (i.e., home, school and community) and threaten the sustainability of the child in home-based care;
- The child's mental health, developmental (including intellectual functioning) and/or medical conditions significantly interfere with his/her adaptive functioning, impacting communication, self-care, and safety in the home and/or community;
- The child is in need of increased direct supervision and structuring of daily activities across multiple settings due to emotional, behavioral, developmental, medical and educational needs;
- The child is in need of a behavioral modification plan which involves significant administration by the foster parent;
- The child requires behavior and crisis management services on a regular and ongoing basis;
- The child's needs require agency support services that include an increased intensive level of case management to ensure services are identified, interventions are implemented and supports are in place to promote stability and enhance well-being; or
- The child has an intellectual disability of mild or moderate severity that is accompanied by behavior problems.

In addition, the following criteria are required to be eligible for Adolescent Foster Care:

- The child is 12-20, at risk of placement in residential treatment or group care, with a history of placement instability/placement disruption; intermittent or chronic incidences of delinquency; substance abuse/misuse; aggressive or withdrawn behavior; chronic educational needs; sexually active/reactive behaviors; and/or serious medical, physical, and/or developmental conditions and impairments;
- The child's behaviors significantly interfere with interpersonal relationships, functioning and affect the sustainability of the child in home-based care;
- The child presents with emotional, behavioral and mental challenges, which if not responded to, may target the child for admission to residential care.

It may also be appropriate to complete a nursing referral to help determine the needs of the child.

Supporting documentation is required to review the need for specialized foster care services. Documentation may include nursing consultation notes, medical records, hospital discharge summary, IEP, psychological report, or psychiatric report. These documents should be scanned and sent to the "Spec FosterCare" mailbox on Outlook.

If the child is approved by the DCFS Specialized Foster Care Unit, he/she will be eligible to be placed directly in a specialized foster care services program and the Specialized Foster Care Unit will assist in locating an appropriate agency to meet the child's needs.

c) **Child Approved for Residential Treatment.** All placements in residential treatment facilities shall be made consistent with the best interests and special needs of the child. When placement in a home environment (foster family home or relative home) is not appropriate for the child because the child poses a safety threat to himself/herself or others, but does not require immediate psychiatric hospitalization, the Permanency Worker shall pursue placement for the child in a Residential Treatment facility. The child need not be placed in a foster family or relative home prior to placement in a treatment setting. The Service Plan shall be used to document the reason that the selected placement is the least restrictive placement that meets the child's identified needs.

The Permanency Worker shall complete the **CFS 1452-3, Comprehensive Referral Documentation Checklist,** and obtain copies of all supporting documents and items required in Parts II through IV of that Checklist, when referring a child for placement in a Residential Treatment facility. The Permanency Worker shall submit the **CFS 1452-3** and required documentation to the DCFS Central Matching Unit.

Within 2 business days of receiving notification from the Central Matching Unit of the matched providers, the Permanency Worker shall email the referral packet to the identified providers to complete the assessment and treatment planning process. The Permanency Worker may mail the referral packet to the identified providers to complete the assessment and treatment planning process, if necessary to ensure secure transmission of the documents.

The matched providers shall review the preliminary documents, contact the referral source as needed and schedule at least one pre-placement interview with the youth and family within 5 business days of receiving the email notification from the DCFS Central Matching Team. If the packet of information was mailed (rather than emailed) to the matched providers, the matched providers shall not delay scheduling of the interview while waiting for the packet to arrive in the mail.

The purpose of the pre-placement interview is to allow the matched providers to make informed decisions regarding their capacity to meet the youth and family's needs, learn about the youth's placement preferences and perspective, and provide an opportunity to facilitate the youth and family's active participation in the process as well as become familiar with the program's setting, rules and expectations.

Youth shall be interviewed regardless of bed availability within the program.

The matched providers shall provide a disposition to all individuals via secure email within 2 business days following completion of the interview process.

Section 315.95 Worker Assessments of the Child and Family

Assessment consists of an Initial Assessment of a child and his/her family to determine whether a case should be opened and services delivered, a comprehensive Integrated Assessment to determine the needs of the family in order to provide the appropriate level of intervention and services, and ongoing assessments (including the Child and Adolescent Needs and Strengths Assessment (CANS)) conducted throughout the duration of time that the children and family are receiving services.

a) Initial Assessment

The Initial Assessment provides a baseline of family strengths and needs by which a Child Protection Specialist or Permanency Worker and Supervisor can evaluate subsequent progress. The Initial Assessment consists of a preliminary assessment prior to case opening in order to:

1) assess the health and safety of the child to determine whether the child can safely remain in his/her current living arrangement;

2) identify the level of risk of harm to the child, develop and implement a safety plan if the level of risk can be mitigated so that the child can remain in the home (see **Procedures 315.100, Assessing Risk and Safety)**;

3) identify what interventions and services can be provided to address the causes of abuse and neglect, and ensure a child's health and safety without placement;

4) identify any needs of an emergency nature, including food, shelter, and clothing. This may also include social support when a child enters substitute care following the loss of a parent or significant caregiver (see **Procedures 315.135(i), Social Support Plan Following Death of Parent or Caregiver**);

5) identify whether the child is of Native American descent (if so, see **Procedures 307, Indian Child Welfare Services** and contact the DCFS Indian Child Welfare Advocacy Program to request appointment of an ICWA Specialist);

6) identify whether the child is of Mexican descent (if so, see **Policy Guide 2008.02, Mexican Consulate Notification**);

7) identify and contact relatives and begin to identify and preliminarily select placement resources that meet the placement selection criteria (see **Procedures 315.60, Identifying, Searching For and Engaging Relatives**);

8) identify any special communication needs the child may have, in addition to identifying the communication needs specified by the child's parents and/or legal guardians; and

9) if at any time the aggravating circumstances appropriate for expedited termination of parental rights exist, immediately notify the IA Administrator and request a Specialized Assessment (see **Procedures 315.95(b)4), Special Assessments in Cases of Egregious Acts**, and **Procedures 315.Appendix F, Clinical Services Specialized Assessment Protocol**).

b) Integrated Assessment

As a part of the Illinois Enhanced Safety Model, the Integrated Assessment (IA) Program refers to the Initial Integrated Assessment reports completed in collaboration with an IA Screener. An IA Screener is a clinically-licensed professional (e.g., LCSW, LCPC, LPC or Licensed Clinical Psychologist) trained and experienced in early intervention, child development, and/or mental health assessment.

While an Integrated Assessment is completed on all children and families entering care, only cases meeting the criteria for "standard" cases or "add-on sibling" cases are completed through the Integrated Assessment Program.

"Standard" cases are new cases opened for service when a child needs out-of-home placement, or new cases where there was prior family involvement with the Department but the case was closed and is now reopened due to an additional finding of abuse or neglect (e.g., adoption disruption). "Standard cases" fall into one of the following three categories:

- a new case, never opened for service, but for which a child needs out-of-home placement at the time of case opening;
- a case of an adopted child or child in subsidized guardianship for whom out-of-home placement is required (an adoption or guardianship disruption case);
- a closed DCFS case, opened based on new findings and for which the child requires a new placement, or
- a former DCFS ward, age 18 or older, who petitions to reenter DCFS guardianship and care.

"Add-on sibling" cases are cases where a sibling of the child entering care received an Integrated Assessment with the assistance of an IA Screener.

Under the auspices of the Integrated Assessment Program, the IA Screener collaborates with the assigned Permanency Worker during the first 40 days of the child entering the Department's care. Adult members interviewed by the IA Screener and Permanency Worker include the child's parents, putative fathers, legal guardian, substitute caregiver and other significant persons who impact the child's safety, permanency and well-being. The IA Screener also uses diagnostic tools to gather information. The information is used to complete the family's comprehensive assessment and CANS (Child Adolescent Needs and Strengths), and to develop the Service Plan.

Together, the IA Screener and Permanency Worker identify: the behaviors, conditions and issues leading to the child's maltreatment and family's involvement; the child and family's strengths, supports and protective factors; and those services needed to achieve well-being, permanency and stability.

The Permanency Worker is responsible for assessing and writing the IA Reports for the child, parents, legal guardians and other significant persons for cases that do not meet the criteria for IA Screener assignment (i.e. intact disruption cases).

Note: If an intact case disrupts and the child comes into care within 14 days of intact case opening, an Integrated Assessment Screener will be assigned.

During the Integrated Assessment period, the Permanency Worker shall conduct at least weekly face-to-face visits with the parent and any children remaining in the custody of the parent. When the parent cannot be located, a diligent search shall be made to locate the parent, as required by **Administrative Procedures #22, Diligent Search**, and the parent's portion of the Integrated Assessment shall be completed within 30 days after the parent is located.

1) The Integrated Assessment shall consist of any part of the Initial Assessment that has not yet been completed and the following tasks:

   A) completion of a social history of the child and family to determine the strengths and needs of the family;

   B) continued assessment of the health, safety and level of risk to the child. (See **Procedures 315.100, Assessing Risk and Safety.)** If the case involves one or more egregious acts of child maltreatment, the Permanency Worker shall immediately notify the IA Administrator and request a Specialized Assessment (see **Procedures 315.95(b)(4) Specialized Assessments in Cases of Egregious Acts**, and **Procedures 315.Appendix F, Clinical Services Specialized Assessment Protocol**);

   C) assessment of the parents to determine their ability to care for the child, including a referral for a diagnostic mental health and substance abuse assessment when indicated;

   D) for a child for whom the Department has legal responsibility, the IA shall also include:

      - a compilation of the medical and immunization history of the child and, where available, relevant medical history of the child's parents;
      - identification of and a diligent search (when necessary) to locate a missing parent and relatives of the child and family;
      - a preliminary, age appropriate substance abuse screening of the child, if indicated by any other component of the assessment;

- a basic educational screening including identification of the child's current school and grade level, educational history, and identification of any educational goals and needs, including the need for any further educational testing or assessments.

2) For s child who is placed in substitute care, the IA shall also include:

A) an initial health screening by a qualified medical provider in accordance with EPSDT standards, within 24 hours after placing the child in protective custody, of sufficient scope to permit the Department or purchase of service agency to ascertain enough about the current health of the child to identify:

- any health needs requiring immediate attention; and
- any health information needed to make an informed placement decision.

If a child is in the hospital at the time the Department takes protective custody, the hospital Discharge Summary shall serve as the initial health screening.

B) a comprehensive health evaluation (CHE) that includes a physical, dental and mental health status of the child, and a developmental screening if the child is not yet of school age, as required in **Procedures 302.360, Health Care Services**, followed by a more intensive evaluation as indicated or recommended. The CHE shall be performed in time to include that information in the initial Service Plan. Also, all children taken into protective custody must be enrolled in HealthWorks within 45 days.

C) if information about Native American heritage of the parents or child is identified, the IA Intake Coordinator shall notify the Permanency Worker and Permanency Supervisor of their responsibilities under the Indian Child Welfare Act (ICWA). The IA Intake Coordinator shall assist the Permanency Worker in making a referral to the DCFS Indian Child Welfare Advocacy Program to request appointment of an ICWA Specialist.

3) For a child in a substitute care home setting (foster family/relative caregiver), the IA shall include an assessment of whether to release the foster parents/relative caregivers' identifying information to the parents. (See **Rules 301.410 through 301.470, Foster Parent/Relative Caregiver Identifying Information**.)

These instructions apply to all DCFS and POS Agency staff.

Identifying information (names, address, and phone numbers) of the foster parents and relative caregivers shall not be released to the child's parents or siblings who remain in the care of their parents when any of the following information is revealed in the assessment of the parent or another adult living in the home:

A) A check of the Law Enforcement Agencies Data System (LEADS) identifies a conviction for any of the crimes listed in **Rule 301.Appendix A (a)(1), (3), or (4), Criminal Convictions that Prevent Placement of Children with Relatives**; or

B) The parent or other adult living in the home has threatened violence against a foster parent/relative caregiver or a Department/POS worker; or

C) The parent or other adult living in the home has exhibited violence against a foster parent/relative caregiver or a Department/POS worker in the past; or

D) The parent or other adult living in the home has, or has threatened to, abduct or harm the child.

4) **Special Assessments in Cases of Egregious Acts.** The Department has identified certain acts of maltreatment deemed "egregious" that require a special assessment by the Office of Legal Services (OLS) and the Division of Clinical Practice and Professional Development. This special assessment will determine the need to by-pass reunification, seek a permanency goal other than reunification, and/or seek expedited termination of parental rights. If information identifying an egregious act is gathered at the time of the intake by SCR or during the course of the investigation, the report must be flagged as an "egregious act case" to alert the Child Protection Specialist and the Child Protection Supervisor that the case must be referred to OLS and Clinical. Call Floor Workers must document in the intake narrative that the report information contains an egregious act.

Maltreatment is considered egregious if it is an egregious, sadistic, or torturous act that inflicts significant pain, causes extensive external and/or internal bruising, serious injury, or death.

Egregious acts include:

- Perpetrator has repeatedly thrown or slammed an infant or toddler against a hard surface using a strong degree of force creating a likelihood of abusive head trauma or multiple injuries including bruising or fractures over time.
- Perpetrator caused abusive abdominal injuries, especially in very young children.

- Perpetrator submerged and held a young child's head under water or repeatedly submerged a child's head under water creating a significant real or imminent risk of harm.
- Perpetrator beat up or hit a child with an object using a degree of force that could be reasonably expected to cause serious injury or death.
- Perpetrator attempted to or actually smothered, choked, strangled, or applied any other severe thoracic compression to a child.
- Perpetrator extensively burned or scalded a child on purpose.
- Perpetrator threatened or attacked a child with a weapon, such as a knife, gun, or combustible substance.
- Perpetrator took a child hostage.
- Sadistic injury to a child.
- Homicide of a child.
- Non-accidental poisoning.

To assist DCFS and POS field staff in conceptualizing "egregious acts of maltreatment", the DCFS Office of Inspector General created the **Maltreatment Continuum**. The Maltreatment Continuum is a visual tool illustrating the spectrum and characteristics of child abuse; the continuum ranges, in order, from "Minor Assault" to "Severe Assault" to "Egregious Acts of Maltreatment."

The specialized assessment will be completed by a Special Assessment Team led by a senior IA screener. The Special Assessment Team uses this Maltreatment Continuum and the Clinical Services Specialized Assessment Protocol to review and assess egregious acts of maltreatment. (See **Procedures 315.Appendix F, Clinical Services Specialized Assessment Protocol.**)

"Egregious act cases" are referred to Clinical Services by completing and submitting the **CFS 399.1, Referral for Clinical Services** to "Clinicalref" via Outlook.

5) **Genograms** and **Ecomaps.** The IA Screener will ensure that the information gathered during the interview and assessment process will provide the Permanency Worker with the necessary information to complete a genogram and ecomap for the child and family.

6) **Components of an Integrated Assessment Report**. Each IA Report will include findings from:

- Safety and Risk Assessments (see **Procedures 315.Appendix A, Child Endangerment Risk Assessment (CERAP)**);
- Initial Health Screening and Comprehensive Health Evaluation (CHE) of the children (see **Procedures 302.360, Health Care Services**);

- Adult substance abuse screens (see **Procedures 302.Appendix A, Substance Affected Families**);
- Domestic Violence Screen (see **Procedures 302.260, Domestic Violence**);
- Educational Assessment (see **Procedures 314.40, Educational Assessment**);
- Child and Adolescent Needs and Strengths Assessment (CANS); and
- Review the **CFS 458-B, Relative Resources and Positive Supports Worksheet** to identify any possible resources in support of placement, primary and concurrent permanency planning and supports and connections for parents and children.

Children and families served by the IA Program receive these additional assessments:

- Early childhood developmental screens for ages 0-5 (see **Procedures 314.40, Educational Assessment**);
- Age-specific Mental Health and Trauma Screens;
- Older Caregiver Assessment (see **Procedures 302.Appendix B, Services for Older Caregivers and Their Families**); and
- Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC) case conference information and/or report.

7) **Role of the IA Intake Coordinator.** When an Integrated Assessment case is identified, family interviews are scheduled by the IA Intake Coordinator. The IA Intake Coordinator is a Department employee responsible for contacting all principal members of the Child and Family Team (as identified by the Permanency Worker); gathering all preliminary medical and background information and information about MPEEC involvement in the case for the IA Screener; and scheduling, coordinating arrangements for, and monitoring all the interviews that will be conducted by the Permanency Worker and IA Screener.

8) **Preparing the IA Report.** The IA Screener and the Permanency Worker shall share and discuss information, questions, concerns, impressions, and recommendations from the interviews with family members and caregivers. That information, along with other necessary information, is used to write the Integrated Assessment report. The IA Screener has primary responsibility for writing the IA Report and completing the CANS. The Permanency Worker has primary responsibility for engaging the family, participating in interviews, assessing safety and risk, and identifying placement resources that best meet the needs of the child in care.

After the draft IA Report is completed, the IA Screener and Permanency Worker, together, shall review findings with the family and develop the Service Plan at the 40-Day Child and Family Team Meeting.

9) **Integrated Assessment Case Management Timeline.** The Integrated Assessment begins when the court grants protective custody of an identified "standard" or "add on" case. (If protective custody is not taken, the IA begins when a court establishes a legal relationship between the Department and the child.) For cases assigned to the IA Program, collaboration among the IA Intake Coordinator, Permanency Worker, Permanency Supervisor and IA Screener begins immediately. Clinical interviews and screenings with the child, parents or legal guardian, substitute caregiver and other significant persons who may impact the safety, permanency well-being of the child are completed.

The Permanency Worker is responsible for assessing and writing the IA Reports for the child, parents, legal guardians and other significant persons for cases that do not meet the criteria for IA Screener assignment (i.e. intact disruption cases). If an intact case disrupts and the child comes into care within 14 days of intact case opening, an Integrated Assessment Screener will be assigned.

The IA Screener is responsible for interviewing and writing the IA Reports pertaining to the child in care, parents/legal guardian, caregiver and other significant persons who impact safety, permanency and well-being.

The Permanency Worker is responsible for assessing and writing the IA Reports for any children not taken into protective custody and significant persons who do not impact safety, permanency and well-being.

Note: "Days" shown below are calendar days determined from date of protective custody (or if protective custody is not taken, the date a legal relationship is established between the Department and the child).

- **Day 1 – 20**: During the first 20 days following protective custody, the IA Screener and Permanency Worker conduct all necessary interviews and applicable screenings with all involved parties.

- **By Day 21**: The child's Comprehensive Health Evaluation (CHE) is scheduled and completed.

- **By Day 40**: The Permanency Worker, Permanency Supervisor and IA Screener meet to review the drafted IA Report and CANS. If changes are needed or required, immediately following the meeting, the IA Screener revises the draft report and provides it to the Permanency Worker for his/her review and submission to his/her supervisor for approval.

- **By Day 40**: A Child and Family Team Meeting occurs and the IA Report is shared with involved family members. The 40-Day Child and Family Team Meeting, convened by the Permanency Worker and/or Permanency Supervisor, is attended by the family members and other involved parties (including the IA Screener) to discuss the recommendations from the IA Report and to develop the initial Service Plan. At the completion of the Child and Family Team Meeting, an agreement regarding the Service Plan should be reached by all involved parties and the "refrigerator sheet" completed. A copy of the Service Plan should be signed and given to the parents and the "refrigerator sheet" is also provided to the parents.
- **By Day 45**: The Integrated Assessment, the CANS report and Service Plan are submitted to the court. The Service Plan should also be entered and approved in SACWIS no later than Day 45.

10) **Integrated Assessment Case Notification Process.** When protective custody is taken and data has been entered into the CYCIS system, the Division of Quality Assurance notifies the Intake Coordinator and the IA Regional Administrators with a daily MARS/CYCIS data pull. Notification may also be provided by other sources such as field staff or court liaisons.

The IA Intake Coordinator verifies through MARS/CYCIS, SACWIS or other court documents that the case meets the criteria as a standard or add-on sibling case. Following verification, the Intake Coordinator opens the case in the IA database and sends a referral to request an IA Screener. The Intake Coordinator notifies the assigned Permanency Worker and Permanency Supervisor of the assignment to the IA Program and assigns an IA Screener.

The Intake Coordinator begins the process of scheduling the required interviews and screenings by contacting the Permanency Worker and Permanency Supervisor of the assignment of an IA Screener. The Intake Coordinator also notifies the appropriate HealthWorks lead agency and other appropriate regional staff of any new IA case with IA Screener assignment. The Intake Coordinator assists the Permanency Worker and IA Screener with the coordinating and scheduling of interviews. Whenever possible, the interviews with the child's parents will occur prior to interviews with the child and substitute caregiver.

If the Permanency Worker has been assigned a case that he/she believes is a standard or add-on sibling case requiring a IA Screener and has not had contact from the Intake Coordinator within 3 calendar days, the Permanency Worker and/or Permanency Supervisor should contact the appropriate Intake Coordinator and/or IA Regional Administrator with the new case information and an assignment to the IA Program will be made.

11) **Responsibilities of the Permanency Worker, Permanency Supervisor and Intake Coordinator**

A) **Preparing the Family**

After being notified that an IA Screener has been assigned, the Permanency Worker will inform the parents, legal guardian, paramour, other involved parties and caregiver that a series of interviews and assessment activities will be conducted jointly by the Permanency Worker and IA Screener.

B) **SACWIS**

The Intake Coordinator adds the IA Screener to the family case in SACWIS by assigning clinical responsibility to the IA Screener and his/her supervisor. If there is no family case open in SACWIS, the IA Screener should be assigned clinical responsibility to the child case. The IA Screener's clinical assignment to the case automatically ends 75 days after the assignment is entered.

The Permanency Worker must complete a Risk Assessment in SACWIS and the Permanency Supervisor must approve the Risk Assessment before an initial Integrated Assessment can be entered into SACWIS.

C) **Diligent Search**

If a parent's or guardian's whereabouts are unknown, the Permanency Worker must conduct a diligent search, which includes initiating a referral to the Diligent Search Center (see **Administrative Procedure #22, Diligent Search**).

During the IA process, the Intake Coordinator will monitor case activity to ensure that all involved parties are entered into the member composition in SACWIS. If additional members need to be added, the Intake Coordinator shall notify the Permanency Worker and Permanency Supervisor and provide procedural guidance as needed.

D) **Retrieval of Old Case Records – Investigations/Case Files**

Review of historical and current case records is critical when completing an Integrated Assessment. The Intake Coordinator shall assist in obtaining closed records (see **Procedure 436, Records Management**).

E) **CANTS and LEADS Completion**

The Intake Coordinator shall request a Law Enforcement Agency Data System (LEADS) check on all case members (see **Administrative Procedure #6, Law Enforcement Agency Data System (LEADS)**). Upon receipt, a copy of the LEADS report along with the **CANTS 48, Request for LEADS-CANTS Check** will be provided to the IA Screener.

In addition, a Person Search will be completed on all case members and results shared with the IA Screener.

12) **Scheduling Appointments for Interviews and Screens.** The Permanency Worker and IA Screener jointly conduct all interviews. If circumstances arise and either the Permanency Worker or the IA Screener cannot attend a scheduled interview, the appropriate supervisor must attend. When the supervisor is unavailable, the interview will be rescheduled (see **subsection C** below).

A) **Parent/Guardian/Paramour Interviews and Screens.** As soon as possible following protective custody, and no later than 20 days following protective custody, the Intake Coordinator shall assist the Permanency Worker and IA Screener with the scheduling of appointments for the parents/guardian, paramour or other persons who may impact the well-being of the child and any other adult with a caretaker role residing in the home. The Permanency Worker and IA Screener shall collaborate to determine if other family members or collaterals should be interviewed. This may include siblings who are not in DCFS custody. Interviews should be conducted in the parent's/guardian's home unless there are safety concerns or the parent refuses. If extenuating circumstances exist, an alternate location convenient for the family, such as the field office, should be considered.

While both the IA Intake Coordinator and Screener are available, the Permanency Worker should be prepared to answer any additional questions that the family may have after the appointments are scheduled. Parents and others may need additional clarification about the IA process, such as the length of various interviews and how findings affect decision-making. Parents and other parties may also inquire about their rights relative to the IA process. The Permanency Worker may consult, when needed, with the IA Screener and/or IA Regional Administrator for assistance.

When scheduling appointments, every effort must be made to identify any special needs the family may have that could impact completing the assessment (e.g., language differences, vision or hearing impairments, or the need for child care assistance). It may also be necessary for the Permanency Worker or the Intake Coordinator to ensure that any necessary supports or specialty resources are in place for the assessment to occur as scheduled.

Interviews of all available parties must be scheduled and conducted <u>within 20 days of protective custody</u>. If the Intake Coordinator or Permanency Worker is unable to locate an individual for an interview during the first 20 days of the IA process, diligent search activities should be completed (see **Administrative Procedures #22, Diligent Search**.)

B) **Children and their Substitute Caregivers.** IA interviews and screenings with the child and his/her caregiver should be scheduled by the 20th day after protective custody to allow a brief adjustment period for the child to become accustomed to his/her placement, and for the caregiver to become more familiar with the child's behaviors, strengths and needs.

The Permanency Worker, IA Intake Coordinator and/or Screener will work with the caregiver to arrange appointment times to minimize conflicts with other schedules or child care arrangements. Every effort will be made to schedule sequential appointments for siblings who are placed together.

C) **Rescheduling.** Every effort should be made to keep scheduled appointments. In the event of an emergency where the Permanency Worker or IA Screener is unable to attend a scheduled appointment, the individual with the emergency must notify his/her supervisor immediately and the supervisor (or designee) should attend the appointment.

If the supervisor or designee is unable to attend the appointment, the Permanency Worker, IA Intake Coordinator and IA Screener will work together to reschedule with the parents, caregiver or involved parties. Every effort will be made to reschedule the appointment as soon as possible.

13) **Permanency Worker-IA Screener Collaboration During The Assessment Process.** Prior to the interviews with family members, the IA Screener and Permanency Worker shall meet briefly to discuss the family engagement assessment process as well as pertinent details of the family's case, with emphasis given to identifying needed records, reviewing available records, highlighting known facts, and considering potential areas for further exploration. The Permanency Worker and IA Screener should negotiate who will take the lead during the various interviews, and discuss ways to modify their approach depending upon the flow of the interview. However, both shall actively participate during the entire interview and assessment process. A break should be planned mid-way through the interviews to discuss progress and to make any necessary adjustments.

Immediately following the interviews, the Permanency Worker and IA Screener should discuss the prominent issues and begin to discuss appropriate recommendations. If the Intake Coordinator has not scheduled the draft report staffing and the Permanency Worker has not scheduled the 40-Day Child and Family Team Meeting, the IA Screener and Permanency Worker shall schedule these meetings at the conclusion of the last interview.

In cases where Integrated Assessment interviews have not been completed by Day 20, the IA Screener and IA Supervisor will contact the Permanency Worker and Permanency Supervisor to discuss the required time frames and agree upon a plan for completing the remaining interviews. The agreed-upon plan will be shared with the Intake Coordinator.

14) **When Immediate Action Is Required.** In any interview, if the interviewee discloses suicidal or homicidal ideation, intent or behavior, the Permanency Worker and IA Screener shall take the following immediate actions:

A) For a child: Decide if the Crisis and Referral Entry Services (CARES) line or other emergency response system should be contacted. In the event that a Screening, Assessment and Support Services (SASS) screening or other emergency mental health screening is initiated by CARES, prior to the SASS/other ER assessment, the IA Screener and Permanency Worker should contact the assessor. The Permanency Worker will remain in the home or interview location with the child during the SASS assessment and will be available for any follow-up steps as identified by the assessor. The Permanency Worker and IA Screener shall also notify and consult with their respective supervisors.

B) For an adult: Decide if Emergency Services (e.g., 911) should be called. The IA Screener and Permanency Worker should, if safe, remain in the home or interview location with the adult and speak with emergency personnel when they arrive. The Permanency Worker and IA Screener shall also notify and consult with their respective supervisors.

C) If an interviewee communicates a serious threat of physical violence against one or more reasonably identified victims, the IA Screener and Permanency Worker shall immediately notify their respective supervisors and local law enforcement, and fulfill their professional responsibilities by providing notice to the intended victims consistent with Mental Health and Developmental Disabilities Code, applicable state licensure requirements and ethical standards.

D) Permanency Workers and IA Screeners are mandated reporters. If a Permanency Worker or IA Screener suspects or believes that a child has been abused or neglected, or an individual being interviewed discloses new information regarding abuse or neglect of a child, or an individual being interviewed discloses additional information about an existing allegation or report, the Permanency Workers and IA Screener shall immediately contact the DCFS Child Abuse Hotline.

E) The Permanency Worker shall complete and file an Unusual Incident Report when required by **Rules and Procedures 331, Unusual Incident Reports**.

F) When the IA Screener notes a critical parenting issue during the IA (such as violence in the home), the IA Screener shall immediately confer with the Permanency Worker to share that information and discuss the safety of the child in care and any children still living with the parents. The Permanency Worker shall immediately consult with the Permanency Supervisor to develop a plan of action to address risk and safety issues. The plan of action shall be implemented immediately and also included in the initial Service Plan.

15) **Interviews and Screens**

A) **Parent/Guardian, Paramour and Household Member Interviews.** For these interviews, the Permanency Worker and IA Screener should ensure full disclosure is made about the limits of confidentiality. During the interview, the Permanency Worker and IA Screener should explore the following topics: trauma history; family, medical, social, legal, vocational and emotional history and functioning; academic functioning; perception of DCFS involvement; parenting; prior social services/treatment history; and individual strengths. In addition, interviews must explore and identify any problematic behaviors and/or issues related to substance abuse, sexual abuse, sexually problematic behaviors, domestic violence, mental illness and other mental health concerns. Particular attention should be paid to the individual's strengths and protective factors, and special consideration should be noted regarding race, ethnic and cultural considerations.

i) **Parent/Guardian Interviews.** All custodial <u>and</u> non-custodial mothers, fathers and guardians shall be interviewed.

Interviews should be conducted in the parents'/guardians' home unless there are safety concerns or a parent/guardian refuses. The Permanency Worker shall introduce the IA Screener to the parents/guardians and explain the purpose of the interview.

If extenuating circumstances exist, an alternate location that is convenient for the family, such as the field office, should be considered.

In most cases, the IA Screener should observe a parent-child visit. This will enable the IA Screener and Permanency Worker to assess the attachment between the parents and child, which will impact the findings and prognosis of the case.

ii) **Paramour Interviews.** If a paramour is present in the household, the Permanency Worker and IA Screener shall interview the paramour. (See **Procedures 302.250, Paramour Involved Families** for definition of "paramour.")

iii) **Interviews with Other Household Members Who May Impact the Well-Being of the Child.** If other persons are present in the household who may have an impact on the safety, permanency, and well-being of the child, the Permanency Worker and IA Screener shall interview those persons.

B) **The Child Interview.** The Permanency Worker and the IA Screener shall conduct a clinical/behavioral interview of the child to assess for developmental status, substance use/abuse, substance exposure, sexual abuse, sexually problematic behaviors, mental illness, other mental health concerns, educational history, social functioning and medical issues. Particular focus should be given to the child's trauma history and strengths. For older youth, preparation for adult living skills should also be assessed along with sexual activity and legal history. In addition, for older youth, family and other significant adult supports and relationships should be assessed.

Interviews should be conducted in the home of the substitute caregiver unless there are extenuating circumstances. The child should be interviewed on the same day as the substitute caregiver whenever possible.

The child and substitute caregiver should be observed interacting with one another at some point during the interview process.

C) **The Substitute Caregiver Interview.** Interviews with the substitute caregiver are structured to gather information related to the caregiver's strengths and needs, along with family and home life in relation to the child being assessed. The interview shall include an assessment of the caregiver's ability to meet child's identified needs, promote reunification, support the Concurrent Plan and permanency goal, and readiness to participate in shared parenting activities with the child's parents/guardian.

The interview shall elicit information about the caregiver's functioning in the following domains: physical health, organizational skills, mental health, resource availability, substance use, residential stability, safety, supervision, parenting experience, ability to support co-parenting, marital/partner violence, involvement, knowledge of child development and knowledge of and insight into the child's identified needs.

16) **Refusals and Missing Parents/Children.** When a parent or child refuses to participate in the Integrated Assessment process, the Permanency Worker shall address questions or concerns raised by the individual and, when necessary, seek supervisory assistance to reengage the individual. The Permanency Worker, Permanency Supervisor, IA Screener and IA Supervisor should discuss any individual's continued refusal to participate. The Permanency Worker shall document all efforts made to engage the individual in contact notes. The IA Screener shall document efforts to engage individuals in the Integrated Assessment report.

In the event that a party refuses to participate during the first 40 days or the party's whereabouts are unknown, the Permanency Worker shall continue to attempt to locate and engage the individual. If, after completion of the IA, the individual is located and willing to be interviewed, the Permanency Worker is responsible to conduct an interview and update the IA and Service Plan. (See **Procedures 315.95(d), Ongoing Assessment**.)

17) **Reports and Recommendations**

A) **Collaboration.** The Permanency Worker, Permanency Supervisor and IA Screener will conduct a comprehensive review of all clinical information obtained during the interview/screening process and prepare the IA Report with CANS within the <u>first 40 days after protective custody</u>.

Throughout the assessment process, the Permanency Worker and IA Screener will discuss findings and potential recommendations for the child, family, and substitute caregivers.

Together, the Permanency Worker, Permanency Supervisor and IA Screener will formulate preliminary recommendations based on the strengths and needs identified throughout the interview/screening process. The IA Report will focus on the child's safety, risk factors and well-being. The recommendations will address additional assessment or treatment needs.

B) **The IA Draft Report.** The IA Screener shall submit the draft IA Report to the IA clinical supervisor. The IA supervisor shall review and return the draft report to the IA Screener. The IA Screener shall incorporate any changes or corrections requested by the IA supervisor, and forward the amended IA draft report to the Permanency Worker and Permanency Supervisor for their review.

C) **Clinical Staffing of the Draft Report.** The Permanency Worker, Permanency Supervisor, and IA Screener shall schedule an IA staffing to review and discuss the draft IA Report, developmental screens, functional assessment data and preliminary treatment recommendations.

The IA staffing should occur within 40 days after protective custody. The IA supervisor may participate in the clinical staffing when indicated or requested. The IA Intake Coordinator may assist with scheduling of the clinical staffing.

While the IA Screener writes the final report, the Permanency Worker is responsible for reviewing the report to ensure that all social history and background information is correct. The Permanency Worker and Permanency Supervisor shall provide their comments and recommended changes, and also identify any errors or omissions noted in the draft IA Report. The IA Screener shall incorporate the Permanency Worker's and Supervisor's additions/revisions into the final IA Report.

In the event that the Permanency Worker and IA Screener cannot agree on the IA Report's findings or recommendations, efforts should be made between them to resolve their differences. When the Permanency Worker, Permanency Supervisor and IA Screener are unable to reach an agreement, they should discuss the case with the IA supervisor or designee. After this discussion, if the two supervisors do not agree, the case should be brought to the appropriate IA Regional Administrator and the Program Manager, Area Administrator or Agency Performance Team Administrator for review.

D) **Finalizing the IA Report.** After the IA staffing, the IA Screener shall finalize the IA Report, incorporating pertinent feedback from the IA staffing as well as any new information that may have become available. The final IA Report shall be entered in the family record in SACWIS by 40 days after protective custody. After SACWIS entry and IA supervisory approval, the IA Screener shall print a copy of the IA Report from SACWIS. The Permanency Worker, Permanency Supervisor, IA Screener and IA Supervisor shall sign and date the printed final IA Report. The IA Screener shall ensure that all parties receive a signed copy of the final IA Report. The IA Screener will keep a copy of the signed, final IA Report.

18) **Child and Family Team Meeting – Communicating Results and Recommendations of the Integrated Assessment.** When the IA Report is finalized, the Permanency Worker and IA Screener will present the IA Report to the family at the 40-Day Child and Family Team Meeting.

The Intake Coordinator may assist the Permanency Worker and Permanency Supervisor in scheduling the 40-Day Child and Family Team Meeting.

The Permanency Worker shall encourage everyone to listen to the IA Screener and other participants and shall ensure that each participant has an opportunity to share information. Together, the members of the Child and Family Team will be asked to help the Permanency Worker develop the family's initial Service Plan. (See **Procedures 315.115, 40-Day Child and Family Team Meeting**.)

19) **Distribution of Final Integrated Assessment Report.** The final IA Report shall be distributed with the Service Plan in accordance with **Rules 315.170, Distributing the Service Plan**, and **Procedures 431, Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services**. The Permanency Worker is responsible for filing the final IA Report and Service Plan with juvenile court no later than 45 days after protective custody, and shall ensure copies are provided to all parties in the juvenile court proceeding.

If the child is hospitalized when the final IA report is being distributed, the Permanency Worker shall ensure that the treating hospital receives the child's portion of the Integrated Assessment. Prior to releasing the IA, the Permanency Worker shall obtain the written consent of an Authorized Agent of the DCFS Guardian, and, if the IA contains mental health information and the child is age 12 or older, the written consent of the child. The Permanency Worker shall also have the Permanency Supervisor review the child's portion of the Integrated Assessment to ensure no third party information is included.

c) Child and Adolescent Needs and Strengths Assessment (CANS)

The CANS is used to assist in the identification of traumatic experiences and its impact on children and families in care; the strengths of children in care; current needs that exist for children, parents and caregivers related to specific items; and the strengths and abilities of the caregivers for children in care. It is also used for outcomes management by measuring change in children/youth in care and their caregivers.

The Permanency Worker shall complete a CANS assessment on all placement cases at the following milestones:

1) The initial CANS assessment shall be completed on parents and children within 40 days after protective custody (e.g., the CANS may be completed by an IA screener, as part of the IA, by Day 40);

2) Subsequent CANS assessments shall be completed on parents of placed children:

- Within 90 days of protective custody; and

- Every 90 days thereafter (i.e., parents are assessed via the CANS every 90 days. Every other 90-day assessment must be completed in time for the 6-month ACR).

3) Subsequent CANS assessments shall be completed on children in care:

- Within 6 months of protective custody (i.e., prior to the first Administrative Case Review); and

- Every 6 months thereafter (i.e., children in substitute care are assessed via the CANS every 6 months, prior to each ACR).

d) Ongoing Assessment

The Permanency Worker shall review and update the contents of the **Current Status Tab** in the Service Plan every 6 months in preparation for each Administrative Case Review.

Note: Critical Parenting Issue Requires Immediate Action. When the Permanency Worker is made aware of a critical parenting issue during a clinical consultation (such as violence in the home), the Permanency Worker shall immediately consult with the Permanency Supervisor and determine a plan of action on how to address the risk and safety issues.

Section 315.100 Assessing Risk and Safety

Safety threats must be controlled. Risk factors may be resolved or reduced.

"Safety" is a subset of "risk"; all safety threats are considered a form of risk, but not all risk constitutes a safety threat. "Safety" focuses on the potential for or danger of moderate to severe harm now or in the very near future. "Risk" considers a longer-term threat and is concerned with the full range of severity of harm (low to severe). Safety and risk both require intervention in order to prevent harm, however safety must always be assessed quickly and controlled, while risk may be assessed and reduced and resolved over a longer period of time.

The Child Endangerment Risk Assessment Protocol (CERAP) is used to assess safety. When a CERAP indicates the likelihood of a safety threat (moderate to severe harm) now or in the very near future, the worker must act immediately (control the threat) to prevent harm from occurring. (E.g., in some instances, the only way to control the threat may be protective custody.) Identified safety threats and the safety plan to control them must be documented in SACWIS and the **CFS 1441-A, Safety Plan**. When no safety threats have been identified, the CERAP is "Safe."

ALL child safety threats identified as the result of the CERAP must be incorporated into the Service Plan. When a child has been taken into protective custody, the Service Plan must clearly state the Outcomes and Action Steps necessary to address the safety threats that led to the need for protective custody.

The case milestones at which a CERAP must be conducted on the child's home environment are set out in **Procedures 315.Appendix A, Child Endangerment Risk Assessment (CERAP)**.

Specialties include Child Protection Investigations, Prevention Services (formerly Child Welfare Intake Evaluation), Intact Family Services, and Placement Cases. The listed case milestones are the minimum requirements; the worker may be instructed by a supervisor, or the court, to conduct a CERAP safety assessment in a case. The worker shall comply with those requests.

Even if the child is not in the home (e.g., child is in a hospital or foster home), the CERAP safety assessment is to be based on the child's return home environment.

A CERAP Safety Assessment that indicates the child is safe does not negate other longer-term risks identified in the home. However, when **no safety threats are identified and the risks are resolved or reduced**, the Permanency Worker should look into returning the child home, and continuing services to the child and parents in the family home to reduce or resolve the risk factors. (This may require a court order, or designation as at Trial Home Visit.)

All CERAP Safety Assessments and Risk Assessments must be documented in SACWIS within 24 hours.

Section 315.105 Child and Family Team Meetings

Permanency should bring physical, legal and emotional safety and security within the context of a family relationship and allow multiple relationships with a variety of caring adults.

Child and Family Team Meetings are an integral process in the planning and delivery of services and set the tone for casework with the family. These meetings provide an opportunity for families and service providers to communicate and work together effectively in the best interest of the child.

The Permanency Worker is required, in conjunction with the family, to develop a Child and Family Team in each open service case. The meeting should provide a format that encourages honest and open discussion of the results of the Integrated Assessment, ongoing assessments, sharing of pertinent case information, selection of a permanency goal and discussions about the Concurrent Plan for the child.

a) Child and Family Team Meeting Management Time Line

The Permanency Worker shall explain the importance and purpose of Child and Family Team Meetings and make intensive efforts to encourage parents and guardians (custodial and non-custodial) and the child to attend each meeting.

- **14 Days:** The Initial Child and Family Team Meeting shall be held approximately 14 days after protective custody of a child is taken (see **Procedures 315.110**).
- **40 Days:** The 40-Day Child and Family Team Meeting shall be conducted approximately 40 days from protective custody, in order to review the results of the Integrated Assessment and CANS, and develop an Initial Service Plan (see **Procedures 315.115**).
- **Quarterly:** Child and Family Team Meetings shall be held at regular intervals throughout life of the case (approximately every 90 days) (see **Procedures 315.120).**
- **30 Days Before Reunification/Case Closure:** A Child and Family Team Meeting must be held approximately 30 days prior to reunification and/or case closure to develop the After Care Service Plan (see **Procedures 315.125**).

Permanency Workers should make every effort to conduct Child and Family Team Meetings within these time lines, and yet allow flexibility to schedule meetings at a time and place that makes it possible for the parents and child to attend.

The preferred location for the meeting is in the parents' home. Consideration shall be given to the parents' work schedules, transportation needs, availability of interpreters and any other barriers that may prevent parents from participating.

b) Planning and Running an Effective Child and Family Team Meeting

The Permanency Worker, parents and child should collaborate to determine who should be invited to attend. The Permanency Worker shall ensure there is open discussion about development and evaluation of Service Plans, clearly identify what must occur to achieve permanency for the child, and how best to ensure the child's safety and well-being. All identified Outcomes, Action Steps, and services shall support the selected permanency goal.

The Permanency Worker should make sure the parents understand that regular attendance and participation at Child and Family Team Meetings may be considered by the Department/POS agency and the court as demonstrating reasonable efforts or progress.

If an issue arises at the Child and Family Team Meeting that requires supervisory approval and the Permanency Supervisor is not present at the meeting, the Permanency Worker shall discuss the issue with the Permanency Supervisor, who shall render a decision on the issue within 5 days after the meeting.

The Permanency Worker must inform the parents and child of their right to appeal service decisions with which they disagree (see **Rule 337, Service Appeal Process**), as well as the consequences if one or both parents fail to make reasonable efforts to comply with the Service Plan or make reasonable progress toward correcting the conditions that led to the removal of their child.

Child and Family Team Meetings are conducted throughout the life of the case. These meetings are resilient and can support any permanency path. If the goal moves beyond reunification, the child and family may continue to determine who is invited to participate (e.g., when the permanency goal is guardianship and parental rights are not terminated, the parent retains a residual parental right to have occasional visitation and contact with the child).

As the child approaches adulthood, he/she may wish to play a greater role in deciding who to invite. It may also be appropriate, when parent-child visitation and contact was stopped after termination of parental rights, to use the Child and Family Team Meeting to reintroduce the parent and now-young adult under the watchful eye of the other members of the team. With increased access to the Internet and social media, most children have developed the skills necessary to find and reconnect with their birth families and others they deem important. Members of the Child and Family Team may also be able to guide the child as he/she interacts with these family members and individuals.

c) Selecting Team Members to Serve as Child Advocates

Beginning at age 12, the child may, at his/her discretion, choose whether to invite up to two members of the Child and Family Team (other than the caregiver or Permanency Worker) to participate or serve as his/her advocates at ACRs and Permanency Hearings.

(See **Procedures 315.135(c), Designation by a Youth Age 12 or Older of Advocates for Service Planning, ACRs and Permanency Hearings**.) When advocates are selected, the Permanency Worker shall include them in consultations with the child regarding development and evaluation of the child's portion of the Service Plan or Transition Plans developed for the child, and any revisions or additions to these or other plans.

The Permanency Worker may, after consultation with the Permanency Supervisor, reject an individual selected by a child to participate or advocate for the child in service or transition planning if there is good cause to believe the individual would not act in the best interests of the child. The Permanency Worker shall inform the child and the individual when a selection is rejected, explain the reasons for rejecting the individual, and document the conversation and reasons for the rejection in a contact note within 48 hours.

d) Staggering Attendance at Child and Family Team Meetings

When scheduling the Child and Family Team Meeting, the Permanency Worker may also consider whether participation may need to be limited for certain discussions. This may be necessary, for example, to preserve confidentiality when discussing a parent's mental health treatment, or to evaluate progress when one parent is working effectively toward reunification and the other parent is not. The Permanency Worker may ask all participants to attend, for example, the first half hour; one parent and his/her chosen supports/service providers to attend the second half hour; and the other parent and his/her supports/service providers to attend the third half hour.

e) Permanency Worker Sends Invitations to Attend Meetings

After reaching agreement with the parents and child about the date, time, location and participants of the Child and Family Team Meeting, the Permanency Worker shall send a confirmation letter to the parents and invitations to all participants. The Permanency Worker shall document in a contact note all scheduled Child and Family Team Meetings, all efforts to include parents in the meetings, the participants at each meeting, and a summary of any plans of action developed at these meetings.

In deciding who to invite to all meetings, the Permanency Worker shall also consider the level of violence or tendency toward violence, if any, displayed by the child's parents. To make this determination, the Permanency Worker may use information available from Safety and Risk Assessments; the Integrated Assessment; information such as a parent's history of domestic violence, arrests and convictions; recommendations from a service provider; or the Permanency Worker or Supervisor's own observations.

If the child's placement appears likely to disrupt, the Permanency Worker should consult with key family members to determine whether they, or other previously contacted relatives, may be willing and able to become a placement resource for the child, and whether other Child and Family Team members may be able to provide other supports for the child to stabilize the placement.

When the child will be adopted, those key family members may be willing to remain lifelong connections and continue to play a supportive role for the child. In some instances, the child may be able to keep in contact with the birth parents, as well. These family members may be willing to supervise that contact in order to ensure the child's safety and well-being. A **CFS 1800-SC, Post Permanency Sibling Contact Agreement** can be developed in conjunction with the adoptive parents to confirm the parameters for continued contact with the child's extended family.

Similarly, when a former caregiver asks to stay involved in the child's life, and the parent consents, the former caregiver can continue to attend Child and Family Team Meetings and have contact with the child. The Permanency Worker shall ensure that a current consent for release of information is in the case record authorizing information to be shared with the former caregiver.

f) Use of Technology to Facilitate Attendance

The Permanency Worker and Permanency Supervisor should give consideration to allowing some members of the Child and Family Team Meeting to participate via teleconference or videoconferencing (e.g., Skype and Facetime) when those members are unable to attend in person. This may be particularly helpful for relatives who live a considerable distance from the meeting location, or medical practitioners and other professionals whose attendance is desirable but for whom attendance may not be otherwise possible.

Section 315.110 The 14-Day Child and Family Team Meeting

The 14-Day Child and Family Team Meeting shall be held approximately 14 days after protective custody is taken. Content elements discussed with the child, parents and caregiver shall be documented in a contact note within 48 hours.

The Permanency Supervisor is required to attend the 14-Day Child and Family Team Meeting.

There are three parts to the 14-Day Child and Family Team Meeting. When possible, Parts 1, 2 and 3 should occur at the same site at the same time. When this is not possible, Parts 2 and 3 may occur within 5 days after Part 1.

a) Part 1: Permanency Worker, Permanency Supervisor and Parent (and child when appropriate).

The Permanency Worker and Permanency Supervisor should meet with the parents within 14 days after protective custody in the parent's home whenever possible, to conduct the 14-Day Child and Family Team Meeting. The child may be included when determined appropriate by the Permanency Worker and Supervisor.

At the 14-Day Child and Family Team Meeting, the Permanency Worker shall:

- engage and empower parents to talk about their child;
- review the actions the parents can expect to take on the path to reunification;
- ask for information about the child and assist the parents in recording information on the **CFS 458-C, Let Me Tell You About My Child**. The **CFS 458-C** is completed for all placement types. This information shall be shared with the child's caregiver and other parties assessing or providing for the child's well-being;
- ask the parents to identify/continue identifying the child's maternal and paternal grandparents and other relatives who must be notified that the child is in placement, and may serve as resources and supports for the child and family;
- explain why the child was taken into custody; the assessment and permanency planning process; the roles and responsibilities of the Child Protection Specialist, Permanency Worker, Administrative Case Review and juvenile court; and the timeframes that must be complied with as the parents work toward the established permanency goal;
- help the parent identify the specific action/services that are needed to meet the most immediate and critical needs of the child and family;
- review the parents' rights and responsibilities under the Department's Service Appeal Process;
- review the initial Visitation and Contact Plan. Ask the parents if there are any siblings of the child who are not living with them (e.g., living independently or with another caregiver). Ask for contact information for those siblings (if any);
- discuss Shared Parenting opportunities and responsibilities and develop a plan for Shared Parenting that can be supported by the Permanency Worker now and the caregivers later;
- identify with the family who will be key members of their Child and Family Team and how to contact each of those persons; and
- introduce information about Lifebook development. Ask to take a photo of the parents for inclusion in the child's Lifebook. Ask the parents to think about and start gathering family information that the child might want to include in his/her Lifebook (e.g., photos of the family, family pets, relatives, or friends). (See **Procedures 315.Appendix E, Lifebooks for Children in Substitute Care)**

b) Part 2: Permanency Worker, Permanency Supervisor, Parent and Child

To lessen the impact of trauma and separation, the Permanency Worker should allow the parents and child to have some time to reconnect during an unstructured visit when the child has been included in the 14-Day Child and Family Team Meeting. This visit shall be supervised by the Permanency Worker.

c) Part 3: Permanency Worker, Permanency Supervisor, Parent and Caregiver

For all foster family home placement types (relative, traditional, specialized):

- Introduce the parents and the child's caregivers to one another.
- Review the **CFS 458-C, Let Me Tell You About My Child** with the parents and caregiver.
- Set the stage for the parents' partnership with the child's caregivers by discussing approved parent-child contact between visits (e.g., phone calls, emails), and shared parent roles and responsibilities.

Section 315.115 The 40-Day Child and Family Team Meeting

The 40-Day Child and Family Team meeting occurs approximately 40 days from protective custody. Content elements discussed at the meeting shall be documented in a contact note within 48 hours.

a) The purpose of the 40-Day Child and Family Team meeting is to:

- present the findings and recommendations of the Integrated Assessment and CANS;
- review the role and responsibilities of the parents, child (when age appropriate) and Permanency Worker to develop an initial Service Plan, review the Visitation and Contact Plan and select a permanency goal;
- introduce the concept of Concurrent Planning to the child and parents and seek their input in development of an alternative permanency plan for the child if reunification cannot be accomplished;
- discuss the purpose of any juvenile court hearings that may occur in the next 60 days;
- have a more in-depth discussion about the Lifebook with the child, parents, caregivers and other Child and Family Team members, and seek assistance in obtaining/providing photos of the child and family, letters to the child, art work, etc. (See **Procedures 315.Appendix E, Lifebooks for Children in Substitute Care**)

b) All persons who attend the 40-Day Child and Family Team Meeting shall document their attendance on the **CFS 968-62A, Child and Family Team Attendance Form.** Persons who should attend include:

- the Permanency Worker (attendance required);
- the Permanency Supervisor (attendance required);
- the Integrated Assessment Screener (attendance required);
- the child (unless there is documentation in the record that the child's attendance is emotionally or developmentally inappropriate);
- the child's parents/guardian.

c) With written consent of a parent, these individuals may be invited and participate in discussion of the parent's portion of the Child and Family Team Meeting:

- the child's caregivers;
- the child's court appointed GAL/CASA;
- service providers;
- other persons identified by the child or parents as important to and supportive of them (e.g., relatives, neighbors, friends, school personnel).

d) The Permanency Worker shall ensure that the case record contains a list of all Child and Family Team members and consents for release of information.

Section 315.120 Quarterly Child and Family and Team Meetings

Child and Family Team Meetings shall be held at regular intervals throughout the life of the case. The first Quarterly Child and Family Team Meeting should occur approximately 90 days after case opening. The second Quarterly Child and Family Team Meeting should be timed to occur before the family's scheduled ACR. The cycle for subsequent Child and Family Team Meetings should be timed so that every-other-meeting occurs before the next scheduled ACR. Content elements discussed at each meeting shall be documented in a contact note within 48 hours.

a) The purpose of the Child and Family Team Meeting is to review and evaluate the parents' and child's efforts and progress toward achieving the identified permanency goal. The Team members shall:

1) review and update the Service Plan, if necessary. This review should include:
    - identifying any barriers to the child and family attaining permanency;
    - reviewing and, if necessary revising, the Visitation and Contact Plan;
    - evaluating the parents' abilities to meet Minimum Parenting Standards;
    - reviewing service needs of the child and family;

- reviewing and discussing safety and risk issues;
- reviewing the child's placement stability;
- identifying the strengths and ongoing needs of the child and family;
- asking about any changes in household composition, including the presence of a paramour;
- asking about any new or pending legal issues (e.g., arrests, convictions);
- reviewing school/education issues.

Any changes or updates made to the Service Plan must be reviewed with and approved by the Permanency Supervisor. When approved, the Permanency Worker shall file the updated Service Plan with the juvenile court and provide copies to all parties to the proceeding within 5 business days. (See **Procedures 315.170, Distributing the Service Plan** for instructions regarding distribution);

2) review reports and materials from service providers or others involved with the child and family;

3) review the parents' most recent CANS assessment (including Readiness for Reunification) (to be completed quarterly);

4) review child's CANS assessment (to be completed every 6 months);

5) ask Child and Family Team members to identify ways they can support and help the family to achieve positive outcomes and attain the identified permanency goal. Team members should be asked to identify any specific tasks/activities they can do to assist the parents and child;

6) fully disclose the expectations of all parties, including steps taken in implementing the Concurrent Plan;

7) discuss the purpose of any Administrative Case Reviews and juvenile court hearings that may occur during the next 3 months;

8) ask about and continue to encourage the child's development of his/her Lifebook. Encourage members of the Child and Family Team to suggest things the child may want to include in the Lifebook;

b) All persons who attend the Quarterly Child and Family Team Meeting shall document their attendance on the **CFS 968-62A, Child and Family Team Attendance Form.** Persons who should attend include:

- the Permanency Worker (attendance required);
- the Permanency Supervisor (attendance required twice per year at the CFTMs before each scheduled ACR when the permanency goal is return home. Attendance required at other Quarterly CFTMs if requested by the Permanency Worker or team members to address a specific issue);

- the child (unless there is documentation in the record that the child's attendance is emotionally or developmentally inappropriate);
- the child's parents/guardian;
- the child's caregivers;
- the child's court appointed GAL/CASA;
- service providers;
- other persons identified by the child or family as important to and supportive of them (e.g., relatives, neighbors, friends, school personnel).

c) The Permanency Worker shall ensure that the case record contains an up-to-date list of all Child and Family Team members and consents for release of information.

d) **Special Considerations for Child and Family Team Meetings for Youth in Residential/Congregate Care and ILO/TLP Living Arrangements.** When establishing a Child and Family Team for an older youth, the Permanency Worker must consider the youth's wishes around membership and consider important relationships the youth has developed. An important consideration for building a supportive network for the youth is "relational permanency" and the need for youth to feel as if he/she "belongs."

The Child and Family Team for older youth must focus on establishing and maintaining lifelong supports and connections, relational permanency and preparation for adulthood. While the "gold standard" for permanency is achieving reunification, adoption or guardianship, for some youth permanency means establishing a support network the youth can rely upon during transition to adulthood and after exiting care.

For youth in residential/congregate care, the frequency of Child and Family Team Meetings may need to increase based upon the youth's safety, permanency and well-being needs. The Permanency Supervisor may require the Child and Family Team to meet every other month, for example, while trying to identify or develop a viable permanency resource for a youth for whom no viable permanency resource (including a relational permanency resource) has been identified. The focus of the more frequent Child and Family Team Meetings should be to assist the Permanency Worker in establishing permanency resources and lifelong connections for youth. The Permanency Worker may enlist support of a Permanency Achievement Specialist (PAS) or Resource Recruitment team in "file mining." The Permanency Worker, PAS and Child and Family Team can discuss the outcome of family finding efforts. (See **Procedures 315.60(d), When a Child in Care Has No Identified Supports and Connections**.)

Section 315.125 Reunification / After Care Planning Child and Family and Team Meetings

A Child and Family Team Meeting must be held approximately 30 days prior to reunification and/or case closure.

a) The purpose of these Child and Family Team Meetings is to develop the Reunification Service Plan and After Care Service Plan. See **Procedures 315.160, Developing the Reunification Service Plan** and **Procedures 315.165, Developing the After Care Service Plan** for information about the contents of these Service Plans**.**

b) All persons who attend the Child and Family Team Meeting shall document their attendance on the **CFS 968-62A, Child and Family Team Attendance Form.** Persons who should attend include:

- the Permanency Worker (attendance required);
- the Permanency Supervisor (attendance required);
- the child (unless there is documentation in the record that the child's attendance is emotionally or developmentally inappropriate);
- the child's parents/guardian;
- the child's caregivers;
- the child's court appointed GAL/CASA;
- service providers;
- other persons identified by the child or parents as important to and supportive of them (e.g., relatives, neighbors, friends, school personnel).

c) The Permanency Worker shall ensure that the case record contains an up-to-date list of all Child and Family Team members and consents for release of information.

Section 315.130 Worker Contacts and Interventions

The following procedures describe the minimum requirements for frequency of worker in person contact with families, children, and substitute caregivers. Also included are some minimum activities that must be included during the contacts. The activities described here do not comprise an exhaustive list of worker responsibilities and duties and does not excuse workers from performing those tasks not specifically mentioned here but which are outlined in other rules, procedures, and policy guides (e.g., worker contacts and intervention requirements for Intact Family Workers are set out in **Procedures 302.388, Intact Family Cases**).

In all contacts with families, children, and substitute caregivers, the requirements of **Procedures 302.30(**c), **Accessibility of Services to All Persons** on the use of interpreters for non/limited English speaking clients and deaf or hard of hearing clients must be followed.

a) Initial Intervention and Contact by Permanency Worker

1) **Shelter Care Hearing.** When there is an assigned Permanency Worker, that Permanency Worker, or a person assigned by the Permanency Supervisor if the Permanency Worker is unavailable, must attend the shelter care hearing in court. The Child Protection Specialist should introduce the Permanency Worker to the family.

2) **Handoff Staffing.** Within 5 days after case assignment, the Permanency Worker and Supervisor shall meet with the Child Protection Specialist and Supervisor to transfer the child and family's case for provision of services. Although the Child Protection Specialist remains responsible for ensuring the child's safety during the entire investigation process, once the case has been fully transferred to a Permanency Worker, the safety assessment will be a collaborative assessment between the Child Protection Specialist and the assigned Permanency Worker until the completion of the child abuse/neglect report.

   Referral documents provided by the Child Protection Specialist shall include:

   - SACWIS Intake Report;
   - CFS 1000-1, Hispanic Client Language Determination Form (if applicable);
   - SACWIS case notes and service referral information;
   - Child Endangerment Risk Assessment (CERAP), approved by the Child Protection Supervisor;
   - SACWIS Risk Assessment Summary;
   - CFS 440-5, Adult Substance Abuse Screen;
   - SACWIS/CANTS 17A-DV, Domestic Violence Screen;

- Paramour Checklist (if applicable);
- Law Enforcement Agency Data System (LEADS) information; and
- Any available applicable records (e.g., medical, school, etc.).

3) **Transitional Visit.** Within 5 days after case assignment, the Permanency Worker shall conduct a Transitional Visit with the family. The Transitional Visit allows the Permanency Worker to introduce himself/herself to the family and begin engagement. The Permanency Worker and family shall address the following issues at the Transitional Visit:

- reason for involvement, as determined by the Child Protection Specialist;
- the child safety and risk concerns identified by the Child Protection Specialist and/or Permanency Worker;
- service needs identified prior to or during the Transitional Visit. The Permanency Worker shall inform the family that additional or alternative service needs may be identified during or after completion of the Integrated Assessment;
- underlying conditions or issues identified by the Permanency Worker during the Transitional Visit;
- how the Department will be involved with the family (e.g., schools, doctors, Child and Family Team Meetings);
- the Permanency Worker and Permanency Supervisor's contact information;
- necessary consents from the parents or child (or both) for release of information needed in order to conduct assessments and provide services; and
- whether the parents or child (or both) have special needs or require special accommodations, including but not limited to: communication issues (e.g., deaf/hard of hearing, Spanish speaking); developmental disabilities, domestic violence, ICWA services for a parent or child of Native American descent; or medical or mental health needs.

The Permanency Worker shall document the Transitional Visit in a contact note.

b) Ongoing Intervention and Contact

1) **With Families**

A) **With the Child's Parents**. The Permanency Worker must engage the parents (mothers and fathers) of all children in care in accordance with this Section. All visits and contact shall be documented in a contact note within 48 hours.

i) Conduct at least weekly face-to-face visits with the parents during the Integrated Assessment Period (first 40 days after protective custody);

ii) If the permanency goal is reunification, the assigned DCFS/POS Permanency Worker shall see the parents of children in placement in their homes at least every 30 days or more frequently as specified by the Service Plan or by the Permanency Supervisor in a supervisory note.

ii) If the permanency goal is other than reunification and there are no other children in the home, contact every 30 days shall continue if parent-child visitation is still occurring.

Note: When there are **worker safety issues** or when a parent is homeless, the Permanency Worker must staff this issue with the Permanency Supervisor and determine if there is another location for making these required contacts.

iii) If the permanency goal is not "return home" and there are other children remaining in the home, the Permanency Worker shall visit and monitor those children as required in **subsection B**, below.

iv) If parental rights are terminated and there are no other children in the home, no further contacts are necessary.

B) **With Children Residing in Home of Parent**

If there are other children in the home of one or both parents of a child in substitute care, the assigned DCFS/POS Permanency Worker is responsible to:

i) conduct at least weekly face-to-face visits with those children during the Integrated Assessment Period (first 40 days after protective custody);

ii) visit those children in their home every 30 days;

iii) observe the parenting skills exhibited with those children;

iv) monitor the children's safety; and

v) help the parents access/obtain community resources that may be needed for the children (e.g., medical, education, social, mental health, alcohol and other drug abuse (AODA) treatment).

The Permanency Worker shall ask the parent to sign consents for the Permanency Worker to contact medical providers and WIC for each child residing at home when there is an open case involving another child in substitute care. All visits and contact shall be documented in a contact note within 48 hours.

C) **When a Family or Household Member Is Discharged from a Mental Health Facility**

Upon learning that a family or household member in a parent's home has been discharged from a mental health facility, the Permanency Worker shall ask that family or household member to sign a consent for the Permanency Worker to access the mental health treatment and discharge information. (If the family or household member is under 12 years of age, a parent/legal guardian of that individual shall be asked to sign the consent.) The Permanency Worker shall send the signed consent and a **CFS 968-90, Questions for Mental Health Professionals** to the mental health facility that served the discharged family or household member.

The Permanency Worker shall review the **CFS 968-90,** treatment and discharge information with the Permanency Supervisor. This information will be reviewed along with the Service Plan and Visitation and Contact Plan to determine how this will affect any children currently residing in the parent's home, the child/children in substitute care, and any other relevant case decisions. This review shall be documented in a contact note within 48 hours.

D) **Observe Parent-Child and Sibling Visits**

The Permanency Worker is required to observe at least one parent-child visit and one sibling visit each month and record his/her observations in a contact note within 48 hours.

2) **With Children in Placement**

A) When visiting children in substitute care, the Permanency Worker must interview verbal children out of the presence of the caregiver. The Permanency Worker shall meet privately with any child in substitute care in the child's living arrangement:

i) within the first 72 hours of initial placement or a change in placement (excluding holidays and weekends);

ii) at least once every two weeks for the first month immediately following initial placement or a change in placement;

iii) at least once every 30 days thereafter (**unless subsections iv or v apply**);

iv) at least once every two weeks for children who have any identified special needs (children with mental and physical disabilities), according to the child's strengths and changing circumstances;

v) at least once every two weeks when the child is placed in a unlicensed relative home;

vi) instructions for children placed out-of-state are set out in **subsection g** below.

B) During the interview with the child, the Permanency Worker shall seek to determine the child's progress in care and whether the child's safety and well-being needs are being met. The Permanency Worker shall attempt to confirm the information reported by the child through other sources such as the child's school or day care provider. The Permanency Worker should ask whether parent-child and sibling visits are occurring as scheduled in the Service Plan, and about any issues related to visitation. For a parenting youth whose child is placed separately, the Permanency Worker should ask about the frequency, duration and quality of parent-child visitation.

If a child reports he/she does not feel safe in his/her placement (e.g., mistreatment by a caregiver/household member, gang issues), the Permanency Worker shall contact the Permanency Supervisor before leaving the home and, together, they shall determine if the child is at imminent risk of harm if he/she remains in the placement. If so, the Permanency Supervisor shall make the Critical Decision to change the child's placement and instruct the Permanency Worker to immediately place the child elsewhere.

C) When at caregiver's home, the Permanency Worker shall observe and may interview (when verbal) all other foster children in the home who are not in their caseloads who are home at the time of the Permanency Worker's visit.

D) The Permanency Worker shall inform his/her Permanency Supervisor and all Permanency Workers for the other foster children in the home when the Permanency Worker discovers any caregiving issues during the visit.

E) All visits and contact shall be documented in a contact note within 48 hours.

3) **Permanency Worker Observation of Visits**

The Permanency Worker shall observe at least one parent-child visit and one sibling visit each month. Each visit observed shall be documented in a contact note within 48 hours.

4) **Supervisor May Require More (or Less) Frequent Visits or Contacts**

The frequency of worker visits and contacts with children and families shall be followed, unless the Permanency Supervisor, based on the assessment, determines and documents in a supervisory note that more frequent visits or contacts are required (e.g., children/youth in crisis or experiencing traumatic events, death of significant persons, placement disruption, frequent runaway).

The frequency of worker visits and contacts with children and families will be evaluated during on-going supervision and during the Quarterly Supervisory Conference. **When determining the need to adjust the frequency of worker visits or contacts in any particular case, the Permanency Supervisor shall ensure the child and family's service needs are met, and that the Permanency Worker visits each child on his/her caseload at least once per month.**

5) **Contacts with Parents Who Become Pregnant (Open Intact Family/Placement Cases) and Pregnant Youth in DCFS Custody or Guardianship**

The Intact Family Worker or Permanency Worker shall determine if there are any health or safety concerns to a new baby when that worker learns:

A) a parent in an open intact family or placement case becomes pregnant, and that parent:

i) is the subject of a pending child abuse/neglect investigation; or

ii) was previously indicated for child abuse or neglect; or

B) a youth in the custody or guardianship of the Department becomes pregnant.

If there are health or safety concerns and the pregnant parent or youth is refusing to provide the baby's due date and expected place of delivery, the Permanency Worker shall:

- immediately notify the TPSN program upon learning a pregnant youth in DCFS custody or guardianship is the subject of a pending or indicated CAN investigation;
- two months prior to the anticipated due date, increase visits to the pregnant parent or youth's home to once per week;
- attempt to get the pregnant parent or youth to sign a consent allowing the Permanency Worker to talk with her physician and with hospital personnel;
- document in a contact note all attempts to secure from the pregnant parent or youth the anticipated due date, the expected place of delivery, and any related consents; and
- document in a contact note within 48 hours all contacts with the parent or youth's family, extended family and any support network persons to seek information about the pregnancy and/or notification of the baby's birth.

c) Interventions and Contacts Following Reunification

Permanency Worker intervention and contact requirements with children and families following reunification are set out in **Procedures 315.250, Reunification, Planning for After Care and Termination of Services**.

d) Contact with Foster Families/Relative Caregivers

1) The Permanency Worker shall have an in-home, face-to-face visit with the primary licensed foster parent/relative caregiver caring for a child for whom the Department is responsible <u>within 72 hours of placement</u> and at least every <u>30 days</u> thereafter or more often on an as needed basis in order to provide consultation and support.

If the caregiver is an unlicensed relative, the Permanency Worker is responsible for in-home, face-to-face visits and consultation <u>at least twice per month</u> (every other week).

The Permanency Worker shall have <u>weekly contacts</u> and <u>at least twice per month</u> face-to-face visits with caregivers who have children with special needs or emotional or behavioral problems.

Face-to-face visits with the primary foster parent/relative caregiver may occur at the same time as visits with the children in placement is made, provided that children are given the opportunity to be seen and interviewed alone.

The Permanency Worker shall ask the caregiver whether other foster children are in the home, if those children have any special needs, and for information about their Permanency Workers. When there are two or more foster children in one caregiver's home with more than one Permanency Worker, the Permanency Workers and caregiver shall meet together at least once every six months in the caregiver's home to discuss any issues.

Any concerns identified by the Permanency Worker that suggest that the caregiver (a foster parent or relative caregiver) is unable or unwilling to meet the identified needs of the child shall be documented immediately. The Permanency Worker shall discuss these concerns with the Permanency Supervisor within 24 hours. The Permanency Supervisor shall determine the appropriate action. (See **Procedures 315.75(b), Ongoing Assessment of Relative Placement**.)

2) The tasks the Permanency Worker shall perform during in-home, face-to-face visits with caregivers include, but are not limited to:

A) All in-home contacts (licensed caregivers and unlicensed relative caregivers)

- Observe the caregiver's home for any health and safety issues. (If evidence or circumstances indicate that a child's health and safety may be in jeopardy, a Safety Assessment must be done in accordance with the Child Endangerment Risk Assessment Protocol (CERAP)) and documented in SACWIS within 24 hours. If the Permanency Worker observes licensing violations in the home of a licensed caregiver, the Permanency Worker shall immediately notify the agency that licenses the home, or, if unknown, the DCFS licensing unit serving the geographical area.

- Recognize, assess, and address any indication of unusual stress or problems within the home as it affects the caregiver's ability to care for the child, regardless of whether the Permanency Worker or the caregiver raises the problem.

- Discuss the child's adjustment to the caregiver's home and any special needs of the child, as identified in the Service Plan. If other needs are identified, document and initiate a plan for meeting those needs.

- Discuss any parent-child or sibling visitation that occurred since the last contact, if the caregiver supervised the visitation. If the visit was not supervised by the caregiver, discuss any visible changes the caregiver noticed in the child after the visit occurred.

If parental visits are not occurring per the Visitation and Contact Plan, or sibling visits are not occurring the required minimum of two hours twice per month, develop a plan to ensure the visits begin within the next 10 days. If visits between a parenting youth and his/her child who is placed separately are not occurring per the Visitation and Contact Plan, the Permanency Worker shall ensure that the visits begin within 2 business days.

- Discuss the caregiver's responsibility to allow only **approved** and **supervised** visitation and contact between the child and his/her parents.

- Discuss the importance of always using age-appropriate supervision of the child that meets the child's identified needs. The DCFS pamphlet, **CFS 1050-60, Preparing Children to Stay Alone**, can be a helpful resource to use as part of this discussion. (This pamphlet is available on the DCFS website.)

- **Caregivers are prohibited from using corporal punishment.** Discuss the importance of always using age-appropriate discipline. This discussion must include information about trauma-based reactive behaviors and should emphasize the negative effects that result from the use of corporal punishment as well as use of derogatory or demeaning language towards the child or his/her family members.

- Discuss the "Reasonable and Prudent Parent Standard" and encourage the caregiver to use this standard when making decisions regarding the child's participation in extracurricular, enrichment, cultural, and social activities. (See **Procedures 315.135 (d), Reasonable and Prudent Parent Standard**.)

- Discuss and encourage the caregiver to participate in Shared Parenting. (See **Procedures 315.30, Shared Parenting**.)

- Discuss the development and status of the child's Lifebook. (See **Appendix E, Lifebooks for Children in Substitute Care**.)

- Discuss the child's current health status and identify any new behavioral or medical health needs and/or barriers to meeting the child's health care needs. Ask if the child has been prescribed any emergency/rescue medications and whether there have been any instances requiring the use of those medications.

Review medication and behavior logs (**CFS 534** and **CFS 534-1**) as applicable. Collect medication logs at each visit and place them in the child's record. (Medication logs are to be maintained for all over-the-counter, as well as prescription medications.) Ensure all required documentation is being maintained (immunization records, missed appointments, well-child exams, dental appointments, vision and hearing screenings). Bring a copy of the child's most recent Health Passport and verify that it is up-to-date.

The caregivers shall be instructed to call the Permanency Worker immediately (and document on the medication log) when:

- the child requires emergency medical assistance and 911 has been called or the child has been taken to the emergency room;
- a child refuses to take a prescribed medication;
- the child has an adverse drug reaction that does not require emergency medical assistance;
- there is a medication error or missed dose of medication; or
- controlled substances, syringes or needles are missing.

- Discuss the child's educational needs and progress.

- Ensure that caregivers understand their responsibility in assisting the child/youth in the development of day-to-day skills within the home environment, as well as participating in the Casey Life Skills Assessment at age 14. (See Procedures 315.135(b) Casey Life Skills Assessment.)

Periodically, as needed or required by other Department Rules or Procedures:

- Review the child's portion of the Service Plan with the caregivers at least every three months.

- Review the Foster Child and Youth Bill of Rights with the caregivers and child. (See **Procedures 315.135(a), Foster Child Bill of Rights**.)

- Share with the caregiver any important new information about the child, subject to confidentiality provisions, that are necessary for the proper care of the child.

- Plan with caregivers for how to respond to crises, including whom to contact and how, and what the Permanency Worker and caregiver will do. Provide referrals as appropriate.

- Ensure that all required forms and paperwork are completed in a timely manner.

- Acknowledge and address attachment issues the caregivers may have with the child and its effect on the caregiver's support of the permanency goal.

- Inquire routinely if the caregivers need additional training or support. If so, the Permanency Worker should share this information with the caregiver's licensing representative.

- Assess the need for support services to caregivers, such as employment related day care, reimbursement for travel or training expenses, respite care or placement stabilization services, and other services the Department is authorized to provide to caregivers.

- Discuss the impact of the placement on the caregivers' own children.

- Discuss the caregivers' responsibilities such as transporting children to counseling and/or medical appointments. If the caregivers are not fulfilling these responsibilities or are in any way impeding the permanency plan for the child, the Permanency Worker should discuss this with the Permanency Supervisor.

B) Unlicensed Relative Caregivers

The Permanency Worker is responsible for in-home, face-to-face visits and consultation with an unlicensed relative caregiver **at least twice per month** (every other week). During these visits, in addition to the tasks identified in **subsection (A)** above, the Permanency Worker shall also (over the course of the visits with the relative):

- Review and discuss all the conditions that prevent the relative from achieving full licensure and document the identified conditions in a contact note.

- Discuss the relative's licensing status with the licensing representative. The Permanency Worker and licensing representative are to actively assist the relative caregiver in achieving licensure.

- The Permanency Worker, licensing representative, and their respective supervisors must ensure that all identified safety and service concerns are fully addressed through specific plans and tasks.

Note: Permanency Workers are to make twice monthly face-to-face visits with unlicensed relative caregivers, without exception, until the caregivers have been issued a foster family home license by the Department. If it is determined that a relative caregiver cannot or will not be licensed, the Permanency Worker shall continue to make twice monthly face-to-face visits throughout the life of the placement.

e) Contacts with Paramour Involved Families

1) During the Investigation

Pursuant to **Procedures 302.250, Paramour Involved Families** and **Procedures 300.Appendix H, Paramour Involved Families**, in all cases of physical abuse where a paramour has been named as an alleged perpetrator or identified as being involved with the family, the Child Protection Specialist shall conduct weekly monitoring visits with the involved children during the course of all pending formal investigations, which have not yet been assigned to a DCFS/POS Permanency Worker, when the following conditions exist:

- a child victim is under 10 years of age; or
- a child victim is vulnerable to physical abuse and injury due to a handicapping condition; or
- a child victim has been seriously injured.

When assigned, the Permanency Worker shall conduct the weekly monitoring visits for families with open service cases unless other arrangements are made with the Child Protection Specialist. The Permanency Worker shall document monitoring visits in a contact note within 48 hours.

2) Intact Family

Pursuant to **Procedures 302.250, Paramour Involved Families** and **Procedures 302.388, Intact Family Services**, during the first three months of a new intact family case in which a paramour was identified as the indicated perpetrator, the Intact Family Worker must observe the child victims weekly for possible injuries and interview them, if verbal. Children are not to be interviewed with either the paramour or parent present. The Intact Family Supervisor must approve any decrease in the number of monitoring visits and document that decision in a supervisory note within 48 hours.

f) Children Placed in Residential Facilities

Permanency Workers are expected to maintain regular contacts with youth in residential facilities. The assigned Permanency Worker* will visit the facility and meet, in person, at least every 30 days, with the residential provider and youth to review treatment progress and the planned discharge date. All visits must be recorded at the facility on the **CFS 1429-1**, **Permanency Worker Residential Facility Visitation Record**.

* Only the assigned Permanency Worker (or Permanency Supervisor, if the Permanency Worker is on leave) can make the visit. "Pooled visits", whereby a Permanency Worker will visit all the youth on his/her team, are not allowed.

g) Children in Out-of-State Placements

When children are placed out-of-state in a foster home or relative home, in compliance with 89 Ill. Adm. Code 328 (DCFS Rule 328, Interstate Placement of Children), or in a residential facility, a DCFS/POS Permanency Worker must conduct an in person visit no less frequently than every 6 months**.**

Children placed in an out-of-state foster home or relative home must be seen every 30 days by the DCFS/POS Permanency Worker or the other state caseworker. If the other state caseworker is making the required visits every 30 days, that caseworker must send the DCFS/POS Permanency Worker a quarterly report (at minimum) of those contacts, addressing the child's adjustment to the placement, health and well-being, school, progress in treatment, etc.

A DCFS or POS Permanency Worker who visits a child placed in Illinois from another state shall provide the out-of-state caseworker with a quarterly report of those contacts, addressing the child's adjustment to the placement, health and well-being, school, progress in treatment, etc.

In either case, the supervising Permanency Worker/out-of-state caseworker must submit the quarterly report to their respective interstate office, and not directly to the other Permanency Worker/caseworker.

Children in residential placements interact on a daily basis with residential staff, and those staff will send the DCFS Permanency Worker monthly reports of the child's progress with treatment, etc.

h) Youth in Transitional Living Programs (TLP)

Youth in TLP shall have weekly face-to-face contact with their TLP caseworker. At least two of the contacts should be in the youth's home (living arrangement).

The casework interventions and tasks required during contacts with youth in TLP are described in **Procedures 301.60(e), Transitional and Independent Living Program Services**.

When a youth has applied to take a GED or college entrance examination, the TLP caseworker shall transport the youth to and from the examination site.

i) Youth in Independent Living

Youth in independent living shall have weekly face-to-face contact with their Permanency Worker during the first month the youth is living independently. At least two of the contacts should be in the youth's home (living arrangement).

After the first month, face-to-face contact with the youth shall be made at least twice per month (every other week). At least one of these contacts should be in the youth's home.

The casework interventions and tasks required during contacts with youth in independent living are described in the procedures governing the various independent living programs contained in **Procedures 301.60(e), Transitional and Independent Living Program Services** and **Procedures 302, Appendix M, Transition Planning for Adolescents.**

When a youth has applied to take a GED or college entrance examination, the Permanency Worker shall arrange for transportation for the youth to get to and from the examination site.

j) Time and Location of Worker Contacts and Visits

When scheduling face-to-face visits with parents, children, or foster parents and relative caregivers, with the exception of required unannounced visits and those visits that must be made in the home, Permanency Workers shall make substantial efforts to be flexible and attempt as much as possible to schedule visits at a time and place where the persons they need to see can attend. Permanency Workers shall take into consideration parents' work schedules, school age children's school attendance, transportation issues, availability of interpreters (if the parents' primary language of communication is other than English), and any other barriers that might prevent parents from participating. Parents should be reminded of the court admonishment to cooperate with the Department and that refusal or chronic failure to meet with the Permanency Workers may be considered by the Department/POS agency and the court as a lack of reasonable progress.

k) Telephone Contacts

The Permanency Worker shall formulate a plan for communication between the Permanency Worker and the child's parents, the child/youth**,** and the caregiver. Permanency Workers should return all telephone calls within 24 hours**,** if possible**.** The Permanency Worker shall provide each of these individuals with a contingency plan for emergency situations, for times when a Permanency Worker is unable to return the call for any reason (vacation, illness, training, etc.), such as making sure that they have the Permanency Supervisor's phone number.

l) Contacts with Child's School

The Permanency Worker, Intact Family Worker or Child Protection Specialist must notify the child's school within 1 business day after each of these events occur:

- The child is taken into protective custody;
- Temporary custody of the child has been awarded to DCFS by the juvenile court;
- The child has returned home.

The Permanency Worker, Intact Family Worker or Child Protection Specialist shall document in a contact note within 48 hours that such notifications have been provided to school personnel.

The Permanency Worker shall meet with the child's teacher at least twice per school year to discuss the child's progress or any other school related needs the child might have. Refer to **Procedures 314, Educational Services, Section 314.80(c), Documentation of Educational Services,** for more complete information on educational requirements.

When a child is returned home, the Permanency Worker shall confer with the child's teacher or day care program provider at least once every 30 days during the first 90 days after return home. The Permanency Worker shall contact the teacher (while school is in session) or day care provider at least once every 90 days thereafter until case closure to discuss the child's progress and whether the teacher has any other observations regarding the child's health, safety, and well-being in the care of his or her parents.

If the child is of pre-school age, the Permanency Worker shall assist the parent in enrolling the child in a program such as early education or protective day care. The Permanency Worker shall request that the teacher or day care provider notify the Permanency Worker if the child is absent for two consecutive days.

Section 315.135 Other Required Casework Activities

a) Foster Child Bill of Rights

1) **Children in Substitute Care.** Permanency Workers shall review the **CFS 496-1, Foster Child and Youth Bill of Rights** with children in substitute care. (See **Procedures 315.Appendix H, Foster Child and Youth Bill of Rights.)**

A) Within the first 30 days after the child's initial placement. During an in person casework contact, the Permanency Worker shall:

- provide a copy of the Foster Child and Youth Bill of Rights to the child; and

- read aloud to and review the Foster Child and Youth Bill of Rights with a child under age 12 or a child unable to read independently. (The caregiver or an older child can also be asked to help read aloud to a younger child.) Children under 5 years of age and children who are unable understand the Foster Child and Youth Bill of Rights must have a caregiver present when the Foster Child and Youth Bill of Rights is read and reviewed.

The child (when age appropriate) shall sign the form acknowledging receipt of his/her copy.

The Permanency Worker must ensure, when necessary, that an interpreter is available to read the Foster Child and Youth Bill of Rights in the child's preferred language child.

B) Every 6 months, prior to an ACR and during an in person casework contact, the Permanency Worker shall review the Foster Child and Youth Bill of Rights with a child. Children under age 12 must have a caregiver present when the Foster Child and Youth Bill of Rights is reviewed.

C) Annually (approximately 12 month intervals) for children under age 12, during an in person casework contact, the Permanency Worker shall:

- provide a copy of the Foster Child and Youth Bill of Rights to the child; and
- read aloud to and review the Foster Child and Youth Bill of Rights with a child under age 12 or a child unable to read independently. (The caregiver or an older child can also be asked to help read aloud to a younger child.) Children under 5 years of age and children who are unable understand the Foster Child and Youth Bill of Rights must have a caregiver present when the Foster Child and Youth Bill of Rights is read and reviewed.

The child (when age appropriate) shall sign the form acknowledging receipt of his/her copy.

The Permanency Worker must ensure, when necessary, that an interpreter is available to read the Foster Child and Youth Bill of Rights in the child's preferred language child.

2) **Parents, Caregivers, Advocates and GAL**

A) Within the first 30 days after the child's initial placement, the Permanency Worker shall review and provide a copy of the Bill of Rights to the child's parents/legal guardian and substitute caregiver. The parents/legal guardians and substitute caregiver shall sign the form acknowledging receipt of their copy.

B) Every 6 months, prior to an ACR and during an in person casework contact, the Permanency Worker shall review the Bill of Rights with the parents/legal guardian and substitute caregiver in order to engage them and ensure all participants are informed of the child's rights.

C) Within the 30 days after appointment by the court, the Permanency Worker shall review the Bill of Rights with the child's Guardian Ad Litem (GAL). The GAL shall sign the form acknowledging receipt of his/her copy.

D) Advocates for children 12 years of age and older. The Permanency Worker shall review the Bill of Rights with the advocates selected by the youth. (See **subsection c, Designation by a Youth Age 12 or Older of Advocates for Service Planning, ACRs and Permanency Hearings**.) The advocates shall sign the form acknowledging receipt of their copies.

3) **Signatures Required.** As the Bill of Rights is reviewed, the Permanency Worker shall obtain the signatures of the persons with whom it was reviewed. If a child is unable to sign his/her name, the caregiver present with the child when the Bill of Rights is reviewed may sign for the child.

4) The Permanency Worker shall provide a signed copy of the Bill of Rights to the child and each participant and place a copy in the child's case record. For a child under 5 years of age, the substitute caregiver shall verify he/she has provided a copy to the child.

5) The Permanency Worker should have ongoing conversations with the child regarding the child's rights while in substitute care and be available to answer questions when the child expresses curiosity or concerns about his/her rights, and should periodically meet privately with the child to give the child the opportunity to discuss concerns or problems regarding his/her rights.

b) Casey Life Skills Assessment (CLSA)

The Department has chosen the Casey Life Skills Assessment (CLSA) to establish the baseline life skills needed of youth served by the Department. The CLSA is a self-reporting instrument that allows youth and their Permanency Workers to assess their strengths and challenges for each of the eight life skill domains: Daily Living; Self Care; Relationships and Communication; Housing and Money Management; Work and Study; Career and Education Planning; Looking Forward; and Permanency.

The CLSA is appropriate for all youth ages 14 to 21 regardless of living circumstances. There are also assessments available for children ages 8 to 13. The Permanency Worker is required to administer the assessment to each youth on their caseload no later than 30 days after the youth's 14th and 16th birthdays, and 6 months prior to the youth's planned discharge from guardianship. Youth entering the child welfare system after their 14th birthday shall be administered the life skills assessment no later than 60 days after their entry into substitute care.

When administered at these intervals, the CLSA provides an ongoing guide for the Permanency Worker and other providers to ensure development of appropriate service plans for each youth to acquire independent living skills.

The Permanency Worker shall do the following in preparation for each youth's ACR:

- At Quarterly Child and Family Team Meetings, evaluate the youth's progress in completing the Service Plan's life skills objectives.
- Administer a new CLSA to the youth utilizing only those questions that will assess the Service Plan life skills objectives. The CLSA can be administered in English, Spanish or French. (For Spanish-speaking youth or youth who express a preference to complete the assessment in the Spanish language, the assessment shall be completed in Spanish and all written documentation accompanying services must be in the Spanish language in accordance with the **Burgos Consent Decree**.)
- Print a copy of the CLSA assessment results and documentation of the programs or services in which the youth is participating that will enable the youth to live independently. The program/services may include chores and/or training and direction that the youth is receiving in their foster home or living arrangement. The CLSA assessment results and documentation of the programs and services shall be taken to the ACR.
- When appropriate, establish new life skills Outcomes, Action Steps and time frames to address identified unmet needs.

The Permanency Worker can obtain a copy of the Casey Life Skills Assessment instrument, a sample template for the Service Plan and a resource guide from the organization's website (www.caseylifeskills.org). This website can also be accessed through the Resources link on D-net (Resources>Youth in Care>Promoting Independence and Self Sufficiency>Life Skills). To administer the life skills assessment, the Permanency Worker must establish an account on the Casey website. If assistance is needed, click on the "Help and Training" link on the Casey Life Skills homepage. "How to" guides and video tutorials are also available on the Casey website.

The Casey Life Skills Assessment may not be appropriate for adolescents with special needs due to developmental disabilities. Assessments for these youth must be specifically designed to determine the youth's functioning (cognitive and social), as well as his/her ability to live independently. The Permanency Worker shall consult staff of the Department's Clinical Division to determine assessment needs for youth with developmental disabilities.

Pregnant/parenting youth should complete the CLSA supplement for pregnant/parenting youth in addition to the primary assessment, and receive parenting education and/or training to address identified deficits and reinforce identified strengths.

c) Designation by a Youth Age 12 or Older of Advocates for Service Planning, Administrative Case Reviews (ACRs) and Permanency Hearings

A youth age 12 or older may select two members of the Child and Family Team to assist/advocate in permanency planning. (See also **Procedures 315.105(c), Selecting Team Members to Serve as Child Advocates**.) This includes service planning, and participation at ACR and permanency hearings. The selected individuals should not be a foster parent/relative caregiver of, or caseworker for, the youth. The Permanency Worker may, after consultation with the Permanency Supervisor, reject an individual selected by the youth at any time if there is good cause to believe that the selected individual would not act in the best interests of the youth. The Permanency Worker shall inform the youth and the individual when a selection is rejected. The Permanency Worker shall explain the reasons for rejecting the individual, and document the conversation and reasons for the rejection in a contact note within 48 hours.

The youth may designate one of the selected individuals to be the child's advisor and, as necessary, advocate, with respect to the application of Reasonable and Prudent Parent Standard to the child. (See **Procedures 315.135(d), Reasonable and Prudent Parent Standard.**)

1) **Service Planning.** The youth's portion of the Service Plan, any transition plan developed for the youth, and any revisions or additions to the plans, shall be developed in consultation with the youth and the individuals selected by the youth.

2) **Administrative Case Reviews.** With the consent of the youth (age 12 or older), the selected individuals, as supportive advocates, may have input in the ACR discussion of the information being provided. The Permanency Worker shall obtain the youth's written consent for this purpose on the **CFS 600-3, Consent for Release of Information** in advance of each ACR.

   The selected individuals may only attend the ACR with the youth, for the youth's portion of the review. The selected individuals may not attend the ACR in the youth's absence. The selected individuals may not participate in any other portion the ACR.

   Note: This provision does not change or limit the ability of children under 12 years of age to attend ACRs when appropriate. See DCFS **Rule 316.50, Conduct and Participation at Administrative Case Reviews**.

3) **Permanency Hearings and the Court Selection of a Permanency Goal.** The selected individuals may attend the permanency hearing with the consent of the court and the written consent of the youth. The Permanency Worker shall obtain the youth's written consent for this purpose on the **CFS 600-3, Consent for Release of Information** in advance of each permanency hearing, notify the State's Attorney/Assistant State's Attorney and Guardian ad Litem of the youth's selection of individuals as supportive advocates for permanency planning, and request that these individuals be permitted to attend the permanency hearing.

d) Reasonable and Prudent Parent Standard

Federal law requires application of the **Reasonable and Prudent Parent Standard** in any foster family home, group home or child care institution serving children in DCFS custody or guardianship. The caregiver must use the Reasonable and Prudent Parent Standard when determining whether to allow a child in substitute care to participate in extracurricular, enrichment, cultural, and social activities.

The Reasonable and Prudent Parent Standard is defined as:

> *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 shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.* [42 U.S.C. 675(10)]

- "Caregiver" means the licensed foster parent/relative caregiver or unlicensed relative caregiver who is providing care for a child in DCFS custody or guardianship, or a designated official employed by and present at the licensed child care institution or group home in which a child in DCFS custody or guardianship is placed; and

- *"Age or developmentally appropriate"* means:

  (i) 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

  (ii) 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.

Permanency Workers are required to discuss the Reasonable and Prudent Parent Standard with all current caregivers during monthly home visits. The Permanency Worker shall ensure that the caregivers understand their responsibility to utilize the Reasonable and Prudent Parent Standard when deciding whether to allow their foster child to participate in extracurricular, enrichment, cultural, and social activities offered by the child's school or in the community.

Permanency Supervisors shall ensure that these discussions occur and that the Permanency Workers have documented these discussions in contact notes within 48 hours.

ACR Reviewers shall ask whether the child has regular ongoing opportunities to engage in age or developmentally appropriate activities in order to ensure the child's caregivers or residential facility administrators are using the Reasonable and Prudent Parent Standard. The ACR Reviewer may also consult with the child in an age-appropriate manner about the opportunities of the child to participate in various activities.

Caregivers Held Harmless. If a child suffers an injury participating in an approved activity and the caregiver approving the activity acted in accordance with the Reasonable and Prudent Parent Standard, the Department shall hold the caregiver harmless from liability.

e) Documents Needed for Adulthood

The Permanency Worker shall assist each youth on his/her caseload in obtaining or compiling the documents necessary for the youth to function as an independent adult. Those documents should include:

- Social Security card;
- Driver's license or State-Issued Identification Card. At 16 years of age, each youth should have a State of Illinois Identification Card or a driver's license;
- Medical records and documentation to include, but not be limited to:
  - Health Passport;
  - Dental Reports;
  - Immunization Records;
  - Name and contact information for Primary Care Physician, and any Specialists working with the youth;
  - Name and contact information for OB/GYN, when applicable;
  - Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
- Certified copy of birth certificate;
- Documents and information on the youth's religious background;
- U.S. documentation of immigration, citizenship or naturalization;
- Death certificate(s) of parent(s), if parent(s) is deceased;
- Medicaid card or other health eligibility documentation;

  Note: The youth should be enrolled for medical benefits, or have applied for benefits <u>30 days prior</u> to emancipation or case closure. The Department of Healthcare and Family Services will not accept an application for DCFS youth in care prior to 30 days before the youth's emancipation or case closure.
- Lifebook containing the youth's personal history and photographs;
- List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;

- Copy of Court Order for Case Closure;
- Resume;
- List of schools attended, previous placements, clinics used;
- Educational records, such as high school diploma or general equivalency diploma;
- List of community resources with self-referral information; and
- Information about services provided to former wards of DCFS by the Midwest Adoption Center (MAC) and how to contact MAC request those services (telephone: **847-298-9096** or toll-free at **800-526-9022**; website: www.macadopt.org; email: mac@macadopt.org).

f) Ensuring Caregivers Do Not Use Corporal Punishment or Demeaning Language, or Deny Sibling Visitation as Punishment

The Permanency Worker must discuss with each caregiver (i.e., each foster parent, relative caregiver and assigned facility staff) for each child on his/her caseload that:

- caregivers are prohibited from using corporal punishment;
- caregivers shall not use derogatory or demeaning language towards the child or his/her family members; and
- caregivers shall not deny sibling visitation or contact as punishment.

This discussion must include information about trauma-based reactive behaviors and should emphasize the negative effects that result from the use of corporal punishment as well as use of derogatory or demeaning language towards the child or his/her family members. Further, a child's bond formed with siblings can have a very positive effect on his/her life. Caregivers should never threaten the child's right to develop and preserve relationships with siblings.

g) Importance of Maintaining Lifelong Connections: Post Permanency Sibling Contact Agreements

When the child will be adopted or placed in legal guardianship, the Permanency Worker shall discuss with the prospective adoptive parents/legal guardians the importance to the child of developing or maintaining a relationship with his/her siblings (including siblings with whom the child does not yet have a relationship), and the value of preserving ties between the child, his/her siblings and other close friends and relatives, including the child's need for stability and continuity of relationships, and the importance of these relationships in the development of the child's identity.

The Permanency Worker must explain the purpose of a Post Permanency Sibling Contact Agreement (i.e., the Agreement is a non-binding document that sets forth future contact between the siblings) and strongly encourage the prospective adoptive parents/legal guardians to enter into an Agreement with the child's siblings for the benefit of the child. See DCFS **Rules and Procedures 309.135, Post Permanency Sibling Contact Agreement**.

h) Ensure All Children in DCFS Custody or Guardianship Are Attending Preschool or School

Children and youth for whom the Department is legally responsible are expected to be enrolled in school or training programs until they graduate**,** reach age 18 or reach age 21 if they are receiving special education services. **Procedures 314, Education Services** outline requirements regarding educational services for children and youth for whom the Department is legally responsible.

Procedures 314 also addresses the importance of childhood education. The Permanency Worker shall ensure that all children for whom the Department is legally responsible are enrolled in an early childhood education program. The Permanency Worker should strongly encourage a parenting teen or the custodial parent of children ages 3-5 still at home to enroll the children in an early childhood education program.

While attendance in school is expected for all children in care, there are some situations in which school attendance is not possible. This includes certain placements required to meet the child's medical needs. When a child is incapable of attending school on a full-time basis due to a medical condition, the Permanency Worker shall ensure that information related to that condition is documented in the case record and Service Plan.

i) Social Support Plan Following Death of a Parent or Caregiver

When a child experiences the loss of a parent or significant caregiver, the Child Protection Specialist or Permanency Worker shall identify the child's immediate needs and develop a social support plan. The child should be asked to identify individuals who can be part of his/her social support system. The social support plan may include a person the child wants to spend time with during this time of crisis. The Child Protection Specialist or Permanency Worker should help the child identify individuals that had a close relationship with the parent or significant caregiver and may contact the identified individuals to ask if they are willing to serve as support persons with whom the child can talk as the child copes with feelings of grief and loss. The Child Protection Specialist or Permanency Worker should give the child contact information for those individuals and discuss any restrictions or limitations for contacting them.

The Child Protection Specialist or Permanency Worker shall help the child prepare for the parent's or caregiver's memorial service or funeral. This may involve identifying or obtaining appropriate clothing, arranging transportation to and from the event, helping the child prepare his/her part of the program, gathering mementos and other items of reminiscence, and also discussing the availability of a grief and loss support group, professional therapist or pastoral counseling.

The Permanency Worker shall include the social support plan in the Service Plan.

j) When the Death of a Child in DCFS Custody or Guardianship Does Not Require Investigation. When a child's death does not give rise to an investigation (e.g., death of medically complex child), the Permanency Worker must complete each activity listed below. Activities and contacts shall be documented in a contact note.

1) The child's death shall be immediately reported, by telephone, to the following DCFS officials/offices:

- State Central Register (SCR) (800-252-2873);
- DCFS Senior Deputy of Operations;
- For POS cases – DCFS Deputy of Monitoring;
- DCFS Guardian (312-814-8600); and
- Office of the Inspector General (OIG). Contact information is found in the Inspector General & Ethics Officer link on the D-net homepage.
- DCFS Office of Communications (312-814-6847).

2) Unusual incidents involving the child's death shall be reported immediately to law enforcement authorities.

3) When directed by the Permanency Supervisor, the Permanency Worker shall contact the County Coroner.

4) The Permanency Worker shall record an Unusual Incident Report (UIR). (See **Rule and Procedures 331, Unusual Incidents Involving Department Clients, Employees and Facilities.**)

5) The Permanency Worker shall notify the juvenile court and the child's court-appointed Guardian ad Litem.

6) The Permanency Worker shall submit a **CFS 114, Morning Report** within 4 hours of the incident. A chronology, when requested, must follow the morning report by noon of the next day. (See **Procedures 331.Appendix D, Morning Reports and Chronologies**.)

7) The Permanency Worker shall notify the child's family as required in **Procedures 331.30, Reporting Requirements**, and also notify relatives/fictive kin with whom the child is connected and/or has a significant relationship. If parental rights have been terminated or surrendered, it is still necessary to notify the parents of a child's death.

8) For a death in a DCFS-licensed home or facility, the Permanency Worker shall also notify the appropriate DCFS Licensing Unit of a possible licensing violation as required in **Procedures 331.30, Reporting Requirements.**

k) Helping the Parent and Caregiver Understand a Child's Mental Illness/Behavior Disorder

When a child is diagnosed with a mental or behavioral disorder, the Permanency Worker shall discuss with the parents and caregivers the importance of being educated about the child's mental health diagnosis. The Permanency Worker shall arrange a meeting with the child's mental health provider and caregiver to discuss the expected characteristics and treatment for the child, and how the caregiver can facilitate treatment for and cope with caring for the child with the disorder. In addition, the Permanency Worker will identify avenues of support and education for the parents and caregivers that are available on the Internet and in the community. Recommendations from the meeting and from referrals for available services will be included in the Service Plan. For caregivers of some children, one possible venue for support/education is the National Alliance on Mental Illness (NAMI) Family to Family Education Program (www.nami.org). NAMI offers a 12 week course for caregivers of individuals with mental illness.

l) Sharing the Child's Portion of the Integrated Assessment When a Child Is Hospitalized

When a child is hospitalized, the Permanency Worker shall ensure that the treating hospital receives the child's portion of the Integrated Assessment. Prior to releasing the IA, the Permanency Worker shall obtain the written consent of an Authorized Agent of the DCFS Guardian, and, if the IA contains mental health information and the child is age 12 or older, the written consent of the child. The Permanency Worker shall also have the Permanency Supervisor review the child's portion of the Integrated Assessment to ensure no third party information is included. If the child is admitted to the hospital after the IA has been completed, the Permanency Worker should ensure the requirements of this paragraph are completed and the IA provided to the hospital within 48 hours of the child's admission.

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Section 315.140 Developing the Service Plan

Permanency is not a place to live. It is a sense of belonging and membership.

The Service Plan is the document by which the Department or Purchase of Service (POS) agency Permanency Worker records Outcomes and Action Steps that are intended to address the needs of child and the family.

The Service Plan is a contract between the family and the Permanency Worker (or Intact Family Specialist). This contract outlines the needs identified by the Permanency Worker and how the needs will be addressed by documenting Outcomes and Action Steps. Development of the Service Plan is a collaborative process that includes involved family members, the Permanency Worker and members of the Child and Family Team. This process is one of the ways a Permanency Worker engages the family, helps the family consider their needs and collectively formulate a plan to address those needs.

The family's initial Service Plan must be filed with the court <u>within 45 days of case opening</u>. The Permanency Worker must file an updated Service Plan minimally <u>every 6 months thereafter</u>.

The Permanency Worker may update the Service Plan as needed to reflect changes regarding safety threats, Risk Assessments, Outcomes/Action Steps, the Visitation and Contact Plan or services provided to the child or family.

The needs identified in the Service Plan must always focus on the safety, risk, permanency and well-being of the child or children in a family unit. The family issues or needs that must be addressed should first be identified in the supporting assessments (Safety, Risk and Integrated Assessments). Once the assessment process has been completed for each milestone period, a Service Plan is created in the presence of, and in collaboration with, the family. The Service Plan should always consider the primary reason for involvement, or how the Department/POS agency came to be involved with the family. Additionally underlying conditions, when identified, should also be addressed in the Service Plan.

The Service Plan should not be a complicated document. It is not meant to confuse the family. Rather, the Service Plan should clearly state what issues exist or what needs the family has, and how these issues/needs will be addressed.

The Service Plan should be reviewed at each quarterly Child and Family Team Meeting in order to discuss progress by acknowledging with the family any areas where they have shown improvement and areas of continued need. The discussion also supports full disclosure to the family about next steps in case planning.

For <u>intact family cases</u>, the Intact Family Worker should review the Service Plan with the family every 30 days.

a) Some Important State and Federal Requirements

1) A written Service Plan is required for each child and family served by the Department, whether or not a child is in placement, and whether casework services are provided by the staff of the Department or a purchase of service agency. The Permanency Worker shall complete the initial Service Plan and all subsequent Service Plans in SACWIS.

2) From case opening until the first Permanency Hearing, the permanency goal for the child shall be selected by the Permanency Worker with input from the Permanency Supervisor, child, family, caregivers, and service providers. (See **Procedures 315.105, Child and Family Team Meetings**.)

   The responsibility for selecting the permanency goal shifts from the Permanency Worker to the court at the first Permanency Hearing. The Permanency Worker shall prepare a Service Plan that incorporates the court-selected goal and sets Outcomes and Action Steps that are consistent with and support the court-set goal <u>within 30 days of the court order</u> setting the new permanency goal. (See **Procedures 315.180, Amending the Service Plan After ACRs and Court Hearings**.) When the court selects a permanency goal other than "return home," the worker shall not provide further reunification services.

   All services, Outcomes and Action Steps must support the selected permanency goal.

3) The <u>child's portion</u> of the Service Plan, any transition plan developed for the child age 12 and older, and any revisions or additions to the plans, <u>shall be developed in consultation with the child and, at the option of the child, with up to two members of the Child and Family Team</u> who are chosen by the child and who are <u>not</u> a caregiver of, or Permanency Worker for, the child. (See **Procedures 315.135(c), Designation by a Youth Age 12 or Older of Advocates for Service Planning, ACRs and Permanency Hearings**.) The Permanency Worker may, after consultation with the Permanency Supervisor, reject an individual selected by a child to participate or advocate for the child in service or transition planning at any time if there is good cause to believe that the individual would not act in the best interests of the child. The Permanency Worker shall inform the child and the individual when a selection is rejected. The Permanency Worker shall explain the reasons for rejecting the individual, and document the conversation and reasons for the rejection in a contact note within 48 hours.

4) The Permanency Worker must submit an initial Visitation and Contact Plan to the juvenile court <u>within 10 days</u> after temporary custody. (See **Procedures 315.65, Prepare and File Initial Visitation and Contact Plan**.)

5) For placement cases, the Permanency Worker shall complete and submit the initial Service Plan to the juvenile court <u>no later than 45 days</u> after placement. (See **Procedures 315.170, Distributing the Service Plan**.)

6) The Permanency Worker shall review and revise the Service Plan, as necessary, prior to each 6 month case review and each Permanency Hearing. (See **Procedures 315.175, Reviewing and Updating the Service Plan and Permanency Goal**.) The Permanency Worker should not wait until the next ACR to add a new service or Action Step, mark an achieved Outcome or expand visitation/contact. The Service Plan should always reflect the current needs of the child and family.

7) A final Service Plan, the After Care Service Plan, is required within 30 days of the case closure date. (See **Procedures 315.165, Developing the After Care Service Plan**.)

8) For intact family cases, the Intact Family Worker shall complete the initial Service Plan within the 45 day period immediately following case opening. If a case is closed within 30 days of case opening, a Service Plan is not required. These cases are subject to a 6-month Non-Administrative Case Review.

b) Required Assessments Completed in Conjunction with the Service Plan

Prior to completing the initial Service Plan, a Safety Assessment, Risk Assessment, Integrated Assessment and CANS should be completed.

The milestones for conducting the Safety Assessment in placement cases are set out in **Procedure 315.Appendix A(d)(2)(D), Instructions for Completing the CERAP; Placement Cases.**

The initial Risk Assessment is completed before the Integrated Assessment. A Risk Assessment completed by the Child Protection Specialist, as part of the investigation, may satisfy the initial Risk Assessment requirement in SACWIS. However, the Permanency Worker should carefully review the Risk Assessment completed by the Child Protection Specialist to determine if any additional risk information should be recorded in order to fully address risk in the Integrated Assessment and Service Plan. If additional risk information is identified, the Permanency Worker must complete a new Risk Assessment before proceeding with the Integrated Assessment.

Risk Assessments must be conducted, minimally, every 90 days after the Integrated Assessment has been completed.

Safety and Risk Assessments must be documented in SACWIS within 24 hours.

An Integrated Assessment is required in all Intact and Placement family cases. See **Procedures 315.95(b), Integrated Assessment**.

The milestones for conducting the CANS assessment in placement cases are set out in **Procedures 315.95(c), Child and Adolescent Needs and Strength Assessment.**

c) Initial and Subsequent Service Plans

The initial Service Plan is the first plan completed on an open service case. This Service Plan is always completed and filed with the court within the first 45 days of case opening, after the initial Safety, Risk and Integrated Assessments are completed. The initial Service Plan identifies the primary intake reason or "Reason for Involvement"; safety/risk, permanency and well-being needs; any initial, identified underlying conditions or needs that must be addressed; and the initial permanency goals set for each child in the family. Since this is the first Service Plan, there are no evaluations to be conducted of the Plan. The initial permanency goals are established for each child in the family.

The Permanency Worker is required to prepare subsequent Service Plans, completed after the initial Service Plan, minimally every 6 months. However, the Permanency Supervisor, juvenile court, or ACR process may require the Permanency Worker to complete a Service Plan (or update a Service Plan) more frequently than every 6 months depending on the circumstances of the case.

In preparation for each Administrative Case Review, the Permanency Worker is also required to review and update the contents of the Current Status Tab in the Service Plan.

Add-on children must have a completed initial Service Plan in place within 40 days of protective custody, even if the subsequent plan for other siblings in placement is not yet due.

The Permanency Worker is required to conduct Safety and Risk Assessments and review and update the contents of the Current Status Tab when preparing a Service Plan (or updated Service Plan).

In SACWIS, the permanency goals and the Outcomes and Action Steps created in the previous Service Plan will copy (populate) forward to the subsequently prepared Service Plans. However, evaluations (progress "drop down" values in SACWIS) for Action Steps, Outcomes and evaluation narratives for Outcomes DO NOT copy forward. The Permanency Worker is required to evaluate these aspects of the Service Plan, at a minimum, every 6 months. The previous Outcome, Action Step, or Visitation and Contact Plan must be evaluated in the updated plan before the new Outcome, Action Step or Visitation and Contact Plan can be selected.

The ACR Reviewer shall receive the approved Service Plan and supporting documentation at least 3 working days in advance of each scheduled ACR.

Case Transfer Within 30 Days of the ACR. If a case is transferred to another Permanency Worker (or agency) within 30 days of a scheduled ACR, the last assigned Permanency Worker of record prior to the ACR must complete the Service Plan and attend the ACR along with the newly assigned Permanency Worker of record. If the last assigned or newly assigned Permanency Worker is no longer with the agency, the last assigned or newly assigned Permanency Supervisor shall attend the ACR and be prepared to discuss the case and Service Plan.

d) Contents of a Service Plan

Service Plans shall contain the following information:

1) the names of the children for whom the Department is legally responsible or to whom the Department is providing services;

2) the health and safety factors that have resulted in placement of the children away from the family home and the appropriateness of and necessity for the substitute care placement including a description of services provided to prevent the removal of the child from the home of origin;

3) what Outcomes would be considered a resolution to these problems and the strengths the family possesses to achieve these Outcomes;

4) description of the type of placement and the reason why the child has been put in his or her current placement, discussion of the safety and appropriateness of the placement, the resources or other support that will be necessary to maintain the placement, and, where a residential placement has been deemed necessary, a description of how and when a plan for moving the child to the least restrictive, most homelike placement consistent with the child's best interest can be developed.

5) the services to be provided to the parents and for each child while in care (and, if necessary, the substitute caregivers when the child is placed in substitute care) that may best resolve these problems;

6) the health care to be provided to the child and the mental health care to be provided to address the child's serious mental health needs as well as a description of the child's physical, developmental, educational or mental disability and any non-educational specialized services the child is receiving or should receive for each disability. If an Individual Treatment Plan (ITP) or Rehabilitative Services Plan exists for the child, it shall be attached to the service plan. To the extent available and accessible, the service plan shall incorporate the health records of the child, including:

   A) a record of the child's immunizations;

   B) the child's known medical problems; and

   C) the child's medications.

7) a plan for ensuring educational stability, assurance that placement takes into account appropriateness and proximity to the child's school, and if not remaining in the same school, the plan for enrolling in the new school, description of the educational program/services the child is receiving or needs to receive (including information regarding Early Intervention, Head Start, or Pre-Kindergarten services for preschool children). If an Individualized Education Plan (IEP) or an

Individualized Family Service Plan (IFSP) exists for a child, the IEP or IFSP shall be included in the record. To the extent available and accessible, the service plan shall incorporate the education records of the child, including:

A) the names and addresses of the child's educational providers;

B) the child's grade level performance; and

C) the child's school record;

8) who will provide the services, how often they will be provided, and an explanation of why these services will meet the needs of the child;

9) if children placed out of the parents' home are placed a substantial distance (more than 150 miles) from the home of the parents or in a different state, the reasons why the placement is in the best interests of the children;

10) if children are placed in substitute care in a different state, a requirement that the child be visited periodically, but not less frequently than every 6 months, by a caseworker of the Department or of the state in which the child has been placed, and that the caseworker submit a report on the visit to the Department;

11) if siblings are placed apart from one another, the reasons why they are placed apart and what efforts are being made to find a joint placement for the sibling group;

12) the permanency goal for each child and the reason for selecting the goal;

13) in the case of a child for whom the permanency plan is adoption or other permanent living arrangement, documentation of the steps the Department is taking to find an adoptive family or other permanent living arrangement;

14) In the case of a child for whom the permanency plan is KinGap (guardianship), the Service Plan must state why it is not appropriate for the child to be adopted or returned home, the reasons why this permanency goal is in the best interests of the child, the ways in which the child and relative caregiver meet the KinGap eligibility requirements, efforts made by the Permanency Worker to discuss adoption with the caregiver and documentation of the reasons why the caregiver chose not to pursue adoption, efforts made to discuss KinGap with the child's parents or the reason why no efforts were made to do so;

15) in the case of a child for whom the permanency plan is independence or for a child <u>16 years of age or older</u>, as appropriate, a written description of the programs and services which will help such a child prepare for the transition from foster care to independent living;

16) the responsibilities of the family and the child (when appropriate) in fulfilling the service plan;

17) the responsibilities of the Department and purchase of service providers, if any, to assist the family in fulfilling the service plan;

18) when children and families are separated, the parent-child and/or sibling visitation plan developed with the family in accordance with DCFS **Rules 301, Placement and Visitation Services** (89 Ill. Adm. Code 301), if visitation is not prohibited by court order. This plan shall include the time and place of visits, the frequency of visits, the length of visits, and who shall be present at the visits;

19) in no instance shall withholding sibling visits or contact be used as a form of punishment or discipline;

20) whether the name, address, and telephone number of the foster parent/relative caregiver may be released to the parent as determined by the assessment conducted in accordance with DCFS **Rule 315.100(b)(3)**;

21) the time frames for achieving the permanency goal and the objectives to resolve identified problems and the specification of any consequences to the child and family if the time frames are not met;

22) a statement that the parents or children may disagree with the service plan and that they may have their disagreement recorded; and

23) an explanation of how parents or children may request an appeal and fair hearing.

e) Recording Service Plans in the Family Case v. Child Case

As a rule, Permanency Workers should complete Service Plans in the family case when the placed child has a return home permanency goal or a permanency goal other than adoption (this includes split/shared cases).

When the court has terminated parental rights (TPR) and the goal for the child is adoption, all casework documentation, including assessments and Service Plans, are completed in the child case. For sibling groups, the Permanency Worker must assess each child individually, create a Service Plan for each child, and document assessments, contacts and case notes in each individual child case.

f) Split/Shared Cases

When a family case is shared between two or more Permanency Workers or agencies, the Service Plan for all children with a return home permanency goal must be completed in the family case. Only one Service Plan is submitted at the Administrative Case Review. The primary Permanency Worker is responsible for completing and submitting the Service Plan for approval. However, the primary Permanency Worker should not submit the Service Plan for approval until the secondary Permanency Worker has completed his/her portion of the plan.

In split/shared cases, best practice requires that the Permanency Workers communicate before beginning service planning work in SACWIS. Communication will ensure that all identified needs of the family, and the services recommended to address those needs, are included in the Service Plan. It will also reduce the risk of one Permanency Worker's edits to the Service Plan being accidentally deleted (due to current SACWIS functionality).

All Permanency Workers on split cases must be consulted when evaluating the progress made by parents.

The family case will display on the primary Permanency Worker's desktop. The primary Permanency Worker's supervisor will assign one or more secondary Permanency Workers to the family case as additional assignments. (Each secondary Permanency Worker should request this of the primary Permanency Worker and Supervisor.) This allows all assigned Permanency Workers access to the family case for completion of the Service Plan and other case documentation.

g) Residential Cases

When a child is placed in a residential facility, the residential worker will submit a paper Service Plan to the primary Permanency Worker. The residential worker shall use the Service Plan templates for this purpose (residential facilities do not have access to SACWIS).

The Permanency Worker shall attach to the paper Service Plan the Therapeutic Treatment Plan that addresses the specific needs of the child/youth.

The Permanency Worker shall use the paper Service Plan to complete a Service Plan in SACWIS for each child/youth. The Permanency Worker shall identify one Outcome statement and supporting services, Outcomes and Action Steps from the Outcomes/Action Steps tab in the Service Plan. The Outcome should clearly define the needs of the child/youth and reason for treatment in a residential care facility. The services and Action Steps should support the Outcome Statement. The Outcomes/Action Steps information that is submitted by the residential facility should then be attached to the Service Plan for the Administrative Case Review and for the hard copy file.

The Permanency Worker is also responsible for completing Service Plan information for siblings and parents/caretakers when there is an open family case for the child placed in a residential facility.

h) Dates in the Plan

The Service Plan has various dates that must be documented in the plan. Each of these date fields must reflect the accurate date and Permanency Workers should not simply apply 6-month dates as often done. The following date fields can be found in the Service Plan:

1) **Plan Initiation Date.** This is the overall date of each plan that is completed at each milestone. The plan initiation date is NOT the date the Permanency Worker begins data entering the plan information in SACWIS, rather this date should reflect the date the worker and family began planning together as part of the collaborative process.

2) **Start Dates/Date Established**. The start date/date established is simply the date a permanency goal or an Outcome or Action Steps begins. The start date/date established for a permanency goal is the date the goal was court ordered, or in worker-selected goals, the date the Permanency Worker selected the permanency goal. The start date/date established does not change every six months. It is important to maintain the initial start dates so that the court and other parties may easily see the length of time a permanency goal, Outcome or Action Step has been in place. This information becomes especially important in preparation for TPR hearings.

3) **Target Completion/Planned Achievement Dates.** The target completion and planned achievement dates are an estimate as to when a permanency goal, Outcome or Action Step may be completed. Many factors must be considered when determining an appropriate completion or achievement date, such as length of time necessary to complete the goal or Outcome, availability of services and any special needs the family may have that may impact service delivery.

   Completion and planned achievement dates should be specific to the permanency goal and objective. Not all goals and objectives should have the same dates.

   A permanency goal should have a planned achievement date that is consistent with the time frame of the goal. For example, a permanency goal of ”Return Home Within 12 Months” should have an achievement date that is approximately 12 months from the start date/date established. A permanency goal of “Independence” may have a planned achievement date that reflects a youth’s 18th or 21st birthday, depending on the circumstances of the case. The target completion and planned achievement dates should not necessarily reflect a 6-month date unless 6 months from the start date is actually when the permanency goal or Outcome/Action Step should be completed. The time frames should make sense and be realistic in terms of what is being asked of the family or what is to be achieved.

   While Service Plans are required every 6 months and ACRs are held every 6 months in placement cases, the 6-month time frame should not generally be used to as completion dates where more specificity is needed. For example, an Action Step to obtain an AA (Alcoholics Anonymous) sponsor would not likely take 6 months. Rather, the Permanency Worker may give a parent 2 weeks or one month to complete this Action Step.

If the Action Step is something that a parent is expected to continue on an on-going basis, such as maintaining a home free of safety hazards, the time frame selected should be the amount of time the parent would be expected to demonstrate compliance in order to consider the parent as having achieved a lasting change for that Action Step. The Action Step would then be evaluated as "achieved/maintain Action Step."

4) **Actual Completion Dates.** The actual completion date is the date an Outcome or Action Step was actually achieved or completed. This date allows the Permanency Worker to note with specificity when the child or parents actually completed an Outcome/Action Step. For example, if a parent was given a target completion date of 3 months to complete an Outcome/Action Step, but only required one month to do so, this documentation in the Service Plan demonstrates the parent's willingness to cooperate with services. Conversely, documentation of a parent's completion of an Outcome/Action Step beyond the target completion date may be cited as evidence of failure to comply with the Service Plan.

i) Health, Education and Child Functioning Summary Information

The Service Plan has a tab titled "Child Functioning." The education, health and child functioning summary information about a child can be documented in this section of the Service Plan. It is important to note, however, that there is additional information not directly documented in the SACWIS Service Plan. This information is documented in "Person Management" (via Health and Education hyperlinks) in SACWIS. The eHealth Passport and Education Summary documents are available to access/print separately from the SACWIS Service Plan in the Service Plan Document Group window. Permanency Workers should ensure that the health and education records in Person Management are up-to-date and should record pertinent physical and mental health information and education information as it happens or as it is learned. This practice better prepares workers for their 6-month milestone requirements and decreases time spent preparing a Service Plan.

Note: School enrollment information does not populate into the Service Plan and must be printed separately.

j) Creating Outcomes and Action Steps

1) Addressing Needs. The Service Plan must always address the primary reason for the family's involvement with the Department (i.e., how the family came to be involved with the family). The needs addressed in the Service Plan are identified in Safety and Risk Assessments, the Integrated Assessment, the CANS and ongoing assessments.

When developing a Service Plan, the Permanency worker should list <u>each identified need</u>. For each identified need, the Permanency Worker must establish an Outcome and Action Steps. Outcomes and Action Steps must clearly state "who" needs to do "what" in order to correct or address the identified needs. All required or recommended services must be listed, and expectations for the parents must be clearly articulated.

The needs identified in the Service Plan must always focus on the safety, risk, permanency and well-being of the child. It is imperative that Permanency Workers clearly identify the safety threats, Integrated Assessment and CANS recommendations and current recommendations in the supporting assessments and planning tab as this information populates the Service Plan and prompts the Permanency Worker to address those items in the Service Plan.

2) **Creating Action Steps for Other Involved Persons.** The Permanency Worker may need to create Action Steps for involved parties that are not members of the family group in SACWIS. These parties may include, for example, the Permanency Worker, a substitute caregiver or a Child and Family Team member. The Service Plan is created with and for the family. It is not appropriate to develop Outcome pages for individuals that are not part of the family group. Yet other individuals may have a supporting role in one or more Action Steps that support an Outcome. Examples: if the Outcome is for the parent to achieve and maintain sobriety, the Permanency Worker may have an Action Step to make a referral to a substance abuse treatment provider; a substitute caregiver will assist a child in his/her care with an Outcome to improve an educational subject (e.g., math) and the caregiver agreed to an Action Step to transport the child to a math tutor twice a week. In these examples, while the Service Plan is a family plan, there are other individuals that support the family in achieving Outcomes and ultimately achieving permanency for the child.

In order to create an Action Step in SACWIS for a non-family group member; the Permanency Worker should first create the Outcome Statement for the family member (parent/caregiver or child). Enter the name of the person with the Action Step in the "who" field. This denotes who is involved in achieving the Outcome by participating in a supporting Action Step.

Section 315.145 Selecting a Permanency Goal

During the first 12 months of a placement case, the Department or POS agency selects the permanency goal with input from the Child and Family Team. The initial permanency goal shall be selected in time to ensure submittal of the Service Plan to the juvenile court no later than 45 days after protective custody.

Beginning with the first Permanency Hearing (12 months after placement) the Permanency Worker will recommend a permanency goal, but the court selects the goal.

a) Types of Permanency Goals in Substitute Care Cases

A permanency goal is the Outcome of Action Steps and services that are determined to be consistent with the health, safety, well-being and best interests of the child. The permanency goals that may be selected for children placed apart from their families are listed below followed in parentheses by the numerical code that is entered into the Department's Child and Youth Centered Information System (CYCIS). Definitions and

criteria for selection of each of these permanency goals (1)–(9) are found in DCFS **Rules 315.205 through 315.241**.

1) Return home within five months (21);

2) Return home within 12 months (22);

3) Return home pending status hearing (23);

4) Substitute care pending court determination on termination of parental rights (24);

5) Adoption, provided that parental rights have been terminated or relinquished (25);

6) Guardianship (26);

7) Independence (27);

8) Cannot be provided for in a home environment (28);

9) Continuing foster care (29)

b) Requirement to Rule Out Other Goals

When selecting a permanency goal, the Permanency Worker must explain why each preceeding goal was ruled out (i.e., why each ruled out goal is not appropriate for the child).

1) Is return home in the best interests of this child? How soon before return home can be realistically accomplished, and why?

2) If return home is ruled out, why is return home not believed to be in the best interest of this child?;

3) If return home is ruled out, are substitute care pending termination of parental rights and adoption in the best interests of this child? A legal screening with a DCFS Regional Counsel is required to select or to rule out these two permanency goals (see **Procedures 315.265, Adoption**);

4) If return home, substitute care pending termination of parental rights and adoption are ruled out, is guardianship in the best interests of this child? A legal screening with DCFS Regional Counsel is required to select or rule out guardianship (see **Procedures 315.270, Guardianship**);

5) When the preceeding goals have been ruled out and the child is age 16 or older, is an independence goal in the best interests of this child? (See **subsection g, Requirements for Selecting "Independence"** below.)

6) When the preceeding goals, including independence, have been ruled out and is selection of the goal "cannot be provided for in a home environment" in the best interests of this child?

7) When all other goals are ruled out, is "continuing foster care" in the best interests of this child? (See **subsection f, Requirements for Selecting "Continuing Foster Care"** below.)

c) Remain Home Goal for Children in Home of Parent

The Permanency Worker will assign "remain home" as the permanency goal for all children in an open case who remain in, or are returned to, "home of parent." Unlike permanency goals (1)–(9), the "remain home" permanency goal is not reviewed at an ACR. That goal is reviewed during a 6-month non-administrative case review (sometimes referred to as a desk review) conducted by the Permanency Supervisor.

d) Permanency Goal in Intact Family Service Cases

For intact family cases, when the Department has no legal relationship with the children, as Intact Family Worker will assign "remain intact" as the permanency goal. That goal is reviewed every 30 days by the Intact Family Worker.

e) Selection of a Permanency Goal for Siblings Placed Apart

When selecting a permanency goal for a child, the selection must take into account the child's relationship with his/her brothers and sisters. When the permanency goal is adoption or guardianship, a placement resource that will accept the entire sibling group must be diligently sought and given preference, unless it can be clearly shown that the best interests of a child require placement apart from his/her siblings.

DCFS **Rules 301.70(a) and (b)** describe circumstances in which a child may be placed apart from his or siblings. Those circumstances include the inability to find a joint placement despite a diligent search for one, a court order requiring separate placements, or when the best interests of a child require placement apart from his/her siblings. Of the circumstances listed, it is "best interests" that will be the most difficult for the placing worker to assess. The Permanency Worker and Permanency Supervisor shall refer to the guidelines in **Procedures 301.70, Sibling Placement** and **Procedures 301.Appendix C, Sibling Placement and Visitation; Special Considerations** to help decide when it is in the best interests of a child to be placed apart from his/her siblings. A decision to place siblings apart is a Critical Decision**.**

There are many factors the Permanency Worker must consider before recommending that a child's permanency plan should be achieved independently of his or her siblings.

1) **Adoption or Permanent Family Placement.** When the goal of adoption or guardianship is established, some of the considerations described in **Procedures 301.Appendix C(a)(1) through (3)** may be evident to demonstrate best interests for selecting the goal. Another may be that termination of parental rights is achievable for one or more of the children in a sibling group, but not all. This occurs primarily in those instances when the siblings have only one common parent and termination of parental rights or surrenders can be obtained from both parents for one child but not for the others.

2) **Long Term Care in a Residential Facility.** When a child has special needs that can only be met in long term care in a residential facility, the Permanency Worker has little choice but to place the child apart from his or her siblings.

3) **Independence.** When independence is the goal for a youth, the Permanency Worker has little choice but to separate siblings (unless more than one of the siblings has a goal of independence and they wish to share a living arrangement).

4) **Youth in a Detention, DJJ or DOC Facility.** As noted under Independence, above, the Permanency Worker has little choice but to separate siblings when one sibling is in a detention, DJJ or DOC facility.

f) Requirements for Selecting "Continuing Foster Care"

When "Continuing Foster Care" is selected as the child's permanency goal, the Permanency Worker must document intensive, ongoing, unsuccessful efforts to return the child home or to secure a placement for the child with a fit and willing relative, a legal guardian or an adoptive parent. The Permanency Worker shall ensure family finding activities have been completed, and shall include the use of search technology (including social media) to find biological family members and fictive kin of the child.

The Permanency Worker shall explain why permanency cannot be achieved now, and list any barriers to attaining permanency. In addition, the Permanency Worker must ensure the youth develops supportive relationships and connections to achieve "relational permanency."

In order to ensure compliance with federal law (Title IV-E), at each permanency hearing, the Permanency Worker shall request that the court:

- asks the child about the child's desired permanency outcome;
- makes a finding that, as of the date of the hearing, "Continuing Foster Care" is the best permanency goal for the child; and
- provides compelling reasons for ruling out all other permanency goals.

g) Requirements for Selecting "Independence"

The "Gold Standard" for permanency is achieved through reunification, adoption or guardianship. However, for some older youth, these options are not realistic (e.g., a youth cannot safely go home, does not want to be adopted, or the caregiver does not want to assume guardianship). For these youth, permanency may mean establishing a supportive network the youth can rely on as he/she transitions to adulthood and leaves DCFS guardianship. An important consideration for building a supportive network is the need for youth to feel as if he/she "belongs." "Relational permanency" considers supportive relationships and connections to individuals youth can look to for assistance, guidance, encouragement and membership.

The focus should be on helping the youth establish and maintain lifelong supports and connections and relational permanency in preparation for adulthood. The Permanency Worker should:

- ensure family finding activities have been completed;
- review contact notes from family finding interviews with the youth;
- help the youth stay engaged/reengage with siblings, regardless of the siblings' living arrangements;
- offer to help the youth engaged/reengage with identified relatives and fictive kin; and
- assist the youth in building positive supports and connections.

When possible, the Permanency Worker should use the Child and Family Team as a source for planning for the youth's needs to achieve independence.

Section 315.150 The Visitation and Contact Plan

Instructions for preparing and filing the initial Visitation and Contact Plan are set out in **Procedures 315.65, Prepare and File Initial Visitation and Contact Plan.**

This Section addresses the requirement for Permanency Workers to review and amend the Visitation and Contact Plan, as necessary, during development and reviews of the Service Plan and throughout the life of the case.

Visitation and contact with family and other people important to the child is a well-being need for a child in care. Helping the child maintain connections supports permanency, provides resources for concurrent planning, and supports the child's overall well-being; a child's connections to family and loved ones is often key to his/her emotional health and security.

The ideal Visitation and Contact Plan for parent-child and sibling visits/contact should include important family milestones, such as birthdays and holidays.

Visitation and Contact Plans should also consider the ages of involved children. For example, younger children and infants need more frequent visitation. Visits should occur in different locations so that parents are able to demonstrate their parental capacities in various environments.

Visitation and Contact Plans for all children in substitute care must include parent-child and sibling visits with children and youth in congregate care, and those with no identified permanency resource (e.g., ILO/TLP or Continuing Foster Care). This encourages development of supports and connections for all children, not just those children with a return home goal.

In addition, the Service Plan should note the circumstances or changes in behavior that may allow an increase in frequency or duration of visits.

A Visitation and Contact Plan is created on the Planning Tab on the Case Maintenance window in the SACWIS case. The Visitation and Contact Plan is created separately from the Service Plan in order to be able to create and file the Visitation and Contact Plan with the court within 10 days of protective custody. A Visitation and Contact Plan is required as part of the 45-Day Service Plan and with each 6-month Service Plan.

Parent-child visit requirements are set out in the procedures listed below. Every Permanency Worker must familiarize him/herself with these procedures.

- **Procedures 301.210, Family Visiting;**
- **Procedures 301.Appendix A, Family Visit Planning – Critical Decisions and Documentation Protocol; and**
- **Procedures 301.Appendix B, Family Visit Planning Guide to Practice.**

As noted in **Procedures 301.Appendices A and B**, a change in permanency goal does not preclude parent-child visits. Depending on the circumstances of the case, it may be in the best interests of the child to continue having parent-child visits even when reunification is no longer the permanency goal.

Sibling visitation and contact requirements are set out in the procedures listed below. Every Permanency Worker must familiarize him/herself with these procedures.

- **Procedures 301.220, Sibling Visitation;**
- **Procedures 301.230, Contact Among Siblings Placed Apart;**
- **Procedures 301.250, Sibling Visitation and Contact with Adopted Siblings and Siblings in Subsidized Guardianship;**
- **Procedures 301.255, Sibling Visitation With and Among Adult Siblings;** and
- **Procedures 301.Appendix C, Sibling Placement and Visitation - Special Considerations.**

The Permanency Worker shall also review the **CFS 458-B, Relative Resources and Positive Supports Worksheet** and contact notes to determine if a relative has indicated a willingness to assist with transportation to and from visits, or may be willing to supervise some visits. When a relative will provide supervision of the child during transportation or at visits, the Permanency Worker shall conduct a background check of that relative (Person Search and LEADS) to ensure that the relative can safely supervise the child.

Restricting Visitation When a Parent Exhibits Dangerous Behavior. When a parent has exhibited such dangerous behavior as abduction, torture, threats to kill, or taking the child hostage and the court orders restrictions on visitation (such as supervised visitation) with a child in substitute care, such visitation may be held in a DCFS office, court house, a visitation center or other secure location. The Permanency Worker shall also inform the child's school or day care provider of the court's order restricting parental contact.

The Permanency Worker shall comply with the requirements of **Procedures 301, Appendix A, Family Visit Planning - Critical Decisions and Documentation Protocol**, as part of the temporary custody screening process for high risk cases when the Permanency Supervisor has made the Critical Decision to substantially restrict visitation. The Permanency Worker shall include:

- supporting documentation, such as police reports, psychological or psychiatric reports or case notes documenting observations; and
- a statement that the Department intends to share information on the restriction with necessary persons, such as school or day care staff and the child's pediatrician.

Section 315.155 Developing the Concurrent Plan

The Concurrent Plan is an approach that seeks to eliminate delays in attaining permanent families for children in foster care. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point after a child enters substitute care and concurrently pursuing those permanency options that will best serve the child's needs.

Typically, the child's primary permanency goal is reunification with the child's family of origin. Through concurrent planning, an alternate permanency goal (e.g., adoption) is identified at the same time the primary goal is established. The primary and alternate permanency goals are pursued concurrently, rather than the alternate goal being pursued sequentially after primary goal (reunification) has been ruled out.

To be viable, the Concurrent Plan must include an identified resource that is able and willing to meet the child's lifelong need for family membership and a permanent connection. Thorough family finding efforts make it more likely that the Permanency Worker can identify one or more individuals who might support and carry out the Concurrent Plan. Family finding efforts are documented on the **CFS 458-B, Relative Resources and Positive Supports Worksheet**, in SACWIS and in contact notes. (See **Procedures 315.60, Identifying, Searching For and Engaging Relatives**.)

In SACWIS, the Concurrent Plan is located on the bottom of the Current Status tab. This is where the Permanency Worker documents the Concurrent Plan, including the plan's resources, and indicates if the plan needs to be initiated. The Concurrent Plan should be initiated when it becomes evident to the Permanency Worker and Supervisor that reunification is not likely, whether due to parental absence, a parent's lack of cooperation, lack of reasonable efforts or progress, or other circumstances that prevent the child from safely returning home.

<u>Simply documenting "adoption" as the Concurrent Plan when the primary plan is reunification is not sufficient and does not support timely permanency</u>. The Concurrent Plan must be specific and must identify a resource willing to provide lifelong support and connections.

The Concurrent Plan should be initiated even while the primary goal remains in effect. In order to activate the Concurrent Plan in SACWIS, the Permanency Worker clicks the YES button next to the question "Does action on the Concurrent Plan need to be taken now?" Once this YES button has been selected, the Permanency Worker MUST create at least one Outcome Statement that supports the Concurrent Plan (e.g., an Action Step for establishing a visitation and contact plan with a permanency resource.) The Permanency Worker may also designate an existing Outcome Statement as part of the Concurrent Plan. To create or to designate a Outcome as part of the Concurrent Plan, the Permanency Worker clicks the Concurrent Plan button located near the middle of the Outcomes window on the Outcomes/Action Steps tab in SACWIS. The button defaults to Permanency Plan, so the Permanency Worker should change this to "Concurrent Plan" if appropriate.

Section 315.160 Developing the Reunification Service Plan

After the Critical Decision is made to return the child, the family and Permanency Worker shall develop a Reunification Service Plan that will be presented to the court when the reunification recommendation is made. The Reunification Service Plan contains health, safety and education components, and lists the services the family is expected to participate in when the child returns home.

Instructions for developing the Reunification Service Plan are in **Procedures 315.250, Reunification, Planning for After Care and Termination of Services**.

Section 315.165 Developing the After Care Service Plan

The After Care Service Plan is the final closing Service Plan in which the Permanency Worker makes final recommendations to the family as to what needs and issues the family should continue to address beyond involvement with the Department or POS agency. The After Care Service Plan is completed within 30 days prior to case closure.

Instructions for developing the After Care Service Plan are in **Procedures 315.250, Reunification, Planning for After Care and Termination of Services**.

Section 315.170 Distributing the Service Plan

Copies of the Service Plan shall be distributed to the following individuals. In doing so, the Permanency Worker shall comply with the DCFS **Rule 431, Confidentiality of Personal Information of Persons Served by the Department**.

a) The legal parents. Legal parents include both mothers and fathers. Legal parents do not include parents whose parental rights have been terminated. If parental rights have been terminated, the family case is closed and the parents (whose rights were terminated) no longer have a legal right to services and information regarding the child. A separate Service Plan is prepared for that child and that Service Plan is filed in the child's record only.

b) The putative father, if he is participating in planning for the child. The putative father receives only that portion of the Service Plan that pertains to the child and himself.

c) The child's caregivers. Caregivers receive a copy of the child's portion of the Service Plan only. Caregivers may be able to receive other portions of the Service Plan involving the child's family provided that the information being presented is essential for understanding the needs of and providing care to the child.

d) The juvenile court and all parties when the court has jurisdiction. The initial Service Plan is submitted to the court no later than 45 days after protective custody. In addition, the most current updated Service Plan prepared within the prior 6 months must be submitted to the court and all parties at least 14 days in advance of the next Permanency Hearing.

Cook County Cases Only: Instructions for Service Plan and Court Report distribution in Cook County Juvenile Court are set out below**.**

All Service Plans and Court Reports must be received by the Service Plan Distribution Unit / DCFS Office of Legal Services at the Cook County Juvenile Court Building no later than 15 days prior to a Permanency Hearing.

1) **Permanency Worker Responsibilities**. The Permanency Worker shall:

A) Prepare 5 copies of the Service Plan and Court Report, plus 1 additional copy for every private attorney or private Guardian ad Litem assigned to case;

B) Attach a completed **Cook County Juvenile Court Cover Sheet** to each copy of Service Plan and Court Report. The Cover Sheet must include names and addresses of all private attorneys and private Guardians ad Litem;

C) Submit all copies (Cover Sheets, Service Plans and Court Reports) to the DCFS Office of Legal Services by U. S. Mail or hand delivery (preferred), as follows:

i) **U. S. Mail**

Mail all copies 20 days prior to the Permanency Hearing to:

DCFS Office of Legal Services
Cook County Juvenile Court Building
2245 W. Ogden Avenue, 3rd Floor
Chicago, Illinois 60612

ii) **Hand Delivery**

To deliver in person, take all copies to the **DCFS Office of Legal Services at the address above** no later than 15 days prior to a Permanency Hearing. Service Plans and Court Reports will be date stamped when received. The Permanency Worker must sign the Service Plan and Court Report into a Service Plan book at the front desk with the Service Plan Office Associate.

iii) **Out-of-Region Permanency Workers**

When a child from a Cook County Juvenile Court case is served by a Permanency Worker from another DCFS Region, the Permanency Worker should mail all copies 20 days prior to the Permanency Hearing, as noted above. The Permanency Worker may contact the Service Plan Distribution Unit (phone: **312-633-3400)** to ask about availability of scanned delivery in certain circumstances.

2) **Responsibilities of DCFS Service Plan Unit Staff (Cook County).** Service Plan Unit office associates shall:

A) ensure Service Plans and Court Reports are distributed to DCFS Office of Legal Services, Assistant State's Attorney, Guardian ad Litem, Public Defender and court personnel 14 days prior to the Permanency Hearing or when tendered by the Permanency Worker; and

B) complete a weekly Service Plan and Court Report Tracking System log every Friday (by noon) for each courtroom of all service plans and court reports received the week prior.

e) The child, if able to participate and understand the planning process.

f) The two members of Child and Family Team selected by a child age 12 and older. (See **Procedures 315.135(c), Designation by a Youth Age 12 or Older of Advocates for Service Planning, ACRs and Permanency Hearings** and **Procedures 315.140(a), Some Important State and Federal Requirements**.) These individuals receive the same parts of the Service Plan the child receives.

g) Appropriate Department/POS agency staff.

h) The Guardian ad Litem and legal representative of the child.

i) Other providers (e.g., counselors, therapists, homemakers) with appropriate consent.

Section 315.175 Reviewing and Updating the Service Plan and Permanency Goal

a) The Permanency Worker shall review the Service Plan with the child and family during monthly visits. This review shall be documented in a contact note within 48 hours.

b) The Permanency Worker and Permanency Supervisor shall review the Service Plan at each Quarterly Supervisory Conference to ensure the permanency goal is still appropriate and the current array of services address the identified needs of the child and family. The Permanency Supervisor shall document this review in the supervisory note.

c) The Permanency Worker shall review the Service Plan with the child, parents and team members at each Quarterly Child and Family Team Meeting, and may amend the Service Plan when recent Safety and Risk Assessments document changes affecting the child's safety or risk. At the Quarterly Child and Family Team Meeting in advance of each scheduled ACR, the Permanency Worker, Permanency Supervisor, the family and team members shall review and, when necessary, update the Service Plan.

d) The Permanency Worker and Permanency Supervisor shall review and update the Service Plan immediately when there has been:

- a new service or Action Step added;
- an expansion (by the worker) of visitation and/or contact or a court ordered change in visitation and/or contact;
- an achieved Outcome;
- a substantial change in the family's circumstances;
- a court ordered change in the permanency goal; or
- a clinical recommendation made regarding a member of the Service Plan during an Integrated Assessment or another Clinical Review.

e) A permanency goal may only be changed:

1) within the first 12 months after case opening, by the Permanency Worker with the approval of the Permanency Supervisor;

2) beginning with the first Permanency Hearing, the court selects the permanency goal. A court-selected goal cannot be changed without the prior approval of the court. The Permanency Worker shall update the Service Plan to reflect the court-selected goal within 30 days after the court hearing.

Section 315.180 Amending the Service Plan After Case Reviews and Court Hearings

a) Decisions made by the juvenile court and by the Administrative Case Reviewer (using "review authority" to change the overall rating of the goal) must be incorporated in the Service Plan.

When the DCFS/POS Permanency Worker and Supervisor do not agree with an order of the court, the Permanency Supervisor shall consult with the DCFS Regional Counsel.

When the disagreement is with a decision of the ACR Reviewer, the Permanency Supervisor may request a Decision Review.

When the court selects a new permanency goal of substitute care pending termination of parental rights, guardianship or adoption, the Permanency Worker and Supervisor must request a legal screening with DCFS Regional Counsel within 10 business days.

The Permanency Worker shall update the Service Plan within 30 days to reflect the court order or the ACR Reviewer's decision.

The Permanency Worker shall distribute the updated Service Plan to the court and all parties within 45 days of the court order (see **Procedures 315.170, Distributing the Service Plan**.)

b) The Department and POS agencies are responsible for each case assigned to them. If the Department or POS agency receives a case with deficiencies, the currently assigned Permanency Worker has 60 days to bring the case into compliance with the decisions from the Administrative Case Review.

Section 315.185 When a Party Misses the Administrative Case Review

a) **Parents.** If the parents do not attend the ACR, the Permanency Worker shall provide the parents a copy of the Service Plan reviewed and finalized during the ACR. The Permanency Worker shall inform the parents of any decisions made during the ACR that changed the draft Service Plan provided to them prior to the ACR. The Permanency Worker shall discuss with the parents any concerns raised about the Service Plan.

b) **Other Participants**. When the child (age 12 or older), the child's caregivers or a Guardian ad Litem/Legal Representative are unable to attend the ACR, the Permanency Worker shall send a copy of the Service Plan finalized at the ACR to those individuals. When other providers/invited participants are unable to attend, the Permanency Worker shall consult with the Permanency Supervisor to determine whether to send a copy to those individuals.

Section 315.190 Evaluating Service Plans

a) Evaluating Permanency Goals

The permanency goal for each child in the family group must be evaluated minimally every six months after the goal has been set. In SACWIS, Permanency Workers must select an evaluation rating for each child from the drop down value list, located on the permanency goals table on the goals tab. Permanency Workers must also include a narrative explanation of the rating selected. Goals that are "maintained" will populate to the next plan. Goals that are "revised" must be revised by selecting the evaluation rating for revising a goal and then selecting the new goal from the permanency options value list.

Permanency Workers should NEVER delete a previous permanency goal in order to select a new goal. This is not the correct SACWIS practice and the Service Plan document will lack previous goal information if the previous goal is deleted. Permanency Workers are encouraged to contact SACWIS Field Support with specific questions about evaluating and revising permanency goals in SACWIS.

Note: When evaluating/revising a permanency goal (for example, the permanency goal may change from Return Home In 5 Months to Return Home In 12 Months), the Permanency Worker must enter the correct evaluation date for the previous goal. SACWIS automatically matches the Date Established for the new permanency goal to the previous permanency goal evaluation date. Once a "Revised" evaluation is selected and saved, the evaluation information is locked in/frozen and CANNOT be changed. In addition, the Date Established for the new permanency goal is also locked in/frozen and CANNOT be changed.

Evaluating a Change in Goal: Return Home to Adoption. When a permanency goal changes from Return Home to Adoption, the Permanency Worker must begin working in the child case. The Permanency Worker must evaluate the Return Home or Substitute Care Pending TPR goal a final time in the family case Service Plan. The Permanency Worker must select an evaluation progress rating of either "Goal Achieved/Case Closed" or "Goal Not Achieved/Case Closed", and include a narrative that clearly explains why Return Home could not be achieved in the family case Service Plan. The new Adoption goal should then be selected in the child case Service Plan.

Evaluating an After Care Service Plan. When closing a case with an After Care Service Plan, the Permanency worker should include final evaluations of Outcomes and Action Steps, and describe in each evaluation narrative section the progress made by the family for each Outcome/Action Step that led to case closure. The proper evaluation for the permanency goal is "close case."

The Permanency Worker shall choose an evaluation rating of *discontinue* since involvement with the Department or agency will cease. The Permanency Worker must ensure the family has a clear understanding of the needs and issues they must continue to address after case closure and help the family to identify community resources that can assist them in maintaining permanency.

When the Permanency Worker has an approved After Care Service Plan and has shared the plan with the family, the Permanency Worker shall prepare a final contact note within 48 hours to document the contact with the client/family. The contact note should state that after care services were discussed and the After Care Service Plan was presented as part of the agenda for the contact.

b) Evaluating Action Steps

When evaluating Action Steps, the Permanency Worker shall ensure all reports have been obtained from service providers as required in the service provider's contract/program plan. The reports should clearly summarize the services provided and the parents' progress regarding the issue addressed by participating in that service. The Permanency Worker shall discuss these reports with the parents in detail, noting the progress/lack of progress the parents have made and the expectations for any continuing services or other identified service needs.

The Permanency Worker shall review all services offered to ensure those services are consistent with the identified needs of the family and support the permanency goal.

If additional Action Steps are identified in a report from a service provider, or are requested by the parents, the Permanency Worker shall make a referral for those services immediately.

The Permanency Worker must also assess the effectiveness of the current services. If barriers are present, the Permanency Worker must determine if and how the barrier can be mitigated to make the service more effective for the parents.

The Permanency Worker shall choose an evaluation rating for each Action Step that supports the Outcome. Action Steps that are "maintained" will populate to the next Service Plan; Action Steps that are discontinued are visible in the next Service Plan.

c) Evaluating Outcomes

The Permanency Worker must choose an evaluation rating for each outcome statement. The Outcomes are located on the Outcomes/Action Steps tab in SACWIS. Outcomes that are "maintained" or "discontinued" will populate to the next plan. Discontinued Outcomes can be removed from a subsequent Service Plan as long as the Outcome was not created from or tied to an Integrated Assessment Recommendation that was marked "Action Needed." By choosing "maintain" as the overall evaluation rating for the Outcome, the next Service Plan will include all Outcomes that were maintained in the previous Service Plan.

Permanency Workers must also include a narrative explanation of the overall evaluation rating selected. The narrative should state why the rating was selected and describe the efforts/lack of efforts and progress/lack of progress that are being made by each family member.

1) **Overall Progress "Satisfactory".** When a parent's overall progress toward attaining the permanency goal is rated "satisfactory", the Permanency Worker and Supervisor shall immediately consider increasing parent-child visitation (hours and/or frequency) and other activities that support reunification. Implementation of activities should not wait months until the next Administrative Case Review or Permanency Hearing, unless a court order prohibits the Permanency Worker from expanding or enhancing parent-visitation or other activities in support of reunification.

2) **Overall Progress "Unsatisfactory".** When the overall progress is rated "unsatisfactory", the Permanency Worker and Supervisor shall immediately consider increasing activities that support the child's Concurrent Plan.

Section 315.195 Risk v. Safety: Can the Child Be Safely Returned Home

Permanency Workers and their supervisors continuously evaluate the family's progress toward reunification. The family's readiness is addressed each time the Permanency Worker meets with the family, and each time the family participates in a Child and Family Team Meeting, Administrative Case Review, and court hearing.

Safety threats must be controlled. Risk factors may be resolved or reduced. "Safety" focuses on the potential for or danger of moderate to severe harm now or in the very near future. "Risk" considers a longer-term threat and is concerned with the full range of severity of harm (low to severe).

When a CERAP identifies no safety threats, the Permanency Worker and Permanency Supervisor may determine the family has made sufficient progress to manage the child's safety – even if one or more risks still exist, and additional Action Steps or social services are needed.

When **no safety threats are identified and the risks are resolved or reduced**, the Permanency Worker and Supervisor should seek the child's return to home of origin, with continued services provided to the child and parents for a period of time after reunification.

All Safety and Risk Assessments must be documented in SACWIS within 24 hours.

Certain conditions and behavioral indicators must be present before reunification can be considered. These include, but are not necessarily limited to:

- Factors affecting safety and risk of harm based on current assessments and evaluations of reasonable progress;
- Reasonable efforts on the part of the parent;
- Demonstrated reasonable progress on the part of the parent; and
- The best interests of the child, including the balance between continued placement and additional trauma caused by extended separation.

A recommendation for reunification may be made at any time the family demonstrates that they can manage the safety of their child. At a minimum, the parents must demonstrate:

- Management of the initial behaviors and conditions leading to the child's neglect or maltreatment;
- Participation in and successful outcomes from identified clinical intervention and social services; and
- Documented participation, progress in or completion of required services (prepared by the provider)

The Permanency Worker and Permanency Supervisor do not need to wait until the date for the next scheduled court hearing. When the Permanency Supervisor makes the Critical Decision to approve reunification, the Permanency Worker should inform the court through the State's Attorney's Office (in Cook County, via the DCFS Legal Staff) of their recommendation as soon as appropriate within 10 business days.

Section 315.200 Have Parents Made Reasonable Efforts and Reasonable Progress

a) Examples of Reasonable Efforts

When evaluating whether a parent has made reasonable efforts to comply with the Service Plan, the Permanency Worker must look at the actual, documented activities or steps taken by the parent to cooperate with the worker, comply with the requirements in the Service Plan and stay actively involved in the child's life. Examples of reasonable efforts may include, but are not limited to:

- the parent attends court hearings and ACRs;
- the parent attends and cooperates at Child and Family Team Meetings;
- the parent participates in the development of the family's Service Plan;
- the parent attends all services listed in the Service Plan (e.g., mental health counseling);
- the parent attends scheduled visits with the child and participates in approved contact with the child between visits; or
- the parent cooperates with any orders of protection.

If a parent does not appear to be making reasonable efforts, the Permanency Worker should try to identify any barriers. The Permanency Worker must document each reason given by the parent, and encourage the parent to look for ways to solve the problem. The Permanency Worker should also consult with the Permanency Supervisor to determine if there is an appropriate course of action that the Permanency Worker can take to help solve the problem. (Example: parent states he/she cannot attend parent-child visits because he/she lacks transportation. Possible solutions may include, but are not limited to: parent may ask a friend to drive him/her to visits; parent may be able to take public transportation to visits; the Permanency Worker may hold visits at the parent's home, at a location closer to the parent's home or the public transportation route.)

b) Examples of Reasonable Progress

When deciding whether to recommend to a court that a child in placement should be returned home to the parents' care, the Permanency Worker must consider whether the parent has made reasonable progress in correcting the conditions that led to the removal of the child from the home. Reasonable progress on the part of the parent may include some or all of the following:

(Note: Each of these examples need not be present in order to determine that a parent has made reasonable progress.)

1) the parent has learned and demonstrated the ability to ensure the health, safety and development of the child;

2) the parent has displayed an adequate capacity to parent and ensure the child's health and safety as demonstrated by successful parent-child visits, appropriate involvement in more parental responsibilities (e.g. doctor's appointments, parent-teacher conferences, group therapy, involvement in recreational activities, better financial management, etc.);

3) the parent has displayed an ability to care for him/herself so that they can meet the needs of the child;

4) parental choices, decisions and relationships need to be sufficient to lead to a safe and healthy environment for the child;

5) the parent has participated in the recommended services and demonstrated adequate change, such as improved parenting, participation in counseling sessions, and personal functioning;

6) the parent has accepted responsibility for maltreatment of the child and shown empathy for the impact of the effects of the maltreatment on the child;

7) the parent has learned to ask for and accept help;

8) the parent has demonstrated a better understanding of him/herself resulting in an ability to identify warning signs and ask for help;

9) the presence of an ongoing support network consisting of other family members, neighborhood or community, church, etc.;

10) the parent has demonstrated a willingness to develop a Service Plan that contains a plan for maintaining the safety of the child at home and an understanding of the merits of the plan;

11) the parent has developed and demonstrated the successful use of an appropriate relapse plan.

c) Examples of Lack of Reasonable Efforts

The Department or purchase of service agency shall not recommend returning a child to a parent when that parent has not participated or made progress in services, and concern for the child by that parent has been demonstrated only by behavior such as:

1) occasional, sporadic visits and contacts;

2) elaborate or expensive gifts on holidays or birthdays; or

3) statements of concern for the child that are not supported by actions consistent with their health, safety and well-being or by preparations for the child's return home.

d) Examples of Lack of Reasonable Progress

The Department or purchase of service agency shall consider the following as examples of a lack of reasonable progress on the part of the parents to correct the conditions that led to the removal of their children from the home and as good reasons to consider alternatives to return home:

1) parent has an ongoing pattern as a perpetrator of domestic violence and refuses to participate actively in treatment services or initiates new relationships in which there is violence; and/or

2) parent continues to reside with someone dangerous to the child and refuses to separate after having been advised of the dangers; and/or

3) parent has an ongoing pattern as a victim of domestic violence and refuses to separate from the batterer or initiates new relationships in which there is violence and refuses to separate; and/or

4) parent fails to remedy, with the assistance of the Department or purchase of service agency and other community resources, housing or housekeeping standards that are a threat to health or safety or to seek suggested economic resources when lack of resources is a major barrier; and/or

5) parent continually misses visits with children, continually comes late for visits, or while visiting appears uninterested or is openly rejecting of the child or abusive or continually upsets the child during visitation by verbal abuse, eliciting guilt, or by making unrealistic promises; and/or

6) parent who is restricted in ability to parent due to developmental disability has failed to make efforts or is unable to demonstrate skills necessary to ensure the health and safety of the child; and/or

7) parent's lifestyle continues to center around drugs/alcohol and addiction prevents him/her from parenting; and/or

8) mother gives birth to a second or subsequent substance exposed infant; and/or

9) parent has other children who have been in foster care for 12 months or more, attempts to reunite them have been unsuccessful and conditions have not changed substantially; and/or

10) parent continually misses appointments, cancels appointments with Department purchase of service agency staff or staff of other service or treatment providers, or fails to be involved in the treatment; and/or

11) parent attends services but is unable to apply concepts and skills to make changes in his/her behavior; and/or

12) parent otherwise fails to fulfill the tasks outlined in the Service Plan or cooperate with the provisions of the Service Plan or meet conditions established by the court that would, if the parent cooperated, correct the conditions that threatened the health, safety, and well-being of the children.

Section 315.205 When Reunification Is Not An Appropriate Goal

If the parents fail to make reasonable efforts to comply with the Service Plan, or fail to demonstrate reasonable progress toward correcting the conditions that led to the removal of the child within the time frames required by the court and Service Plan, the Permanency Worker shall inform the parents of the intent to move forward with the Concurrent Plan for the child.

The Permanency Worker may also discuss the following alternatives with the parents (as appropriate and if circumstances require):

- voluntary surrender of parental rights for purpose of freeing the child for adoption;
- consent to the adoption of the child by a specified person;
- involuntary termination of parental rights; and
- private guardianship (e.g., KinGap);

Most frequently, the decision to seek termination of parental rights is brought to the attention of the juvenile court via submission of the Service Plan. However, there is currently no avenue to relay this information to the Cook County Juvenile Court between scheduled court dates. This has resulted in lengthy delays between notice of the Critical Decision to the parents and others and transmittal of the decision to the Cook County Juvenile Court. This, in turn, has led to delays in attaining permanency for the affected children.

For all cases pending in the Cook County Juvenile Court, when a Permanency Supervisor approves a Critical Decision to seek termination of parental rights, the Permanency Supervisor or Permanency Worker shall call the Cook County Regional Counsel for the courtroom in which the case is assigned. The Permanency Supervisor or Permanency Worker shall provide the Regional Counsel with the following case information:

- The names and docket numbers of children for which termination of parental rights is being recommended;
- The names, docket numbers and current court dispositions of all children in the family who are currently involved in the court system;
- The next court date;
- The facts that brought the case to court; and
- The facts supporting a change in the permanency goal.

The Regional Counsel will evaluate this information, along with other relevant documents, to determine if there is sufficient legal evidence to file a Motion for a Permanency Planning Hearing.

If there is sufficient legal evidence, a motion will be filed and the Regional Counsel shall notify the Permanency Supervisor or Permanency Worker of the date on which the court will hear the motion.

If there is not sufficient legal evidence, a motion will not be filed. The Regional Counsel shall contact the Permanency Supervisor and explain why a motion was not filed.

Section 315.210 When a Motion to Reinstate Parental Rights for an Older Youth May Be Appropriate

Section 2-34 of the Juvenile Court Act permits the court to reinstate parental rights for youth age 13 or older in DCFS custody or guardianship when more than 3 years have elapsed since one or both parents signed a consent or surrender for adoption or the juvenile court terminated parental rights. This option may extend to include a youth's younger siblings in certain circumstances. The request may be initiated by the Department or by the youth (through his/her Guardian ad Litem or legal representative).

An order reinstating parental rights does not restore custody of the minor to the parent. If the order is granted, the Permanency Worker shall amend the Service Plan and Visitation and Contact Plan to include the parent whose rights were reinstated. If reunification is the appropriate permanency goal for the youth, the Permanency Worker shall immediately implement appropriate services for the youth and parents that support reunification.

a) Statutory Requirements to File Motion to Reinstate Parental Rights

In order for a motion to reinstate parental rights to be filed, all the conditions set out in paragraphs (1) through (8) below must met.

1) While the minor was under the jurisdiction of the juvenile court, the minor's parent or parents surrendered the minor for adoption, or consented to his or her adoption, or consented to his or her adoption by a specified person or persons, or the parent or parents' rights were terminated and a guardian was appointed with the power to consent to adoption; and

2) i) Since the signing of the surrender or consent, or the involuntary termination of parental rights, the minor has remained a ward of the Court; or

   ii) the minor was made a ward of the Court and was placed in the private guardianship of an individual or individuals. After the appointment of the private guardian, a new petition alleging abuse, neglect, or dependency was filed, and the minor was again found by the court to be abused, neglected or dependent; or a supplemental petition to reinstate wardship has been filed pursuant to Section 2-33, and the court reinstates wardship; or

   iii) the minor was made a ward of the Court, wardship was terminated after the minor was adopted, after the adoption a new petition alleging abuse, neglect, or dependency was filed, and the minor was again found by the court to be abused, neglected, or dependent, and either (i) the adoptive parent or parents are deceased, (ii) the adoptive parent or parents signed a surrender of parental rights, or (iii) the parental rights of the adoptive parent or parents were terminated;

3) The minor is not currently in a placement likely to achieve permanency;

4) It is in the minor's best interest that parental rights be reinstated;

5) The parent named in the motion wishes parental rights to be reinstated and is currently appropriate to have rights reinstated;

6) More than 3 years have lapsed since the signing of the consent or surrender, or the entry of the order appointing a guardian with the power to consent to adoption;

7) i) The child is 13 years of age or older, or

   ii) The child is the younger sibling of such child, 13 years of age or older, for whom reinstatement of parental rights is being sought and the younger sibling independently meets the criteria set forth in **subsections a through h of this** S**ection**; and

8) If the court has previously denied a motion to reinstate parental rights filed by DCFS, there has been a substantial change in circumstances following the denial of the earlier motion.

These criteria must be established and supported by clear and convincing evidence.

b) Case Assessment and Critical Decision

Requesting the juvenile court to reinstate parental rights for a child is a Critical Decision. Prior to approving this decision, the supervisor shall ensure that the Permanency Worker shall:

- assess the status of the youth and the youth's desire to have a connection and legal relationship with the parent that would benefit from the support of a Permanency Worker/case manager;
- assess whether the youth is likely to age out of care without a legal relationship to anyone;
- assess the former parent's ability and willingness to initiate visitation and contact with the youth, and should return home be under consideration, provide adequate care and protection to youth;
- investigate the facts and circumstances of the past incidents that led to termination of parental rights;
- assess any concerns as to the youth's safety, well-being or best interests if the former parent is permitted to visit with or contact the youth; and
- assess whether return home is in the youth's best interest and, if so, refer the family members for needed services.

The Permanency Worker shall ask the former parent to authorize a criminal background check and provide access to his/her medical, mental health and other records/information needed for this investigation and assessment. The Permanency Worker shall also complete all appropriate screening tools (e.g., AODA, DV) when indicated.

When a paramour is residing in the former parent's home, the Permanency Worker shall also ask the paramour to authorize a criminal background check and provide the information required for this investigation and assessment process.

The Permanency Worker shall ask the parent (and paramour, when present in the home) to sign a **CFS 600-3, Consent for Release of Information** in order to obtain and/or verify the required information.

The Permanency Worker shall document all contacts made and information obtained during the assessment in contact notes in the child's record. The Permanency Worker shall conduct CERAP Safety Assessments at each applicable case milestone (e.g., beginning unsupervised visits in the home of the parent, being returned to the parent).

When supervisory approval is obtained, the Permanency Worker shall request a staffing with the DCFS Regional Counsel to prepare the motion to reinstate parental rights. The Regional Counsel will file the motion and represent the Department in court.

c) Permanency Hearing After Reinstatement of Parental Rights

If the motion is granted, the court will schedule the case for a Permanency Hearing within 45 days.

During that 45 day time period, the Permanency Worker shall reopen the family case and reinstate casework, visitation and contact for the parent whose rights have been reinstated. The Permanency Worker must also schedule and conduct a Child and Family Team Meeting to update the Family Service Plan and determine the appropriate permanency goal to recommend at the Permanency Hearing.

The Permanency Worker may recommend a "return home" permanency goal only when, based on the assessment required above, the parent is identified as a viable "return home" resource and return home is in the best interest of the youth.

At the Permanency Hearing, the court will determine whether it is safe and appropriate for the youth to be returned to the parent's custody or whether the youth should remain in DCFS care with a reunification or other permanency goal.

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Section 315.220 Helping the Court Understand Safety, Risk and When a Child Can Safely Return Home

Child safety and risk must be assessed in all open family cases with "return home" permanency goals (i.e., parental rights intact). The Department's Safety Assessment tool, the Child Endangerment Risk Assessment Protocol (CERAP), documents the presence of safety threats to the child that prevent reunification. The Department's Risk Assessment tool, the Child and Adolescent Needs and Strengths Assessment (CANS), identifies risk factors that must be addressed to reduce the likelihood of future abuse or neglect to the child upon reunification. Safety and Risk Assessments must be documented in SACWIS within 24 hours.

If the family case is closed or if reunification is not the child's permanency goal, assessment of safety and risk is not required.

a) Safety Threats Must Be Controlled

Every Child Protection Specialist, Intact Family Worker and Permanency Worker is certified to conduct CERAP safety assessments. DCFS and POS workers and supervisors should be prepared to testify in court about the processes for assessing and controlling safety threats in any case before the court.

At Dispositional Hearings and Permanency Hearings, the Permanency Worker must always be prepared to discuss the safety threats that existed when the child came into care, and any other safety threats identified during the entire time the family has been receiving services. The Permanency Worker should be prepared to explain the status of <u>each</u> identified safety threat. For any safety threat that was marked "Yes" on a previous CERAP that is marked as "No" on the current CERAP (indicating the safety threat no longer exists), the Permanency Worker must be prepared to explain to the court what changed that allowed the Worker to eliminate that safety threat.

Note: All workers and supervisors should review **Procedures 315.Appendix A, Child Endangerment Risk Assessment**. Appendix A contains a comprehensive review of the Department's CERAP policy and instructions that must be followed for conducting CERAPs.

b) Risk Factors Must Be Resolved or Reduced

In the Permanency Hearing Report, the Permanency Worker summarizes his/her assessment of the family's cooperation with the desired outcomes, action steps, interventions and services contained in the Service Plan. Several of the services and action steps in the Service Plan will address the safety threats and risk factors identified in the case, and help the parents learn to control the safety threats and reduce the risk factors.

c) When a Child Can Safely Return Home

1) **All Safety Threats Are Controlled.** When recommending that a child be returned home, the Permanency Worker must be able to demonstrate that all safety threats have been controlled as evidenced by an increase in the parent/guardian's protective capacities. The Permanency Worker must be prepared to explain to the State's Attorney/Assistant State's Attorney, Guardian ad Litem and the court:

- how all safety threats have been adequately controlled (e.g., if by family protective capacities, strengths or actions, list and provide examples of those strengths/actions);
- when one or more safety plans were implemented, what actions were required in the safety plan, what protective efforts and capacities the family has taken/demonstrated to reasonably ensure the child's safety if allowed to return to the parent's custody; and
- if there were any safety plan violations, who violated the plan, what the violation entailed, actions taken by the Permanency Worker to address the violation with the family (or the court, etc), and subsequent actions taken by the family to prevent further violations.

Note: If an in-home safety plan must be implemented with the family to ensure the child's safety, the child should NOT go home.

2) **All Risk Factors Are Resolved or Reduced.** The Permanency Worker must be prepared to describe the family's activity that demonstrates they have resolved or reduced the identified risk factors by providing information such as:

A) for each service listed in the Service Plan:

- whether the parent attended each service regularly; and
- providing examples of what the parent learned and how the parent demonstrates improved protective capacity while using the information received from that service that helps the parent manage an identified risk;

B) from parent-child contacts and visitation:

- the level of commitment the parent displayed by attending scheduled visits and following through on approved forms of contact (e.g., phone calls);
- the parental and protective capacities demonstrated at visits and during contacts (e.g., nurture, structure, supervise, discipline, tending to the child's needs); and

- whether, and how, the parent has helped the child attain/maintain stability in his/her current placement.

C) from Child and Family Team Meetings:

- the level of commitment the parent displayed by attending CFTMs;
- whether the parent has demonstrated acceptance of familial, professional and/or other offers of support; and

D) cooperation, involvement and engagement with the Permanency Worker in assessing reasonable efforts and progress.

3) **Reunification Service Plan for Services and Supports.** The Permanency Worker shall describe the safety, health and educational components in the proposed Reunification Service Plan (see **Procedures 315.350(b), Reunification Service Plan**).

Section 315.230 Permanency Hearing and Report

The Permanency Hearing is a hearing to determine:

- whether the services contained in the plan are consistent with the goal selected and whether those services have been provided;
- whether reasonable efforts have been made by all the parties to the service plan to achieve the goal; and
- whether the plan and goal have been achieved.

The first Permanency Hearing is conducted when the child has been in substitute care 12 months. Subsequent Permanency Hearings are held each 6 months thereafter.

For Title IV-E claiming, reasonable efforts towards achievement of the permanency goal must be documented at a Permanency Hearing at least annually after the initial reasonable efforts finding is made at the shelter care hearing. The finding concerning reasonable efforts to achieve permanency must be made as part of the Permanency Hearing Order signed and dated by the judge. The Permanency Worker shall file a copy of the order in the case record.

a) Worker Recommends and Court Selects Permanency Goal

During the first 12 months of the case, the Permanency Worker selects the permanency goal for the child. Beginning with the first Permanency Hearing, the Juvenile Court Act requires the Court to set the child's permanency goal. The Permanency Worker will be expected to recommend a permanency goal that is in the best interests of the child in the Permanency Hearing Report. The Court may agree with the Permanency Worker and select the recommended goal. If the court disagrees with the Permanency Worker, the court may select another goal that is in the best interests of the child.

b) Preparing for the Permanency Hearing

1) Update Case Record. The Permanency Worker must review the case record to ensure all information about the child and family is complete and up-to-date. All case contact notes with the child and family should be current and factual. The Permanency Worker shall review the contents of the Current Status Tab in the Service plan and ensure that information is up to date.

2) Provide Service Plan. The most recent (within 6 months) Service Plan must be served upon the court and parties at least 14 days in advance of each Permanency Hearing.

3) Prepare/Provide Permanency Hearing Coversheet. The Permanency Worker shall prepare a separate **CFS 421-Cover, Permanency Hearing Report Cover Sheet** for each involved child in the family whose case will be reviewed at the Permanency Hearing.

The information contained in the Permanency Hearing Cover Sheet is intended to ensure the court and all participants understand the urgency for obtaining permanency for the child. This includes number of days the child has been in substitute care, number of placements the child has lived in since entering care and current placement type (e.g., foster home, group home). The Permanency Hearing Cover Sheet also provides an "at a glance" summary of the current permanency goal and the number of days that goal has been in place.

4) Prepare/Provide Permanency Hearing Report. The Permanency Worker shall also prepare one **CFS 421, Permanency Hearing Report** for each family whose case will be reviewed at the Permanency Hearing. The Permanency Hearing Report provides a comprehensive evaluation of the case during the preceding 6 month period.

The Permanency Worker must be served upon the court and parties at least 14 days in advance of each Permanency Hearing.

The Permanency Worker may be required by the court to offer testimony in support of any information provided in the Permanency Hearing Report.

The Permanency Hearing Report will include **the Permanency Worker's assessment** regarding:

- each service listed in the Service Plan (e.g., Were the services provided as specified? Were they appropriate? Did the parent attend regularly, and how the services assisted the parent's efforts or progress toward attaining the service goal);
- parent-child visitation, and what parental capacities the parents demonstrated at visits (e.g., nurture, structure, supervise, discipline, tend to the child's needs);

- sibling visitation:
- whether reasonable efforts have been made by parents toward achievement of the permanency goal;
- whether the parents have made reasonable progress toward attaining permanency for each child;
- whether the service tasks in the Service Plan have been satisfactorily completed and provide examples that illustrate the parents' reasonable efforts/lack of efforts and reasonable progress/lack of progress;
- whether the permanency goal for each child has been achieved; and
- any cultural considerations the court should take into consideration. (e.g., is the family Spanish speaking, and are efforts being made to help the child maintain the ability to communicate in Spanish with the family? If the family's culture/religious beliefs require certain dietary restrictions, are the child's caregivers and service providers supportive of these cultural considerations?)

In the Permanency Hearing Report, the Permanency Worker will also discuss **Safety Threats** that existed when the child came into care and the status of those threats. The Permanency Worker shall also indentify any safety threats that have arisen since the child came into care and the status of those threats. When reporting status, the Permanency Worker will inform the court if the threat has been eliminated, or if it continues to exist. If the threat continues to exist, specific examples will be produced.

The Permanency Worker will review the Concurrent Plan for each child, and whether the child's current placement is consistent with that plan. (e.g., Are caregivers supportive of the permanency goal? Supportive of visitation with parents and with siblings? Supportive of visitation and contact between visits? Is the child is stable in the current placement?)

The Permanency Hearing Report will list the members of the Child and Family Team that supports the child, family and caregiver.

The Permanency Worker will identify the recommended permanency goal, and explain why it was selected, including the following factors:

- Why permanency cannot be achieved now (listing any barriers).
- If a permanency goal other than return home is recommended, the Permanency Worker shall explain why return home is not believed to be in the best interest of this child.

- If return home was ruled out and any goal other than either substitute care pending termination of parental rights or adoption was recommended, the Permanency Worker shall explain why substitute care pending termination of parental rights and/or adoption were not found to be in the best interests of the minor.

- Why the recommended goal is considered to be in the best interests of the child.

- When recommending "Continuing Foster Care" as the permanency goal, the Permanency Worker shall request that the court:

  - ask the child about the child's desired permanency outcome;

  - makes a finding that, as of the date of the hearing, "Continuing Foster Care" is the best permanency goal for the child; and

  - provides compelling reasons for ruling out all other permanency goals.

  (See **Procedures 315.145(f), Requirements for Selecting "Continuing Foster Care"**.)

If not contained in the Service Plan, the Permanency Worker shall describe any special physical, psychological, educational, medical, emotional, or other needs of the child or his/her family that are relevant to a permanency or placement determination.

For a youth 14 years of age or older, the Permanency Worker shall describe the services needed to assist the youth to make the transition from foster care to a successful adulthood, and what referrals to programs or services the Permanency Worker has made/will be making to enable the youth to begin preparing for adulthood and independent living.

If there have been any UIRs involving this child, the Permanency Worker shall note how many and explain those reports.

The Permanency Hearing Report shall list any recommendations to the court, including:

- the recommended permanency goal;

- request for a reasonable efforts and reasonable progress finding; and

- other orders or findings that may be appropriate for the court to consider or enter (e.g., unsupervised visitation with parents or adult siblings)

6) The Permanency Worker should be prepared to address steps the Permanency Worker and Department/POS agency are taking to ensure the child's caregiver is following the Reasonable and Prudent Parent Standard and to ascertain whether the youth has regular, ongoing opportunities to engage in age- or developmentally appropriate activities.

7) In establishing a child's permanency goal, the Juvenile Court Act requires the court to consider both in-state and out-of-state placement options. The Permanency Worker must be prepared to address whether out-of-state placement options have been identified and considered. For a child placed out-of-state, the Permanency Worker shall indicate whether the out-of-state placement continues to be appropriate and in the best interests of the child.

8) **Prepare Child, Family and Caregivers.** The Permanency Worker is expected to prepare the child, family and caregiver for each Permanency Hearing. The Permanency Worker must ensure that each is made aware of the court date, time and location, and the recommendations that he/she will be making. This preparation should occur in person when at all possible, and can occur during a quarterly Child and Family Team Meeting, monthly visit, or at another pre-arranged time.

In establishing a child's permanency goal, the Juvenile Court Act requires the court to consult with the child in an age appropriate manner regarding a proposed permanency plan. When the child will be present in court, the Permanency Worker shall prepare the child for his or her consultation with the court by providing information, in an age-appropriate manner, about:

- potential permanency options or transition plans;
- the factors the court may consider in setting the permanency goal, including the child's sense of attachment, wishes and long-term goals; and
- questions the court may ask the child.

The court may also question the child about the opportunities made available to the child to participate in age-appropriate activities. The Permanency Worker shall prepare the child to answer questions about any curricular and extracurricular school activities available to the child and the activities in which the child is participating.

Section 316.240 Permanency Worker Responsibilities After Each Permanency Hearing

Within 10 working days after the Permanency Hearing, the Permanency Worker shall:

- amend the service plan to conform to the court order, if necessary;
- attach a copy of the Permanency Hearing order to the amended service plan (as well as ensuring that a copy of the order is in the case record); and
- engage the family to ensure that the family understands the recommendations and decisions made at the Permanency Hearing and obtain the family's signature on the amended Service Plan;

Section 315.250 Reunification, Planning for After Care and Termination of Services

Planning for the termination of services is an integral part of all service planning. From the earliest contacts with children and families, the Permanency Worker shall focus on when services to the children and families shall end. In addition, when the Department is legally responsible for a child, the Permanency Worker shall also focus on when and how the child shall be discharged from the Department's custody or guardianship and what after care services will be provided.

If the child will be returned home from substitute care, the Permanency Worker may provide services to the family for at least 6 months following return home of the child. When eligible, the Permanency Worker shall refer the family for Norman and TANF services.

For all cases pending in the Cook County Juvenile Court, when a Permanency Supervisor approves a Critical Decision to return a child home, the Permanency Supervisor or Permanency Worker shall contact the Cook County Regional Counsel for the courtroom in which the case is assigned within 10 business days. The Permanency Supervisor or Permanency Worker shall provide the Regional Counsel with the following case information:

- The names and docket numbers of children for which return home is being recommended;
- The names, docket numbers and current court dispositions of all children in the family who are currently involved in the court system;
- The next court date;
- The facts that brought the case(s) to court; and
- The facts supporting a change in the permanency goal.

The Regional Counsel will evaluate this information, along with other relevant documents, to determine if there is sufficient legal evidence to file a Motion for a Permanency Planning Hearing.

If there is sufficient legal evidence, a motion will be filed and the Regional Counsel shall notify the Permanency Supervisor or Permanency Worker of the date on which the court will hear the motion.

If there is not sufficient legal evidence, a motion will not be filed. The Regional Counsel shall contact the Permanency Supervisor and explain why a motion was not filed.

a) Face-To-Face Contact Required with Parents and Child

The interventions and contacts after reunification described in this subsection must be face-to-face. During a portion of each of these interventions and contacts, the Permanency Worker must see and spend some time with the child outside the presence of the parent.

1) **Initial Intervention and Contact.** Within 24 to 72 hours after the return home of a child from substitute care, the assigned Permanency Worker must conduct an initial face-to-face intervention with the child and parent in the home. The timing of the visit will be based upon the CERAP completed when the child is returned home. If the family is unavailable, the Permanency Worker must make a second attempt within one working day after the failed attempt. If the second attempt is also unsuccessful, the Permanency Worker shall conduct a diligent search for the family.

2) **First Month.** Following the initial visit, weekly or more frequent intervention and contact, as determined by the Permanency Supervisor, with the child and parent in the home is required for the first month following reunification. At least two of these visits during this first month after reunification must be unannounced.

3) **Ongoing.** After the first month, the frequency of intervention and contact shall be at least monthly until such time as Risk Assessments indicate that there are no longer sufficient Risk Factors present to require continued contact**.** If a paramour was the indicated perpetrator, the frequency of contact must be weekly for the first three months**,** regardless of whether or not the paramour resides in the home.

b) Reunification Service Plan

Before returning a child home, the family and Permanency Worker must develop a Reunification Service Plan. The Service Plan shall include safety, well-being, health and educational components, as well as:

1) a description of any recommended services identified by reason, type, frequency and provider;

2) a plan for obtaining the services, including a list of referrals;

3) instructions directing the family to contact the Permanency Worker if the family requires services; and

4) a revised Visitation and Contact Plan, if applicable.

The Permanency Worker and family should be prepared to address the recommendations in the proposed Reunification Service Plan when the court will enter an order to return the child home. The order may accept the Department or POS agency's recommended Service Plan, or may require amendments to the Plan. After entry of the order, the Permanency Worker shall ensure the Service Plan is finalized and distributed to the parties in accordance with **Procedures 315.170, Distributing the Service Plan**, and the contents of the Current Status Tab in the Service Plan are updated.

c) Health, Safety and Education Requirements

The Permanency Worker shall make every effort to obtain the child's health, safety and educational information to accurately evaluate the child's well-being following reunification and prior to case closure.

1) **Health.** The health component of the Reunification Service Plan should identify the child's health care provider and other health resources to meet the needs of the child or children. The Permanency Worker shall provide an updated Health Passport to the child's parents or legal guardians. If the Health Passport contains any mental health information, the Permanency Worker shall obtain consent in writing from the child, if 12 years of age or older, on the **CFS 600-3, Consent for Release of Information**, before the Health Passport can be given to the parents/legal guardians.

A) **Medical Examination Prior to Return Home**. Not more than 30 days prior to the actual return home of the child, the child must receive a comprehensive medical examination. This examination should be provided by the health care provider the child will be using when returned home. If a new medical health provider will be used, the child's medical records must be transferred to the provider prior to the examination. This examination will be used as a baseline for future examinations.

The parents of the child must be present at the time of the medical examination to meet with the medical provider to ensure that the parents are aware of the child's ongoing health care needs. The results of this examination must be placed in the child's case record.

B) **Ongoing Health Care Needs.** Permanency Workers shall develop a plan with the child's parents to meet their child's ongoing health care needs and document the plan in the Service Plan. The plan shall identify the child's health care providers, which should remain the same as before the child's return home. The plan shall also identify other resources available to the family and child (Medicaid, Department of Public Health, LANS, etc.).

C) **Medical Follow-Up after Return Home.** No later than 14 days after the child is returned home, the child shall receive a follow-up medical examination. Follow-up examinations should occur quarterly unless the child's health care provider recommends that they are not necessary. Permanency Workers shall discuss the results of these examinations with the health care provider and file the medical reports in the child's case file.

Medicaid will make payment for all follow-up examinations if the child is eligible. The Department may pay for the child's examinations only when the child is ineligible for Medicaid and the court has ordered the Department to pay for the medical services. Payment requests for these

services may be made using Children's Personal and Physical Maintenance Account Code, 001-41817-44-08-00. Regions may voucher these payments using 1106 or 1107 as the Type Service Codes.

2) **Safety Check**. The safety component should identify persons that the parents can call for support after the child is returned home. For situations involving mental illness or substance abuse, there should be a safety network in the event of a relapse. In domestic violence situations, a plan must be devised in the event the abuser becomes violent. When the child has signs of depression and/or suicidal ideation and one or more guns are stored at the parent's home, the Reunification Service Plan shall include a requirement that the parent ensures all guns are equipped with functioning trigger locks and are stored in a locked safe or a locked cabinet.

A) **Child Endangerment Risk Assessment Protocol (CERAP)**. Complete the **CFS 1441, Child Endangerment Risk Assessment Protocol** <u>within 24 hours prior to the child's return home, again within 5 days after the child is returned home and monthly thereafter</u>. Document each safety assessment in SACWIS within 24 hours.

B) A **Risk Assessment** must be completed prior to the child's return home. The Risk Assessment should document that overall risk has been addressed or minimized to the extent that the child may be safely returned home. Document the Risk Assessment in SACWIS within 24 hours.

B) **SACWIS Person Search/LEADS/Sex Offender Registry Checks**. Person Search/LEADS/Sex Offender Registry checks must be completed on anyone age 13 or older living in the home, adults serving in a caregiver role, and adults who are frequent visitors to the home <u>30 days prior to the child's return home</u>. These checks must be completed on any new adult that becomes involved with the family before or after the child is returned home. If an adult refuses to consent to a Person Search/LEADS check, the parent must be advised the situation may result in the child remaining in placement.

C) **Service Providers**. Information concerning the child's ongoing safety should be obtained periodically from service providers or individuals providing support services to the child and family. The parents should be informed of these periodic checks, and the parents should be asked to sign a **CFS 600-3, Consent for Release of Information** if the Department no longer retains guardianship of the child.

3) **Education.** The education plan should address how the parents will meet the educational needs of the child (i.e., school enrollment, school attendance, parent/teacher meetings, and special education needs).

Permanency Workers must arrange for the child's educational records to be transferred to his/her new school if the child will transfer to another school after reunification. If the child is pre-school age, the Permanency Worker will assist the parent in enrolling the child in an early education program or protective day care. The Service Plan must include a description of how the child's educational needs will be met after the child is returned home. (See **Procedures 314.50, Education Plan** for the required content for educational plans.)

Permanency Workers should notify the child's teachers (or Head Start/day care staff), school nurse and counselor of the child's reunification with his/her family, and encourage these school personnel to observe and report any concerns about the child's health, safety and well-being to the Permanency Worker. Permanency Workers should check on the child's progress quarterly or more frequently at the direction of the Permanency Supervisor.

Children that are Head Start age should receive a 0-3 Diagnostic Assessment and be enrolled in a Head Start, early education or a similar program prior to returning home.

d) After Care Service Plan and Casework Activities

Within 30 days prior to closing a case, the Permanency Worker shall review child safety and conduct Safety and Risk Assessments. The Safety and Risk Assessment must be documented in SACWIS within 24 hours.

The child safety review shall include:

1) Safety and Risk Assessments to include all members of the household, including a Person Search, LEADS and Sex Offender Registry check of anyone age 13 or older who resides in the home, adults serving in a caregiver role, and any adult who frequents the home;

2) interviews with relatives, friends, or other persons who provide (or can provide) a support network for the family;

3) completion of the **CFS 2025, Home Safety Checklist for Intact Families and Permanency Workers**;

4) completion of a final Risk Assessment at least 30 days prior to case closure. The final Risk Assessment should document that overall risk has been addressed or minimized to the extent that the case may be closed.

5) review of all medical, school, clinical and social service reports.

6) an interview and observation of the child alone out of the presence of the caregiver;

7) a Child and Family Team Meeting to review child safety, assessments and other reports relevant to the decision to close the case (see **Section 315.125, Reunification / After Care Planning Child and Family Team Meeting**);

8) ensuring a petition is filed with the court for termination of the Department's custody or guardianship in accordance with **Procedures 306.3, Termination of Child Cases**, if the case remains under court jurisdiction; and

9) completion of an After Care Service Plan with the family within 30 days prior to case closure that outlines how the health, safety, and well-being of the child will be ensured and what after care services are needed. The After Care Service Plan shall include:

   A) a description of any recommended services identified by reason, type, frequency and provider;

   B) a plan for obtaining the services, including a list of referrals;

   C) instructions directing the family to contact the Permanency Worker if the family requires services; and

   D) a revised Visitation and Contact Plan, if applicable.

10) ensuring the contents of the Current Status Tab in the Service Plan are updated.

Case contact notes shall be completed within 48 hours of each contact.

e) Termination of Services and Case Closure

The Permanency Worker must evaluate the After Care Service Plan in order to close the case. The Permanency Worker should choose an evaluation rating of "Discontinue" so SACWIS will recognize the After Care Service Plan as completed and allow closure of the case in SACWIS. Any additional Outcomes or Action Steps the family is encouraged to continue beyond involvement with the Department or agency should be described in the evaluation narrative section.

The proper evaluation for the permanency goal is close case. The permanency goal evaluation narrative should include supporting information regarding the family's progress that led to case closure.

After the permanency goal has been evaluated, the Permanency Worker should open the Outcomes/Action Steps tab and begin evaluating the Outcomes and Action Steps as indicated above.

When the Permanency Worker has an approved After Care Service Plan and shared the plan with the family, the Permanency Worker should do a final contact note in SACWIS, within 48 hours, to document the contact with the family. The note should state that the After Care Service Plan and any additional Outcomes or Action Steps the family is encouraged to continue beyond involvement with the Department or agency were discussed as part of the agenda for the contact.

Section 315.255 Reunification through Shared Parenting

Shared parenting provides a way for the child to openly seek and maintain all connections necessary for his/her needs and ensure there is some consistency in his/her life during a tumultuous time. The possibility for this depends on the teamwork of the Permanency Worker and caregivers and the strength of their partnership with the child's parents. This partnership is a process that requires time and team building to establish trust. (See **Procedures 315.30, Shared Parenting**.)

Ultimately, the purpose of shared parenting is to ensure that the child's need for nurturance and safety are met. When the caregiver and Permanency Worker partner with the parents to help maintain the parents' connection to, and focus on their ability to, care for the child, this partnership can lead to positive long term outcomes for children and families.

Shared parenting emphasizes the role of the caregiver as a support to the family instead of just "substitute caretakers." By cultivating a nurturing relationship with the family, the caregiver may be able to develop a mentoring relationship with the parents and demonstrate appropriate parenting practices. Parents and caregivers can ease their own anxiety and frustration through frequent communication with one another that may help prevent misunderstandings over daily issues.

Development of a supportive relationship between the parents and caregivers means the positive connection between the caregivers, child, and parents does not have to end when the placement ends. A supportive relationship may also:

- Enhance child development, learning and well-being by encouraging the child to return to the child role;
- Decrease a child's defiant behavior by reducing the child's desire or need to demonstrate loyalty to the family of origin;
- Decrease feelings of grief and loss from the separation;
- Provide information and insights (e.g., through the **CFS 458-C, Tell Me About Your Child**) that enable the caregivers to meet the child's needs earlier and in a more effective way. This may help the child adjust more easily and also reduce caregiver frustration; and
- Increase parent support for the caregivers by reassuring parents that their child is well-cared for and the caregivers do not seek to replace them.

When the child and parents are reunified, the child, parents and caregivers continue this supportive relationship, but custody and day to day care of the child shifts to the parents. The supportive relationship established between the parents and caregivers increases the likelihood that the parents will reach out to the caregivers for ongoing support or mentoring, and the caregivers are more likely to remain a lifelong connection for the child.

Section 315.260 Reunification Through Reinstatement of Parental Rights

a) Overview of Legal Requirements

Section 2-34 of the Juvenile Court Act of 1987 [405 ILCS 2-34] affects service planning for older youth under 21 years of age in DCFS custody or guardianship when more than 3 years have elapsed since one or both parents signed a consent or surrender for adoption or the juvenile court terminated parental rights. Pursuant to Section 2-34, the Department or the youth may file a "motion to reinstate parental rights" in juvenile court when all the conditions set out in paragraphs (a) through (h) below are met.

1) While the minor was under the jurisdiction of the juvenile court, the minor's parent or parents surrendered the minor for adoption, or consented to his or her adoption, or consented to his or her adoption by a specified person or persons, or the parent or parents' rights were terminated and a guardian was appointed with the power to consent to adoption; and

2) A) Since the signing of the surrender or consent, or the involuntary termination of parental rights, the minor has remained a ward of the Court; or

   B) the minor was made a ward of the Court and was placed in the private guardianship of an individual or individuals. After the appointment of the private guardian, a new petition alleging abuse, neglect, or dependency was filed, and the minor was again found by the court to be abused, neglected or dependent; or a supplemental petition to reinstate wardship has been filed pursuant to Section 2-33, and the court reinstates wardship; or

   C) the minor was made a ward of the Court, wardship was terminated after the minor was adopted, after the adoption a new petition alleging abuse, neglect, or dependency was filed, and the minor was again found by the court to be abused, neglected, or dependent, and either (i) the adoptive parent or parents are deceased, (ii) the adoptive parent or parents signed a surrender of parental rights, or (iii) the parental rights of the adoptive parent or parents were terminated;

3) The minor is not currently in a placement likely to achieve permanency;

4) It is in the minor's best interest that parental rights be reinstated;

5) The parent named in the motion wishes parental rights to be reinstated and is currently appropriate to have rights reinstated;

6) More than 3 years have lapsed since the signing of the consent or surrender, or the entry of the order appointing a guardian with the power to consent to adoption;

7) A) The child is 13 years of age or older, or

B) The child is the younger sibling of such child, 13 years of age or older, for whom reinstatement of parental rights is being sought and the younger sibling independently meets the criteria set forth in **subsections a through h of this Section**; and

8) If the court has previously denied a motion to reinstate parental rights filed by DCFS, there has been a substantial change in circumstances following the denial of the earlier motion.

In order to grant the motion to reinstate parental rights, the court must find that each of these conditions are established and supported by clear and convincing evidence.

An order reinstating parental rights does not restore custody of the minor to the parent. The court will schedule a Permanency Hearing within 45 days and enter the permanency goal that is in the youth's best interests. A party seeking return home, including a parent whose rights have been reinstated, must file a motion for return home.

Note: If the parent has intentionally acted to prevent the youth from being adopted (after parental rights were terminated) or intentionally acted to disrupt the child's adoption, any party to the juvenile court proceeding can file a motion to dismiss the motion to reinstate parental rights.

b) Critical Decision Required

1) Requesting the court to reinstate parental rights is a Critical Decision. Prior to approving this decision, the Permanency Supervisor shall ensure that the youth's Permanency Worker:

- conducts an assessment to determine the former parent's ability and willingness to initiate visitation and contact with the youth;
- investigates the facts and circumstances of the past incidents that led to termination of parental rights; and
- assesses any concerns as to the youth's safety, well-being or best interests if the former parent is permitted to visit with or contact the youth.

The Permanency Worker shall ask the former parent to authorize a criminal background check and provide access to his/her medical, mental health and other records/information needed for this investigation and assessment. The Permanency Worker shall also complete all appropriate screening tools (e.g., AODA, DV) when indicated.

When a paramour is residing in the former parent's home, the Permanency Worker shall also ask the paramour to authorize a criminal background check and provide the information required for this investigation and assessment.

The Permanency Worker shall ask the parent (and paramour, when present in the home) to sign a **CFS 600-3, Consent for Release of Information** in order to obtain and/or verify the required information.

The Permanency Worker shall document all contacts made and information obtained during the assessment and use this information to update the Integrated Assessment in the child's SACWIS record. The Permanency Worker shall conduct CERAP Safety Assessments at each applicable case milestone (e.g., beginning unsupervised visits in the home of the parent, being returned to the parent; etc.)

2) Request Staffing with DCFS Regional Counsel. After the Permanency Supervisor makes the Critical Decision to proceed, the Permanency Worker shall request a staffing with the DCFS Regional Counsel. The Regional Counsel will prepare and file the motion to reinstate parental rights and represent the Department in juvenile court.

c) Service Planning and Permanency Hearing

If the motion to reinstate parental rights is granted, the court will schedule the case for a Permanency Hearing within 45 days.

During that 45-day time period, the Permanency Worker shall:

1) reopen the family case and reinstate casework and visitation services for the parent whose rights have been reinstated;

2) schedule and conduct a Child and Family Team Meeting to develop a Family Service Plan and determine the appropriate permanency goal to recommend at the Permanency Hearing. (This will not be an "initial" Service Plan.);

3) recommend a "return home" permanency goal only when, based on the assessment required above, the parent is identified as a viable "return home" resource and return home is in the best interest of the youth;

4) develop a Visitation and Contact Plan that reinstates the "connection" between the parent and the youth. If the youth is likely to reunite with the parent after he/she is discharged from guardianship, the Permanency Worker should consider requesting the court for approval of unsupervised or overnight visits;

5) add in the Visitation and Contact Plan any siblings in a parent's care not already in that plan;

6) When necessary and appropriate, the Permanency Worker can also refer the youth and parent for individual or joint counseling services to assist them in achieving a healthier relationship;

7) file a Permanency Hearing Report with court and the parties to the proceeding at least 14 calendar days before the scheduled Permanency Hearing; and

8) request a reasonable efforts finding at Permanency Hearing.

Section 315.265 Adoption

Permanency can be achieved through adoption with a new caregiver or conversion of a current caregiver to an adoption placement. Instructions for making adoptive placements and adoption conversion placements are set out in DCFS **Rules and Procedures 309, Adoption Services**.

If the child is 14 years of age or older, the child must consent to his/her adoption by the prospective adoptive parents.

Selecting adoption as a child's permanency goal is a Critical Decision. The Permanency Worker and Supervisor must discuss why other permanency options have been ruled out (list any barriers), and why adoption is considered to be in the best interests of this child. The Permanency Supervisor shall document the Critical Decision, including the reasons other permanency options were ruled out, in a supervisory note within 24 hours.

After making the Critical Decision, the Permanency Worker and Supervisor must request a legal screening with DCFS Regional Counsel within 10 business days, and must explain why return home is not in the best interest of this child, and why adoption is considered to be in the child's best interests.

After receiving approval at legal screening, the Permanency Worker and Child and Family Team shall meet within 10 business days to amend the Service Plan to include Outcomes and Action Steps that support a permanency goal of Adoption. If the Child and Family Team cannot meet within 10 business days, the Permanency Worker shall ensure that the Child and Family Team meeting is held as quickly as possible.

In addition, the Permanency Worker (or Adoption Specialist) shall take the following actions when gathering preadoptive placement information:

a) References

The Permanency Worker (or Adoption Specialist) shall interview community workers and others (e.g., mental health worker) who have worked with or have personal knowledge about the prospective adoptive family. At least three collateral contacts shall be made. These collateral contacts must be provided by at least one source in addition to the prospective adoptive parents or their immediate family. These collateral contacts should be interviewed to ascertain that there are no concerns regarding the prospective adoptive parent's ability to care for the child and to objectively ensure the accuracy of the information being provided. Should any concerns be noted, the Permanency Worker (or Adoption Specialist) shall address them with his/her supervisor.

b) Child's Current Functioning

The Adoption Specialist shall contact at least three collateral professionals who have contact with the child to gather information on the how child is doing (e.g., school, child's education (obtain current IEP) and service needs).

Required collateral contacts may include but are not limited to the following people

1) Teacher/School Personnel/Day Care Provider/0 to 3 provider (one is mandatory depending on the child's age);

2) Licensing worker (Mandatory if Licensed Provider);

3) Medical professional or service provider; or

4) Other person who has regular contact with the child.

Section 315.270 Guardianship

Permanency can be achieved through a guardianship placement with the child's current caregiver. "Guardianship" means a judicially created relationship between the child and legal guardian that is intended to be permanent and self-sustaining, as evidenced by the transfer to the legal guardian of the following parental rights with respect to the child: protection; education; care and control of the person; custody of the person; and decision making.

Instructions for making guardianship placements are set out in DCFS **Rule 302.410, Subsidized Guardianship (KinGap).**

Selecting guardianship as a child's permanency goal is a Critical Decision. The Permanency Worker and Supervisor must explain why other permanency options have been ruled out (list any barriers), and why guardianship is considered to be in the best interests of the child. The Permanency Supervisor shall document the Critical Decision, including the reasons other permanency options were ruled out, in a supervisory note within 24 hours.

After making the Critical Decision, the Permanency Worker and Supervisor must request a legal screening with DCFS Regional Counsel <u>within 10 business days</u>, and must explain why return home <u>and</u> adoption are not in the best interest of this child, and why guardianship is considered to be in the child's best interests.

After receiving approval at legal screening, the Permanency Worker and Child and Family Team shall meet <u>within 10 business days</u> to amend the Service Plan to include Outcomes and Action Steps that support a permanency goal of Legal Guardianship. If the Child and Family Team cannot meet within 10 business days, the Permanency Worker shall ensure that the Child and Family Team meeting is held as quickly as possible.

Section 315.280 Disrupted Trial Home Visit and Reunification

"Trial home visit" is the term used in federal regulations for situations in which children in DCFS custody or guardianship are returned home to their parents with DCFS guardianship continuing for a period of time (usually 6 months). Trial home visits typically occur in the DCFS downstate regions. (The Cook County Juvenile Court routinely discharges DCFS guardianship when ordering children returned home, authorizing DCFS/POS agency oversight via an order of protection or supervision.)

A new court finding of "reasonable efforts to prevent placement" and "contrary to the welfare of the child" are necessary when the child returns to care after an extended "trial home visit" of more than six months, even if the court continued DCFS guardianship of the child during the trial home visit period.

If the "trial home visit" lasts for more than 6 months without a court order specifically indicating the trial home visit is to last longer, federal regulations require that new findings must be made if those children reenter care. The child's removal must be treated as a new entry into foster care and eligibility for IV-E funds must be reestablished (i.e. a court hearing must be held to determine that reasonable efforts have been made to eliminate the necessity of this removal and that remaining in the home any longer is contrary to the child's welfare). Additionally, initial eligibility documents must be completed. The eligibility determination unit will need financial and deprivation information for the family as of the new entry date.

If the appropriate findings are not made when the child returns to substitute care, the child will no longer be eligible for Title IV-E funds.

Example: A child is placed in the home of parent and after 6 months an issue arises in the home prompting the Permanency Worker to remove the child. The case must be brought before the court for new findings of reasonable efforts and "immediate and urgent necessity" even though the Department retained guardianship. A new determination of Title IV-E eligibility will need to be made with new financial and removal information.

Section 315.285 Adoptive Placement Disruption and Adoption Dissolution

a) Public Policy

> *It is the public policy of this State to find permanency for children through adoption and to prevent placement disruptions, adoption dissolution, and secondary placement. Access to post-placement and post-adoption support services to provide support and resources for wards of the State, foster families, and adoptive families is essential to promote permanency. Public awareness of post-placement and post-adoption services and the ability of families to utilize effective services are essential to permanency.* [750 ILCS 50/18.9]

Definitions for "placement disruption", "secondary placement", "adoption dissolution" and "post-placement and post-adoption support services" are found in **Procedures 315.10, Definitions**.

The initial focus of a Placement Disruption or an Adoption Dissolution should be on the child. The Permanency Worker or Post Adoption Worker shall ensure the child's safety. The child may require immediate medical care when the Placement Disruption or Adoption Dissolution is the result of an incident, such as physical abuse or a fight. The Permanency Worker or Post Adoption Worker should determine if the child was examined and treated after the incident. If the child received medical treatment, the Permanency Worker or Post Adoption Worker shall ensure that recommended follow-up care is obtained.

When the Permanency Worker or Post Adoption Worker has reason to suspect that a child is being or has been abused or neglected, he/she shall obtain as much specific information as possible, including the name, address and whereabouts of the alleged victim and alleged perpetrator, and details about the incident. The Permanency Worker or Post Adoption Worker shall make a report to SCR. The Permanency Worker or Post Adoption Worker shall document the date and time the report was made in a contact note within 48 hours.

If the child is already in a Secondary Placement (e.g., home of relative of the adoptive parent/prospective adoptive parent), the Permanency Worker or Post Adoption Worker must observe the child and the Secondary Placement, and ensure the child is safe in the Secondary Placement.

b) Placement Disruption

Permanency Worker and Permanency Supervisor shall assess the viability of the adoptive placement and the results of that assessment should determine whether the family is offered services to try to save the placement.

The Permanency Worker shall ask the child (when verbal), outside the presence of the prospective adoptive parents and any of their family members, if the child trusts and feels safe with in prospective adoptive parents' home. If the child does not trust or feel safe with the family, the Permanency Worker shall discuss the child's concerns with the child and document the concerns. The Permanency Worker shall also ask the child to name the persons who are important to the child. Conversations with the child shall be documented in a contact note using the child's words within 48 hours.

If the child does not trust or feel safe with the prospective adoptive parents, the Permanency Worker and Permanency Supervisor shall convene a supervisory staffing to discuss the child's feelings, and determine and validate the child's concerns. The Permanency Supervisor shall make a Critical Decision regarding whether to pursue replacement of the child with the prospective adoptive parents and document the decision in a supervisory note within 24 hours.

If the Permanency Supervisor decides it is not in the child's best interests to pursue replacement with the prospective adoptive parents, the Permanency Worker shall must move immediately into the "permanency" mindset, and begin steps to locate an appropriate substitute care placement for the child.

c) Adoption Disruption

The Post Adoption Worker shall ensure the child is safe, and can remain safe, while serving the family.

When intervening in an Adoption Disruption, the Post Adoption Worker must be mindful that the "parent-child relationship" (between the adoptive parents and child) is still in full force and effect. This is true even if the child must reenter substitute care or is placed in a Secondary Placement (e.g., with a neighbor, relative or other fictive kin) by the adoptive parent.

The Post Adoption Worker should engage the adoptive parents in exploring available services and options, such as respite placement with a relative or fictive kin, that might prevent a disruption. The child should not reenter substitute care unless foster care placement is the only way to ensure the child's safety.

If the child is already in a Secondary Placement, the Post Adoption Worker must observe the child and the Secondary Placement, and ensure the child is safe in the Secondary Placement.

The focus of services and support to a child and family should be the same as with birth families. The Post Adoption Worker should not hold an adoptive parent to a higher standard than a birth family. Many adoptive families are committed to the child and are simply "lost" as to how to help the child. By offering guidance and post-adoption services, a Permanency Worker or Post Adoption Worker may be able to prevent a disruption.

Case Assignment. The Post Adoption Worker is responsible to complete the case opening documentation and contact the Case Assignment and Placement Unit (CAPU) for assignment to a Permanency Team when the child is not in protective custody.

When a child protection investigation is pending and the child is taken into protective custody, the Child Protection Specialist is responsible to complete the opening documentation and contact CAPU.

The Post Adoption Worker must attend the Handoff Staffing and provide a copy of all information in the subsidy file to the assigned Permanency Worker.

The Permanency Worker shall also review the child's prior service records. These records will allow immediate access to historical information needed to conduct a thorough assessment and, when necessary, begin permanency planning. The Post Adoption Worker should help the assigned Permanency Worker locate the child's prior service records by providing the Permanency Worker with the child's prior name and ID number.

To find an immediate placement for the child, the assigned Permanency Worker shall:

- Ask the adoptive parents or child, when appropriate, if there was a Post Permanency Sibling Contact Agreement. This Agreement may contain names and contact information for siblings and relatives/fictive kin of the child and other persons important to the child who asked to have continued contact after the adoption. The Permanency Worker should ask each person named in the Agreement if he/she may be willing to be a placement or supportive resource for the child.
- If any siblings in substitute care are listed, contact their caregivers.
- Review the child's closed case record to identify siblings currently in substitute care or in adoptive or other placements, as well as relatives and prior caregivers. The Permanency Worker shall contact these individuals, and adult caregivers for any minor siblings, to determine their willingness to serve as placement or other supportive resources for the child.
- Before the child/youth can be reconnected with his/her birth parents, the Permanency Worker must participate in a staffing with the Permanency Supervisor for a Critical Decision to seek reinstatement of parental rights. This staffing must include identification and assessment of clinical factors, and development of a plan of action for pursuing reconnection and reinstatement of parental rights.

The Permanency Worker or Post Adoption Worker may consider temporary placement with an adult sibling of the child, a sibling's family or a relative/fictive kin of the birth family who is willing to be a resource to the adoptive family while DCFS is providing services. The Permanency Worker or Post Adoption Worker must ensure the child, sibling and/or relative/fictive kin understand that a "return home" goal, in this instance, means "return to home of adoptive family."

Section 315.290 Death of Adoptive Parent or Legal Guardian

When a child's adoptive parent or legal guardian dies, it is important to acknowledge the trauma of this loss to the child. The child may be worried about how his parent's death will affect relationships with immediate and extended members and fictive kin of the adoptive parent's/legal guardian's family, how a sudden move will affect emotional ties with neighbors and friends, whether it will result in a change of schools, and impact other life domains.

a) Death of Adoptive Parent

If a Back Up Caregiver is designated on the **CFS 1800-U**, upon assuming care of the child, the Back Up Caregiver must contact the DCFS Post Adoption staff in his/her region to request a home study, background checks and development of a subsidy.

See Procedures 302.310(o), Dissolution of Adoption and Re-Adoption for additional instructions.

b) Death or Incapacity of Legal Guardian

If a Successor Guardian is named on the **CFS 1800-C-G, Subsidized Guardianship Agreement** or on a **CFS 1800-F, Amendment to Agreement for Assistance**, upon assuming care of the child, the Successor Guardian must contact the DCFS Post Adoption staff in his/her region to request a home study, background checks and development of a subsidy.

In State subsidized cases, a prospective legal guardian must be a relative or fictive kin and must have a valid foster family home license. The child must be placed in the relative's/fictive kin's home 6 months prior to the relative's/fictive kin's appointment as the new legal guardian.

If the child is 12 years of age or older, the prospective legal guardian is required to be a licensed foster parent, but is not required to be related/fictive kin to the child.

Section 315.295 Reinstatement of Parental Rights through Adoption

In very limited circumstances after an adoption of a child by a relative, the child's former parent ("the petitioner") may file a petition to adopt his/her former child. Section 14.5 of the Adoption Act [750 ILCS 50/14.5] requires all of the following preconditions to be met:

- the child was a DCFS ward who was adopted by a relative; <u>and</u>
- it is in the best interests of the child to go forward with the adoption; <u>and</u>
- the adoptive parent died without a "standby guardian or adoptive parent" and without listing a guardian in his/her will, OR the adoptive parent is ill and unable to parent and consents to the petitioner adopting and the petitioner wishes to adopt and meets the statutory criteria; <u>and</u>
- the petitioner files his/her petition for adoption before the child reenters DCFS care and becomes the subject of a juvenile court petition. (In other words, if the child comes back into DCFS custody or guardianship, the petitioner is not permitted to file a petition to adopt the child using the criteria in this Section of the Adoption Act.)

The Department will not provide any casework or other follow up services or visits if the adoption is granted.

A child's birth parent is NEVER eligible for Adoption Assistance.

a) When the petition is filed, the court will appoint DCFS to:

1) conduct an investigation and assess the petitioner's ability and willingness to provide adequate care and protection to child;

2) investigate the facts and circumstances of the past incidents that led to termination of parental rights; and

3) assess any concerns as to the child's safety, wellbeing or best interests if the petitioner is permitted to adopt.

b) The court order shall be forwarded to the Adoption Supervisor for the DCFS Region where the adoption petition is filed. (For adoptions filed in Cook County, the Adoption staff shall follow the procedures in Section III (B) of the **Circuit Court of Cook County, Administrative Order 2010-2.** This Administrative Order is available from the DCFS Office of Legal Services at the Cook County Juvenile Court.)

c) The Adoption Supervisor shall assign an Adoption Specialist to conduct the home study and prepare the written report to the court on the **CFS 411, Investigatory Report.** The Adoption Supervisor shall review and approve the home study and written report to the court, and document approval in a case note.

The Adoption Specialist shall obtain a signed **CFS 718-A**, **Authorization for Background Check for Foster Care and Adoption** form for the petitioner and each member of the household that is being checked, obtain the child's and family's case records from storage, review all court and case records involving the child and family, do a home study, obtain and review the child's current health records, and look for signs of other issues, such as past domestic violence that may affect the child's health, safety and wellbeing. This review shall include at a minimum the following:

1) Review DCFS/POS records and obtain current information about the family household to determine:

- reason for the child and family's involvement with DCFS, the child's removal from the home, and for termination of parental rights. Archive record requests must include the whole family and other members of the household, and must also include investigatory records, if those records are maintained separately;
- family's past history, current circumstances and recurrent issues;
- birth family dynamics;
- past or current incidents of domestic violence, substance abuse, criminal activity, etc.;

- level of involvement members of the household may have and how they will interact with the child;
- identify which household members will be in a caretaking role;
- intended sleeping arrangements for the child. Identify and view where in the home the petitioner and all members of the petitioner's household will sleep.

2) The Adoption Specialist shall interview community workers and others (e.g., mental health worker) who have worked with or have personal knowledge about the family. At least three collateral contacts shall be made. These collateral contacts should be interviewed to ascertain that there are no concerns regarding the petitioner's ability to care for the child and to objectively ensure the accuracy of the information being provided. Should any concerns be noted, the Adoption Specialist shall address them in the Investigatory Report.

3) The Adoption Specialist shall contact at least three collateral professionals who have contact with the child to gather information on the child's current functioning (e.g., how child is doing in school), the child's educational needs (obtain current IEP) and service needs.

Required collateral contacts may include, but are not limited to:

A) Teacher/School Personnel/Day Care Provider/0 to 3 provider (one is mandatory depending on the child's age);

B) Licensing worker (Mandatory if Licensed Provider);

C) Medical professional or service provider;

D) Other person who has regular contact with the child.

4) The Adoption Specialist shall conduct a CERAP as required in **Procedures 315.Appendix A, Child Endangerment Risk Assessment Protocol** or as ordered by the court.

5) The Adoption Specialist shall require the petitioner and all members of the petitioner's household to submit to Child Abuse/Neglect and fingerprint-based criminal background checks. The Adoption Specialist must obtain a signed **CFS 718-A**, **Authorization for Background Check for Foster Care and Adoption** form for the petitioner and every member of the household subject to a background check.

6) The Adoption Specialist shall document review of the following DCFS Rules and Procedures to ensure that returning the child to the petitioner's home is in the child's best interests and will promote the child's health, safety and wellbeing:

- **Rule 315.30, Best Interests Health and Safety of the Child;**
- **Rule 315.300, Evaluating Whether Children in Placement Should Be Returned Home;**
- **Rule 315.305, When Reunification Is Inappropriate**;
- **Procedures 315.15, Best Interests of the Child**; and
- **Procedures 315.195, Risk v. Safety: Can the Child Be Safely Returned Home**.

Section 315.300 Role of the Permanency Supervisor

The Permanency Supervisor plays a crucial role in attaining permanency for children by providing guidance and instruction of permanency staff throughout the life of the case. The duties and responsibilities of the Permanency Supervisor are comprehensive and extensive.

a) Supervisory Duties and Responsibilities

The primary duties and responsibilities of the Permanency Supervisor include, but are not limited to:

- Providing regular and on-going supervision, guidance and direction to each Permanency Worker under their supervision in planning, conducting, reviewing and coordinating activities during the life of each assigned case;

- Ensuring that each Permanency Worker's casework responsibilities are conducted as required by Department policies and State statutes and that all case contacts are documented within 48 hours, and other activities and documentation are completed within the allotted timeframes;

- Attending or participating in Child and Family Team Meetings for open service cases under their supervision. The Permanency Supervisor's attendance is <u>required</u> at the following Child and Family Team Meetings:

    - The 14-Day Child and Family Team Meeting (see **Procedures 315.110, The 14-Day Child and Family Team Meeting)**;

    - The 40-Day Child and Family Team Meeting (see **Procedures 315.115, The 40-Day Child and Family Team Meeting**);

    - Quarterly Child and Family Team Meetings: attendance is required twice per year at the Child and Family Team Meetings before each scheduled ACR when the permanency goal is return home. Attendance is required at other Quarterly Child and Family Team Meetings if requested by the Permanency Worker or team members to address a specific issue (see **Procedures 315.120, Quarterly Child and Family Team Meetings**); and

    - Reunification and After Care Child and Family and Team Meetings (see **Procedures 315.125, Reunification/After Care Planning Child and Family Team Meetings**);

- Ensuring that all children in an open service case or in substitute care are safe; and

- Serving as liaison with other disciplines, agencies and community resources;

b) Elements of Guidance and Supervision

The Permanency Supervisor must provide guidance and consultation for all Critical and clinical decisions. Examples include, but are not limited to:

- Ability to engage the child, parents, relatives and collateral contacts;
- Analyze and apply all available information to determine relevance in decision-making for child safety and service needs;
- On-going safety and the clinical nature of the family's situation must be discussed with the Permanency Worker throughout the life of the case;
- Ability to evaluate contradictory information whether observed and/or reported;
- Clearly and accurately communicate the rationale for casework and Critical Decisions, both verbally and in writing;
- Determine how a family's history is relevant to current observations and information;
- Assess safety and risk based upon the totality of available information and evidence;
- Determine if evidence and documentation gathered in the course of the service provision is factually based and consistent, whether additional evidence is still needed, how it can be obtained, and time frames for obtaining it;
- Revise decisions when there is verifiable evidence to the contrary; and
- Critically review and analyze all documentation in SACWIS and the hard-copy file prior to approving the Service Plan (including selection/recommendation of the permanency goal), and determining whether it is safe for a child to return home.

c) Service Referrals

The Permanency Supervisor shall ensure that the Permanency Worker provides each family with timely service referrals that support the permanency goal, or ensure the need for preventive services is assessed, which may include, but is not limited to the following:

- Educational services, including early education;
- Substance abuse assessment and treatment;
- Domestic violence services;
- Housing assistance;
- Mental Health services;
- Nursing referrals; or
- Other community services (e.g., Family Advocacy Center services, Safe Families, developmental services, transportation).

d) Documentation

Supervisory Conference notes shall:

- Be written and documented by Permanency Supervisor in a supervisory note;
- Be case specific and address family functioning and dynamics;
- Address the clinical and other steps the Permanency Worker needs to take to ensure the child's safety, permanency and well-being; and
- Be recorded within 48 hours after supervision. The only exception is for recording a Critical Decision, in which case the supervisory note shall be recorded within 24 hours.

e) Supervising Through Barriers to Permanency

Supervision can help eliminate barriers that may arise in individual cases. Permanency Workers should use the permanency planning tools outlined in Procedures 315 to identify and solve problems. Permanency Supervisors should help them to develop and use these tools as keys to permanency planning as well as strategies to overcome permanency barriers. Examples:

- **Engagement.** The Permanency Worker must stay engaged (or reengage) with the child, parents and caregivers. Consistent engagement throughout the planning process ensures each person understands the expectations placed on them. Listening to the child, parents and caregivers, and acknowledging their concerns, prevents misperceptions and misunderstandings. Often, the solution to a barrier becomes evident just by taking the time to ask, "Want do you want to happen?"
- **Child and Family Team**. Just by virtue of agreeing to be on the Child and Family Team, the individual team members are often already invested in helping to attain permanency for the child. One or more team members may be willing to seek, offer or create solutions to identified problems/barriers.
- **Family Finding**. When a child in care has no identified supports and connections, the Permanency Supervisor shall recommend "file mining" the child's and family's files to identify persons with whom the child or parents may have had a positive relationship. By looking for previous caregivers, teachers, neighbors, parents of former friends, etc., the Permanency Worker may be able to locate relatives or fictive kin who are willing to become invested in the child or family as a possible resource or support. For youth who are frequently running away to a friend's house, the worker should consider whether that friend, or one or more adults in the house, might meet the definition of fictive kin for placement purposes.
- **Building Lifelong Connections**. When relatives and fictive kin are identified, the Permanency Worker should encourage the child to contact them, build/reestablish relationships, and strengthen existing or previous relationships.

- **Reinstating Parental Rights.** For an older youth whose parental rights were terminated, who frequently runs away to "home of parent", the Permanency Worker and Supervisor should consider whether to reinstate parental rights. Reinstatement of parental rights permits a change in permanency goal to "return home" and allows DCFS or the POS agency to provide reunification services to the child and parents. For older youth who want to "go home", this pathway allows the worker to assist and supervise reengagement of the relationship between the child and parents.

- **"Try, Try Again."** It may be appropriate, after a passage of time, to try a second attempt of a previously unsuccessful intervention. The Permanency Worker should be encouraged to "try again", especially when the intervention is in line with the result the child or parent says they wish to attain. Similarly, when a barrier seems impossible to overcome, the Permanency Worker and Supervisor should ask themselves if there is anything they have not tried. The Supervisor may want to encourage the worker to "think outside the box" or to "think out loud" during supervision or a team meeting.

Section 315.305 Helping Permanency Workers Distinguish Between Risk and Safety

A **Safety Assessment** is the systematic collection of information on **threatening** family conditions and **current**, **significant, and clearly observable threats to the safety** of the child. The purpose is to determine the degree to which a child is likely to suffer maltreatment in the immediate future.

Risk Assessment is the ongoing collection and analysis of information to determine the degree to which key factors are present in a family situation that **increase the likelihood of future maltreatment** to a child.

The Permanency Supervisor shall ensure that each Permanency Worker can articulate and apply safety threat analysis and risk of future maltreatment in supervisory consultations and in the Permanency Worker's case documentation. During supervision, the Permanency Supervisor shall guide discussions of ongoing risk factors and their relationship to safety threats that are or may be present in each case.

When safety threats exist or have been controlled, the Permanency Supervisor should guide a discussion outlining the evidence of ongoing threats as well as information to support that threats have been addressed. This discussion should also consider the likelihood of future maltreatment. The Permanency Supervisor shall document the potential risk in a supervisory note. When risk to the child is deemed low, this information must also be discussed and documented in a supervisory note. Ultimately, a thorough discussion of risk and safety threats to involved children must occur in supervisory consultation and must be documented in supervisory and worker contact notes, as well as other supporting documentation such as Service Plans and court reports. **All Safety and Risk Assessments must be documented in SACWIS within 24 hours.**

If at any time, when asked by the Permanency Supervisor, a Permanency Worker is unable to adequately discuss active safety and risk threats to a child a specific case, the Permanency Supervisor shall direct the Permanency Worker to conduct a safety and risk assessment within 48 hours of the supervisory consultation.

Section 315.310 Supervision Milestones

Supervisory conferences shall occur at critical milestones throughout the life of the case and shall provide guidance and consultation for all Critical and clinical decisions. **In person supervision is required for supervisory conferences.**

Supervision shall occur at each of the following supervision milestones:

- At the Handoff Staffing;
- Upon receipt of a transferred case and prior to case transfer;
- Weekly during the first 45 days of a new case;
- Regular and on-going weekly supervision to the Permanency Worker for clinical guidance on cases and general support and direction (e.g., ensuring staff are aware of upcoming milestones and compliance timelines and to check in regularly and provide encouragement);
- Monthly thereafter (including After Care). The Permanency Supervisor must staff and provide direction on each case with the Permanency Worker at least monthly;
- Quarterly. Quarterly supervision must include a thorough file review, including a review of all safety threats, risk factors, and permanency and well-being needs of the child. A thorough permanency review must include a review of the primary permanency plan as well as the Concurrent Plan, Visitation and Contact Plans, and documentation of family finding in SACWIS and on the **CFS 458-B, Relative Resources and Positive Supports Worksheet**;
- Weekly in the following circumstances:
    - for children missing from placement;
    - when there is a pending hotline report on an open case;
    - when a child is placed in a shelter;
    - when a child is receiving care in a psychiatric hospital; and
    - to monitor a Safety Plan initiated by the Permanency Worker and Supervisor.
- At the juncture of every Critical Decision.

Supervision at these milestones should be considered the <u>minimum acceptable</u>. It is ultimately up to the professional judgment of the Permanency Supervisor to determine whether a case warrants more frequent supervision. In addition to these key milestones, supervision should be fluid throughout the life of the case. More frequent supervision may be required when circumstances warrant, and should reflect the complexity of a case along with the assigned Permanency Worker's skill level.

Section 315.315 Shelter Care Hearing, Handoff Staffing, Transitional Visit and Safety Plans

a) **Shelter Care Hearing.** The Permanency Supervisor shall ensure, when there is an assigned Permanency Worker, that the Permanency Worker, or a person assigned by the Permanency Supervisor if the Permanency Worker is unavailable, attends the shelter care hearing in court (see **Procedures 315.130(a)(1), Shelter Care Hearing**).

b) **Handoff Staffing.** The Permanency Supervisor shall attend and participate in the Handoff Staffing with the Permanency Worker, Child Protection Supervisor, and Child Protection Specialist (see **Procedures 315.130(a)(2), Handoff Staffing**). Once the case has been fully transferred from the Child Protection Specialist to the Permanency Worker, the Safety Assessment will be a collaborative assessment between the Permanency Worker and Child Protection Specialist until the completion of the child abuse/neglect report. The Permanency Worker shall review the Safety Assessment with the Permanency Supervisor at each supervisory conference.

Monitoring of an existing Safety Plan must be discussed in the Handoff Staffing. If any modifications are made at that time regarding monitoring of the Safety Plan, those modifications shall be documented in the investigative record and case record by respective supervisors.

c) **Transitional Visit.** The Permanency Supervisor shall ensure that the Transitional Visit is conducted <u>within 5 days after case assignment</u> and that the Permanency Worker plans the Transitional Visit to address all issues with the family (see **Procedures 315.130(a)(3), Transitional Visit**).

d) **Safety Plans.** Permanency Supervisors shall review, approve, and oversee monitoring of all Safety Plans initiated by Permanency staff. The Permanency Supervisor shall ensure that the Permanency Worker documents his/her rationale for determining a child as safe in the narrative section of the Child Endangerment Risk Assessment Protocol (see **Procedures 315.Appendix A, Child Endangerment Risk Assessment (CERAP)**).

The Permanency Supervisor must ensure the Permanency Worker monitors the Safety Plan as required in **Procedures 315.Appendix A**. The supervisory review shall include but not be limited to:

- Documentation that provides information on the dynamics of the family;
- Documentation of the participants' capacity and resources to fully comply with the Safety Plan;
- Ensuring the Safety Plan controls the present safety threats;
- Identifying and immediately addressing any inadequacy within the home or family dynamics that might threaten the safety of a child;
- The monitoring of the Safety Plan <u>every 5 days</u>;
- Ensuring all participants of the Safety Plan receive a copy of the written plan;
- Ensuring timely termination of the Safety Plan once the child is assessed as safe.

The supervisory review shall be documented within 48 hours in a supervisory note.

The Permanency Supervisor shall ensure that the Permanency Worker does not paraphrase instructions in the Safety Plan when the plan is entered in SACWIS. The Safety Plan shown in SACWIS must exactly match what is stated on the handwritten copy of the **CFS 1441-A, CERAP Safety Determination Form**.

The Permanency Supervisor shall also ensure that the parent/parents voluntary agreed to comply with the terms in the Safety Plan, and that the Safety Plan and terms have not been forced upon them. A Safety Plan should never be forced on a client. The family should be given a choice, even when they may not view it as a good choice, since the consequences may involve removal and placement of their child.

Section 315.320 Weekly Supervision During the First 45 Days of a New Case

The Permanency Supervisor shall hold weekly meetings with the Permanency Worker to discuss the status of each new case. During these meetings, the supervisor will review casework activities, efforts and results from family finding activities, ensure that parent-child and sibling visits and contact are occurring, identify upcoming court dates and staff any problems or issues that arise.

As the family finding required in **Procedures 315.60, Identifying, Searching for and Engaging Relatives** progresses, the Permanency Worker and Supervisor shall explore whether family members would be appropriate, willing and able to assist with supervision of or transportation to visits. If family members have indicated a willingness to have other forms of contact with the child (e.g., cards, phone calls, social media), the Permanency Supervisor shall ensure that the Permanency Worker has assessed the appropriateness of their request and included appropriate requests in the Visitation and Contact Plan. If family, religious or public holidays are approaching, the Permanency Worker and Supervisor shall also explore whether family members may be willing to include and supervise the child in those activities. The Permanency Supervisor shall ensure that Person Searches and LEADS/Sex Offender Registry checks are performed and updated for any relatives who are allowed to supervise the child, and that these checks are updated every 6 months.

The Permanency Supervisor shall ensure that the Permanency Worker files a Visitation and Contact Plan with the juvenile court within 10 days of protective custody, and this Plan has been shared with the parents, child, caregivers, and Guardian ad Litem.

The Permanency Supervisor shall ensure that the Permanency Worker is prepared, at the 40-day Child and Family Team Meeting, to discuss requirements for the initial Service Plan, Visitation and Contact Plan and Concurrent Plan with the members of the Team. When necessary, the Permanency Supervisor shall assist in making a full disclosure to the parents of the consequences of failure to cooperate with the Permanency Worker and noncompliance with their Service Plan and any existing Safety Plans.

Section 315.325 Monthly Supervisory Conferences

The purpose of monthly supervision is to review status and progress of the case during the most recent 30 days. Monthly Supervisory Conferences will focus, at a minimum, on the child's safety, permanency and well-being. The supervisor will review casework activities, efforts and results from continued family finding activities required in **Procedures 315.60, Identifying, Searching for and Engaging Relatives**, ensure that parent-child and sibling visits and contact are occurring, and staff any problems or issues that arise.

The checklist of specific components for the Monthly Supervisory Conference is set out in **Procedures 315.Appendix B, Monthly Supervision Conference Checklist**. The Permanency Supervisor shall document Monthly Supervisory Conferences in a supervisory note.

In each month that Quarterly Supervision is required, that month's Quarterly Supervisory Conference shall also count as the Monthly Supervisory Conference.

Section 315.330 Quarterly Supervisory Conferences

The purpose of quarterly supervision is to review status and progress of the case during the most recent 90 days. Quarterly Supervisory Conferences will focus, at a minimum, on the child's safety, permanency and well-being, and the efforts and the progress made by the parents toward attaining the permanency goal and achieving the Outcomes identified in the Service Plan.

The Supervisor shall:

- conduct a thorough review of the case record (both the paper and electronic/SACWIS files) to ensure the following are present:
    - **CFS 680, Child Identification Form** and recent child photographs and fingerprints;
    - **CFS 906-E, Placement/Payment Authorization Forms** for the child's current placement, and any respite or placement changes that occurred since the previous Quarterly Supervisory Conference;
    - Medical and dental consent forms;
    - Consents for release of information;
    - Provider quarterly reports; and
    - Permanency planning checklists.
- review casework activities and the frequency of worker visits and contacts with the child and family;
- review efforts and results from continued family finding activities (required in **Procedures 315.60, Identifying, Searching for and Engaging Relatives)**;
- ensure that parent-child and sibling visits and contact are occurring;
- ensure Child and Family Team Meetings are occurring; and
- staff any problems or issues that arise.

The checklist of specific components for the Quarterly Supervisory Conference is set out in **Procedures 315.Appendix C, Quarterly Supervision Conference Checklist**. The Permanency Supervisor shall document Quarterly Supervisory Conferences in a supervisory note.

Section 315.335 Critical Decisions

These Supervisory Conferences are special supervisory sessions that are specific to one issue or topic: the review of any Critical Decision that needs to be made. Whenever possible, these Critical Decision supervisory conferences shall coincide with a Child and Family Team Meeting, so that the Permanency Supervisor can consider the concerns of team members and explain the Critical Decision.

The Critical Decisions that must be decided by the Permanency Supervisor are set out in **Procedures 315.45, Critical Decisions**. When asked to make a Critical Decision, the Permanency Supervisor must review and assess:

- the risk v. benefit to the child;
- the best interests of the child;
- applicable Rules, Procedures and/or laws that address the subject matter of the Critical Decision;
- any documentation in the case record that addresses the subject matter of the Critical Decision, such as the visitation supervisor's reports if increased/decreased visitation is the issue. Because the situation is critical, not chronic, some documentation may not be available; and
- the totality of the situation, including statements made by the child or provider that precipitate a Critical Decision.

The Permanency Supervisor shall document the Critical Decision, and the rationale for the decision, in a supervisory note. Supervisory notes for Critical Decisions shall be recorded within 24 hours.

The Permanency Worker shall notify the parents, child and the child's GAL of the Critical Decision on the **CFS 151, Notice of Decision**.

Additional Contacts and Documentation Required for Critical Decisions in Certain Cook County Cases. Decisions by Permanency Workers and Supervisors to return a child home or seek termination of parental rights are usually relayed to the Cook County Juvenile Court via submission of the Service Plan. However, between scheduled court dates, the **CFS 151-G, Notice of Critical Decision** provides an avenue for transmitting this information to Regional Counsel in Cook County, who, in turn, can bring the information to the Juvenile Court in a timely manner. This process avoids delays between notice of the Critical Decision to the parents and others and transmittal of the decision to the Juvenile Court.

When a Permanency Supervisor approves a Critical Decision to return a child home or seek termination of parental rights, the Permanency Supervisor or Permanency Worker shall contact the Cook County Regional Counsel for the courtroom in which the case is assigned within 10 business days. The Permanency Supervisor or Permanency Worker shall provide the Regional Counsel with the following case information:

- The names and docket numbers of children for which return home or termination of parental rights is being recommended;
- The names, docket numbers and current court dispositions of all children in the family who are currently involved in the court system;
- The next court date;
- The facts that brought the case to court; and
- The facts supporting a change in the permanency goal.

The Regional Counsel will evaluate this information, along with other relevant documents, to determine if there is sufficient legal evidence to file a Motion for a Permanency Planning Hearing.

If there is sufficient legal evidence, a motion will be filed and the Regional Counsel shall notify the Permanency Supervisor or Permanency Worker of the date on which the court will hear the motion.

If there is not sufficient legal evidence, a motion will not be filed. The Regional Counsel shall contact the Permanency Supervisor and explain why a motion was not filed.

Section 315.340 After Care and Case Closure

a) After Care Supervisory Conference

After Care describes both of the following reunification situations:

Cook County: the court returns the child home with a protective order for a period of time (usually 6 months). DCFS does not retain custody or guardianship of the child; or

Downstate: the court returns the child to the custody of the parents, with DCFS retaining guardianship of the child.

After Care supervision with the Permanency Worker shall include discussion of any identified safety threats as well as potential risk factors in the case. Additionally, the Permanency Supervisor shall guide the conversation around the family's ability to <u>sustain their progress</u> based on identified strengths and needs, and ongoing assessment of the family until final case closure.

After Care supervision should include a discussion of family supports and the family's level of protective capacity based on the following protective factors:

- Parental Resilience - *Being Strong and Flexible*
- Social Connections - *Parents Need Friends*
- Concrete Supports in times of Need - *Everybody Needs Help Sometimes*
- Knowledge of Parenting and Child Development - *Being a Parent is Part Natural and Part Learned*
- Social and Emotional Competence of Children - *Parents Need to Help Their Children Communicate*
- Healthy Parent-Child Relationships - *Give Your Children the Love and Respect they Need*

The checklist of specific components for the After Care Supervisory Conference is set out in **Procedures 315.Appendix D, After Care Supervision Checklist**. The Permanency Supervisor shall document the After Care Supervisory Conference in a supervisory note.

b) Final Supervisory Conference

The Permanency Worker and Permanency Supervisor shall meet for a final supervisory conference within 30 days prior to case closing. The Final Supervisory Conference shall include, but is not limited to:

- A decision that the recommended case closing is consistent with the information contained in the case record;
- Confirmation that all required case activities have been met;
- Ensuring that the case record contains all required reports and documentation;
- Discussion of the family's need for services or referral to community-based services.

The Permanency Supervisor shall document the Final Supervisory Conference in a supervisory note.

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APPENDIX A – CHILD ENDANGERMENT RISK ASSESSMENT

a) Requirements for Use of the Child Endangerment Risk Assessment Protocol

The **Child Endangerment Risk Assessment Protocol** (CERAP) safety assessment is used within the larger protocols of CPI and CWS practice. It is a "life-of-the case" protocol designed to provide workers with a mechanism for quickly assessing the potential for moderate to severe harm immediately or in the near future and for taking quick action to protect children. Workers utilize the protocol to help focus their decision-making to determine whether a child is safe in their home environment and, if unsafe, deciding what measures or actions must be taken to ensure the safety of the child. Even if a child is not in the home, e.g., if a child victim is in a hospital, the CERAP safety assessment is to be based on the child's return home. The major steps that are required to apply the protocol include an assessment and analysis of the safety threats, the completion of the **CERAP** and implementation and monitoring of **the CFS 1441-A, Safety Plan,** when necessary. The **CFS 1441-A (Safety Plan)** is a carbonized form intended to be completed by the investigator or worker in the home with copies left with the primary caregiver and the person most responsible for carrying out the safety plan, if different than the child's primary caregiver.

Department staff and contracted private agency staff are required to utilize the Child Endangerment Risk Assessment Protocol (CERAP) at the specified time frames and at any other time when the worker believes that a child may be unsafe.

1) CERAP is a **familial assessment only**; it is **not** completed during the investigation of facility reports, i.e., investigations involving foster homes, residential facilities, schools, or day care facilities.

2) Any child safety threats identified as the result of the CERAP must be incorporated into the SACWIS Family Service Plan.

b) Definitions

"Severity of the Behavior/Condition" means the likely degree of harm involved children are subjected to by a behavior/condition that is the responsibility of a caregiver. This degree of harm can range from low to moderate to severe.

"**Moderate to Severe Harm**" means a serious threat of danger to a child's life or health, impairment to his or her physical or mental well-being, or disfigurement.

"Immediately or in the Near Future" means that an incident can occur now or in the very near future i.e., before the next time department or contracted child welfare staff see a child, if **no** protective action is taken to ensure the child's safety.

"Child Vulnerability" means any characteristic, condition, or behavior affecting a child that substantially increases the child's susceptibility to the dangerous behavior of a caregiver or a dangerous condition within the home.

"History" means any known or credibly alleged previous or on-going examples of an identified dangerous behavior/condition for which a caregiver is responsible.

"Mitigation" means family strengths or action taken by caregivers **on their own initiative** (i.e., not instigated by Department staff) that keeps children safe from identified safety threats.

"Paramour" means a current or ex-boyfriend or girlfriend who has been or may be or is in a care-taking role. The paramour may or may not be residing within the family unit. Paramour involved families may be identified at the time of intake, during a child abuse or neglect investigation or anytime during the life of an open service case.

Note: A putative father would fall under the definition of paramour.

"Prevention Services"(formerly **Child Welfare Intake Evaluation)** means non-investigatory services directed to preserving families where children remain in their home without a threat to their safety. Prevention services can take the form of providing families with neighborhood/community linkages and advocacy services on a voluntary/self referral basis. They also may include, but are not limited to, court ordered services such as assessments and visitation orders from Marriage and Dissolution court.

"**Safe**" means that, after considering all reasonably available information/evidence concerning the presence of each of the 16 potential safety threats, and taking into account the vulnerability of the child, and considering the caregiver(s)'s displayed ability/action to mitigate any identified threats, it is determined that a child in a household or in custodial care is <u>not</u> likely to be moderately or severely harmed immediately or in the near future.

"**Safety Plan**" means a voluntary, temporary, short-term plan designed to control serious and immediate threats to children's safety as a result of an unsafe finding on the CERAP. Safety Plans can take a variety of forms and are developed with the input and voluntary consent of the children's legal caregivers and other family members. Safety plans are typically short term environmental manipulations to ensure child safety; they are not interventions designed to change behaviors over the long term.

Note: Safety Plans are not completed during investigations of foster homes, residential facilities, schools or day care facilities. When there is a formal investigation in these facilities, and the alleged perpetrator is a household member or another person in the facility, children are then protected by the implementation a protective plan, per **Procedure 383**

The **CFS 1441-A (Safety Plan)** is a carbonized form intended to be completed by the investigator or worker in the home with copies left with the primary caregiver and the person most responsible for carrying out the safety plan, if different than the child's primary caregiver.

"Unsafe" means that, after considering all reasonably available information/evidence concerning the presence of each of the 16 potential safety threats, and taking into account the vulnerability of the child, and considering the caregiver(s)'s displayed ability/action to mitigate any identified threats, it is determined that a child in a household or in custodial care is likely to be moderately or severely harmed immediately or in the near future. In the event a child is considered Unsafe, a safety plan or protective custody **must** be implemented by the worker completing the CERAP, and approved by the supervisor.

c) Safety Concepts

The Child Endangerment Risk Assessment Protocol (CERAP) is a process whose purpose is to identify the likelihood of moderate to severe harm, i.e. safety threats, in the immediate future. When immediate risk to a child's safety is identified, the protocol requires that action be taken, such as the implementation of a safety plan or protective custody. Identified safety threats and the safety plan to control them must be documented in SACWIS and the **CFS 1441-A, Safety Plan**.

Safety threats are restricted to the essential criteria of immediacy and severity or potential degree of harm. Since risk allows a broader concept for evaluation of the family, safety threats are depicted within the broader meaning of risk. The purpose of the broader area of risk is not control, but rather to decrease the risk of future maltreatment and resolve problems that cause risk. Safety threats must be controlled and risk factors may be resolved or reduced.

The primary purpose of the CERAP is to immediately control the situation to prevent harm from occurring in the short-term. The primary purpose of risk assessment is to reduce or resolve the problems that lead to risk. Safety and risk both require intervention in order to prevent harm, however safety must always be assessed quickly, while risk may be assessed over a longer period of time.

Safety and risk are different in two important ways:

1) Time Element:

- Safety considers danger of harm now or in the very near future.
- Risk considers a longer-term threat, e.g. a child may be at risk months into the future.

2) Potential Degree or Severity of Harm:

- Safety is concerned with the potential for moderate to severe harm.
- Risk is concerned with the full range of severity of harm, i.e., from low to severe.

d) Instructions for Completing the CERAP

1) Identifying Information:

Enter the case name, the date of the SCR report, agency name, region/team/office or region/site/field, date of current assessment, date of certification, the name and ID of the investigator or worker completing the assessment, and the SCR/CYCIS number, if applicable.

2) Milestones: When the Protocol Must Be Completed Within Each Specialty

Indicate the activity and the milestone in relation to which the CERAP is being completed as follows:

A) **Child Protection Investigation** The CERAP safety assessment must be conducted on the child's home environment, at a minimum, at the following case milestones:

i) Within 24 hours after the investigator first sees the child.

ii) Whenever evidence or circumstance suggests that a child's safety may be in jeopardy.

iii) Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted considering the child's safety status as if there was no safety plan, (i.e., would the child be safe **without** the safety plan?).

iv) At the conclusion of the formal investigation, unless temporary custody is granted or there is an open intact case or assigned caseworker. The safety of all children in the home, including alleged victims and non-involved children, must be assessed.

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation in a contact note as to what changed in order to eliminate the Safety Threat.

B) **Prevention Service (formerly Child Welfare Intake Evaluation)** CERAP safety assessments must be conducted on the child's home environment when the assigned worker makes contact with the family, at a minimum, at the following case milestones:

i) Within 24 hours of seeing the children, but no later than 5 working days after assignment of a Prevention Services referral.

ii) Before formally closing the Prevention Services referral, if the case is open for more than 30 calendar days

iii) Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

If any safety threat is marked "Yes" on the CERAP safety assessment, the Prevention Services worker should call the State Central Register (SCR) hotline.

C) **Intact Family Services** CERAP safety assessments must be conducted on the child's home environment, at a minimum, at the following case milestones:

i) Within 5 working days after initial case assignment and upon any and all subsequent case transfers. **Note**: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for CERAP safety assessment and safety planning until the investigation is complete. When the investigation is complete and approved, the assigned intact worker has 5 work days to complete a new CERAP;

ii) Every 90 calendar days from the case opening date;

iii) When evidence or circumstances suggest that a child's safety may be in jeopardy;

iv) Every 5 working days following the determination that any child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted as if there was no safety plan (i.e., would the child be safe **without** the safety plan?).

v) Within 5 calendar days of a supervisory approved case closure.

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation in a contact note as to what changed in order to eliminate the Safety Threat.

D) **Placement Cases** For cases with a reunification goal, CERAP safety assessments must be conducted considering children's safety as if they are to be returned to the caregivers from whom they were removed. At a minimum, the safety of children placed in substitute care must be assessed at the following case milestones:

i) Within 5 working days after a worker receives a new or transferred case, **when there are other children in the home of origin.**

ii) Every 90 calendar days from the case opening date.

iii) When considering the commencement of unsupervised visits in the home of the parent or guardian.

iv) Within 24 hours prior to returning a child home.

v) When a new child is added to a family with a child in care.

vi) Within 5 working days after a child is returned home and every month thereafter until the family case is closed.

vii) Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation in a contact note as to what changed in order to eliminate the Safety Threat.

E) Clarifications Regarding Who Is Included in the CERAP Safety Assessment: At the initial CERAP safety assessment conducted during the child abuse and neglect investigation:

- All alleged child victims must be seen and, if verbal, interviewed out of the presence of the caregiver and alleged perpetrator.

- All other children residing in the home must be seen prior to the conclusion of the formal investigation, and, if verbal, interviewed out of the presence of the caregiver and alleged perpetrator.

- Non-involved children who are present during the initial CERAP safety assessment are to be included in the assessment.

- All adult members of the household and anyone listed as a case member shall be included in the CERAP safety assessment, to consider what effects they have on the children's safety.

If a child, caregiver, paramour or member of the household has not been included in the assessment, list who they are and why they were not assessed. When one of these members is assessed and the assessment changes the results of the current assessment, a new CERAP safety assessment must be completed. If the assessment does not change, the worker shall indicate this by opening the "Reason not Assessed" drop down box in the Members tab and returning it to no selection made (blank). The supervisor shall approve the addition of the participant.

If any change in the safety status of any child has been identified at any time, a new CERAP safety assessment must be completed.

e) STEPS FOR COMPLETING THE CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL

Safety Threat Assessment

Safety threats are behaviors or conditions that may be associated with a child or children being in danger of moderate to severe harm immediately or in the near future**.** All children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caregiver and alleged perpetrator, if possible. When completing the CERAP, consider the effect any adult or other member of the household could have on a child's safety. Identify the presence of each threat by checking "Yes" on the **CERAP,** which is defined as there is **"clear evidence or other cause for concern."**

The simple presence of any one of the below listed behaviors and/or conditions does not, in and of itself, mean that a child should be determined to be unsafe. When considering the listed behaviors and/or conditions, the following criteria must be considered when assessing the presence of a safety threat:

1) **Child Vulnerability:** Each safety threat must be considered from the perspective of the threat it poses for **the particular children involved.** Some children are more vulnerable than others. Factors that influence a child's vulnerability include, but **are not limited to**:

- Younger children who lack good verbal skills, in particular, non-verbal children.
- Children affected by developmental disabilities/deficits.
- Children who have serious medical problems.
- Children who exhibit psychological, emotional, or behavioral problems.

2) **Severity of the Behavior/Condition:** Severity of a safety threat must be considered within the context of the other safety threat criteria, child vulnerability and the history of safety threats. Severity may refer to the degree or extent of an alleged maltreatment incident e.g., a child with multiple and/or serious injuries or it may refer to the degree to which a caregiver's behavior threatens child safety, e.g., a caregiver whose substance abuse is severe enough to threaten child safety. Severity is concerned with the degree of potential for harm given the behavior.

3) **History:** A safety threat must be considered in the context of any known or alleged previous examples of safety threats. Anecdotal reports about safety threats must be considered, but attempts must be made to verify the information with credible sources. Chronic safety threats must be assessed as posing greater danger to children. Any prior child abuse/neglect history and/or criminal arrest and conviction records, if available, must be evaluated and taken into consideration with respect to child safety.

When there are no safety threats that were checked "YES", the worker is to summarize the available information which indicates that no child is likely to be in immediate danger of moderate to severe harm.

4) **Safety Threat Identification**

Once a safety threat has determined that a child is not safe, identify:

- All children affected.
- The caregiver(s) responsible for creating or allowing the safety threat.
- The source of information identifying the safety threat.

f) CERAP safety assessment threats are listed below with examples to illustrate each of the 16 threats.

Safety Threats-

1) A caregiver, paramour or member of the household whose behavior is, or has been, violent and/or out of control. Examples of such behavior include, but are not limited to:

- A documented or credibly alleged history of violent activity, the nature of which constitutes a threat to a child.
- Hostile physical or verbal outbursts directed at a child.
- Behavior that indicates a serious lack of self-control, e.g., acting reckless, unstable, a volatile or explosive temperament towards a child.

2) A caregiver, paramour or member of a household suspected of abuse or neglect that resulted in moderate to severe harm to a child or who has made a plausible threat of such harm to a child. Examples of such include, but are not limited to:

- Any caregiver who may have caused or allowed moderate to severe injury to a child.
- A child who has injuries and reasonable information suggests that they may be non-accidental.
- An infant with an unexplained injury.
- Direct or indirect threats, that are believable, to cause harm to a child.
- Plans to retaliate against a child for causing or cooperating with a CPS investigation.
- Torture or excessive physical force or punishment.

3) A caregiver, paramour or member of the household who has a documented history of perpetrating child abuse/neglect or any person for whom there is a reasonable cause to believe that he/she previously abused or neglected a child. The severity of that maltreatment, coupled with the caregiver's failure to protect, suggests that child safety may be an urgent and immediate concern. Examples of such include, but are not limited to:

- Previous abuse or neglect that was serious enough to cause or could have caused moderate to sever harm.
- A caregiver is known to have retaliated or threatened retaliation against a child.
- An escalating pattern of maltreatment.
- A caregiver who does not acknowledge or take responsibility for prior moderate to severe harm inflicted to a child or tries to explain away prior incidents of moderate to severe harm.
- Unreported, but credible, anecdotal accounts of prior maltreatment.

- Efforts to conceal evidence of moderate to severe harm, e.g., child required to wear long pants, long sleeved shirts to conceal bruises or other marks or caregiver applies makeup to conceal marks.

4) Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern. Examples of such include, but are not limited to:

- A child forced or encouraged to engage in sexual performance or activity, including, e.g., sexually gratifying a caregiver or others.
- A possible or confirmed perpetrator who continues to have access to a child.
- The caregiver does not believe or support the allegations of sexual abuse made by a child.
- The child is allowed or forced to watch or read pornographic materials.

5) A caregiver, paramour or member of the household is hiding the child, refuses access, or there is some indication that a caregiver may flee with the child. Examples of such include, but are not limited to:

- A family has previously fled in response to a CPS or police investigation.
- A family has removed child from a hospital against medical advice.
- A family has history of keeping a child at home and/or away from peers, school or other outsiders for extended periods.
- The family says they may flee or it appears as they are preparing to flee.

6) Child is fearful of his/her home situation because of the people living in or frequenting the home. Examples of such include, but are not limited to:

- A child cries, cowers, cringes, trembles or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
- A child exhibits severe anxiety (e.g., nightmares, insomnia) that appears to be associated with someone in the home.
- A child has reason to expect retribution or retaliation from caregivers.
- A child is isolated from extended family members or others with whom the child feels safe.

7) A caregiver, paramour, or member of the household describes or acts toward the child in a predominantly negative manner. Examples of such include, but are not limited to:

- Describing a child in demeaning or degrading terms, such as evil, stupid, ugly, a liar, a thief, etc.
- Cursing at a child in a demeaning, degrading, and/or hostile manner.
- Using a particular child as a scapegoat.

8) A caregiver, paramour, or member of the household has dangerously unrealistic expectations for the child. Examples of such include, but are not limited to:

- The child is expected to perform or act in a way that is impossible or improbable for the child's age, e.g., babies and toddlers expected not to cry or to be still for extended periods; young children to be toilet trained, eat neatly or take responsibility beyond their years.
- Appearing to interpret child's non-compliance as defiance of caregiver/paramour's authority.
- Punishment is imposed that is beyond the ability of a child at that age to endure.

9) A caregiver, paramour or member of the household expresses credible fear that he/she may cause moderate to severe harm to a child. An example of such behavior includes, but is not limited to:

- A father who reports he is going to physically harm his teen-aged son because the child's behavior is out of control.
- A parent who reports she intends to drop her child out of a 2nd story window.

10) A caregiver, paramour or member of the household has not, will not, or is unable to provide sufficient supervision to protect a child from potentially moderate to severe harm. Examples of such behavior include, but are not limited to:

- The caregiver places a child in situations that are likely to require judgment or actions greater than the child's level of maturity, physical condition, and/or mental abilities. e.g., although caregiver present, child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge or be exposed to other serious hazards.
- A caregiver leaving a child alone longer than would be safe, given the child's age and developmental state.
- A caregiver makes inadequate or inappropriate child care arrangements or demonstrates very poor planning for a child's care, e.g., a two-year old who is left home alone, a seven-year old who is left to care for his one and two-year old sisters.

11) A caregiver, paramour or member of the household refuses to or is unable to meet a child's medical or mental health care needs and such lack of care may result in moderate to severe harm to the child. Examples include, but are not limited to:

- A caregiver failing to seek treatment for a child's immediate and dangerous medical or mental health condition.

- A caregiver does not follow prescribed treatment for any serious medical or mental health condition.

12) A caregiver, paramour or member of the household refuses to or is unable to meet the child's need for food, clothing, shelter, and/or appropriate environmental living conditions. Examples of such include, but are not limited to:

- A child denied food and/or drink on a consistent or ongoing basis; or
- A child appearing malnourished.
- A child without adequate warm clothing in cold months or adequate housing or emergency shelter.
- A gas leak from a stove or furnace, peeling lead-based paint accessible to a child, or hot water/steam leaks from radiators.
- Dangerous substances or objects stored in unlocked lower shelves, cabinets, under a sink.
- A significant amount of raw garbage in the household that has not been disposed of properly.

13) A caregiver, paramour or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect or care for the child. An example of such behavior includes, but is not limited to;

- A caregiver, paramour or household member whose substance abuse significantly impairs their ability, or is likely to impair their ability, to provide care for a child.
- A caregiver, paramour or household member's substance abuse would cause them to inflict moderate to severe harm to a child or allow a child to come to moderate to severe harm.
- A caregiver, paramour or household member's substance abuse extends to selling and or manufacturing drugs while a child is present or in proximity.

14) A caregiver, paramour or member of the household whose alleged or observed mental/physical illness or developmental disability may seriously impair or affect his/her ability to provide care for a child. Examples of such include, but are not limited to:

- A caregiver who hears voices telling them to harm a child.
- A child who has become a part of their caregiver's delusional system.
- A caregiver's behavior that seems out of touch with reality and/or is extremely irrational.
- A caregiver lacking the physical or intellectual capacity to safely care for a child.
- A caregiver who is not able and/or willing to engage in needed supports such as medications or mental health services, resulting in harm to a child or likely harm to a child.

15) The presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection of a child from moderate to severe harm. Examples of such include, but are not limited to:

- A domestic violence abuser who exhibits controlling behaviors.
- A domestic violence abuser who has stalked the caregiver and/or child.
- A domestic violence abuser who has threatened to kill or harm the caregiver and/or child.
- A domestic violence abuser who recently displayed a violent outburst that resulted in injury or threat of injury to a child or the caregiver while child was in his/her care.
- A caregiver who is unable to provide basic care and supervision for a child due to an injury or incapacitating condition, forced isolation or other controlling behavior forced upon them by an a domestic violence abuser.
- A caregiver forced under threat of harm to participate in or witness moderate to severe harm of a child and/or a child being forced under threat of moderate to severe harm to witness or participate in the abuse of the caregiver.
- A caregiver or child who has injuries the caregiver denies were inflicted by a domestic violence abuser, despite evidence to the contrary.
- A caregiver with a history of abusing a child after incidents of domestic violence in which the caregiver was the victim.

16) A caregiver, paramour, member of the household or other person responsible for the child's welfare engaged in or credibly alleged to be engaged in human trafficking poses a safety threat of moderate to severe harm to any child in the home. Examples of such safety threats include, but are not limited to:

- Any caregiver who causes or allows a child to be coerced to perform labor.
- Any caregiver causing or allowing a child to be used for domestic servitude or peonage (labor provided to settle a debt).
- Any caregiver who causes or allows a child to be used for commercial sexual exploitation, i.e., prostitution, the production of pornography or for sexually explicit performance.
- Any caregiver who exposes a child to an environment or set of circumstances that places them at risk of being harmed or exploited, in a manner consistent with the definition of human trafficking.

Safety Threat Description

When safety threats have been identified, describe how the particular threat relates to specific individuals, behaviors, conditions and circumstances.

Note: When **No** safety threats have been identified, indicate the CERAP is Safe. When one or more safety threats have been identified, complete the section entitled Family Strengths Mitigating Circumstances.

Family Strengths/Mitigating Circumstances

Most often when a safety threat has been identified as present, children must be assessed as unsafe.

When families are themselves able to control behaviors or conditions that would otherwise render their children unsafe, the safety threat is mitigated.

In order for a family strength or action to constitute mitigation, it must take place ***on the initiative of family members*** and ***not*** at the suggestion or instigation of the Department. When the Department suggests or instigates an action in response to an identified safety threat, the action is part of a safety plan.

For each safety threat checked "yes" in Section 1, describe in detail any family strengths or actions that mitigate the identified behavior/condition. If one or more safety threats have been identified and **all** identified safety threats are adequately controlled by family strengths or actions, all involved children must be assessed as safe**.** Identify family members and others responsible for assuring that each mitigating action or circumstance occurs/continues.

Safety threats may be mitigated when:

1) **Caregivers, acting on their own initiative, take reasonable action(s) to correct dangerous behaviors/conditions.** For example, a family may move in with relatives while dangerous conditions in the home are corrected.

2) **There is an adult caregiver residing in the home who is willing and able to control the identified behavior/condition.** This may be a parent, relative, or other adult who is present in the home (who is not the source of the safety threat) *whenever* affected children are there. In order for a caregiver to be deemed willing and able to control an identified safety factor, he/she must:

   - Demonstrate an understanding of the identified safety threat(s) and the need for protection.
   - Believe that maltreatment may have occurred, is serious, and that the alleged perpetrator(s) may have been responsible.
   - Believably express a willingness and commitment to act to protect all involved children and has not demonstrated an unwillingness or lack of commitment to act to protect all involved children in the past.
   - Believably express a willingness to communicate with Department staff about the family's situation with particular regard to identified safety threats.
   - Display the physical, intellectual, and emotional capacity to ensure the child(ren)'s protection.

3) **The caregiver(s) responsible for the safety threat are removed from the home.** In order to be considered mitigation, this action must be done *on the initiative of the family*. The absence of an alleged perpetrator because of outside intervention (i.e., arrest) does not constitute *initiative of the family* unless they actively sought law enforcement intervention. As an example of *initiative*, a mother may obtain an order of protection requiring that a violent father leave the home, a substance abusing parent may enter inpatient substance abuse treatment without the intervention of the Department.

When safety threats are mitigated, the assigned worker, in consultation with his or her supervisor, shall ensure the mitigated circumstances remain mitigated through the course of his or her work while assigned to the case. Facts supporting mitigation must be verified and cannot be based solely on self-report. If a safety threat is no longer able to be mitigated, this change in status would require the completion of a new CERAP.

g) Children, Caregivers, Paramours or Members of the Household Who Were Not Assessed and the Reasons Why

If a child, caregiver, paramour or member of the household has not been included in the assessment, list who they are and why they were not assessed. When one of these members is assessed and the assessment changes the results of the current assessment, a new CERAP safety assessment must be completed. If the assessment does not change, the worker shall indicate this by opening the "Reason not Assessed" drop down box in the Members tab and returning it to no selection made (blank). The supervisor shall approve the addition of the participant.

If any change in the safety status of any child has been identified at any time, a new assessment must be completed.

h) <u>Critical Decisions</u>

CERAP/Safety Decisions - Identify the safety decision as safe or unsafe based upon the assessment of all safety threats and any pertinent mitigating family strengths and/or actions. **This decision requires supervisory consultation via phone at the time of assessment.**

1) If **no** safety threats are identified, all involved children **must** be assessed as safe.

2) If one or more safety threats have been identified and **all** identified safety threats are adequately controlled by family strengths or actions, all involved children must be assessed as safe**. The fact that a child might be safe is independent from the decision regarding whether the allegation is indicated or not. A child may be safe from further abuse at the hands of a removed perpetrator, but that does not negate the fact that they were abused.**

3) If one or more safety threats have been identified and all identified safety threats are **not** controlled (mitigated) by family strengths or actions, all children affected by the unmitigated safety factor **must** be assessed as unsafe.

When a decision is made that a child is unsafe, a safety plan must be developed and implemented or protective custody must be taken to avoid immediate danger to a child.

i) Signatures and Distribution of Form

The CERAP must be completed by the assigned worker and approved by the respective supervisor after completion. The supervisor or **designee** shall approve the CERAP within 24 hours after the worker has completed it, if a safety threat has been marked "unsafe". If no safety threat has been marked unsafe and the worker has completed the **CERAP** on a weekend or holiday and more than 24 hours will elapse before the supervisor or designee can approve, the supervisor or designee shall approve the form on the next working day.

j) Safety Planning

Safety plans are voluntary, temporary and short term measures designed to control serious and immediate threats to children's safety. They must be adequate to ensure the child's safety and be as **minimally disruptive** to the child and family as is reasonably possible. Additionally, families can request that a safety plan be modified or terminated at any time. The Safety Plan will indicate which Safety Threat or Threats have led to the need for a Safety Plan according to the completion of the CERAP. The Safety plan will require a written description of what will be done or what actions will be taken to protect children, who will be responsible for implementing the components of the safety plan and how/who will monitor it. It is important that safety plans be developed with the family to control specific threats and that the family understands the mechanism for ending each safety plan. Under no circumstance is a safety plan to serve as the solution to a long-term problem. A family may request at any time to modify or terminate the safety plan.

When a safety plan is implemented, it should be documented on a **CFS 1441-A** when it is likely that a child could be moderately or severely harmed now or in the very near future. The safety plan must be developed whenever there are protective efforts that would reasonably ensure child safety and permit the child to remain in their caregiver's custody. After the safety plan has been developed, it must be immediately implemented to ensure that all of the designated tasks are completed effectively. The safety plan should contain timeframes for implementation and continued monitoring.

The family must be informed that their participation in the development and implementation of the safety plan is voluntary and, to the extent safely possible, the worker must enlist the family's participation in the safety plan's development **Consideration should be given to a non-custodial parent when developing the safety plan.** The worker must consider the legal relationship between the alleged perpetrator and the alleged child victim and other children in the home who will be involved in the safety plan. Persons legally responsible for

the child (this includes biological parents) have the right to make decisions with respect to their child, even when this person is the subject of a child abuse or neglect investigation. When developing a safety plan with the family, the worker should include those legally responsible for the child in every aspect of safety planning when possible. If the worker is unable to include an individual who is legally responsible for the child, the worker will make every effort to contact the individual as soon as possible to discuss the safety plan. Consideration should be given to those individuals the child identifies as a person with whom he/she feels safe and trusts.

When a biological parent or person legally responsible for the child indicates he or she is divorced, in the process of divorcing or involved in court proceedings regarding custody of the child, the worker must ask the individual about any custody or visitation agreements that are in place as a result of a divorce or a court order. When circumstances meet the standard to take protective custody, the Department and other agents authorized by law can take protective custody regardless of the existence of court-ordered custody or visitation plans. If there is an existing court-ordered custody or visitation schedule, any party to the court order whose rights are affected by the safety plan must voluntarily agree to the terms of the safety plan by signing it. The worker should request any court orders or custody agreements that the individual can provide. If the worker feels there is a need to request the individual forego his or her visitation according to a court order or court approved agreement in order to implement a safety plan, the individual would need to agree to voluntarily suspend his or her visitation. If the person legally responsible for the child does not agree to the safety plan, the worker should consult with his or her supervisor for further direction. Possible solutions could be developing another safety plan that can be agreed upon, one of the legally responsible individuals going to court to modify the custody provisions or taking protective custody.

Workers and supervisors must remember that a safety plan cannot be implemented after protective custody has lapsed due to the local State's Attorney office NOT filing a petition in Juvenile Court, unless relevant new facts are learned. When a States Attorney Office declines because further information is needed, it is not the same as a refusal to file.

When the safety plan is developed, the worker must explain it to the family and must inform the family about the potential consequences if the safety plan is refused or violated. If the family refuses to accept the safety plan or if the safety plan is violated, the worker must reassess the situation. Upon reassessment, the worker shall inform the family of the need to develop a new safety plan, possible protective custody and/or a referral to the State's Attorney's Office for a court order. The worker shall document the family's agreement and commitment in the appropriate case record as described below under Signatures and Distribution of Safety Plan.

k) In-home Safety Plans

Some safety plans may be implemented with family members remaining together. When in-home safety plans adequately ensure child safety they are preferable because they are less disruptive to the lives of children and families. Required factors for in-home safety plans include all of the following:

- The caregivers are willing to implement the in-home safety plan and be reasonably cooperative with those persons participating in carrying out the safety plan.
- Steps outlined in the safety plan must be **immediate**.
- The safety plan must be action-oriented and contain specific changes needed to control identified safety threats.
- Safety plans must **never** be based on promissory commitments from caregivers, e.g., an abuse perpetrator promises to attend counseling or not to use excessive corporal punishment or a neglectful perpetrator promises not to leave children unsupervised.
- The safety plan must be reasonable and sustainable for the family.
- Consider should be given to the involvement of those individuals the child identifies as a person with whom he/she feels safe and trusts.

l) In-home Safety Plan: Protective Caregiver

In-home safety plans may include the introduction of a protective caregiver into the home. The DCFS or private agency worker must work with the family to identify someone willing and able to fulfill the protective caregiver role. The protective caregiver is to oversee and supervise all child care activities whenever the children are present. It is not realistic to expect that a protective caregiver can prevent all unsupervised contact between the child and the caregiver responsible for the safety threat when they reside in the same home. Therefore, if any unsupervised contact between the child and the caregiver responsible for the safety threat constitutes a danger to the child, the introduction of a protective caregiver may be inadequate. Protective caregivers must:

- demonstrate an understanding of the identified safety threat(s) and a child's need for protection.
- believe and understand that maltreatment may have occurred and that the alleged perpetrator(s) may have been responsible.

- believably express a willingness and serious commitment to act to protect involved children.

- have a credible explanation for why they did not intervene to insure child safety in the past, if there were signs of danger to a child that could reasonably have been noticed and acted upon.

- believably express a willingness to communicate with Department staff about the family's situation regarding identified safety threats.

- display the physical, intellectual, and emotional capacity to ensure a child's protection.

Note: A CANTS and LEADS check must be completed on all protective caregivers in order to consider the appropriateness of the potential caregiver.

m) In-home Safety Plan: Removal of Alleged Perpetrators

When there are two caregivers who have a legal relationship with the child and both are present, both must sign the safety plan. Some in-home safety plans may include the **voluntary** removal of the caregiver responsible for the safety threat. In such cases the "non-offending" caregiver must:

- Demonstrate an understanding of identified safety threats and the need for protection.

- Believe and understand that maltreatment may have occurred and that the caregiver removed from the home may have been responsible.

- Believably express a willingness and commitment to protect all involved children.

- Believably express a willingness to communicate with Department staff about the family's situation with respect to identified safety threats.

- Display the physical, intellectual, and emotional capacity to ensure child protection.

Example: a grandmother agrees to call the Hotline in the event that the dangerous caregiver returns to the home.

n) In-Home or Out of Home Safety Plan Requirements for Alternate Protective Caregivers

Safety plans may include stipulations that children be **temporarily and voluntarily** moved to the home of a protective caregiver, e.g., the home of a relative or friend. In order for a protective caregiver to be deemed willing and able to control an identified safety threat she/he must:

- Demonstrate an understanding of identified safety threats and the need for child protection.
- Believe and understand that maltreatment may have occurred, and that the alleged perpetrator(s) may have been responsible.
- Believably express a willingness and commitment to act to protect all involved children.
- Believably express a willingness to communicate with Department staff about the family's situation with respect to identified safety threats.
- Display the physical, intellectual, and emotional capacity to ensure child protection.
- Agree to continue with the child's current academic and social activities.

In addition,

- A SACWIS and LEADS check must be completed on all adult members of the protective caregiver's home.
- The physical environment of the protective caregiver's home must be assessed for safety hazards.

Every safety plan must specify the conditions under which the safety plan is to be terminated and a time frame when this can be expected to occur. Though safety plans are voluntary and developed in cooperation with the family, the safety plan must also explain the consequences if the caregiver does not agree to implement or fails to carry out the terms of the safety plan. Failure to agree to or carry out the safety plan may result in a reassessment of the home and possible protective custody and/or referral to the State's Attorney's Office for a court order to remove the children from the home. The worker developing the safety plan must stress with the protective caregiver that the safety plan is a voluntary, short-term agreement and the legal parent retains all of his or her rights.

o) Signatures and Distribution of the Safety Plan

A completed safety plan must be given verbal approval by the supervisor or his/her designee by phone, then signed and dated by the primary caregiver and the DCFS or private agency worker. The completed safety plan must also be signed by any other persons responsible for implementing the safety plan, as well as any other persons responsible for components of the safety plan.

A copy of the completed **CFS1441-A** shall be given to the primary caregiver, and to the protective caregiver identified in the safety plan, if other than the primary caregiver. The worker will ensure that other individuals involved in the safety plan also receive a copy of the **CFS 1441-A**. The DCFS or POS agency worker shall include on the form the contact information for the worker and the approving supervisor. The original shall be placed in the child/family case file of the child protection investigator or the assigned caseworker and forwarded to the appropriate service worker when a case is transferred.

The respective supervisor or designee shall approve the completed safety plan within 24 hours after the worker has signed it. If the worker has signed the **CFS 1441-A** on a weekend or holiday and more than 24 hours will elapse before the supervisor can approve the safety plan, the supervisor shall then approve the safety plan in SACWIS on the next working day. In all other instances when the supervisor who gave verbal approval will not be available to approve the safety plan in SACWIS, due to a prolonged absence, another supervisor may approve the safety plan.

p) Responsibility for Monitoring and Managing Safety Plans

Department staff must ensure that the caregiver responsible for the safety threat has not returned to the home. Department staff may seek assurances that a caregiver responsible for a safety threat has not returned to the home by talking with children or other adults in the home, discussing with neighbors, visiting where the alleged perpetrator currently resides, speaking to school staff, etc. A new CERAP safety assessment must be completed every five working days following the determination that any child in a family is unsafe and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregiver and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted considering the child's safety status as if there was no safety plan, i.e., would the child be safe without the safety plan? This CERAP safety assessment will determine the point at which a safety plan may be terminated or its conditions modified. When a safety plan has been modified, the worker must obtain the signatures of the parent/caregivers and other adult participants on a new **CFS 1441-A** and provide the parent/caregivers and other adult participants with a copy of the new **CFS 1441-A** documenting the conditions of the modified safety plan.

When a worker implements a safety plan and discovers through the course of his/her work that a safety threat has been **eliminated,** the worker should immediately discuss this with his or her supervisor in order to assess the need to modify or end the safety plan.

When a safety plan is implemented as the result of a Child Protection Investigation, all monitoring and management of the safety plan is the responsibility of the Investigation Specialist. When an investigator implements a safety plan for which he/she will not be responsible, e.g., the investigative specialist on call, the investigator or supervisor will staff the safety plan with the receiving investigator. The receiving investigator will ensure that all involved parties in the safety plan are provided with his/her contact information as the worker responsible for monitoring the plan. The original investigator or supervisor will document the safety plan staffing in a SACWIS note.

If there is an open Intact Service case and investigation is open as well, the Investigative Specialist remains responsible for monitoring the safety plan until the investigation is closed. If a safety plan remains in place after the investigation is closed, the Intact Service worker acquires the responsibility for monitoring the safety plan at the transition visit. When cases are transferred, the worker transferring the case shall discuss the case and the terms of the safety plan with the new worker at the time of the case transfer. This responsibility is applicable regardless of whether the worker is DCFS or POS staff.

The Department retains sole responsibility for monitoring safety plans. Under no circumstance may safety plan monitoring be delegated to family members or any other persons.

q) <u>Ending Safety Plans</u>

Safety plans are terminated:

- When the family no longer wishes to participate voluntarily in the safety plan.
- When the safety threats are no longer present and the safety plan is no longer needed.
- At the conclusion of the investigation, regardless of the final finding of the case, unless there is an open service case.
- When the safety plan implemented is not sufficient to control safety threats and an alternate safety plan must be developed.

The responsible worker must terminate the safety plan using the CFS 1441-B form. A copy of the form must be provided to those legally responsible for the child and those who agreed to be a part of the safety plan.

Under no circumstance may contracted or Department staff terminate Department involvement while a safety plan is in effect.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2016.10

Replaces PG 2014.20

Procedures 300 Reports of Child Abuse and Neglect
Procedures 302 Services Provided by the Department
Procedures 315 Permanency Planning

DATE: August 26, 2016

TO: All Child Protection and DCFS/POS Child Welfare Staff and Supervisors

FROM: George H. Sheldon, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to provide Child Protection and Child Welfare staff for with revised and updated Safety Plan Rights and Responsibilities for Parents and Guardians, Safety Plan Rights and Responsibilities for Adult Caregivers and Safety Plan Participants and Safety Plan Rights and Responsibilities for Investigators and Caseworkers. The updated forms provide additional information for parents and caregivers, adult caregivers and safety plan participants and investigators and caseworkers regarding the formulation of the safety plan, the information that needs to be detailed in the safety plan document, the process for modification of safety plans and the process for continual review of safety plans.

The instructions in this Policy Guide will be incorporated into **Procedures 302.250 Paramour Involved Families; 302.260 Domestic Violence; 302.388, Intact Family Services, 302 Appendix A Substance Affected Families; 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP** and **Procedures 300 Appendix G CERAP.**

This Policy Guide is effective immediately.

II. PRIMARY USERS

Primary users are all Child Protection Specialists and Supervisors and all DCFS/POS Child Welfare Workers and Supervisors.

III. BACKGROUND

Procedures 300 Appendix G CERAP/Procedures 315 Appendix A CERAP (Current)

Safety Plans

Safety plans are voluntary, temporary and short term measures designed to control serious and immediate threats to children's safety. They must be adequate to ensure the child's safety and be as **minimally disruptive** to the child and family as is reasonably possible. Additionally, families can request that a safety plan be modified or terminated at any time. The safety plan will indicate which safety threat or threats have led to the need for a safety plan according to the completion of the CERAP. The safety plan will require a written description of what will be done or what actions will be taken to protect children, who will be responsible for implementing the components of the safety plan and how/who will monitor it. It is important that safety plans be developed with the family to control specific threats and that the family understands the mechanism for ending each safety plan. **Under no circumstance is a safety plan to serve as the solution to a long-term problem. A family may request at any time to modify or terminate the safety plan.**

When a safety plan is implemented, it should be documented on a **CFS 1441-A, Safety Plan** when it is likely that a child could be moderately or severely harmed now or in the very near future. The safety plan must be developed whenever there are protective efforts that would reasonably ensure child safety and permit the child to remain in their caregiver's custody. After the safety plan has been developed, it must be immediately implemented to ensure that all of the designated tasks are completed effectively. The safety plan should contain timeframes for implementation and continued monitoring.

IV. OVERVIEW

Public Act 98-0830 amended Section 21 (f) of the Children and Family Services Act [20 ILCS 505/21] and required the Department or POS caseworker to provide information to each parent, guardian and adult caregiver participating in a safety plan explaining their rights and responsibilities. These updated forms add additional information to the Safety Plan Rights and Responsibilities forms with the following information:

- The investigator and caseworker shall implement a safety plan only when DCFS has a basis to take protective custody of a child(ren) and the safety plan is an alternative to protective custody;
- The investigator and caseworker shall explain to the parent(s)/guardian(s) the safety plan alternatives and that the parent(s)/guardian(s) have a voluntary choice to enter into the safety plan as an alternative to protective custody and to choose the individual(s) responsible for supervising or monitoring the safety plan if such person(s) is/are determined to be qualified by DCFS;
- The investigator and caseworker shall modify the safety plan if the family's circumstances change or if the participants request modifications, including a change in the person(s) preferred by the parent(s)/guardian(s) to supervise or monitor the safety plan or serve as a temporary caregiver;

- Terminate the safety plan as soon as the investigator and/or supervisor determine there is no longer a legal basis to take protective custody and provide the parent(s)/guardian(s) with the Safety Plan Termination form; and
- The Department or POS representative shall ensure that the safety plan is reviewed and approved by their respective supervisor.

V. INSTRUCTIONS

Effective immediately:

- Child Protection and Child Welfare staff shall provide the parent, guardian and adult caregiver participating in a safety plan with a copy of the **CFS 1441-A, Safety Plan** that has been signed by all adult participants and the DCFS/POS representative;

Note: Department and POS staff must use only the **CFS 1441-A, Safety Plan (Rev 12/2014)** that has been revised to meet the requirements of PA 98-0830.

- The Department or POS representative shall provide each parent/guardian, adult caregiver and safety plan participant with information explaining their rights and responsibilities including, but not limited to: information for how to obtain medical care for the child, emergency contact information for participants including phone numbers and information on how to notify schools and day care providers of safety plan requirements. The rights and responsibilities of each parent/guardian, adult caregiver, safety plan participant and child protection/child welfare staff are listed in new forms **CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians; CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants; CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers.** All **CFS 1441** forms are available in central stores, templates, and the website; and

- After receiving verbal supervisory approval of the safety plan prior to leaving the family home, the Department or POS representative shall submit the signed **CFS 1441-A** to their respective supervisor for review and approval.

VI. ATTACHMENTS

CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians (Revised 08/2016);
CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants (Revised 08/2016); and
CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers (Revised 08/2016).

Please note that the **CFS 1441-A** is printed on a 6 Part form and available from Central Stores. The **CFS 1441-D – F** are printed on regular paper and available from Central Stores, DCFS Website and T drive. All forms will be available in Spanish.

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VIII. FILING INSTRUCTIONS

Remove and replace Policy Guide 2014.20 with this Policy Guide immediately after **Procedures 302.250 Paramour Involved Families; Procedures 302.260 Domestic Violence; Procedures 302.388 Intact Family Services; Procedures 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP and Procedures 300 Appendix G CERAP.**

Appendix B - Monthly Supervisory Conference Checklist

During each Monthly Supervisory Conference, the Permanency Supervisor and Permanency Worker must discuss the activities listed below. The Permanency Supervisor and Permanency Worker may become aware of and raise other issues regarding the case, and the Permanency Supervisor shall ensure such issues are also addressed. The Permanency Supervisor shall document each Monthly Supervisory Conference in a supervisory note.

Monthly Supervision Checklist. Document in a supervisory note in the case record within 2 business days.

Date of most recent reasonable efforts findings by the court. Parents are doing ____.

- What have your efforts been? Barriers?

Date of most recent worker contact with:

- Each child
- Each parent
- Each caregiver

Safety, Well-being and Permanency (not repetitive or as comprehensive as Quarterly Supervision)

<u>Safety</u>

- Status of threats: Click here to enter text.
- Discuss active threats: Click here to enter text.
- Discuss any newly identified threats: Click here to enter text.
- Discuss any resolved threats: Click here to enter text.
- Police involvement:
- Protective Factors: Click here to enter text.
- Risk: Click here to enter text.
- Any safety issues occurring during visits and contacts: ☐ Y ☐ N Click here to enter text.
- Changes in household composition: ☐ Y ☐ N Click here to enter text.
- If this is a paramour case, are the guidelines of the Paramour Policy being followed?
- ☐ Y ☐ N Click here to enter text.
- Have any domestic violence, substance abuse, mental illness or sexual abuse issues been identified involving any member of the household? ☐ Y ☐ N Click here to enter text.
- Any changes in mental health of household members: ☐ Y ☐ N Click here to enter text.

PERMANENCY PLANNING
November 22, 2016 – PT 2016.11

Well-being

For each child:

- Child attending school? ☐ Y ☐ N Any issues? Click here to enter text.
- Has child been healthy? ☐ Y ☐ N Any hospitalizations? ☐ Y ☐ N Click here to enter text.
- Mental health (counseling, psychiatric) – if engaged in services, are services meeting their needs? ☐ Y ☐ N Click here to enter text.
    - Attending and progressing? ☐ Y ☐ N Click here to enter text.
    - Dirty drops (if child has drug issues)? ☐ Y ☐ N Click here to enter text.
- Visitation and contacts occurring as per Visitation and Contact Plan? ☐ Y ☐ N Click here to enter text.
- Placement stability? ☐ Y ☐ N Click here to enter text.

Permanency

For each child:

- Service participation. How are parents and child doing re: all identified services? Click here to enter text.
    - Progress, lack of progress? Click here to enter text.
- Any service gaps? ☐ Y ☐ N Click here to enter text.
- Have all referrals been made? ☐ Y ☐ N Status? Click here to enter text.
- Upcoming court hearing – purpose/date? Click here to enter text. Click here to enter a date.
- Next ACR date? Click here to enter a date.
- Court orders Click here to enter text.

If case is being closed, list steps remaining:

Appendix C - Quarterly Supervisory Conference Checklist

During each Quarterly Supervisory Conference, the Permanency Supervisor and Permanency Worker must discuss the activities listed below. The Permanency Supervisor and Permanency Worker may become aware of and raise other issues regarding the case, and the Permanency Supervisor shall ensure such issues are also addressed. The Permanency Supervisor shall document each Quarterly Supervisory Conference in a supervisory note.

Quarterly supervision checklist. Document in a supervisory note in the case record within 2 business days

Supervisor must ask about:

For each child: name, age, living arrangement

Is this an ICWA case? ☐ Y ☐ N

- If this is an ICWA case has the appropriate paperwork been completed? ☐ Y ☐ N

Date of most recent worker contact with:

- Each child
- Each parent
- Each caregiver

<u>Safety</u>

- Status of threats, active threats, newly identified threats, resolved threats
- When was the last in person contact with each child, caregiver, birth parents, paramour (if any), and children remaining in the home of origin? What occurred in the last in person contact?
- When is the next in person contact scheduled?
- Are there any circumstances that indicate that a child's safety is in jeopardy? Is there a need for a CERAP? (CERAPs every 90 days for placement cases, and monthly visits.) Click here to enter text.
- What risk factors have been identified and what actions have been taken to ensure each child is safe? Click here to enter text.
- Have there been any changes in household composition? Click here to enter text.
- If there is a pending investigation, is the Permanency Worker aware of its status (indicated/unfounded)? Click here to enter text.
- If there have been Subsequent Oral Reports, has there been a reassessment of the underlying issues and service needs/provisions? Click here to enter text.
- What is the familial support system? Click here to enter text.
- Have there been any UIRs? (requires a supervision note) Click here to enter text.
- What is the prior history of the family with DCFS (reports, service provision, and progress? Click here to enter text.

- If this is a paramour case, are the guidelines of the Paramour Policy being followed? ☐ Y ☐ N ☐ N/A
- What services have been provided for the paramour? Click here to enter text.
- Have any domestic violence, substance abuse, mental illness or sexual abuse issues been identified involving any member of the household? Click here to enter text.
- What services have been provided/are needed? Click here to enter text.
- Any safety issues occurring during visits and contacts: Click here to enter text.

Well-being

For each child:

- When was the child's last medical exam? Click here to enter a date.
- Does the foster parent transport the child to appointments ☐ Y ☐ N ☐ N/A
- Are there any medical concerns? ☐ Y ☐ N
- What medical conditions exist? Click here to enter text.
- When was the last dental appointment? Click here to enter a date.
- When was the child's last eye exam? Click here to enter a date.

Permanency

For each child:

- What is the current permanency goal? Click here to enter text.
- Is the current permanency goal in the best interests of the child? Click here to enter text.
- What is the progress toward goal? Click here to enter text.
- What is the concurrent plan? Click here to enter text.
- When is the next court hearing (purpose/date)? Click here to enter text. Click here to enter a date.
- Court orders entered Click here to enter text.
- Does the child's placement create a barrier to maintaining family/community connections? Click here to enter text.

- When is the next ACR? Click here to enter a date.
- When was the last Child and Family Team Meeting? Click here to enter a date.
- How long has each specific service been provided and what is the need for each to continue, diminish or end? Click here to enter text.

- What are barriers in service intervention? What progress has been made in eliminating/reducing the barriers? Click here to enter text.
- Are there gaps in service provision? ☐ Y ☐ N
- Have all referrals been made? ☐ Y ☐ N

- Have parents been offered opportunities to participate in all aspects of the child's life? ☐ Y ☐ N

If not, document clinical justification for why they have not been invited to participate. Click here to enter text.

- Have parents/caregivers been engaged in shared parenting?
  If not, why?

- Visits (parent-child) – Purpose ? ☐ to reunite ☐ maintain connections ☐ assess parental capacity
- What is the status of visitation? Click here to enter text.
- Are visits occurring in the parent's home? ☐ Y ☐ N
  If visits are not in the parents' home, why not? Click here to enter text.

- If there are barriers to reunification what are they? Click here to enter text.
- Are there any maternal or paternal relatives that can and should be considered for placement, or resources/supports/connections? Click here to enter text.
- Have there been any adoption decisions? ☐ Y ☐ N ☐ N/A
- If yes, what is the progress towards adoption? Click here to enter text.
- If a preplacement visit has taken place, what observations did the Permanency Worker have about the home/facility? Click here to enter text.
- What after care services are needed/will be needed? ☐N/A Click here to enter text.

Education

For each child:

- Current grade in school. Click here to enter text.
- Does the child have an IEP? ☐ Y ☐ N
- What are the child's current grades. Click here to enter text.
- When was the caseworker's last in person contact with school? Click here to enter a date.
- When was the last phone conference with the teacher? Click here to enter a date.
- How is the child progressing in school? Click here to enter text.
- If the child requires any additional educational supports what are they? Click here to enter text.

Mental Health

For each child and each parent:

- What is the current DSM diagnosis? Click here to enter text.
- When was the last report received? Click here to enter a date.
- Did the report outline the youth's progress or lack thereof? Click here to enter text.
- What are the recommendations of the provider? Click here to enter text.
- Is the child or parent on psychotropic medication? ☐ Y ☐ N ☐ N/A
- Is the child or parent medication compliant? ☐ Y ☐ N ☐ N/A
- Are the consents current? ☐ Y ☐ N ☐ N/A
- Does the child or parent know why they are taking the medications? Click here to enter text.

- Are there behavioral concerns? (e.g., suicidal, drug overdose, aggressive/sexually aggressive behaviors?) Click here to enter text.
- If there are behavior concerns how are they being addressed?

Developmental - 0-5 Years of Age

- Has the child had a screening? ☐ Y ☐ N ☐ N/A
- If the child has not had a screening, is he/she in need of a screening (based on age)?
- Is the child receiving early intervention services? ☐ Y ☐ N ☐ N/A
- What are the current services the child is receiving? Click here to enter text.

Youth Age 14 and Older

- Have age-appropriate youth been assessed for independent living skills at appropriate milestones? Click here to enter text.
- Has the youth completed a Casey Life Skills Assessment? ☐ Y ☐ N ☐ N/A
- Has the youth completed the Youth Driven Transition Plan? ☐ Y ☐ N ☐ N/A
- Does the youth have a state-issued photo ID. ☐ Y ☐ N
- What are the youth's future plans? Click here to enter text.
- How are the youth's future plans being supported?
- What transition services are in place/needed for adolescents – independence preparation and/or specialty services for mentally impaired/developmentally disabled? Click here to enter text.

Lifebook

For each child:

- How often is the Lifebook being updated?
- Is the Lifebook being used a therapeutic tool in counseling to work through issues? Click here to enter text.
- Has the youth raised any new issues? Click here to enter text.

Runaway, Missing, Abducted Child

- Is the child on run, missing, or abducted? ☐ Y ☐ N
- What efforts have been made to locate the child? Click here to enter text.
- Have additional resources been secured to find missing child?

Placement

For each child:

- Assessment of the child's current placement. Click here to enter text.
- Is the current provider supporting the child's permanency goal. ☐ Y ☐ N
- Is the current provider supportive of the parents? ☐ Y ☐ N ☐ N/A

- Does the child feel safe in the current placement? ☐ Y ☐ N
- Are the child's unique characteristics being preserved in the current placement? Click here to enter text.
- If the placement is in danger of disruption, what services have been/need to be provided to maintain stability? Click here to enter text.

Siblings

- Have all siblings been identified (any living arrangement, including home of mother/father, half siblings, adult siblings, post permanency (adoption or guardianship) placements)? ☐ Y ☐ N
- Are all siblings placed together? ☐ Y ☐ N
- If siblings are not placed together, are efforts being made to reunify them? Click here to enter text.
- If siblings are not placed together and no efforts are being made to place them together, why? Click here to enter text.
- Has a Visitation and Contact Plan been developed? ☐ Y ☐ N ☐ N/A
  Is it fully implemented? Click here to enter text.
- Is contact and visitation occurring as specified in Visitation and Contact Plan? ☐ Y ☐ N
- If not why? Click here to enter text.

Critical Decisions

- Are there any critical decisions that need to be made? ☐ Y ☐ N
- If so outline what is needed. Click here to enter text.
- Are there any barriers impacting the case at this time? ☐ Y ☐ N
- If yes what are they? Click here to enter text.

Connections

For each child:

- Is the child connected to family?
- Does the child have identified supports?
- Is the child connected to community?
- Has the CFS 458-B been maintained and updated?

Is Required Documentation Up-To-Date

- All Medical and Dental Consent forms
- Psychotropic medications authorization forms
- CFS 418-J, Initial Placement Checklist
- CFS 906, Placement/Payment Authorization Form
- CFS 680, Child Identification Form (annual)
- Fingerprints

- Recent photograph (annually)
- CFS 458-A, Statement of Relationship
- CFS 458-B, Relative Resource and Positive Supports Worksheet
- All court orders

Appendix D – After Care Supervisory Conference Checklist

Document in a supervisory note in the case record within 2 business days.

Have the required Medical exams been completed 30 days prior to return home and within 2 weeks after the child is returned home? ☐ Y ☐ N

Has a Person Search and LEADS/Sex Offender Registry checks been completed on all persons who frequent the home?
☐ Y ☐ N ☐ N/A

Are CERAPs current? ☐ Y ☐ N (Need to be completed at every visit)

Has the Permanency Worker made weekly contacts with the family during the first 30 days?
☐ Y ☐ N Date of most recent contact:
Has the family missed any home visits? ☐ Y ☐ N If yes, why? Click here to enter text.

Are current services coordinated and effective? ☐ Y ☐ N

- If not what is needed to support the family? Click here to enter text.

Are the children attending school or daycare? ☐ Y ☐ N ☐ N/A

- If so, how are they doing? Click here to enter text.

How are the family finances? Click here to enter text.

- Norman funds needed? ☐ Y ☐ N ☐ N/A

Are there any behavioral concerns with any of the children? ☐ Y ☐ N

- If yes what are they? Click here to enter text.
- Is the family able to get to appointments? ☐ Y ☐ N Click here to enter text.

Has the Service Plan been updated to reflect the services the family is currently receiving?
☐ Y ☐ N ☐ N/A

Is there a need for any additional services? ☐ Y ☐ N ☐ N/A

Is the family sustaining their progress and maintaining the return home goal?
☐ Y ☐ N If not, why? Click here to enter text.

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Appendix E - Lifebooks for Children in Substitute Care

a) Purpose

A Lifebook is a unique tool that promotes healing for a child in substitute care by assisting the child in coping with separation and loss while preserving a sense of continuity regarding the child's own history, the child's sense of identity and self-esteem.

One of the functions of a family is to maintain connections with significant people over a lifetime. Children in substitute care may lose contact with birth family members and become disconnected from them. Through this potential loss of contact or the change in the frequency or intensity of these connections, in addition to the often frequent moves experienced while in care, pieces of information about their lives may be lost, too. When a child loses track of his/her past, the child often faces challenges to his/her emotional well-being.

The Lifebook is intended to ensure children in care are able to preserve healthy and accurate childhood memories, explore their feelings, and record and maintain life milestones. Children can document information about their families (parents and siblings, extended and foster families), keep photographs of family members and pets, and record culturally significant information. Like a scrapbook, a Lifebook can fill in the gaps in memories of their lives, and record current information to prevent future gaps in memory.

However, the Lifebook is more than just a scrapbook. A therapist, Permanency Worker, or caregiver can use the Lifebook as a therapeutic or healing tool to help children make sense of difficult aspects of their lives, celebrate their strengths and gain hope for the future. Preparing and reviewing pages of a Lifebook can help children acknowledge, process, and make sense of confusing, difficult or traumatic events in their lives, such as the abuse or neglect they have experienced, placement in substitute care, changes in placement, separation from siblings, and juvenile court involvement.

A Lifebook can also help foster parents, adoptive parents and birth parents better know and understand their child. It can give adult caregivers an important awareness of the child's personal history, provide insight into the child's perspective, gain insight into the child's behaviors and beliefs, and provide a better basis for those involved to help and support the child.

The Lifebook is an invaluable tool to facilitate and promote the engagement process with the child, and assist in developing a positive trusting relationship. Permanency Workers, caregivers, therapists, and, in some cases, even birth parents may have the opportunity to assist the child in the development of the Lifebook. Through these personal one-on-one experiences, the child may be more open to building positive and healing relationships that foster the child's ability to develop positive and secure attachments now and in the future.

In the past, a Lifebook was used as a pre-adoptive tool, primarily for older children being placed for adoption. Children adopted as infants and toddlers may not have been viewed as having a clinical need for a Lifebook. However, as Lifebook practice has evolved, current thinking is that every child will benefit from a Lifebook that documents the child's own personal story - where the child came from (birth family and the family's circumstances) and the child's path to attaining permanency or independence.

Lifebooks have value in all cases. For reunification cases, entries in the Lifebook can help explain the impact of parental choices and behaviors on the child, and help the child remain connected (or reconnect) with relatives, friends and others significant in the child's life. The Lifebook can also help the child and the birth parent document progress and prepare for return home.

Regardless of the child's age, development, time in care or life experiences, it is never too late to start a Lifebook for each of the children in the Department's care.

The Lifebook Follows the Child. Each child's Lifebook is his/hers to keep and should accompany the child if the child changes placement or leaves substitute care (i.e., return home, adoption, guardianship, emancipation, independence).

Because the Lifebook can potentially contain confidential and sensitive information about the child's life, the Permanency Worker and child must discuss when and with whom it is appropriate to share their Lifebook. A Lifebook is not a scrapbook. A scrapbook is used to document achievements and happy memories of events. While a Lifebook may also contain these things, it also contains very personal information disclosed to or by the child, such as information that explains what has happened to the child, why the child is not living with his/her birth parents, and how the child arrived where he/she is. Referring to a Lifebook as a scrapbook diminishes its therapeutic value to the child and minimizes the traumatic events that led to the child's involvement with the child welfare system. It is not a "show and tell" project. It should not be kept on the coffee table for display. It is private.

The contents of each child's Lifebook must be treated with respect. Each Lifebook is entitled to the same level of confidentiality and privacy as other personal information obtained about the child and family. Due to its sensitive nature, the Lifebook should not be openly displayed or shared.

The Lifebook belongs to the child. The Permanency Worker and caregivers must respect the child's ownership and privacy. The child should always be asked whether the Permanency Worker or caregiver can view the Lifebook, and the child's decision should be respected.

The Lifebook will have "Present Pages" (e.g., tracing of my hand, my hair color, my favorite things) and "Past Pages." These pages can help children in foster care keep track of the places they have lived, their caregivers, other children living with them, pets, neighbors, teachers, caseworkers and friends, etc. The Lifebook should also include "Future Pages" in order to help the child celebrate and plan for the path ahead of them. Pages can be added to or updated when necessary.

The Permanency Worker should strongly urge the child not to remove pages of the Lifebook when information is not available. Over time, that information may become available or confusing information may be clarified (e.g., a page about "dad" may be left blank for an unknown father, but can be completed if the father's identity becomes known at a later time).

Pages need to be age and language appropriate. As the child grows, the Lifebook should contain more room for journaling and encourage the child's exploration of feelings, emotions and experiences and to allow the child to add information that may not have been fully explored earlier due to the child's age or developmental level.

The Permanency Worker, caregiver and the child should discuss the importance of preserving the written entries and documents the child puts into the Lifebook. The child should be informed that copies of some documents, like a birth certificate or school report card, will be kept in the child's or family's case record. From time to time, the Permanency Worker should offer to copy the child's other entries and documents to ensure they are preserved. The Permanency Worker might suggest bringing the Lifebook to the office so recent entries can be copied while the child is attending an ACR.

In addition, the Permanency Worker may make a backup copy of a Lifebook page:

- when the child returns home and there is concern that the child or birth family may not preserve the Lifebook;

- when it contains one-of-a-kind photographs or other information that cannot be replaced (e.g., stories written by the child, letters to the child from the birth mother);

b) **Starting a Lifebook.** Permanency Workers shall ensure that each child on their caseload has a Lifebook. For sibling groups in substitute care, each member of the sibling group shall have his/her own Lifebook.

Development of the Lifebook begins as a collaborative effort between the child and Permanency Worker. This allows the Permanency Worker to ensure the child understands the purpose of the Lifebook and encourages the child's participation in its development. Afterwards, the child can update and add to the Lifebook or ask the Permanency Worker, caregiver, birth parent, older sibling or another trusted person to help.

Lifebook supplies can be ordered through DCFS Central Stores. Supplies provided by DCFS Central Stores include:

- Three-ring binder
- "**The Guide for My Awesome Life**" for ages 0 to 12 or when developmentally appropriate)
- "**The Real Me**" for ages 13 to 18

- "**Going Home**" for children ages 0 to 12 who are preparing to return home (Part of "My Awesome Life" series)
- "**My Adoption**" for children ages 0 to 12 who are preparing to be adopted (Part of "My Awesome Life" series)

Each child should receive a three-ring binder.

"**The Guide for My Awesome Life**" should be provided to children who are ages 0 to 12 or for whom it is developmentally appropriate.

"**The Real Me**" should be provided to children and youth ages 13 to 18 (for whom it is developmentally appropriate).

"**Going Home**" and "**My Adoption**" inserts for the "My Awesome Life" series are provided as children ages 0 to 12 are preparing for these permanency paths.

Lifebook supplies can be brought to the child at the caregiver's home any time within the first 45 days after initial placement. The Permanency Worker shall introduce the Lifebook and the process for its development with child, birth parents and caregivers. Permanency Workers should set aside time to specifically introduce the Lifebook. These discussions can start as early as at the transition and case handoff meeting, and continue at Child and Family Team meetings, monthly visits, worker-supervised parent-child visits, etc.

The Permanency Worker should seek everyone's support in providing photographs of the child, birth family, foster families, and others significant to the child, as well as other items such as letters, art work, etc., that the child can include in his/her Lifebook. Photographs of the child should be placed in the Lifebook. Photographs of siblings should also be placed in the Lifebook. The Permanency Worker should not miss opportunities to take photos of the child, siblings and birth family members, when possible, at court hearings or visits. The child should also have at least one photo of the Permanency Worker, if desired.

The Permanency Worker or caregiver should offer to assist school-age children with their Lifebook entries. A young child (pre-reading/writing) can be asked to draw pictures of his/her family, sibling or significant events. The child may ask the worker to take certain photos at family visits or to commemorate important relationships, such as a photo of a family pet.

If a child refuses to make or update a Lifebook, the Permanency Worker and caregiver shall not complete any Lifebook pages without the child's assistance or input. However, the Permanency Worker (or caregiver) shall keep a written record of all important events and milestones in the child's life, and obtain and preserve important documents, photos and other items for the child. Whenever possible, this information should also be copied to maintain as a backup should the child's Lifebook be lost or destroyed. When the child indicates readiness to begin or update his/her Lifebook, the Permanency Worker or

caregiver should offer to provide assistance. The Permanency Worker and caregiver should respect any limits the child places on their assistance as an acknowledgement that the Lifebook belongs to the child.

The Permanency Worker shall obtain additional supplies as needed for the child to update his/her Lifebook. Some supplies can be ordered through Central Stores. The Permanency Worker or caregiver may find other Lifebook pages that can be downloaded from the Internet. (A list of Lifebook resources available on the Internet is included at the end of this Section.)

The list below contains some suggestions for the content of a Lifebook. Each child's Lifebook will vary depending on the child's experiences.

- Placement histories with dates, and explanations (including prior to coming into care, e.g., lived with grandma from (date to date)).
- Birth family information: names of mother, father, siblings, grandparents, aunts, uncles, cousins, godparents, etc.
- Birth family history: known dates of family births/deaths and background information about family members (medical, social, addictions, occupations, likes/dislikes, ethnicities), genograms.
- Birth dates of siblings, including where they live (if placed apart). When available, include photos of the siblings, their homes, bedrooms, and favorite activities. List activities the child and his/her siblings like to do when together.
- Photos of the birth family, home and yard, the child's bedroom, and family pets;
- Information about why the child was removed from birth family.
- The names of child's current and previous caregivers, and approximate dates of placement with each caregiver.
- Photos of the caregiver's family, including their children and other children and adults living with them, their pets, home and yard, the child's bedroom, etc.
- Copy of the child's birth certificate.
- Developmental milestones (e.g., birth weight, length, height at different ages).
- Photos of the child at different ages.
- Immunizations and medical information (e.g., allergies, medical diagnoses).
- Information about injuries, illnesses, or hospitalizations.
- Ways the child shows affection.
- What makes the child happy, sad, afraid, etc.
- The child's likes and dislikes (e.g., food, music, books, activities, shows, etc.).
- Trips or vacations taken with the birth family or caregiver's family.
- Birthday and holiday activities.
- Favorite friends, activities, toys, sports, etc.
- Names of schools attended and teachers (photos when available).
- Reports cards.
- Participation in church activities**.**
- Special activities, sports teams, or clubs with which the child is involved.
- School awards.

- Drawings, paintings, etc., made by the child at various ages.
- Poems, stories, etc., written by the child at various ages.
- Souvenirs collected (e.g., ticket stubs or programs for sports or special events, concerts, etc.).
- Letters from birth parents, caregivers, caseworkers, or other significant persons in the child's life.

c) **Updating the Lifebook.** At monthly visits, the Permanency Worker shall view or confirm the existence of each child's Lifebook. Should the child be reluctant to share the Lifebook, the Permanency Worker must respect the child's wishes and acknowledge that the Lifebook belongs to the child. The Permanency Worker shall document discussions about the Lifebook in a contact note. At quarterly Child and Family Team Meetings, the Permanency Worker shall also discuss the ongoing maintenance and development of the child's Lifebook.

d) **Roles**

1) **Child.** The child is the creator of the Lifebook. Others can assist the child in creating the Lifebook, but ultimately it belongs to the child and should reflect the child's story from his/her perspective.

For infants and toddlers, the Child and Family Team members should help with record keeping and documentation until the child is old enough to create his/her Lifebook.

2) **Permanency Workers.** The Permanency Worker is responsible to ensure each child on his/her caseload has a Lifebook. Gathering, duplicating and sharing information can make the Permanency Worker's job seem part "detective." Finding known information requires thorough background research, including reading and fully exploring the child and family case records, interviewing family members, caregivers and others significant to the child, reading court records and finding information through other resources. When children have experienced multiple placements, this background research must include contacting former foster parents to get letters and photographs for the child's Lifebook. Birth certificates, photographs and other important information in agency files or from other sources can be copied for the child's Lifebook.

Note: The Permanency Worker must share any previously unknown information with the child's caregiver as that information is uncovered, and document disclosure of information as required in **Procedures 301.120, Sharing Information with the Caregiver**.

The Permanency Worker should engage children in discussions about their emotions, feelings, and trauma that stems from separation from their family, entry into care, and subsequent changes in placement. Too frequently, these emotions, feelings, and trauma are suppressed and not discussed at all. Although a child

may not openly discuss or express emotions, feelings, and trauma it does not mean that these are not present and relevant to the child. Children may not want to raise the subject out of fear, including fear that they are to blame for what happened in the past. Children need accurate information about what happened and support as they process this information (as developmentally appropriate for the child's age and understanding).

If a therapist is involved, keep the therapist informed about the child's development of his/her Lifebook. Involve the therapist as the child confronts or works through emotionally difficult issues, and prepare caregivers and other significant persons (e.g., teachers, birth parents, etc.) who need to know when the child is dealing with difficult issues.

The Lifebook should also be used to help children prepare for transitions, such as placement changes, goal changes, moving to a new school, obtaining a new Permanency Worker or changes in family circumstances.

The Permanency Worker must reinforce and ensure a child's expectation of privacy regarding access to his/her Lifebook. (Remember: the Lifebook belongs to the child.) The Permanency Worker should also discuss with the child when, and with whom, it is appropriate to share his/her Lifebook.

Start gathering information and taking photographs at the beginning of each case. This includes taking photos with the parents when possible. If a parent stops attending visits or leaves the area, failure to take photos when the parent was present becomes a "missed opportunity" to capture this part of the child's life (e.g., in some cases, the Shelter Care Hearing may be the last time the child sees that parent).

Initiate a discussion about the child's Lifebook at each Child and Family Team Meeting and Administrative Case Review. Ensure the Lifebook is being developed with the child, kept up to date or that barriers to its creation are being addressed.

The Lifebook belongs to the child, but is the Permanency Worker's responsibility.

Discuss the child's Lifebook at every monthly visit and encourage the child's investment and participation in the Lifebook process by reviewing his/her progress, accomplishments or concerns. The Permanency Worker may ask to see the Lifebook or any pages the child is willing to share (e.g., "Show me your favorite page"), and should always offer to assist the child with missing or difficult information. Request that the caregiver and child bring the Lifebook to every ACR, and, if the child is comfortable, discuss what is in it and what might need to be added at that time. The Administrative Case Reviewer should encourage the child, with the support of the Permanency Worker and others, to keep his/her Lifebook up to date.

If the child does not want to work on the Lifebook, the Permanency Worker is responsible to determine the reasons and/or identify any barriers that may be contributing to the child's reluctance. If barriers have been identified, the Permanency Worker must help the child overcome or resolve them as the child appears willing to do. When appropriate, involve birth family members, caregivers, therapists or other significant persons.

Be ready and available to talk with the child about the difficult issues that are a part of the child's past, current and potential future experiences. Help the child work through difficult issues (e.g., "It's not your fault"; "That must have been really hard", "Tell me more about that"), and offer appropriate support and resources. Involve others from the child's Child and Family Team and ensure that any therapists providing services are included in this process.

The child should guide the story being presented. The Lifebook is an opportunity to ask questions, listen to the child's answers, and understand the child's perspective. The information learned from the child can be used when assisting in the child's healing process and to explore missing or inaccurate information.

The Permanency Worker should also prepare a letter for the child to include in the Lifebook. This letter will provide the child with a concrete remembrance of the Permanency Worker, the role he/she played in the child's life and the relationship they shared.

3) **Current Caregiver (includes Residential Facility staff).** Caregivers play a crucial role in the creation, on-going development, and maintenance of the Lifebook. Caregivers have the responsibility to ensure that the Lifebook is safely maintained and should provide encouragement in its continued progress. Caregivers can help ensure that the child's memories, milestones, accomplishments, challenges and relationships are consistently documented while the child is in their care. In some cases, the caregiver may be the most appropriate person to assist the child in creating Lifebook pages and encouraging its on-going development.

Often, a caregiver is the only person able to accurately record or recount the child's daily physical and emotional experiences. The caregiver should help the child preserve memories of key events and relationships in the child's life by taking or acquiring photographs and preserving mementos and other documentation of these important persons and events in the child's life.

At Child and Family Team meetings, the caregiver should participate in all discussions about development of the child's Lifebook, provide updates about the child's progress, and share any behavioral and emotional responses the child is displaying toward development or upkeep of the Lifebook. The caregiver should keep the caseworker and/or therapist informed of any relevant information that may affect the child's well-being and future needs. The caregiver should help the Permanency Worker and/or Child and Family Team identify and resolve any barriers to development or upkeep of the Lifebook.

The caregiver is responsible for the Lifebook's safe keeping while the child is in placement, and should ensure the child has a secure place to store the Lifebook, but can still access it when he/she wants to see or update it. The caregiver must ensure the child's Lifebook and its contents are treated with respect and that confidentiality of the child's personal information is protected. Often, young children do not understand or are unable to foresee the dangers in sharing their personal information with others. The caregiver should be prepared to explain why personal information should not be shared or discussed and provide information about the long term effect of such disclosure.

In the event that the child destroys all or part of the contents of the Lifebook, the caregiver should make every effort to preserve the remaining contents to the extent possible and contact the Permanency Worker as soon as practicable. In some instances it may be possible for the Permanency Worker to save or obtain duplicates of the destroyed content.

The caregiver should assist the child in managing transitions in his/her life (e.g., school or placement changes, developmental stages, etc.) by documenting the changes the child is experiencing and including them in the Lifebook. In the event that the child is being moved to a new placement or returning home, the caregiver must ensure that the Lifebook is moved with the child.

The caregiver should write a letter to the child to be included in the Lifebook. This letter will provide the child with a concrete remembrance of the caregiver, the role he/she played in the child's life and the relationship they shared.

4) **Birth Parents/Families.** Birth parents and other family members should not be overlooked in development of the Lifebook. Family members hold a significant amount of information that is vital to the child's life story. Without input from the family, the Lifebook will be incomplete. The Lifebook process can help facilitate communication between the birth family members, the Permanency Worker, and caregivers while working towards a common goal for the child.

Birth parents and other family members or supports have a wealth of knowledge about the child. They can provide historical information about the family and the child and may have many photographs that can be used in building the child's Lifebook. When birth parents are able to provide information, whether through the Permanency Worker or directly to the children during parent-child visits, children are better able to understand who they are and where they came from.

5) **Permanency Supervisor.** The Permanency Supervisor must ensure that the Permanency Worker introduces the Lifebook to each child in the first 45 days after each case opening.

The Supervisor shall discuss each child's Lifebook development with the Permanency Worker at quarterly supervisions and the importance of balancing "compliance" with "quality." Discussions shall be documented in a supervisory note.

Lifebook development must be included as a performance objective in the Permanency Worker's evaluation.

Permanency Supervisors must provide direction and supervision to Permanency Workers about how and when to address the "hard questions" with children, and how to support the children in these discussions. Provide guidance and support as needed. Monitor and document progress, and assist in removal of any barriers.

Each Permanency Supervisor shall ensure that his or her team has an adequate supply of Lifebook supplies available.

6) **Therapist.** In most instances, the process of reviewing, sorting through and entering historical content and connections in the Lifebook should not raise issues requiring clinical intervention. However, when the Permanency Worker is unsure, and the child is meeting regularly with a therapist, the Permanency Worker, in consultation with his or her supervisor, may want to ask the therapist whether any sensitive aspects of the Lifebook should be created with the therapist's direct involvement. (A therapist may want to help a "high risk" child, for whom everything is a trigger, develop the Lifebook during therapy.) The Permanency Worker and therapist may find it helpful to have the therapist assist the child with certain pages of the Lifebook when the therapist is helping the child process those life events.

7) **Administrative Case Reviewer.** At ACRs, Reviewers should ask whether the child's Lifebook is being maintained. While it would be easiest to verify if the child brings his/her Lifebook to each ACR, it is sufficient for the Reviewer to verify this verbally with the child, caregiver or Permanency Worker. The Reviewer shall ensure that Lifebook development is listed as a well-being Outcome for the child.

8) **Clinical Screener During Integrated Assessment.** Integrated Assessment interviews can introduce the development of the Lifebook to the family. The Clinical Screener can initiate a discussion about the Lifebook with the birth parents by explaining that the Lifebook is an important process for their child. When asking birth parents for cooperation in providing photos and other documents for the Lifebook, the Clinical Screener should note that, hopefully, the child will be returning home to the parents, and, because the Lifebook belongs to the child, their child will bring the Lifebook home with him/her.

The Clinical Screener should ask birth parents to write one or more letters to the child (e.g., about themselves, the child, relatives, family pets, etc.) that the child can include in his/her Lifebook.

- Clinical Screeners routinely gather information about a child's birth history and relatives. Describe the "diligent search" process and how the Permanency Worker uses the information gathered to find or identify relatives. When a relative cannot be found or identified, explain how the Permanency Worker tried but could not find or identify that person.

- Ask for birth information. Does the birth parent have a baby photo, birth certificate, etc., and can the Permanency Worker make a copy for the child's Lifebook?

- Explain to the parents and child that development of the Lifebook is a clinical process and therapeutic tool. It is a process of engagement to help children understand who they are.

9) **Licensing Representative.** The Licensing Representative can play a supportive role by asking about Lifebook development at annual licensing visits. The Licensing Representative shall inform the licensing supervisor and the child's Permanency Worker if a child does not have a Lifebook. The Licensing Representative can also give the child appropriate background information about the child's prior caregivers for the Lifebook.

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Appendix F - Clinical Services Specialized Assessment Protocol

Cases of egregious acts of child maltreatment will require a clinical Specialized Assessment. The Specialized Assessment will determine whether to bypass reunification and seek a permanency goal other than reunification. Expedited termination of parental rights will be sought in those egregious cases where no evidence based treatment exists to remedy extreme acts of violence against a child.

To assist the field in conceptualizing egregious acts of maltreatment the Office of Inspector General created the Maltreatment Continuum, a visual tool illustrating the spectrum and characteristics of child abuse: Minor Assault, Severe Assault and Egregious Acts of Maltreatment. This Maltreatment Continuum will be used by the Special Assessment Team in assessing and reviewing cases of egregious acts of maltreatment.

The Special Assessment Team will consist of a senior IA Screener, Regional Clinical staff, DCFS Regional Counsel, Specialty Services consultant based on the dynamics of the case, Consulting Psychologist, worker and supervisor. Additional members may be added based on the facts and issues in the case (e.g., GAL, State's Attorney, Service Provider).

The Specialized Assessment will be completed by a senior IA screener in collaboration with a Team. The Integrated Assessment will be completed using a comprehensive interview guide and actuarial assessment tools designed to assess empathy, propensity for violence and clinical risk of future maltreatment. In addition, the IA may also include a clinical psychological, psychiatric evaluation, substance abuse evaluation or any other clinical or medical assessment recommended by the Team based on the individual needs of the assessed caregivers. The Special Assessment will be completed on the alleged perpetrators and any non-offending caregivers. In the event of an unknown perpetrator, the Specialized Assessment will be completed for all adults in caregiver roles.

1) Consistent with Procedures 300, SCR staff or the assigned Child Protection Specialist shall notify Clinical Services of cases meeting the criteria for egregious acts of maltreatment by completing and submitting the **CFS 399-1, Referral for Clinical Services** to "Clinicalref" via Outlook email. When the egregious act is reported by a physician, coroner, other medical staff or other mandated reporter, the preferred referral source is SCR. When the allegations need further investigation, the preferred referral source is the assigned Child Protection Specialist or Child Protection Supervisor. When the Child Protection Specialist/Supervisor is making the referral, an initial assessment should be completed to determine that there is evidence or likelihood that an egregious act of maltreatment has occurred.

2) When received, the **CFS 399-1** shall be forwarded to the IA Administrator for the region in which the case originated.

3) The IA Administrator shall review the **CFS 399-1** to determine eligibility <u>within 2 business days</u>.

A) If the case is determined to be eligible for a Special Assessment, the IA Administrator shall:

i) notify the IA contractual provider of need to assign a senior IA screener, and request assignment of a Regional Clinical Manager, DCFS Regional Counsel, Consulting Psychologist, Permanency Worker, Permanency Supervisor and Specialty Services Coordinator as dictated by the case dynamics; and

ii) assign an IA Intake Coordinator to the case to begin gathering all relevant documentation.

B) If the case is deemed as not meeting the criteria, the IA Administrator shall document the reasons the case does not meet eligibility on the **CFS 399-1** and in a case note in the investigation or case record. The IA Administrator shall also submit the **CFS 399-1** to "Clinicalref" for closure and referral of the case for an IA consistent with **Procedures 315.95(b), Integrated Assessment**.

4) **Initial Staffing.** An initial Special Assessment Team staffing will be convened <u>within 5 business days</u> after the IA Administrator's determination of case eligibility. The coordination and scheduling of this staffing will be done by the IA Intake Coordinator, who will participate in the initial staffing. The Intake Coordinator shall ensure all pertinent documents are gathered and shared with Team members and shall be responsible for completing the initial Special Assessment Action Plan. The IA Intake Coordinator shall continue to gather pertinent documentation throughout the assessment process.

The purpose of the initial staffing is to:

- review the facts of the case;
- identify any additional records and information needed;
- identify the roles and responsibilities of each team member; and
- develop a Specialized Assessment Action Plan.

The IA Intake Coordinator shall distribute the Specialized Assessment Action Plan to all Team members following the conclusion of the initial staffing.

5) The second staffing of the Special Assessment Team will be held after the senior IA screener has completed the draft Integrated Assessment Report. The draft IA Report shall be completed within 40 days after protective custody. This staffing will be coordinated by the IA Intake Coordinator. The IA Intake Coordinator shall ensure every Team member receives all pertinent documentation received after the initial staffing and a copy of the draft Integrated Assessment Report prior to the second staffing.

The purpose of the second staffing is to review the draft Integrated Assessment Report and discuss the recommendations and prognosis for the family.

6) Formal case staffings shall occur at a minimum quarterly. The assigned Regional Clinical staff shall coordinate and convene all staffings. The assigned Regional Clinical staff shall assume responsibility for completing the Special Assessment Action Plan required at the second staffing. Assigned Team members will remain involved in the case to complete assessment updates and provide consultation for a minimum of 6 months. Any Team activity beyond 6 months will be determined by the Team based on the dynamics/needs of the case.

7) During the time the case remains open to Clinical Services, if significant information becomes available and/or other significant case members are identified or become available, the assigned IA Screener is responsible for updating the Integrated Assessment Report in SACWIS. The IA Screener shall request the IA Intake Coordinator to schedule and coordinate any further assessment activities. The IA Screener shall notify Regional Clinical staff when there is a need to convene a staffing to review updated assessment information after the Integrated Assessment Report has been updated.

8) The Special Assessment Team shall only close a case by consensus of the Team or upon closure of the family and/or child case.

9) The Special Assessment Team shall be available for consultation at any time. Consultation shall be coordinated through the assigned Regional Clinical Staff.

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Appendix G - Permanency Planning Process (at a glance) *

Activities that must occur as part of the permanency planning process include:

a) Placing Worker. A Placing Worker (Child Protection Specialist, Permanency Worker or Intact Family Worker placing the child) shall perform the following duties within the time frames established in these Procedures, or more frequently when directed by the Placing Worker's supervisor.

1) The Placing Worker shall identify, locate, interview, and assess a non-custodial parent, a custodial parent of a sibling, and other relatives to determine if a relative would be an appropriate initial placement. When appropriate, the Placing Worker shall review the Region's or agency's vacancy list to identify a licensed foster family home for initial placement. See **Procedures 315.60(a), Responsibilities of the Placing Worker.**

2) Selection of initial placement. If a relative is contacted and not selected, the Placing Worker must document in a contact note why placement with that relative is not appropriate. See **Procedures 315.60(a), Responsibilities of the Placing Worker**.

3) Note to Child Protection Specialists: If the Transitional Visit does not occur at the Shelter Care (Temporary Custody) hearing, the Child Protection Specialist shall initiate a parent-child visit within one week, complete the initial Visitation and Contact Plan and file that plan with the court within the required 10 day time frame. See **Procedures 315.65, Prepare and File Initial Visitation and Contact Plan**

b) Permanency Worker. The Permanency Worker shall perform each of the following duties within the time frames established in these Procedures, or more frequently when directed by the Permanency Supervisor:

1) Within 72 hours after case assignment (excluding holidays and weekends), conduct an in person visit with the child and the primary caregiver in the substitute care placement. See **Procedures 315.130(b)(2) Ongoing Intervention and Contact/With Children in Placement** and **Procedures 315.130 (d), Contact with Foster Families/Relative Caregivers**.

2) Within 5 days after case assignment (excluding holidays and weekends), attend and participate in the Handoff Staffing. See **Procedures 315.130(a), Initial Intervention and Contact by Permanency Worker**.

3) If the Transitional Visit does not occur at the Shelter Care (Temporary Custody) hearing, within 5 days after case assignment (excluding holidays and weekends), conduct a Transitional Visit with the family. See **Procedures 315.130(a), Initial Intervention and Contact by Permanency Worker**.

4) Conduct a diligent search to place siblings together. The diligent search requirement is ongoing until a joint placement is located. See **Procedures 301.80, Sibling Placement**.

5) Within 10 days after protective custody (excluding holidays and weekends), develop and file an initial Visitation and Contact Plan with the court. See **Procedures 315.65, Prepare and File Initial Visitation and Contact Plan**.

6) Ensure each child entering and leaving substitute care receives the **CFS 1050-95, How to Connect with Your Brothers and Sisters** booklet.

* Procedures 315.05(a) and (b)

7) Conduct a diligent search to locate missing parents. **See Procedures 315.60(b), Additional Responsibilities of the Permanency Worker.**

8) Search for and send written notice to relatives of the child and family in order to identify persons that can serve as formal, informal or natural supports and resources for the child and family and help the child build lifelong connections. See **Procedures 315.60, Identifying, Searching For and Engaging Relatives**.

9) Within 7 days after protective custody, arrange an Introductory Meeting with the parents and caregiver to support the return home goal. See **Procedures 315.30(b), Introductory Meeting**.

10) Conduct Child and Family Team Meetings. See **Procedures 315.105, Child and Family Team Meetings**.

11) Within the first 30 days after initial placement, ensure the child (when age and developmentally appropriate) receives a paper copy of the **CFS 496-1, Illinois Foster Child and Youth Bill of Rights**. See **Procedures 315.135(a), Foster Child Bill of Rights**.

12) Within 40 days after protective custody, complete an Integrated Assessment (IA) in conjunction with an IA screener. See **Procedures 315.95(b), Integrated Assessment**.

13) Develop the Service Plan and Concurrent Plan with input and concurrence of the family, select an appropriate and realistic permanency goal and complete all necessary referrals. See **Procedures 315.140, Developing the Service Plan** and **Procedures 315.155, Developing the Concurrent Plan**.

14) Conduct all contacts and interventions (casework activities that occur during worker contacts) as required in **Procedures 315.130, Worker Contacts and Interventions**.

15) Prepare for and participate in Monthly and Quarterly Supervisory conferences with the Permanency Supervisor. See **Procedures 315.310, Supervision Milestones.**

16) Prepare for, attend, and participate in Administrative Case Reviews and all court hearings for each assigned case. See **Rules 316, Administrative Case Reviews and Court Hearings.**

17) On an ongoing basis, assess and update the Service Plan whenever there is a change or completion in the case services. See **Procedures 315.175, Reviewing and Updating the Service Plan and Permanency Goal.**

18) When appropriate, help the family prepare for reunification, termination of Department-funded services and develop Reunification and After Care Service Plans. See **Procedures 315.250, Reunification, Planning for After Care and Termination of Services**.

19) Assess child safety and risk. See **Procedures 315.Appendix A, Child Endangerment Risk Assessment (CERAP)**.

20) On a monthly basis (every 30 days), have face to face meetings with the families, children residing in the home, children in placement and caregivers, and observe a parent-child and a sibling visit. See **Procedures 315.130(b), Ongoing Intervention and Contact**.

21) Ensure that each child has a Lifebook. See **Procedures 315.Appendix E, Lifebooks for Children in Substitute Care**.

* Procedures 315.05(a) and (b)

Appendix H - Illinois Foster Child and Youth Bill of Rights

Instructions

1) **Children in Substitute Care.** Permanency Workers shall review the Foster Child and Youth Bill of Rights with children in substitute care.

   A) Within the first 30 days after the child's initial placement. During an in person casework contact, the Permanency Worker shall:

   - provide a copy of the Foster Child and Youth Bill of Rights to the child; and

   - read aloud to and review the Foster Child and Youth Bill of Rights with a child under age 12 or a child unable to read independently. (The caregiver or an older child can also be asked to help read aloud to a younger child.) Children under 5 years of age and children who are unable understand the Foster Child and Youth Bill of Rights must have a caregiver present when the Bill of Rights is read and reviewed.

   The Permanency Worker must ensure, when necessary, that an interpreter is available to read the Foster Child and Youth Bill of Rights in the child's preferred language.

   B) Every 6 months, prior to an ACR and during an in person casework contact, the Permanency Worker shall review the Foster Child and Youth Bill of Rights with a child. Children under age 12 must have a caregiver present when the Foster Child and Youth Bill of Rights is reviewed.

   C) Annually (approximately 12 month intervals) for children under age 12, during an in person casework contact, the Permanency Worker shall:

   - provide a copy of the Foster Child and Youth Bill of Rights to the child; and

   - read aloud to and review the Foster Child and Youth Bill of Rights with a child under age 12 or a child unable to read independently. (The caregiver or an older child can also be asked to help read aloud to a younger child.) Children under 5 years of age and children who are unable understand the Foster Child and Youth Bill of Rights must have a caregiver present when the Bill of Rights is read and reviewed.

   The child (when age appropriate) shall sign the form acknowledging receipt of his/her copy.

The Permanency Worker must ensure, when necessary, that an interpreter is available to read the Foster Child and Youth Bill of Rights in the child's preferred language.

2) **Parents, Caregivers, Advocates and the Child's Guardian Ad Litem**

A) Within the first 30 days after the child's initial placement, the Permanency Worker shall review and provide a copy of the Foster Child and Youth Bill of Rights to the child's parents/legal guardian and substitute caregiver. The parents/legal guardians and substitute caregiver shall sign the form acknowledging receipt of their copy.

B) Every 6 months, prior to an ACR and during an in person casework contact, the Permanency Worker shall review the Foster Child and Youth Bill of Rights with the parents/legal guardian and substitute caregiver in order to engage them and ensure all participants are informed of the child's rights.

C) Within the 30 days after a Guardian Ad Litem (GAL) is appointed by the court, the Permanency Worker shall review the Foster Child and Youth Bill of Rights with the child's. The GAL shall sign the form acknowledging receipt of his/her copy.

D) Advocates for children 12 years of age and older. The Permanency Worker shall review the Foster Child and Youth Bill of Rights with the advocates selected by the youth. (See **Procedures 315.135, Child's Designation of Advocates for ACRs and Permanency Hearings**.) The advocates shall sign the form acknowledging receipt of their copies.

3) **Signatures Required.** As the Foster Child and Youth Bill of Rights is reviewed, the Permanency Worker shall obtain the signatures of the persons with whom it was reviewed. If a child is unable to sign his/her name, the caregiver present with the child when the Foster Child and Youth Bill of Rights is reviewed may sign for the child.

4) The Permanency Worker shall provide a signed copy of the Foster Child and Youth Bill of Rights to the child and each participant and place a copy in the child's case record. For a child under 5 years of age, the substitute caregiver shall verify he/she has provided a copy to the child.

5) The Permanency Worker should have ongoing conversations with the child regarding the child's rights while in foster care and be available to answer questions when the child expresses curiosity or concerns about his/her rights, and should periodically meet privately with the child to give the child the opportunity to discuss concerns or problems regarding his/her rights.

ILLINOIS FOSTER CHILD AND YOUTH BILL OF RIGHTS

Preamble

The Illinois Department of Children and Family Services recognizes the following rights of children and youth in foster care. These rights are intended to guide the Department and its providers in the delivery of care and services to foster youth with the commitment to safety, permanency and well-being.

As a child or youth in foster care, I have the right:

To be and to feel safe:

- To be protected from physical, mental, sexual or emotional abuse;
- To have my physical boundaries respected and honored within safe, appropriate standards (i.e.: no forcing of hugs, hand holding);
- A safe and appropriate sleeping arrangement;
- To never be locked in a room, building, or facility premises unless placed in a secure child care facility;
- To tell my caseworker, therapist, attorney, judge or the Department Advocacy Office when contact with someone is hurtful to me or inappropriate so that I can be protected without fear of retaliation; and
- To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.

To achieve permanency and maintain lifelong connections:

- To stay connected with family and others with whom I have a close and nurturing relationship, including relationships developed during my time in care where there are no concerns of safety or risk to me in continuing such relationships;
- A permanent family where I feel a sense of belonging;
- A safe, healthy, and comfortable home where I am treated with respect;
- To visit and contact my brothers and sisters, to be included in special and celebratory milestones of siblings (i.e. birthdays, holidays, graduations) and to have my siblings included in my special and celebratory milestones (unless prohibited by court order);
- To review the brochure, CFS 1050-95, *How to connect with your brothers and sisters*, annually during caseworker contact.
- To be supported in connecting or reconnecting with family when there are no safety threats presented to me in having such contact;

* if applicable

- To be supported in locating and connecting with individuals who may be part of my past and could support my permanency success now or in my future; and
- To emancipate from care if no other permanency path is possible and to exit care not only prepared for adult life, but also connected to individuals including family and non-related people who will be there for me in times of need.

To be well and to have my wellbeing needs met:

- To receive medical, dental, vision and mental health services;
- To be free of the administration of medication or chemical substances unless authorized by a licensed prescriber;
- To receive adequate and healthy food that meets my dietary needs;
- To be provided appropriate clothing that fits and corresponds to a gender identity of my choice;
- To keep my belongings, including things I buy and gifts I receive no matter where I live;
- To have storage space for personal use and to have privacy in storing my belongings;
- To attend religious services and activities of my choice;
- To be provided with age-appropriate educational opportunities and schooling to prepare me for adult life;
- To attend school and participate in school functions and activities (sporting events, schools dances, etc.);
- To be allowed the opportunity to participate in activities that interest me; including sports, art, music or extracurricular, cultural, and personal enrichment activities, consistent with my age and developmental level;
- To receive extra help and tutoring if I am struggling in school or an educational placement;
- To work and develop job skills at an age-appropriate level, consistent with state law;
- To maintain a bank account and manage personal income consistent with my age unless prohibited by law;
- To receive, save or spend an allowance;
- To receive a free annual credit report and help in resolving any inaccuracies;
- To receive and be supported in developing and keeping a Lifebook to help me explore and process my foster care journey, to help me hold onto cherished memories and stay connected with family and friends;
- To have social interactions with people outside of the foster care system, including teachers, church members, mentors, and friends;

* if applicable

- To make and to receive confidential telephone calls and send and receive unopened mail and electronic mail (unless prohibited by court order);
- To have access to a phone, and be afforded privacy if I want to make a hotline call;
- To be free from unreasonable searches of my personal belongings; and
- To be free from discrimination or harassment on the basis of actual or perceived race, ethnicity, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

To be involved and informed:

- To have fair and equal access to all available services, placement, treatment and benefits;
- To attend services and programs operated by the Department of Children and Family Services or any other appropriate agency that are intended to help current and former foster youth achieve self-sufficiency prior to and after leaving foster care;
- To be informed about where I can go for help;
- To be informed about how the child welfare system works;
- To contact my family members, (unless prohibited by court order) and to contact my social worker(s), attorney, foster youth advocates, mentors, and supporters, Court Appointed Special Advocates (CASA), and probation officer;
- To attend court hearings and speak with my attorney and the judge;
- To have all of my juvenile court records remain confidential consistent with state law;
- To be involved in the development of my service plan and to have input as to the services and interventions that best meet my safety, permanency and wellbeing needs;
- To have a voice in the plan for my permanency and to express my wishes and concerns pertaining to my future, including where I wish to live and whether or not I wish to be adopted;
- To review my case plan and plan for my permanency minimally every 3 months but more frequently as I see the need or have questions about my permanency path;
- To have rules that are clear and fair and to have them explained to me from the beginning in any living environment;
- To have caregivers and child welfare personnel who have received sensitivity training and instruction on matters concerning race, ethnicity, nation origin, color, ancestry, religion, mental and physical disability, and HIV status;
- To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to and best practices for serving lesbian, gay, bisexual and transgender youth in out-of-home-care;

* if applicable

- At 16 years of age or older, to have access to existing information regarding the educational options available, including but not limited to the coursework necessary for vocational and postsecondary educational programs and information regarding financial aid for postsecondary education;
- To have access to age appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy for myself and my partner;
- To have information on prevention and treatment of sexually transmitted infections/diseases at age 12 years or older;
- To receive information on eligibility to age 26 for Medicaid health care services;
- To contact the Department Advocacy Office or the Department Office of the Inspector General regarding violation of my rights and to speak with representatives of these offices confidentially without threat of retaliation for making a complaint; and
- To receive a copy of this Act form and have it fully explained by the Department of Children and Family Services or agency acting on behalf of the Department when the child or adult is placed in the care of the Department.

ACKNOWLEDGEMENT

I _____ have received a copy of the Illinois Foster Child and Youth Bill of Rights, and I have had an opportunity to discuss it with my caseworker, my parent(s) or guardian(s) and my foster parent(s), if applicable.

Child/Youth (print)	Child/Youth (signature)	Date
Parent/Guardian (print)	Parent/Guardian (signature)	Date
*Foster Parent/Caregiver (print)	Foster Parent/Caregiver (signature)	Date
*Guardian Ad Litem (print)	Guardian ad Litem (signature)	Date
Caseworker (print)	Caseworker (signature)	Date
Supervisor (print)	Supervisor (signature)	Date

* if applicable