State of Delaware

Department of Services For Children, Youth and Their Families

Division of Family Services

USER MANUAL

April 2009

Intake: ***Case Decision Point #1***

Investigation & Assessment: ***Case Decision Point #2***

Treatment for Children & Intact Families: ***Case Decision Point #3***

SERVICES TO CHILDREN IN OUT-OF-HOME CARE

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Principles for Child Welfare Practice	
"It is the intent of the General Assembly that the primary purpose of the child welfare policy of this state shall be to ensure the best interest and safety of the child, including preserving the family unit whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide for comprehensive protective services for abused and neglected children by mandating that reports of such abuse or neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services."	**Child Abuse Prevention Act of 1997** **State of Delaware**
Based on the enabling legislation and good practice standards, the Division operates its child abuse and neglect services guided by the following principles.	
It is the policy of the Division of Family Services that the protection and safety of a child is always its first priority. Services provided are child centered and family focused. The Division of Family Services has a comprehensive Child Safety Model for the purpose of "promoting the well-being and safety of children and their families through prevention, protection and permanency."	**One**
The Division uses the Safety Assessment and Planning System to assess immediate safety concerns and implement needed safety responses. This system is used throughout a family's work with the Division. A child is deemed safe when consideration of available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of serious harm, and no safety interventions are necessary.	**Two**
Nationally and in Delaware, 50% to 80% of the families served in child protective services have been affected negatively by alcohol or other drugs. Parental substance abuse in and of itself is not child abuse or neglect. However, parental substance abuse often seriously impacts parents' ability to meet children's needs and reduces their ability to provide a safe environment. Caseworkers must focus on the risks associated with parental substance abuse and the behavior of the parent:	**Three**

Principles for Child Welfare Practice	
• Depending on the effects of the type of drug used, parents may be unavailable to attend to their children's basic needs and emotional needs while using. • Children may be left alone physically while the parent obtains and uses substances. • Money which is needed for food, shelter and other necessities may be spent on substances. • Children in substance abusing families are more likely to experience frequent moves and homelessness. They are often exposed to criminal activity including domestic violence. • Because parents who abuse substances have poor impulse control, children are more likely to be abused or neglected.	**Three**
Because of the relationship between parental substance abuse and child abuse or neglect, the presence of substance abuse will always be assessed in determining safety and the need for protective services. When parental substance abuse is known or suspected, DFS will refer to a substance abuse treatment agency for evaluation and recommendations. Substance abuse will be specifically ruled present or out during all assessments. This policy pertains to reports at any stage of activity with the Division, including those received by the report line, cases under investigation and open in treatment and adoption.	**Four**
Evaluating the safety of a child is a discrete function within DFS that is separate from validating the presence of child abuse or neglect and assessing and identifying risk of maltreatment. A child's safety shall be assessed: • At the time of the initial face to face contact with the identified victim and household caregivers; and • Prior to returning a child home; and • Prior to case closure; and • Whenever circumstances suggest that the child's safety may be jeopardized.	**Five**
Consent to obtain and release information will be requested from and signed by the parent, custodian, guardian, or child over age 12 years for every case opened for initial assessment or treatment.	**Six**

Principles for Child Welfare Practice	
The Initial Assessment shall identify and analyze family strengths and safety influences (negative factors which place the child at risk of maltreatment) to determine if the child is safe or, if not safe, those factors which continue to affect the risk to the child. There are two time frames in which staff evaluate safety, as follows: case circumstances are explosive requiring immediate decisions and actions based on alarming and clear information (occurs in one day), or case circumstances allow for deliberate information gathering and assessment (occurs in a few days).	**Seven**
Safety evaluations which result in a safety plan MUST control for safety from the present time, and beyond the family assessment when case circumstances require continued control for the safety of children.	**Eight**
Evaluating the safety of a child is a discrete function which is separate from validating the presence of child abuse or neglect and assessing and identifying risk of maltreatment	**Nine**
Many families experience disruption or continued disruption when they cannot provide a specific basic need at a single point in time. Casework, by itself, may not be effective when a family is without housing, transportation, food, medication, etc. It is the belief of the Division that the provision of a needed emergency placement prevention service with casework aimed at preventing the recurrence of the problem has several benefits: • maintenance/promotion of family unit integrity • development of problem-solving skills • reduction in number or length of placements • improve outcomes for children	**Ten**
It is good social work practice to involve parents in case planning. This includes informing parents of their rights and responsibilities when major decisions regarding their children are being made. It is important that parents make placement decisions voluntarily and knowingly. The Division is committed to achieving permanency in the shortest possible period of time.	**Eleven**

Principles for Child Welfare Practice	
The Division is committed to maintaining a child with his or her family as long as safety and permanence can be achieved and to returning the child to the family as soon as that is possible.	**Twelve**
Foster care and other out of home care placements are temporary services to achieve safety for a child. When a child is placed in foster care, the caseworker will diligently work with the family to reduce the risk and achieve the case plan so that the child may return home as quickly as possible.	**Thirteen**
When it is determined that a child needs to be placed in out-of-home care, the child's age, relationship to parents and siblings, his physical, intellectual and emotional composition must be considered in selecting the most appropriate placement to meet his needs.	**Fourteen**
Placement of children outside of their home should take place only as an intervention necessary for the protection of the child. While separated from the family, any positive relationships the child may have had with family members should be maintained if they are in the best interest of the child. In determining a visiting schedule, the caseworker will take into consideration the amount of time that a child can tolerate before he begins to form a new psychological bond.	**Fifteen**
It has been established that the number of moves a child has disturbs his stability and impacts negatively upon emotional development.	**Sixteen**
Both the child and the family must be adequately prepared for the child's move into the family in order to achieve permanency in adoption.	**Seventeen**

Intake: Case Decision Point #1

Intake

#1.1 Screen the Report – Accept or Reject for Investigation
#1.2 Determine Urgency for Response

Purpose

The Division receives and screens reports alleging abuse, neglect, and/or dependency to determine if an investigation is appropriate to protect the safety of children in the State of Delaware in accordance with the Child Abuse Prevention Act of 1997.

Scope

The Division is mandated to receive reports twenty-four (24) hours a day, seven (7) days a week and receives reports by telephone, in writing, or in person.

Decisions

A. The Intake caseworker will determine whether the report:

1. Involves a child(ren) between the ages of birth to 18.
1. Alleges child abuse, neglect, or dependency as defined in statute or risk thereof.
3. Alleges intra-familial or institutional abuse.

B. When the Intake caseworker has collected and assessed all of the information the supervisor must make the final decision to:

1. Screen the report – accept or reject for investigation.
2. Determine the urgency for response.

Client Pathway

Client Pathway

The Intake Flow Chart illustrates the process by which a report comes into the Division, the decision that will be made for each situation and the resulting outcomes for each decision.

Case Process:	
A. Receiving Reports	
A –1. The caseworker receiving a telephone call to the Report Line will record information for each call on the AudioLog.	**Report Line Recording**
<u>Incoming Calls</u>	**Incoming Calls**
a. Click on the AudioLog Player Client Icon. b. Click on the green menu at the top of the screen. c. Log on- • Click user name (phone extension where call is coming in) • Click password • Click server in place d. Green menu • Click find e. Click the plus sign (+) next to Catalogue • Click the plus sign (+) next to date to get phone extension f. Click the phone extension g. Click reference field on the catalogue screen • Type in the last name first then the first initial of the caller • After the caller's first initial put a dash (-) then the source of the call: parent (P), MGM (Maternal Grandmother), MGF (Maternal Grandfather), PGM (Paternal Grandmother), PGF (Paternal Grandfather), STMO (Stepmother), STFA (Stepfather), Neighbor (Nbr), first name of school and level—high school (HS), middle school (MS), elementary school (ES), hospital (HOS), doctor (DR), nurse (N), police (POL) h. Double click folder for memo • Type first initial and the last name of the caseworker receiving the call • Type client name • Type client address • Type the reporter's phone number • Specify the type of call: report/information/progress note i. To listen to the call, double click the call j. Click the refresh button after concluding the call	
<u>Outgoing Calls</u>	**Outgoing Calls**
a. Complete steps a-f in A-2. b. Click reference field on the catalogue screen • Type in the last name first then the first initial of the caller • After the caller's first initial put a dash (-) then the source of the call: parent (P), Neighbor (Nbr), first name of the school and level—high school (HS), middle school (MS), elementary school (ES), hospital (HOS), doctor (DR), nurse (N), police (POL) • If making a personal call type personal under Reference c. Double click folder for memo	

- Type the first initial and last name of the caseworker making the call out
- Type report status then a dash (-): accepted/rejected or information (means that the call was made to gather more information) or VM (check voice mail)

d. Click on the refresh button after concluding the call

Searching for a Call

To Search for a Call

a. Complete steps a-f in A-2.
b. The search can be conducted by the catalogue (will search every day for 6 months), the date (if you do not know who made the call), or by phone extension
c. Type if the field and value, click on the binoculars or hit enter
d. Delete the field and value after the search is completed

A-2. The caseworker will immediately complete a FACTS Family Abuse Report when the purpose of the telephone call is to report child abuse, neglect or dependency, or risk thereof, by a parent, custodian, relative, or by a person acting in a caretaker role (e.g., paramour of the parent).

FACTS

A-3. The person completing the hotline report will request information about known or suspected substance abuse and domestic violence, which is documented in the hotline report.

A-4. When other pertinent information is needed to direct staff in locating an individual or there are concerns about staff safety, the Intake caseworker will note this information on the Family Abuse Report.

Intake

A-5. The Intake caseworker will record information gathered during the Intake process on the FACTS Family Abuse Report. The narrative of the report will only contain the information known to and given by the reporter. Additional information discovered by Intake staff subsequent to receiving the report (e.g., from the Division's historical records in CYCIS and FACTS) will be documented in the Intervention Notes/Directions or CYCIS/FACTS Inquiry sections of the FACTS Family Abuse Report.

FACTS

A-6. When a written report is received, the Intake caseworker transfers the information to the narrative section of the FACTS Family Abuse Report.

A-7. When there is insufficient information to make decisions about the appropriateness of the report for the Division of Family Services or the urgency for response, the Intake caseworker will contact the reporter for additional information, if possible.

A-8. The Intake caseworker should obtain sufficient information from the reporter to:

Information from the Reporter

a. Identify and locate the child(ren), the parent or caretaker.

b. Determine if the report is appropriate to DFS.

c. Assess the seriousness of the situation and consider the urgency for response.

d. Understand the relationship, role, actions and motives of the reporter.

A-9. In the process of gathering the information from the reporter, the Intake caseworker will consider the following:

a. Is the reporter's source of information personal or from other sources?

b. What is the level of knowledge about this family?

c. Is the reporter able to give consistent information?

d. Is the information being reported by a person outside the family, by a professional, or by another person who is in regular contact with the child?

e. Determine whether violence is indicated.

A-10. Lack of information must be interpreted as reason for concern.

Search for Historical Information

A-11. The Intake caseworker will make an inquiry into FACTS and CYCIS regarding reported household members to determine if the DSCYF has possible information on any family member that might be useful in the investigation. If information indicates any of the following situations, these must be noted in the CYCIS/FACTS Inquiry section of the FACTS Family Abuse Report:

a. A family member or individual in the household has been active or is currently active with any Division within DSCYF

b. A family member or individual in the household is or has been active with the Division's Office of Child Care Licensing

DELJIS Criminal History Check

A-12. A review of DELJIS may be conducted by the Report Line to:

a. Assist the screening of reported information
b. Verify criminal history information in the report
c. Locate a family active with the Division when the whereabouts of the family are unknown; and to
d. Assess the potential safety issues for the investigator going to the home

When the Report Line has not conducted a review of DELJIS, the assigned investigator must conduct a review of DELJIS prior to response.

FACTS

See DELJIS User Manual for Appropriate Search Screens

A-13. If a family member or individual in the household has a criminal history in DELJIS, this must be noted on the FACTS Background Check Findings screen. This screen is accessible to Division staff only, with the exception of the Report Line.

A-14. When the name of the alleged perpetrator is unknown, the case will be opened in the custodial parent's name.

Release of the Reporter's Name or Report Line Audiolog

A-15. **Release of the Reporter's Identity or Report Line Audiolog**

A-15.1 Upon receipt of a subpoena for disclosure of the reporter's identity or a copy of the Report Line Audiolog, the caseworker shall fax a copy of the subpoena to a regional Deputy Attorney General to discuss the origin of the subpoena.

A-15.2 If the subpoena originated with a party that is not a Federal, State, or local governmental entity, or any agent of such entity involved in the investigation, assessment, prosecution, or treatment of child abuse and neglect, the caseworker shall request that the Deputy Attorney General oppose the subpoena.

A-15.3 If the subpoena: (1) originated with a party that is a Federal, State, or local governmental entity, or any agent of such entity involved in the investigation, assessment, prosecution, or treatment of child abuse and neglect, and (2) specifies why disclosure of the reporter's name or a copy of the Audiolog may assist in the investigation, assessment, prosecution, or treatment of child abuse and neglect, and thereby protect children, the caseworker shall release the information. A Reporter/Report Line Audiolog Disclosure Letter (Document Number 37-06-10/06/02-16) shall be included with the release of the reporter's identity or copy of the Report Line Audiolog.

B. Screening Reports

Situations Processed As New Reports

B-1. The following situations must be processed as new reports regardless of case activity in the Division, i.e., family unknown to the system, family was previously opened, currently in Investigation or in Treatment:

a. New incident of abuse or neglect – This includes any incident that is different from what was previously investigated or currently being investigated. It does not matter if both incidents were the same type such as physical abuse or sexual abuse.

b. Different victim – This occurs when the information alleges abuse/neglect to a child other than the child originally alleged to be or substantiated as a victim.

c. Different perpetrator – This occurs when the information alleges a different parent/custodian/caretaker is the perpetrator rather than the individual originally alleged or substantiated (e.g., mother rather than the father).

d. Court Order – This occurs when Family Court orders (per court order) DFS to investigate. Note: When documents (e.g., copies of petitions) are mailed to DFS and DFS' role is unclear, the Report Line should fax the court order or documents to the Regional Deputy Attorney General who should obtain clarification from the Court.

e. Serious Injury – a serious injury is a non-accidental injury that (1) appears to have an assignable cause originating with the parent/caretaker and requires hospitalization and (2) includes life-threatening neglect requiring hospitalization.

f. Potential criminal charges – any new act perpetrated against a child that may result in criminal charges against the parent/caretaker. It does not matter if the new act is similar to a previous act that did not result in a charge. A report of intrafamilial abuse/neglect should be taken even if the police will be the primary investigators (e.g., baby selling, kidnapping, child pornography).

g. Runaway – Out-of-state runaways reported by the police are to be considered dependent children unless the child has proof of legal emancipation in another state.

h. If substance abuse has not been identified as a known risk factor in an existing Treatment case at the time the hotline report is made regarding the drug-exposed newborn, the case will be assigned an urgent response time and the assigned investigation worker will complete a full investigation.

B-2. The following situations should be written as FACTS Progress Notes:

Situations

a. Duplicate report – This occurs when two or more reports are made regarding the same abuse/neglect incident and the first incident is currently being investigated.

Processed as FACTS Progress Notes

b. Collateral contacts – Collateral contacts are often made to the caseworker by professionals or relatives to update information on a case. When the information indicates a continuation of abuse/neglect previously substantiated, it should be written as a progress note.

c. Runaway behavior/AWOL – These behaviors are generally reported about children in the custody or care of DFS by facilities such as foster homes, group homes or shelters.

Inappropriate Reports

B-3. The Intake caseworker will instruct the reporter to notify the appropriate law enforcement authority when a report of maltreatment is received involving a child from birth to 18 years of age in which the maltreater is not the parent, custodian, caretaker, or child care facility.

B-4. The following reports shall not be accepted absent allegations of child abuse, neglect, or dependency:

a. Adolescent issues – parent/child conflicts, individual adjustment problems, alcohol and other drugs, mental health problems.

b. Self-referrals to access Division contracted services.

c. School reports alleging child is afraid to go home due to fear of abuse (e.g., poor report card), but no known prior child abuse.

d. Placements with non-relatives for the purpose of attending a specific school for a specific period of time.

e. Referrals from Family Court requesting home studies for custody or visitation as a result of a contested divorce or other dispute – request the assistance of the Deputy Attorney General regarding court orders.

For the above and all other inappropriate reports, the Intake caseworker shall provide available information about community resources to the reporter.

Insufficient Report Information

B-5. When insufficient information is provided to identify/locate the family, or to make a decision to either accept or reject the report, the Intake caseworker shall seek additional information, if possible, from the reporter or other information sources (Office of Child Care Licensing, law enforcement, Division of Public Health, Probation and Parole, DELJIS).

C. Safety Assessment

Assess Danger Loaded Element

C-1. The Intake caseworker will record any identified danger loaded elements on the FACTS Hotline Report.

C-2. The next step for the Intake caseworker is to identify volatile combinations among the danger loaded elements, and review them with the supervisor.

Identify Volatile Combinations

C-3. Following are some of the questions that must be considered and will enable the Intake caseworker and supervisor to decide about the emergency nature of the report.

a. What is the reported maltreatment or risk of maltreatment and its severity? The more severe the potential risks to the child, the more prompt the response.

b. Does the child need medical attention?

c. What is the age of the child? Generally one can assume that the younger the child the greater the risk is to the child.

d. Has any family member or individual in the household been previously involved with the Division, OCS or OCCL, law enforcement, DYRS, or DCMH? Has anyone been alleged to have been abusive or neglectful? If a pattern can be established, it may indicate a greater risk to the child.

e. Is the parental behavior a danger to the child? For example: Does the parent abuse alcohol/drugs, is the parent psychotic, extremely angry, have a history of using physical discipline as a first response, or is the parent's behavior bizarre in any way; is parent verbalizing threats to the child's safety?

f. Is the child alone, abandoned or residing with a non-relative caretaker?

g. Is the situation chronic or acute? An acute situation indicates the need for a more immediate response.

h. Is the child currently safe because of hospitalization or some other secure circumstances (e.g., perpetrator does not have access to child)?

D. Risk Assessment – Screening the Report	
D-1. Once the information is gathered from the reporter, the Intake caseworker, in collaboration with the Report Line supervisor, will screen to determine one of the following: a. Information indicates the report meets the child maltreatment or dependency definition, including that the information in the report indicates risk to the child or children, and is appropriate for the Division of Family Services; b. Information indicates the report is not appropriate for the Division of Family Services; c. Not enough information to make a decision.	**Report Accepted or Rejected**

E. Risk Assessment – Assigning Response Time

E-1. Based on the analysis of the information gathered the Intake caseworker makes one of the following conclusions for presentation to the supervisor for the final decision:

a. Child(ren) at high risk – case is accepted and will be assigned an urgent response time; i.e., within 24 hours.

b. Child(ren) at risk – case is accepted and will be assigned a routine response time; i.e., within ten calendar days.

Urgency of Response Determined

E-2. The intake caseworker submits all reports received to the Report Line supervisor for review and decision-making.

Investigation Begins

E-3. When other pertinent information is needed to direct staff in locating an individual or there are concerns about staff safety, the intake caseworker will note this information in FACTS.

FACTS

E-4. For all reports accepted, the Report Line supervisor will make the decision regarding urgency of response; i.e., how quickly the Division will respond to the situation, and completes the Family Abuse Disposition in FACTS.

All reporters Notified of Decisions

E-5. The reporter is notified of the decision and the assigned response time within 24 hours by the intake caseworker. All reporters shall be informed of the decision to reject a report. Anonymous reporters will not be notified.

E-6. With the decision and sign off, the intake process is concluded and the case moves to investigation in accordance with the assigned response time. For a report that is not accepted for Investigation, the supervisor will see that tit is filed and maintained according to record/information retention schedules.

E-7. For all reports accepted at Intake, the report will be assigned to an appropriate unit and an investigation will be completed on all reports accepted.

E-8. Multiple Reports

E-8.1 The Report Line Supervisor will create a FACTS Progress Note labeled “Hotline Report # (urgent or routine response due date for the new report).” In the existing Investigation case, the Report Line Supervisor will finalize the Progress Note and link the new report for investigation to the existing investigation.

E-8.2 The Investigation caseworker will write a Progress Note and label it “Initial Interview 3 (write the number of the hotline report). The investigation requirements for the additional report(s) will be the same as for any investigation.

E-8.3 The Supervisor will document in the Supervisory Case Conference event that a subsequent report (#) was discussed.	

F. Special Circumstances

F-1. Serious Injury/Child Death

Serious injury/ child death

F-1.1. *Verbal and Written Notification*

FACTS

a. During normal work hours (8:00 a.m. – 4:30 p.m.), the regional staff (e.g., caseworker, supervisor) will verbally notify the Regional Administrator through the local chain-of-command immediately. The Regional Administrator will then notify the OCS Administrator immediately.

b. A Serious Injury/Child Death Notice Report will be completed within 24 hours by the assigned worker/supervisor and submitted via e-mail to the Division Director, Division Deputy Director, Executive Assistant to the Director, OCS Administrator, Statewide Services Administrator, the assigned Investigation Supervisor, and his/her Regional Administrator. If the case is active, the report will also be sent to the Assistant Regional Administrator in addition to the above.

c. A copy of the report will be filed in the review section of the case record.

FACTS

d. When the regional after-hours (4:30 p.m. – 8:00 a.m.) caseworker is notified of a serious injury or death after-hours, during the weekend, or on a holiday, the caseworker will use the local chain-of-command to verbally notify the Statewide Services Administrator who supervises the after-hours staff. The Statewide Services Administrator will then notify the OCS Administrator. A Serious Injury/Child Death notice report will be completed within 24 hours or by the close of the next working day by the assigned caseworker.

e. The verbal report should provide as much information as possible regarding the history and circumstances of the serious injury/death.

f. When a case is active with the Division, the DFS caseworker will notify other known service providers who are active with the family within 24 hours.

F-1.2 *Follow-up Activity*

a. Cases previously unknown: The Risk Management Initial Assessment and Safety Evaluation: Worksheet and Conclusion must be completed in forty-five (45) calendar days. In addition, the Child Death Data Sheets used by the statewide Child Death Review Panels must be completed within the same time frame and filed in the

review section of the case record.

b. Active cases or closed within one year: If the child was active with the Division or closed within one year and death is due to abuse or neglect is suspected, the Regional Administrator will complete an internal review and submit a report to the OCS Administrator within 30 days. Responsibility for the review may be designated to others not currently assigned to the case. The internal review may or may not include interviews and should address at a minimum, the following issues:

1) Reason for the Report.
2) Date and circumstances of current incident.
3) Background Information.
4) Dates and nature of prior reports (in-state and, if known, out-of-state), as well as investigation findings
5) Chronology of events and Division involvement (must include face to face contacts)
6) Key collateral involvement (e.g., police/criminal history, Family Court activity, current medical issues, mental health issues).
7) Services offered and provided to the family by the Division or that are known by other parties
8) Other relevant information (e.g., alleged abuser was in foster care as a child)
9) Potential Problem Areas (if they exist).
10) Current response and plan of action.

Medical neglect/ religious exemptions

F-2. **Medical Neglect/Religious Exemptions**

F-2.1. The caseworker will contact the Deputy Attorney General to discuss the report and to confirm the appropriate petition to be filed.

F-2.2. The Division will file a petition to seek guardianship whenever religious belief is the basis of medical non-treatment. Because the child is a minor and the parents will not consent, the child needs a guardian to protect his/her best interest. Guardianship has no dependency/neglect issues. The Division's petition for guardianship should be limited to medical treatment.

F-2.3. The petition for guardianship should address why the parents are refusing to consent to medical treatment, the medical diagnosis of the child, the child's current medical condition, and prognosis if the recommended medical treatment is ordered.

F-2.4. When the caseworker is unable to file a petition for guardianship, the caseworker will file a dependency/neglect petition for custody. However, Delaware statute and case law may preclude a finding of dependency/neglect if the parents belong to the Church of Christ Science, resulting in custody being retained by the parents.

F-2.5. The caseworker will initiate an investigation of a report of medical

neglect based on religious belief.

F-3. **Home Alone**

Home Alone

F-3.1. When a report alleges that a parent/custodian/caretaker has left a child under the age of 12 alone or without adequate supervision:

a. The caseworker will request that the police transport a young child who has been left alone or without adequate supervision to the police station or Division office to meet with the caseworker when the whereabouts of the parent/custodian is unknown. The caseworker will then begin the investigation process following Division policy.

b. Division staff will assess and document factors to determine the ability of a child to be left without supervision in consideration of other factors such as the child's level of functioning, maturity, physical and mental health, handicapping conditions, length of time left alone, and time of day.

F-4. **Institutional Abuse**

Institutional Abuse

F-4.1. The Report Line caseworker will accept institutional abuse reports. The caseworker will record the report on the FACTS Facility Complaint screen and check the Institutional Abuse box.

F-4.2. The DFS Report Line will check in FACTS (Person Search, Licensing Search, CYCIS Inquiry, Provider Screening, and Hotline Search) to determine if the perpetrator or victim had current or previous activity with DSCYF. Any activity should be noted in FACTS. During periods of computer downtime, the Report Line staff shall use a hard copy of the FACTS Facility Complaint Screen. As soon as the system is available, this information must be entered into the system. Delays in entry into the computer system will be noted in FACTS.

FACTS

F-4.3. Each report of institutional abuse is to be screened by the DFS Report Line supervisor for completeness of information, prior Division activity on FACTS, and the appropriateness of referral. A response time will be assigned in compliance with OCS policy.

F-4.4. If appropriate, the DFS Report Line Supervisor will assign the report to the Institutional Abuse Supervisor. The Institutional Abuse Supervisor will notify the appropriate Regulatory Body that an institutional abuse report has been accepted.

F-4.5. In some instances, reports to the Report Line will allege "Delacare" violations that are not child abuse/neglect. These reports, which are entered on the FACTS Facility Complaint Screen, will be forwarded to the appropriate Regulatory Body.

F-4.6. Intake Responsibilities are as follows:

a. *Facility Reports:* When a case is active with DFS, the Report

Line Supervisor will send a certified e-mail to:

1) Notify Regional OCCL Supervisor; also notify DSCYF Contract Manager if applicable.

2) Regional OCCL Supervisor notifies assigned facility licensing specialist.

3) Inform facility about the report.

4) Facility informs parents/custodian(s) of alleged victims.

b. *DFS Foster Home Reports:* When a case is active with DFS, the Report Line Supervisor will send a certified e-mail to:

1) Notify assigned Regional Foster Care Unit Supervisor.

2) Foster Care Unit Supervisor notifies assigned Foster Care Coordinator and the caseworkers of other children in the foster home.

3) Inform alleged foster parent perpetrator about the report.

4) The DFS caseworkers for the alleged victims will inform the parents/ guardians.

F-4.7. When the Institutional Abuse Report involves adults or children with active Interstate Compact Cases, the DSCYF Interstate Compact Administrator must be notified.

F-4.8. Report Line staff will notify OCCL and the appropriate police jurisdiction when the Division receives child abuse/neglect reports about unlicensed facilities. (Only OCCL should be notified if no child abuse/neglect is alleged).

F-4.9. Immediate face-to-face contact by the DFS caseworker is required when:

a. The administrator of the facility is implicated in the allegation and there is no other person in a position to credibly assess risk to the child.

b. It is not known whether the facility can or will take action to ensure the safety of the child.

c. A child needs medical examination or treatment due to abuse or neglect and no medical care is being provided.

d. A child is seriously injured.

e. A child is at continued risk of harm.

F-4.10. Contact within 24 hours by the DFS caseworker is required when:

a. There is any injury to the child.

b. There is no evidence that abuse is likely to occur within the 24-hour period following the report.

F-4.11. Institutional Abuse Reports Made After-Hours

a. When a report of institutional abuse is made to the Report Line after normal work hours, the screening process will be the same as during regular work hours.

b. In addition to reviewing the FACTS Facility Complaint Screens for completeness of information and appropriateness of referral, the after-hours supervisor will also determine the need for response by after-hours staff.

c. The DFS after-hours caseworker will conduct an assessment, when required.

d. The DFS after-hours caseworker shall not interview the alleged perpetrator or witnesses.

F-4.12. When an institutional abuse report involves a Delaware resident at a known DSCYF contracted out-of-state facility, the Report Line staff will immediately contact the child protection agency or the police in that state to request an investigation, if the report has not already been made. If the caller states a report has been made to the child protection agency or police in the other state, the Report Line staff must confirm the report was made.

F-5. **Safe Arms for Babies**

Abandoned Baby

F-5.1. When hospital emergency room staff notifies the Division that an infant less than two weeks old has been abandoned, the Division will accept the report and assign an urgent response time.

F-6. **Extrafamilial Abuse**

Extrafamilial Abuse

F-6.1. When the reporter makes a report alleging extrafamilial abuse and/or neglect, the caseworker will need to determine if the report meets the definition for a sexual predator. If it does meet the definition, the caseworker will immediately:

a. Telephone 911 to report information received regarding a sexual predator possibly needing police investigation.

b. Maintain statistical reporting on all sexual predator cases received and reported to the police.

SEE: Law Enforcement MOU

F-6.2. When the reporter makes a report alleging other extrafamilial abuse and/or neglect, the caseworker will request that the Reporter contact the police. If the reporter is willing to contact the police directly, the call will be documented only on the Phone Log. The caseworker will make a follow-up telephone call to the police to make sure the reporter made the report. If a report was not made, the caseworker will make the report.

FACTS

F-6.3. When a reporter alleges other extrafamilial abuse and/or neglect and is unwilling or unable to contact the police, the caseworker will write the information on the Narrative of the FACTS Family Abuse Report and then contact the police with the information.

F-6.4. The caseworker must immediately call 911 when an extrafamilial abuse report indicates a crime has been committed (serious physical or sexual abuse). The caseworker will record the information from the reporter on the Narrative of the FACTS Family Abuse Report.

F-6.5. The supervisor will reject all reports alleging extrafamilial child abuse and neglect on the FACTS Family Abuse Disposition event as extrafamilial sex abuse; the supervisor will make sure that data has been provided to the police, as needed.

F-6.6. The Regional Administrator will maintain a file of all rejected FACTS Family Abuse Reports for a period of one year.

F-7. **Prenatal Exposure to Drugs**

Prenatal Exposure to Drugs

F-7.1 Reports involving active Treatment cases:

A. If substance abuse has not been identified as a known risk factor in an existing treatment case at the time the hotline report is made regarding the drug exposed newborn, the case will be assigned an urgent response time and the assigned investigation worker will complete a full investigation.

B. If substance abuse has already been identified as a known risk factor in a current treatment case, a new investigation is not warranted. The assigned treatment worker will be responsible for making an urgent response and completing a new Safety Assessment. The investigation case will be abridged.

F-8. **Dependent Children Active with the Division of Child Mental Health or the Division of Youth Rehabilitative Services**

Dependency-DCMH/DYRS

F-8.1 A report accepted involving a child who is expected to successfully complete (i.e., having met primary treatment goals) Division of Child Mental Health residential treatment services within 90 days will be assigned a routine response time (within 10 calendar days).

F-8.2 A report accepted involving a youth age 13 or younger detained in a Division of Youth Rehabilitative Services Detention Facility for one or more misdemeanor charges of a less serious nature will be assigned a urgent response time (within one hour).

F-8.3 A report accepted involving a youth age 13 or younger detained in a Division of Youth Rehabilitative Services Treatment Facility for one or more felony or serious misdemeanor charges will be assigned a urgent response time (within 24 hours).

F-8.4 A report accepted involving a youth in a Division of Youth Rehabilitative Services Treatment Facility or Correctional Facility will be assigned a routine response (within 10 calendar days).

FORMS UTILIZED:
Child Abuse/Neglect Mandatory Report Form
Serious Injury/Death
Child Death Data Sheets

FACTS EVENTS:
FACTS Hotline Family Abuse Report
Facility Complaint Screen

TRAINING MODULES:
Risk Management
DELJIS
Domestic Violence
Substance Abuse

INTAKE & INVESTIGATION OF CHILD ABUSE AND NEGLECT ON OPEN TREATMENT CASES

All investigations of reports on active treatment cases will be conducted according to investigation policies and procedures.

Intake Process
• New Report • Report is screened and accepted or rejected • Report Line supervisor alerts treatment worker and supervisor by e-mail that a report has been accepted • Investigation is worklisted to investigation supervisor
Investigation Process

• Collaboration with treatment worker and supervisor is based on child safety; investigation supervisor determines when contact with treatment supervisor occurs
• Case is assigned to investigation worker
• Case is investigated per policy including:
  • historical information
  • safety assessment
  • collateral contacts
  • interviews with all parties – investigation worker can request treatment worker's assistance if necessary and treatment worker can request to be present
  • criminal background checks

Placement Process	
Placement During Investigation if Assigned Treatment Worker Cannot Be Made Available	**Placement During Investigation if Assigned Treatment Worker Can Be Made Available**
Investigation Duties: • medical exam • petition • request foster home • approval of relatives if appropriate • placement • probable cause hearing • testify at adjudicatory hearing	Investigation Duties: • medical exam • petition • joint placement • probable cause hearing • testify at adjudicatory hearing
Treatment Duties: • PCIC II, follow up visit • Placement even in FACTS • all placement paperwork, LOC • physicals • attend probable cause hearing • coordinate adjudicatory hearing • case planning • school notification/registration • notify service providers	Treatment Duties: • may assist with medical exam • request foster home/approve relatives • joint placement • PCIC II, follow up visit • all placement paperwork, LOC • attend probable cause hearing • coordinate adjudicatory hearing • case planning • school notification/registration • notify service providers

Investigation & Assessment: Case Decision Point #2

Investigation & Assessment

#2.1. **Determining Whether The Child Is Safe**
#2.2. **Preparing a Safety Plan and/or Arranging An Initial Placement**
#2.3. **Determining Maltreatment or Risk of Maltreatment**
#2.4. **Will Family Receive Treatment?**

Decisions:

A. During the initial assessment and safety intervention five decisions will be made by the caseworker, in collaboration with the supervisor, based on the information gathered from the family (including children), reporter, and/or other persons who have information about the allegations and/or conditions of the family members. They are:

1. Is the child (or children) safe?
2. Is this child maltreated?
3. Do negative elements within the Child At Risk Field place the child at risk?
4. What actions should be taken at the time of investigation/assessment?
5. Does the DFS need to provide services for the family?

B. If at any point in the initial assessment and safety intervention process it is determined that the children are not currently safe or at significant risk of maltreatment (danger-loaded elements are present and interacting), immediate action will be taken to protect the children. If not, the investigation is downgraded to routine status.

Is This Child Safe?

Is This Child Maltreated?

Is Initial Placement Required?

Case Process:

A. Investigation Protocol

Joint Investigations/ Law Enforcement

A-1. The Division caseworker upon receipt of a report of abuse or neglect will assess the allegation to determine if the police should be contacted. The Division caseworker will contact the appropriate police department when a report indicates a crime may have been committed against a child by the person responsible for the care, custody, and control of the child. (Note: care, custody, or control is not needed when sexual abuse is alleged).

Begin with Record Review and a Historical Review

A-2. Prior to initial contact with the family, the investigation worker will review the content of the FACTS Family Abuse Report and will determine whether any member of the family/household is/has been active within DSCYF or the Office of Child Care Licensing. The caseworker will complete these preparatory activities unless the supervisor waives the activities due to the urgency of response. The supervisor will document such a waiver in a progress note.

Timeframes for Response

A-3. For all cases assigned an Urgent response time, the initial contact must be completed within 24 hours of receipt of the report and include a face to face interview/observation by the caseworker with:

- The identified victims in the report,
- Any other victims identified during the initial contact, and
- The primary caretakers.

Urgent

Not Safe
When the reported victims are determined to be not safe, all other children not identified as victims must be interviewed/observed within 24 hours of receipt of the report.

Safe
When the identified victims are determined to not be victims or the victims are determined to be safe, other children that have not been identified as potential victims will be interviewed/observed within 10 calendar days of receipt of the initial report. (For expediency, the children not identified as potential victims may also be interviewed/observed during the Initial Contact if available).

The caseworker will provide, at minimum, information on all urgent responses to the supervisor within 10 calendar days of the date the report was accepted.

Routine

A-4. For all cases assigned a Routine response time, the initial contact must be completed within 10 calendar days of the receipt of the report and include a face to face interview/observation by the caseworker with:

- The identified victims in the report,
- Any other victims identified during the initial contact, and
- The primary caretakers.

When the reported victims identify other potential victims, and those victims are not available for interview/observation during the same contact, the caseworker will interview/observe the other potential victims within 10 calendar days of the receipt of the report.

Not Safe
When the reported victims are determined to be not safe, all other children not identified as victims must be interviewed/observed within 24 hours of the determination that the reported victims are not safe.

Safe
When the identified victims are determined to not be victims or the victims are determined to be safe, other children that have not been identified as potential victims will be interviewed/observed within 20 calendar days of receipt of the initial report. (For expediency, the children not identified as potential victims may also be interviewed/observed during the Initial Contact if available).

Initial Contact and Diligent Efforts

A-5. When the Initial Contact is not made on time, the caseworker shall document the reasons why in a FACTS Progress Note.

Diligent Efforts to comply with the Urgent/Routine Response times will be approved by the Supervisor when the caseworker made two attempted face-to-face contacts to comply with the Initial Contact policy, but were unable to interview/observe the child victims and primary adult caretakers due to circumstances beyond the worker's control. Those circumstances include the following:

- Children were with parents out-of-state or family on vacation. The worker must attempt to contact the parents, if whereabouts information is known.
- Client family on vacation/death in family/family illness/ hospitalization. This does not include the death of the alleged child victim or child illness related to abuse or neglect.
- Client refuses to meet on advice of attorney. This should be verified by the worker requesting the client's attorney's name and by having the DFS Deputy Attorney General call the client's attorney.
- Parent's/caretaker's special conditions (e.g., translations services, sign language) require assistance.
- Inaccurate or insufficient address. Check all locator options (e.g., DELJIS, street directory).
- Lack of cooperation – Must comply with Lack of Cooperation policy.
- Timely contact made, but not yet documented in FACTS.

See Contact Chart

Required by CAPTA

A-6. Upon initial telephone or face-to-face contact, the Division of Family Services Investigator will notify the individual who is the subject of a child abuse and neglect report of the reported allegations against the individual (e.g., physical neglect, sexual abuse), except where circumstances indicated prior notification will endanger the safety of the child or when law enforcement requests that the Division not contact the alleged perpetrator. When the report indicates there may

be more than one individual responsible for child abuse or neglect, all individuals shall be notified.

In addition, when the parent/custodian of the child is not the subject of the investigation, the Division will inform the parent/custodian that a report has been made prior to initiating an investigation. These notification contacts should be documented in FACTS.

A-7. The investigation worker shall make personal contact with the involved child(ren), parent/custodian, or caretaker within the assigned response time. It is important for the caseworker to make contact with the victimized child(ren) during the first interview in order to immediately begin assessing safety and the degree of risk.

No Miranda Rights

A-8. Division staff is not required to advise the family members about their Miranda Rights because the Division conducts civil, not criminal, investigations. When the police are involved in a joint or concurrent investigation with the Division, it is their responsibility to advise the family members about their Miranda Rights. Furthermore, Division staff shall not discuss polygraph (lie detector) testing with family members. Division staff shall inform family members as follows: "The only advice I am authorized to give you about polygraph testing is that you should contact your attorney or the agency that issued the polygraph regarding the results."

Interview Protocol

A-9. When possible, family members should be interviewed alone in the following order:

- The identified child victim(s);
- Siblings and other children in the home;
- Adult caretakers who are not alleged to have maltreated the child;
- The person who allegedly maltreated the child; and
- The family as a whole.

All interviews should be documented in the FACTS Initial Contact Note or subsequent FACTS Progress Note. Observation of non-verbal children should also be documented.

A-10. When the person who allegedly maltreated the child resides in a different household, any children residing in that household shall also be interviewed, as well as the adult caretaker not alleged to have maltreated the child.

Always Assess for Substance Abuse And DV

A-11. Regardless of whether or not substance abuse is mentioned in the Hotline report, the investigation caseworker will assess the use of substances during their interviews and in completing the investigation risk assessment.

A-12. The investigation worker shall assess the presence of domestic violence by the caretakers. Adult victims of domestic violence should never be interviewed in the presence of the alleged abuser.

Disposition Timeframes Determined

A-13. During the initial case conference between the caseworker and supervisor, the supervisor will determine if the case will require Urgent (20 calendar day) disposition time or a Routine (45 calendar day) disposition time. The decision will be made considering the information from the Safety Assessment and Safety Plan. There are two reasons a case may be assigned a Routine disposition time:

a. The Danger Loaded Elements described in the FACTS Hotline Report are not present or apparent; or no imminent safety issues are apparent.

b. A Safety Plan was implemented.

A-14. An urgent case should not be changed to a routine disposition time when a child has been placed out of the home. This will enable the Division to better comply with the case planning time frames of the Adoption and Safe Families Act (ASFA).

FACTS

A-15. For cases assigned an urgent response time, the supervisor will document his/her disposition time frame decision by completing the FACTS Investigation Priority Review event.

A-16. If the investigation process exceeds the designated urgent or routine disposition timeframe, the caseworker will document the circumstances. Authorization or an extension must be approved by the supervisor and documented in a Progress Note.

A-17. The investigation worker shall make one or more contacts with the family to gather enough information to determine the safety and risk to **all** children, as well as the need for continued service by this Division. Analysis of these factors will be assisted by the worker's understanding of the family's strengths and needs.

A-18. These contacts will include:

a. All children in the home. Children who are verbal shall be interviewed and non-verbal children shall be observed; and

b. All adults residing in the household with caretaking responsibilities for the child(ren) must be individually assessed for risk to the child(ren); and

c. A parent not residing in the household who has routine contact with the alleged victimized child(ren); and

d. An adult caretaker (e.g., paramour, relative) not residing in the household who is alleged as a perpetrator in a report under investigation.

FACTS Progress Notes

A-19. All contacts shall be documented in FACTS Progress Notes. Ideally, the contacts should include the following information:

- Date of contact.
- Time of contact.
- Type of contact (e.g., home visit, telephone call to/from).

- Who was involved in the contact (e.g., name of Division staff, name of family member, collateral name).
- Note if the person recording the contact is different than the parties involved in the contact.
- Purpose of the contact (e.g., worker called to discuss, client called because).
- How were the parents and children interviewed (e.g., sequence, alone or in combinations)? Why was it done this way?
- Note if the perpetrator was only interviewed by the police and DFS observed the interview.
- Was the victim interview conducted by the CAC? Document if DFS observed the interview.
- Describe observations (e.g., appearance of the home – if dirty describe what was observed, demeanor of parties interviewed).
- Detail of the interview (e.g., what each family member said about the allegations, if the children are safe, existence of substance abuse, existence of domestic violence, risk assessment force fields – parental history, family supports, etc).

Information should be factual. The worker's impressions should be clearly labeled as impressions and should explain why the worker had those impressions.

Obtain Informed Consent

A-20. During the investigation, the caseworker will encourage the family to sign appropriate consents to release information. These include the Consent to Obtain/Release Information Form, the Interagency Consent for Release of Information Form, and the Consent for Medical Treatment Form (for all children removed from the home).

A-21. The Division will share a copy of the signed consent form with individuals the Division is requesting information from and will request a copy of a signed consent when other parties, individuals or agencies request information from the Division.

A-22. If the family is unwilling to consent to the Division obtaining information, the parent cannot be located, or the parent refuses to meet face-to-face with the caseworkers, and the child is in significant risk and information is needed immediately, the Division is permitted to request relevant information without a signed consent.

A-23. Alcohol and other drug information, sexually transmitted disease information, and HIV/AIDS information can only be obtained and/or shared with a specific signed consent. The information should be documented in a running Progress Note labeled "Federally Protected."

Interview Collateral Contacts

A-24. All reports assigned for investigation must include a minimum of two collateral contacts for additional information. Collateral contacts are to be made during the course of an investigation (not at the conclusion of the investigation) for the purpose of obtaining additional information to assist the caseworker in the decision-making process. It is the responsibility of the caseworker to determine and select the appropriate collateral contacts, alone or in consultation with the

See Collateral

supervisor, based on the allegations in the report and other factors learned about the family during the investigation. A collateral contact may or may not have been involved with the family prior to the report. The caseworker should consider the subjectivity/objectivity of any relative used as a collateral.

Contact Chart on page

A-25. Collateral contacts with law enforcement shall document the date and time of the contact, but shall not contain information about the law enforcement officer's personal impressions or reveal details about the investigation.

A-26. The investigation shall include a review of the criminal background information (DELJIS) of the adult household members and juveniles over age 13. The family's consent is not needed for Division staff to obtain DELJIS information. The caseworker will document the results of the search in the FACTS Criminal Background Checks finding screen as a note labeled "History."

SEE: DELJIS User Manual for Appropriate DELJIS Screens

A-27. Former (still working at DFS) or current caseworkers (active Treatment case) providing services to the family should be consulted to gather information. In addition, if other DSCYF Divisions are active with a child those caseworkers should be consulted.

A-28. The Investigation shall include a review of previous hotline reports, a review of previous risk assessment narratives and investigation dispositions, a review of treatment case closure narratives, and termination of parental rights reports if accessible. The caseworker will summarize information from the historical review in a FACTS Progress Note labeled "History."

Historical record Review

A-29. If the family indicates or the caseworker has reason to believe the family may be or may have been active with another state, information should be requested from that state.

A-30. All information gathered shall be entered on the appropriate FACTS event within 48 hours of receipt.

A-31. At the conclusion of the investigation, the alleged perpetrator shall be informed in writing about the outcome of the investigation utilizing the standardized letters located on the Division's U drive.

Letters described in Substantiation Hearing – Investigation Policy

A-32. When the identity of the perpetrator is unknown at the conclusion of the investigation and the case will be transferred to Treatment, it may be necessary to open the case in the custodial parent's name, the non-custodial parent's name, or both.

A-33. All contacts with a civil/criminal Deputy Attorney General (Department of Justice) are to be documented in a running Progress Note called "Client/Attorney Privilege."

A-34. All required notifications such as HIPAA, the Parent Handbook, Birth to Three, etc. shall be documented in a single Progress Note labeled "DOJ or Client/Attorney Privilege."

Contacts with a DAG

B. Safety Assessment

Safety Assessment

B-1. A Safety Assessment will be conducted for each new report accepted for investigation. The Safety Assessment will be completed during the initial face-to-face contact with the victim's family. When the alleged perpetrator resides in a different household than the victim, a Safety Assessment of any children residing with the alleged perpetrator shall also be conducted. If safety factors exist, a Safety Plan must be developed or justification provided if a Safety Plan is not needed. Evaluating the safety of a child is a discrete function within DFS which is separate from validating the presence of child abuse or neglect and assessing and identifying risk of maltreatment.

B-2. The Safety Assessment will consider safety factors involving:

a. All adults residing in the home regardless of caretaking responsibilities.

b. Family members or significant others routinely functioning in a caretaking role.

c. And caretakers alleged to be perpetrators, but residing out of the home.

B-3. Whenever a safety factor is identified during the safety assessment process, a Safety Plan is required with the family or justification provided why a plan is not needed. The Plan must be completed immediately upon the identification of a safety factor.

B-4. Safety planning must include careful consideration of the extent of drug/ alcohol use and the impact on the parent's ability to keep the children safe.

Develop A Safety Plan with the Family

B-5. The Safety Plan is made in concert with the family with the goal of identifying and implementing services that permit the family to remain together for the short-term.

B-6. Safety Assessments that result in a Safety Plan usually cover a period of 30-45 days. Sometimes safety plans must remain in place beyond the investigation because of case circumstances, which require continued control for the safety of children.

B-7. If the safety assessment determines that the child must be removed and placed, the caseworker will follow the policy and procedures for Case Decision #4: Placement .

C. Risk Assessment

C-1. The Risk Assessment shall be as thorough as possible. Information should be gathered in the five forces, resulting in an assessment of all negative elements that contribute to risk. A lack of information in any of the forces should be cause for concern and rated as a 4.

C-2. If there are two caretakers in a household, they should be rated separately using the FACTS Risk Assessment event.

C-3. When an investigation includes two households (e.g., parents share legal custody with one parent having physical custody), the caseworker will complete the FACTS Risk Assessment event on the home where the alleged perpetrator resides and information about the non-offending parent will be recorded in a Progress Note.

FACTS

C-4. A separate child force narrative will be completed using the FACTS Risk Assessment based on interviews with the parents and child or observation of the child (for children who cannot speak).

A child's well-being must also be documented in the Child Force Fields using the following guidelines.

GENERAL CHILD WELL-BEING DOCUMENTATION GUIDELINES

PHYSICAL HEALTH	MENTAL HEALTH	EDUCATION
Ability to interact with others	Known diagnoses or medications	Educational level
Appropriate clothing	Notable behaviors	Educational performance
Developmental milestones		
Presence of illness		
Presence of injury		

There must be documentation of the child's verbal skills or ability to respond to the worker or others if the child is non-verbal. There needs to be a general physical assessment of infants and disabled children (e.g., autistic, mute).

C-5. The Investigation worker will complete the FACTS Investigation Risk Assessment Event. These screens are used to categorize the information and ensure that it is comprehensive. The screens are intended to assist the caseworker in consistent information collection, examination, analysis, and decision-making.

FACTS

C-6. The caseworker shall conduct a historical review of the records that will include determining whether a family member has been identified as a perpetrator in another family or type of case (e.g., institutional abuse). The caseworker should document their review of this information in the appropriate FACTS Risk Assessment, either the Parent Force Narrative

or Child Force Narrative.

Finalize FACTS Risk Assessment

C-7. When information gathering from the family and collateral contacts has been completed, the FACTS Risk Assessment is finalized by rating the elements in the five force fields (maltreatment, child, parent, family, and intervention).

C-8. Once the information in the Force Narratives is complete, the caseworker determines the contribution to risk according to the ratings provided for each element using the FACTS Risk Qualifiers in the Risk Assessment.

Evaluate Risk Qualifiers

C-9. The caseworker shall evaluate four Risk Qualifiers that must be considered before the final risk rating is established. These risk qualifiers provide additional insight into the family situation.

C-10. The FACTS Risk Assessment Conclusion Narrative is a summary (paragraphs not pages) of investigation and the conclusion. The summary supports and ties all the pieces together and analyzes the information. The Narrative differs from the Progress Notes, which provide all the details from the investigation (e.g., content of family interviews, collateral contacts). The Narrative also differs from the Risk Assessment, which highlights the risk elements.

Content of Risk Assessment Narrative Conclusion

Paragraph 1: Sentence about when the report came in and what it alleged. Sentence stating that the investigation included interviews of X, Y, and Z and collateral contacts with A and B.

Paragraph 2: Summarizes what the investigation discovered (e.g., parents said it was an accident, but the doctors said it was abuse; child was credible or not; information from family members was consistent or conflictual). Discuss the perspectives of other professionals – police, doctors, teachers. Discuss issues such as the existence of substance abuse or domestic violence. Note if the parents were cooperative or not. Discuss safety and what was done about it. Provide an analysis of the historical record review (e.g., how it does or does not support risk).

Paragraph 3: (Conclusion): Based on the information gathered during this investigation (Preponderance of the evidence), the incident is substantiated or not or the child is at risk and why. Add any immediate recommendations (e.g., referrals needed or suggested services) or things that need attention by the Treatment worker such as an impending court hearing date or substance abuse evaluation.

If the investigation included multiple reports, the Narrative should be clear if the reports had similar or different allegations, whether they were investigated at the same time or in sequence, and what the finding is for each report.

Abbreviated FACTS Documentation

C-11. Abbreviated FACTS documentation: This occurs after the investigation process has been completed and all information has been recorded in Progress Notes. When the maltreatment, child, and parent force fields are rated less than 2 and the case will be closed, the caseworker does not have to complete the family intervention forces and risk qualifiers. The FACTS Risk Assessment Conclusion and FACTS Investigation Disposition events will be completed.

Select Disposition

C-12. FACTS Investigation Dispositions will be selected using the following guidelines:

a. Maltreatment Founded (Substantiated): An incident of child abuse, neglect or dependency has been substantiated by a preponderance of the evidence. Abuse findings shall be guided by 11 Del. Code § 468. Founded cases of abuse or neglect (not dependency) will be entered on the Child Protection Registry which identifies perpetrators.

FACTS

b. Maltreatment Unfounded (Unsubstantiated), but risk exists: An alleged incident of child abuse, neglect or dependency has not been founded or identified if not alleged. However, information gathered indicates risk/safety factors exist for a child. These cases will not be entered on the Child Protection Registry.
c. Maltreatment Unfounded, no treatment.

C-13. The caseworker and supervisor shall decide in a case conference whether the case will be closed or opened for Division treatment services or referred for treatment services by a contracted agency.

Abridged Investigation Process

C-14. Abridged Assessment

The process for abridging a case can be considered when, after the report has been accepted for investigation, information is received that negates the need for further investigation by the Division. These circumstances are unusual and may be considered in the following circumstances:

- An erroneous report – Example – no heat but a call to the utility company confirms no interruption of service, wrong family
- Referrals for dependency through another Division or Family Court where it is immediately determined that the information in there report is incorrect. – Example – the parent was not notified of a bail hearing or it was reported that the parent was not willing to take the child and upon our first contact, it is determined the information is incorrect. (Note: If the Division has been awarded custody, at a minimum the Division must abbreviate)
- Referral information which is clearly refuted by medical evidence. – Example – report for abuse but medically determined to be Mongolian spots

C-14-1. The possible ability of the Division to abridge a case does not negate the Division's responsibility to meet the designated response time frames or disposition date.

C-14-2. An abridged assessment includes the following:

a. At least one in person contact with child (victim) and the parent/caretaker.

b. Additional collaterals contacts as needed to rule out maltreatment or risk of maltreatment.

C-14-3. The required documentation for a false report are initial interview notes and a supervisory case review.

C-15. An abridged assessment includes the following:

a. At lease one in person contact with child (victim) and the parent/ caretaker; however, in certain cases such as reports of lack of supervision, police may make the required contacts; and
b. Additional collaterals contacts as needed to rule out maltreatment or risk of maltreatment.

C-16. The required documentation for a false report are initial interview notes and a supervisory case review.

C-17. The only exception of the use of the FACTS Investigation Risk Assessment Event is an abridged assessment.

D. Special Circumstances

D-1. Client Lack of Cooperation

Client Lack of Cooperation

D-1.1. Division staff will pursue face-to-face contact with the non-cooperative and/or non-compliant client in a diligent and timely manner with a focus on assessing the safety of the child(ren). The case may be new (Investigation) or active (Investigation/Treatment).

Interviewing A Child Without Consent

DFS will interview the child without parental/custodial knowledge or consent when the report indicates a child may be at imminent risk of harm.

D-1.2. The decision to interview a child without parental/custodial consent will be made jointly by the supervisor and caseworker on a case-by-case basis. For example, a child interview without consent may be warranted if the child is currently being sexually abused, if a child has been abandoned, or if the child is a runaway from another state.

D-1.3. When a parent who lives outside the home shares legal custody of children, the Division will enlist their assistance when possible to take children for medical examinations/screenings, for example, or to enable the caseworker to find and interview child.

D-1.4. This policy does not preclude a higher response level by the caseworker based on the circumstances of the case (e.g., danger-loaded elements) and the age of the child.

Urgent Response

D-1.5. Urgent Response

a. The caseworker will, at minimum, make two attempts to establish face-to-face contact with both the parent/custodian/caretaker and child, but not more than four unsuccessful contacts during the 24-hour urgent response period, documenting dates and times of attempted contacts.

b. The caseworker should be creative about ways to make contact with the family such as use of the second and third shifts to make early morning or late evening unscheduled home visits, waiting for a child to be picked up at daycare or school, etc.

Request Police Assistance

c. Police assistance will be requested after the second failed contact. (For additional information, refer to the appropriate regional Memorandum of Understanding between DSCYF, the Delaware Police Departments and the Department of Justice).

D-1.6. If the caseworker establishes face-to-face contact, but is refused entry to the residence, the parent/custodian/caretaker will be requested to meet with the caseworker in the Division's local office. If this fails, discuss further attempts to contact with supervisor.

D-1.7. When the caseworker is responding to an urgent report directly

related to hazardous or unhealthy conditions in the residence, and is refused admittance, the caseworker will immediately request police assistance to gain entrance.

Contact Deputy Attorney General

See Forms Manual

D-1.8. When all attempts to make face-to-face contact with the parent/custodian/caretaker and child have failed, the caseworker will contact the regional Deputy Attorney General (DAG) to discuss appropriate legal action (e.g., Petition to Compel Cooperation, Petition for Custody). The caseworker will fax to the DAG a completed copy of the Deputy Attorney General's Request to Compel Cooperation with Investigation form.

D-1.9. Routine Response

a. The caseworker will, at minimum, make two attempts to establish face-to-face contact beyond the initial contact attempt (within 10 calendar days). The second and third attempts are to be made between 10-15 calendar days. After the third attempt, the caseworker will send the parent/custodial/caretaker a form letter (one certified, return receipt requested and one First Class U.S. mail) which cites the Delaware Code and advises the parent/custodian/caretaker if s/he does not meet with the caseworker, the matter will be referred to the Attorney General's Office for action.

b. If the parent/custodian/caretaker does not contact the caseworker within seven calendar days of the posted date of the letter, the caseworker will contact a regional Deputy Attorney General to take appropriate action. Generally, the Deputy Attorney General will write another letter asking the parent/custodian/caretaker to contact the caseworker to schedule an appointment within one week of receipt of the DAG letter. The caseworker should request a copy of the DAG's letter, to be filed in the hard copy record.

D-1.10. If the parent/custodian/caretaker does not respond within one week of the posted date of the Deputy Attorney General's letter, the caseworker will discuss the case with their supervisor and contact a regional Deputy Attorney General to discuss possible legal options as described below.

Legal Options

D-1.11. Legal Options

The caseworker and supervisor will review the situation in detail with the Deputy Attorney General, including specific allegations in the report, dates and times of attempted visits and phone calls, dates of letters, how the family has failed to cooperate or comply, etc. The array of legal options will be considered on a case-by-case basis including filing a Petition for Custody or a Protection from Abuse Act (PFA) petition.

Request for a Court Order

D-1.12. Petition to Compel Cooperation

a. The Petition to Compel Cooperation will be considered primarily in cases indicating serious risk requiring an urgent response. The legal standard will be: Is there probable cause to investigate the case? (Do the allegations indicate serious risk of harm to the child)?

SEE: Court Procedure

b. When the decision is made to file a Petition to Compel Cooperation, the Deputy Attorney General will file the petition, attaching:

c. Affidavit of caseworker which includes facts to support the petition (information regarding serious child abuse/neglect report which requires investigation, dates and times of attempted contacts with family members, copies of letters to the family).

d. Affidavits of others (report, school contact, other involved professionals).

D-2. **Temporary Emergency Protective Custody**

Temporary Emergency Protective Custody

D-2.1. The investigating caseworker will first determine if police intervention is necessary to protect the well-being of the caseworker, as well as the child.

D-2.2. The investigator will contact his/her supervisor to discuss casework options.

D-2.3. When a decision is made to invoke Temporary Emergency Protective Custody, the investigator will inform the school, day care facility, or child care facility prior to leaving the school or facility with the child and should make reasonable attempts to advise parents, guardians, or others legally responsible for the child's care.

D-2.4. The investigator has three options after invoking Temporary Emergency Protective Custody:

a. When the investigating caseworker suspects a crime has been committed against the child the caseworker will transport the child to the nearest law enforcement agency and request assistance.

b. When the investigating caseworker does not suspect a crime has been committed against the child, the child will be transported to a DFS office site so the parents can be contacted to come for an interview.

FACTS

c. When the extent of the child's injuries appear to put the child in imminent danger of further harm, the investigating caseworker will transport or seek emergency medical transport of the child to a medical facility for a medical examination to determine the extent of the injuries.

D-2.5. During the maximum four (4) hour period permitted for Temporary

Emergency Protective Custody, the Division must file a petition for custody and obtain legal custody of the child within the 4-hour period or return the child to the parent/custodian/guardian.

D-2.6. As required by statute, the investigating caseworker will document in a FACTS Progress Note the facts and circumstances which gave them cause to believe the child was in danger of suffering serious physical harm or threat to life no later than twelve (12) hours after assuming Temporary Emergency Protective Custody.

D-3. **Medical Examinations**

See Medical Examination Chart (Page 45)

D-3.1. When a report of physical abuse, sexual abuse, physical neglect, or medical neglect is made about a child from birth to age 8 by a physician or hospital as a consequence of a medical examination of the child, an additional medical examination is not required unless requested by law enforcement or the Attorney General's Office during the course of a criminal investigation.

D-3.2. When a report of physical abuse or sexual abuse (involving external contact and injury is not alleged or suspected) is made about a child from ages 9 to 18 by a registered nurse or physician's assistant as a consequence of a medical screening, an additional medical screening is not required unless requested by law enforcement or the Attorney General's Office during the course of a criminal investigation.

D-3.3. When a medical examination or medical screening is indicated by the protocol, the medical examination or medical screening should be obtained as soon as possible after the alleged occurrence of the injury and while it is still evident.

D-3.4. Division staff should request a written copy of the medical examination or medical screening at the time of the visit and file it in the medical section of the hard copy record. If the medical examination report cannot be provided at the conclusion of the exam, Division staff should provide a mailing address.

Locations for Medical Examinations

D-3.5. Medical Examination Locations (Children Birth to Age 8)

a. New Castle County: All examinations are to be conducted at the duPont Hospital for Children, unless a law enforcement agency requests that the examination be conducted at Christiana Care.

b. Kent and Sussex Counties: All serious physical abuse and sexual abuse examinations are to be conducted at the Children's Advocacy Centers (CAC). All other examinations will be conducted at the duPont Hospital for Children satellite clinics. If satellite clinics are not available, examinations are to be conducted by the family's primary care physician or hospital.

Authorization

Procedure

D-3.6. Authorization

When the DFS caseworker determines that a medical examination or screening is required per the Medical Examination Protocol, they will first attempt to gain the family's cooperation in obtaining the medical procedure. The caseworker will determine on a case by case basis whether they need to accompany the family for the examination or screening, however, when serious physical abuse or sexual abuse has been alleged it is not appropriate to have the alleged perpetrator transport the child.

When the Family Refuses to Obtain Medical Examination

D-3.7. When the caseworker determines that a medical examination or medical screening is required, but the family refuses to allow the procedure, the caseworker will consult with his/her supervisor in a time frame consistent with the urgency of the case.

D-3.8. Once it has been determined that the family does not intend to cooperate to obtain the medical examination or medical screening, the decision to obtain authorization should include consideration of the child's overall safety plan. For example, if the Division plans to file for ex parte custody of the child and place the child out of the home, it will not be necessary to obtain medical authorization because custody, if granted, will allow for that.

D-3.9. When it is known that authorization is the appropriate course of action, the caseworker shall request authorization to secure the procedure by contacting the Director's designee, which is the Assistant Regional Administrator (ARA) in each locale. When the ARA is not available, the caseworker should contact the Regional Administrator. In the event the Regional Administrator is also not available the caseworker should contact the Administrator of the Office of Children Services.

D-3.10. The caseworker will complete the Authorization for Medical Examination During Investigation Form. The form should succinctly enumerate the reasons why a medical examination or screening is required. A decision to seek screening rather than examination must be documented with specific reasons approved by the supervisor.

D-3.11. The Assistant Regional Administrator will review the authorization form and sign if approved. If authorization is denied, the ARA will document the reason on the form.

D-3.12. After normal work hours, the caseworker should contact the assigned on duty ARA for approval.

D-3.13. The caseworker will file the authorization approval in the medical section of the hard copy case record.

Payment for Medical Bills

D-3.14. Once the authorization is approved, the caseworker will provide the examiner/screener with a copy of the authorization, secure the examinations/screening, and document the case activity in FACTS.

D-3.15. The caseworker should request the assistance of the local police, as needed, once medical authorization has been approved.

D-3.16. Payment

Medical bills are to be paid by the parents'/custodians' medical insurance or Medicaid. It is expected that the parents/custodians will provide relevant insurance/Medicaid information to the billing office of the examiner/screener when accompanying the child to the medical examination/screening.

D-3.17. Even when the caseworker has been authorized to obtain a medical examination, the caseworker should still ask the parents/custodians for medical insurance information. If the parents/custodians refuse to give the information and do not attend the examinations/screening, the caseworker should inform them that the medical provider will be requested to bill the family directly. (The Division has statutory authority to obtain a medical examination and the statute specifies that a child's health insurance must provide coverage for a child referred by the Division. In addition, the Division has no legal responsibility to pay for the examination if it does not have legal custody of the child).

D-3.18. If an arrest has been made for child abuse, the medical examination may be paid by the Victims Crime Compensation Board if no other medical coverage exists. The caseworker should contact the Criminal Division Deputy Attorney General or Victim/Witness Assistance Program assigned to the case to assist with this application.

D-3.19. A.I. duPont Hospital for Children

a. DFS staff in New Castle County must utilize the services of duPont Hospital for Children; however, the services of the hospital are also available to DFS staff in Kent and Sussex Counties if necessary.

b. Between the hours of 9:00 a.m. to 6:00 p.m. Monday through Friday, the DFS caseworker should contact the A.I. duPont case manager of the emergency room to facilitate an examination. The case manager can be reached at 651-4255 or by beeper at (302) 426-2015.

c. At all other times, the DFS caseworker may contact the on-call social worker for the hospital. The social worker can be reached by calling 651-4000 and request the individual be paged (may be in the hospital or at home).

d. The A.I. duPont case manager will also assist the family with arranging the payment of services (e.g., filling out forms or applying for Victims of Crime Compensation). In some instances, the case manager may assist the family in applying

Examinations for Sexual Assault and Serious Physical Abuse and Neglect

for the Nemours Foundation financial assistance fund. Note: DFS staff is not able to apply for the Foundation assistance on behalf of the family.

(1) The A. I. medical case manager will be responsible for the following tasks:

(a) Expediting the medical exam by guiding the DFS worker to the quickest medically indicated source of evaluation.

(b) Conduct a brief assessment of the situation, history and circumstance surrounding the alleged incident.

(c) Collaborate with the DFS worker and police in collection of evidence, release of information, medical findings and interpretation of those findings.

(d) Advocate for the child.

(e) Coordinate the multiple interests of all involved personnel and agency staff.

(f) Provide crisis intervention to the child and family when indicated.

(g) Serve as a liaison between the physician and agency workers.

(h) DFS clients referred to A.I. duPont for medical examinations to assist in the investigation determination of abuse or neglect will be seen through the Emergency Services capability by use of the FAST TRACK system that will provide separate physical space for ambulatory, non-urgent patients including all medically stable DFS clients under investigation for abuse and neglect.

FAST TRACK EXAMINATIONS

(i) FAST TRACK physicians are Board Certified Pediatrician dedicated only to FAST TRACK patients with priority treatment given to all identified DFS cases.

(j) The FAST TRACK service hours are 1:00 pm through midnight seven days per week.

(k) The FAST TRACK system will provide first priority service to the DFS worker and child in need of a medical examination even if other patients have been waiting to see the physician prior to the DFS worker's arrival. (Exception being an internal or external Disaster requiring full allocation of medical staff to disaster victims).

FACTS

(l) *Develop a target timeline whereby DFS cases are seen within one hour of arrival.

(m) Monitor the timeline.

(2) The FAST TRACK system will operate as follows:

(a) DFS case triaged at regular Emergency Room triage area.

(b) Emergency Room Case Manager will be notified to assist DFS worker as defined above.

(c) Triage staff and/or ER Case Manager will immediately bring the DFS worker and patient to the FAST TRACK services area.
(d) DFS worker and child victim will be brought to the next available patient examination room.
(e) The child victim will be medically evaluated by a Board Certified Pediatrician.

*DFS cases should be seen within the target timeline of 60 minutes. The target timeline is a goal the hospital will make every effort to meet barring unforeseen medical emergencies that may occur in the FAST TRACK service area.

EXCEPTIONS: Acute rape victims and medically unstable child victims identified in the ER triage area will remain in the Emergency Services area and be seen at that acute level of care for their safety.

D-3.20. Children's Advocacy Center (CAC)

The CAC provides a multi-disciplinary assessment of sexual and serious physical abuse and neglect. Delaware has three Child Advocacy Centers:

- New Castle County – duPont Hospital for Children
  1600 Rockland Road
  Wilmington, DE 19803
  (302)651-4566
- Kent County – 611 South Dupont Highway
  Suite 201
  Dover, DE 19901
  (302)741-2123
- Sussex County – Children and Families First
  410 S. Bedford Street
  Georgetown, DE 19947
  (302)854-0323

a. When a referral is made to the New Castle CAC for an interview only, there are no fiscal charges. However, when a referral is made to either CAC and a medical examination is also needed, the CAC staff will direct the DFS caseworker or family to the appropriate billing representative at the duPont Hospital for Children. The billing representative will work with the family to get the exam paid through the family's insurance or through the Victim's Crime Compensation Board or through the Nemours Financial Assistance fund.

D-3.21. A medical examination/screening is to be documented in a FACTS Progress Note. Documentation is to include the name of the child, location of the examination/screening, and any other pertinent information (e.g., child transported by caseworker or family).

Institutional Abuse & Neglect

D-4. **Institutional Abuse and Neglect:**

D-4.1. The DSCYF Institutional Abuse Investigation Unit (IAIU) provides a coordinated and efficient approach to the investigation of allegations of physical and sexual abuse or neglect in out-of-home settings. It is responsible for the following actions:

a. Determine whether children in an out-of-home care setting named in an allegation or identified in the course of an investigation have been abused and/or neglected; and to

b. Identify concerns in the out-of-home care setting which do not rise to the level of abuse or neglect but effect the safety or well-being of children.

D-4.2. The IAIU investigation shall adhere to the response and disposition time frames established for intrafamilial investigations.

D-4.3. The IAIU investigation shall adhere to the statutory requirement and MOU with law enforcement and the Department of Justice regarding the reporting of potential criminal violations against a child to law enforcement.

D-4.4. Institutional Abuse (IA) Safety Assessment

D-4.4.1 The following issues represent the minimum safety items to be addressed during the IA investigation and each issue shall be documented in the FACTS IA Note.

IA Report Format

1. Is the child fearful of others (adults or children) in the home or facility?

2. Does the alleged child victim know whether other children in the home or facility have also been victimized?

3. Are the foster home parents or management of the child care facility cooperating with the DFS investigation?

4. Does the alleged perpetrator have access to the alleged child victim?

D-4.4.2 Based on the IA Safety Assessment, the IA caseworker will document in the FACTS IA Note whether the alleged victim is safe or unsafe.

D-4.4.3 When the alleged child victim is unsafe, the IA caseworker will notify the appropriate DSCYF caseworker for the alleged child victim as soon as possible after the Initial Interview so a plan can be made for the child's safety (e.g., removal). In addition, the IA caseworker will notify the appropriate DSCYF caseworker(s) for the foster home, child care facility (to whom the license is issued), and OCCL or the administrator of the license exempt facility to facilitate further decision-making about safety (e.g., foster home closure, removal of

the alleged perpetrator from the facility, license suspension).

D-4.5. The Risk Assessment processes shall not apply to institutional abuse investigations. Investigation findings will be incident based only (not risk based).

D-4.6. The final investigation report shall be written in the following format:

Director's Name
Facility's Name
Facility's Address
IA FACTS Investigation Identification Number

I. Reported Incident
   A. Date and method of report to IA Unit
   B. Narrative of the referral source – includes facility name, date or incident, alleged victim, and alleged perpetrator

II. Investigation
   A. Contacts
   B. Findings
      1. Statement of the alleged victim
      2. Statement of the alleged perpetrator
      3. Statement of witnesses
         a. Residents
         b. Staff
         c. Other collateral resources
      4. Statement of facility administrator
      5. Medical statement/reports
      6. Additional information

III. Conclusions
   A. Statement of the finding
   B. Identified concerns

IV. For Review and Action as Necessary – identifies violation of Delacare licensing regulations or policy violation in unlicensed facilities.

V. Signatures
   A. Investigator
   B. Supervisor

D-4.6. IAIU reports are public information. Therefore, to protect the confidentiality of the participants, their names must be coded in the final investigation report.

D-5. **Investigation of Division Employee – Physical/Sexual Abuse of a Client**

DFS Employee Investigation

Reports that allege a Division employee physically or sexually abused a client shall be referred to IAIU for coordination with and/or joint investigation with law enforcement.

D-6. **Investigation of Division Employee – Intrafamilial Abuse/ Neglect**

D-6.1. Upon acceptance of an intrafamilial child abuse and neglect report involving a Division staff employee, the screening supervisor will immediately notify the Regional Administrator or designee.

D-6.2. Assignment of report for investigation:

a. When the report involves Division line staff (including support staff), a supervisor, or Assistant Regional Administrator, the Regional Administrator will request that the report be assigned to a supervisor in another region via that Regional Administrator for investigation. A report involving a Program Manager or other Central Office administrator or support staff will be investigated in the county of residence.

b. The Division Director will appoint an investigator they deem appropriate when the report involves a Deputy Director, a direct report of the Director, or a Regional Administrator.

c. The Department Secretary will appoint an investigator they deem appropriate when the report involves the Division Director.

D-6.3. When the report involves an allegation of child abuse/neglect in an institution by a Division employee, the report will be investigated by the Institutional Abuse Investigator.

D-6.4. The Regional Administrator will verbally notify the Division Director of the report and case assignment as soon as possible, but not later than the close of the same workday.

D-6.5 As soon as the report is received, the Division Director will notify the Cabinet Secretary and keep him/her informed throughout the process.

D-6.6. Based on the degree of risk alleged in the report, the Regional Administrator will consult with the Division Director and the Human Resources Office to decide if the situation warrants suspension of the employee's official duties.

D-6.7. The Regional Administrator will notify the employee that a report has been accepted for investigation and give the name of the assigned Investigation Unit Supervisor or assigned Investigation Caseworker, if known. The Regional Administrator will also discuss any change in employment status that is deemed necessary.

D-6.8. The Office of Children's Services Administrator shall notify the Quality Assurance Administrator that the employee is to be blocked from FACTS access to the investigation events. In addition, the employee shall not access the content of the investigation through another employee's computer. These actions are subject to disciplinary

action.

D-6.9. The Cabinet Secretary, Division Director, Deputy Director, involved Regional Directors, investigating supervisor and Report Line/regional intake staff will maintain strict confidentiality regarding the identity of the employee and all records pertaining to the investigation.

D-6.10. At the conclusion of the investigation, the supervisor will inform the employee's respective Regional Administrator who may access the investigation via FACTS.

D-6.11. The Regional Administrator will forward two copies of the Initial Assessment and Safety Evaluation Worksheet and Conclusion to the Division Director who will forward one copy to the Department Secretary.

D-6.12. When a case involving Division staff below the Regional Administrator level needs to remain open for continuing treatment services, case assignment will be determined by the Regional Administrator in consultation with the Office of Children's Services Administrator.

D-6.13. Continuing protective services case assignment for employees at Regional Administrator level or above will be decided by the Division Director in consultation with the Cabinet Secretary.

D-6.14. The assigned protective services caseworker and assigned caseworker's supervisor will maintain strict confidentiality regarding the investigation and treatment services offered to the employee and storage of all records pertaining to the case.

D-6.15. The investigating caseworker's Regional Administrator will ensure the reported information and investigation findings are entered on FACTS at the conclusion of the investigation.

D-7. **Investigation of Division Employee's Relative**

DFS Investigation of Employee's Relative

D-7.1. Upon receipt of a intrafamilial report involving a known member of any Division employee's immediate family or near-relatives, the screening supervisor will forward the report to the employee's Regional Administrator for review.

D-7.2. The Regional Administrator will verbally notify the Office of Children's Services Administrator of reports involving relatives when there is high media potential.

D-7.3. The Regional Administrator will consult with the Office of Children's Services Administrator on a case-by-case basis whether the situation warrants a special investigation process (e.g., investigation by staff in a different regional office).

D-7.4. Reports not requiring a special investigation process will be returned to the screening supervisor for assignment per the routing procedure. The screening supervisor will advise the receiving investigation

supervisor of the family's relationship to staff.

D-7.5. The Division staff related to the subject of a report will not play an official role in the case other than participating as an interviewee upon the request of the investigating caseworker and the employee shall not be allowed access to records pertaining to the case.

D-7.6. Reports not requiring a special investigation process will be entered on FACTS per normal procedures.

D-7.7. The Investigation supervisor will assign the family to a caseworker who is experienced in handling sensitive issues.

D-7.8. In all cases, involved Division staff will maintain strict confidentiality during the investigation and with storage of all records pertaining to the case.

D-7.9. If a caseworker learns during the investigation process that the case involves a relative of a DFS employee, the caseworker will notify the Regional Administrator through the chain-of-command and proceed with the investigation.

D-7.10. When the report involves an allegation of child abuse/neglect in an institution by a relative of a Division employee, the report will be investigated by the Institutional Abuse Investigator.

D-8. **Investigation of Department Employee/Department Employee Relative**

Also see Department Policy #305 – Conditions of Continued Employment, Standards of Conduct

D-8.1 Upon acceptance of an intrafamilial child abuse and neglect report involving a Department employee or relative of the employee, the screening supervisor will immediately notify the Division of Family Services Division Director and the Criminal History Unit. The Criminal History Unit will notify the appropriate Division Director of the employee and Departmental Human Resources.

D-8.2 The report shall be investigated by a regional office in a different county than where the employee works. The Intake Supervisor will contact the OCS Administrator who will decide what regional office will investigate.

D-8.3 The office of Children's Services Administrator shall notify the Quality Assurance Administrator that the Department employee is to be blocked from FACTS access to the investigation events. A DFS employee shall not access the content of the investigation through another employee's computer. Employee access to investigation events on FACTS is subject to disciplinary action.

D-9. **Request for Investigation by Child Protective Services in Another State**

Investigations Involving Other States

D-9.1. Scenario #1: Perpetrator lives outside the State of DE, the abuse incident occurred outside the State of DE, but the child victim lives or

is visiting in DE – The Division will do a courtesy interview of the child victim.

D-9.2. Scenario #2: The family lives outside the State of DE, but the alleged abuse occurred in DE and the family is temporarily located in DE – The Division shall conduct an investigation. If the Division substantiates abuse, a referral will be made by the Division to the child protective services agency in the state where the family resides.

D-10 **Safe Arms for Babies**

Abandoned Baby

D-10.1 When a parent chooses to abandon their baby at a hospital emergency room, the hospital will attempt to obtain medical information about the infant from the parent.

D-10.2 The hospital will give and explain counseling and referral information to the parent.

D-10.3 The hospital will take Temporary Emergency Protective Custody of the baby.

D-10.4 The hospital will provide an identification number for the baby. The parent shall be given the number in case they want to contact the Division about reunification with the baby prior to 30 days.

D-10.5. The hospital will notify the Delaware State Police and the Division.

D-10.6. The Delaware State Police will conduct a missing child check on the baby.

D-10.7. When a Delaware hospital emergency room contacts the Division about an abandoned baby less than two weeks, the Division should request that the hospital establish a birth date for the baby. Also, request that the hospital keep the baby 24 hours for observation. Although the hospital may not agree, explain that the Division wants to be sure the infant does not have any serious health issues. If the hospital does not agree to keep the baby for observation, Division staff shall make plans to place the infant in foster care. Division staff shall obtain ex parte custody.

D-10.8. The Investigation caseworker must appear at the hospital within 4 hours and give the hospital a copy of the court order.

D-10.9. Placement of the baby:

- Weekdays – utilize the process in place with the Foster Care Unit
- After-hours – utilize an emergency foster home, foster-adoptive home, or adoptive home of a private agency

Naming the Baby

The foster-adoptive or pre-adoptive caregiver will be allowed to name the baby.

D-10.10. Division staff shall publish notice of the abandoned infant in the newspaper.

D-10.11. The Investigation caseworker shall make a referral to the Permanency Committee within 20 days.

D-10.12 The Investigation caseworker shall attend the Probable Cause and Adjudicatory hearings, but the case can be transferred after the Probable Cause hearing if all needed activities are done.

D-10.13 Division staff shall complete all needed placement events on FACTS.

D-10.14. Division staff shall apply for a birth certificates for baby boy/girl Doe. Use first name given by foster-adoptive or pre-adoptive caregiver. The last name is Doe.

D-10.15.The Investigation caseworker shall follow up regarding the Delaware State Police missing child check.

D-10.16 The Investigation caseworker shall complete the Risk Assessment with all known information. The case shall be substantiated for dependency and shall not be listed on the Child Protection Registry.

Investigation of Non-Custodial Parent

D-11 **Reports Alleging Abuse/Neglect by the Non-Custodial Parent in an Active Case in Investigation or Treatment**

D-11.1 The investigating caseworker shall conduct a Safety Assessment and investigative interview with the child victims residing with the active custodial parent and also with any child residing with the non-custodial parent within the same response timeframe.

Dependency – DCMH/DYRS

D-12 **Dependent Children Active with the Division of Child Mental Health or the Division of Youth Rehabilitative Services (or active with both Divisions)**

D-12.2 Children Active with DCMH

D-12.2.1 If the investigation determines the parents/caretakers are capable of providing care, but refuse to allow the child to return home, the Division will make a substantiation finding of neglect.

D-12.3 Youth Active with DYRS

D-12.3.1 If the bail order permits the child's release from the detention facility (Youth with misdemeanor charges of a less serious nature), the Division will petition for emergency custody and place the child.

D-12.3.2 Youth who have serious misdemeanor or felony charges will remain in detention. The Division will convene an emergency interdivisional team meeting composed of all Divisions no later

than the next business day after the report is accepted to determine the most appropriate type of placement for the child.

D-12.4 Youth Active with DYRS Treatment Facility or Correctional Facility

D-12.4.1 When the Division makes a determination that a youth is dependent, the Division will petition for custody even if the youth is in the Department's custody.

D-12.4.2 The Division will make a substantiation finding of neglect when the parents/caretakers are capable of providing care, but refuse to allow the child to come home.

D-13. **Criteria for Abbreviating the Investigation Process and Documentation Requirements**

D-13.1. The investigation process and required Risk Assessment documentation may be abbreviated when all of the following criteria are met:

1. There is no allegation of physical abuse and all children in the home are aged 7 years and older.
   - If sexual abuse is alleged, the initial interview must include the CAC interview where a joint determination can be made on the validity of the allegations.
2. There is an allegation of physical abuse of a child aged 13 years or older that does not require medical treatment and there are no younger children in the home.
3. There is no more than one prior investigation and the prior disposition was unsubstantiated with no risk and no concerns.
4. After completing all interviews, the current investigation will be unsubstantiated with no risk and no concerns.

D-13.2. When an investigation process is being abbreviated, the following case activities are required. Any concerns raised may indicate a full investigation and Risk Assessment or additional interviews and activities are needed. This will be determined by the Supervisor:

- Initial interview with the alleged victim, one adult caretaker and the alleged perpetrator if that is someone other than the parent.
- A Safety Assessment must continue to be completed at the time of the initial interview. If safety issues are noted, a full investigation and complete FACTS documentation are required.
- DELJIS check
- A minimum of one collateral contact that is relevant to the allegation and child victim(s).
- Documented supervisory consultation

D-13.3. Dependency Cases

Children active within the Child Welfare System including children reported by the Division of Child Mental Health, Division of Youth Rehabilitative Services or Family Court for dependency allegations (including Court awarded custody at the time of the report) may have both an abbreviated investigation process and Risk Assessment documentation as described in D-13.2 and D-13.2. A review of the FACTS history should be considered as a part of the assessment.

When it is determined that the parents are able to provide care, but refuse to do so, substantiation for neglect should be considered band a full investigation completed.

D-14. **Special Investigators (SI)**

For the following requests originating After-Hours, the After-Hours Supervisor should contact the SIs directly when:

1. Law enforcement requests SI participation in a police action, or
2. A young (ages birth to 12) or special needs child in DFS custody is missing.

Requests for Special Investigators to Provide Assistance After-Hours

For work extending beyond weekday hours, the Supervisor, Regional Administrator or Assistant Regional Administrator should contact the SIs directly when their assistance is needed for:

1. Transporting or retrieving children in DFS custody out-of-state,
2. Conducting surveillance for the purpose of gathering evidence for civil proceedings or to verify compliance with safety plans, or
3. Locating children in urgent cases that could potentially be in imminent risk.
4. Accompanying workers to potentially volatile or dangerous situations or neighborhoods,
5. Assisting workers in removing children from their own homes when there is a potential danger or reason to believe there is danger to the workers safety, or
6. Locating children when DFS is given ex parte custody and the location of the children is unknown.

The Statewide Services Administrator (SSA) should be notified directly or electronically by the Supervisor, Regional Administrator, or Assistant Regional Administrator to inform the SSA an SI request was made fro Numbers 1. or 2. above.

The OCS Administrator or SSA should be contacted if a Critical Incident Stress Debriefing is needed regardless of working hours.

CONTACT CHART
INITIAL CONTACT, INITIAL SAFETY RESPONSE, DILIGENT EFFORTS, AND LACK OF COOPERATION
URGENT/ROUTINE RESPONSE TIME REQUIREMENTS

	INITIAL CONTACT	INITIAL SAFETY ASSESSMENT	DILIGENT EFFORTS	LACK OF COOPERATION
URGENT RESPONSE – WITHIN 24 HOURS OF RECEIPT OF REPORT	Face to face interview/ observation with: • identified victims in the report • any other victims identified during the initial contact • the primary caretaker	Occurs during the initial contact. NOT SAFE When one or more identified victims are not safe, all other children not identified as victims must be interviewed/ observed within 24 hours of receipt of report. SAFE When the identified victims are determined to not be victims, or the victims are determined to be safe, the other children will be interviewed/observed within 10 calendar days of receipt of the initial report.	The worker has made two attempted face-to-face contacts to comply with the Initial Contact policy, but was unable to interview/observe the child victims and primary adult caretakers due to circumstances beyond the worker's control.	The worker has made two attempts to establish face-to-face contact with both the parent/ custodian/ caretaker and child, but not more than four unsuccessful contacts during the 24-hour urgent response period.
ROUTINE RESPONSE – WITHIN 10 CALENDAR DAYS OF RECEIPT OF REPORT	Face to face interview/ observation with: • identified victims in the report • any other victims identified during the initial contact • the primary caretaker	Occurs during the initial contact. NOT SAFE When the identified victims are not safe, all other children not identified as victims must be seen within 24 hours of determination children are not safe. SAFE When the identified victims are determined to not be victims, or the victims are determined to be safe, the other children will be interviewed/observed within 20 calendar days of receipt of the initial report.	The worker has made two attempted face-to-face contacts to comply with the Initial Contact policy, but was unable to interview/observe the child victims and primary adult caretakers due to circumstances beyond the worker's control.	The worker has made two additional attempts to establish face-to-face contact beyond the initial 10 calendar days. The third and fourth attempts are to be made between 10-15 calendar days.

Diligent Efforts FACTS Criteria Met:

- **OUT** Children with parent out-of state or family on vacation. The worker must attempt to contact the parent, if whereabouts information is known.
- **ILL** Client family on vacation/death in family/family illness/hospitalization. This does not include the death of the alleged child victim or child illness related to abuse or neglect.
- **REF** Client refuses to meet on advice of attorney. This should be verified by the worker requesting the client's attorney's name and by having the DFS DAG call the client's attorney.
- **AST** Parent's/caretaker's special conditions (e.g., translations services, sign language) require assistance.
- **ADR** Inaccurate or insufficient address. Check all locator options (e.g., DELJIS, street directory).
- **LAC** Lack of cooperation – Must comply with Lack of Cooperation policy.
- **FCT** Timely contact not yet in FACTS

Diligent Efforts FACTS CNE Criteria Not Met with Exceptions (requires Supervisory approval):

- **CTW** Case transferred to a different worker.
- **FRC** Family resides in a different county.
- **DLE** Delay due to law enforcement/CAC.
- **APR** Extension approved by Supervisor due to case priorities

Diligent Efforts FACTS Criteria Not Met: When no efforts have been made to comply with the Initial Contact face-to-face policy.

- **CNM** Criteria Not Met

		Programs Involved							*Response*		
Investigation Types	After-Hours (Urgent Response)	Investigation	Treatment	Institutional Abuse	Foster Care Coordinator	Permanency	OCCL	ICPC/ICJ	Lead Worker	Safety Assessment Conducted By	Child Removal Decision
Investigation											
One Report	X	X							Inv.	Inv.	Inv.
Requirements: Basic Safety Assessment											
Multiple Reports	X	X							Inv.	Inv.	Inv.
Requirements: Basic Safety Assessment											
Report involving abuse in State residential facility (License exempt)				X					IA	IA	Report to Administrator
Requirement: IA Safety Assessment											
Out-of-state courtesy -- child in DE with non-offending parent/caretaker	X	X							Inv.	Inv.	Inv.
Requirement: Basic Safety Assessment											
Out-of-state courtesy -- perpetrator in DE with children in home	X	X							Inv.	Inv.	Inv.
Requirement: Basic Safety Assessment											
Treatment											
New report (Intact Family)	X	X	X						Inv.	Inv.	Inv.
Requirement: Basic Safety Assessment											
Foster Care											
Report involving foster children (DFS Foster Care)	X	If case is active X	X	X	X	X			IA	A-H or IA	A-H or child's assigned worker and Foster Home Coordinator jointly. When a DFS foster home is under investigation for Levels III or IV child abuse/neglect, and there appears to be validity after interviewing the alleged victim, all foster children will be replaced until the investigation is concluded and the Foster Home Coordinator and Supervisor determine that the children can be returned safely to the foster home.
Requirements: IA Safety Assessment											
Report involving foster children (contracted foster care)	X	X	X	X	Foster Care Contract Manager		X		IA	NA-*Delacare* rules dictate closure of home	*Delacare* rules and DFS contracts specify child removal
Requirements: IA Safety Assessment not needed per *Delacare* rules											

Report involving foster children (DFS foster care) and foster parents own children	X	X	X	X	X		X		Inv.& IA	Inv. & IA for respective reports	Inv.-Foster family's own children; Child's assigned worker and Foster Home Coordinator jointly for foster children. When a DFS foster home is under investigation for Levels III or IV child abuse/neglect, and there appears to be validity after interviewing the alleged victim, all foster children will be replaced until the investigation is concluded and the Foster Home Coordinator and Supervisor determine that the children can be returned safely to the foster home. Regardless of the allegation level, the Treatment worker has the discretion to remove children from the home.
Requirements: 1. Basic Safety Assessment for foster parents own children 2. IA Safety Assessment for foster children 3. During the investigation period, the Foster Home Coordinator will have a teleconference/meeting with the caseworkers for all children in the home to discuss further planning.											
Report involving DFS foster parents own children, but not the DFS foster children	X	X	X		X				Inv.	Inv.	Inv. - When a DFS foster home is under investigation for Levels III or IV child abuse/neglect, and there appears to be validity after interviewing the alleged victim, all foster children will be replaced until the investigation is concluded and the Foster Home Coordinator and Supervisor determine that the children can be returned safely to the foster home. Regardless of the allegation level, the Treatment worker has the discretion to remove children from the home.
Requirements: Basic Safety Assessment											
Report involving foster children (contracted foster care) and foster parents own children	X	X	X	X		X	X		Inv. & IA	Inv. & IA for respective reports	*Delacare* rules specify removal of foster children and Inv.-foster parent's own children
Requirements: 1. Basic Safety Assessment for foster parents own children 2. IA Safety Assessment for contracted foster children 3. During the investigation period, the Foster Home Coordinator will have a teleconference/meeting with the caseworkers for all children in the home to discuss further planning.											
Report involving contracted foster parents own children, but not the foster children	X	X		X	Contract Manager	X If appropriate			Inv.	Inv.	Inv.
Requirements: Basic Safety Assessment											

Child Care Provider											
Report involving licensing facility issue/regulation -- no abuse							X		OCCL	NA	NA
Requirements: No Safety Assessment needed											
Report involving child care children	X		X	X	X	X	X		IA	IA	Parents/Caretakers unless in foster care
Requirements: IA will notify Treatment if the alleged victims are also foster children											
Report involving provider's own children	X	X					X		Inv.	Inv.	Investigation
Requirments: Basic Safety Assessment											
Report involving child care children and own children	X	X		X			X		Inv.	Inv.	Inv. (Own) and Parents/Caretakers (Child Care)
Requirements: Basic Safety Assessment and IA Safety Assessment											
Report involving daycare child in DFS custody	X	X If not in foster care	X	X If in foster care	X If in foster care	X If appropriate	X		IA	IA	Treatment/ Permanency./ OCCL/Caretaker from child care home/facility
Requriements: Basic Safety Assessment when child not is in foster care and IA Safety Assessment when child is in foster care											
Report involving DFS/contracted foster care children and child care provider's own children	X	X	X	X	X or Contract Manager	X If appropriate	X if Con-tract		Inv.& IA	Inv. & IA	Inv. (Own) and OCCL (Contracted foster care and child care)
Requirements: Basic Safety Assessment and IA Safety Assessment											
Report involving abuse in State residential facility	X			X			X		IA	IA	Staff removal per *Delacare* or DYRS/DCMH policies apply for license exempt - report to Administrator
Requirements: IA Safety Assessment											
Report involving child care, foster care, and own children	X	X	X	X	X or Contract Manager	X If appropriate	X		Inv. & IA	Inv. & IA	OCCL - *Delacare* requires closure of home
Requirements: Basic Safety Assessment and IA Safety Assessment											

ICPC/ICJ											
Report involving abuse by parent/relative of DFS/DYRS supervised ICPC/ICJ child	X			X			X	X	IA	IA	When a DFS/DYRS supervised ICPC/ICJ parent/relative is under investigation for Levels III or IV child abuse/neglect, and there appears to be validity after interviewing the alleged victims, the ICPC/ICJ child will be replaced until the investigation is concluded and the ICPC/ICJ Coordinator determines the ICPC/ICJ child can be returned safely to the home. The ICPC/ICJ Coordinator also has the discretion to return the ICPC/ICJ child to the sending state.
Requirements: IA Safety Assessment											
Report involving abuse of ICPC/ICJ child by parent/relative supervised by DSCYF Contract	X			X			X	X	IA	IA	OCCL - *Delacare* requires closure of home
Requirements: IA Safety Assessment											
Report involving abuse of ICPC/ICJ child by parent/relative supervised by non-DSCYF Contractor/ private agency	X			X			X	X	IA	IA	OCCL - *Delacare* requries closure of hoime
Requirements: IA Safety Assessment											
Report involvlng abuse of own child by parent/relative of DFS/DYRS supervised ICPC/ICJ child	X	X					X	X	Inv.	Inv.	Inv.
Requirements: Basic Safety Assessment											
Report involving abuse of own child by parent/relative in DSCYF Contracted supervision of ICPC/ICJ child	X	X					X	X	Inv.	Inv.	OCCL - *Delacare* requires closure of home
Requirements: Basic Safety Assessment											
Report involving abuse of own child by non-DSCYF contracted supervision of ICPC/ICJ child	X	X					X	X	Inv.	Inv.	OCCL - *Delacare* requires closure of home
Requirments: Basic Safety Assessment											

Report involving abuse of DFS/DYRS supervised ICPC/ICJ child and own child	X	X		X			X	X	Inv. And IA.	Inv. And IA	When a DFS/DYRS supervised ICPC/ICJ parent/relative is under investigation for Levels III or IV child abuse/neglect, and there appears to be validity after interviewing the alleged victims, the ICPC/ICJ child will be replaced until the investigation is concluded and the ICPC/ICJ Coordinator determines the ICPC/ICJ child can be returned safely to the home. The ICPC/ICJ Coordinator also has the discretion to return the ICPC/ICJ child to the sending state.
Requiirements: 1. Basic Safety Assessment for parents/relatives own childand 2. IA Safety Assessment for ICPC/ICJ child											
Report involving abuse of ICPC/ICJ child and own child by parent/relative in DSCYF contracted supervison of ICPC/ICJ child	X	X		X			X	X	Inv. And IA	Inv. And IA	OCCL -*Delacare* requries closure of home
Requirements: 1. Basic Safety Assessment for parents/relatives own child 2. IA Safety Assessment for ICPC/ICJ child											
Report involving abuse of own child and ICPC/ICJ child by non-DSCYF contractedupervision of ICPC/ICJ child	X	X		X			X	X	Inv. and IA	Inv. and IA	OCCL - Delacare requires closure of home
Requirements: 1. Basic Safety Assessment for parents/relatives own child 2. IA Safety Assessment for ICPC/ICJ child											

KEY:

Report means:		Child Abuse/Neglect unless noted otherwise
Contracted Home means:		Relative, Foster or Pre-Adoptive, ICPC, ICJ
Cells highlighted with yellow :		Communication is needed by the Investigator with these program areas
Cells highlighted with blue :		Communication is needed with OCCL if dually approved licensed/DSCYF contracted provider and childcare provider

COLLATERAL CONTACT CHART

ALLEGATION/ISSUE IN A REPORT	APPROPRIATE COLLATERAL CONTACT
Physical Abuse	Medical Doctor, Any Witnesses to the Abuse
Sex Abuse	Medical Doctor, Police, Attorney General's Office (Criminal Division), Children's Advocacy Program, Victim/Witness Assistance Program
Medical Neglect	Medical Doctor, Physician's Assistant, Registered Nurse, Child Development Watch Team, Division of Public Health
Physical Neglect	Medical Doctor, Registered Nurse, Neighbor, Relative, Daycare Provider, Teacher
Child Development	Medical Doctor, Physician's Assistant, Registered Nurse, Child Development Watch Team, Part C, Part B, Daycare Provider, Teacher
Child Abuse/Neglect of any School Aged Child	Teacher, School Nurse, Guidance Counselor
Lead Paint Poisoning	Division of Public Health Lead Poisoning Prevention Program
Hazardous Physical Environment in the Home	License and Inspection
Domestic Violence	Family Court, Police Victims Services, Attorney General's Office-Victim/Witness Assistance Program, Local Domestic Violence Counseling Agency
Incarceration (Adult)	Pre-Sentence Office, Superior Court, Detention Facility Social Worker
Prior Criminal Activity	Attorney General's Office (Criminal Division), Probation and Parole
Prior Child Protective Services Activity	In Delaware: The previously assigned worker or supervisor; Out-of-State: The previously assigned worker or supervisor.

Medical Examination Protocol

AGE OF CHILD	ABUSE		NEGLECT	
	PHYSICAL	SEXUAL	PHYSICAL	MEDICAL
BIRTH TO 8 YEARS	Any infant or child who is the alleged victim of a physical abuse report must receive a medical examination by a pediatrician or family practitioner as soon as possible. A Supervisor may waive the examination when there are no visible injuries, significant bruises, and the infant or child does not appear to be in physical pain. In New Castle County, all children will be examined at the A.I. duPont Hospital for Children unless otherwise directed by law enforcement. If necessary, the appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.	Any infant or child who is the alleged victim of sexual abuse which involves external contact, fondling, penetration, intercourse, or when injury is alleged or suspected must receive a medical examination by a trained pediatrician or physician as soon as possible. All children statewide will be interviewed at one of the Children's Advocacy Centers of Delaware and, in New Castle County, all children will be examined at the Children's Advocacy Center unless otherwise directed by law enforcement. The appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.	Any infant or child who is the alleged victim of a report of physical neglect that may be life threatening (e.g., Non-organic Failure to Thrive, malnutrition) must be examined by a pediatrician or family practitioner as soon as possible. In New Castle County, all children will be examined at the A.I. duPont Hospital for Children unless otherwise directed by law enforcement. If necessary, the appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding. Also, a referral must be made to Part C (birth to age 3).	Any infant or child who is the alleged victim of a medical neglect report that may be life threatening (e.g., failure to administer prescribed medication, failure to use an apnea monitor, untreated asthma) must receive a medical examination by a pediatrician or family practitioner as soon as possible. In New Castle County, all children will be examined at the A.I. duPont Hospital for Children unless otherwise directed by law enforcement. A referral should also be made to the Division of Public Health. If necessary, the appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.
9 to 18 YEARS	A child who is the alleged victim of a physical abuse report with observable injuries must be screened, at minimum, by a registered nurse or a physician's assistant to determine if more in-depth medical care is needed. A Supervisor may waive the screening if there is minor bruising and the child does not indicate they are in physical pain. The child may be screened by a school nurse, a school-based well-child clinic, a state service center clinic, or Managed Care Organization. This location decision will be made on a case by case basis. If necessary, the appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.	Any child who is the alleged victim of sexual abuse which involves external contact or fondling and injury is not alleged or suspected, must be screened, at minimum, by a registered nurse or physician's assistant to determine if more in-depth medical care is needed. (refer to physical abuse for screening locations). A child who is the alleged victim of sexual abuse which involves penetration, intercourse, or where injury is alleged or suspected must be examined by a trained pediatrician or as soon as possible. All children statewide will be interviewed at one of the Children's Advocacy Centers of Delaware and, in New Castle County, children will be examined at the Children's Advocacy Center unless otherwise directed. The appropriate Police Department and the Department of Justice will be contacted per the Memorandum of Understanding.	A child who is the alleged victim of a report of physical neglect that may be life threatening must be examined by a pediatrician or family practitioner as soon as possible. In New Castle County, all children will be examined at the A.I. duPont Hospital for Children. If necessary, parental neglect will be reported to the appropriate Police Department and the Department of Justice per the Memorandum of Understanding. .	Refer to Medical Neglect (Birth to 8 years)

Treatment for Children & Intact Families: Case Decision Point #3:

3.1. ***Ensure Children Are Safe***
3.2. ***Assess Family for Strength and Needs***
3.3. ***SENSS***
3.4. ***Develop Family Service Plan***
3.5. ***Review Family Service Plan Quarterly***
3.6. ***When Placement is Necessary***
3.7. ***Assess Case for Closure***

Treatment for Children & Intact Families

Decisions:

A. Complete Safety Assessment to determine if children are safe.

B. Complete the Family Assessment Form and the Service Entry Needs and Strengths Screen (SENSS) to determine the strengths and needs of the children and their family.

C. Negotiate a Family Service Plan with the family members that outline the activities that all parties will undertake to resolve the problems that place the child at risk.

D. Determine when there is a need for emergency placement prevention services.

E. Prepare for placement and select an appropriate caregiver when the safety of the child requires removal from the home. These case decisions related to foster care will occur simultaneously with the treatment and case management decisions. (See Case Decision #4: Placement).

F. Continuously monitor the child's ongoing safety and the progress of all parties toward the Family Service Plan goals for each party.

G. Determine when it is appropriate to close the case.

Are Treatment Services Required?

Creating the Family Service Plan

Is the Child Safe?

Preparing for Placement If Required

Monitoring the Parties' Progress

Case Process:	
A. Safety Planning	
A-1. The assigned DFS treatment worker will complete a safety assessment for every child in the home at the time of their initial face-to-face contact.	
A-2. The Safety Assessment will consider safety factors involving a. All adults residing in the home regardless of caretaking responsibilities; b. Family members or significant others routinely functioning in a caretaking role; and c. Caretakers alleged to be perpetrators but residing out of the home	
A-3. If the children have been removed from the home prior to the case being transferred to treatment, the Safety Assessment will still be completed at the initial face-to-face contact for each child as if they were still residing in the home. The purpose of completing the assessment in this manner is to determine if the circumstance which resulted in the removal of the children continue to exist.	
A-4. The worker will complete a new Safety Assessment whenever a safety factor has been identified or there has been a significant change in the family. A significant change could be the birth of a child, a parent is released from prison, a paramour moves in or out of the home, etc.	**Safety Assessment**
A-5. If the Safety Assessment determines that a child is not safe, the worker must explain why the child does not need to be removed from the home or a safety plan must be developed.	
A-6. If the parent refuses to abide by or sign the Safety Plan, the DFS worker will petition for ex parte custody.	
A-7. At no time should the Safety Plan be used as a tool to effect a placement of a child. DFS may only remove a child from the family's home and subsequently make arrangements for placement elsewhere if the Division holds legal custody of the child.	
A-8. A Safety Assessment must be completed 7 days prior to reunifying a child with their family. The purpose of doing a Safety Assessment at this time is to assure that all safety issues have been addressed prior to reunification.	
A-9. A Safety Assessment must be completed within 30 days prior to closing the case to determine that the children are safe and no longer in need of DFS intervention.	

B. Family Assessment

B-1. The initial assessment process begins when the completed Investigation Risk Assessment indicates the need for continued Division of Family Services involvement, and a treatment case is opened. The assessment process consists of gathering information and completing the Family Assessment Form.

B-2. The Family Assessment Form shall be completed within the first 6 weeks, depending on the cooperation of the family and responsiveness of collateral sources. An extension beyond six weeks requires supervisory approval, which will be indicated in a treatment note.

Complete the Family Assessment Form within 6 weeks of case opening

B-3. All information gathered will be entered on the appropriate FACTS Screen within 48 hours.

B-4. The caseworker is responsible for maintaining the contact schedule established by the supervisor and for maintaining adequate contact with a family to assess ongoing safety and complete the Family Assessment and Family Services planning process. Unannounced and announced home visits are part of the safety assessment process.

FACTS

B-5. Once a treatment case is opened, the caseworker continues to gather information needed to complete the assessment, addressing any gaps and areas requiring more in-depth study. Within the first six weeks of transfer to treatment, the caseworker may obtain information from the following sources:

Review history and interview all parties

FACTS

a. Interviewing the family, including extended family members and other significant individuals,

b. Reviewing available written information, previous and current case records, and other historical information available through FACTS;

c. Interviewing and observing the family together;

d. Securing other professional opinions and evaluation; and

e. Interviewing collateral sources.

B-6. A review of DELJIS may be conducted to:

a. Assist the screening of reported information;

b. Verify criminal history information discussed by family members with division staff;

c. Locate a family active with the Division when the whereabouts of the family are unknown.

DELJIS SEE:

DELJIS (Administration)

B-7. Division staff with direct access to DELJIS must meet the appropriate security clearance, and shall only conduct background checks meeting the criteria specified.

B-8. Information collected during the assessment period will be documented in both Treatment Notes and the Family Assessment Form.

Document Findings in Treatment Notes

B-9. In completing the assessment the caseworker shall address the following elements for each parent involved in the case (including parents not residing in the child's home):

a. The nature and extent of the problem in the family;

b. Family behavior;

c. Family relationships and patterns of interaction;

d. Each family member's level of functioning, including intellectual capacity;

e. The physical, environmental and economic conditions that affect each individual;

f. The problem solving competence of each individual within the family;

g. The family history;

h. The parenting styles and family values; and

i. The clients' opinion and perceptions about themselves, their problems and family services intervention;

j. The opinions and working relationship of other professionals, including OCCL, DYRS, DCMH, the children's school, and the Division of Public Health.

B-10. The supervisor will review the contact schedule at all critical decision points, including completion of the Family Assessment and Family Service Plan, and make appropriate adjustments. In addition, during regular case supervision, the supervisor may determine that the contact schedule should be changed. Contact

FACTS

schedule changes shall be documented in FACTS. During the assessment phase, the caseworker rates each influence according to the operational definitions using a scale of 1 to 5. Ratings are individualized in the Family Assessment Form reflecting the strengths and concerns that each family has.

Assessing Strengths and Concerns

B-11. The caseworker will consider the following:

a. All areas rated 3 or above, with emphasis on the highest ratings;

b. Elements from one area which stimulate elements in other areas

B-12. The worker will select outcomes appropriate to the most critical risk contributors. The caseworker shall first select the critical risk contributors and then select the appropriate outcome to reduce each contributor to risk. Client outcomes determined in the assessment phase form the basis for the Family Service Plan. Careful assessment of major risk contributors will result in a limited number of reasons for the existence of risk and determination of their priority for planning change. Client outcomes are simply desired behaviors/skills which will indicate that the client has overcome the identified causes for risk.

SEE: Petition for Abuse/Neglect

B-13. If, during the assessment process, the caseworker and supervisor determine the need for placement of child(ren) as the control necessary to protect the child during this process, the worker shall refer to Placement Policies for information related to this process.

Describe the information gathered and determine the treatment implications

B-14. In the narrative session of the Family Assessment Form, the caseworker should utilize the information gathered during the investigation and assessment period. The following information should be summarized:

a. Summarize the behaviors/conditions that impact on the safety or risk of children. At this point, the caseworker shall decide which elements contribute most to risk and analyze these critical elements to determine their cause.

b. Identify individual and family strengths. The caseworker shall identify elements within the forces which are functional/strong and consider how strong elements can affect the negative elements.

c. Identify barriers to protective treatment services. The caseworker shall identify barriers to achieving the identified outcomes as determined in the Assessment phase as well as influences previously identified in the External Element at Investigation. At this time, the caseworker begins to consider requirements necessary to achieve the outcome and considers the likelihood that outcomes will be achieved.

d. The narrative should also summarize all assessment activities to support the Family Assessment. The caseworker shall specify if there is a Safety Plan currently in place.

B-15. The Family Assessment Form will provide documentation in and of itself to support the need for Division involvement and to direct further case intervention. The Family Service Plan utilizes outcomes determined in the Family Assessment. In addition, the narrative section of the Family Assessment provides valuable information in developing a strategy to achieve the outcomes.

B-16. The caseworker finalizes the Family Assessment and it is automatically work listed to the supervisor for approval. If the assessment process determines that the degree of risk does not warrant continued Division involvement, the case may be closed at this point. This decision will be stated in the narrative along with the reasons for the decision. All Memoranda of Understanding related to closure must be followed.

B-17. The Family Assessment Form (Family Assessment review event) requires the approval of the supervisor.

C. Service Entry Needs and Strengths Screen (SENSS)

C-1. A SENSS must be completed for all children in the family unless the children are residing in foster care.

C-2. A SENSS must be completed for all Interstate Compact children if DFS is responsible for supervising the placement of the child. However, a SENSS does not need to be completed on other children that may be residing in the home.

C-3. The SENSS must be completed within the first six weeks of receiving a case in treatment.

C-4. The scoring system for the SENSS includes 4 different levels.

1. A score of “0” indicates no evidence or reason to believe that the rated item requires any action.
2. A score of “1” indicates a need for monitoring, or “watchful waiting”.
3. A score of “2” indicates the need for action. Some strategy is needed to address the problem/need.
4. A score of “3” indicates the need for immediate or intensive action.

C-5. If areas of the SENSS are scored as 2 or 3, it is anticipated that those areas will be included in the Family Service Plan.

SENSS

D. Develop Family Service Plan

D-1. Caseworkers will develop a Family Service Plan for all families immediately following the completion of the Family Assessment Form. The caseworker must attempt to develop a Family Service Plan for each parent in the case, even though both parents may not live in the same household or even be an active participant in the child's life. In the case of an absent parent, the caseworker must clearly document their attempts to locate and engage the parent.

D-2. The caseworker should consult with other service providers during the planning process to ensure their full cooperation in implementation of the Plan.

Focus on safety and permanency

D-3. Focusing on safety and permanency, the Family Service Plan will attempt to resolve the problems that were identified in the Family Assessment. The Family Service Plan should be considered a working document used to move a case to closure, protect children and protect the rights of parents. It must clearly identify the changes parents must make and how the Division will measure those changes.

Foster Care Candidacy

D-4. When completing the Family Service Plan, the caseworker must determine the likelihood of children entering foster care if they are still in their own home at the time the plan is developed. To make this determination, the worker should review information contained in the Safety Assessment, the Risk Assessment, the Family Assessment, and the SENSS. If, after reviewing these documents, the worker and supervisor feel that the child(ren) are likely to enter foster care, the must indicate on the Family Service Plan that the child is a Foster Care Candidate. By making this selection, FACTS will automatically modify the signature page of the Plan.

The modified signature page will include language stating "…this plan is developed to reduce the level of risk, enhance well-being, achieve stability and prevent foster care for the following children: (Names)" ""…if the children identified above cannot be safely maintained, it may become necessary for the children to be removed from the home. DFS may petition Family Court for custody and possible placement with relatives. If placement with relatives is not possible, placement in foster care may become necessary."

D- 5. Foster care candidacy must be assessed each time the Family Service Plan is reviewed and each time a new Family Service Plan is developed.

D-6. When parental substance abuse is indicated, the Family Service Plan must focus on behavior related to substance abuse and parenting. Substance abuse treatment will be an integral service in all such service plans.

D-7. A written Family Service Plan will be developed for each family opened for treatment services with the Division of Family Services. Each plan will include written information describing the appeal process and Right to a Fair Hearing if the children are not in care.

See: Appeals/Fair Hearings Administration Section

D-8. A client will receive a copy of each critical case decision (such as removal from the home), and the notification must explain the right to appeal and the right to request a Fair Hearing.

D-9. Once the outcome is established, the caseworker and family develop the rest of the plan to promote achievement of that outcome. The caseworker describes the Family Service Plan issues to be reviewed jointly by the client and caseworker in writing in the plan. The content to be jointly developed may be the service, the goal, or the outcome, depending upon the stage in the process. The caseworker identifies a date for the joint review of these issues.

Select appropriate goals with the family

D-10. The next step for the caseworker is the selection of appropriate goals, which are critical to an effective Family Service Plan. Goals must be selected which will lead to the achievement of the desired outcome with an understanding that one or more goals may be necessary to actually reach that outcome.

D-11. Whenever possible, the caseworker, the client, and other identified participants shall jointly develop these goals which are stated in behavioral terms. Ideally, the client will support the selection of the goals, but, at minimum, will have been provided an explanation for these goals. If joint development is not possible, the caseworker shall document the reason in the Treatment Notes.

D-12. Family Service Plans require the approval and signature of supervisor prior to implementation.

FACTS

D-13. All information contained in the Family Service Plan and Family Service Plan Review shall be entered into FACTS and updated at each review date.

D-14. Caseworkers must consult with other service providers during the planning process to ensure their full cooperation in implementation of the Plan. When more than one Division within the Department of Services for Children, Youth and Their Families is active with the family, an Integrated Service Plan must be completed.

Interdivisional Family Service Planning

D-15. When children are in foster care, the caseworker shall complete the Family Service Plan and Plan for Child In Care. The Family Service Plan and Plan for Child in Care must be presented to Family Court at the Adjudicatory Hearing.

Plan for Child in Care

D-16. The caseworker has responsibility for Family Service Planning with the caretakers of all children in the family unless a decision has been made and documented in the record that services to a portion of the family are no longer needed. For instance, if the Division is providing

Include all children in the family in the

services to a mother and four children and during the provision of services, the father of two of the children gets custody of those two children, the caseworker is responsible for completing a separate family assessment of the father and his two children:

a. If the family assessment indicates a lack of service needs and the father is not requesting services, the supervisor shall document in a treatment note that services will no longer be provided to the two children living with the father.

b. If the family assessment indicates safety concerns and treatment needs and the physical custody arrangements are not transitory, a separate treatment case needs to be opened in FACTS in the father's name. The new treatment case should be linked to the most recent investigation.

c. The decision to open a separate treatment case must be documented in the mother's treatment case.

D-17. If subsequently, a hotline report is received on the children living with the father, an investigation case will be opened in the father's name.

Family Service Plan

FACTS

E. Case Management

Service Monitoring

E-1. At the point of Investigation Disposition, a treatment case is opened in FACTS and assigned to the appropriate treatment supervisor, who reviews the case and establishes the contact schedule prior to assignment to the treatment worker. Once this is completed, the case is assigned to the treatment caseworker within three working days.

E-2. The caseworker shall begin the treatment process by making face-to-face contact with the family within 10 working days of the treatment case being opened. Circumstances may warrant a more immediate contact. A safety assessment must be completed during the face-to-face contact.

E-3. The caseworker shall utilize FACTS Treatment Notes to document:

FACTS

a. All face-to-face contacts with the family. Notes should separate what the caseworker discussed with the family member, what the caseworker observed, the caseworker's assessment of the situation, and plans for future interventions with the family.

b. All significant phone calls, attempted contacts, school visits, etc.

c. Information related to providing and/or arranging services defined in the Family Service Plan.

d. Any other important information related to the case.

E-2. All Treatment Notes should focus on safety assessment and implementation of the Family Service Plan.

Monitor Existing Safety Plan

E-3. If a safety plan was established, the treatment caseworker shall monitor the safety plan established in investigation and make changes where needed to protect the children.

Reasonable Efforts to Prevent Placement

E-4. Reasonable efforts will be exercised through the provision of case management services and other appropriate services to meet the family's needs to prevent or eliminate the need for separation of the child from his family and/or to make it possible for the child to return to his family; and enhance the location of an adoptive home or other permanent setting for a child.

DELJIS (See DELJIS in Administration)

E-5. A review of DELJIS may be conducted to:

a. Assist the screening of reported information;

b. Verify criminal history information discussed by family members with division staff;

c. Locate a family active with the Division when the whereabouts of the family are unknown.

E-6. Division staff with direct access to DELJIS must meet the appropriate security clearance, and shall only conduct background checks meeting the criteria specified.

Obtain Informed Consent

E-7. The caseworker conducting the initial assessment will request that a parent, custodian, or guardian sign the Consent to Obtain/Release Information Form or the Interagency Consent for Release of Information Form, and the Consent for Medical Treatment form, if the documents have not been signed in investigation or have expired.

See: (Confidentiality in Administration)

E-8. The caseworker will obtain a separate Release of Information form for each member of the family.

E-9. If the client cannot read, the caseworker will read the consent form for the client, and a neutral third party will witness and sign the consent form.

E-10. The caseworker will ensure that the client understands why the Release of Information form is needed, what persons or agencies will be contacted and how the information will be used. The caseworker will not pressure the parent, custodian, or guardian to sign the Release of Information.

E-11. The client should specify on the Release of Information form any collateral sources who are not to be contacted.

E-12. The Release of Information form will be valid for a period no longer than six (6) months or upon case closure, whichever date comes first. If the form expires while a case is active with the Division, the assigned caseworker will request another form be signed.

E-13. The Division will share a copy of the signed Release of Information form with individuals the Division is requesting information form and will request a copy of a signed consent when other parties, individuals or agencies request information from the Division.

E-14. The following are the only situations when information can be released without a signed consent:

a. When making or receiving a report of child abuse or neglect.

b. During the treatment period when communication is with a Federal, state or local governmental entity that is also responsible under the law to protect children from abuse or neglect (Attorney General's Office, police, Family Court, Superior Court, Public Health).

E-15. Alcohol and other drug information, sexually transmitted disease information, and HIV/AIDS information can only be obtained and/or shared with specific signed Release.

E-16. When a Release of Information is revoked and the caseworker needs information about the child/family, the caseworker will contact

their supervisor or regional Deputy Attorney General to discuss options acquiring the information. The options will be documented on a FACTS treatment note.

E-17. Treatment caseworkers will continue to assess the possibility of parental substance abuse during the assessment phase and in ongoing safety planning.

E-18. If parental substance abuse is known to be or is suspected to be a significant risk contributor, the caseworker must arrange for an evaluation by a parental substance abuse treatment professional, unless completed during investigation or unless the parent(s) is already involved in a substance abuse treatment program. When a referral for a substance abuse evaluation is made, the caseworker will complete the FACTS Service Referral, documenting the date the referral was made and the date services were initiated.

E-19. Toxicology screens may be useful in working with families affected by substance abuse and child abuse or neglect. It is important to remember that toxicology screens determine only whether or not a client has used a particular drug or alcohol during a specified time period. It does not determine whether a client uses drugs on a regular basis or what the effects on parenting are.

E-20. When a parent is in recovery and making progress in completing a Family Service Plan and relapses, the nature and extent of relapse will be considered. In all situations, it will be necessary for the caseworker to consult with the client's treatment provider.

Consult with substance abuse treatment provider

E-21. When children are in out-of-home placement because of abuse/neglect related to parental substance abuse, six months documented treatment and recovery prior to return home is recommended, unless a substance abuse evaluation indicates that the use of drugs/alcohol is not a significant concern. Earlier return home may be considered if the client is succeeding in recovery and if a safety plan can be put into place that does not depend solely on the recovery parent. However, there will always be a minimum of 3 months of sobriety and a recommendation from the substance abuse treatment agency that the client is succeeding in recovery.

F. Quarterly Case Reviews

Quarterly Case Reviews

F-1. Review of the Family Service Plan is conducted every three months utilizing the following process:

a. The caseworker shall begin the Case Review by identifying the content and date of the review from the current Family Service Plan.

b. The caseworker will assess the progress for each factor that has been identified that relates to risk reduction, with a particular emphasis to maintaining the child's safety. Assessment of progress will include gathering information from other agencies providing services to the family. The caseworker shall document an assessment of each factor using the following outcome, as appropriate:

Is the child safe?

1. Progress
2. Client response to service/plan
3. Client awareness of change
4. Goal/service appropriate to client need
5. Indicators of risk reduction
6. Evidence of achievement

Are all parties making progress?

Are the child's needs being met?

F-2. As a part of the review, the caseworker shall consider what changes, if any, are required in the Family Service Plan to ensure progress toward outcome achievement.

F-3. Review Family Service Plan with the client.

F-4. Subsequent Family Service Plans should focus on resolving issues identified during the most recent family assessment. If during the Family Service Plan Review, the caseworker determines that services have not been successful in reducing risk, the caseworker should consider completing a new Family Assessment Form.

FACTS

F-5. If services have been successful in reducing risk, the caseworker should consider Treatment Case Closure.

F-6. The caseworker should complete the Family Service Plan Review event in FACTS. The caseworker finalizes the Family Service Plan Review event, which is work listed to the supervisor for review and approval.

G. Supervisory Reviews	
G-1. The supervisor will review each case with the worker as needed but no less often than once per month. The review will focus on: a. Safety – it is the safety plan established in investigation still valid and/or does the current Family Service Plan control safety? b. Assessment of risk factors. c. The need for ongoing involvement. d. Progress toward goal achievement. e. Barriers to risk reduction. f. When children are in out-of-home care, progress towards permanency.	**Regular Supervisory Review**
G-2. A Directed Case Conference event must be completed at a minimum of quarterly. The Directed Case Conference should focus on why the family became active with DFS, any historical information, the whereabouts of the children, an assessment of their current safety, progress the family is making on their Family Service Plan, input from service providers, the most recent contact, and any next steps for either the caseworkers or the family.	

H. Reasonable Efforts to Prevent Placement

H-1. Emergency Placement Prevention Services

Emergency Placement Prevention Services

H-1.1. Emergency placement prevention funds may be used to provide specific basic necessities or child/family related needs. Families eligible for items/services from this fund are those in which the lack of specific basic necessities may cause placement of a child. Emergency Placement Prevention Funds may not be used for foster families. The following categories are examples of basic needs that may be provided with emergency placement prevention funds:

a. Furniture, basic appliances, household necessities

b. Clothing

c. Security Deposit, one time only rent

d. Heat, water, electric or gas service

H-1.2. Items and/or services that are related to other child or family needs, which are not otherwise available to the family, may also be paid from this fund. While needs will vary from family to family, examples may include medical needs, educational supplies, job-readiness needs, and interpreter services.

H-1.3. The maximum amount of funds available to a family is $1,000 within any 12-month period. While a family may receive assistance from this fund on more than one occasion during this period, the same item or type of service may not be provided to this family more than once. Exceptions to the above will be made only with the approval of the Division Director. These funds will be managed at the local regional offices.

Maximum Assistance Level

H-1.3. The maximum amount of funds available to a family is $1,000 within any 12-month period. While a family may receive assistance from this fund on more than one occasion during this period, the same item or type of service may not be provided to this family more than once. Exceptions to the above will be made only with the approval of the Division Director. These funds will be managed at the local regional offices.

Criteria for Emergency Funds

H-1.4. All items/services provided through this fund must meet the following criteria:

a. The sole purpose of the service or commodity is to prevent placement of the children.

b. This service will be used as a last resort, with documentation showing all other avenues explored.

c. Casework planning must be in place to prevent this problem in the future.

d. Approval by the supervisor and regional administrator or designee is required for each service.

H-1.5. Families currently receiving family preservation services through specific family preservation contracts are not eligible for these services if the contract provides for emergency financial assistance. However, upon ending the above programs, families may be eligible for these services. The caseworker must take into account any emergency placement prevention services received by these families through the contract agencies when determining eligibility.

H-1.6. Placement prevention funds may not be used in combination with service integration funds. Service integration funds may be available to assist with longer-term intervention needs.

Use of Charge Accounts

H-1.7. Charge accounts may be used to provide short-term specific basic necessities or child/family related needs. The following categories are examples of basic needs which may be provided:

a. Emergency food supplies (e.g., bread, milk, peanut butter)

b. Prescription medications

c. Necessary over the counter medications, including but not limited to lice medication

d. Diapers, formula, baby food (2 days supply maximum)

H-1.8. For intact families, a maximum of $50 can be charged for any single purchase. The accounts can be accessed once per year per client family. Exceptions can be made by the Division Director or designee. There is no maximum amount that can be charged to purchase prescription medications for children in the custody of the Division. It is expected that foster families will only utilize these funds at initial placement. However, other family crises may necessitate use but this should be discussed with the foster home coordinator prior to use.

H-1.9. In order to access Emergency Placement Prevention Funds, the caseworker must ascertain that:

a. The need is immediate and will enable the family to remain intact

b. The service cannot be provided through other sources

c. Casework planning can prevent a recurrence of the same problem

H-1.10. If Emergency Placement Prevention Funds are to be utilized and the service meets the above criteria, the caseworker will complete the Funding Request event in FACTS.

Approval Process

a. Approval is required by the Supervisor and by the Regional Administrator (or designee). If the Supervisor and Regional Administrator approve, payment will be made either by purchase order or a check issued by the regional office in the name of the service provider. It is the responsibility of the caseworker to arrange for the service provider to receive the check.

b. If either the Supervisor or the Regional Administrator does not feel that the service is appropriate, or requires more information, the application will be denied. The reason for denial will be included. Reapplication can be made if additional information is obtained.

c. If the Supervisor and the Regional Administrator believe that an exception should be made to the time frame, maximum amount, or the nature of the service, the Regional Administrator must receive the verbal approval of the Division Director. If the Division Director approves the exception, the Regional Administrator will note this on the application along with the date of this approval.

H-1.11. In order to access charge accounts, the caseworker must ascertain that:

a. For assistance to intact families, the purchase is necessary to meet the basic needs of the family and that failure to provide the service could result in placement of children, or the purchase is needed to meet the basic needs of children in foster care, and the service cannot be provided through other sources

b. If the purchase is to assist an intact family, the caseworker will obtain verbal approval from their supervisor to purchase the required items prior to purchase.

c. The caseworker will purchase the items and sign the charge slip.

d. The caseworker will complete the Funding Requests event in FACTS.

H-1.12. Approval is required by the Supervisor and by the Regional Administrator (or designee).

H-1.13. The Funding Request event will be completed within 48 hours of purchase.

H-1.14. The signed charge slip will be forwarded to the Division of Management Services, Client Payments Section.

I. Custody Guidelines

I-1. Oftentimes, DFS receives a report that a child has been seriously injured. In making the decision whether to petition for custody or not, DFS should consider the following variables:

a. Whether the perpetrator is known or unknown;
b. Whether there is a protective parent capable of making decisions;
c. Whether there is a medical finding that abuse/neglect is clearly indicated or whether it is a possible accidental injury;
d. Projected length of stay in the hospital;
e. Severity of injury;
f. Ability of parents to make major decisions about the child's medical treatment;
g. Safety of other children;
h. Whether appropriate relatives are involved and willing to protect the child; and
i. Police involvement and pending charges

I-2. In most situations, DFS should petition for ex parte custody of the injured child and the other children in the home when the following conditions exist:

a. Abuse/neglect is strongly suspected; and
b. Parents are suspected to have caused the injury or the perpetrator is unknown and parents/caretakers are suspects; and
c. The injury is severe

I-3. If it is not necessary for DFS to get custody, the caseworker will document reasons for this decision. In all situations regarding abuse or neglect where the parent is a suspect, DFS will complete an immediate safety plan for the injured child and other children or petition for custody.

Life Altering Decisions

I-4. Once DFS obtains custody, if it appears that it may be necessary to make a life altering decision for the child, DFS will immediately request a Guardian Ad Litem (GAL) from the Office of the Child Advocate. Life altering decisions include "Do Not Resuscitate" orders. Until a GAL is appointed or absent a court order, DFS decisions will always be to continue the life of the child.

J. Concurrent Planning	
J-1. While providing services to intact families, the caseworker shall explore family support systems to both ensure safety, enlist assistance in helping families change, and identify possible resources, should children need to come into care. All efforts should be clearly documented in a Treatment Note.	
J-2. When a child is placed in foster care, the caseworker must make diligent efforts to plan with both parents of each child. The caseworker shall diligently explore the possibility of placement with family or kin members.	
J-3. The caseworker shall provide appropriate treatment services to parents while simultaneously exploring possible alternative options such as kinship care, adoptive or foster adoptive families. Parents must be kept fully informed about all concurrent planning activities. Full disclosure applies to all parties involved with the case, including parents, foster families, CASA's, etc.	
J-4. Whenever possible, the caseworker shall use non-adversarial problem solving approaches. An example of this would be the use of a Family Group Decision Making meeting soon after the child comes into care.	
J-5. Timely, accurate assessment of the causes of risk of maltreatment must occur and be clearly documented in the Family Assessment Form. The worker shall document reasons for selection of services in a Treatment Note.	
J-6. All efforts to provide reunification services must be documented in a Treatment Note. If waiting lists exist, this must be clearly noted.	
J-7. Case documentation shall focus on case planning efforts and assessment of progress.	
J-8. When the permanency committee or Family Court has determined TPR/Adoption is in the best interest of the child, the caseworker shall petition Family Court for Termination of Parental Rights while simultaneously recruiting, identifying and processing a qualified family for adoption.	
J-9. When the permanency committee has approved a goal of relative custody, guardianship, long-term foster care, or independent living, the worker shall take whatever legal steps are necessary to implement the alternative goal while simultaneously preparing the child and family.	

K. Case Closure

Case Closure

K-1. The Division shall close family cases in the following circumstances:

a. In the majority of cases, the decision to close a case is a result of the casework process, where there is an indication of a reduction in risk and/or substantial changes in the family.

SEE: Special Circumstances:

b. Occasionally, the decision to close is not as directly related to risk reduction or successful completion of a plan; for example, court order, death of client, client no longer within the state, unable to locate the family, no children under the age of 18, lack of cooperation from the family.

When Parents Won't Cooperate

c. Parental rights of a child have been terminated and there are no other children in the home.

d. When services have been provided to a family where there are both children in foster care and children at home, DFS has made a determination that protective treatment services to children at home are no longer needed, and Family Court has approved an alternate permanency goal for children still in foster care, the family case can be closed and child only cases can be opened.

Converting to Child Only Cases

e. Present case to Treatment Program Manager if investigation risk rating is over 2.0 and the parent(s) refuse services or no progress is being made on the Family Service Plan.

Case Close Event

K-2. Utilizing the Case Closure Event, the caseworker shall list the original risk contributors plus any additional risk contributors identified during the casework process.

K-3. The caseworker will also list the major outcomes which were identified to reduce risk on the Case Close Recommendation. The caseworker completes the Case Closure Recommendation event and includes a brief statement to support the decision.

FACTS

K-4. Parents will be notified in writing of the decision to close their case.

L. Special Circumstances

L-1. New Reports on Active Cases

L-1.1. All new reports of abuse, neglect, and dependency for families active in Investigation or Treatment shall be investigated per the policies in Case Decision Point #2: Investigation & Assessment.

Abuse or Neglect

L-1.2. The following situations must be processed as new reports regardless of case activity in the Division, i.e., family unknown to the system, family was previously opened, currently in Investigation or in Treatment:

Process As New Reports

a. New incident of abuse or neglect - This includes any incident that is different from what was previously investigated or currently being investigated. It does not matter if both incidents were the same type such as physical abuse or sexual abuse.

b. Different victim - This occurs when the information alleges abuse/neglect to a child other than the child originally alleged to be or substantiated as a victim.

c. Different perpetrator - This occurs when the information alleges a different parent/custodian/caretaker is the perpetrator rather than the individual originally alleged or substantiated (e.g., mother rather than the father).

d. Court Order - This occurs when Family Court orders (per court order) DFS to investigate.

e. Serious Injury - (Serious Injury/Death Notice), a serious injury is a non-accidental injury that (1) appears to have an assignable cause originating with the parent/caretaker and requires hospitalization and (2) includes life threatening neglect requiring hospitalization.

f. Potential criminal charges - New act perpetrated against a child which may result in criminal charges against the parent/caretaker. It does not matter if the new act is similar to a previous act that did not result in a charge. A report of intra-familial abuse/neglect should be taken even if the police will be the primary investigators (e.g., baby selling, kidnapping, child pornography).

g. Runaway - Out-of-state runaways reported by the police are to be considered dependent children unless the child has proof of legal emancipation in another state.

L-1.3. The following situations should be written as treatment notes: a. Duplicate report - This occurs when two or more reports are made regarding the same abuse/neglect incident and the first incident is currently being investigated. b. Collateral contacts - Collateral contacts are often made to the caseworker by professionals or relatives to update information on a case. When the information indicates a continuation of abuse/neglect previously substantiated, it should be written as a Progress or Treatment Note. c. Runaway behavior/AWOL - These behaviors are generally reported about children in the custody or care of DFS by facilities such as foster homes, group homes or shelters.	**Record in Notes Only** FACTS
L-2. Emergency Placements	
L-2.1. If the child is not currently in a Division approved placement and it has been determined that emergency placement is necessary, the caseworker shall: a. Determine if the child can be kept safe via a safety plan during the period of time it will take the Family Court to issue an ExParte Court Order for custody and placement. The Department has authority to take custody of the child for a maximum of four hours. If the child cannot be kept safe during or beyond this time, the caseworker will contact the police who will take the child into custody and subsequently turn the child over to the Division. b. Gather as much information as possible about the child's situation. c. File a Dependency/Neglect Petition for Custody L-2.2. If the child is currently in a Division approved placement and replacement is necessary without opportunity for prior planning, the caseworker will take steps to make the transition as smooth as possible. L-2.3. The caseworker will follow the procedures outlined in the policy on Preparation for Placement, as much as possible. L-2.4. The caseworker shall notify the parents of Agency's action and record in a FACTS note.	**Emergency Placements** FACTS
L-3. Out-of-State Placements	
L-3. When a plan is made to send a child in the custody of the Division of Family Services to a placement outside Delaware, the caseworker and supervisor will comply with all procedures as identified in the Interstate Compact on the Placement of Children. The DFS caseworker must	**Out-of-State Placements SEE**

conduct a home visit with the child in their out-of-state placement at least once every six months.	**Administration**
L-4. Minor Mother/Baby	
L-4.1. When a minor in substitute care gives birth, the baby may remain with the minor parent in substitute care under one of the following conditions: a. Emergency petition for custody; b. Remaining in the minor mother's custody with special arrangements made for payment; c. Through application for TANF for the baby (if the minor mother is not receiving IV-E foster care benefits). L-4.2. Based on an assessment of the minor mother's age, maturity, level of demonstrated responsibility, and willingness to care for her baby, the caseworker will determine whether the agency needs to petition for custody of the baby. The baby's placement, although with the mother, would follow the standard placement procedures. L-4.3. If the caseworker determines that the mother is responsible enough to care for her baby while the baby remains in her custody, the caseworker will submit a memo to Client Payments, which would make a single payment possible (mother and baby combined). The caseworker will also submit the Placement Event for the mother and the Level of Care Survey for the mother. The baby would not be considered a separate placement and would not be subject to reviews mandated by state and federal regulations. L-4.4. If the minor mother is assessed to be responsible enough to care for the baby and the minor mother is not receiving IVE foster care, the minor mother can retain custody of the baby. The caseworker will advise the mother to apply for AFDC benefits for the baby. L-4.5. In cases where DFS has legal custody of both a minor mother and her child and they are <u>not</u> placed together in the same out-of-home setting, DFS will open up a second treatment case under the minor mother's name and assign a separate worker to the child to ensure that the minor mother's child is appropriately cared for and has adequate protection.	**Minor Mother/Baby**
L-5. Lack of Cooperation With Treatment	
L-5.1. When the family/caretaker will not cooperate with treatment services that have been determined to be necessary to protect the children, Division staff will pursue face-to-face contact with the non-cooperative and/or non-compliant client in a diligent and timely manner with a focus on assessing the safety of the child(ren). This policy shall apply to cases open in protective treatment services and is applicable at any stage in the process.	**Lack of Cooperation With Treatment**

L-5.2. The caseworker should be creative about ways to make contact with the family such as early morning or late evening unscheduled home visits, waiting for a child to be picked up at daycare or school, requesting assistance from collateral contacts or safety plan participants. The caseworker can request assistance from the 2nd or weekend shift, where appropriate.

L-5.3. If lack of cooperation is inhibiting the caseworker's ability to complete the assessment process within the required time frames, maintain established contact schedule, or provide services to reduce risk, the caseworker must immediately bring it to the supervisor's attention. The caseworker and the supervisor will decide whether efforts to control safety are in place without the cooperation or compliance of the client.

L-5.4. The caseworker and the supervisor will decide whether the case warrants continued supervision. If not, presentation to the Treatment Program Manager should be considered.

L-5.5. If continued supervision is needed, the caseworker and/or supervisor will review the situation in detail with the Deputy Attorney General, including substantiated incidents, assessment of risk, dates and times of attempted visits and phone calls, dates of letters, how the family has failed to cooperate or comply with the Family Service Planning process, etc. All legal options will be considered on a case-by-case basis including petitioning for custody. The caseworker and supervisor will make a decision based on the safety of the child(ren) in the home.

L-5.6. When families refuse to cooperate, the following guidelines should be considered prior to making the decision to close the case:

1. A safety assessment has been completed within the past 7 days and no safety issues have been identified.

2. The family's problems and need for service are adequately addressed by another agency's involvement.

3. There is documentation indicating communication between DFS and other agencies involved with the family. The other agencies involved with the family are aware that DFS will be closing the case.

4. Current progress and the prospect for future progress are insufficient to justify the expenditure of additional resources; problems are chronic and risk is low.

5. Parental functioning is problematic and parents have not responded to casework attempts aimed at improvement; however, the child appears to function adequately in the community, school, self-care, etc.

6. Documentation will corroborate attempts made to engage the

client. Additionally, there will be documentation verifying that collateral contacts have been made verifying the safety and well-being of the child.

7. There is continued risk to the children yet the family is not cooperating with services. The record contains supporting documentation indicating the worker's attempts to engage the family, which may include re-assignment to a new worker. Upon consultation with our attorney, it is determined that the Division has no legal recourse to force the family's cooperation.

8. Review the history of the family as part of the determination to close the family's case.

9. If substance abuse has been identified as an issue for the caretaker, it hasn't had a detrimental effect on the child's well-being.

10. Case has been presented to Case Closure Committee if investigation risk score is 2.0 or higher.

L-6 Locating Parents

Locating Parents

L-6.1. The caseworker or family service assistant will make every effort to locate the last known address of a missing parent using the following procedures:

L-6.2. Determine if the parent is listed in the current telephone and cross - reference (street) directories for your locality.

a. Contact the school, if applicable, where the child(ren) last attended.
b. Contact all significant relatives if known.
c. Complete a DELJIS search.
d. Complete a search of DHSS programs (TANF, Medicaid, Child Support).

e. Complete a Department of Motor Vehicle (DMV) search.
f. Post Master Letter - Send an Address Information Request Form to the Post Master of the local post office for the last known residence of the parent. Enclose the pre-printed, self-addressed envelope for your office.

Check with Child Support Enforcement

L-6.3. If after the above procedures have been completed, a missing parent's address still cannot be found, contact the Division of Child Support Enforcement (DCSE) to ascertain whether they have an address for the parent. DCSE will be able to check NEW HIRES, which is a registry of all new hires in the State and includes the employee's address. DCSE will check federal sources that include the Social Security Administration and Internal Revenue Service. The procedure to obtain this information is:

a. Complete the Quick Locate Request Form that can be found on

the u-drive (DFS Files) under Quick Locate Req Frm.

b. The parent to be located must have a date of birth or social security number to be searched. DCSE requests the last known address in order to match our information with theirs.

c. Send the Quick Locate Request Form via an e-mail attachment to the New Castle County Locate Supervisor.

d. DCSE will return the results of their search via e-mail attachment within 72 hours of the request.

L-6.4. The locate activities and results must be documented in a FACTS Progress or Treatment Note.

Document Address If Located

L-6.5. Once the caseworker has obtained an address on a parent, the caseworker will make a home visit or if the location is out of state will contact the parent by phone or mail. The purpose of the visit will be to inform the parent of the situation involving their child and to ascertain their interest and willingness to work with the agency in the best interests of the child.

L-6.6. If a child enters out-of-home care, DCSE will complete a full federal locate that includes Department of Defense, Department of Veterans Affairs, National Personnel Record Center, and State Employment Securities Agencies upon completion of the Child Support Application.

L-6.7. Another resource to locate Missing Parents is through the public library website. To access the public library website, go to www.lib.de.us, click REFERENCE, click REFERENCE USA. Click on RESIDENTIAL DATABASE, then search for the individual by name, city, state, etc.

L-7.	**Inter-Region Case Transfers**	
L-7.	Guidelines for inter-region transfer of cases - These guidelines are included to provide specific case situations during treatment and placement cases, with the action to be taken in reference to the transfer of the case.	
L-7.1.	Intact family relocates to another region. Entire case is transferred.	**Intact Family**
L-7.2.	Intact family relocates only a short distance over the region line, but continues with the same service providers. Regional Administrator from the region servicing the family discusses with the Regional Administrator of the adjoining region which region will most effectively service the family. When the current worker leaves the caseload, the case will be transferred to the region in which the family is living.	
L-7.3.	Parents separate, living in separate regions - no children in placement. Region where children are located carries the case. If both parents have children, separate cases are opened and assigned to the appropriate worker in each region.	**Parents Separate, No Children in Care**
L-7.4.	A child moves to another region to live with a relative or non-relative placement. An intrastate investigation request is made to the region where the child is located to assess the appropriateness of the placement. Case remains in the region of origin.	**Child Placed with Relative in Another Region**
L-7.5.	Family relocates to another region; child(ren) remain in DFS foster home or relative in original region. Family case is transferred, child(ren's) case remains.	**Placement Cases**
L-7.6.	Child(ren) placed in DFS foster home or with relative in region other than where parents reside. If the family remains involved, the family case will remain. a. The child(ren's) case is transferred. If the placement disrupts, the family's caseworker and the child's caseworker will work together to provide the best plan for the child. The family's caseworker has primary responsibility for finding alternative placement. The child's caseworker will provide assistance as needed. b. If the family case is closed, (i.e. parents are dead, the agency holds parental rights or there is a permanent placement agreement), the location of the child will determine case assignment.	**Children in Placement in one Region, Parents live in Another**

Parents live in Separate Regions, Children in Placement in Separate Regions

L-7.7. Parents separate; children in placement in two regions. If parents living in 2 regions, separate family cases are created and carried by the region in which the parent lives. Children's cases carried where the children are located.

POS or DDDS Placements

L-7.8. Purchase of Service Case (POS) or Division of Developmental Disabilities Services.

a. If the family remains involved, the case will remain with the region in which the family lives.

b. If the family case is closed, (i.e. parents are dead, the agency holds parental rights or there is a permanent placement agreement), the location of the child will determine case assignment.

Group Home, RTC, YRS Placements

L-7.9. Child placed in Purchase of Care group home/RTC/YRS institution, in region other than where the family resides.

a. If family is involved, the case will remain active in the region where the family is located.

b. If the family case is closed the expected length of the placement will determine case assignment. If the placement or treatment service is expected to last less than 1 year, the case will remain active in the region which initiated the placement.

c. If the placement is expected to be long term, the location of the child will determine case assignment.

APPLA Cases

L-7.10. Cases will be reviewed on a case by case basis on the child's relationship with the worker and the stability of the placement. Stability is determined if the child has maintained a placement for a minimum of sixty (60) days and the placement has demonstrated a commitment to the youth.

L-7.11 If the APPLA placement disrupts shortly after the case has been transferred to another region or there are reasons why the case should no remain in the receiving region, there should be discussion between regions regarding what is in the best interest of the child.

L-7.12 When transferring the child's case, the transferring worker should make copies of all relevant documents contained in the family's hard file.

L-7.13. Only one child with a goal of APPLA

a. Close the family case
b. Open child only case
c. Send record to receiving region

L-7.14. Multiple children in family but only one child has a goal of APPLA

a. Open child only case
b. Send copies of documents in the record that are essential to the child, i.e., parent's psychological evaluations, court documents, etc.

L-7.15. Case transfer summary for any permanency goal change should include:

a. Legal status of youth
b. Legal status of parents

c. Educational placement, special education needs
d. Medical needs of child, medication
e. Dates and times of any upcoming counseling appointments
f. Location of parents
g. Mental health diagnosis of parents
h. Any outstanding issues the receiving worker should be aware of
i. Family resources
j. Visitation circumstances, i.e., next visit, conditions
k. List any pending reviews, court hearings, or next steps that need to be taken

L-8. Case Closure When Parents Aren't Cooperative

Case Closure When Parents Aren't Cooperative

L-8.1. Case closure may be considered even when there is no indication of a reduction in risk. The caseworker and supervisor review the record for the following:

a. The caseworker has worked with the family for at least six months. Cases where the Division has worked with the family for less than six months can be considered at the recommendation of the supervisor and Treatment Program Manager and/or Assistant Regional Administrator.

b. Reasonable but unsuccessful attempts to engage the family in the treatment process have been made.

c. Other agencies or support systems have regular contact with the child and would report suspected child abuse or neglect.

L-8.2. The caseworker and supervisor will determine whether DFS involvement plays a role in maintaining the safety of the children, even if the parents are not cooperating. If no improvement in family functioning is expected, the Division does not play a role in safety, and the children remain at risk, the caseworker shall:

a. Consult with the Deputy Attorney General to determine if legal action can and should be taken. If legal action is possible, it should be taken immediately.

b. If legal action is not possible, discuss the possibility of closure with all other agencies involved with the family. All MOU's with other agencies and joint service plans must be considered and discussed.

L-8.3. The supervisor will forward to the Assistant Regional Administrator the names of any families being considered for closure where there has been no reduction in risk.

Regional Approval

L-8.4. The Assistant Regional Administrator will forward those names to the Treatment Program Manager, requesting the records be reviewed.

L-8.5. The Treatment Program Manager will review the record and discuss the case with the worker, supervisor, and the Assistant Regional Administrator. Based on that review, a recommendation for continued efforts to engage the family with specific action steps may be made in writing. If the Treatment Program Manager feels the case should be closed after reviewing the case and considering the efforts made by the caseworker to engage the family, the ongoing risk to the child, other support systems and needs of the family, and the resources available to the Division, a decision will be made to close the case and will be documented on a Treatment Case Closure Form.	**Required** **SEE: Abridged Case Closure**
L-9. Abridged Case Closure	
L-9.1. An abridged case closure may be completed in the following situations: a. Youngest child in the family reaches 18 years of age. b. Family moves out of state (supervisor and worker should consider a referral to that state). c. Adolescent cases in which the parents have initiated the referral, no abuse or neglect has been alleged or indicated, and the family is not complying with Family Service Plans; for example, the family does not show for two consecutive counseling sessions or the caseworker has made three documented attempts to meet with the family and they have not been available. d. The Division is court ordered to close the case. e. Family moves and cannot be located. f. Parental rights to a child have been terminated and there are no other children in the home. g. If the family refuses to cooperate and there are no grounds for obtaining custody, the treatment supervisor will determine whether this case should be abridged. L-9.2. An abridged case closure will consist of the following: a. Caseworker consults with the supervisor. The supervisor will document approval of the abridged case closure on the Case Disposition event. b. Caseworker completes an Abridged Case Closure Recommendation, fully documenting the reason for closure.	**Abridged Case Closure**

c. Caseworker writes a letter to the family officially notifying them of the decision to close the case.

FORMS UTILIZED	
Department Confidentiality Form Family Assessment Form Family Service Plan Family Service Plan Review Interagency Consent for Release of Information Form DFS Consent to Obtain/Release Information Form Safety Assessment Treatment Note	

Placement: When a Child Must Leave the Home: Case Decision Point #4

Out-of-Home Placement

4.1 Foster Care/Is Initial Placement Appropriate? Is Child Safe?
4.2 Pursuing Resources for Children in Foster Care (Financial Resources)
4.3 Child Well-Being & Safety
4.4 What Is the Appropriate Permanency Goal? (Court Action)
4.5 Reunification Achieved/Is Child Safe? (Court Action)
4.6 Do Conditions Exist for Expedited TPR? (Court Action)

Decisions:

A. Selecting the most appropriate placement to meet the child's needs.

B. Obtaining the appropriate financial resources for children in care.

C. Developing and implementing a plan that will meet the child's needs for well-being, and safety.

D. Developing and implementing the appropriate permanency goal.

E. Determining if there is justification for expedited termination of parental rights (TPR).

F. Determining that a child should be returned home, and preparing for successful reunification.

Case Process:		
	A. Placing a Child in Out-of-Home Care	
A-1.	A child is considered in placement if he or she is not living with a legal parent, and the Division of Family Services has planning responsibility for the child, and legal custody of the child has been awarded to the Division by the Family Court.	**Placement Defined**
A-2.	The home of a relative caretaker is considered to be a placement if the Division holds custody.	
A-3.	When it is determined by the caseworker that a child must be separated from his family to ensure his safety, the caseworker will petition the Family Court for custody.	**Petition for Custody**
A-4.	The caseworker will include in the petition for custody, the service needs of the family, the services offered and provided to the family, and the family's participation and response to the services offered and/or provided; or in the case of emergency, the reasons why the Division could not provide services to protect the child and keep him safe in the home.	
A-5.	The caseworker must be prepared to testify to the information contained in the Custody Petition. The DAG will ensure that the Division's efforts to prevent placement or reunify children is part of the case presentation to the Family Court.	**Court Petition and Determination**
A-6.	The Court will make a determination, along with its decision for custody, as to whether the Division did make reasonable efforts to prevent the child's placement or is making efforts to reunify the family.	**SEE Case Decision #3: Treatment**
A-7.	Emergencies exist when: 1) the child is at imminent risk of harm and is in need of protection; 2) emergency medical care is required for a child in the care of DFS or emergency medical care is required due to medical neglect report.	**Emergency Placements**
A-8.	In keeping with the Division's philosophy, relative homes will be the first considered. Foster homes will be considered next, then group care settings. The least restrictive setting in close proximity to the parents or family home must be considered.	**Consider Relative Homes First**
A-9.	The Division will make every effort to keep siblings together.	**Keep Siblings Together**
A-10.	The caseworker will consider placement in a relative's home after exploring the following factors:	**Selecting the**

Placement

a. The relative's relationship to and with the child;

b. The relative's willingness and ability to care for the child;

Relatives

c. The relative's willingness to cooperate with the division in cases where the division retains custody;

d. The relative's relationship with the child's parents;

e. The physical condition of the home;

Shelter Placements

A-11. The caseworker will consider placement in a shelter for the following reasons:

a. Children over 12 years of age who need care on a temporary basis while a thorough assessment of the family situation is made;

b. Children who need planned shelter for the following reasons:

c. Medical or dental treatment (rural to city)

d. Legal parent(s) is hospitalized or incarcerated and no homemaker is available

e. Family situation is not safe for the child

f. Children who need emergency placement due to being abandoned, suddenly stranded because of hospitalization of their parents, or in such physical or emotional danger in their own homes that the situation cannot wait for temporary improvement by casework methods;

g. Children who have run away from home.

A-12. The caseworker will consider placement in a foster home for the following reasons:

a. Children under 12 years of age who need emergency placement due to being abandoned, suddenly stranded because of hospitalization of their parents or in imminent physical or emotional danger in their own homes.

Foster Home

b. Children under 12 years of age who need temporary care while a thorough assessment of the family situation is made.

c. Children who need temporary care when there is no other resource available to a parent who cannot provide care due to a temporary condition (i.e., illness);

d. Children of any age up to 18 who need permanent care and the close family ties which can develop in a foster home, but for one reason or another, cannot be placed for adoption.

Residential Group Home

A-13. The caseworker will consider placement in a residential group home for the following reasons:

a. Children who need placement for whom neither relative nor foster home is appropriate;

b. Children who cannot at the time take advantage of the opportunities offered by family living (i.e., children who need a neutral setting).

c. Children who are at a stage of development (i.e., adolescence) when they are trying to emancipate themselves from family ties;

d. Children who are influenced more by peer relationships than by family values;

e. Children who cannot meet the expectations of a family, or accept the intimacy of family relations;

f. Children who are members of a large sibling group for whom a foster home is not available;

g. Children who have a strong relationship with their parents and are not able to adjust to living with another family.

Treatment Facility for ED Children

A-14. The caseworker will consider placement in a treatment facility for children who are emotionally disabled when their behavior cannot be appropriately managed in a family or community setting. The caseworker will refer the child to the Division of Child Mental Health.

A-15. The caseworker will consider out-of-state placement for the following reasons:

a. Children whose family or relatives are technically residents of another state;
b. Children for whom there would be a placement disruption if they could not accompany foster parents who move out of state.

A-16. The caseworker will consider a non-relative placement when the child has placed himself or has been placed by his parent in a home that is not an approved Division foster home. The caseworker will discuss the option of foster parenting with the non-relative and refer to the foster home coordinator unit following the policy on Provisional Approval Process for consideration if the non-relative is interested.

Court Action

A-17. Reasonable efforts to find an adoptive home or other permanent living arrangement will be documented on the plan for child in care and submitted as part of the documents submitted to the Family Court for the Permanency Hearing.

Relative and Non-Relative Approval Process

A-18. A review of DELJIS *will* be conducted for:

a. All adult and juvenile (age 13 years or older) household members prior to placement when a relative or non-relative requests to become the caretaker for a child placed by the Division in out-of-home care (legal custody);

b. Any adult or juvenile (age 13 years or older) who moves into the residence of a family currently active with the Division in Investigation, Treatment, or through the Interstate Compact.

A-19. A review of DELJIS *may* be conducted:

a. On a party not residing in a household active with the Division when that party is significant (e.g., the paramour of the parent, a grandparent) in the overall dynamics of the household, <u>and</u> Division staff perceive that safety issues exist. The safety issues may be case related or personal.

b. To confirm the existence of additional criminal activity or domestic violence since the case was opened in Investigation or Treatment.

B. RELATIVE AND NON RELATIVE PLACEMENT

B-1. **Relative Placement**

B-1.1 If children are removed from the home of their parent and placed with relatives, the Division has an obligation to provide reunification services to the family and supportive services to the relatives. The Division also has an obligation to ensure that the relatives are aware of what will be expected of them and the ramifications of that decision, as well as to offer support to them.

B-1.2 If children are placed with relatives and are not in the custody of DFS, the decision as to whether DFS will petition for custody must be made in a timely manner.

B-1.3. Even if relatives receive custody of the child, a treatment case must be opened for the parents. Efforts must be made to engage the family and work towards reunification. There is no time period required to work towards reunification but meaningful efforts to engage and assist the family are required. In some cases it may be appropriate to delay case planning with families; for example, if a parent is incarcerated for a significant period of time. In those situations, when the parent's situation changes, they can contact DFS and ask for a treatment case to be opened.

B-1.4. If DFS is going to place a child with a relative, it is not necessary to file for custody but it IS necessary to complete a relative Home Assessment. This process is initiated by the assigned caseworker for the family.

B-1.5. The Home Assessment should include a visual inspection of the home, a DELJIS check for anyone in the home over the age of 12, and a DFS history check.

B-1.6. A foster home coordinator will complete Part II of the Home Assessment after the child has been placed in the home.

B-1.7. The Division should ensure that relatives understand their responsibilities and ability to protect the child from the parents and to discuss their willingness to care for the child both long term and short term. The Foster Home Coordinator will ensure that the relatives understand the options available to them, up to and including DFS getting custody and them becoming foster parents. The Foster Home Coordinator should explain Temporary Assistance to Needy Families (TANF) as well as foster home qualifications and expectations. Relatives must understand that if they choose to become foster parents and reunification is not successful, DFS will, in most cases, move to have younger children adopted or finalize another permanent goal such as permanent guardianship. They must also understand that if they choose to get custody

of the children and DFS closes the case, there will be no on-going support to the family.

B-1.8. If DFS feels that the relatives are able and willing to protect the child now and in the future, and the relatives wish to petition for custody, DFS can support that petition.

B-1.9. If DFS determines that relatives are able to adequately care for the child and it is not necessary for DFS to petition for custody, DFS will ensure that the relatives petition for custody before closing the case.

B-2. **Non-Relative Placement**

B-2.1. In most situations, when a child must be removed from the home and placed with non-relatives, DFS will file for ex parte custody.

B-2.2. The Home Assessment procedures described above for relative placement must be followed for non-relative placements as well.

C. Family Visitation with the Child

Visitation

C-1. When determining the location and frequency of visits, risk to the child and the impact of the visit on the child should be considered.

C-2. Visitation plan should be clearly documented in both the Family Service Plan and the PCIC.

C-3. In determining a visitation schedule, the caseworker will take into consideration the following maximum amounts of time that a child can tolerate before he begins to form a new psychological bond:

Age of Child	Amount of Time
Birth to 2 years	Several days
2-5 years	1 week – 2 months
6-10 years	2 months – 6 months
10-14 years	6 months – 1 year

Children beyond 14 years generally have an adult sense of time and can tolerate longer periods of separation.

C-4. The caseworker, in conjunction with the parents, determines the location of the visit. Visits may take place in the family home; foster home, DFS office, recreational or other areas suitable for the purpose of the visit.

C-5. The caseworker shall consider the following factors in determining the frequency of the parent/child visits.

- Child's sense of time and parent's circumstances.
- Continuity and improvement of parent/child relationships.
- Weekly visits should be encouraged unless directed otherwise by the Court.

D. Medical Consent and Health Care

Medical & Mental Health Treatment

Obtaining Consent for Treatment

D-1. The Division will make every attempt to utilize the family health insurance coverage for the child by requesting the information from the family.

D-2. Unless parental rights have been terminated or legal guardianship transferred by the court, parents maintain the right to consent to any medical treatment remain informed about their child's condition and wherever possible, participate in any medical decision-making.

D-3. The Division will make reasonable efforts to inform parents about their child's health care including obtaining the proper consents for treatment. However, in the parent/legal guardian's absence or unavailability, the Division will consent to the following:

a. Routine medical care.

b. Counseling or outpatient mental health treatment.

c. Emergency medical treatment including surgical procedures.

d. Non-routine medical treatment including surgery.

D-4. The Division cannot sign or consent for medical or mental health treatment required for a child in the following circumstances:

a. Inpatient psychiatric admissions.

b. When a parent is available to consent to necessary treatment, including psychotropic medication, but disagrees with the medical treatment as proposed by the medical professionals.

c. Involuntary substance abuse treatment.

d. Voluntary substance abuse treatment for a child over the age of 14.

D-5. The caseworker will contact the Attorney General further direction in the above listed circumstances.

Obtain Parental Consent to Medical Treatment for Children

D-6. The caseworker will keep the child's parent(s) informed about the child's health care and will encourage the parent(s) to participate in the child's medical appointments.

Informed Consent

D-7. Informed consent to an HIV-related test shall consist of a voluntary agreement executed by the subject of the test or the subject's legal guardian. If the agreement is oral, the facts pertaining thereto must be documented by customary practice. Informed consent shall consist of at least the following:

a. An explanation of the test, including its purpose, potential uses, limitations and the meaning of its results;

b. An explanation of the procedure to be followed, including that the test is voluntary, that consent may be withdrawn and the extend and limitations of the manner in which the results will be confidential;

c. An explanation of the nature of AIDS and other manifestations of HIV infection and the relationship between the test result and those diseases; and

d. Information about behaviors know to pose risks for transmission of HIV infections.

Risk Factors for HIV

D-8. A child is high risk for infection with HIV if any of the following criteria apply.

D-9. Mother of child or mother's sex partner(s) have any of the following risk factors since 1978:

a. Known to have HIV or AIDS;

b. Have previously delivered a child infected perinatally with HIV*;

c. Signs or symptoms consistent with HIV disease or AIDS (e.g. Weight loss, fatigue, night sweats, fevers, swollen lymph nodes, chronic cough, chronic diarrhea, thrush);

d. Has a positive toxicology screen, a history or physical evidence of drug use, including, but not limited to cocaine, opiates, methamphetamines, and PCP;*

e. Has had sex with a man who has had a homosexual relationship;

f. Current practice or history of training sex for drugs or money;

g. Received blood products (i.e., transfusions, factor concentrates), or tissue or organ transplant from an unscreened donor between January 1, 1978, and June 1, 1985;

h. A history of sexually transmitted diseases (e.g., gonorrhea, syphilis, chlamydia);

i. Has had multiple partners and/or engages in high-risk sexual behavior.

*Although sharing needles is the most direct way that drug use spreads HIV, other drug use, such as "crack" or alcohol, can make a person more likely to engage in other high-risk behavior such as having unprotected sex with multiple partners or trading sex for drugs. These sex partners may be HIV infected and are able to transmit the disease to a partner. Therefore, any history of substance abuse is a reason to consider the potential for risk to HIV and to do a risk assessment.

Newborns at Risk Of HIV

D-10. Newborns at risk of HIV include:

a. All infants born of drug using mothers.

b. Infants born with sexually transmitted diseases, (e.g. syphilis, gonorrhea, chlamydia).

c. Infants born of HIV infected mothers.

D-11. Although these infants seem healthy at birth, there is a 30 to 40 percent chance that they will be HIV infected. They will require close medical surveillance up to age 2 by specialists where aggressive, early life-saving medical interventions are available, if the infant becomes ill.

D-12. Because all infants born of HIV infected mothers will test HIV positive at birth due to the presence of the mother's antibodies in their blood, most hospitals will not test the infant until 3 or 4 months of age. For DFS purposes, the infant does not have to be tested at birth if it can be documented that the mother or other siblings are HIV positive.

Child At risk of HIV (up to age 12)

D-13. Children (up to age 12) who have any of the following risk factors may be tested for the presence of HIV:

a. Symptoms of drug-effects or positive screen for drugs, neonatal or otherwise, including, but not limited to cocaine, opiates, amphetamines, and PCP;

b. Received blood products (e.g., transfusion, factor concentrates), or tissue or organ transplant from an unscreened donor between January 1, 1978 and June 1, 1985;

c. History of sexual abuse involving intimate sexual contact, e.g., intercourse, anal and oral intercourse;

d. Signs and symptoms consistent with HIV infection or AIDS (e.g., chronic pneumonia, recurrent infections, chronic diarrhea, failure to thrive, developmental delay, or unusual

neurologic symptoms);

e. No history available - e.g., abandoned infant.

Identifying Parental & Child Risk Factors

D-14. The caseworker will obtain a family history regarding the use of injecting drugs and sexual contacts to establish if a parent is involved in risk behaviors. This requires that caseworkers first inform parents of behaviors which pose a risk for HIV infection and ask the parent specific questions.

D-15. If it appears that the parent is at risk for HIV infection, the caseworker shall refer the parent to a recognized testing and counseling center.

D-16. If the child is under 12 years of age and is at high risk for HIV infections, the caseworker shall refer the child to their physician to see if an HIV test is warranted.

When Caseworker May Sign Informed Consent

D-17. If the physician determines that the child's history and/or symptoms warrant HIV testing, the caseworker may sign the informed consent to the HIV test if:

a. The agency has legal custody or

b. The parent(s) had previously signed their consent to examination, treatment-information form.

Sharing HIV/AIDS Information With Foster Parents

D-18. The caseworker may share information regarding the results of the HIV test with the foster parent or other care provider for the purpose of day-to-day physical care and appropriate medical follow-up on a need-to-know basis.

Psychiatric Treatment for Children in DFS Custody

D-19. If a child needs psychiatric hospitalization, the caseworker must contact the Division of Child Mental Health (DCMH). The caseworker calls the intake number, 633-2571 or 633-2591 from 8:00 a.m. to 4:30 p.m. and the DCMH Mobile Crisis Services after normal work hours. The phone numbers are:

- Northern New Castle County - 1-800 - 772-7710
- Southern New Castle County - 1-800 - 969-4357
- Kent and Sussex Counties - (302) 424-4357

D-20. Once it is determined that a child needs to be hospitalized, the caseworker shall contact the parents to obtain parental consent. Efforts to contact the parent(s) to advise them of the situation and obtain consent shall be documented in the case notes in FACTS.

D-21. In cases where a child or adolescent must be hospitalized immediately for psychological or psychiatric reasons, and there is no parent or legal guardian available or willing to sign the minor into the hospital, the Delaware Code authorizes two kinds of involuntary mental hospital admissions. A psychiatrist or medical doctor may provisionally admit the child for 72 hours.

D-22.	The designated hospital for involuntary admissions for children is HCA-Rockford Center. No other hospital can accept involuntary admissions.	

CONSENTING TO MEDICAL & MENTAL HEALTH TREATMENT

	DFS caseworker can sign	DFS can sign after authorization by Regional Administrator	DFS cannot sign	Court Order Required	Comments
Well Child Visits	√				
Sick Child Visits	√				
Dental Appointments	√				
Immunizations	√				
Psychological and psychiatric testing and evaluation	√				
Counseling, out-patient mental health or substance abuse treatment	√				
Routine medical testing such as x-rays, blood work, urinalysis	√				
In-patient mental health/psychiatric admissions			√		Refer to CMH
Parent disagrees with proposed medical treatment			√	√	
Parent opposes the use of psychotropic medication			√	√	
Involuntary substance abuse treatment			√	√	
Serious medical treatment including surgery			√	√	
Non-routine procedures, including surgery			√	√	
Psychotropic medications		√			
In-patient substance abuse treatment (under 12)		√			
In-patient substance abuse treatment (over 12)			√		Child signs
Emergency treatment	√				

E. Completing the Placement Package	
E-1. The caseworker/FSA will notify via e-mail both the assigned county Medicaid social worker and the DMS eligibility unit supervisor that a child has entered out-of-home care on the day the child enters care. The e-mail needs to include the child's name and date of birth, date of placement, placement resource, and a statement stating DFS intends to apply for Medicaid for this child. This will ensure a protected filing date for the start of the child's Medicaid coverage.	**Financial and Medical Resources for Children in Out-of-Home Care**
E-2. It is the responsibility of the DFS caseworker to complete the IV-E application. This includes obtaining copies of the child's birth certificate for children placed in out-of-home care and determining deprivation (see attached chart).	
E-3. If a client is not a citizen of the United States, the DFS caseworker should attempt to obtain proof of non-citizenship. The following documents will verify an individual's non-citizenship status: a. Department of Homeland Security Documents b. Green Card (I-551, I-151) c. INS Documents d. US Citizenship & Immigration Services Documents	
E.4. If proof of identity is necessary, the Eligibility Unit will provide the worker with a list of documents that verify either citizenship or identity.	
E-5. The eligibility specialist will send the caseworker/FSA a copy of the Foster Care Title IV-E Review Form indicating the determination of the child's eligibility.	**Title IV-E Eligibility Determination**
E-6. The eligibility specialist in DMS must re-determine a child's eligibility for Medicaid and IV-E every six months. The eligibility specialist will complete the re-determination application for the caseworker/FSA. The eligibility specialist will notify the caseworker when there are other documents, which are needed for the re-determination (e.g., copy of the signed custody order). The caseworker/FSA will submit the requested information the eligibility specialist within 10 working days of receipt of the request.	**Re-determine Eligibility Every Six Months**
E-7. Any action notices that are sent to the eligibility unit from Medicaid will be forwarded to the caseworker/FSA; e.g., approvals, denials and closings.	
E-8. The Division of Family Services will petition for child support reimbursement for children placed in out-of-home care by DFS. The caseworker will refer all parents or guardians to the Division of Child Support Enforcement upon placement of the child by completing the FACTS application within ten (10) days of placement.	**Refer Parents to Division of Child Support Enforcement**
E-9. The caseworker will inform the Division of Child Support Enforcement	

of any changes affecting the support agreement, such as the child's return home or change in monthly amount of foster care payments.

Social Security Benefit Applications

E-10. If the child has an elderly, disabled or deceased parent, the caseworker will determine whether if the child is receiving Old Age, Survivor, Disability Insurance (OASDI) benefits. If the child is receiving benefits, the caseworker will notify the Social Security Administration and request the proper forms to change the payee of the benefits to the Division. The caseworker should use the Central office address when completing the forms.

E-11. If the child is not receiving OASDI benefits, the caseworker will call the Social Security Administration to determine if the child may be eligible for benefits. If the child is eligible, the caseworker will complete the paperwork required by the Social Security Administration.

E-12. Some children in foster care may be eligible for Supplemental Security Income if they have a physical or mental impairment. The caseworker will review any medical, psychological, and educational history on a child to determine whether he may be a candidate for SSI. If the caseworker feels the child may be eligible, the caseworker will contact the local Social Security Administration and make an application on behalf of the child using forms supplied by the Social Security Administration.

Level of Care Survey

E-13. Each child in placement will be assigned a Level of Care (LOC) rating. The LOC determines the amount of the LOC supplement to the foster care board payment made to an approved caretaker. The LOC rating is also used to generate system-wide data; the LOC form itself may also be used as a summary source of information about a child.

E-14. The LOC is completed as part of the placement request for new and all subsequent placements. A copy should be given to the foster family. Caretakers will be informed of the LOC rating assigned a child in their care, should be given an opportunity for sharing their experience in caring for the child when a new rating is being done on a child in their care, and may appeal the Level of Care if in disagreement. The LOC should be completed yearly when there has been significant changes in the child's circumstances. For all children with a goal change to TPR/Adoption, a new LOC will be completed within 3 months after the change in goal and/or the child's case has been transferred to the Permanency Unit.

E-15. The supervisor reviews the LOC survey form for accuracy and completeness.

E-16. The caseworker must review the child's LOC at the same time the Plan for Child in Care is reviewed. The caretaker should be involved in reviewing the Level of Care.

E-17. A caseworker or supervisor in conjunction with the care provider may review and change the child's Level of Care at any time.

E-18. The LOC may be reviewed at any time by request of the placement resource. The caretaker should request a review of the assigned LOC by contacting the child's caseworker. The caseworker should record the date of the request in a Treatment Note form.

Changing the Level of Care

E-19 Disagreement over the LOC assigned to a child may be appealed by the placement resource to the Division of Family Services supervisor. This will be recorded on a Treatment Note. If the supervisor agrees that the LOC should be changed, a copy of the new LOC form will be forwarded by the caseworker to the placement resource within ten working days. The caseworker will complete a new Child Payment form reflecting the change and forward it through county channels to client payments. If an agreement on a child's LOC is not achieved, the supervisor will send the placement resource written notification reflecting this decision.

E-20. If caretakers wish to appeal the supervisor's decision, they should appeal in writing to the Regional Administrator within ten days, providing a brief description of the issues involved. Upon receipt of the appeal, the Regional Administrator will schedule a meeting of all appropriate parties within 15 days. The Regional Administrator will provide the placement resource with a written decision within five working days of the meeting.

E-21. If the caretaker is appealing a LOC rating at the time it is originally issued, and has requested the review of the rating within 15 days of receipt, any change in the child's LOC will be retroactive to the original effective date of the LOC rating in question. If more than 15 days has passed since the caretaker received the rating, any changes would be effective the date the caretaker contacted the worker requesting a review of the level of care rating. If any changes are made through the review process, a new level of care must be completed and forwarded to the fiscal office.

DEPRIVATION DEFINITIONS

Deprivation Terminology	Definition	DFS Documentation Required
Continued Absence from Home	Initial Determination Natural or Adoptive Parent not present in the home the child was removed from and does not provide for the child's support. If one or both of the parents is not in the home, it meets the criteria. Redetermination – PCIC III & IV Whereabouts of natural or adoptive parent(s) are unknown -When the nature of the absence is such as either to interrupt or to terminate the parent's functioning as provider of maintenance, physical care, or guidance for the child, and the known or indefinite duration of the absence precludes counting on the parent's performance of the function of planning for the present support or care of the child. NOTE: Child removed from relative: Relative home is reviewed for deprivation – "Continued absence" applies when one or both natural or adoptive parent(s) are not living in the relative household at the time of Redetermination.	Initial Determination -Court order documenting parent was absent from the home. -Documentation in client's file or FACTS that parent was not living in the home when the child was removed. -Other reliable source of documentation NOTE: Absence due to military active duty or seeking employment elsewhere does not meet "continued absence from the home". Redetermination – PCIC III & IV -Court order documenting parent(s) whereabouts are unknown. -Other reliable source Documentation in client's file or FACTS
Death of One Parent	Initial & Redetermination One natural or adoptive parent is deceased.	Initial & Redetermination Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FACTS.
Death of Both Parents	Initial & Redetermination Both natural or adoptive parents are deceased.	Initial & Redetermination Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FACTS.
Incapacity/Disability	Initial & Redetermination One or both natural or adoptive parents (residing in the home the child was removed from) are mentally or physically disabled and are substantially incapable of	Initial & Redetermination Is parent receiving SSI? - Medical records - case notes (DFS worker witness account) - Social Security Award letter

	caring for the child. This does not include a birth parent that resides in a separate residence.	- -Verification of SSI Medicaid Eligibility (category 51) - Other reliable source Documentation in client's file or FACTS.
Unemployment/Underemployment of Principal Wage Earner	Initial & Redetermination The natural or adoptive parent (residing in the home the child was removed from) that is the principal wage earner is unemployed or underemployed & meets the following conditions: Principal wage earner must: - be unemployed or underemployed for at least 30 days prior to the day the petition for custody was initiated. -Not refuse employment without good cause -Must apply for unemployment -Earned at least $50.00 in at least 6 of any 13 quarter period that ends within 1 year prior to the month the petition for custody was initiated. Redetermination – PCIC III & IV The natural or adoptive parent (residing in the home the child was removed from) that is the principal wage earner is unemployed or underemployed & meets the following conditions: Principal wage earner must: - be unemployed or underemployed for at least 30 days. -Not refuse employment without good cause -Must apply for unemployment -Earned at least $50.00 in at least 6 of any 13 quarter period that ends within 1 year.	Initial & Redetermination Statement of wages; Earnings records, Dept. of Labor information showing little to no income; Statement from family/neighbors; statement from DFS investigation or treatment worker; or other reliable source documentation in client's file or FACTS.
Un-established Paternity	Initial & Redetermination Father of the child has not been identified/paternity in question	Initial & Redetermination -Paternity testing required documentation -court order stating father unknown -Paternity outcome pending -Mother states father is unknown -Other reliable source Documentation in client's file or FACTS.
Incarceration of One Parent	Initial & Redetermination One of the natural or adoptive parents is incarcerated (jailed).	Initial & Redetermination Statement from family members or neighbors; court documents or other reliable source. Documentation in client's file or

		FACTS.
Incarceration of Both Parents	Initial & Redetermination Both of the natural or adoptive parents are incarcerated (jailed).	Initial & Redetermination Statement from family members or neighbors; court documents; or other reliable source. Documentation in client's file or FACTS.
TPR	Initial & TPR Parental rights have been terminated by court order, must provide date of TPR in the provided box. TPR would require both parents. If one parent lives elsewhere and had the rights terminated previously, the child would be deprived under the Continued Absence from the Home selection above.	Initial & Redetermination Court papers showing TPR – must be dated and signed by a Judge. TPR must be scanned in FACTS or faxed to the Client Eligibility Unit.

F. Developing the Plan for Child in Care

Plan for Child in Care

F-1. When DFS obtains legal custody of a child and the child is removed from the home, the caseworker shall complete the Family Service Plan and Plan for Child In Care.

F-2. The caseworker will complete the Plan for Child in Care as follows:

Child Placement Plan (Immediate)

a. Part II - Child Placement Plan is to be completed prior to or within five working days of the child's placement. Part II must be redone every time a child changes placement except when the child is going from a shelter to another placement. In that case, if immediate needs have not changed significantly, it may be indicated that the proposed placement became effective by naming the placement and putting the date. The plan should be developed jointly with or reviewed by the child, parent, caretaker, caseworker and supervisor, and Purchase of Care Agency (if applicable). All parties will acknowledge the plan by their signature. The Plan for Child in Care Plan is to be submitted to the Child Placement Review Board.

Child Service Plan Developed Within 30 Days

b. Part III - The Child Service Plan is to be completed every time a child moves to a new placement within 30 calendar days of a child's placement in out-of-home care. The plan must be developed jointly at a team meeting which includes the child (if age appropriate), parent(s), foster parent/caretaker, caseworker, and Purchase of Service/Purchase of Care agency (if applicable). All parties will acknowledge the plan by their signature. Additionally, a Child Service Plan, Part III must be manually generated and completed in FACTS for all youth active with either CMH or YRS, if DFS holds custody, once it is determined that the youth is dependent.

c. The Child Service Plan, Part III must still be completed within 30 days of DFS obtaining legal custody regardless of whether the youth is still in a YRS placement or a CMH facility and should comply with the protocol listed above. Additionally, a Child Service Plan, Part III must be manually generated and completed in FACTS for all youth active with either CMH or YRS once it is determined that the youth is dependent. The Child Service Plan, Part III must be completed within 30 days of DFS obtaining legal custody regardless of whether the youth is still in a YRS placement or CMH facility and should comply with the protocol listed above.

Determine Deprivation

d. Every time a PCIC III is completed, DFS must determine if the child is still deprived of the care and support of one or both parents. Deprivation is only determined in relation to a child's natural or adoptive parents. It is important to note that the reason for deprivation can change at redetermination.

Child Placement

e. Part IV – Child Placement Review: This plan must be reviewed

Review

every six months (6) using the Child Service Plan Review form. New plans should be completed when the child has been in care for one year or when the goal changes. All team members should participate in the review. The Child Service Plan is to be submitted to the Child Placement Review Board.

Planning Includes All Parties

F-3. It is expected that planning will be done jointly with all the parties. The caseworker will complete the required elements for the Plan for Child in Care Part III in FACTS. The required elements are:

a. Date of plan
b. Placement goal section
c. Signatures

FACTS

F-4. After completing the required elements, the worker may print the document to complete with the parties.

Document Exceptions to Required Participants

F-5. There will be times when it is not appropriate to have the parents and the foster parents present in the development of the plan. In cases where it is not appropriate or scheduling is such that all parties cannot meet prior to the 30 days, the reason for the parties' absence will be documented in the case record, and efforts will be made to review the plan with the missing party. When the absent party signs off on the plan, it should be noted next to their signature that it was reviewed only.

Distribute Copies to All Parties

F-6. All parts of the Plan for Child in Care should be copied and given to all parties involved in the plan development (foster parents, child's parents, POC/POS agency). Staff should be careful not to divulge information that may put a foster parent in jeopardy. For example, the name and address of the foster parent may need to be obscured if it is determined that the child's safety may be at risk if the family knows where the child is placed. The Plan for Child In Care should be filed in the appropriate section of the case record.

Educational Services

F-7. Educational services provided to children should be appropriate for age and emotional development.

F-8. The caseworker will:

Ensure school enrollment

a. Ensure that the child is enrolled in the appropriate school. For children in out-of-home care, children must be enrolled in the school assigned to the caregivers' address. Any exceptions must be approved by the caseworker.

b. Notify in writing the principal of the school of a child in placement entering, leaving, or transferring into the school.

Advocate for appropriate educational services

c. Advocate with the Department of Education for appropriate educational placement. This includes: private placement when an appropriate program is not available in the public school system; provision of tutors; participation in special education; remedial, gifted or vocational training; GED; and other related programs as indicated.

d. Provide access to educational opportunities for each child beyond the high school level by referral to and coordination of available resources based on the child's ability.

e. Periodically, but no less than once a year, request information from the child's school about the child's behavior and grades. This report should be filed in the child's record.

Obtain current grades and school records

F-9. The caseworker will participate in school conferences and encourage the parent and caretaker to also attend.

F-10. Foster children are generally expected to attend school within the regular school program. If the caretaker wishes to send a child to a private or parochial school, the caretaker is responsible for all expenses involved. Approval for such a placement must be given by the caseworker in conjunction with the supervisor and legal parents and recorded in the case record.

Approval for Private School Enrollments

F-11. A child in Division out-of-home care who does not have a parent available and willing to advocate for special educational needs is entitled to receive the services of an authorized Educational Surrogate Parent. Neither caseworkers nor caretakers may sign individual education plans but may assist the school in getting the parent(s)'s signature.

Special Educational Needs

F-12. If a child's parent(s) are unknown or unavailable and the child has been determined to need special education services, the caseworker will complete an Educational Surrogate Parent Program Referral Form and forward it to the Educational Surrogate Parent Coordinator, sending a copy to the school district's special education supervisor. In some cases, foster parents may be willing to consider becoming educational surrogate parents and should be referred to the Education Surrogate Program.

Request an Educational Surrogate When Parents Are Unavailable

G. Caseworker/Foster Child/Family Contact Schedule

Caseworker Contact

G-1. All placements will be made by the child's caseworker whenever possible. Within five working days of a child's placement with a foster family, the caseworker responsible for the child shall visit the child and the foster family at the foster home. For all other out of home placements, a follow-up contact must be made within 5 days by the child's caseworker.

G-2. Exceptions to this will be children placed after hours. These children will be contacted by the assigned worker on the next working day and visited within 5 working days of the contact. This visit shall occur in the foster home with one or both foster parents included.

G-3. The caseworker will maintain consistent, regular contact with children under the care, custody and supervision of DFS and placed in out-of-home care. The purpose of this contact is to build relationships with the child, help bridge gaps between the child and the parent, support the child in his out-of-home placement and to ensure the child's safety in their current placement.

G-4. After the initial visit, all children residing in out-of-home placement must be seen in their current placement according to the process outlined in the attached chart. A minimum of 7 out of every 12 monthly contacts must occur in the child's current placement.

G-5. Although the majority of visits (a minimum of 7 out of 12) with the foster child must occur in their current placement, all other contacts may occur at sites other than the foster home (i.e., school, clinic).

G-6. If a foster child has been returned to their original home for a trial reunification, they must still have a monthly visit in their home. The monthly visits will continue until such time as DFS relinquishes custody of the child. Visits from that point on will comply with the visitation schedule established between the DFS worker and their supervisor.

G-7. With supervisory approval, the Family Service Assistant or another caseworker in the same unit may visit the child in their placement instead of the child's caseworker. The supervisor must document his/her approval on a note in FACTS.

G-8. All monthly visits with the foster child must be completed confidentially, thereby providing the child with the opportunity to discuss any safety concerns they may be experiencing. IN addition to discussing safety in their living environment, in the family, or with their own family, the worker (POC and/or DFS) must also discuss any issues, fears and concerns the child may have. While meeting with the child, the worker must discuss issues, objectives and goals identified in the Family Service Plan and the plan for Child in Care as they relate to the child. If services are in place for the child, there should be some discussion as to progress, and whether there is a

need for additional services. This discussion should take place with the foster parents as well, although this discussion must be separate from the discussion with the child. A summation of each contact between the child and the caseworker must be documented in a treatment note, including an impression of the child's safety.

G-9. All monthly contacts between the child and the worker must be written in a running treatment note labeled "Monthly Foster Care Contact." In the event that an FSA makes the monthly contact, the FSA must create a separate treatment note in the FACTS record also titled "Monthly Foster Care Contact – FSA". If another worker in the unit will be making the contact, they should create their own note in the FACTS record and label it "Monthly Foster Care Contact – insert their name".

G-10. Workers and supervisors may use their own discretion to determine if they want to create a separate "Monthly Foster Care Contact" note for each child in the home or if they want to create one note per family. If the worker chooses to create one note per family, the contact with each child must be clearly identified as well as a summary of the contact, including any safety concerns, a discussion regarding applicable issues, objectives and goals in the Family Service Plan and Plan for Child in Care, a discussion of any services that are in place for the youth, and an assessment of the youth's safety.

G-11. If a child has been placed in an out-of-state placement, the worker must include a request for monthly in-home contacts on the ICPC 100A form and that a copy of those monthly reports be forwarded to the Division of Family Services.

Contacts with children in contracted or group placements

G-12. If a youth is in a Purchase of Care placement, the contractor is responsible for making monthly contact with the youth in their residence. The POC worker will provide a summary of each monthly contact to the youth's assigned DFS caseworker. This summary should be cut and pasted into a separate log entitled "Monthly Foster Care Contact – POC)".

G-13. DFS is required to visit children in their purchase of care placement, or out-of-state placement every six months. A summary of the contact is entered in FACTS. (See G-8 for summary content.) A report is sent to the parents' supervising agency if residing in another state.

Children in Mental Health or Delinquency Placements

G-14. Children who are temporarily out of their placement either receiving mental health treatment in a psychiatric hospital or temporarily detained as a result of criminal charges need not be visited within five days; however, the caseworker must continue the contact schedule previously in place for that child.

Alternative Planned Permanent Living Arrangement

G-15. For children in an alternative planned permanent living arrangement with a signed agreement, the caseworker will visit monthly.

G-16. While separated from the family, any positive relationships the child

may have had with family members and within their community should be maintained if those relationships are in the best interest of the child.	

FOSTER CARE CONTACTS

Placement Setting	Contact Frequency	Who is Responsible
Within 5 days of placement – All placement settings.	Child is visited in their placement. For children placed after hours, phone contact the next working day and visited within 5 working days of that contact. Visit must include one or both of the foster parents/caretakers.	DFS Caseworker
Ongoing Visits After Initial		
DSCYF or DFS Custody - In State Placement Setting		
• Relative/Non-Relative • DFS Foster Care/Pre-Adoptive Homes • Group Care • Ferris School/Detention • Hospitalization/RTC	Monthly contact. The majority of the monthly contacts must be in the child's current placement and completed confidentially.	DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FACTS.)
Purchase of Care Placements		
• Foster Care Homes • Pre-Adoptive Homes	A) Monthly contact in child's residence and completed confidentially. B) Contact every six months in the child's residence and completed confidentially.	A) POC Worker B) DFS Caseworker
Out of State Placement Settings (ICPC)		
• DFS • Pre-Adoptive • Involving Other DSCYF Divisions (YRS/CMH)	A) Monthly contact in child's residence and completed confidentially. B) Contact every six months in the child's residence and completed confidentially.	A) POC Worker or Public CPS Agency Worker (monthly contact to be requested in the 100A). B) DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FACTS.)
Non-DFS Placement within the State		
• DDDS placement	Monthly contact. The majority of the monthly contacts must be in the child's current placement and completed confidentially.	DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FACTS.)
Trial Reunification		
• Returned home in DFS custody	Monthly contact until such time as the Court relinquishes custody. The majority of the monthly contacts must be in the child's residence and completed confidentially.	DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FACTS.)

H. Case Management and Monitoring the Child in Care

Role of the Caseworker With Foster Parents

H-1. The family caseworker shall:

a. Help the foster family increase their understanding of the child, his legal family and their own feelings as foster parents.

b. Keep the foster family informed in a timely manner of all plans for the child and progress of the family toward case plan goals.

c. Encourage the foster parents to participate in all planning meetings, court hearings, child placement review board hearings, and treatment sessions.

d. Meet with the foster family regularly to discuss the child's progress and problems.

e. Consider the foster family when determining visitation schedules.

f. Determine if the child is receiving care in accordance with acceptable standards and in relation to the child's adjustment in the home and the way foster parents carry out their responsibilities.

g. Include discussion about special financial arrangements and provisions for medical care in casework activity. Discuss level of care revisions as needed.

h. Assist the foster parents in maintaining a harmonious relationship with the child's legal parents, staying uninvolved in the legal parents' personal problems, avoiding conflict with hostile, overly critical or otherwise disturbed parents, and helping the child avoid conflict of loyalties between foster parents and legal parents.

H-2. If, during contact with the foster family, concerns about the care of the child, condition of the home, or significant changes are noted, address those concerns with the family and attempt to resolve the problems. If unable to resolve them, report those concerns to the foster home coordinator and ask for assistance. Document those concerns in FACTS and notify the foster home coordinator.

FACTS

H-3. Keep the foster home coordinator informed of any concerns about the care of the child, condition of the home, or significant changes in the home.

H-4. If the plan is to remove the child from the foster home to another placement or to his own home, the caseworker must help the foster parents with the separation trauma that often accompanies such a move prior to the move.

Visitation: Maintaining Family Ties

H-5. While separated from the family, any positive relationships the child may have had with family members should be maintained if they are in the best interest of the child. The purpose of the parent/child visit is to:

a. Maintain family relationships.

b. Maintain psychological ties between parent and child.

c. Prepare for reunification.

Keep the Parents Informed About Their Child

H-6. The caseworker must keep both parents informed of the child's adjustment and placement including the following:

a. His daily routine.

b. Meaningful persons in his life while he has been away from home.

c. Feelings about returning home.

d. School adjustment and school-related problems that will need to be addressed when child returns home.

e. Medical and dental needs that must be followed up after child returns home.

I. Prepare All Parties for the New Placement

Preparation for Placement

I-1. The caseworker placing a child must prepare the child for placement as follows:

a. Explain why he is being placed, where, and anticipated length of stay.

b. Give a realistic view of the placement selected, what he can expect and what is expected of him.

Child

c. Inform the child of the visitation schedule that has been established with his family or other relatives.

d. If possible, arrange for the child to visit the placement resource prior to actual placement, particularly in the case of a child who is over six years old. If not possible, give the child information about the placement resource (i.e., family members, pets, activities, etc.).

e. Inform the child of caseworker's continued contacts and role with them, their family, and the placement resource.

f. Obtain a physical examination and immunization record prior to placement or within two weeks after placement in an emergency situation.

g. The caseworker will make every effort to obtain the child's own clothing and personal belongings. Ask the child or family if there are any special possessions and make arrangements for the child to have them if possible.

h. Ask the provider to complete the clothing inventory and submit to DFS. If clothing is determined to be inadequate, caseworker should request an emergency clothing allowance.

i. Obtain report card and arrange for transfer of school records, if applicable. Enroll the child in school. Ask the foster parent to accompany, if possible.

SEE: Meeting the Child's Needs

j. Obtain psychiatric and/or psychological evaluation if need is indicated.

Prepare the Family

I-2. The caseworker placing the child must prepare the child's family for the child's placement as follows:

1) Explain why placement is necessary, and the anticipated length of stay.

2) Help the family understand what separation may mean to them.

3) Help the family understand the court procedures for custody.

4) Seek participation from the family in developing a service plan for the child.

5) Give the parent a realistic view of the placement selected.

6) Explain why regular visitation is important to the child and develop a visitation plan with the family.

Obtain Current Information About the Child

I-3. If group care is selected, arrange for the parent to visit the placement setting prior to or at the time of placement. If foster care is selected, provide the family with information about the foster family in conjunction with insuring that foster family safety is not compromised.

I-4. Obtain pertinent information from the parent(s) concerning the child's health; i.e., allergies, medical needs, eating habits, fears, favorite pastimes, hobbies, etc., and any other information that would assist the caseworker and new care giver in helping the child make a smoother adjustment to placement. Obtain information about the child's educational history and academic needs which should include schools attended, grade level completed, academic standing (grades) and other special needs. All of this information should be captured on the Transfer Instruction Sheet. It is the responsibility of the child's caregiver at the time of removal to compete this form. The DFS caseworker must ensure that the caretaker completes the form in its entirety. The top copy is then provided to the caregiver that will be receiving the child, one copy remains with the caregiver that completed the form, and one copy is filed in the child's record.

I-5. Inform legal parents of their rights and responsibilities.

I-6. Inform the family of the caseworker's continued contacts and role with them and the child.

Prepare the Relatives

I-7. If the child is being placed with relatives, the placing caseworker must prepare relatives for placement of a child as follows:

1) Provide information (if necessary) concerning the child, their personality, habits, abilities, etc., using the Guidelines for Sharing Information with Foster Parents and Other Placement Resources. Supply a completed copy of the Initial Information for Placement form.

2) Explain fully the agency's role and expectations, including appropriate methods of discipline.

3) Provide details concerning financial arrangements, clothing, medical and dental care.

4) Inform the relatives of the visitation schedule that has been established. Visits by parents should be explored and agreed upon prior to placement.

Prepare the Foster Family

I-8. If the child is being placed in a foster home, the placing caseworker must prepare the foster family for placement as follows:

a. Supply the provider with the following at the time of placement:
   1). Transfer Instruction Sheet
   2). Foster placement verification letter from DFS (on applicable county letterhead) stating the child is in the care of the provider)
   3). Current Medicaid card (if available)
   4). Medication(s) (if applicable)
   5). Clothing Inventory form
   6). Initial Clothing Allowance (if necessary)
   7). Consent to Examination, Treatment – Information form
   8). Copy of the Foster Care/ Placement Checklist form

b. Additional documents to be supplied to foster parents within five days include:
   1). Level of Care (LOC)
   2). Plan for Child In Care II
   3). W.I.C letter (for children under 5 years of age)
   4). "Life Book" envelope
   5). Copies of Immunization records, Custody Order
   6). Copies of birth certificate and social security card.

Enroll the Child in School

I-9. Within five days, the treatment work will enroll the child in school with the foster parents' assistance. The items needed for enrollment are a copy of the child's Birth Certificate, immunization records, foster parent verification letter, foster parent's proof of residency, and a copy of the child's Social Security card.

I-10. Additional documents to be supplied to foster parents within thirty days include:

1) Plan for Child in Care III (30 days)
2) Individualized Educational Plan (I.E.P.), if applicable
3) Report Card
4) Most Recent Physical

I-11. If the child is being considered for placement in-group care, the placing caseworker will schedule a time to present the case to the Central Intake Committee for Group Home Placements.

a. The referral material shall include:
   1). Purchase of Care Referral Form
   2). Level of Care
   3). Psychological and/or psychiatric evaluation done within the past two years
   4). Available school information
   5). Brief social summary on child and family's involvement with the Division

b. Be prepared to share information with the group home using the Guidelines for Sharing Information.

c. Invite case managers from other divisions to share information regarding their work with the child and child's family.

d. After the child is accepted for consideration for group home placement, the caseworker shall prepare the child for placement as outlined above.

Schedule Presentation for Group Care Decision

I-12. The caseworker will monitor the information needed by care providers on the Foster Care/Placement Checklist. The Foster Care/Placement checklist will be signed by the care provider at the time of initial placement. The white copy will be retained by the care provider, and the yellow copy will be used by the caseworker to track additional material to be provided to the care provider at a future date.

Foster Care/ Placement Checklist

I-13. The caseworker and the caregivers are responsible for the quantity and quality of the clothes of a child in out-of-home care. Each child who is placed in a foster home or licensed residential facility should maintain an adequate supply of clothing. The Provider should use the Clothing Inventory Checklist.

Meeting the Child's Needs

I-14. Children in foster care placement for the first time without necessary items of clothing are entitled to receive funds to allow the caretaker to purchase an initial clothing supply.

I-15. The caregivers are responsible for procuring all clothing needed by a child placed in their care. The caseworker will:

a. Make every effort to obtain the child's own clothing and personal belongings.

b. Evaluate with the foster parent the quantity and quality of clothes, which the child brings with him to the placement.

c. If it is necessary to supplement the child's clothing supply, the caseworker may request an initial clothing allowance by completing a FACTS Funding Request and sending it through the appropriate approval channels in FACTS.

Caseworker Monitors Adequacy of Clothing

d. After approval by the Regional Administrator, the request will be assigned to the Office Manager who will write a check from the Petty Cash Account in the amount appropriate to the child's age.

e. Each region will develop a system of regional approval that will move the request in a timely manner so that the provider can receive the check at the time of placement or on the next working day.

f. The care provider must submit receipts to the caseworker immediately after making the purchases. The caseworker will submit the receipts to the Office Manager. The caseworker may

wish to give the provider a stamped business enveloped addressed to the Division so the receipts will be returned in a timely manner.

g. The Office Manager will maintain a log of checks written for the purpose of initial clothing and will confirm the actual submittal of purchase receipts to the caseworker and record such receipts with the check number and payee.

I-16. For all school age children (5 years and older) in the care and custody of the Division on July 31 of every year, the foster parent, relative care provider or group home will receive a $150 stipend per child to be used to purchase school clothing and school supplies for the up-coming school year. Providers need to keep receipts for all purchases and forward the receipts to the child's worker. The child's worker will file the receipts in the case record.

FACTS

I-17. In order for this to occur, all placements, replacements and removals need to be entered into FACTS by July 31.

I-18. Providers will receive this school stipend on August 15 of each year.

I-19. Providers of children entering foster care after July 31, but prior to September 30, or children who turn five after July 31 and will be attending school, may submit receipts to the child's worker for school clothing and supplies for reimbursement up to $150. The child's worker will complete the request for non-contract services (foster care) in FACTS and forward for approval. Then, the child's worker will forward the receipts to Client Payments. Receipts must be received by October 30 for reimbursement.

Graduation Expenses

I-20. Each child who is graduating shall receive assistance in obtaining graduation items. For foster children graduating from high school, the Division will help supplement the cost of the graduation expenses. Each child is eligible to receive up to $300 towards the cost of items such as announcements, class pictures, graduation gown and yearbook. Providers need to keep receipts for all purchases and forward the receipts to the child's worker. The child's worker will complete the request for non-contract services (foster care) in FACTS and forward for approval. Then, the child's worker will forward the receipts to Client Payments.

FACTS

Incidentals/ Child's Allowance

I-21. Caretakers may receive a small amount of money for miscellaneous expenses by or on behalf of a child in the custody of the Division of Family Services. For most children in care, the incidental costs for miscellaneous expenditures will be included in the standard or special care payment made to the foster parent or residential facility. This incidental amount is indicated on the payment schedule and should be used to purchase goods or services for the child other than food, clothing and shelter. (For instance, Scout dues, movie tickets, toys, etc.) For the child aged 11 to 17, this amount should be used for a spending allowance. Although it is the responsibility of the foster parent or facility to teach the child the value of money, he should be

given the opportunity to spend his allowance as he wishes.

I-22. For children in the custody of the Division but for whom the Division is not making board payments, the caseworker will request approval to pay for clothing and incidentals in the amount specified in the payment schedule.

I-23. The caseworker will review the amount and purpose in incidental money with all providers.

J. Transition from Placement

J-1. To support all parties involved in the transition, the caseworker will:

a. Give the foster parent or placement agency at least a two-week notice prior to removal of the child and work with the child and family or agency to make the transition as smooth as possible, unless removal is precipitated by an unexpected event.

Schedule Transitions In Advance

b. Provide services during the transition period to prepare the foster family/agency and the child for separation and help them cope with their feelings about it.

Prepare the Child and Caregiver for the Separation

c. When the plan following termination of placement is continued placement in another home or facility, prepare the child for placement.

SEE Appeals/Fair Hearings

d. Give special emphasis on adequate communication among the foster family, parents, child, caretaker and the division.

e. A completed Transfer Instruction Sheet must be provided to the receiving caregiver for the child. The Transfer Instruction Sheet captures the most current information regarding the child's medical, psychological and educational needs/status. It is the responsibility of the child's previous placement to complete the form at the time the child is removed from the home. The individual completing the form should keep one copy, one copy should be provided to the caregiver that is receiving the child, and the final copy should be filed in the child's record.

Transfer Instruction Sheet

f. Inform the foster parents about the appeal process should they disagree with the plan for the child.

g. Remove the child from care on FACTS.

FACTS

J-2. If DFS feels that the family has made sufficient progress to allow reunification to occur, the child should be sent home for a Trial Home Visit. A Trial Home Visit is a placement setting that occurs when a child has been removed from their current foster care placement and is returned to their parent/primary caretaker for the purpose of reunification but the child is still in the legal custody of DFS.

Planning for Return Home

Prepare the Child Through Frequent Visits

J-3. The length of time a child may be on a trial home visit is dependent on whether there is a court order specifying a time period. If there is no court order, the trial home visit must not extend beyond six months from the date the child was removed from the foster care placement and returned to the parent/primary caretaker

J-4. Prior to the six-month time frame, the child must be removed from the trial home visit and either exited from care or a new

court order must be obtained to continue custody with the Division of Family Services.

J-5. During the time the child is home for a trial home visit, the Division continues to hold supervisory responsibility of the child's safety and well-being.

J-6. During the time a child is on a trial home visit, the caseworker must continue to make monthly contact with the child, the majority of which must occur in the home. During these monthly contacts, the caseworker must discuss safety and well-being issues with the child.

J-7. Careful planning will precede the child's return home, ensuring that all parties are adequately prepared, except in emergency or unusual circumstances. When it is possible and feasible for the child to return home, the caseworker will:

a. Assist the child in understanding how his family has been able to plan for his return home.

b. Assist the child in working out feelings about separation from his foster family.

c. Arrange more frequent and/or extended visits as the return home approaches.

d. Plan for continued visits with the foster family if such visits are desirable and feasible.

e. Enlist the foster parents' help in the child's return home by offering support to the child, discussing with the child his feelings about the move, seeing that the child has sufficient clothing, arranging school transfers, if necessary, and securing medical and dental help for the child prior to the return home if necessary.

f. Provide the child or his parent with any important documents including medical history, educational history, birth certificate and social security card.

Transfer All Documents About The Child

J-8. Foster parents or agencies that request termination of a placement shall give the caseworker at least a two-week notice and shall participate in planning for removal of the child from their home, except in emergency situations.

Provider Request to Change Placement

K. Special Circumstances

K-1. Out-of-State Placements

Out-of-State Placements

K-1.1. When Delaware is the receiving state and the maltreating parent or caretaker is not being studied:

a. All requests for placement of a child or evaluation of a proposed placement of a child are sent directly to the Delaware Interstate Officer, hereinafter referred to as the Interstate Office. The Interstate Office will forward requests for evaluations and/or supervision to the Regional Administrator who will assign the request to the appropriate worker.

b. If evaluation is requested, the caseworker will interview all interested parties gathering and recording information on the Evaluation Worksheet. Personal references will be gathered using the Personal Reference Form. In cases where foster care and adoptive placements are proposed, compliance with the Criminal History Statute (31 Del.C. §309) is required. The caseworker will have the Home Evaluation Worksheet typed and prepare a cover letter to the sending state, recommending approval or denial of the placement. The typed worksheet and cover latter will be reviewed by the supervisor and sent to the Interstate Office in triplicate.

c. The caseworker will complete the evaluation within thirty calendar days of receipt of the request. If a delay in responding is anticipated, the Interstate Office will be notified in writing. The caseworker will receive a copy of the Interstate Office's approval or disapproval of the placement on a Form 100A.

d. If approval is indicated and the child is placed in Delaware, the Division assumes responsibility for ongoing supervision. The case will be opened in FACTS as a treatment case under the child's name. The risk management methodology is suspended. The caseworker will complete all applicable Significant Event forms and the progress reports will serve as narratives regarding the services the Division is providing and the child's progress and adjustment. The caseworker will supervise the placement and provide the Interstate Office with quarterly progress reports. After approval by the supervisor and Regional Administrator, three copies of the reports will be forwarded to the Interstate Office. If placement is not going well, it is expected that the caseworker will have phone contact with the worker in the sending state for the purposes of problem solving and planning.

e. When the ICPC request is for Delaware to approve a new foster home for placement, all approval criteria must be met. The initial 30 day report will address the suitability of the home in meeting the child's needs. Placement will not be approved until all foster

home requirements are met, including background checks and training.

f. If the placement disrupts while the child is in Delaware, the caseworker should notify the Interstate Office immediately. The sending state has fiscal and planning responsibility for the return of the child or placement. The caseworker will not request or accept custody of the child. Cooperative planning will occur to decide whether to return the child to the sending state or to find emergency short-term placement in Delaware. When the child is returned to the sending state, a final progress report must be completed and forwarded to the Interstate Office. The sending state may not dismiss its jurisdiction without the concurrence of the Delaware Interstate Office.

K-1.2. When Delaware is the receiving state and the maltreating parent or caretaker is being studied:

a. All requests for placement of a child or evaluation of a proposed placement of a child are sent directly to the Delaware Interstate Officer, hereinafter referred to as the Interstate Office. The Interstate Office will forward requests for evaluations and/or supervision to the Regional Administrator who will assign the request to the appropriate worker.

b. If evaluation is requested, the caseworker will interview all interested parties using the risk management methodology. In cases where foster care and adoptive placements are proposed, compliance with Criminal History Statute (31 Del.C. §309) is required. The caseworker will have the risk assessment worksheets typed and prepare a cover letter to the sending state, recommending approval or denial of the placement. The typed assessment worksheet and cover letter will be reviewed by the supervisor and sent to the Interstate Office in triplicate.

c. The caseworker will complete the evaluation within thirty calendar days of receipt of the request. If a delay in responding is anticipated, the Interstate Office will be notified in writing. The caseworker will receive a copy of the Interstate Office's approval or disapproval of the placement on a Form 100A.

d. If approval is indicated and the child is placed in Delaware, the Division assumes responsibility for ongoing supervision. The case will be opened in FACTS as a treatment case under the child's name. The risk management methodology continues to be used with the focus on protecting the child. The caseworker will supervise the placement and provide the Interstate Office with quarterly progress reports. After approval by the supervisor and Regional Administrator, three copies of the reports will be forwarded to the Interstate Office. If placement is not going well, it is expected that the caseworker will have phone contact with the worker in the sending state for the purposes of problem solving and planning.

e. If the placement disrupts while the child is in Delaware, the caseworker should notify the Interstate Office immediately. The sending state has fiscal and planning responsibility for the return of the child or placement. The caseworker will not request or accept custody of the child. Cooperative planning will occur to decide whether to return the child to the sending state or to find emergency short-term placement in Delaware. When the child is returned to the sending state, a final progress report must be completed and forwarded to the Interstate Office. The sending state may not dismiss its jurisdiction without the concurrence of the Delaware Interstate Office.

K-1.3. In all cases where Delaware is the receiving state and approval is not given, the placement cannot be made. If the placement is made after disapproval or if a placement is made into Delaware without requesting ICPC approval, the caseworker should notify the Interstate Office as soon as it is known. The Interstate Office and the Department's Deputy Attorney General will determine enforcement action.

K-1.4. ICPC services in which Delaware is the receiving state may be terminated under the following circumstances:

a. Adoption is finalized.

b. The child reaches 18 or becomes self-supporting.

c. The child dies.

d. The child is discharged from custody.

e. The child leaves the state.

f. When ICPC services are terminated, a short summary explaining the reason for termination and a copy of the appropriate order should be forwarded by the caseworker to the Interstate Office in triplicate.

g. The caseworker will close the case in FACTS.

K-1.5. When the decision is made to request placement of a child in the custody of the Division of Family Services out-of-state, Delaware is considered the sending state and the Division has the following responsibilities:

a. The caseworker will forward to the supervisor the following: From 100A; three copies of: the child's social history; IV-E documentation; the custody order; and a cover letter to the receiving state. After approval by the supervisor, the request will be sent to the Regional Administrator for approval, and then

forwarded to the Delaware Interstate Office.

b. The child's social history must include identifying information, developmental history, legal status, pertinent background information and the reason for the placement request. The cover letter should include the reason for the placement request, any pending court dates and a request for an evaluation of the proposed placement. If the Division is requesting an evaluation for foster care or adoption purposes, a criminal history check is required. The caseworker will consult the criminal history specialist.

c. The Interstate Office will review the submitted information and, if appropriate, will forward the referral to the receiving state.

d. Delaware shall treat the receiving state's report as meeting home study requirements unless Delaware determines within 14 days, placement is contrary to the welfare of the child based on the report's content. Clarification or further information may be requested from the receiving state.

e. If placement is approved by the receiving state and the child is placed, the Division retains planning and financial responsibility for the child. Custody will be retained until the Interstate Office agrees custody may be transferred to the parents, relatives, caretakers or agency in the receiving state.

f. Upon approval of the placement, the caseworker will complete and forward From 100B to Interstate Office indicating the date of placement.

g. The case will remain open in the Division and assigned to the caseworker who will monitor the services provided to the child and case progress.

h. If placement is approved by the receiving state but the child is not placed, the caseworker must send Form 100B to Interstate Office indicating this.

i. The receiving state will provide quarterly progress reports while the child is placed. If the placement disrupts, it is Delaware's responsibility to make arrangements for the child's return home or emergency placement. The Division remains fiscally responsible for the costs of the child's return to Delaware.

j. If approval is not granted, the placement cannot occur.

K-1.6. ICPC services in which Delaware is the sending state may be terminated under the following circumstances:

a. The adoption is finalized.

b. The child reaches eighteen.

c. The child dies.

d. The child's custody is rescinded to parents or other caretaker or the receiving state agrees to accept custody.

e. When an ICPC case is terminated by Delaware as the sending state, the caseworker will prepare Form 100B and a short summary explaining the reason for closure, forwarding them to the supervisor and Regional Administrator. The 100B will be forwarded to the Interstate Office.

K-1.7. If a child is dependent and delinquent or on runaway, the child may be eligible for services under the Interstate Compact on Juveniles. Contact the Delaware Interstate Office for consultation. The "Voluntary Consent to Return" (ICJ Form III) should be signed by runaway youths before a judge to protect the child's due process rights.

K-2. CHANGES THAT MAY AFFECT PLACEMENT

K-2. Minor Mother/Baby

Minor Mother/Baby

K-2.1. Based on an assessment of the minor mother's age, maturity, level of demonstrated responsibility, and willingness to care for her baby, the caseworker will determine whether the agency needs to petition for custody of the baby. The baby's placement, although with the mother, would follow the standard placement procedures.

K-2.2. If the caseworker determines that the mother is responsible enough to care for her baby while the baby remains in her custody, the caseworker will submit the Level of Care Survey for the mother. The baby would not be considered a separate placement and would not be subject to reviews mandated by state and federal regulations.

K-2.3. If the minor mother is assessed to be responsible enough to care for the baby and the minor mother is not receiving IVE foster care, the minor mother can retain custody of the baby. The caseworker will advise the mother to apply for TANF benefits for the baby.

K-3. EXTENDING FOSTER CARE BEYOND AGE 18

Extending Foster Care Payments Beyond Age 18

<u>High School Students</u>

K-3.1. Absent emergency circumstances, the caseworker must request approval no less than 3 months prior to the youth's 18th birthday through a Board Extension Request to the Regional Administrator.

This Board Extension Request must include a statement from the youth's high school indicating that the youth is making satisfactory educational progress and include a copy of their most recent report card and IEP (if applicable). Board extensions under this category cannot exceed one school year beyond the school year in which the

youth turned eighteen. A review of the youth's educational progress will occur each high school semester in order to approve the continuation of the foster care board extension. This review will ensure that the youth continues to make satisfactory educational progress.

For youth who will not be able to graduate high school within one school year after the school year in which the youth turned eighteen, caseworkers must seek an alternate education plan to increase the likelihood of education completion.

GED Programs

K-3.2. Youth pursuing a GED are eligible for a board extension. The caseworker must request approval no less than 3 months prior to the youth's 18th birthday through a Board Extension Request to the Regional Administrator. A statement from the youth's GED program must indicate that the youth is making satisfactory educational progress and is expected to conclude the GED program within a 6 month period following his or her eighteenth birthday. Review and approval to continue under a foster care board extension must occur every 3 months post eighteen, not to exceed 6 months. This review will ensure that the youth continues to make satisfactory educational progress.

K-3.3. The youth's caseworker will be notified as to whether their request is approved by the Regional Administrator.

K-3.4. The caseworker will send copies of the Board Extension Request form and the school statement to both the Client Payments and Medicaid Unit.

K-4 EXTENTIONS FOR YOUTH RECEIVING SOCIAL SECURITY

K-4.1 If the youth receives SSI, a copy of extension approval should not be sent to the Medicaid Unit, as he will continue to receive medical coverage under the SSI grant.

K-4.2 In arranging for board extensions for a youth who receives social security, the caseworker will:

a. Arrange for social security benefits to be mailed directly to the youth;

b. See that suitable arrangements are made for the youth to make payments to the caretaker;

c. Request board extension for the difference when the amount of the benefit is less than the monthly standard care rate.

Extensions for Youth Receiving Social Security

K-5. CONVERTING TO CHILD ONLY CASES

Converting to Child Only Cases

K-5.1. There are occasions when it is effective to close the family case and open child only cases. This decision should be based on the best interest of children and families, safety of all children concerned and whether or not ongoing protective treatment services are needed.

a. All Children In Out-Of-Home Care with a Goal of Adoption AND Children Remain in the Home: When the Permanency Committee recommends the goal of adoption or Alternative Permanency Planned Living Arrangement (APPLA) with or without agreement for children in care and there are other children remaining with the birth family, consideration should be given as to whether or not the family case should be closed. The caseworker will complete a family assessment and if appropriate, a case closure recommendation. If protective treatment services need to continue, a child only case will be opened for the children in care and transferred to a permanency worker. The family case will remain with the treatment caseworker for ongoing services. If it is determined that treatment services to the intact family are not needed, the family case will be closed and a child only case will be opened and transferred to a permanency worker. The permanency worker is responsible for maintaining sufficient contact with the birth family and documenting appropriately.

b. All Children In Out-Of-Home Care with a Goal of Alternative Permanency Planned Living Arrangement (APPLA) AND Children Remain in the Home: Generally, when the Permanency Committee approves the goal of Alternative Permanency Planned Living Arrangement (APPLA) for children in care and protective treatment services need to be provided to the other children in the family, both the family case and child case will continue with the caseworker. However, there may be cases where there is no expectation of ongoing contact between the birth family and the child in care. In these situations, with the approval of the Assistant Regional Administrator, a child only case can be opened and transferred to a permanency worker.

Permanency Committee Role In Closing Family Cases

K-5.2. When children are in foster care, decisions to close family cases will generally be made at the Permanency Committee. In those situations where the Permanency Committee has recommended a goal other than return home and situations change, the supervisor may recommend to the Assistant Regional Administrator that the family case be closed. This recommendation will be noted in the Treatment Notes. The Assistant Regional Administrator will review the case and if in agreement, document that decision in Treatment Notes. A child only case will be opened in FACTS and the family case will be closed.

K-5.3. When a child only case has been opened, the family case has been closed and a complaint of child abuse or neglect is made concerning the intact family, it will be investigated per policy by an investigation unit and if necessary, transferred to a treatment unit for ongoing services. Assignment will be based on the best interests of the child and family. The Regional Administrator or Assistant Regional Administrator will make a determination to assign the case to the caseworker currently assigned to the children in foster care or to another worker.

FACTS

K-5.4. In situations where services are being provided to a family with children both at home and in Alternative Permanency Planned Living Arrangement (APPLA), the caseworker and supervisor shall determine if it is necessary to continue to provide services to the children at home. If the Permanency Committee has recommended a goal change for the child(ren) in foster care as other than return home, and there is an indication of a reduction in risk in the intact family, the family case may be considered for closure.

K-6 MEDICAL/DENTAL RECORDS FOR YOUTH EXITING CARE AGE 18 OR OLDER

K-6.1. Section 475(5)(D) of the Social Security Act requires the Division of Family Services to provide health and education records to youth aging out of foster care.

K-6.2. DFS must provide youth with an actual copy of the most recent, relevant health and education records that were used to complete the youth's Plan for Child in Care and/or Family Service Plan AND that are contained in the DFS record.

K-6.3. To the extent available and accessible, the health and education records of the youth should include:

- The names and addresses of the youth's health and education providers;
- The youth's grade level performance;
- The youth's school records;
- A record of the youth's immunizations;
- The youth's known medical problems;
- The youth's medications;
- Any other relevant health and education information concerning the youth determined to be appropriate by the Division of Family Services

K-6.4 The Division will not provide the youth with copies of any psychological or psychiatric evaluations. Instead, DFS will provide the youth the names, addresses and phone numbers of any professionals who may have completed a psychological or psychiatric evaluation on the youth so that they may obtain those reports directly from the provider.

K-6.5. The Division of Family Services will not charge the youth for copies of their health and educational records.

L. Required Case Reviews

L-1. **Child Placement Review Board**: The Child Placement Review Board fulfills part of the requirements established under Public Law 96-272, and assists the Division in maintaining eligibility for Federal funding. The Child Placement Review Board, an external citizen's review system, was created by legislation for the purpose of reviewing cases for children in foster care. The Division of Family Services is required to participate by law. The Division must follow the policy and procedure of the Foster Care Board and cooperate in the proceedings of the reviews. The Division of Family Services caseworker will ensure that the child's caregivers (relative, non-relative, or adoptive) are provided with a notice of the review and the right to be heard.

Independent Case Reviews by the Child Placement Review Board

L-2. **Permanency Planning Committee:** When a child has not been reunited with his family within 9 months of entering foster care or has been in care for a total 9 out of 16 months, the case should be referred to the Permanency Planning Committee for review of the permanency options for that particular child and goal recommendation. This recommendation will be presented to Family Court at the next Permanency Hearing for the child.

In addition to reviewing cases meeting the criteria above, the Permanency Planning Committee should be reviewing a case any time there is a consideration of a goal change, regardless of the time that the child has been in care.

SEE: Case Decision #5: Permanency

L-3. **Permanency Hearing:** The Division will petition the Family Court for a Permanency Hearing within the required time frames. A permanency hearing must occur within 12 months of a child's placement and every 12 months thereafter, as long as the child remains continuously in placement. The Family Court will hold the initial hearing in the 11th month but no later than the 12th month of the child's placement and thereafter yearly. The Division of Family Services caseworker will ensure that the child's caregiver (relative, non-relative, or adoptive) are provided with a notice of the hearing and the right to be heard.

SEE: Case Decision #5: Permanency

M. Driver's Licenses for Youth In Placement

M-1. Prior to signing for a youth to obtain their driver's license, a collaborative discussion must occur between the DFS caseworker, the youth, birth parents and the youth's care giver. The purpose of this discussion is to ensure that the youth is aware of their responsibility if they should obtain their driver's license and that the caregiver is aware of their responsibility/liability by having a licensed teenage driver residing in their home. All parties must be informed of roles, responsibilities, expectations and liability issues so that an informed decision can be made.

M-2. Prior to obtaining a driver's license, the youth and the youth's placement MUST have insurance that will cover the youth while he/she is driving a car. Those options include finding an insurance company that is willing to write a "Named Operator" or "Named Non-Owned" policy for the youth and/or having their foster parent(s) add them to their insurance policy. If the foster parent is unwilling to add the youth to their policy and the youth is unable to obtain a "Named Operator" or "Named Non-Owner" policy, then the youth will be prohibited from obtaining a driver's license.

M-3. Prior to obtaining a driver's license, the youth must be able to provide the following information to their DFS caseworker:

- Successful completion of a driver education class.
- A list of individuals that will supervise the youth's practice hours. The list must include names, addresses and phone numbers for all of those individuals and include:
  - Foster parents;
  - Group home staff;
  - Agency approved mentors;
  - Employers;
  - Birth parents, if appropriate;
  - And other responsible licensed drivers.

- Individuals that will be supervising the youth's practice hours must provide DFS with a copy of their car insurance and driver's license.
- If the youth is able to obtain a "Named Operator" or "Named Non-Owned" policy, the youth must have a mechanism for paying the insurance premium.
- A mechanism for paying the fees associated with applying for a driver's license.
- Once the youth has completed 50 hours of practice driving (10 of which must take place during night time hours), the must provide their DFS caseworker with a copy of the driving log for inclusion in the youth's record.
- If a road test is required, the youth must arrange for a registered and insured vehicle. Caseworker approval of the owner is required.

M-4. The DFS caseworker may deny the youth's request to obtain a

Caseworker Responsibility

driver's license due to the following specific circumstances and conditions:

- A medical doctor or mental health professional recommends in writing to the DFS caseworker that the youth not drive due to physical, mental or emotional conditions that would significantly impair the youth's functioning and judgment making the youth a threat to themselves or others when operating a motor vehicle.
- Any evidence or suspicion of drug or alcohol use by the youth during the previous six months.
- Incidents of violent and unsafe behavior by the youth during the previous six months.
- Incidents of suspension, non-attendance, or expulsion from school by the youth during the previous six months of the school year.
- Other unsafe behaviors and/or irresponsible behaviors that a reasonable person would consider to be evidence of poor judgment related to the operation of a motor vehicle.
- A history of running away.
- Any criminal activity.

M-5. The youth's caseworker, supervisor, and regional administrator may deny the youth's request for driver education, interrupt the driver education and licensing process, or revoke the youth's license at any time due to circumstances and conditions outlined above in M-4.

M-6. For any youth who has been denied approval during any part of the process in obtaining their permit and driver's license, the caseworker will document the reasons and inform the youth what is expected of them to continue the process of obtaining their driver's license.

M-7. Responsibilities for individuals supervising the youth's practice hours:

- Provide DFS with a current copy of their car insurance and driver's license.
- Sign a Consent to Release Information Form, thereby giving DFS the authority to complete a Division of Motor Vehicle check.
- Sign youth's Driving Log verifying the date and length of time they supervise a youth's driving.

M-8. The youth's caseworker must consider all of the above criteria prior to signing for a youth to obtain their driver's license. Once the youth provides a list of individuals that will supervise the youth's practice hours, DFS will have them sign a Consent to Release Information Form so that a DMV check can be completed prior to providing any driving supervision hours.

M-9. After the DFS caseworker has determined that the youth meets the criteria to obtain a driver's license, the caseworker will facilitate a discussion between the foster parent, birth parents, the youth and the CASA or GAL. The purpose of this meeting is to discuss possible implications for the foster parent and to inform the foster

parent to contact their personal auto insurance provider to get the details of the impact on their own policy.

Once all barriers have been addressed and the caseworker determines that the youth has met the DFS criteria to obtain a driver's license, the caseworker will sign for the youth to obtain their driver's license

M-10. If the youth changes residences, the caseworker must ensure that the youth informs the DMV.

M-11. The DFS caseworker must make the youth's caregiver aware of the following:

a) Discuss with the foster parents the rights/responsibilities/ expectations of having a licensed foster child residing in the home.
b) Youth will be strongly encouraged to obtain a "Named Operator" or "Named Non-Owner's" insurance policy offered.
c) If the youth's insurance company revokes or refuses to renew the youth's insurance, the caseworker must notify the foster parent. The foster parent must then decide whether to add or exclude the youth from their insurance policy.
d) In the event that a claim is filed and the youth had a "Named Operator" or "Named Non-Owner's" insurance policy, the youth's policy will be the primary insurance.
e) Caregivers must take an affirmative step when a licensed teenage driver is residing in their home. They must either add the youth to their policy or they must exclude the youth from their policy.
f) If the caregiver plans on allowing the youth to drive one of their vehicles, they must contact their insurance company and add the youth to their policy as a licensed driver residing in the home.
g) If the caregiver does not want the youth to drive any of their vehicles, they must contact their insurance company and specifically exclude the youth from their policy.
h) If the caregiver has made the decision to not allow the youth to drive their vehicles, and they have excluded the youth from their insurance policy, they must keep the vehicle keys in a secure location.
i) The caregiver should discuss the benefits of increasing their insurance coverage as well as to discuss any other issues related to having a licensed driver residing in their home with their insurance company.
j) If the youth's insurance is revoked, the caregiver must be notified so that they can review their decision to either include or exclude the youth from their insurance policy.

M-12. The Division of Family Services will not be responsible for the insurance premiums of the caregiver. Likewise, DFS will not be responsible for paying the youth's insurance premium.

M-13. Once a youth has obtained a driver's license, any new placement that the youth moves to must be informed of that fact. If the new placement is unwilling to add the youth to their insurance policy

and the youth does not have a “Named Operator” or a “Named Non-Owner” policy, the youth must turn their driver’s license in to the Division of Motor Vehicles.	

Permanency in Alternative Settings: Case Decision Point #5

#5.1 – Court approves permanency plan (Court Action)
#5.2 – Placement for alternative permanency goal/Is child safe?
#5.3 - Termination of Parental Rights (Court Action)
#5.4 – Adoption Petition Approved (Court Action)
#5.5 – Adoption Placement Supervision/Case Closed/Is child safe?

Purpose:

Permanency, as it relates to children, is the placement of a child with a family or caretaker in which it is believed that the child will remain until they reach adulthood. It is a resource that can meet the child's needs physically, emotionally, educationally, medically and psychologically. This resource is legally sanctioned by the court.

Scope:

Permanency options that exist for children are as follows and are listed in order of preference:

- Reunification with parents
- Custody and Guardianship with a relative/kinship caretaker
- TPR and Adoption
- Permanent Guardianship
- Guardianship with an approved non-relative caretaker
- Alternative Planned Permanent Living Arrangement (APPLA) with Agreement
- Alternative Planned Permanent Living Arrangement (APPLA)

Decisions:

A. Reunification with parents

B. Placement of the child with an appropriate adoptive family.

C. Creation of a new parent-child relationship through termination of parental rights and adoption

D. Transfer of legal custody and guardianship

E. Alternative Planned Permanent living arrangement

Case Process:

A. Permanency Planning Committee

Referral to the Permanency Committee at 9 Months in Care

A-1. When a child is in foster care for 9 months and there has been no progress in a case to indicate that the child will be able to return

A-2. Tracking of all foster children needing a Permanency Committee Review will be done by the Permanency Coordinator.

A-3. The supervisor will direct the treatment worker to refer the case for review by the Permanency Committee by the 9th month of foster care for an agency recommended permanency goal.

Also See Case Decision #4

A-4. The Permanency Committee will recommend whether or not the goal of the family service plan and the child's plan should be changed from reunification to another permanency goal. Compelling reasons for any goal change will be documented in the Permanency Committee notes. Any subsequent goal changes must be reviewed by the Permanency Committee. The recommendation will be presented to Family Court at the next hearing, if possible.

A-5. The Permanency Committee is responsible for approving the adoptive resource for a child in the care and custody of the Division.

Permanency Committee Composition

A-6. The Committee will be made up of the following people:

a. The Regional Administrator (chairperson)
b. An Assistant Regional Administrator (vice chairperson)
c. The Permanency Supervisor in the County
d. One (1) Supervisor not directly involved with the case
e. The Program Manager of Adoption Services or designee
f. The Deputy Attorney General for the County (non voting member)
g. A Foster Care Administrator or Supervisor
h. The Permanency Coordinator
i. The Regional Administrator may appoint a TPR/adoption permanency worker, other supervisors, and may invite professionals representing other disciplines, as appropriate, to join the Committee permanently or on an as needed basis. These additional members will not be voting members unless appointed as permanent members to the committee.

A-7. The Regional Administrator, or designee, is the Chair of the Committee in each Region. Assistant Regional Administrators are Vice Chairs and act as the chair in the absence of the Regional Administrator.

A-8. The Chair will be responsible for running the Committee meeting and will follow the rules of order with regard to information presentation, discussion, and voting. The minimum number of voting committee members required for a committee meeting shall be four. If a tie occurs in voting, the Chair's vote will break the tie.

Frequency of Meetings

A-9. Minimally, the Committee will have one meeting a month. Meetings may be canceled only by the Chair, or designee, if no cases will be presented for review.

A-10. If the Committee needs to review a pressing case outside of the regular Committee meeting, they may do so in person or via teleconference, as long as a quorum exists.

A-11. The Regional Administrator, in collaboration with the Chair, will establish a monthly meeting date for the Committee. The group may meet more often if the need arises. Staff in the region will be informed of the meeting dates.

Making the Referral

FACTS

A-12. Case worker will refer cases for review by completing the Permanency Committee Referral event in FACTS for all options other than adoptive resource approval and a subsidized guardianship. Case worker should complete the Guardianship Referral event in FACTS when requesting guardianship be considered for a child. Case worker should complete the Adoptive Placement Resource Review event in FACTS when the selection of an adoptive resource is being sought.

Case Worker

A-13. The case worker and supervisor will complete the relevant referral events in FACTS and will assign it to the permanency supervisor in the county ten (10) working days before the scheduled Committee meeting.

A-14. The basic criteria to be included in the Permanency Committee referral is:

a. Brief description of why the child entered care
b. Summary of case plan elements and parent(s) progress;
c. Case worker's goal recommendation

POS Agency

A-15. In the case of a child in Purchase of Service and Purchase of Care, the DFS case worker will discuss with the contracted worker the need to present the case to the Permanency Committee prior to the referral to the Committee being made. The Contractor may also initiate this discussion if they believe other permanency options need to be explored for the child.

Schedule In County of Parent's Residence

A-16. In cases where the parent resides in one county and the child(ren) resides in another, the referral should be sent to the Permanency Supervisor in the county that the parent resides for that Committee review. If there are siblings residing in different counties, the case should be heard in the county where the parent resides or where the family case is open.

A-17. The Permanency Supervisor will confirm the acceptance of the referral via FACTS and will notify the worker and supervisor of the review date and time.

Identify Parties

A-18. The Permanency Supervisor will distribute PPC referrals and supporting documentation to committee members five working days prior to the committee meeting.

Provide Current Case Plan

A-19. The worker and supervisor are responsible for ensuring that key participants in the case, i.e. the CASA, OCA, the contracted agency worker(s) if applicable, and the foster home coordinator are invited to attend.

Summarize Case Progress

A-20. The case worker will bring copies of family service plans to the meeting for the Committee's review. (Note: This does not apply for referrals made to select an Adoptive Resource)

A-21. The case worker is expected to present a brief case summary in accordance with the Permanency Committee Checklist.

Committee Decides the Permanency Goal

A-22. The Committee will discuss the case based on the presented information and decide whether to recommend a change in goal. In addition, the committee may defer the decision, may outline further steps to be taken in working with the parents, or may recommend another course of action in the case. If policy or statute exists for a particular permanency option (termination of parental rights, adoptive resource, guardianship), the Committee will follow the decision-making guidelines stated in those policies or laws.

B. Early Screening Tool

B-1. The goals of the Early Screening Tool are:

- To expedite permanency planning for youth in foster care
- To provide consultation and/or case direction

Goals

B-2. The Early Screening Tool screens foster children and their families for indicators that my suggest that:

- The child9ren) is at high risk or not returning home
- There is a need to ask Family Court to release DFS of case planning responsibilities
- A different approach is needed to provide reunification services for these families.

Indicators

B-3. When completing the "DFS Placement" event in FACTS, the case worker will choose the county's Permanency Supervisor to receive notice that the placement has occurred.

B-4. The Permanency Supervisor will complete the Early Screening Tool on all children entering foster care under 12 years of age. The tool shall be completed within two weeks of the child's entry into foster care. For sibling groups, only one tool needs to be completed. If there are multiple fathers for the sibling group, this information shall be documented on the Early Screening Tool.

Complete Within Two Weeks

B-5. In order to complete the Early Screening Tool, the Permanency Supervisor should review both current and historical records of family activity with the Division of Family Services. Additionally, the Permanency Supervisor may meet with the assigned worker and/or supervisor to gather additional information.

B-6. Under Delaware Code (Title 13 Section 1103), grounds have been established which may negate the need to plan with families and allow the Division to begin termination of parental rights proceedings immediately. These grounds are listed on the first page of the Early Screening Tool and if any one item is checked, a referral to Permanency Committee must be done by the assigned case worker.

Prognostic Indicators

B-7. The "Parent and/or Child" section of the Early Screening Tool contains prognostic indicators which have been shown to correlate with a decreased chance for reunification. If four or more items are checked in this category, a referral to Permanency Committee must be done by the assigned case worker.

EST Progress Notes

B-8. The Permanency Supervisor shall add a progress note in the family's FACTS case labeled, "EST" documenting the date the review was completed, whether or not a referral to Permanency Committee is needed, and the supporting reasons. A hard copy of the EST will be part of the case record and shall be filed in the family section accordingly.

Review Before Adjudicatory

B-9. The Permanency Committee must review those cases meeting EST criteria prior to the Adjudicatory hearing (40 days) so recommendations can be presented to the Court at that time.

B-10. The Regional Administrator or designee shall track cases meeting EST criteria to ensure that they are referred and reviewed by the Permanency Committee. When cases are not referred or reviewed within the established timeframe, justification must be documented in FACTS.

B-11. The referring case worker and/or supervisor will present the case to Permanency Committee to obtain consultation and case direction and/or a recommendation for a goal change.

Advise DAG

B-12. If the Permanency Committee recommends a goal change, the assigned case worker must advise the DAG to file a motion in Family Court.

B-13. The Permanency Committee will also review the foster care provider's ability to meet the child's needs in both the short and long term, his/her collaborative efforts with the Division and the birth family towards reunification, and his/her desire to become a permanent resource for the child should reunification not be possible.

Foster-to-Adopt Placement

B-14. If the determination is made that the foster care placement is not suitable for the child under review, the assigned case worker will complete a Level of Care request for new placement in FACTS. Depending on the case situation, the Foster Care Unit will search for a foster to adopt placement with the assistance of the county's Permanency Supervisor, who will recruit from private, licensed adoption agencies.

C. Termination of Parental Rights (TPR)

C-1. If legal grounds exist to TPR as stated in 13 Del Code Ch. 11 and it is in the child's best interest to do so, the child's Permanency Committee will recommend a change in goal. This recommendation will be presented to Family Court at the permanency hearing.

Other Permanency Options

C-2. If TPR and adoption are not in the best interest of the child, the Permanency Committee may recommend alternative permanency options specific to the individual case. TPR may be pursued but is not required under the following types of situations:

a. The child is in the care of an approved relative; or

b. The Division has not provided or did not have adequate resources and services available for fulfill the requirements of the case plan to facilitate reunification of the child; or

c. There are one or more compelling reasons not to pursue TPR. The following is a list that is to be used as a guide in decision-making. However, each case decision needs to be made individually and based on the specific factors of the case and the child's best interest.

- Parent(s) are making progress in treatment and/or are complying with their case plan with the expectation of successful completion within the next six months AND there is an existing relationship between the child and the parent(s).
- The Division is working with relatives to develop a plan of custody and/or guardianship with an expectation that it will be achieved within the next six months.
- The child is 12 years of age or older and has been diagnosed with a mental illness requiring long term treatment, has serious delinquency charges or has a history of delinquent acts that would seriously hinder locating an adoptive resource.
- The child is 12 years of age or older, has a relationship with his family and does not wish to be adopted.
- The parent is in prison or is hospitalized, will be released within the next 6 months, the child has an existing relationship with the parent, and the parent will be able to assume parenting responsibilities upon release.

Grounds for Termination of Parental Rights

C-3. The grounds for termination are as follows:

a. The parent(s) desires to relinquish such parental right for the purpose of adoption; or

b. The child has been abandoned; or

c. The parent(s) are found by the Court to be mentally incompetent and, from evidence of two qualified psychiatrists selected by the Court, found to be unable to discharge parental responsibilities in the foreseeable future; or

d. The parent or parents of a child have been found by a court of competent jurisdiction to have committed:

1) a felony crime against a person in which any child is a victim, or

2) aided, abetted or conspired to commit such a crime stated in Chapter 11, Section 1103 (4) a, or

3) the offense of Dealing in Children; or

e. The parent(s) are not able or have failed to plan adequately for the child's physical needs or his mental and emotional health and development and one or more of the following exists:

1) The child has been in the care of the Department or licensed agency for a period of one year, or for a period of six months in the case of a child who comes into care as an infant, or there is a previous placement history of this child; or,

2) There is a history of neglect, abuse or lack of care of this child or other children by this parent; or

3) The parent is incapable of discharging parental responsibilities because of extended or repeated incarceration, except that the court may consider post-conviction conduct of the parent(s); or

4) The parent is not able or willing to assume legal and physical custody of the child and pay child support; or

5) Continuation of the relationship between the child and parent would result in physical risk or emotional instability of the child.

f. Previous involuntary termination of parental rights of another child.

C-4. The Committee's recommendation will be documented within 14 days of the meeting by the Permanency Supervisor or their designee, in the Permanency Committee Review Event in FACTS.

FACTS

C-5. The parents can appeal the Permanency Committee recommendation of TPR in Family Court.

C-6. When the goal has been changed to TPR, consultation with the DAG should occur. If visitation is part of a Family Court order, any changes in visitation need to be approved by Family Court.

ASFA deadline

C-7. Petitions for TPR should be filed as expeditiously as possible, but no more than three (3) months after the Permanency Committee decision, or in accordance with the Family Court order. If the deadline under the Adoption and Safe Families Act is approaching, the petition should be filed as soon as possible.

However, the TPR petition ***must*** be filed at the 15th month for children in care 15 out of 22 months. In calculating when to file a petition for termination of parental rights, the State will not include trial home visits or runaway episodes in calculating 15 months in foster care. Exceptions or compelling reasons for not filing the TPR petition will be noted in the Permanency Committee notes.

C-8. The Termination of Parental Rights petition and social report will be prepared by the assigned treatment worker. In Purchase of Service cases, the private agency social worker may be assigned to prepare the petition and social report.

C-9. The assigned treatment worker shall prepare the petition and accompanying documentation in accordance with 13 Del. C. Ch.11 §1105.

6 Month Reports

C-10. In any case in which a petition for the termination of parental rights has been filed, and the Department is a party to the proceeding, a social report will be completed and sent to Family Court two weeks before the first scheduled hearing. When TPR is pursued on the grounds of abandonment, the social report must be filed with the TPR petition.

C-11. Once the Court has transferred parental rights from the parents to the Department/ Division, the permanency worker will submit to the Court a brief report on the progress of establishing permanency for the child.

Conditional TPRs

C-12. The report will be submitted to the Court in the county in which parental rights were terminated. The report is due by each six (6) month anniversary of the date of the order terminating parental rights until the child is finalized in adoption or the individual reaches age 18.

C-13. The Division will not accept conditional voluntary Termination of Parental Rights except in limited circumstances.

C-14. Abandoned shall be interpreted as referring to any child who has not received reasonable and consistent financial support from their parent, has not had regular communication or contact with their parent, and for who their parent has not manifested an ability and willingness to exercise parental responsibilities. For application, refer to Delaware Code, Title 13 § 1103.

C-15. Abandoned shall also be interpreted as referring to a single act of placing an infant in a circumstance which presents substantial risk of injury or death. Examples of this would be placing an infant in a trash can, leaving an infant in a train or bus station, or leaving the infant where exposure to the weather could result in death.

D. Concurrent Planning

GOALS

D-1. The goals of the Concurrent Planning are:

- To consider all options open to children and families
- To support safety and well-being of children and families
- To promote early permanency decisions for children
- To decrease length of time in foster care
- To reduce the number of moves children experience in foster care

D-2. Concurrent planning occurs in all stages of service provision to families active with the Division of Family Services.

- For intact families, concurrent planning is the provision of rehabilitative services while exploring family resources for safety and support or for possible placement, if necessary.
- Once placement occurs, concurrent planning is used to explore other permanency options for children if they cannot return home.
- When petitioning Family Court for Termination of Parental Rights, concurrent planning consists of providing reasonable efforts to the family toward reunification while simultaneously providing child specific services to prepare the child for adoption.
- When a child has an approved goal of APPLA, concurrent planning involves a continual review of the resources in the youth's life for potential permanent placements and relationships.

Case Assignment

D-3. To facilitate the practice of concurrent planning when the Permanency Committee has recommended a goal change to Termination of Parental Rights and Adoption, a child-only FACTS case is created and assigned to a permanency worker.

D-4. Case assignment occurs after the Permanency Committee has made a recommendation even if Family Court has not yet approved the goal change. Each region shall monitor compliance with case transfers and assignments within six weeks of the Permanency Committee recommendation.

Case Management

D-5. Case management duties shall be shared by the treatment worker and the permanency worker in accordance with the chart below. Sharing of duties shall remain in place until the Court relieves DFS of case planning responsibilities.

Case Management Duties

	Treatment Worker	***Permanency Worker***
Visitation Supervision	Primary	50%, but no more than 2 visits per month
Visitation Coordination	Coordinates with parent(s) and the Permanency Worker	Permanency Worker will work with Treatment worker as far as the child and foster parent's schedule
Visitation Affidavit	Provides information to the Permanency Supervisor and worker	Permanency Worker and Supervisor will draft with information provided by the treatment worker.
Child Appointments	None, unless otherwise agreed upon.	100%
Parent Contact	All communication regarding the case plan and case direction will be handled by the treatment worker.	None, except when supervising visitation
Parent Transportation	100%	None, unless otherwise agreed upon.
Permanency Hearing	Will attend and be prepared to testify to all treatment planning activities.	Will attend and be prepared to testify to all child-related activities since assigned to the case.
PCICs	None, unless otherwise agreed upon.	100%
Case Plan Activities	100%	None, unless otherwise agreed upon
Placement Activities	None, unless otherwise agreed upon.	100%
CPRB	Will attend and be prepared to testify to all treatment planning activities.	Will attend and be prepared to testify to all child-related activities since assigned to the case.

E. Permanency Hearing (Family Court)

E-1. The Permanency Hearing is held to determine the future status of a child. A child is considered to have entered foster care on the date the Division receives legal custody of the child. The hearings are held within 12 months of the adjudicatory hearing or 60 days after the child's entry into foster care, whichever is earlier, and yearly thereafter. If age appropriate, the child should be invited to the Permanency Hearing. The Court will consider both in-state and out of state options for placement that are in the child's best interest. The Court's finding may include, but is not limited to, whether the child:

a. Can be returned to the parent and when.

b. Should be continued in foster care for a specified period of time pending permanence.

c. Should, because of the child's special need or circumstances, be continued in foster care on a permanent basis.

d. Should be considered for legal guardianship or permanent guardianship.

e. Should be TPRd.

f. Should be placed for adoption.

g. Has an appropriate independent living plan if age 14+.

The Court's findings include a determination of reasonable efforts to finalize the permanency plan in effect, including judicial determinations that reasonable efforts are not required, are explicitly documented and made on a case-by-case basis and so stated in the court order and included in all subsequent court orders until permanency has been established.

Family Court Permanency Hearing

SEE Court Action

SEE Appeals/ Fair Hearings

Permanency Hearing Scheduled Every 12 Months

E-2. For the purpose of this requirement, a permanency hearing shall determine:

a. The permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, or placed for adoption and the State will file a petition for termination of parental rights, or referred to legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determine that it would not be in the best interest of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement,

b. In the case of a child who will not be returned to the parent, the hearing shall consider in-State and out-of-State placement options,

c. In the case of a child placed out of the State in which the home of the parent(s) of the child is located, the hearing shall determine whether the out-of-State placement continues to be appropriate and in the best interests of the child, and,

d. In the case of the child who has attained age 16, the services needed to assist the child to make the transition from foster care to independent living.

E-3. In any permanency hearing held with respect to the child, including any hearing regarding the transition of the child from foster care to independence, the court consults, in an age-appropriate manner, with the child regarding the proposed permanency or transition plan for the child.

Motion Filed 30 Days Prior

E-4. In the event that the Division seeks to change the goal for the child, a motion shall be filed at least 30 days prior to the next scheduled hearing. The motion shall notify all parties and the court of a proposed change of goal. The motion shall set forth the grounds for the proposed modification and proposed goal for the child (court rules effective 12/1/02).

E-5. A youth who has attained his eighteenth (18th) birthday, although continuing to be under the care and supervision of the Division of Family Services, may be exempt from a Permanency Hearing.

F. Exploring Adoptive Resources

Exploring Adoptive Resources

F-1. A child who DFS has approved the goal of TPR/adoption needs the permanency of adoption as soon as an appropriate adoption resource can be identified. When no relative is appropriate or available for adoption and the foster home is not an adoptive resource, approved adoptive families will be sought from licensed and authorized adoption agencies.

F-2. Good social work practice dictates that every effort is made to identify appropriate adoptive resources for a child so that the child may find permanency as quickly as possible.

F-3. The Division will strive to place a child with the best adoptive resources available in order to achieve permanency without undue delay. When the risk to achieving the termination of parental rights is minimal, a child may be placed with an adoptive family before the adjudication of parental rights. Legal risk placements are the best option when a child must move from a foster family placemen and TPR/adoption is the goal. It has been established that multiple moves disrupts a child's stability and impacts negatively upon emotional development.

F-4. Both the child and the family must be adequately prepared for the child's move into the family in order to achieve permanency through adoption.

F-5. It is critical that adoptive placements endure so that the child does not have yet another rejection with which to deal. Careful matching and planning at the beginning is necessary to prevent the dissolution of the adoption years after it is legally finalized.

F-6. A child for whom the goal is TPR/adoption may be placed with an adoptive family that is approved by a licensed or authorized agency with the criminal history record check as required by 31 Del. C. §309.

F-7. The permanency worker will explore adoptive resources for the child. Adoption resources may include the following: blood relatives, the current foster family, private agencies, and adoption exchanges and registries. All recruitment activities and finding will be discussed with the supervisor and documented in a separate FACTS treatment note labeled "Recruitment".

F-8. The permanency worker and supervisor will decide if remaining within the extended family would be in the child's best interest. Factors to consider are the following:

a. Type and degree of abuse/neglect from parents
b. Functional level of the members of the extended family
c. Demonstrated ability of the relative to parent
d. Accessibility of the child to the birth parents and the positive and negative effects upon the child and the adopting relative

Explore Adoption

e. The ability of the relative to meet the child's needs in both the short and long term
f. Ability of the relative in terms of age and health status to parent the child to the age of majority
g. The relationship between the relative and the child

Resources

Blood Relatives

F-9. The permanency worker will consider all possible relatives and kin including those who were unable or unwilling to provide for the child in foster care.

F-10. The permanency worker will approach those relatives and king who are potential adoptive resources for the child to ascertain the interest in and ability to provide for the child.

F-11. If the relative family has been approved for foster care, follow the procedures for the Approval of Fost/Adopt Homes.

F-12. If the family is not a Division of Family Services approved foster family, the family will need to have an approved adoption home study submitted by a licensed or authorized agency.

F-13. Although foster care is viewed as temporary care for a child until that child can achieve permanency, there are cases in which the foster family may be considered as an adoptive resource for a child. Factors to be considered in evaluating the foster family for the purpose of adoption include the following:

a. Relationship of the child to the foster family
b. The effect o the child of moving from the foster family
c. Ability of the foster family to accept and to commit to the child
d. Length of time child has been residing with the foster family
e. The ability of the foster family to meet the child's needs in both the short and long term
f. Ability of the foster family in terms of age and health status to parent the child to the age of majority
g. Ability of the foster family to validate the child's cultural, racial and ethnic background

Foster Family

F-14. When a child has bonded with the family and the family is assessed to be a good permanent home for the child, the case worker and foster home coordinator may approach the foster family about adoption. It is reasonable to expect that foster parents, who come into the foster care program because they want short-term commitment to a child, may decide not to become an adoptive resource for a child. The foster family's decision is to be respected and supported. A foster family will help the child transition from the foster home to an adoptive placement in order to minimize the trauma of moving to another family.

F-15. The permanency worker will evaluate the child's relationship with the foster family and the appropriateness of the foster family to provide for the child on a permanent basis and explore the foster family's willingness to adopt. The permanency worker will discuss

the foster family as a possible adoptive resource for a child with the foster home coordinator and will conference with the supervisor about the facts, information and recommendation.

F-16. The adoptive home study for DFS foster parents is the responsibility of the foster home coordinator and should be in compliance with the Delecare regulations, including the criminal record checks and child abuse checks as required.

F-17. The foster home coordinator will present the foster family home study to the Permanency Committee for approval. The committee may recommend recruiting before making a decision about the foster family. This will be discussed at the time the goal is changed to TPR.

F-18. Once the Permanency Committee approves the family for adoption, the placement modify event should be completed 30 days after the termination of parental rights, if the order is not appealed. The permanency worker will change the child's status in FACTS from 'foster care' to 'foster care—pre-adoptive' in the 'pay type' and 'service'.

F-19. When the child's status with the family is changed to 'foster care pre-adoptive', the family can claim the child as a dependent according to IRS regulations.

F-20. A child for whom DFS has approved the goal of TPR/adoption needs the permanency of adoption as soon as an appropriate adoptive resource can be identified. When no relative is appropriate or available for adoption and the foster home is not an adoption resource, approved adoptive families will be sought from licensed private adoptive agencies.

Licensed Adoption Agency

F-21. The permanency worker will contact licensed private adoption agencies nationwide to seek appropriate approved adoptive families for a child if relatives or the child's foster family are not adoptive resources. The child will not be placed with an adoptive family without the approval of the Permanency Committee.

F-22. The permanency worker will share with the agency staff person information on the child, his family of origin, his placement history, and his legal, medical, educational and emotional status. This will be done both verbally and I the form of a child profile/summary to be completed by the permanency worker or contracted agency.

F-23. The permanency worker and supervisor will review the approved home studies that are submitted from the agencies, narrow it down to there which meet the needs of the child, and refer those home studies to the members of the Permanency Committee for discussion. The home studies should be sent to the CASA and/or GAL for the child for review prior to the committee meeting so their recommendation may be included in the decision making process. These activities must be documented in a separate FACTS

treatment note, labeled "Recruitment". The family's social worker should attend the meeting in person or via telephone. If the foster family has decided to adopt and is appropriate they will be referred for fost/adopt training and an adoption home study. In these cases, no additional home studies are required unless recommended by the Permanency Committee.

Home Studies

F-24. If the child has been TPRd and listed on the Deladopt list, adoption exchanges, i.e., AdoptUsKids and National Adoption Center, child-specific recruitment, etc., for a minimum of six (6) months (or a specified time determined by worker and supervisor) and the permanency worker has only one appropriate adoption home study, this home study should be presented to the Permanency Committee for discussion.

F-25. The central office will list a child on Deladopt as soon as the recommendation is made by the Permanency Committee to change the goal to TPR/adoption and no adoption resource is available. The child shall also be registered with regional and local exchanges, such as National Adoption Center and AdoptUsKids, by the assigned permanency worker or designee.

F-26. The child will remain on Deladopt and on exchanges until an adoptive placement has been approved by the permanency Committee or, the Permanency Committee changes the goal from adoption to another permanency goal.

F-27. The permanency worker will respond to inquiries from licensed or authorized adoption agencies about the child who is listed on Deladopt or on an exchange, sharing information about the child, including his health history, placement history, current status and potential for the future.

F-28. Children should be placed expeditiously with an appropriate adoptive family. The Division may not delay or deny the placement of a child for adoption based solely on the race, color, or national origin of the adoptive parent, or the child, involved. The cultural, ethnic, or racial background of the child and the capacity of the prospective adoptive parents to meet the needs of the child may be considered along with other factors used to determine the best placement for a particular child.

F-29. Children who are members of a sibling group are to be placed together whenever possible. Exceptions are made when it is determined that the children would be better separated in adoption. The Division would recruit for six months (or a specified time determined by worker and supervisor) for an adoptive resource for all siblings together before looking for separate adoptive placements.

Sibling Groups

F-30. Psychological evaluations will be used to help assess the degree of bonding and the benefit or harm that would be done in placing the children in separate placements. Should separate families be necessary, efforts are to be made to place the children so they can

maintain contact unless it is determined that this is not in the child's best interest.	

G. Pre-Placement Adoption Services	
G-1. The permanency worker will prepare the child for adoption by working on issues dealing with the loss of birth family and separation from family of origin. The permanency worker will compile as much information, pictures, and medical history on the family as possible. The child's life book is a good tool to record the reasons the child came into care, the child's foster care placements, child's educational history, and medical records.	**Pre-placement Adoption Services**
G-2. The permanency worker will work with the private agency social worker for those children in a contractual foster care situation and see that the child is prepared for adoption.	**Prepare Child For Separation From Family of Origin**
G-3. The permanency worker will have diagnostic evaluations and psychological testing done, if appropriate or deemed necessary by the child's therapist or case worker. This information is critical to understanding the child and to selecting the most appropriate adoptive family for the child.	**Obtain Current Evaluations**
G-4. The permanency worker will present to the Permanency Committee information on those families that the caseworker and supervisor consider appropriate resources for the child, along with their reasons. The committee makes the decision as to the best adoptive placement available for the child.	
G-5. When the family has been selected, the permanency worker will give the child information about the family, which may include pictures, videos, letters, etc. to familiarize the child with the family and the home.	**Provide Information on Adoptive Family to Child**
G-6. If the placement is out of the state of Delaware, the permanency worker will comply with the procedures of the Interstate Compact on the Placement of Children and approval must e received prior to the child's placement with the family.	
G-7. The permanency worker will plan pre-placement activities with the family's worker to ease the child into the family. Pre-placement activities include, but are not limited to, face-to-face meetings, short outings, overnight stays that gradually transition the child from his/her present home to the adoptive home.	**Plan Pre-Placement Activities**
G-8. The permanency worker will see that the family's worker has helped the family locate day care, register in school, and locate therapists/doctors, as appropriate, etc.	
G-9. The permanency worker will submit an application for adoption assistance/subsidy for the child. This application is sent to the Central Office Adoption Assistance/Subsidy Program. The application should be completed within 3 months of receipt of a new adoption case. If the adoptive family has not yet been determined, the application will consist of the first FACTS screen fro each child in the sibling group (page one (1) of the application). The determination of "special needs" can be made from this information.	

H. Required Case Reviews	
H-1. Child Placement Review Board: The Child Placement Review Board fulfills part of the requirements established under Public Law 96-272, and assists the Division in maintaining eligibility for Federal funding. The Child Placement Review Board, and external citizen's review system, was created by legislation for the purpose of reviewing cases for children in foster care. The Division of Family Services is required to participate by law. The Division must follow the policy and procedure of the Child Placement Review Board and cooperate in the proceedings of the reviews. These reviews are held at the 10th month, the 18th month and the 30th month mark and every 12 months thereafter until the child exits foster care. The Division of Family Services caseworker will ensure that the child's caregivers (relative, non-relative or pre-adoptive caregivers) are provided with notice of the hearing and the right to be heard.	**Independent Case Reviews by the Child Placement Review Board**

I. Adoption Placement Supervision

Adoption Placement Supervision

I-1. Delacare regulations require the following services be provided to the adoptive family:

a. The supervising agency shall assign a social worker to each adoptive family. The social worker shall be responsible for providing direct services to the adoptive family until the adoption is finalized.

b. The supervising agency shall assist adoptive parents to integrate the child into the family by giving casework assistance on a continuing basis during the period of supervision.

c. The supervising agency shall assist adoptive parents and the child with any problems relating to adoption. Such assistance shall include, but is not limited to, offering services provided by the agency and/or help in applying for other services.

d. The supervising agency shall arrange regular visits to the adoptive family, including home or office contacts.

Types of Adoption Placements

I-2. Types of adoptive placements include:

a. Relative placements

b. Kin placements

c. DFS approved foster home

d. Adoptive family through a private, licensed child placing agency

I-3. The permanency worker will:

a. Comply with the ICPC procedures for cases in which the ICPC applies including the Safe and Timely Interstate Placement Act and the Adam Walsh Child Protection and Safety Act of 2006.

b. Modify the child's placement in FACTS to "foster care—pre-adoptive" in “pay type” and “service” at the point the child is legally free and the family is approved as the adoptive resource.

c. Monitor the progress of the case towards finalization of adoption and see that the private agency social worker secures the resources needed by the family and by the child.

d. Assist the family in applying for TANF or GA, if needed.

e. Submit the application for Adoption Assistance/Subsidy for any child who may have "special needs” within 3 months of receipt of a new adoption case.

f. Submit the reports required for Child Placement Review Board reviews, 6 month post TPR reports (13 Del. C. 1114), and 12 month permanency hearings.	
I-4. The permanency worker will maintain the case should the placement disrupt prior to the finalization of adoption and will provide services needed to meet the child's needs.	
I-5. When a child cannot be reared by his birth parents, it is often best for the child to be parented by someone within the family framework. Relatives, godparents and close family friends which make up the network of the extended family can often provide the stability, consistency, and connectiveness that the child needs to maximize his potential.	**Relative/Kin Adoptions**
I-6. Blood relatives are legal petitioners for the termination of parental rights (13 Del. C. §1104). The Division may rescind custody of the child to the blood relative and close the case. If the Division has been granted parental rights on the child, the case must remain open until the finalization of adoption.	
I-7. The time the child spent with the family in supervised care can be counted toward the mandated time of supervision with the family in adoption.	
I-8. The permanency worker will supervise the adoptive placement of the child with the DFS approved foster family and prepare the child and the family for the finalization of adoption.	**Supervision Responsibilities**
I-9. The majority of the monthly contacts with the child will be in the child's residence, will be completed confidentially, and the worker will assess child safety at each contact.	

J. Adoption Petitions to the Court	
J-1. When the period of adoption supervision has satisfied the requirements of the law, and all involved parties agree, the permanency worker will see that the adoption petition is filed in a timely manner and in accordance with the ASFA deadlines.	
J-2 All adoption petitions for children for whom the Department/Division holds parental rights are to be filed in Delaware Family Court and fulfill the requirements of 13 Del. C. Ch. 9 §906.	
J-3. All adoption petitions shall have attached a social report that includes the following requirements of §912: a. Information regarding the child, his background, his eligibility for adoption b. Information regarding the adoptive parent or parents, and the proposed adoptive home c. Information regarding the physical and mental condition of the child d. Information regarding the suitability of the placement e. A statement as to whether all requirements of the chapter have been complied with, and f. A recommendation	
J-4. All adoption petitions are to have a completed Adoption Data Sheet attached to the social report.	
J-5. The permanency worker will write the social report or see that the private agency social worker submits the social report. The social report will be reviewed by the supervisor and submitted to the Regional Administrator for approval.	
J-6. The permanency worker will obtain certified copies of the child's birth certificate, the termination of parental rights order and parent's death certificate, as appropriate.	
J-7. The permanency worker will contact the adoption assistance/subsidy specialist to verify that signed approvals are on file for the Adoption Assistance/Subsidy program **prior to** filing the adoption petition.	
J-8. The permanency worker will obtain from the adoptive parents signed consents to the adoption and the filing fee. If a private agency is involved, the private agency social worker will obtain these items and forward to the permanency worker.	
J-9. The Regional Administrator will sign the consent to the adoption.	
J-10. The petition will be filed in Delaware Family Court.	

K. Adoption Assistance/Subsidy

Support for Special Needs Children

K-1-1. The Division administers the Adoption Assistance/Subsidy program in order to reduce the barriers to adoption for children who are determined "special needs". The determination of "special needs" and the approval of the child for the assistance or subsidies must be done prior to the finalization of adoption.

K-1-2. Adoption Assistance is state and federally funded payments for children who are Title IV-E eligible or SSI eligible. Adoption Subsidy is fully state funded payments for those children who are not Title IV-E eligible.

Adoption Assistance/ Subsidy

K-1-3. The permanency worker will submit an application for Adoption Assistance/Subsidy there (3) months after receipt of an adoption case. The application will be submitted to the Adoption Assistance/Subsidy Specialist in Central Office. If the family has not yet been determined, the application will consist of the first FACTS screen for each child. The Adoption Assistance/Subsidy Specialist will make an initial determine of eligibility within two (2) weeks of receipt of the application. The outcome will be communicated to the permanency worker to assist with recruitment activities. Once a family is selected, the Adoption Assistance/Subsidy amount will be determined.

K-1-4. The Permanency worker will submit the family information (via e-mail to the Adoption Assistance/Subsidy Specialist) when the family has been selected by the Permanency Planning Committee for the child.

K-1-5. A child may receive a monthly payment based on his or her needs and the family's capacity to incorporate the child into their household as well as their overall capacity to meet the immediate and future needs of the child. The amount of such payments will be negotiated by the Adoption Assistance/Subsidy Specialist or Adoption Program Manager and cannot exceed what the child would have received in foster care. A signed Initial Adoption Assistance/Subsidy Agreement must be in place prior to the finalization of the adoption.

K-1-6. Since the Adoption Assistance/Subsidy is intended to encourage a lifelong social benefit, not to meet short-term monetary needs, the following factors are used to determine Adoption Assistance/Subsidy amounts. However, the uniqueness of each child/family situation may result in different amounts of payment.

1. The child's current functioning. This information is gained from the Request Assistance event in FACTS; the child's Level of Care, which must be updated annually; PCICs' Resource Review FACTS event; and on-going treatment and case progress notes; AND
2. The adoptive family's capacity to incorporate the child into their household.

Review Agreement Annually

K-1-7. Adoption Assistance/Subsidy agreements are updated annually via correspondence with the adoptive family regarding the child's current status and the signing of a new agreement and Medicaid application (if the family resides in Delaware). Any request for changes in the assistance/subsidy amount must be accompanied by independent documentation from a doctor, psychologist, school, etc. Any changes to the assistance/subsidy agreement must be done with the concurrence of the adopted family.

K-1-8. A child may receive supports under the Adoption Assistance/Subsidy program until he or she is 18 years old. Support can be extended until the individual is out of high school, receives his or her GED or equivalent, or prior to the youth's 21st birthday, depending upon the case circumstances.

K-1-9. Adoption Assistance/Subsidy agreements shall remain in effect regardless of the state in which the adoptive parent(s) reside at any given time. When a family moves to another state, Delaware's rates apply, not those of the receiving state.

K-1-10. Under no circumstances shall DFS use the provision of Adoption Assistance/Subsidy as a cause for monitoring family functioning after the adoption is finalized.

K-1-11. It is the adoptive family's responsibility to notify the Division of Family Services of any changes in family circumstances within seven (7) days. Examples of such changes include, but are not limited to, change in address; change in banking information; change in the adopted person's legal guardian; date the adopted person is no longer in the home; date of completing high school, date adoptive parents are no longer legally responsible to support the adopted person; and any other financial benefits received (e.g. SSI).

K-1-12. Signed annual adoption assistance/subsidy agreements must be returned to the Adoption Assistance/Subsidy Specialist no later than the month the child was adopted. A letter will accompany the annual agreement from indicating the due date. If the agreement is not returned by the due date, other attempts will be made via letter, e-mail and phone contact to obtain a signed agreement.

Agreement Termination

K-1-13. Termination of an Adoption Assistance/Subsidy agreement can occur under three circumstances: 1. the child has attained the age of 18 (or 21 if Division of Family Services has determined that the child has mental or physical limitations which would warrant continuation of assistance); 2. the Division of Family Services determines that the adoptive parents are no longer legally responsible for support of the child (TPR, emancipated minor, marriage, military enlistment); 3. or the Division of Family Services determines that the adoptive parents are no longer providing any support (defined as financial) to the child.

K-1-14. If an adoptive child is in an out of home placement, the Division will contact the adoptive parent and other agencies, if applicable, to determine the legal obligation or actual financial support to the child.

If the adoptive parent is not legally responsible or not financially supporting the child, the adoption assistance to the parent can be terminated (ACYF-CB-PA-01-01). A letter notifying the parents of any change will be mailed to the family stating the reason for such change.

K-1-15. The Division of Family Services reserves the right to recoup misappropriated adoption assistance/subsidy payments.

K-2. Medicaid	
K-2-1. A child with an adoption assistance agreement receives Medicaid in the state of residence via ICAMA if they meet Title IV-E eligibility guidelines.	
K-2-2. A child who is not Title IV-E eligible may receive Delaware Medicaid if the child was eligible for Delaware Medicaid while in foster care.	
K-2-3. Signed annual Medicaid applications (for Delaware residents only) must be received by the Adoption Assistance/Subsidy Specialist no later than the month the child was adopted. Failure to return the Medicaid application will result in the loss of Medicaid for the child.	**Loss of Medicaid**

K-3. Medical/Psychological Subsidy

K-3-1. In addition to the Adoption Assistance/Subsidy payment, adopted children are eligible for the Medical/Psychological subsidy. This subsidy provides reimbursements up to $3,000 per year per child for:

- Medical/psychological services not covered under the state's Medicaid Plan or the parents' private insurance.
- Medication related to the child's special needs as prescribed by a licensed physician and not covered by private insurance or Medicaid
- Respite
- Special medical needs/equipment as prescribed by a licensed physician and not covered by private insurance or Medicaid
- Speech, occupational and physical therapies not available through other community and family resources.

A child may be approved for the Medical/Psychological subsidy for problems which are actual or potential, but which are identified prior to the finalization of the adoption.

K-3-2. Expenses NOT covered by the Medical/Psychological subsidy include, but are not limited to the following:

Expenses Not Covered

- Dance, music, acting, modeling classes/lessons
- Daycare/Pre-kindergarten
- Day treatment
- Eye glasses
- Psychiatric hospitalization
- Orthodontia
- Residential child care facilities
- Routine medication that is not related to the child's special needs
- School tuition, books, computers
- Summer camp
- Transportation
- Tutoring
- Any other items not meeting the criteria set forth in K-3-1

Prior Authorization

K-3-3. All requests for Medical/Psychological subsidy should be directed to the Adoption Assistance/Subsidy Specialist and must be approved prior to provision of service. Before approval can be given, independent documentation from a doctor, psychologist, school, etc., **must** be received verifying the need for the requested service. Once service is rendered, a receipt or bill is required to process payment. Payment can be direct to the provider or reimbursed to the parent.

K-3-4. Decisions regarding the Medical/Psychological Subsidy are not subject to appeal.

K-4. Non-Recurring Adoption Expenses	
K-4-1. Non-recurring Adoption Expenses are reasonable and necessary expenses, up to $2000, which are directly related to the legal adoption of a child and cannot be paid or reimbursed by another source. K-4-2. To be eligible for non-recurring Adoption Expense reimbursement, the adoptive family must be adopting a child who meets the definition of special needs and have received prior approval for the expenses. Request for reimbursement must be made prior to the finalization of adoption. K-4-3. Examples of expenses covered are: adoption fees, court costs, and attorney fees (only when the adoption cannot be finalized by DFS).	

K-5. Respite	
K-5-1. Adoptive families with a signed and current Adoption Assistance/Subsidy agreement are eligible for 14 days of respite per year per child. Respite is paid at $20 per day per child, with prior notification required. Once the service is rendered, it is the adoptive family's and/or respite provider's responsibility to submit a completed Adoption Respite Form request for payment. K-5-2. Adoptive families are responsible for identifying respite providers for their adopted child(ren).	

K-6. Appeals/Fair Hearings

K-6-1. The purpose of an appeal/fair hearing is to examine the Division's adoption assistance/subsidy determination when preadoptive/ adoptive parents feel benefits have been wrongly denied on behalf of the adoptive child.

K-6-2. Grounds for appeals include, but are not limited to:

- Relevant facts about the child were known but not presented to the adoptive parents prior to the finalization of the adoption
- Denial of assistance based upon a means test
- Adoptive family disagreed with the ineligibility determination
- Failure of DFS to advise adoptive parents of Adoption Assistance availability
- Delay or denial of inter-jurisdictional placements
- Denial of a request for a change in the amount due to a change in the adoptive parents' circumstances

K-6-3. It is the preadoptive/adoptive parents' responsibility to notify the Adoption Assistance/Subsidy Specialist in writing of their desire to appeal the determination within 30 days of receipt of the initial or annual agreement.

K-6-4. The Adoption Assistance/Subsidy Specialist will review the decision with the Adoption Program Manager. If the family still wishes to take the appeal to the next level, an internal panel will review the assistance/subsidy determination. If the decision of the internal review panel is appealed, a hearing officer will be appointed to the case.

K-6-5. Decisions regarding Medical/Psychological Subsidy are not subject to appeal.

L. Guardianship

Adoption Is Not Feasible

L-1. When all efforts to reunify the family have been exhausted and the child cannot be returned home, and all reasonable efforts to secure adoption of the child have been unsuccessful, or when it has been determined that adoption is not possible or in the best interest of the child, the next priorities for permanency are permanent guardianship and guardianship.

L-2. Once the worker and supervisor have ruled our other permanency options, the permanency committee will review the case to determine if grounds exist for permanent guardianship.

L-3. Standards for permanent guardianship are (Title 13 Chapter 2353):

Conditions for Guardianship

- One of the statutory grounds for termination of parental rights has been met
- Adoption of the child is not possible or appropriate
- Permanent guardianship is in the best interest of the child
- The proposed permanent guardian:
  - Is emotionally, mentally, physically and financially suitable to become the permanent guardian;
  - Is a foster parent(s) who has been caring for the child for at least six months at the time of the filing of the petition or is a blood relative
  - Has expressly committed to remain the permanent guardian and assume the rights and responsibilities for the child for the duration of the child's minority, and;
  - Has demonstrated an understanding of the financial implications of becoming a permanent guardian
- If the child is age 14 or over, the child consents to the guardianship or, if the child does not consent, just cause why the guardian should be appointed and
- If the proposed permanent guardian is a foster parent(s):
  - The child is at least 12 years of age or
  - The proposed permanent guardian is the permanent guardian of one of the child's siblings, or
  - The child receives substantial governmental benefits for a serious physical and/or mental disability which would no longer be available to the child if parental rights were terminated and/or if the child was adopted.

L-4. All permanent guardianship petitions for children for whom the department/division holds custody are to be filed in Family Court.

L-5. A social report covering the factors in I-2-4 shall be prepared in accordance with Section 2353 and provided to the court no later than 2 weeks prior to the hearing.

L-6. Permanent Guardianship assistance (if applicable) will cease under the following conditions:

a. Child reaches age 18 or completes a high school diploma.

b. Child custody or guardianship is awarded to another individual.

c. Child is incarcerated for more than three months.

d. Child is no longer living in the home.

e. Child dies.

L-7. The Division will support a legal guardianship provided:

a. The child cannot return home

b. The child has a stable and positive relationship with the prospective guardian and has lived successfully for a minimum of one year in the home of the guardian

c. The prospective guardian is an approved relative or non-relative foster care provider

d. It has been determined that permanent guardianship is not feasible or in the child's best interest

e. It is unreasonable to pursue adoption because:

i. Efforts to secure a voluntary relinquishment of parental rights or termination of parental rights by the court have been unsuccessful; or

ii. It has been determined that adoption is not in the child's best interest (e.g., the child does not want to be adopted, child has relationship with birth family but both accept limitations of the relationship);

iii. Parental rights have been terminated but efforts to secure an adoptive placement have failed;

iv. The child has special needs and, is age 12 or older, or is part of a sibling group;

f. All parties agree that the child and prospective guardian can maintain a stable relationship and function effectively without Division supervision;

g. The prospective guardian is able to support the child financially or satisfactory financial arrangements can be made.

L-8. The worker and supervisor should agree that the child meets the criteria for a change of goal to custody and legal guardianship. The worker will also discuss this prospective change with the foster home coordinator, if applicable, and supervisor for their input and agreement

Agreement That Child Meet

Criteria

prior to presentation to the Permanency Committee. If there is disagreement between the treatment staff and the foster care staff, the treatment supervisor will schedule a meeting to include all parties with the Assistant Regional Administrator to resolve the issues.

Permanency Committee Must Approve Change in Goal

L-9. The worker and foster home coordinator co-present the case to the Permanency Committee for review and recommendation of the goal change. If the case is active with a private foster care agency, the worker must discuss the guardianship goal with the private agency social worker and invite the social worker to attend the committee meeting. This recommended goal change should be presented to Family Court at the next scheduled hearing for approval.

L-10. If the Permanency Committee recommends that it is appropriate to pursue guardianship, the child will be presented with the guardianship plan. If the case is a private agency foster care case, the private agency social worker will discuss the guardianship goal with the foster parent and the child.

Meet With Parents

L-11. When possible, and if the child is not TPRd, the worker will meet with the child's parents to discuss the new permanency goal and to determine if they are in agreement with the plan. This meeting should be jointly arranged if the case is a private agency foster care case.

Obtain Consent

L-12. The worker will obtain formal written consent to the guardianship from the child (depending on age), the prospective guardian and the child's parents unless TPRd. If consent cannot be obtained from the parents, the petition may still be filed.

Prepare Petition

L-13. The petition for guardianship will be prepared by the worker. The petition will include the roles and responsibilities of the guardian and include visitation with the child's family if appropriate.

DAG Will File Petition

L-14. The completed petition, consents, and filing fee will be forwarded to the DAG for filing in Family Court.

Publish Notice of Hearing

L-15. If the parents cannot be located, notice of the hearing will be made by publication following the same procedure used in notifying parties of custody hearings. This does not apply to parents whose parental rights have been terminated.

Change Benefit Recipient

L-16. In preparation for the award of guardianship, the worker will inform the permanent guardian about changing the recipient of benefits to the guardian.

Case Worker Participates

L-17. The worker will attend the guardianship hearing and will be prepared to testify regarding the agency's position and the best interests of the child.

L-18. Upon the granting of guardianship, the worker will have an exit conference with the guardian family and the child and ensure the guardian family has phone numbers to call for services if needed. The Division will then close the case.

L-19. The worker will ask the permanent guardian if continued financial assistance is needed to care for the child. If the permanent guardian states that financial assistance in not needed, zero will be entered in the amount section of the Guardianship Agreement.

Determine Need for Assistance

L-20. If the permanent guardian indicates continued financial assistance is needed, the worker will determine what benefits the child is receiving at the time the child was in foster care based on the child's level of care and special needs.

L-21. The Adoption Assistance/Subsidy Specialist will review the application, the Guardianship Referral, and determine if the applicant meets eligibility criteria. The Adoption Assistance/Subsidy Specialist will notify the worker of the assistance decision.

L-22. The case worker will notify the prospective guardian of the decision. The Adoption Assistance/Subsidy Specialist will complete the agreement for Guardianship and the guardian must sign and return the Agreement prior to the filing of the Permanent Guardianship petition.

L-23. The case worker will send the Adoption Assistance/Subsidy Specialist a copy of the court order that will initiate guardianship payments.

Close Foster Care Case

L-24. The case worker will complete the necessary documents closing the child's case and terminating foster care payments.

L-25. The Adoption Assistance/Subsidy Specialist will send the Guardianship Reapplication and Medicaid application to the guardian annually.

L-26. The Adoption Assistance/Subsidy Specialist will review the Reapplication Information and approve either continuation of payment or termination. If approved, the guardian will sign a new Guardianship Agreement.

L-27. For children who are not in Division care, families will be referred to Family Court to petition for guardianship of that child. The Division will not provide a stipend to these families. They will be directed to contact DHSS to determine if they qualify for that child.

Independent Living:
Case Decision Point #6

Decisions:

A. Referral to Independent Living Program
B. Basic Life Skills Assessment
C. Completing an IL Service Plan
D. Basic Life Skills Development and Training
E. Transitional Living Arrangement
F. Independent Living After Care
G. Termination of Independent Living Services

Case Process	
A. Referral to Independent Living Program	
A-1. The primary DFS caseworker determines if a youth is eligible for independent living preparation services. A-2. Services should be initiated within 60 days after the youth's 14th birthday or 60 days after the youth is placed in Foster Care if placement occurs after youth's 14th birthday. The caseworker will complete referral for independent living services electronically and send referrals to the appropriate service provider via fax. A-3. The DFS caseworker will ensure the Independent Living Referral Form is completed with relevant information. If the caseworker is unable to complete a referral form electronically, he/she should complete a hard copy. The caseworker should enter the data on the electronic referral form version within 30 days of the initial referral.	Referral to Independent Living Program

Case Process	
B. Basic Life Skills Assessment	
B-1. The contracted independent living service provider will administer the Daniel Life Skills Assessment on youth referred to their program within 15 days of the referral date. B-2. The contracted IL service provider will perform a bi-annual reassessment of the Daniel assessment until one of the following permanency goals is attained: • Reunification • Relative Custody • Guardianship by non-relative caregiver • Adoption • Another planned permanent living arrangement • Emancipation B-3. The DFS caseworker will file results of the assessment in the child's case records and document in FACTS that an assessment is complete. B-4. The IL service provider forwards a copy of reassessment to the DFS caseworker and the contract staff if child is in a group home or contracted foster home.	Basic Life Skills Assessment

C. Completing an IL Service Plan	
C-1. The IL service provider, working in conjunction with the primary caseworker, develops a personalized independent living plan for the youth no later than 90 days following the youth's 14th birthday or entry into care if already 14 or older. C-2. The IL service provider, in conjunction with the primary caseworker, will collaborate with the youth, biological parents, if appropriate, relatives, foster parents, caregivers and case worker in the development of the plan. C-3. The IL service provider will make sure measurable goals and objectives based on the Daniel Assessment are developed and incorporated into the Independent Living plan and made available to the youth. C-4. The IL service provider will make sure the youth's Independent Living plan is reviewed on a quarterly basis and that the plan is modified as needed to ensure the youth is progressing toward permanency and independence. C-5. The DFS caseworker will document the plan review, progress and date in FACTS. C-6. Youth receiving independent living services shall have a case file that includes: • A Summary of Contact Form • A Referral Form • A Service Plan • Exit Interview	Completing an IL Service Plan

D. Basic Life Skills Development and Training	
D-1. The contracted independent living service provider will ensure the youth receives basic life skills development and training which should include but not be limited to: • Personal and interpersonal skills, including responsible decision-making • Job skills, including job preparation, job seeking, and job maintenance • Money management, including consumer awareness • Housing and transportation • Health services, personal hygiene, appearance, and sexuality • Planning for the future • Community involvement and use of community resources • Food management, nutrition and education • Legal issues and knowledge of legal rights; and • Prevention of drug and alcohol abuse D-2. DFS caseworker contact schedules are the same as foster children: a. Monthly if DFS has primary case management and child is in a foster home; b. Every six (6) months if child is in a purchase of care foster home; c. Quarterly, if in a group care or residential treatment center.	**Basic Life Skills Development and Training**

E. Transitional Living Arrangement	
E.1. Youth in foster care may be eligible to participate in a Transitional Living Arrangement if the youth meets the following requirements: • Age 18 through 20 (not reached age of 21) • Exited foster care at the 18th birthday • Has demonstrated an ability to manage their money • Is continually enrolled in and regularly attends school or vocational training • Sustains employment if enrolled in an educational program as a part-time student • Agrees to the requirements of the Transitional Living Service Plan • Needs help in transitioning to self-sufficiency • Is capable of contributing to the cost of the Transitional Living Arrangement through: • Earned income from employment, or • Unearned income from scholarships, stipends, grants, work-study arrangements, supplemental security income (SSI), or any combination of these services. E.2. Youth not meeting the requirements due to a documented disability are eligible and must agree to an appropriate service plan. E.3. Youth who are interested in residing in a Transitional Living Arrangement shall: • Meet the eligibility requirements • Apply through the IL Service Provider in their county E.4. IL service provider will coordinate the application for transitional living with the Transitional Living Program Director or Designee. E.5. Youth failing to fully participate in the transitional living arrangement are subject to termination after review of their service plan	Transitional Living Arrangement

F. Independent Living After Care	

F.1. The contracted IL service provider must develop an independent living service plan for a youth participating in the Independent Living Aftercare Program.
 	
F.2. Former foster care youth may be eligible to participate in the Independent Living Aftercare program if the youth meets the following requirements:
• Exited foster care after their 18th birthday but have not attained the age of 21
• Accepts personal responsibility for achieving self-sufficiency
• Has demonstrated an ability to manage money
• Is continually enrolled and regularly attending school or vocational training
• Sustains employment if enrolled in an educational program as a part-time student
• Agrees to the requirements of the Service Plan
• Needs continued help in transitioning to self-sufficiency
• Is capable of contributing to the cost of the Independent Living Aftercare Program through:
  • Earned income from employment, or
  • Unearned income from scholarships, stipends, grants, work-study arrangements, supplemental security income (SSI), or any combination of these resources
 	
F.3. Former foster care youth who are interested in the Independent Living Aftercare Program shall:
• Meet the eligibility requirements
• Apply to the IL service provider in their county
 	
F.4. Youth failing to fully participate in the Independent Living Aftercare Program are subject to termination after a review of their service plan by the provider.
	Independent Living After Care

G. Termination of Independent Living Services	
G.1. The Division shall terminate foster care independent living services if the youth is 18 through 20 years old and: • Not eligible for the foster care program; or • Not participating in the Independent Living Program activities; or • Has reached the age of 21 G.2. The DFS caseworker conducts an exit interview with the youth before he/she leaves foster care. The interview should be documented in FACTS and include an assessment of the child's strengths and weaknesses based on a comparison of the Daniel pre- and post-test scores. G.3. If appropriate, the Department shall refer the 21-year old young adult to other agencies for continuing support to maintain independence.	**Termination of Independent Living Services**

Administration

Decisions:

A. Substantiation Hearings (Pre 2/1/03 Incidents)
B. Appeals/Fair Hearings – Treatment, Foster Care, and Adoption
C. Confidentiality
D. DELJIS
E. Locating Parents
F. Parental Substance Abuse
G. Petition for Substantiation/Removal from the Registry (Post 2/1/03 Incidents)
H. Transportation

A. Substantiation Hearings (Pre 2/1/03 Incidents)

A-1. **Notification Letters**

A-1.1. The Division must make a good faith effort to confirm the last known address of the person it intends to substantiate.

A-1.2. Personal delivery of the notice of intent to substantiate must be documented in a FACTS Progress Note.

A-1.3. A minor who is substantiated shall receive his or her own investigation outcome letter and the custodial parent(s) shall receive a copy of the letter.

A-1.4. A parent/custodian with whom the child has primary residence shall receive the Letter to Inform Custodial Parent About Abuse/Neglect (Document Number 37-06-01/06-01-23). This will enable the parent/custodian to seek appropriate treatment for the child if needed. The parent/custodian does not have a right to appeal the finding.

See Letters on FACTS U Drive and in Forms Manual

A-1.5. Types of investigation Outcome Letters:

a. Substantiation of child abuse/neglect – The Notice of Substantiation letter (Document Number 37-06-01/03-4) shall be used for this purpose. The Central Child Abuse Registry Information Notice (Document Number 37-06-01/03-3) should be enclosed with the Notice of Substantiation. The Information Notice is two-sided and has a flow chart (Document Number 37-06-01/03-3) of the Substantiation Hearing and Administrative Expungement Process on the back. Note: The Administrative Expungement Process has been replaced by the Early Removal process. In addition to the Notice of Substantiation letter, Information Notice, and Flow Chart, Division staff shall include a copy of the Early Removal information sheet. The sheets are located in the Substantiation – Early Removal folder on the U drive under "Appeals Pre 2-1-03 Incidents."

Substantiation of CAN – Right to Appeal

Substantiation of CAN – Disqualifying Factor – No Right to Appeal

b. Substantiation of child abuse/neglect; disqualifying factor – The Notice of Substantiation/Court Adjudication letter (Document Number 37-06-01/03-6) shall be used for this purpose. A disqualifying factor will be confirmed by a search of DELJIS (DE Criminal Justice Information System) and FACTS. When the following disqualifying factors apply at the conclusion of an investigation, the Division shall send written notice, by certified mail, returned receipt requested and by First Class U.S. mail to the person's last known address, that the individual will be placed on the Central Child Abuse Registry for having committed child abuse or neglect. The individual shall not have the opportunity to request a Substantiation Hearing.

Disqualifying factors:

- Has been convicted or pled guilty to a criminal offense contained in Subchapters II or V of Chapter 5 of Title 11 including those taken nolo contendere or subsequently discharged or dismissed under a First Offenders program pursuant to 10 Delaware Code § 1024 and the plea or conviction is for the same incident substantiated by the Division.
- Has been adjudicated delinquent as a juvenile for any of the comparable offenses listed for adults for the same incident investigated by the Division.
- Has been substantiated for abuse or neglect at a civil court hearing or administrative hearing at which the minimum standard of proof was preponderance of the evidence for the same incident investigated by the Division.

No Substantiation of CAN – No Right to Appeal

c. No substantiation of child abuse/neglect – At the conclusion of the investigation, when the Division does not intend to substantiate, the individual(s) shall not be informed of the right to appeal. The Investigation Outcome Letters – Unsubstantiated, Case Closed (Document Number 37-06-01/03), Unsubstantiated, Open for Risk (Document Number 37-06-01/03-8), and Unsubstantiated, Referred to Low Risk Treatment Contract (Document Number 37-06-01/04-2) shall be used for this purpose.

Substantiation of Dependency – No Right to Appeal

d. Substantiation of dependency – At the conclusion of the investigation, when the Division intends to substantiate only for dependency and there has not been a civil court ruling or administrative hearing finding of abuse or neglect, the individual(s) shall not be informed of the right to appeal. Investigation Outcome Letter – Substantiated for Dependency (No Abuse/Neglect) (Document Number 37-06-01/04-1) is used for this purpose.

Letter to Reporter – No Right to Appeal

e. Outcome letter to Reporter – At the conclusion of the investigation, the Division shall send a letter to the reporter indicating that the Division has completed its investigation. The reporter shall not be informed of the right to appeal. Outcome Letter to Reporter (Document Number 37-06-01/03-9) shall be used for this purpose.

Substantiation of CAN, Perpetrator Unconfirmed – No Right to Appeal

f. At the conclusion of the investigation, when the Division has substantiated abuse or neglect, but not determined who is the perpetrator, a letter shall be sent to the parent(s)/custodian(s) informing them of the substantiation, but that the perpetrator has not been determined. The parents/custodians do not have the right to appeal the finding.

A-2. **Substantiation Hearing Request Process**

How to Request a

A-2.1. The Substantiation Hearing appeal process is initiated when the

Substantiation Hearing

person the Division intends to substantiate or an attorney acting on his or her behalf sends a written request to the Substantiation Hearing Coordinator in Central Office. The appellant's request must be date-stamped on the day it is received by the Division. Oral appeals will only be accepted if the appellant is unable to read/write.

If the written request is mailed or hand delivered to a regional Division office, the request should be accepted and date-stamped on the date it is received. The request should be faxed on the date it is received to the Substantiation Hearing Coordinator and the original written request should be mailed to the Substantiation Hearing Coordinator. Although the Division shall not exclude such requests when received within 20 calendar days of the date of notice of substantiation, Division staff shall not encourage the submission of appeal requests in this manner.

A-2.2. All requests for Substantiation Hearing will be logged and tracked by the Substantiation Hearing Coordinator.

The Substantiation Hearing Coordinator will review the substantiation request to determine if the person making the request is the person the Division intends to substantiate.

A-2.3. For persons requesting a substantiation hearing, the Substantiation Hearing Coordinator will determine if any of the disqualifying factors listed in the Regulations for the Central Child Abuse Registry apply.

A-2.4. When a disqualifying factor does not apply to the Substantiation Hearing request, the request will be forwarded to the Hearing Officer using the fax cover sheet format supplied by the Hearing Officer. The Division and Hearing Officer shall follow the Substantiation Hearing process described in the Regulations for the Central Child Abuse Registry.

A-3. **Hearing Officer Procedures – Not Listed in Regulations**

Hearing Officer Procedures

A-3.1. Ex parte communication – Division staff should not contact the Hearing Officer directly. Case related issues should be referred to the Regional Deputy Attorney General, even if the attorney's involvement is not planned. Contractual issues (e.g., problems) should be referred to the Division Contract Manager, Linda Shannon (633-2663).

A-3.2. Special needs – The Hearing Officer shall determine if translation services (e.g., foreign language or disabling condition such as hearing or speech) are needed. If an interpreter is required, the Hearing Officer will request that the DFS Supervisor obtain the needed service for the hearing.

A-3.3. Scheduling – The Hearing Officer shall notify the appellant and his or her attorney (if applicable) of the date, time, and location of the

hearing by certified letter. The Division caseworker and supervisor shall be notified by regular U.S. mail, via computer, or fax. The e-mail address for a State employee is: name of person@state.de.us. A Deputy Attorney General representing the Division shall be notified by U.S. mail.

For the purpose of Interstate/Intercounty cases, the hearing may take place by teleconference or videoconference if requested in writing by the aggrieved party.

A-3.4. Rescheduling – The Hearing Officer may reschedule a hearing for good cause at the request of the appellant or the Division. Notification procedures shall be the same as for Scheduling (A-3.3).

A-3.5. Failure to Appear – If the appellant fails to appear for the hearing without notifying the Hearing Officer in a timely manner, the appeal request will be considered abandoned and null. The Hearing Officer shall notify the appellant by certified letter, return receipt requested and by U.S. mail that failure to appear without notice has terminated the Substantiation Hearing or Administrative Expungement Hearing process unless he or she can show good cause within seven (7) calendar days. The Hearing Officer shall have the discretion to reschedule the hearing if the appellant provides good cause within seven (7) calendar days of receipt of termination why he or she did not appear without notification.

A-3.6. Location of the Fair Hearings – Hearings for New Castle County cases will be held in a Division conference room at Barley Mill Plaza. Hearings for Kent and Sussex Counties will be held in the Division conference room in the Draper Building in Milford.

A-3.7. Child Witness – The Hearing Officer shall determine in advance of the hearing whether a child will be permitted to testify. The Hearing Officer may want to interview the child to determine the child's ability and willingness to testify and consider other case-related factors, including but not limited to, the age of the child, the mental capabilities and functioning of the child, and the type of abuse or neglect.

A-3.8. Fair Hearing Process

a. The Division shall provide the tape recording equipment and tapes for the hearings.

b. The Hearing Officer will greet all parties and request introductions. An attendance sheet will be circulated for all parties to sign.

c. The Hearing Officer will briefly summarize the reason a hearing was requested and explain the hearing process.

d. The Hearing Officer will ensure that all testimony is sworn or

affirmed. The Division shall provide a Bible for sworn testimony.

e. The Division shall request that the Hearing Officer sequester witnesses unless the Deputy Attorney General makes a different recommendation.

f. The Division will be asked to present their case including the submission of evidence and testimony of witnesses. This will be followed by questions from the appellant or his or her attorney.

g. The appellant will be asked to present their case including the submission of evidence and testimony of witnesses. This will be followed by questions from the Division or the Deputy Attorney General.

h. The Hearing Officer may ask questions following testimony by the Division or the appellant and their respective witnesses.

i. The Division/Deputy Attorney General and the appellant or his or her attorney will be given the opportunity to present closing arguments.

A-3.9. Continuances/Reconvening the Fair Hearing – The Hearing Officer will decide if a hearing needs to be continued and reconvened at a later date. A continuance should be scheduled within fourteen (14) calendar days of the initial hearing date.

A-3.10. Fair Hearing Decision

a. A copy of the decision will be mailed to the appellant by certified letter, return receipt requested and First Class U.S. mail. A copy of the Decision will also be sent by First Class U.S. mail to the Division and the attorneys of the parties.

b. The Division shall mail a copy of the decision to the appropriate DSCYF Division Director (YRS or CMH) when an employee is involved in the appeal or expungement process.

c. The written decision must:
- State the date, time, and location of the hearing.
- State the names of the parties attending the hearing and role.
- Summarize briefly the reason for the hearing.
- Describe the Division's presentation including evidence and witnesses.
- Describe the appellant's presentation including evidence and witnesses.
- State findings of fact (relevant facts used to make the decision and conclusions of law).
- State the decision.
- Advise the appellant of the right to appeal to Family Court.

A-3.11. The Hearing Officer's decision shall be filed in the review section of the hard copy case record.

A-4. **Appeals to Family Court**

Appeals to Family Court

A-4.1. Appeals to Family Court for a review of a Hearing Officer's decision regarding substantiation of abuse/neglect are governed by Family Court Civil Rule 72. The appeal is initiated when the appellant or his/her attorney files a notice of appeal within the appropriate time frame. Family Court then serves the Substantiation Hearing Coordinator with a citation to produce the appeal record for the Court within 20 days.

A-4.2. The Division Director's office reviews the appellant's notice of appeal to determine if the request is inappropriate (e.g., the appellant did not adhere to the time frame for requesting a review by the Court, the appellant skipped steps in the appeal process, or a disqualifying factor applies). If the request is inappropriate, the Division Director's office contacts a Deputy Attorney General who will respond to the Court. If the request is appropriate, the Division Director's office will contact the regional office that maintains the hard copy case record to request the audiotapes and evidence from the Fair Hearing and copies of other pertinent appeal materials to be sent to Court.

A-4.3. The Division Director's office notifies the appellant or his/her attorney about the estimated transcription cost of the Fair Hearing tapes and that it must be paid in advance of the typing. Upon payment, the Division Director's office arranges for a certified transcript of the Fair Hearing to be typed, prepares the appeal record for Court, and delivers the appeal record to Court.

B. Appeals/Fair Hearings – Treatment, Foster Care, and Adoption

How to Request an Appeal – Treatment, Foster Care, Adoption

B-1. Initiation of the Appeal Process – The appeal process is initiated when the complainant sends a written request of appeal to the Substantiation Hearing Coordinator. The appeal letter should describe the critical decision issues and specify what relief is requested. The appeal request must be made within thirty-three calendar days of the critical decision notification (posted date). The complainant's request for an Appeal Hearing must be date-stamped on the day it is received by the Division. Oral appeals will only be accepted if the appellant is unable to read/write.

If the written request is mailed or hand-delivered to a regional Division office, the request should be accepted and date-stamped on the date it is received. The request should be faxed on the date it is received to the Substantiation Hearing Coordinator and the original request should be mailed to the Substantiation Hearing Coordinator. Although the Division shall not exclude such requests when received within 33 calendar days of the date of the critical decision, Division staff shall not encourage the submission of appeals in this manner.

B-2. A request for a Fair Hearing shall not automatically halt case activity. The decision to halt activity is a case-by-case decision-making process and depends on what is being appealed.

B-3. All requests for appeal will be logged and tracked by the Substantiation Hearing Coordinator's office.

B-4. The Substantiation Hearing Coordinator's office will review the request to determine if the appeal was made timely and to determine that the person making the request is the person impacted by the critical decision. Regional offices may be contacted for input.

B-5. Role of the Hearing Officer – The Hearing Officer should be an impartial fact finder and decision maker who creates a non-adversarial and respectful environment to discuss the case. The Hearing Officer shall:

Hearing Officer Procedures

a. Schedule the Appeal Hearing within the designated time frame.

b. Ensure that all parties have been notified of the date, time, and location of the hearing.

c. Decide which evidence and witnesses will be considered

d. Mediate the hearing.

e. Decide the merits of the appeal.

f. Write an appeal decision.

g. Ensure that all parties receive a copy of the decision.

B-6. Hearing Officer Procedures

a. All procedures listed under Investigation (A-3.1 through A-3.11) apply except A-3.10a and A-3.10b.

b. Evidence – There are no rules of evidence, but the Hearing Officer may accept relevant evidence from the appellant or the Division. The Hearing Officer must ensure adherence to the Department and Division's confidentiality policies during the appeal process.

c. Appeal Hearing Decision – The Hearing Officer's decision will be written and sent to the appellant by certified mail within thirty (30) calendar days of the final hearing date. A copy of the decision will also be mailed to the Division caseworker and regional Deputy Attorney General (if applicable) by First Class U.S. mail within thirty calendar days.

C. Confidentiality

C-1. The caseworker conducting an initial assessment will request that a parent, custodian, or guardian sign the Consent to Obtain/Release Information Form of the Interagency Consent for Release of Information form. The caseworker will explain the purpose for obtaining consent.

C-2. The caseworker will obtain a separate form for each member of the family.

C-3. If the client cannot read, the caseworker will read the consent form for the client. An independent witness must be present and should sign the consent as a witness.

C-4. The caseworker will ensure that the client understands why the consent form is needed, what persons or agencies will be contacted and how the information will be used. The caseworker will not pressure the parent, custodian, or guardian to sign the consent.

C-5. The client should specify on the consent form any collateral sources who are not to be contacted.

C-6. The consent form will be valid for a period no longer than six (6) months or upon case closure, whichever date comes first. If the form expires while a case is active with the Division, the assigned caseworker will request another form by signed.

C-7. When a parent, custodian, or guardian refuses to sign a consent form, the caseworker will contact their supervisor or the designated regional Deputy Attorney General to determine what action may be taken to receive or release information. The agreed upon action will be documented on a FACTS note.

C-8. When consent is revoked and the caseworker needs information about the child/family, the caseworker will contact their supervisor or regional Deputy Attorney General to discuss options for acquiring the information. The options will be documented on a FACTS note.

D. DELJIS

D-1. The assigned investigator researching DELJIS prior to response will document the results of the search in the FACTS Criminal Background Checks finding screen as a note labeled "History." The note shall document the date and time of the search and the name of the investigator who conducted the search.

D-2. Any other Division staff person entering information in the DELJIS Background Checks Findings function shall document the date of the DELJIS search and the name of the staff who had conducted the search.

D-3. The following DELJIS information shall be reviewed and summarized for the FACTS Background Check Findings function:

a. Printed Criminal History (Rap Sheet)

b. Protection from Abuse Orders (PFA)

c. Wanted Person File

d. Sex Offender Search

D-4. The FACTS Background Check Findings function shall contain, at a minimum, the following information:

a. Length in years of criminal history (e.g., Criminal History from 1975 - 1994)

b. Types of charges and convictions (e.g., 3 charges for theft, 2 charges for assault 2nd, 2 convictions for theft and 1 conviction for assault); especially note offenses that were violent, offenses with weapons, offenses against children, and sex offenses

c. Domestic violence incidents (e.g., number of PFA orders, if incidents involved current household members)

D-5. If the subject of a search on DELJIS does not have a criminal history, the FACTS Background Check Findings function should document "No criminal history".

DELJIS

E. Locating Parents

Locating Parents

E-1. The caseworker or family service assistant will make every effort to locate the last known address of a missing parent using the following procedures:

a. Determine if the parent is listed in the current telephone and cross-reference (street) directories for your locality.

b. Contact the school, if applicable, where the child(ren) last attended.

c. Contact all significant relatives, if known.

d. Complete a DELJIS search.

e. Complete a search of DHSS programs, (TANF, Medicaid, Child Support)

f. Complete a Department of Motor Vehicle (DMV) search.

g. Postmaster Letter – Send an Address Information Request Form to the Postmaster of the local post office for the last known residence of the parent. Enclose the pre-printed, self-addressed envelope for your office.

E-2. The caseworker or family services assistant may also check several internet sites to locate mission parents. The procedure to obtain this information is:

a. Access DSCYF Intranet Site

b. Select Internet/Intranet Links

c. Select folder (groups)

d. Select People Search

e. Access the Web Sites and search for the person. The websites are:
   1. www.555-1212.com
   2. www.bigbook.com
   3. www.lookupusa.com
   4. www.databaseamerica.com
   5. www.switchboard.com

E-3. If after the above procedures have been completed, a missing parent's address still cannot be found, contact the Division of Child Support Enforcement (DCSE) to ascertain whether they have an address for the parent. DCSE will be able to check NEW HIRES, which is a registry of all new hire in the State and includes the

employee's address. DCSE will check federal sources that include the Social Security Administration an Internal Revenue Service. The procedure to obtain this information is:

a. Complete the Quick Locate Request Form that can be found on the U- Drive (DFS Files) under Quick Locate Req. Frm.

b. The parent to be located must have a date of birth or social security number to be searched. DCSE requests the last known address in order to match our information with theirs.

c. Send the Quick Locate Request Form via an e-mail attachment to the New Castle County Locate Supervisor.

d. DCSE will return the results of their search via e-mail attachment within 72 hours of the request.

E-4. The locate activities and results must be documented in a FACTS Note.

E-5. Once the caseworker has obtained an address on a parent, the caseworker will make a home visit or if the location is out of state will contact the parent by phone or mail. The purpose of the visit will be to inform the parent of the situation involving their child and to ascertain their interest and willingness to work with the agency in the best interests of the child.

F. Parental Substance Abuse

F-1. Information collected during the risk assessment process will be documented in both progress notes and in the Initial Safety Assessment. If parental substance abuse has been ruled out, this will be specifically documented in progress notes.

F-2. Because more than 50% of cases active in protective treatment list parental substance abuse as a risk contributor, diagnosis in treatment will ALWAYS include assessment of this risk factor by the social worker.

F-3. If parental substance abuse is a serious risk problem, treatment services will be ineffective unless the problem is addressed. Where parental substance abuse is indicated, the primary focus of all initial family service plans will be evaluation and treatment. If a client refused to submit to an evaluation, this is a “red flag” and the caseworker must examine safety more closely. In all cases transferred from investigation where an infant was born prenatally exposed to drugs, a substance abuse evaluation must be completed.

F-4. Abuse of debilitating drugs or alcohol is an indicator that protective treatment services may not be effective. If children are in foster care with parental substance abuse as the most significant risk factor AND the parent abused drugs/alcohol during pregnancy or the parent’s only visible means of support is found in criminal activity related to illegal drugs, including prostitution, the treatment worker will aggressively use concurrent planning to make a permanent plan for the child.

F-5. Relapse may be part of recovery and must be considered carefully when making plans to return children home or in developing a safety plan. Recovery form addition to alcohol or drugs is a life-long process. Relapse is common during the initial stages of treatment. When a parent is in recovery and making progress in completing the family service plan and relapses, the nature and extent of relapse will be considered. In all situations, it will be necessary for the caseworker to consult with the client’s treatment provider.

F-6 When children are in out-of-home placement because of abuse/ neglect related to parental substance abuse, six months documented treatment and recovery prior to return home is recommended, unless a substance abuse evaluation indicates that the use of drugs/alcohol is not a significant concern. Earlier return home may be considered if the client is succeeding in recovery and if a safety plan can be put into place that does not depend solely on the recovering parent. However, there will always be a minimum of 3 months sobriety and a recommendation from the substance abuse treatment agency that the client is succeeding in recovery.

F-7. In situations of in utero exposure where a child is experiencing medical complications due to such use, the worker must consider

petitioning for custody of the child unless an adequate safety plan utilizing persons other than the substance abusing parent can be established. Consideration must be given to the parent's recent use and the likelihood that use will continue and that such use will put the infant at likely risk of harm.

F-8. Because of the serious risk factors involved in prenatal exposure, cases will generally be transferred to treatment at the conclusion of investigation. If the case is going to be closed in investigation, the caseworker will document the reasons why the children are not at risk related to the mother's drug use.

F-9. Caseworkers will assess the use and extent of use of substances during interviews with clients. Collateral contacts will verify information obtained in interviews with the client and family. DELJIS screens will determine if past criminal charges are related to drug use. Past reports and DFS history will be considered. Worker observations and reports from other professionals will assist the caseworker in determining the possibility of substance abuse. This process will be utilized by caseworkers during all investigations regardless of whether or not substance abuse is indicated in the report. If the caseworker determines that parental substance abuse is not a significant risk factor, this is documented in the investigation risk assessment. If parental substance is a risk factor, the impact of the substance abuse will be considered in the investigation risk assessment and in safety planning.

F-10. Evaluation by a substance abuse treatment professional can occur during investigation or during protective treatment services. The investigation caseworker and supervisor will determine if it is necessary to have an evaluation completed during investigation in order to develop an adequate safety plan or determine if ongoing services are needed.

F-11. When a referral for a substance abuse evaluation is made, the caseworker will complete the FACTS Service Referral documenting the date the referral was made and the date services were initiated.

F-12. Treatment caseworkers will continue to assess the possibility of parental substance abuse during the assessment process and in ongoing safety planning.

Treatment

F-13. If parental substance abuse is known to be or is suspected to be a significant risk contributor, the caseworker must arrange for an evaluation by a parental substance abuse treatment professional, unless completed during investigation or unless the parent(s) is already involved in a substance abuse treatment program. When a referral for a substance abuse evaluation is made, the caseworker will complete the FACTS Service Referral, documenting the date the referral was made and the date services were initiated.

FACTS Service Referral

F-14. When parental substance abuse is indicated, family service plans must focus on behavior related to substance abuse and parenting. Substance

abuse treatment will be an integral service in all such family service plans.

F-15. Toxicology screens may be useful in determining the extent of use and recovery. They should be seen as a part of therapeutic efforts and not a replacement for services and supports to protect the child and strengthen the family. A positive toxicology screen should establish the need for a further, more comprehensive assessment of the family's strengths and needs and of the potential risk of the child.

F-16. Toxicology screens should be used during participation in a substance abuse treatment program. Where appropriate, DFS caseworkers will obtain funds or utilize contracted services to pay for Toxicology screens.

G. Petition for Substantiation/Removal from the Registry (Post 2/1/03 Incidents)

G-1. **Notification Letters**

G-1.1 The Division must make a good faith effort to confirm the last known address of the person it intends to substantiate.

G-1.2 When the Division intends to substantiate a minor, the Notice of Substantiation salutation and envelope should include both the parent/custodian name(s) and the name of the alleged child perpetrator.

G-1.3 A parent/custodian with whom the child has primary residence shall receive a copy of a Notice of Substantiation letter that substantiates abuse or neglect perpetrated on their child by another person who had care, custody, and control of their child. This will enable the parent/caretaker to seek appropriate treatment for the child if needed. The parent/custodian does not have a right to appeal the finding on behalf of a child victim.

Primary, Secondary, and Tertiary Findings

G-1.4 The primary, secondary, and tertiary findings should be stated in the notification letter. The primary finding is always the highest Child Protection Level. (The primary finding is the finding that is put on the Registry). When two findings are on the same Level, the primary finding should always be the most severe matter.

Notices of Substantiation

G-1.5 Types of Notification Letters:

a. Notice of Substantiation – When the Division intends to substantiate an incident of child abuse/neglect a notice shall be sent for the appropriate level the Division intends to substantiate:

- Level I (Document Number 37-06-10-02-12-23-6)
- Level II (Document Number 37-06-10-02-12-23-7)
- Level III (Document Number 37-06-10-02-12-23-8)
- Level IV (Document Number 37-06-10-02-12-23-9)

A Hearing Request Form specific to the Regional Office that conducted the investigation should be enclosed with each Notice of Substantiation. The Notice of Substantiation and Hearing Request Form shall be sent by certified mail, return receipt requested and by First Call U.S. mail. The notice should also be sent when a criminal investigation is in progress, but no charges have been filed.

See Notification Letters on U Drive (Notices of Substantiation and Hearing Request Forms) are in Forms Manual

Notices of Substantiation, Charge Pending

b. Notice of Substantiation, Charge Pending – When the Division intends to substantiate an incident of child abuse/neglect, but a charge is pending regarding the same incident the Division investigated, a notice shall be sent for the appropriate level the Division intends to substantiate:

- Level I (Document Number 37-06-10-02-12-23-10)
- Level II (Document Number 37-06-10-02-12-23-11)
- Level III (Document Number 37-06-10-02-12-23-12)
- Level IV (Document Number 37-06-10-02-12-23-13)

Criminal Finding After DFS Case Disposition

Note: When a criminal finding for the same incident the Division investigated becomes known subsequent to the case disposition, the Substantiation Hearing Coordinator will notify the caseworker to send a Criminal Conviction Based on Same Child Abuse and Neglect Incident letter (See Section c. below). The Registry start date on FACTS should be the same date as the criminal conviction/plea date.

A Hearing Request Form specific to the Regional Office that conducted the investigation should be enclosed with each Notice of Substantiation. The Notice of Substantiation, Charge Pending and Hearing Request Form shall be sent by certified mail, return receipt requested and by First Class U.S. mail. Note: The Hearing Request Form for Level I findings (Document Number 37-06-10-06-02-22) is different than the Hearing Request Form for Levels II-IV (Document Number 37-06-10-06-02-21) because Level I findings are not entered on the Registry.

Notice of Substantiation – Criminal Finding

c. Notice of Substantiation (Criminal Conviction Based on Same Child Abuse and Neglect Incident) – This letter (Document Number 37-06-10-03-04-17) shall be sent when a criminal conviction has been made by plea or by trial prior to the conclusion of the Division's investigation. A Hearing Request Form shall not be sent with this letter. The letter shall be sent by certified mail, return receipt requested and by First Class U.S. mail.

Notice of Substantiation, Dependency (No Abuse/Neglect)

d. Notice of Substantiation – Dependency (No Abuse/Neglect) – This letter (Document Number 37-06-10-02-12-27-25) shall be sent when the Division has investigated and substantiated dependency, but no abuse or neglect. This letter shall also be used when the Court has ordered that a child is dependent only (not dependent/neglected or dependent/abused). If a child is dependent/neglected or dependent/abused, use the appropriate letter for the Child Protection Level in G-1.4.a. or G-1.4.b. above. The letter contains the right to appeal to a contracted Fair Hearing Officer. A Hearing Request Form shall not be sent with this letter. The letter shall be sent by First Class U.S. mail.

Dependency – Family Court

e. Notice of Substantiation – Dependency (No Abuse/Neglect) – Family Court Determination (Document Number 37-06-10-03-04-25) shall be sent when Family Court has issued an order of dependency without also making a finding of abuse or neglect prior to the conclusion of the investigation. A Hearing Request Form shall not be sent with this letter since due process was provided by Family Court. The letter shall be sent by First Class U.S. mail.

No Evidence, Case Closed

f. No Evidence to Substantiate, Case Closed – This letter (Document Number 37-06-12-02-12-23-19) shall be sent when the Division has investigated and found no evidence to substantiate, no concerns, and no risk. The letter shall be sent by First Class U.S. mail.

Unsubstantiated with Concern, Case Closed

g. Unsubstantiated with Concern, Case Closed – This letter (Document Number 37-06-10-02-12-23-20) shall be sent when the Division has investigated and identified concerns, but determined the children are not at risk. The letter shall be sent by First Class U.S. mail.

Unsubstantiated with Concern, Case Opened for Risk

h. Unsubstantiated with Concern, Case Opened for Risk – This letter (Document Number 37-06-10-02-12-23-21) shall be sent when the Division has identified concerns and determined that the children are at risk. The letter shall be sent by First Class U.S. mail. DFS will provide the treatment services.

Unsubstantiated with Concern, Perpetrator Not Known

i. Unsubstantiated with Concern, Case Opened for Risk, Perpetrator Not Known – This letter (Document Number 37-06-10-02-12-23-22) shall be sent when the Division has determined that the child has been abused or neglected, but the perpetrator has not been confirmed through investigation. If the perpetrator becomes known, the Division shall send the appropriate Notice of Substantiation with Hearing Request Form and change the finding in FACTS. The letter shall be sent by First Class U.S. mail.

j. Unsubstantiated with Concern, Transferred to Low Risk Treatment – This letter (Document Number 37-06-10-03-04-23) shall be sent when the Division has identified concerns and determined that the children are at risk. The letter shall be sent by First Class U.S. mail. Treatment services will be provided by a contracted service provider.

Unsubstantiated with Concern – Transferred to Low Risk

k. Unsubstantiated with Concern, Case Active in Treatment or Low Risk Treatment – This letter (Document Number 37-06-10-03-04-24) shall be sent when the Division completes its investigation of a case active in Treatment or Low Risk Treatment and determined the allegations are unsubstantiated, but the case requires continued services. The letter shall be sent by First Class U.S. mail.

Unsubstantiated with Concern, Active in Treatment/Low Risk Treatment

l. Investigations resulting in findings related to adolescent issues such as parent/child conflict, individual adolescent adjustment problem, uncontrollable behavior, or runaway behavior will utilize the most appropriate Unsubstantiated with Concern (Case Closed, Case Opened for Risk, Transferred to Low Risk Treatment) letter.

Adolescent Findings

m. Letter to Inform Parent/Custodian About Abuse/Neglect (Document Number 37-06-01/06-01-23) – This letter shall be sent to the non-offending parent/custodian at the conclusion of the investigation, to inform the parent/custodian that abuse or neglect of the child in their care was substantiated. The purpose of the letter is to inform the parent/custodian treatment may be needed for the child victim.

Letter to Non-Offending Parent/Custodian

n. Returned Notification Letter – When a certified letter is not picked up at the Post Office, but the First Class letter has not been returned, it is assumed that the First Class letter was received and notification was achieved. When the certified letter and First Class letter are returned to the Division, the Division is not required to publish the notification in the newspaper. The substantiated party will automatically go on the Registry and a decision to offer an appeal at a later time will be made on a case by case basis after consideration of the substantiated party's reasons for not receiving the notification.

o. When the Division intends to substantiate, but the perpetrator's whereabouts are unknown, the Division will publish in The News Journal that the Division has filed a substantiation petition. The format for publication is located in the Substantiation Folder (Post 2/1/03 Events) on the Division's U drive.

G-2 **Hearing Request Forms**

G-2.1 A Level I Hearing Request Form (Document Number 37-06-10-06-02-22) shall be included with Level I Notice of Substantiation and Level I Notice of Substantiation, Charge Pending letters.

G-2.2 A Hearing Request Form (Document Number 37-06-10-06-02-21) shall be sent with Levels II – IV Notice of Substantiation and Levels II – IV Notice of Substantiation, Charge Pending letters

G-2.3 The Hearing Request Form will be returned to the Substantiation Hearing Coordinator. It will be the responsibility of that office to track the requests and notify the appropriate regional staff when a request is received.

G-2.4 The Hearing Request Form must be received or postmarked within 30 days of the Division's notification postmarked date it was sent to the substantiated person.

G-2.5 The substantiated person, or an attorney acting on their behalf, may also request a hearing by letter (without the Hearing Request Form).

Hearing Request Denial Letters

G-2.6 Hearing requests postmarked 31 or more days after the postmarked date of the Division's notification letter will be denied. A letter of denial shall be sent by the regional office that conducted the investigation. There is a denial letter (Document Number 37-06-10-03-05-19) for Level I (not placed on the Registry) and a denial letter (Document Number 37-06-10-03-05-18) for Levels II – IV (placed on the Registry).

G-3. **Petition for Substantiation in Family Court**

How to File a Petition for Substantiation

G-3.1. Within 20 days of receipt of the Hearing Request Form, the Division must file a Petition for Substantiation in Family Court. The petition must be filed in the county in which the alleged incident occurred.

G-3.2. Within 20 days of the nolle prosequi, acquittal or dismissal of criminal charges, the Division will file a Petition for Substantiation in Family Court.

G-3.3. The Division caseworker will contact a Regional Deputy Attorney General (DAG) who will write the Petition for Substantiation. The caseworker will forward the following information to the DAG:

- Notice of Substantiation letter
- Regional Hearing Request Form (signed by alleged substantiated party)
- Risk Assessment – all Force Fields, Conclusion Narrative, and FACTS Risk Ratings
- Safety Assessment and Safety Plan (if completed)
- The address where the abuse or neglect incident occurred in addition to the child's residential address
- Cite the specific type of abuse or neglect to be substantiated (e.g., Level III – 9.1.4 Child Left Alone)

The caseworker shall request that the DAG include all findings (primary, secondary, and tertiary) in the petition and request all be argued in Court.

No Consent Agreements

G-3.4. In general, the Division does not support consent agreements regarding substantiated investigation findings. The Division wants to present its findings to the Court. If the DAG does not concur there is a preponderance of the evidence to support a Petition for Substantiation, the caseworker's supervisor should be contacted by the DAG in advance of a hearing. If the DAG does not concur and the supervisor has not been contacted prior to the hearing, the caseworker will contact their supervisor. If the Supervisor and DAG cannot reach an agreement, the Regional Administrator and supervisor of the DAG will be contacted.

Motion Pending a Final Order on the Petition for Substantiation

G-3.5. For the purpose of keeping children safe in child care, health care facilities, and public schools, the statute allows the Division to file a motion in Family Court requesting that a party be entered on the Registry at a designated Child Protection Level pending a final order on the Petition for Substantiation. The caseworker will contact a Regional DAG to request that a Motion pending a final order on the Petition for Substantiation be filed whenever the Division makes any Level IV finding or a Level III for the following findings:

- Bizarre Treatment
- Bruises/Cuts/Lacerations Requiring Medical Intervention
- Dislocations/Sprains
- Lack of Supervision, Ages 6 and Younger

The Regional DAG will notify Family Court if the substantiated person does not request a substantiation hearing after a decision on the Motion (if the Hearing Request Form was not returned or not returned timely to the Division).

Affidavit Needed (See Forms Manual)

In addition to the information forwarded to the Regional Deputy Attorney General to file the Petition for Substantiation (G-2.3 above), the caseworker must sign an affidavit that will be notarized.

Request for Substantiation Finding and Child Protection Level during a custody proceeding

G-3.6. The statute allows the Division to request a finding of abuse or neglect in a child welfare proceeding. A separate Petition for Substantiation is not necessary. If the Division concludes its investigation prior to the adjudicatory hearing, the caseworker will contact the Regional DAG to request that the custody petition be amended to request a finding of abuse or neglect and designation to a Child Protection Level. The Division caseworker should be specific as to which parent/caretaker we are requesting substantiation and recommend a Child Protection Level. If the Division does not conclude its investigation prior to the custody hearing, the caseworker will request that the DAG file a Petition for Substantiation. When a dual petition is to be filed, the Division caseworker will forward the paperwork identified in G-2.3. (The Division is likely to file for custody prior to receiving the Hearing Request Form back from the substantiated person so it may not be available for the DAG).

If a criminal charge is pending, the custody proceeding will not be stayed.

See modified Notice of Family Court Action for newspaper

G-3.7. When a parent's whereabouts are unknown prior to the custody hearing, the Division publishes notice in the newspaper. If the Division intends to request a substantiation finding and designation to a Child Protection Level during a custody hearing, the notice in the newspaper shall also include the Division's intent to substantiate. On the form where it says "Fill in the type of petition you filed" write "custody and substantiation."

G-3.8 When a case is being investigated jointly by the police, a DELJIS search must be conducted as close as possible to a scheduled Family Court substantiation hearing date to determine if charges have been filed for the same incident of abuse or neglect. The caseworker must inform the Regional DAG of any pending charges prior to the hearing.

G-3.9. Family Court may designate that a party be placed on a different Child Protection Level than that requested by the Division. The Division shall note any change in the finding type(s) and level in FACTS.

G-3.10. An order of substantiation by Family Court may not be stayed pending appeal.

G-4. **Removal from the Child Protection Registry**

Automatic Removal from the Registry

G-4.1. A person who is entered on the Child Protection Registry at Child Protection Level II or III will be automatically removed from the Registry, within the time frames established by law, provided that person has not been substantiated for another incident of abuse or neglect while on the Registry.

Early Removal from the Registry – Eligibility

G-4.2. A person who is entered on the Child Protection Registry at Child Protection Level II or Level III, and who has successfully completed a Division recommended Family Service Plan or Family Court – ordered case plan may file a Petition for Early Removal prior to the expiration of the time designated for the level. Only a person who has successfully completed his or her case plan is eligible to petition for early removal. The petition must be filed in the county where the substantiation occurred.

G-4.3. The Division's treatment staff shall send a letter at the conclusion of the Division's services notifying the substantiated person whether they have successfully (Document # 37-06-10-02-12-23-23) or not successfully (Document # 37-06-10-02-12-23-24) completed their Division Family Service Plan. Successful completion of a Family Service Plan is constituted by:

What is successful completion of a treatment Family Service Plan?

- Scores of 1 or 2 on the closing FAF in areas previously identified as 3, 4, or 5 and included in the Family Service Plan.
- In the closing narrative, the Treatment worker must document that they have been able to observe internalized changes in the client. The narrative should also include a summation of reports and observations made by service providers.
- The client should have supporting documentation from schools, doctors, community-based agencies, i.e., substance abuse treatment agencies, parenting classes, domestic violence groups, probation/parole, parent aides, and other professionals supporting the client's contention that they have made changes in their lives.
- If the case is substantiated and transferred to low risk treatment, the low risk treatment provider will hold the client to the same standards as a Division treatment worker when closing the case as Successful Completion of the Family Service Plan.

G-4.4. In some cases, the Division substantiates abuse or neglect, but does not offer treatment services to the substantiated person (e.g., parent may have agreed to give a relative custody). The substantiated person may still file a Petition for Early Removal. Follow steps G-4.5 to G-4.7 below.

G-4.5. Family Court will forward a copy of the Petition for Early Removal to the Department of Justice paralegal assigned to the Division. The paralegal contacts the central point of contact in the regional office and requests case record information to respond to the Petition for Early Removal.

G-4.6. The Division caseworker/Supervisor will research FACTS to determine if the person requesting early removal has had subsequent substantiated investigations. In addition, the Division caseworker/Supervisor will determine if any criminal findings were made for the same incidents substantiated by the Division. This information will be forwarded to the Department of Justice paralegal assigned to the Division with a recommendation whether the Division does or does not support early removal.

G-4.7. Within 30 days of the Division being served with the Petition for Early Removal, the Regional DAG will file an objection or answer to the Court. Family Court may dispose of the Petition for Removal without a hearing.

G-5. **Criminal Charges, Proceedings, and Outcomes**

Tracking of criminal proceedings

G-5.1 The Substantiation Hearing Coordinator will e-mail the Weekend/Holiday Supervisor the name of a client with a pending charge the day the hearing request is received. The Weekend/Holiday Supervisor enters the client onto a spreadsheet and researches DELJIS to ascertain the status of the charge. The Weekend/Holiday Supervisor e-mails an updated spreadsheet to the Substantiation Hearing Coordinator once per week.

Communication with DOJ regarding cases with charges

G-5.2. On a nightly basis, DELJIS (DE Criminal Justice Information System) will print a batch of Intrafamilial Child Victim Reports to a designated printer in the Division's Milford office. The second and third shifts will check each report against FACTS to determine if the case is currently active or inactive for one year. The batch report will be held one week before checking FACTS to allow for late reporting by law enforcement.

G-5.3. If the case is active, the after-hours staff will note that on the batch report. The current Investigation Supervisor's name, office location, and phone number will be noted on the form. If the case under investigation is active in Treatment, the Treatment Supervisor's name, location, and phone number will also be listed. If the case is closed, the Investigation Supervisor's name, office location, and phone number will be listed on the form.

G-5.4. After completing G-5.2, Division after-hours staff will fax a copy of the individual DELJIS report to the current or former Investigation Supervisor, Treatment Supervisor (if applicable), and to the designated county Department of Justice (DOJ) Victim/Witness Assistance Program staff:

- New Castle County – Victim Service Specialist, FAX: 577-2496
- Kent County – Victim Service Specialist, FAX: 739-6727
- Sussex County – Victim Service Specialist, FAX: 856-5369

If the report involves a child in a childcare facility, a copy of the DELJIS report will be faxed (633-5112) to the Administrator for the Office of Child Care Licensing. If the report involves a Division foster parent or adoptive parent, a copy of the DELJIS report will be faxed to the Regional Foster-Home Coordinator Supervisor or Permanency Supervisor, respectively.

G-5.5. The DOJ Victim Service Specialist will add the Investigation Supervisor to the automated notification system. This system generates letters and will inform the Supervisor about charges and bail information (including special conditions like No Contact Orders), assigned DAG in felony cases, subsequent court dates (reviews, trials, and sentencing), final orders, and PFA violations.

G-5.6. If the Division plans to close the case at the conclusion of the investigation, the Investigation Supervisor will notify the appropriate county DOJ Victim Service Specialist via certified e-mail. Further notification letters will continue to be sent to the Investigation Supervisor. All final sentencing orders will be checked against FACTS to ensure the criminal finding is for the same incident investigated by the Division. A Petition for Substantiation will be filed if the criminal case is nolle prosequi, dismissed, or if the individual is found not guilty.

G-5.7. Reporting out to health care and child care employers by the Criminal History Unit:

- DELJIS versus Child Protection Level – Report the criminal finding even if the criminal finding is lower than the Child Protection Level.
- If the substantiated person did not request a hearing and was placed on the Registry (by default) and was later charged and convicted for the same incident, the criminal finding is reported.
- It is the responsibility of DHSS and DOE to apply HB 528 criminal background checks for its employees and report out to employers.
- If a criminal finding in a higher court puts an individual on a higher Child Protection Level than the designation by Family Court, the higher court prevails.

G-6. **FACTS**

G-6.1. Completion of Investigation:

a. The definitions for FACTS dependency findings are as follows:

FACTS

Definitions for FACTS Dependency Findings

1. "Incarceration" means a parent/caretaker of a child is unable to provide for the basic needs of the child because they are being detained in a correctional facility.
2. "Mental Incapacitation" means a parent/caretaker of a child has a medically diagnosed mental condition that renders them unable to meet the basic needs of the child.
3. "Non-Relative Placement" means a child whose needs are being met be a non-relative/non-family member, through no neglect or fault of the parent/caretaker.
4. "Physical Incapacitation" means a parent/caretaker of a child has a medically diagnosed physical condition that prevents them from meeting the basic needs of the child.
5. "Relative Placement" means a child whose needs are being met by a relative or family as those terms are defined in 10 Del.C. §901, through no neglect of fault of the parent/caretaker.

b. The Investigation Risk Assessment – Maltreatment Force, Maltreatment Element Rating (0-4) should equal the Child Protection Level (I-IV). This element describes the extent of the maltreatment. Currently, FACTS will not permit a separate Maltreatment Element Rating for more than one perpetrator in the case; therefore, the caseworker should choose the Maltreatment Rating for the highest Child Protection Level.

G-6.2 Tracking – Pre 2/1/03

a. The caseworker shall send the appropriate investigation outcome letter and enclosure materials for acts of abuse or neglect that occurred on or before January 31, 2003. These appeals will continue to be heard by a Fair Hearing Officer.

Refer to

Substantiation Hearings Policy and User Manuals (Administration - Section A)

b. The Supervisor must send an e-mail to the FACTS Data Manager when a substantiation indicates the person is on a Level IV or one of the following four Level III findings: Bizarre Treatment, Bruises/Cuts/Lacerations Requiring Medical Intervention, Dislocations/Sprains, or Lack of Supervision, Ages 6 and Younger. Because these cases will go through the Fair Hearing Officer appeal process, the Data Manager will have to delete the substantiation finding that will automatically generate post 2/1/03 FACTS Family Court hearing events (e.g., Motion with a Petition for Substantiation).

c. Requests for Substantiation Hearings for incidents of child abuse and neglect occurring prior to February 1, 2003 will be mailed to the Substantiation Hearing Coordinator in Central Office.

d. Role of Substantiation Hearing Coordinator
   (1) Send notification e-mail to regional contact person
   (2) Fax hearing request to the Fair Hearing Officer
   (3) Create FACTS appeal events and complete the events upon receiving the Fair Hearing Officer's decision
   (4) Receives appeal requests of Fair Hearing Officer's decision to Family Court
   (5) Contact regional contact person to request case record materials, collate the materials in a prescribed manner, and deliver the case record materials to Family Court
   (6) Complete appeal events in FACTS upon receiving the Family Court decision

G-6.3 Tracking – Post 2/1/03

a. Requests for Substantiation Hearings for incidents of child abuse and neglect occurring on or after February 1, 2003 will be mailed to the Substantiation Hearing Coordinator in Central Office.

b. Role of Substantiation Hearing Coordinator
   1) Send notification e-mail to regional contact person
   2) Fax Hearing Request Form to regional contact person
   3) Create FACTS Substantiation Hearing events
   4) Complete Substantiation Hearing events in FACTS upon receiving the Family Court decision
   5) Enter outcome of criminal charges into FACTS when criminal charges are pending at the time of a Substantiation Hearing Request

G-6.4 Errors

a. When an error has been made regarding a substantiation finding, the Supervisor must obtain the approval of the Regional Administrator or Assistant Regional Administrator to correct the finding using the FACTS Investigation Modify Event. The Supervisor must document the reason for the change in the note section of the FACTS Investigation Modify Event.

H. Transportation	
H-1. These procedures provide guidelines to Division staff form providing transportation assistance. It does not preclude other types of transportation assistance. It does not preclude other types of transportation assistance to which Division staff should refer clients/parents (e.g., DAST). H-2. If the parent is in agreement with the purpose for the appointment, but is unable or unavailable to transport the child and it is in the child's best interest to not reschedule the appointment, the caseworker will offer transportation assistance for the child. H-3. Prior to the transport, the parent/custodian must sign the Consent to Transport form. If the parent/custodian cannot read, the form is to be read and explained to them. H-4. Division staff will ensure that the expiration date is specified at the time the consent is given, that the form is signed in his/her presence and that all signatures are dated. H-5. The Consent to Transport will be valid for a period not longer than six months or upon case closure, whichever comes first. H-6. A Consent to Transport is not needed when the parent/custodian accomplishes his/her child to an appointment with division staff.	**See Forms Manual**

I. NCIC

NCIC Queries

I-1. The Portal Manual for NCIC, NLETS and DELJIS shall be used for detailed procedures on accessing and using the Portal, for additional security requirements and for various query codes.

I-2. When conducting NCIC queries, the following information shall be used which is specific to Division of Family Services cases of abuse and neglect:

a. Originating Agency Identifier (ORI) = DE002015F

b. Purpose Code = C

c. Reason for Request = DFS case number that you are conducting the query for.

I-3. The following queries shall be conducted in the order they appear below:

a. **QW** – Query Person – To determine if person is wanted by police and if any Protection From Abuse orders exist.

b. **QH** – Query Individual – To determine if person has local (Delaware) or out of state (National) criminal charges.

c. **QR** – Query Criminal History Full Record – To get entire criminal history. Note: This check is only conducted if you get a criminal record hit under the **QH** query.

I-4. Additional query codes may be used as needed.

Printing

I-5. When printing NCIC information, a Secondary Dissemination Log will appear on the computer screen. The first and last name of the staff person requesting the information should be entered.

I-6. Printed NCIC information shall be shredded after viewing. It shall not be maintained in case files or any other location.

Dissemination

I-7. When disseminating NCIC information to another Family Services employee, an NCIC Dissemination Log must be maintained which is different from the dissemination log mentioned in I-5. The NCIC Dissemination Log appears at the end of these procedures.

Documenting Results of Queries

I-8. The staff person viewing NCIC information shall document the results of the search in the FACTS Criminal Background Checks finding screen as a note labeled "NCIC History." The note shall document:

a. Date of search.

b. Fist and last name of person who conducted the search.

c. "No NCIC criminal history" or "Yes NCIC criminal history."

I-9. The note shall NOT contain any specific details relating to criminal charges or any other information from the NCIC screens.

Exit Portals

I-10. The staff person querying NCIC shall exit Portals when the check(s) are complete. This should be done by clicking on **File** in the top left corner of the screen and then click on **Exit** under File.

Placement Resources

Placement Resources

P.1 Does the foster family meet the critical standards for approval of foster home providers?
P.2 Are foster home services comprehensive and appropriate?
P.3 Is the coordination between treatment caseworkers and Foster Home Coordinators effective in utilizing foster families as members of the treatment team?

Decisions:

1. Does the foster family meet the critical standards for approval of foster home providers?

2. Are foster home services comprehensive and appropriate?

3. Is the coordination between treatment case workers and foster care coordinators effective in utilizing foster families as members of the treatment team?

A. Recruitment of Foster Family Homes

Recruitment

A-1. The Foster Home Coordinators in each county shall cooperate with, and participate in, the Department's foster family recruitment activities. Such activities shall include (but are not limited to):

a. Media coverage such as newspaper articles, radio and television ads, talk shows, public service announcements;

b. Dissemination of printed materials (posters, brochures, flyers, etc.);

c. Speaking opportunities to community, church, fraternal, civic groups;

d. Public events such as community fairs;

e. Foster parent recognition events which publicize the contribution of foster parents;

f. Committee meetings for planning and implementing foster home recruitment activities.

A-2. Each county Foster Home Coordinator is required to participate in at least five annual recruitment activities. These activities shall be coordinated with the Department's recruitment program.

A-3. Whenever possible, experienced foster parents shall be enlisted to assist with foster family recruitment. Foster parents participating in recruitment activities shall receive orientation from Department staff or the DFS Foster Home Coordinator regarding confidentiality, recruitment principles, and how and when to refer questions/concerns to appropriate staff.

A-4. Any information to be disseminated to the media (such as press releases, radio or TV public service announcements, printed materials) shall be approved by the Foster Care Manager and the Division Director at least five days prior to its release. The Director's office will send the approved release to the Office of the Secretary for review.

B. Approval of Foster Family Homes

B-1. The foster family home evaluation process is a mutual process in which the applicant and the Division participate together in assessing the applicant's desire and ability to provide foster care. Appropriate decisions result when the applicant:

a. Gains a clear understanding of the nature of the foster care program including requirements, expectations, effects of separation on children, and roles of agency, foster, and biological parents; and

b. Participates with the Foster Home Coordinator in determining whether the applicant's skills, strengths, qualifications, and life experiences are consistent with the requirements and needs of the program.

B-2. The Division will give applications for prospective foster families prompt consideration in order to assure that children in need of foster home placements may be placed in suitable homes in the timeliest fashion possible.

Timeframes for Approval

B-3. Upon receipt of an inquiry, the Foster Home Coordinator shall invite prospective applicants to attend the next scheduled public orientation meeting, or the prospective applicant shall be offered an orientation interview with the Foster Home Coordinator.

Foster PRIDE Pre-Service Training

B-4. Prospective applicants who elect, upon orientation, to proceed with their application by attending pre-service training shall be invited to the next scheduled training series. Pre-service training shall be offered at least four times each year, except if fewer than six (6) prospective families have elected to participate. In this case, training may be postponed until six families are registered. Training may be offered to fewer than six applicants, or the Foster Home Coordinator and Supervisor may elect to offer the training to applicants on an individual basis.

Application Packet Provided During Foster PRIDE Training

B-5. Prospective foster families shall be given a foster home application packet no later than the second meeting of the pre-service training. Upon receipt of the applicant's completed written application, the Supervisor shall assign the case to a Foster Home Coordinator for completion of the foster home evaluation. Before the Foster Home Coordinator begins the evaluation, a DELJIS Criminal Background Check must be completed. The evaluation shall be completed and a decision shall be reached to grant or withhold approval no later than ninety (90) days after the date of assignment except as follows:

B-6. If completion of the home evaluation is delayed by the applicant's failure to provide required information or documentation, an extension may be granted upon the approval of Foster Home Coordinator and Supervisor. Such extension shall be made for a specified time in order to complete a specific part of the evaluation.

Evaluations Must Be Completed In 90 Days

B-7. Foster home evaluations not completed within ninety (90) days after assignment shall be withdrawn without prejudice. The applicant shall be notified in writing of the reason and shall be given the option to re-apply at a later date

Family Evaluation Report Completed

B-8. Applicants shall be informed in writing within fifteen (15) days of the decision to recommend granting or withholding approval and shall be informed of their right to appeal the decision.

B-9. The Foster Family Evaluation Report shall be completed within fifteen (15) days after the decision to recommend the family for approval has been reached by the Foster Home Coordinator and Supervisor.

Qualifications

B-10. **Qualifications**:

Age

a. ***Age**:* Foster parents shall be at least 21 years of age and may be over 65 years of age if agency observation verifies the ability of the foster parent(s) to provide adequate child care.

Income

b. ***Income**:*

1. Foster parents shall have sufficient income to meet their needs and ensure the security and stability of the household independent of foster care board maintenance payments;

2. Foster parent's work outside the home, businesses conducted in the home, or care or supervision of children or adults by foster parents for other programs must not interfere with the ability of the foster parent(s) to provide adequate care for DFS children placed in their care.

3. A single foster parent or couple who both work outside the home must obtain approval from the agency for their plan for caring for children during their absence.

4. Foster parents who conduct a business in their home shall demonstrate that activities related to this business will not interfere with the care of the children and that they have obtained all of the necessary business licenses. The foster parent must provide the Foster Home Coordinator with a copy of applicable business licenses.

5. Foster families who choose to provide care or supervision in their homes for children or adults under the auspices of another in-home care program (whether on a 24 hour basis or during daytime hours only) must obtain approval in writing from both placing/licensing agencies. They must comply with any special rules or restrictions imposed by either or both agencies so as to ensure that all clients in the home can receive adequate care.

6. The Foster Home Coordinator will obtain approval for foster families providing such dual services or in-home care as mentioned in #5 by documenting that adequate care for DFS

foster children is assured and by providing a copy of written agreement from the other agency involved.

7. Employment and income status will be examined by the Division during the foster home application process and at annual reviews thereafter. The Foster Home Coordinator will ensure that the appropriate financial pages of the application are complete and will file the applicant's copy of their pay stub, W-2, or previous year's income tax return in the foster home record. If it appears that the foster parent applicant's income cannot meet their financial obligations, then the Foster Home Coordinator will discuss this with the applicants, disapprove the application and inform the applicant that they may reapply without prejudice when their financial status changes.

Health

c. ***Health**:* Foster parents and all other members of the household must be free of illnesses or disabilities which would endanger the health of the children or interfere with the capability of the household to provide care for children.

1. Disabilities of foster parents or household members shall be considered only as they affect the care of a child.

2. The Foster Home Coordinator:

- Shall obtain information on the health history of every member of the household;
- Shall require applicants to obtain, prior to initial approval, a written physician's report regarding the findings of a physical examination conducted within one year prior to approval;
- Shall require applicants to obtain, prior to initial approval, written verification from a physician or public health service that the applicants have been tested for tuberculosis within six months prior to approval and are free of the disease;
- May, at any time, require the applicant to provide a medical statement from a physician verifying that they are free of communicable diseases, specific illnesses, or disabilities which would either endanger the health of a child or interfere with the care of the child;
- Shall consider the health of foster parents during the foster family evaluation and annual review processes.

Marital Status and Family Composition

d. ***Marital Status**:* Foster parents may be a married, unmarried, single, or adults (related or unrelated) who share a home. Foster parents shall have a stable living arrangement which ensures that both the physical household and composition of the household members are reliable, likely to continue, and are resistant to sudden change or deterioration.

- Married or unmarried couples shall demonstrate a stable relationship and shall have been married or living together for at least one year.

e. ***Family Composition***: A foster family may not have more than a total of five children, including foster children and their own children, in the foster home.

- A foster family may not care for more than two children under two years of age.

f. Exceptions to the number of children in a foster home may be approved by the Foster Care Program Manager, Assistant Regional Administrator via a memo submitted by the Foster Home Coordinator and supervisor. Such a memo documents the following:

- Reason for exception.
- Expected duration of the exception.
- Foster family's ability to care for additional children.

g. Foster parents shall be required to report any changes in marital status, household composition or residence to the Foster Home Coordinator immediately. Failure to report may result in removal of children and immediate closure of the home. Changes are evaluated by the Foster Home Coordinator and considered in terms of continued use of the home.

h. Any person aged 13 or older who moves into an approved foster home must submit within one month to a criminal background search.

Transportation, Licenses and Insurance

i. ***Licenses and Insurance****:* Each foster home must have a car available or a means to transport children. A foster parent who owns or operates a motor vehicle shall provide proof of a valid driver's license. A foster parent who owns or operates a motor vehicle shall provide proof of automobile insurance. The Foster Home Coordinator will document on the Physical Environment Checklist that the foster parent has shown proof of a valid driver's license and proof of automobile insurance.

1. A foster parent who has a foster child placed in the home is required to purchase liability insurance when such a policy is available through a foster parent association.

2. A foster parent may choose to purchase an individual insurance policy rather than the group liability insurance policy through a foster parent association. They must provide the declaration sheet and a letter from the insurance carrier to the Foster Home Coordinator documenting that they have liability insurance.

3. A foster parent who chooses not to purchase liability insurance through a foster parent association must sign a Foster Parent Liability Insurance Waiver which must be witnessed by a Foster Home Coordinator. The Foster Home Coordinator must review and renew the Foster Parent Liability Insurance Waiver with the foster parent at the time of the annual review.

Criminal History Review

j. ***Criminal History:*** Foster parent applicant(s) and all other members of the household 18 years of age or older shall submit to a criminal history background investigation in compliance with 31 Del.C. §309.

1. Applicants and all other members of the household 18 years of age and older must be found "not unsuitable" by the criminal background specialist. Applicants and adult household members who have a history of gross irresponsibility or disregard for the safety of others or serious violations of accepted standards of honesty or ethical conduct, may be disapproved even if found "not unsuitable" by the criminal background specialist.

2. Applicants who have the following felony convictions will not be approved as foster parents:

   - Child abuse or neglect
   - Spousal abuse
   - Any crime involving violence
   - Physical assault or battery committed within the past 5 years
   - Drug related offense committed within the past 5 years

3. Failure to disclose criminal arrests or child abuse reports on the application may be cause for disapproval of the foster home.

4. Annual criminal record checks from DELJIS will be conducted on all approved foster homes. Foster parents and all other members of the household 18 years of age or older must continue to meet the standards required in the initial home assessment process and must exhibit behavior consistent with providing children a safe and healthy environment.

5. The Foster Home Coordinator may request a criminal background check on family members or friends who do not live in the home but spend a significant amount of time in the home or who have regular or direct access to children in the foster home.

Criminal Background Checks and Adam Walsh Child Protection Act of 2006

6. The Foster Home Coordinator will advise all foster parent applicants of the State Law, Federal Law and Department Regulations governing criminal background checks. The Federal Law, the Adoption and Safe Families Act of 1997 establishes additional prohibited crimes not covered by the state statute. Background checks will include requirements of the Adam Walsh Child Protection Act of 2006. The Act requires States to check child abuse and neglect registries in all States in which any prospective foster or adoptive parent and any other adult living in the home has resided in the preceding five (5) years. This must take place before the prospective foster or adoptive parent receives final approval for placement of a child.

7. The Foster Home Coordinator will consider the foster parent applicant(s)' criminal record in determining their ability to meet the PRIDE competency regarding protecting and nurturing children.

8. If the applicant has a criminal record, the Foster Home Coordinator will discuss the criminal background report individually with the applicant and document the applicant's report of the incident(s). The coordinator may not disclose an individual's criminal background to the spouse or partner of the applicant or to any person other than the individual. The Foster Home Coordinator will discuss all criminal record information and the client's response to it with the supervisor as part of the approval process. Exceptions to the Criminal History Background Check will be documented in FACTS.

9. Once an applicant has been approved as a foster parent, the Foster Home Coordinator will inform the foster parent(s):

   - That all arrests and child abuse reports must be reported to the Division within five days of its occurrence.

   - That failure to disclose the above information may result in the closure of the foster home.

   - That the Division will conduct a DELJIS check every year on the foster parents, other adults living in the home and each child 13 years or older living in the home.

10. The Foster Home Coordinator will discuss any reports of criminal activity or child abuse reports with the supervisor to determine if the family shall remain open and if remedial training is required to assist the family in meeting the PRIDE competencies.

Biennial Criminal Record Checks Required

11. The Foster Home Coordinator supervisor will conduct a yearly criminal record check using the DELJIS system on each foster parent, other adults living in the home and each child 13 years or older living in the home. Results will be documented in the

FACTS

FACTS Background Check Findings Screen.

12. The Foster Home Coordinator Supervisor may, at his or her discretion, contact the Criminal History Specialist for clarification and technical assistance on any new arrests or convictions disclosed through the DELJIS check.

    - If the offenses are prohibited, the Criminal History Specialist will prepare a letter from the Director stating that the foster parents are not suitable to continue to be foster parents. If there are foster children in the home, the Foster Home Coordinator will notify the child's worker and assist in replacement. The Foster Home Coordinator will close the home.

    - If the offenses are not prohibited, the Criminal History Specialist will make a recommendation to the supervisor regarding the foster parent's continued suitability. This recommendation will be used in determining the continued status of the foster home. The Foster Home Coordinator supervisor will notify the Criminal History Specialist of any decision made regarding the ongoing status of the foster home.

    - If the DELJIS report shows arrests which have not been reported to the Foster Home Coordinator, the coordinator must assess whether the foster home shall remain open. The coordinator will meet with the individual foster parent whose record showed criminal activity to discuss the record check. The Foster Home Coordinator may also request the submission of other documentation, including but not limited to, police and court reports in order to evaluate whether the foster family can continue to meet foster home standards. Failure to report arrests or child abuse reports may result in remedial training or foster home closure regardless of the nature of the offense.

Physical Environment

k. ***Physical Environment**:* A foster home shall be reasonably safe, in good repair, and comparable in appearance and maintenance to other family homes in the community. It shall meet or exceed the requirements on the Physical Environment Checklist.

1. A foster home shall be in compliance with state and local standards, ordinances, and regulations for residential use.

2. The Foster Home Coordinator will review and complete the Physical Environment Checklist with the foster parent(s) to identify the conditions in the home which must be corrected for approval or continuation of approved status. All unshaded areas under the observe/interview sections on the Physical Environmental Checklist must be checked by the Foster Home Coordinator at the time of the home visit. All standards

answered "not applicable", require an explanation in the comments section.

3. The Physical Environmental Checklist must be completed once during the application process and yearly during the foster family's annual review. The Physical Environment Checklist will be completed within two weeks after a foster family moves to a new address/location or before a child is placed in the new foster home. Corrective Actions will be noted in the Comments and Recommendations section of the Physical Environment Checklist form with clear timeframes for compliance and coordinator follow-up. Follow up will be documented by the coordinator in a FACTS Progress Note.

FACTS

4. If the safety of the water is not assured or is in question, the Foster Home Coordinator shall require the foster parent to have the water supply approved by local health authorities.

5. Exceptions which are granted pursuant to this policy shall be documented in the foster home record. The Exception to Physical Environment form needs to be completed, signed by the foster parent, Foster Home Coordinator, supervisor and approved by the Program Manager or designee. Any exception should be reviewed during the annual review and re-issued as warranted.

Physical Environment Checklist

I. ***Physical Environment Checklist***:

1. The foster home and the exterior around the home shall be free from objects, materials, and conditions which constitute a danger to the child served.

2. The child in the home should have space for his/her own exclusive use which is sufficient to ensure a reasonable amount of privacy and to enable the child a degree of self expression through decoration and choice of articles to display. Convenient accessible space shall be provided for the storage of each child's clothing and other possessions.

3. A separate bed shall be provided for each child in foster care. Foster children over three years of age shall share bedrooms only with children of the same sex. Exceptions may be granted by the Foster Home Coordinator upon documentation that the health, safety and well-being of children will not be endangered.

4. No child over the age of one year shall share a bedroom with any adult, except upon documentation that the child's physical disability, mental or medical condition requires an adult to be present in the child's bedroom. Exceptions may be made by the Foster Home Coordinator in consultation with the supervisor.

5. A foster home shall be reasonably free from fire hazards. Generally accepted fire safety precautions shall be taken to ensure that if a fire occurs, the danger to the residents will be kept to a minimum. Foster parents shall, at the request of the agency, submit their home to inspection by a fire safety expert. The home shall be equipped with the appropriate number of operating smoke alarms, as required by the agency, with a minimum of one smoke alarm per floor including the basement.

6. Foster parents shall ensure that each child, as appropriate to age and developmental level, knows how to evacuate the home in the event of a fire, and shall conduct periodic evacuation drills with the child.

7. Foster parents shall keep the home clean and free of hazards to the health and physical well being of the family. The home shall have a continuous supply of safe drinking water.

8. A foster home shall have a telephone in operating condition at all times.

C. Financial Support for Foster Family Homes

Level of Care Rating

C-1. All approved foster parents will be assigned a level (0-5) based on their skills, training, and the specialized services they provide. Each child in placement will be assigned a LOC rating (0-5) based on the number of issues and degree of special needs. The child's LOC determines the amount of the LOC supplement to the foster care board payment made to an approved foster parent leveled minimally at the corresponding level that the child needs. Adjustments to the LOC supplement can be made at the discretion of the Foster Care Program Manager or designee. The LOC rating is also used to generate system-wide data; the LOC form itself may also be used as a summary source of information about a child.

C-2. The Level of Care is assigned upon the completion of a survey form, which describes behavioral, emotional, physical and medical characteristics, and special placement needs of a child. The LOC survey must be completed at the child's initial placement, and thereafter at the Plan for Child in Care Review. There are five levels of care: Basic Level I; Moderate Level II; Intensive Level III; Intensive Level IV or Intensive Level V.

C-3. Providers will be informed of the LOC rating assigned to a child at the time of placement and will receive a copy of the LOC in the Placement Packet. Case providers should be given an opportunity to share their experience caring for a child every time a new rating is conducted on a child in their care.

Appealing Level of Care Rating

a. Providers may appeal the LOC rating to the supervisor. If the supervisor agrees that the LOC should be changed, the caseworker will change the LOC in FACTS and forward a copy to the care provider within 10 days. If the supervisor does not agree that the LOC should be changed, the supervisor will send the care provider written notification reflecting this decision.

b. If providers wish to appeal the supervisor's decision, they should appeal in writing to the Regional Administrator within 10 days. Upon receipt of the appeal, the Regional Administrator will schedule a meeting with the appropriate parties within 15 days. The Regional Administrator will provide the care provider with a written decision within five working days of the meeting.

Retroactive Changes in Level of Care

c. If the provider appeals the original LOC rating within 15 days of receiving the LOC form and the supervisor approves the appeal, any change in the LOC will be retroactive to the date of placement. For any appeals received after the initial 15 days, any change in the LOC will be retroactive to the date the care provider contacted the caseworker to request a change in the LOC.

Clothing and Expenses

C-4. The caseworker and the foster parent or licensed residential facility are jointly accountable for ensuring that each child has an adequate supply of clothing. Clothing must be suitable for the weather. The

providers are responsible for procuring all clothing needed by a child placed in their care. In some cases it may be necessary to request a supplemental clothing allowance.

C-5. For all school age children (5 years and older) in the care and custody of the Division on July 31 of every year, the foster parent, kinship care provider group home will receive a $150 stipend per child to purchase school clothing and school supplies.

a. Providers will receive the school stipend on August 15 each year.

b. Providers need to keep receipts for all purchases and forward the receipts to the child's caseworker.

c. Providers of children entering foster care after July 31, but prior to September 30, or children who turn five after July 31 and will attend school, may submit receipts to the child's worker for school clothing and supplies for reimbursement up to $150. The child's caseworker should submit a non-contract funding request. Receipts must be received by Client Payment by October 30 for reimbursement.

Summer Stipend

C-6. For all children in the care and custody of the Division on May 31 of every year, the foster parent, kinship care provider, and group homes will receive a $100 summer stipend.

a. Providers will receive the summer stipend on June 15 each year.

b. Providers should use the summer experience to purchase play equipment (bicycles, sandbox, etc.) or providing day trips, etc. The summer stipend can be used for camp activity/trip fees for children attending summer camp.

Graduation Expenses

C-7. The Division will help supplement the cost of graduation expenses for children in foster or group care. Each child is eligible to receive up to $300 toward the cost of items such as announcements, class pictures, graduation gown and yearbook. Providers must send the receipts for all purchases to the child's caseworker who should complete a non-contract funding request. The caseworker should send the receipts to Client Payments so the provider can be reimbursed.

FACTS

C-8. Caretakers may receive a small amount of money for miscellaneous expenses by or on behalf of a child in the custody of the Division of Family Services. For most children in care, the incidental costs for miscellaneous expenditures will be included in the standard or special care payment made to the foster parent or residential facility. This incidental amount is indicated on the payment schedule and should be used to purchase goods or services for the child other than food, clothing and shelter. (For instance, Scout dues, movie tickets, toys, etc). For the child aged 11 to 17, this amount should be used for a spending allowance. Although it is the responsibility of the foster parent or facility to teach the child the value of money, he should be

given the opportunity to spend his allowance as he wishes.

C-9. All foster parents upon approval must fill out an IRS W-9 form. The form is required by the Delaware Division of Accounting for tracking expenditures and must be filled out prior to issuing payment. A W-9 is also required with any change of address or name.

D. Monitoring and Supporting Foster Parents

Foster Home Coordinator

D-1. Information sharing among Foster Home Coordinators and caseworkers regarding foster homes is critical in the ongoing supervision of foster children.

D-2. The Foster Home Coordinator shall:

b. Participate in at least five recruitment activities per year

c. Approve and maintain foster homes

d. Prepare foster parents to anticipate the frequency of interviews between caseworker and child, the possible need for treatment of child by a psychologist, psychiatrist or counselor, the special medical needs, and the continuing relationship the child will have with his/her natural family.

e. Assist the caseworker in addressing problems or concerns with the care of the child.

f. Maintain contact with the foster home in accordance with the contact schedule policy.

g. Promote the competence of the foster parent by:

- Increasing the foster parent's understanding of the child's behavior.
- Giving information and guidance to the foster parents.
- Identifying areas of strengths and needs of the foster parent.
- Providing support during difficult times of placement.

g. Keep the child's caseworker informed of significant changes in the foster home which may impact on the foster family's ability to care for the child.

h. Assist the foster parent in working within the system and handling administrative chores such as dealing with late payments and reimbursements for medication, etc.

i. Help the foster parent understand the various roles within the agency and within the community (i.e. Educational Surrogate Parents, CASA's, etc).

j. When caseworkers make the coordinator aware of concerns about the foster parents' care of the child, condition of the home, or significant changes in the family, the Coordinator shall take appropriate steps to address and correct the problem.

Regular Staffings of Foster Homes

D-3. The Coordinator will convene semiannual staffings to assure communication among the parties involved in foster homes in a continuing effort to provide quality foster care services to children and families.

D-4. Staffings will be held quarterly on those homes identified by the supervisor and coordinator to be highly active and/or problematic.

D-5. The Foster Home Coordinator will schedule a staffing of each foster home in his/her caseload. The Foster Home Coordinator will send notice of the staffing to the caseworker for each child in the home. Notice will be given three weeks in advance via memo which will include the date and time of the staffing.

D-6. The Foster Home Coordinator will also send notice of the staffing to any caseworker who had a child in the foster home for a portion of the period being reviewed. Workers should give their input by completing of Nos. 5-8 of the Foster Home Staffing Minutes form. Attendance at the staffing is voluntary for workers who no longer have a child in the home.

Treatment Case Worker Must Participate

D-7. The child's caseworker must attend the staffing and be prepared to discuss how the foster family is meeting the needs of the foster child, any accomplishments the caseworker has seen, and any areas of concern the caseworker has. The family service assistant must also attend if involved with the child in the foster home and be prepared to share experiences and observations. If the caseworker cannot attend the staffing, the supervisor will attend with information from the caseworker.

Format for the Staffing

a. The Foster Home Coordinator will chair the staffing, use the Foster Home Staffing Minutes form as a guide for discussion, and record the discussion on the form. Any areas of concern that need follow-up will be discussed during the staffing with recommendations and staff responsible for action recorded in the minutes.

b. The staffing will also be used by the caseworkers to help coordinate their own schedule of activity in and out of a foster home.

c. The Foster Home Coordinator will send the caseworker's supervisor a copy of the minutes.

d. The coordinator's supervisor and the caseworker's supervisor will ensure that the recommendations are implemented.

D-8. Between staffings, caseworkers will share significant accomplishments or concerns about the foster family with the Foster Home Coordinator. This communication and subsequent follow up will be documented in FACTS.

Foster Home Fact Sheet

D-9. In order to adequately prepare children and families for foster care placement, caseworkers will have quick and easy access to basic information on a foster family to share with the family and the child.

D-10. After approval, the Foster Home Coordinator or assistant will complete the Foster Family Fact Sheet which contains basic information about the foster family.

D-11. Each county will have a Foster Family Directory, which will consist of a Foster Family Fact Sheet on each approved foster family. The Directory will be available at each office site.

D-12. The Foster Home Coordinator will update the Foster Family Fact Sheet at the time of the annual review. The treatment caseworker will read the Foster Family Fact Sheet and share appropriate information with the family and the child.

Foster Home Contact Schedule

D-13. The Foster Home Coordinator will visit each foster family within 5 working days of a new placement. The Placement Visit form will be completed at the initial placement visit. The purpose of the visit is to determine how both the child and the foster family are adjusting to each other and to offer support as necessary.

New Placement

D-14. Subsequent visits to the foster home by the Foster Home Coordinator will occur on an as needed basis but must occur at least quarterly for all foster families and every other month for foster families who have been approved for one year or less. Quarterly visits will be suspended for those families who do not have a foster child placed in their home during the previous quarter but will take place within 5 days of a new placement.

D-15. Visits shall also occur in the event of impending disruptions, requests for help or other signals of distress in the foster home. Visits will take place in the foster home and will include both foster parents whenever possible.

D-16. Visits may be announced or unannounced but at least one visit per year will be unannounced. The Foster Home Coordinators will adhere to the conditions governing unannounced visits.

D-17. The Foster Home Coordinator will address the following during quarterly home visits and record in the Foster Parent Contact (quarterly) form:

a. Any changes in household composition.

b. Any changes in physical environment.

c. Significant life events within household (birth, death).

d. Stressors (current/within last 3 months) i.e., lost job; separation, divorce, etc.

e. Any substance abuse in family?

f. Change of employment?

g. Any issues or problems working with the foster child, the child's family, or the child's caseworker.

D-18. The Foster Home Coordinator will record the home visit and important information discussed on a FACTS Progress Note. Significant information about a foster child or his family will be shared with the child's worker.

Role of Supervisor

D-19. The Foster Home Coordinator will conduct exit interviews by phone or in-person with all foster parents who have a child leave their home if the child has been there three months or more or if there is a placement disruption. The Foster Home Coordinator and the foster parent will record the interview on the Exit Interview form. The purpose of the exit interview is to review the placement, help the foster family deal with any issues related to separation and loss, and address any other concerns the foster family may have.

D-20. Foster Home Coordinators may be required to visit at the onset and conclusion of formal investigations of abuse/neglect complaints in accordance with the investigation strategy agreed upon in the pre-investigation staffing with the investigation staff assigned to the case.

D-21. The supervisor will monitor the Foster Home Coordinator's compliance with the contact schedule in accordance with the Foster Home Visits/Tracking System. The supervisor will assist the coordinator in meeting the contact schedule if necessary.

D-22. The supervisor will document when the contact schedule cannot be kept due to workload, vacation or illness. If a pattern of noncompliance persists with the contact schedule related to worker performance, a corrective action plan will be developed and monitored by the supervisor.

Role of the Treatment Caseworker

D-23. The family caseworker and the Foster Home Coordinator work with foster families in a collaborative manner to ensure that services provided to the family are comprehensive and appropriate.

D-24. The treatment caseworker shall:

a. Help the foster family increase their understanding of the child, the child's birth family and their own feelings as foster parents.

b. Keep the foster family informed in a timely manner of all plans for the child and progress of the family toward case plan goals.

c. Encourage the foster parents to participate in all planning meetings, court hearings, Child Placement Review Board hearings, and treatment sessions.

d. Meet with the foster family regularly to discuss the child's progress and problems.

e. Consider the foster family when determining visitation schedules.

f. Determine if the child is receiving care in accordance with acceptable standards and in relation to the child's adjustment in the home and the way foster parents carry out their responsibilities.

g. Include discussion about special financial arrangements and provisions for medical care in casework activity. Discuss level of care revisions as needed.

h. Assist the foster parents in maintaining a harmonious relationship with the child's birth parents, staying uninvolved in the birth parents' personal problems, avoiding conflict with hostile, overly critical or otherwise disturbed birth parents, and helping the child avoid conflict of loyalties between foster parents and birth parents.

i. If, during contact with the foster family, concerns about the care of the child, condition of the home, or significant changes are noted, the caseworker addresses those concerns with the family and attempts to resolve the problems. If unable to resolve them, the caseworker reports those concerns to the Foster Home Coordinator and asks for assistance.

j. Keep the Foster Home Coordinator informed of any concerns about the care of the child, condition of the home, or significant changes in the home.

k. If the plan is to remove the child from the foster home to another placement or to his own home, the caseworker must help the foster parents with the separation trauma that often accompanies such a move prior to the move.

Annual Training Requirements

D-25. Foster parent in-service training requirements are outlined on the Foster Care Model.

a. During the first year of fostering, foster parents must complete Module One (12 hours), Love and Logic (12 hours) and First Aid/CPR.

b. After foster parents have met the training requirements of Level I of the Foster Care Model (see D-25 a and b), they must meet a minimum training requirement of 5 hours per year.

c. If one foster parent in a foster home meets the training/skills requirements for a higher level on the Foster Care Model than the other parent, the foster home may be qualified at the level of the most trained/skilled parent providing the second parent meets the Level 1 requirements and continues to participate in a minimum of five hours of in-service training per year.

D-26. Participation in in-service training classes offered by DFS or private foster care agencies is the preferred method for foster parents to meet their training requirements. However, Foster Home Coordinators may approve equivalent training or experience if such training or experience develops the competencies for DFS classes listed on the Foster Care Model. For classes where competencies have not been outlined by DFS, the DFS Foster Care Training Administrator must approve substitute training or experience. In some instances, Foster Home Coordinators may approve alternative learning methods in consultation with the DFS Foster Care Training Administrator. Foster parents must get pre-approved for any substitution for DFS or private foster care agency training.

D-27. Foster parents who do not meet the training requirements of Level I (Foster Care Model) within two years, or who do not meet their annual five-hour training requirements beyond Level I, shall have no additional children placed in their home until the training requirement for the current year is met. Each foster parent in the home must meet the training requirements for Level I within two years and the minimum five hour annual training thereafter. Exceptions where there are special circumstances may be granted by the Foster Home Coordinator with the approval of the Supervisor.

Certificate of Attendance for Outside Training

D-28. At the time of the foster parent's Annual Review, the foster parent and Foster Home Coordinator will mutually review the foster parent's strengths/needs and develop a training plan for the coming year. In foster homes where there is more than one parent, each parent may have a different plan depending on his/her strengths/needs.

D-29. DFS will make every attempt to offer child care during in-service foster parent training as much as possible. When no child care is offered or when child care is full, foster parents who must pay a babysitter may request assistance in meeting those costs. Request for assistance may be directed to the DFS trainer or to the DFS staff person assisting with the class.

D-30. Attendance lists for Department-sponsored in-service training will be supplied to Foster Home Coordinators by the DFS Foster Care Training Administrator at the end of fall classes and the end of spring classes.

Arranging Routine Medical Care

D-31. Children need routine preventive medical and dental care as well as prompt, appropriate medical attention for illness or debilitating conditions. Under normal circumstances, foster parents or residential facility staff are expected to arrange medical care and transport and accompany the child to medical appointments.

Influencing Children's Behavior/ Discipline

D-32. Foster parents are encouraged to influence children's behavior by showing respect for the child's uniqueness and individuality. Respect is demonstrated through actions such as listening, giving encouragement, allowing the child to express himself/herself and offering choices whenever possible. Discipline is to be administered in ways that "teach children what they need to know to become responsible adults and setting limits for their safety and the comfort of

others until they are able to control their own behavior".

Teaching Children Behavior

D-33. There are many ways to teach. Foster parents are encouraged to teach children in their home by:

a. Modeling appropriate behavior

b. Providing positive reinforcement for appropriate behavior

c. Providing consequences for inappropriate behavior

d. Allowing children the opportunity to explore and to learn from their mistakes

D-34. Foster parents shall implement consequences which are:

a. Administered as soon after the inappropriate behavior as possible

b. Reasonably related to the nature of the behavior and are not excessive

c. Motivated by the desire to assist the child in learning from the experience not from anger, resentment or hostility.

Discipline vs. Punishment

D-35. Punishment, which is often confused with "discipline", is likely to arouse or reinforce the child's negative feelings about himself/herself, cause resentment, and take away the child's incentive to improve his/her behavior.

Prohibited Disciplinary Actions

D-36. State regulations (Delacare: Requirements for Child Placing Agencies, #103, p. 15) for children in foster care specifically prohibit the following kinds of punishment:

a. Punishment including any type of physical hitting or any type of physical punishment inflicted in any manner upon the body

b. Requiring or forcing the child to take a painfully uncomfortable position, such as squatting or bending, or requiring or forcing the child to repeat physical movements when used solely as a means of punishment.

c. Punishment which subject the child to verbal abuse, ridicule or humiliation

d. Denial of elements of the service plan (for instance, withholding visitation or phone calls with the parents, counseling appointments, etc.)

e. Delegation of discipline to any person other than a responsible adult known to the child

f. Assignment of physically strenuous exercise or physically strenuous work solely as punishment

g. Denial of visiting or communication privileges with family solely as a means of punishment

h. Withholding of any meals

i. Denial of sufficient sleep

j. Requiring the child to remain silent or isolated for long periods of time

k. Denial of shelter, clothing or bedding

l. Extensive withholding of emotional response or stimulation

D-37. Foster parents shall, in their absence, ensure that any caretaker of the child in placement abides by DFS' discipline policy.

Foster Home Coordinator's Role in Discipline

D-38. The Foster Home Coordinators shall ensure that:

a. Each foster parent participates in pre-service and in-service which equips them with skills to develop discipline alternatives to physical punishment and to expand their abilities to cope effectively with children's behaviors

b. Each foster parent receives, at the time the home evaluation is completed, a copy of the agency's brochure, "Fostering Discipline" by Patricia Ryan, and a copy of the Foster Parent Handbook, including a description of the DFS policy on discipline. Foster Home Coordinators will discuss the contents with foster parents to ensure that they understand.

c. Questions or concerns in relation to discipline policies or expectations are discussed with the foster parent as they arise and/or during the annual review

d. Foster parents understand that caretakers in their absence must understand and agree to abide by the discipline policy.

Treatment Case Worker's Role in Discipline

D-39. The child's caseworker shall be responsible for:

a. Supporting the foster parents in identifying effective, appropriate discipline methods for the specific child

b. Monitoring the foster parents' methods of discipline

c. Consulting with the foster parents and offering alternatives when the child is not responding well to the foster parents' efforts to discipline

d. Working with the foster parents to understand the child's behavior and develop plans for change

e. Monitoring to ensure that, in the absence of the foster parent(s), any caretaker of the child in placement understands and abides by the DFS discipline policy.

Annual Review

D-40. The Foster Home Coordinator shall:

a. Complete an annual review on each approved foster home within 30 days prior to the certificate end date.

b. Conduct the review during a home visit with the foster parent(s) and any other appropriate foster family member.

c. Use the Foster Family Annual Mutual Review form to guide and record the discussion of the annual review interview.

d. Annual foster family review is valid only upon date of signatures of the foster parent(s), foster home coordinator and supervisor. Foster parent will be given a certificate of approval with start and end noted on certificate.

e. File the review in the foster home record and send a copy to the foster parent

f. Inform the foster parent that they have the opportunity to appeal the review decision.

Corrective Action

D-41. Foster Home Coordinator shall:

a. Meet with Foster Family to develop an improvement plan – Foster family and Foster Home Coordinator sign plan. Foster Family received a copy of plan.

b. Review foster care agreement with foster family, have them sign

and give them a copy.

c. Give foster family training materials (i.e., books, magazine article, video, etc.) to address area of complaint.

d. Make referral to outside resource when appropriate. (i.e., Prevent Child Abuse Delaware or other as needed).

e. Follow up unannounced visit to foster family within 15 working days, a second unannounced visit within 20 working days after first unannounced visit. Third unannounced visit within 45 working days of second visit.

f. Foster Home Coordinator should review each individual case with supervisor before above steps are taken. Supervisor will have discretion on follow on compliant up based on information.

Protecting Confidentiality When Recommending Placement with Relatives/Non-Relatives

D-42. It is the responsibility of the Division to protect the confidentiality of families when placing children with relatives/non-relatives. To this end, staff will only share information on a need to know basis with resource providers and in court proceedings when placing children with relatives/ non-relatives. Need-to-know information should include information that will assist in providing the best care possible to the child in care. Need to know information will and should be focused around safety and well being of the child and without inclusion of information about what brought the child into care, and/or any information regarding the child's family that does not have any relevance to the needs of the child being placed.

Photo Children In Out of Home Care

D-43. For the safety and protection of all children who enter out of home placement, will have their picture taken within 72 hours of placement. The initial photo will be taken by the investigative worker or the worker who is responsible for the child's initial placement. The photo will be kept in the child's file and an updated photo will be taken annually as long as the child remains in care.

Foster Home Safety Assessment

D-44. Prior to any placement the foster home coordinator will do a safety assessment on the potential identified placement resource. The safety assessment gives the foster home coordinator an opportunity to assess who is in the home and how the identified child fits into that home. It is not intended to question the care of the foster care provider but focuses more on the child's needs and whether all children in the home would be free of risk of harm. In addition it will assess whether the child's needs can be met with the current mix of children in the home.

E. Standards for Department Employees to Become Approved Foster Family Provider	
E-1. To avoid potential conflicts of interest and to facilitate compliance with I-1 (3), any Children's Department employee pursuing approval to become a foster care provider or respite care provider is not eligible to become a Children's Department foster care provider and must apply to a private agency for approval and supervision.	**Department Staff Approval Requirements**
E-2. An existing foster parent or respite care provider for the Children's Department, who subsequently becomes an employee of the Department, must transfer their approval and supervision from the Children's Department to a private foster care agency within three months of being hired as a Children's Department employee.	
E-3. State employees who work for the Children's Department are not permitted to participate in the review or disposition of any matter related to foster or respite care in which they have a personal or financial interest; for example, direct caseworker or supervisory oversight of the child's or the child's families case or board payment decisions.	
E-4. Any Children's Department employee who is a foster care or respite provider with a private agency, and who is investigated by the Institutional Abuse Unit will be handled as any other foster care or respite provider per current policies and procedures.	
E-5. Division of Family Service employees' who are also foster parents with a private agency cannot be a foster care resource for a case that originates or is managed within the region in which they are employed.	
E-6. In all instances, the DSCYF Confidentiality Policy will be applicable and enforced.	

F. Respite Care

Respite Care

F-1. Respite Home applicants shall meet the same standards as foster family applicants. All applicants may be approved to provide either foster care or respite care or dually approved to provide both services.

F-2. All approved foster families may also provide respite care services. Foster families approved by private child placing agencies under contract with the Division may also provide respite care services.

F-3. The Foster Home Coordinator shall follow the procedures outlined for Foster Home Approval to approve a respite provider.

F-4. If an applicant chooses to be a provider of respite services only, the Foster Home Coordinator will explain the Respite Home Agreement (RHA) and have the applicant sign the agreement. The Foster Home Coordinator will submit the Respite Home Agreement to the Assistant Regional Administrator with documentation of all the components of the foster home approval process. An approved foster parent does not need to complete a Respite Home Agreement.

F-5. Upon completion of the Program Manager's review of documentation of activity and components, the Program Manager shall indicate on the Foster Home Evaluation Checklist their concurrence with the recommendation for approval of the respite provider.

F-6. Upon completion of all signatures, the Foster Home Coordinator will send a copy of the RHA and the Family Assessment to the respite provider.

F-7. Foster families approved by a private child placing agency under contract with the Division must sign a Respite Home Agreement to be opened for respite care payments. The RHA must be signed by the child placing agency's social worker and supervisor. The RHA must be submitted to the Division's Foster Care Manager.

Qualifications of Respite Providers

F-8. *Qualifications:* Respite providers must meet the same personal qualifications as foster home providers. The Providers home must also meet all the criteria of the Physical Environment Checklist.

F-9. Respite providers will have a history of mental and emotional stability and a responsible adult lifestyle. Providers will be free from excessive use of alcohol, the use of illegal drugs, and misuse of prescription drugs. Providers must give evidence of the ability to provide nurturing care, appropriate supervision, reasonable discipline, and a home-like environment to children.

F-10. Respite providers will demonstrate the capacity to set realistic expectations for behavior and performance based on the age,

abilities, and special needs of children.

F-11. Respite providers will demonstrate an understanding of and respect for why families caring for children active with DFS require respite services.

Documenting Applicant's Qualifications

F-12. The Foster Home Coordinator will submit the following documentation to the Regional Administrator or Assistant Regional Administrator:

a. Written application for respite care.

b. Satisfactory medical report for parent(s).

c. Four personal references.

d. Satisfactory review of Family Court, Division of Family Services, and Criminal Background Check including fingerprints.

e. A signed consent to Release of Information Form.

f. Completion of three (3) family interviews in the respite provider's home where the respite program is explained.

g. Satisfactory review of affiliation with other child placing agencies.

h. Review by the Foster Home Coordinator and supervisor of the applicant's qualifications and recommendation by the coordinator or supervisor to approve the home.

i. Documentation stating they completed the thirteen (13) hours of training required for respite only providers:

1. Connecting with PRIDE/working as a team (2 hrs)

2. Crisis Intervention (5 hrs)

3. First Aide/CPR/Universal Precautions (5 hrs)

4. First 24 hour video (1 hr)

j. Completion of the written evaluation of the prospective respite provider(s), which includes material submitted by the applicant and the Family Assessment prepared by the Foster Home Coordinator. The evaluation must be approved by the supervisor and will address/include:

1. Motivation for becoming respite provider(s).

2. Information on medical or health conditions which might affect the respite provider's ability to care for a child.

3. Statement about criminal background check and other record checks.

4. Name and needs of each child approved for respite care.

5. Ability to understand and perform the five basic competencies:

   (i). Protecting and nurturing children.
   (ii). Meeting children's developmental needs and addressing developmental delays.
   (iii). Supporting relationships between children and their families.
   (iv). Connecting children to safe nurturing relationships intended to last a lifetime.
   (v). Working as a member of a professional team.

Approval by Program Manager

F-13. The Assistant Regional Administrator will review the Family Assessment and sign the Respite Home Agreement (RHA) if approved. The RHA will be returned to the Foster Home Coordinator and supervisor for their signatures. Upon completion of al signatures, the Foster Home Coordinator will send a copy of the RHA and Family Assessment to the respite providers.

F-14. Applicants reapplying after one calendar year may, at the discretion of the Foster Home Coordinator and supervisor, be studied on the basis of previously submitted materials, or may be required to provide new information and materials.

Special Respite Home Approval Process

F-15. Exceptions to the policy on Respite Home Approval may be granted to relatives, neighbors and friends who have already provided quality short-term care to a specific child(ren) upon documentation that it is in the best interest of the child(ren) and family to continue using this provider for respite services. However, these respite providers may not provide respite services to any additional children unless they become approved through the regular approval process.

a. In the event that a family identifies a suitable relative, neighbor or friend who knows the child(ren) and his needs and has provided care for the child, and who indicates an interest in continuing to provide such services as a respite providers for DFS for the specified child(ren) only, the Foster Home Coordinator will send out the foster care application to the prospective respite provider within five working days of the prospective provider's request.

b. The Foster Home Coordinator will submit the following documentation to the Regional Administrator:

   1. Written application for respite care.

2. Satisfactory medical report for parent(s).

3. Two personal references.

4. Satisfactory review of Family Court, Division of Family Services, and Criminal Background Check including fingerprints.

5. A signed Consent to Release of Information Form.

6. Completion of one family interview in the respite provider's home where the respite program is explained.

7. Satisfactory review of affiliation with other child placing agencies.

8. Review by the Foster Home Coordinator and supervisor of the applicant's qualifications and recommendation by the coordinator and supervisor to approve the home.

9. Completion of the written evaluation of the prospective respite provider(s), which includes material submitted by the applicant and the Family Assessment prepared by the Foster Home Coordinator. The evaluation must be approved by the supervisor and will address/include:

   (i) Motivation to become respite provider(s).

   (ii) Information on medical or health conditions which might affect the respite provider's ability to care for the child.

   (iii) Statement about criminal background check and other record checks.

   (iv) Name and needs of child(ren) approved for respite care.

   (v) Ability to understand and perform the five basic competencies:

   - Protecting and nurturing children.
   - Meeting children's developmental needs and addressing developmental delays.
   - Supporting relationships between children and their families.
   - Connecting children to safe nurturing relationships intended to last a lifetime.
   - Working as a member of a professional team.

c. The rest of the process will then continue as for regular respite providers.

Referral and Use of Respite Care

F-16. The caseworker will discuss the availability of respite care with the caregiver or foster parent to determine their interest in using this service.

a. The child's caseworker will initiate a referral for respite care to the Foster Home Coordinator at least seven days in advance of the desired respite.

b. The Foster Home Coordinator will match children with respite providers. Matches will be made based on the skills and availability of providers.

c. The Foster Home Coordinator will call the providers to determine their interest and availability. The Foster Home Coordinator will provide the child's caseworker with the name and phone number of the respite provider.

d. The child's caseworker will contact the respite provider to discuss the plan and to arrange for the respite provider and the caregiver or foster parent(s) to discuss more specifics regarding the child's special care needs and other details of the respite care arrangements. If the child has not previously met the respite provider, a pre-placement visit should be held.

e. When respite has been completed, the respite provider will submit the Respite Care Bill for Services (RCBS) to the child's caseworker or the Foster Home Coordinator for approval. The caseworker will submit the original RCBS to the Foster Care Program Manager for payment.

F-17. The caseworker should keep track of the number of respite days used by the child and notify the foster parent(s) when the child's limit has been reached.

G. Emergency Foster Care

G-1. Emergency Foster Care

Emergency Foster Care

G-1.1. Emergency Foster Care: The emergency foster care homes are only to be used for emergency and new placements where there is substantiated abuse/neglect/dependency present and the children are at risk. These homes are not to be used primarily for placement disruptions, psychiatric hospital discharges, etc., but as a resource for the Division to assess the immediate needs of new children entering placement for the purpose of obtaining the most appropriate resource as quickly as possible.

G-1.2. Applicants for emergency foster care homes must be approved foster parents which meet the following criteria:

a. Skills in assessing the needs of foster children

b. Skills in working with the birth families/caretakers

c. The ability to work with the agency as a team member

d. Willingness to accept children of all races, with physical and medical conditions

e. Trained and certified in CPR and first aid or willing to be trained

f. Shall not have violated the physical discipline policy for foster parents at any time

g. Favorable annual mutual reviews and a recommendation from their Foster Home Coordinator to be an emergency foster care home for the division

h. At least one of the foster parents must not work outside of the home

G-1.3. Foster parents will need to be available and will be provided a beeper when they are away from their home.

G-1.4. The emergency foster care parent must be able to transport the child to medical and other evaluative appointments during this period of emergency care. Also, under certain situations the foster parent may need to make arrangements to transport a child to and from school while in emergency foster care.

G-1.5. Due to the nature of the emergency foster care home, the foster parents must have a regular supply of baby items, and clothes for children, and personal items, i.e., tooth brush, comb, etc. on hand or have immediate access to them on a regular basis.

G-1.6. The emergency foster care family will be responsible for completing a written assessment on the child's needs and behaviors to assist the agency in matching the child with the most appropriate placement resource. The Division will provide training in this and other related areas to the emergency foster care family.

G-1.7. Emergency foster care parents shall be available to share information about the child's care and assessment while in the emergency foster care home with the next placement provider.

G-1.8. The emergency foster care family will be paid a per diem rate when a child is placed in emergency care.

G-1.9. The emergency foster care family and the agency will sign an agreement delineating responsibilities for an emergency foster care home.

G-1.10. The Foster Home Coordinator will consider the criteria when reviewing the applicants for emergency foster care. An exception to the criteria may be made upon documentation by the Foster Home Coordinator, supervisor and Program Manager that the needs of children will be met while not compromising the purpose of the program.

G-1.11. The emergency foster care family will be available for emergency placements at all times. Monday through Friday, every weekend, and on State holidays. The Division shall provide a beeper for the foster care family so the foster parents can be reached at all times. The emergency foster care family will contact their Foster Home Coordinator the next working day following a placement of a child in the home.

G-1.12. Foster Home Coordinators will be assigned to the supervision, monitoring and support, to the emergency foster care family and the back-up families. The Foster Home Coordinator will have regular contact with the emergency foster care family to assist the foster parents in adjusting to their new role and its impact on their own family.

G-1.13. After-hours shifts will access the emergency foster homes by calling or beeping the foster parents. The caseworker will make arrangements with the emergency foster care parents to place the child(ren). The caseworker will share all information gathered from the child's family about the child with the emergency foster care parents.

G-1.14. Once placement has occurred, the caseworker will complete the Child Payment Form indicating the date of placement. Since the emergency foster care home will be paid by agreement and not through the Child Payment Form process, the payment code - "no payment".

G-1.15. There may be instances in which a child has been placed in the

emergency foster care home for 30 days, an appropriate resource cannot be located, and the emergency foster care family requests the child remain in placement in their home. The Foster Home Coordinator, supervisor, and the emergency foster care parents will discuss the available options and how this placement will affect their role as emergency foster care providers, impact on their own family, payment issues, etc.

H. Documenting Approval of Foster Homes

H-1. Critical standards are required for the foster family to be approved. The Foster Home Coordinator will submit to the Foster Care Manager or Assistant Regional Administrator documentation that the standards have been met.

Critical Standards for Approval of Foster Care Homes

FACTS

H-2. The following critical standards are required for the foster family to be approved. The Foster Home Coordinator and Supervisor will submit to the Program Manager or designee documentation that these standards have been met:

a. Written application including family and self-assessments for all members of the family. Document date application sent and received on Foster Parent Application Event in FACTS.

b. Satisfactory medical report for parent(s) and for any other family member as required in Delacare Regulations for Child Placing Agencies and using a form acceptable to the Division.

c. Four written references attesting to the applicant's character and qualifications, at least two of which are not related to the foster parents by blood or marriage and at least one of which is a neighbor or regular visitor to the home. If references prefer to give information by phone, the Foster Home Coordinator will record responses on the reference form, indicate that the response was by phone, and sign the form. (Sample letter and personal reference form).

d. Satisfactory review of Family Court records, criminal background check, Child Abuse Registry, and a letter of suitability from the Division Director.

e. Completed Information Waiver obtained from each adult household member of the applicant family. (The Foster Home Coordinator will use the release to follow up on any areas of concern).

f. Satisfactory school reference report for each school age child in the home (see sample letter and School Reference Form).

Family Interviews and Home Visits

g. Satisfactory completion of Foster PRIDE pre-training and assessment.

FACTS

h. Completion of three family interviews by the Foster Home Coordinator. Two family interviews shall take place in the foster home. Every member of the household shall be included in the interview process.

i. One unannounced interview so the Foster Home Coordinator can observe normal family activities. The following conditions will govern unannounced visits:

1. Shall be conducted during reasonable daytime hours. No earlier than 8:30 a.m. and no later than 8:00 p.m.

2. Shall not take place in the absence of an adult member of the foster family.

3. Interviews shall be limited in extent to no more than 30 minutes except by agreement of the foster parents.

4. Visits may be deferred to another time upon reasonable request of the foster applicant (if worker arrives just as the foster parent is leaving for an appointment, if members of the household are ill, etc.)

Physical Environment Checklist

FACTS

j. Completion and review with the Foster Home Coordinator of the Foster Home Physical Environment Checklist that will be completed during the unannounced visit. Non-compliance items should be documented on the FACTS Physical Environment Checklist Event.

k. For applicants who rent, a satisfactory response from the landlord indicating that applicant's lease would permit the care of additional children in the home.

l. Satisfactory review of affiliations with other child placing agencies.

m. Submission of a signed Confidential Pledge for Foster Parents.

H-3. Review by the Foster Home Coordinator and supervisor of the applicant's qualifications and recommendation for approval/denial.

Evaluation of the Prospective Foster Family

FACTS

a. The FACTS Family Assessment Event and a written evaluation of the prospective foster family must be completed, which includes material submitted by the applicant and material prepared by the Foster Home Coordinator. The evaluation must be approved by the supervisor and will address:

1. Ability to protect and nurture children.

2. Ability to meet children's developmental needs and address developmental delays.

3. Understanding of the importance of supporting relationships between children and their families.

4. Willingness and ability to work as members of the professional team.

5. Understanding of the importance of connecting children to safe nurturing relationships intended to last a lifetime.

6. Motivation to become foster parent(s).

7. Attitudes of members of the household toward accepting foster children.

8. Attitudes toward birth parents of foster children.

9. Emotional strengths and weaknesses of foster parents, how they see themselves and other members of the family.

10. Ability to communicate and solve problems; philosophies on child rearing, discipline, and parental roles; experience with children, and ways of coping with problems.

11. Family history including descriptions of early home life.

12. Information on medical or health conditions which might affect the foster parents' ability to care for children.

13. Adjustments of children, if any, in the home.

14. Description of the home.

15. Community relationships and connections attitudes toward helping professionals.

16. Financial status of family, management of income, and employment history.

17. Experience in coping with special needs of children or adults.

18. Type of children desired, recommendations concerning types of children most suitable for placement in the home, and types of children not suitable for placement.

19. Assessment of participation in pre-service training and identification of areas of need for future training.

Foster Family Agreement Is Signed by the Family

H-4. The Foster Home Coordinator will explain the Foster Family Agreement with the foster parent applicants during pre-service training and again when the applicant is asked to sign the document. The Foster Home Coordinator will explain that even though the applicant has signed the agreement, the final approval of the home is contingent upon approval and signature of the program manager.

H-5. Complete Foster Parent Agreement Event on FACTS.

FACTS

H-6. The Foster Home Coordinator will submit the Foster Family Agreement to the Program Manager with the documentation of all the components of the foster home approval process.

Submit to

H-7. Upon completion of the Program Manager's review of

documentation of activity and components, the Program Manager shall indicate on the Foster Home Evaluation Checklist his/her concurrence with the recommendation for approval of the foster home applicant.

Regional Administrator or Assistant Regional Administrator to Approve and Sign the Agreement

H-8. The Program Manager will then sign the Foster Family Agreement and return it to the Foster Home Coordinator and supervisor for their signatures. Upon completion of all signatures, the Foster Home Coordinator will send a copy of the Foster Family Agreement and the evaluation to the foster parents.

Reapplying Within Two Years

H-9. Applicants reapplying within two years, at the discretion of the Foster Home Coordinator and supervisor, may be studied on previously submitted material; however, the information must be updated and verified. Pre-service training may be waived if pre-service training was completed prior and within the two years.

Complete Registration Forms

H-10. Upon completion of all elements of the Foster Family Evaluation Report above, the Foster Home Coordinator completes FACTS Registration Forms and sends it through county channels to Client Payments, Division of Management Support Services. Complete the Foster Parent Status Event and enter FACTS Service Provider Agreement function.

Provisional Approval Process

H-11. In the event that a child is already in the home, the child's caseworker will follow the Non-relative Placement Safety Assessment Process.

a. Once the referral is received by the Foster Home Coordinator supervisor, the supervisor will assign the referral to a Foster Home Coordinator within two working days.

FACTS

b. The Foster Home Coordinator will call the prospective foster parent(s) and discuss foster parenting and the approval process. The Coordinator will send out the foster parent application to the prospective foster parent within five (5) working days.

c. The Foster Home Coordinator will then follow the same critical standards that are required for approval of all foster homes, with the exception of completion of the Foster PRIDE pre-training.

d. Upon completion of all elements of the Foster Family Evaluation Report, the Foster Home Coordinator completes the appropriate FACTS event, indicates the provisional nature of the approval on the form, and sends it through county channels to Client Payments, Division of Management Support Services.

FACTS

e. Once the home is provisionally approved, foster care payments minus general assistance payments received may be made retroactive to one of the following: (Either way, the child must be in placement as a result of custody awarded to the Division

of Family Court.)

1. The date of the submitted fully completed foster parent application including self-assessments if the child was already in the home at that date; or

2. The date of the child's placement if subsequent to the submission of the application.

Approval Is Provisional Up to 90 Days

f. Once the applicant(s) meet the above-required standards, the Program Manager may grant provisional approval 90 days.

Foster PRIDE Training Must Be Completed

g. During the 90-day provisional period, the applicant(s) must enroll in the next available Foster PRIDE training session. Continuation of payment is contingent upon the applicant(s)' attendance at Foster PRIDE training and will be authorized on a month-to-month basis until completion of the training. This information will be included in the foster home study of which the applicant receives a copy.

h. The Foster Home Coordinator will keep the treatment caseworker apprised of the applicant(s)' attendance via a Treatment note. If the applicant does not attend, the caseworker must submit the proper paperwork to stop payment unless the absence is justified by good cause.

Extensions

i. An applicant(s)' lack of follow through on training is cause for removal of the child and home closure.

j. The Program Manager may grant an extension of the 90-day provisional status if there is not a Foster PRIDE training class offered within 90-day time period.

For prospective foster parents completing Foster PRIDE training and who may have components of the regular evaluation not submitted or complete, the Program Manager may grant provisional approval up to 90 days upon submission of written justification from the Foster Home Coordinator and supervisor.

I. Assessing Non-Approved Relatives/Non-Relatives

I-1. Protocol for Relatives/Non-Relative Assessments of Children in DFS Custody

a. The Investigation or Treatment Supervisor will email the Foster Home Coordinator Supervisor of relative/non-relative placement and transfer the Tickler Placement Event to the Foster Care Supervisor (email will expedite information to the Foster Care Unit).

b. Prior to the placement of the child, Part I of the Preliminary Non-Relative Safety Assessment (which is inclusive of criminal history and child abuse registry checks on family members) will be conducted by the Caseworker.

c. The Foster Home Coordinator Supervisor will assign family to Coordinator who is responsible for that cluster area.

d. Prior to the Foster Home Coordinator visit, a discussion between the Coordinator and Caseworker should occur to address plans for continued custody.

e. Within 5 days of placement, the Foster Home Coordinator and worker will conduct joint visits (whenever possible) to discuss foster parenting options and resources available to family such as TANF, GA, guardianship and custody to relatives.

f. The Coordinator will complete the Part II of the Non-Relative Caretaker Follow-up Evaluation in FACTS (this event will need to be transferred to Foster Home Coordinator and back to caseworker once completed).

g. Disposition of assessment will be completed by the Investigation/ Treatment Supervisor.

h. The Foster Home Coordinator will document the outcome of the visit and enter a progress note in FACTS.

i. Should foster parenting be selected as an option, the Coordinator will move forward in the process.

j. Should the individual NOT be interested or not meet the requirements for foster parenting, the Foster Home Coordinator will provide the family with information that will connect them to other resources within the community.

I-2. Addressing Safety Concerns

a. Workers are expected to discuss any and all safety concerns.

Investigations and Treatment workers will make the decision on safety. The Foster Home Coordinator will make the decision on whether or not the home meets the requirements for approval as a foster home. Homes not meeting the standards of expectation to become a foster home will not automatically imply that the child is in danger or is not safe.

b. If the Foster Home Coordinator believes the home may not be safe, the Foster Home Coordinator Supervisor will discuss these concerns with the Investigation or Treatment supervisor. The Investigation or Treatment supervisor is responsible for ensuring safety in the home.

J. Foster Youth Drivers

Youth Driver's License Approval

J-1. The youth's caseworker will discuss the expectations, responsibilities, and steps involved with respect to obtaining a driver's license and encourage the youth to enroll in an approved driver education school in the near future. The youth's foster care provider will be given the same information as the youth regarding responsibilities and expectations to secure driver's permit and/or driver's license.

J-2. Prior to obtaining a driver's license or permit, the youth will provide their caseworker with a list of the names of individuals who are willing to supervise their practice driving time. This will give the caseworker time to review the list and perform any background checks on individuals at their discretion.

The Division may approve the following individuals to assist the youth with meeting the 50 practice driving hours requirement. All individuals assisting the youth with their practice driving hours must be insured to the minimum liability, or other coverage limits required by the law as verified by the youth's caseworker:

- Foster parents;
- Group home staff;
- Agency approved mentors;
- Employers;
- Birth parents, if appropriate;
- And other responsible licensed drivers.

J-3. For any youth who has been denied approval during any part of the process for obtaining their permit and/or driver's license, the caseworker will document the reasons for the denial of approval and specifically tell the youth what is expected of them in order for them to continue the process of obtaining their driver's license.

J-4. The youth must explore various insurance options. Those options include finding an insurance company that is willing to write a "Named Operator" or "Named Non-Owner" policy for them or having their foster parent(s) add them to their insurance policy.

J-5. If youth is named as an exclusion from the foster care provider's insurance policy then the foster care provider must secure keys at all times and at no time give youth consent to driver or operate their vehicle.

J-6. The Division of Family Services is at no time responsible for the foster care provider's insurance premium.

J-7. Foster care provider must inform the caseworker of behavior that raises concerns about the youth's and community's safety while the youth is operating a car.

J-8. Foster care providers are encouraged to discuss the level of coverage or any other issue related to the youth in their care with their

insurance agency. Caregivers must take an affirmative step when a licensed teenage driver is residing in their home. They must either add the youth to their policy or they must exclude the youth from their policy.	

FORMS UTILIZED:

Application Form
Application Home Study
Confidentiality Pledge
Exit Interview Form
FACTS Progress Note
Foster Family Annual Mutual Review
Foster Home Memorandum
Foster Home Quarterly Staffing
Foster Parent Contact (Quarterly) Form
Foster Parent Liability Insurance Waiver
Foster Parent Recruitment Agreement
Information Waiver
Initial Placement Visit Form
Landlord Letter
Level of Care Clothing Inventory (Placement Packet)
Out-of-Home Placement Form
Personal Reference Form/Letter
Physical Environment Checklist
Placement Visit Form
Respite Call Bill for Services
Respite Home Agreement
Safety Assessment: Pre-Placement
School Reference Form

TRAINING MATERIALS:

Fostering Discipline Brochure