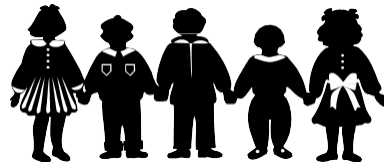


NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Social Services

Permanency Planning in Child Welfare



Training Participant Manual



December 2020

*A joint product of the North Carolina Division of Social Services and the Family and
Children's Resource Program, part of the Jordan Institute for Families at the
UNC-Chapel Hill School of Social Work*

Day One



Day One Agenda

- I. Welcome
- II. Activity: Introductions
- III. Strengths of an Effective Training
- IV. In the Beginning: The Creation of the Foster Care System
- V. Laws Related to Permanency Planning/Child Placement
- VI. Race and Permanency Planning/Child Placement
- VII. North Carolina's Permanency Planning Policy
- VIII. Transfer of Learning/Wrap Up

Competencies & Learning Objectives

Competencies	Learning Objectives
<p>1. Can apply the relevant federal, state and local laws, policies, procedures and best practice standards related to their area of practice, and understands how these support practice towards the goals of permanence, safety, and well-being for children.</p>	<ul style="list-style-type: none"> • Describe three ways North Carolina’s children’s services mission, vision, and values influence our work with children and their families. • Describe the historical, philosophical, and legal evolution of the child welfare system over the years. • Describe at least three federal laws that impact the delivery of services in child placement. • Name the seven strategies of the Multiple Response System. • Describe the approved primary and alternative permanent plans and the benefits and liabilities of each. • Define permanency and concurrent planning. • Explain the NC policy requirements for Permanency Planning Action Team Meetings. • Describe at least two NC child welfare policy requirements for child placement in each of the following areas: judicial involvement, time frames for notification and services, case documentation, contact and visitation, preparation for placement. • Describe the documentation required by federal and state law and policy for child placement.
<p>2. Knows the stages of grief and understands how grief manifests in children at different developmental levels, in birth parents, and in substitute caregivers.</p>	<ul style="list-style-type: none"> • Describe the states of separation, loss, and grief. • Identify at least two behaviors and reactions accompanying each stage of grief in children removed from their primary caregiver.
<p>3. Understands the process and dynamics of normal, reciprocal attachments of children with their families and other significant caregivers.</p>	<ul style="list-style-type: none"> • Describe the attachment process between children and caregivers. • Identify reasons for attachment problems between child and caregivers. • Describe two strategies to promote and maintain health attachment between children and caregivers. • Give at least three examples of how shared parenting helps promote and maintain attachment and connections between children and families / caregivers.
<p>4. Can recognize the physical, emotional, and behavioral indicators of stress in adults and in children of varying ages.</p>	<ul style="list-style-type: none"> • Explain the effect of placement disruptions on attachment. • Name three behaviors which may be characteristic of children with attachment problems.
<p>5. Can assess the needs of children requiring foster or adoptive placement and can select the most appropriate, least restrictive, most homelike, culturally relevant setting to meet the child’s development and treatment needs.</p>	<ul style="list-style-type: none"> • Describe the process of assessing the needs of children and matching those needs with strengths of placement providers.

Competencies	Learning Objectives
6. Knows ways to help children and families manage stress and knows the importance of intervening early to help prevent escalation into crisis.	<ul style="list-style-type: none"> • Explain the importance of sharing information about the child's history, special needs, daily routine, fears, and case plan with new caregivers. • Identify five strategies to minimize the stress and trauma of placement for children and their families. • Describe the purpose and benefits of having birth parent input regarding the type of caregiving family most suitable for the child, and their contact with the child and the caregivers. • Name five or more essential elements to be included in the child's Life Book. • Describe the value and importance of maintaining a Life Book for a child.
7. Able to develop collaborative relationships with caregiving families and can promote joint planning and delivery of services for the child in care.	<ul style="list-style-type: none"> • Describe five benefits of shared parenting. • Name one way that child placement workers can encourage parents and placement providers to participate in shared parenting.
8. Understands the significance of kinship relationships to a child and knows ways to encourage and maintain these ties whenever possible.	<ul style="list-style-type: none"> • Name at least three benefits of utilizing kinship caregivers for placement. • Identify at least three concerns that should be assessed regarding use of kinship caregivers for placement. • Describe two assessment tools used in assessing kinship care providers for placement of children. • Name five or more essential elements to be included in the child's Life Book. • Describe the value and importance of maintaining a Life Book for a child.
9. Understands the importance of effective case planning and knows the steps in the case planning process.	<ul style="list-style-type: none"> • Can list the steps in the case planning process.
10. Understands the importance of conducting routine and timely case reviews with families and knows how to reassess the outcomes of plans and service interventions and make appropriate modifications.	<ul style="list-style-type: none"> • Describe the purpose and appropriate use of the Permanency Planning Family Services Agreement, Health Summary Forms, Child Education Status Component, and Family Time and Contact (Visitation) Plan. • List the minimum time frames required for initial completion and updates of the Permanency Planning Family Services Agreement (dss-5240). • Identify a minimum of three needs from a presented case example and appropriately list objectives and at least two activities on the out of home services agreement.
11. Knows how to use family-centered casework methods to promote family preservation and permanence for children by involving family members in case planning, providing services to maintain children in their own homes, assuring family members' involvement with their children in placement, and providing the services needed to achieve timely reunification.	<ul style="list-style-type: none"> • Define permanent and concurrent planning.

Competencies	Learning Objectives
12. Knows the necessity of regular and frequent visits to maintain family members' relationships with the placed child, and can use casework strategies that enable families to participate in planning and attending visits.	<ul style="list-style-type: none"> • Describe four purposes of visitation. • Explain the criteria required for a family-centered visitation plan.
13. Understands the factors that contribute to placement disruptions and knows strategies to prevent disruption.	<ul style="list-style-type: none"> • Name the stages in placement disruption. • Name three behaviors of placement providers that indicate risk of disruption. • Name three or more practices of placement workers that can contribute to placement disruption.
14. Knows the importance of post-placement supportive and treatment services and can assure that these services are provided to children and their adoptive and foster families.	<ul style="list-style-type: none"> • Name three skills in a youth transitional living plan.
15. Understands the complex issues involved in service termination and case closure and can plan for case closure and follow-up services.	<ul style="list-style-type: none"> • Describe at least three activities to assist children, families, and caregivers in the reunification process. • Explain the components of the Family Reunification Assessment Tool and complete the tool in determining the appropriateness of child's permanent plan and family's readiness for reunification.
16. Understands the purpose, operations, and benefits of multi-disciplinary teams and can function as a contributing member of the team.	<ul style="list-style-type: none"> • Describe a benefit of collaboration in working with families. • Identify three challenges in working with team members and can develop effective strategies to address challenges. • Explain the NC policy requirements for Permanency Planning Action Team Meetings.
17. Understands the fundamental concepts of culture, how one's own culture affects one's perceptions, behavior and values; and knows how cultural differences can affect the delivery of child welfare services.	<ul style="list-style-type: none"> • Define "racial disproportionality" and "racial disparity" and the implications these things have for the experiences of minority children involved with the child welfare system.
18. Knows and can apply social work values and principles in child welfare practice.	<ul style="list-style-type: none"> • Name the six principles of partnership and how these relate to family-centered child welfare practice. • Name three System of Care principles and how these relate to family-centered child welfare practice. • Name seven the strategies of the Multiple Response System.

Strengths of an Effective Training



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Response to Needs

1. _____
2. _____
3. _____

Historical Perspective

- 1853** The **first formal foster care system** known as the Orphan Trains lasted about 75 years.
- 1940's** Most dependent and destitute children were housed in institutions called **almshouses or asylums**. Very few of the children cared for in these institutions were orphans. Many were the children of parents who temporarily or permanently were unable to care for them.
- 1950's** **Foster family homes** became the preferred placement over the large orphanages. Studies revealed that most children entering care remained in care. Children were living in limbo in the foster care system and were often being placed from one foster home to another.
- 1970's** **Permanency Planning Movement**
More attention was given to working with families to reunite them with their children in a timely fashion and to prevent children from lingering in care.
- 1978** **Indian Child Welfare Act of 1978 (ICWA)**
Established nationwide procedures for the handling of Indian Child Placements and authorized the establishment of Indian child and family service programs.
- 1980** **Adoption Assistance and Child Welfare Act of 1980**
Legislatively introduced the concepts of permanency and "reasonable efforts" to keep families together and, when a child entered foster care, "reasonable efforts" to reunite them with their families. This act also provides federal funding for adoption assistance for special needs children.
- 1990's** More effective child abuse reporting systems, poverty, and the impact of substance abuse and domestic violence were among the contributing factors to the increasing number of children in care despite federal funding for family preservation and support services. Many children remained in care for long periods of time. More children were entering care than leaving care. Increasingly, children of color were entering care, staying in care longer than other children and waiting longest to be adopted.
- 1993** **Family Preservation and Family Support Program**
As part of the Omnibus Budget Reconciliation Act (PL.103-66) the federal government established the Family Preservation and Support Services Program in 1993 to provide funding to states for family preservation and community-based family support services. Family preservation services are offered to at-risk families in

crisis or experiencing episodes of child abuse or neglect. These services include intensive in-home assistance by social workers to prevent foster care placement or help families adjust when children are returned to them.

1994 Multiethnic Placement Act (MEPA)

Congress was concerned about widespread reports of children harmed by being removed from stable foster placements to be placed with caretakers of the same race or national origin, even if a relationship was not established. Minority children, particularly African-American children, were the most likely to experience lengthy delays in placement and to have fewer opportunities to be adopted. By requiring diligent recruitment of foster and adoptive parents who reflect the ethnic and racial diversity of children in state care, it also aims to expand the pool of qualified parents who can meet the needs of children awaiting homes, including those whose specific and well-documented needs may justify an effort to achieve a same-race placement.

1996 Interethnic Adoption Provision (IEP)

Congress passed amendments to MEPA to reiterate and clarify its conviction that placements should not be denied based on race, color, or the national origin of the adoptive or foster parent or the child involved.

1997 Adoption and Safe Families Act of 1997 (ASFA)

This law addresses concerns about the safety and permanence of children, “reasonable efforts,” and provides incentive payments to states for increasing adoptions of children in foster care.

1999 Foster Care Independence Act

In December of 1999, the Congress enacted Public Law 106-69, the John Chafee Foster Care Independence Act. The State must provide programs that provide personal and emotional support to young adults who age out of foster care at age 18 but are not yet 21, offering financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts to achieve self-sufficiency.

2008 Fostering Connections to Success and Increasing Adoptions Act of 2008

This law provided increased support for kinship caregivers, increased incentives for children to be adopted out of foster care, and strengthened efforts to improve outcomes for children in foster care and those who age out of care.

2016 Preventing Sex Trafficking and Strengthening Families Act of 2014

The purpose of this legislation is to identify and protect children and youth at risk of sex trafficking, improve opportunities for children and youth in foster care, support permanency, improve adoption incentive payments, and extend the family connections grant program.

Indian Child Welfare Act of 1978 (ICWA—P.L. 95-608)

Established the following definitions:

1. **Indian:** any person who is a member of an Indian tribe, or who is an Alaskan Native and a member of a regional Corporation as defined in the Alaska Native Claims Settlement Act.
2. **Indian Child:** any unmarried person who is under 18 and is either (a) **a member** of an Indian tribe; or (b) is **eligible for membership** in an Indian tribe and is the biological child of a member of an Indian tribe. Tribes determine their own standards for membership eligibility.
3. **Indian Tribe:** Any Indian tribe, band, nation, or other organized group of Indians recognized as eligible for the services provided to Indians by the Secretary of the Interior because of their status as Indians, including any Alaskan Native villager as defined in section 3 (c) of the Alaska Native Claims Settlement Act.

- Established nationwide procedures for the handling of Indian child placements. Authorized the establishment of Indian child and family service programs.
- Requires specific actions on behalf of a child who is a member or eligible to be a member of a federally-recognized Indian Tribe, Aleuts, or members of certain native Alaskan villagers.
- Establishes standards for placement of Native American children.
- The only federally recognized tribal grounds in North Carolina are those of the Eastern band of the Cherokee. (The Lumbee Indians are presently seeking federal recognition.)
- Promotes stable and secure Indian tribal entities.
- Tribal courts have exclusive jurisdiction over children who reside on the reservation. Tribe has rights independent of the interests of the Indian children and their parents.
- Nothing in the Indian Child Welfare act shall be construed as preventing the emergency removal of an Indian child to prevent imminent physical damage or harm to that child.
- If a social worker believes that an Indian child is in imminent danger, the same procedures are followed as in any other emergency removal.
- The North Carolina Commission of Indian Affairs (984-236-0160) is a good resource for counties working with Indian children and families. The Commission can help you work with local tribes and facilitate contact with tribes in other parts of the country.

Source: <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/cross-function-2.pdf>

| Cross Function Topics: Special Legal Considerations, pg. 242

Indian Child Welfare Act Compliance Checklist					
	NO	YES	N/A	Date Completed	Person Contacted or other notes
DETERMINATION OF INDIAN ANCESTRY					
1. Inquiry about Indian ancestry					
(a) Have both parents been identified?					
(b) Have attempts to locate absent/missing parent begun?					
(c) Have both parents or guardian and child, if age appropriate, been asked if child is American Indian or have American Indian ancestors?					
(d) Have both parents been asked if they are members of a federally recognized tribe?					
(e) Are child and parents' race and ethnicity documented in case record?					
(f) If suspected of having Indian heritage, is child being treated as ICWA case until ruled out?					
(g) Has Notice of Inquiry Under the Indian Child Welfare Act been sent to the Tribe(s)?					
2. Identification of Indian Child					
(a) Is child a member of a federally recognized tribe?					
(b) Has documentation of membership been received from tribe?					
(c) If not a Tribal member, is child the child of a member and eligible for membership?					
(d) Has documentation of eligibility for membership been received from tribe?					
(e) Is child eligible for membership in more than one tribe?					
3. Identification of Tribal membership is NOT established					
(a) Have all possible Tribes and Bureau of Indian Affairs been contacted?					
(b) Have all steps been taken to established Indian ancestry and eligibility for tribal membership been documented in case file?					
TRIBAL NOTIFICATION					
1. Has Notice Required By The Indian Child Welfare Act (25 USC 1912) been sent by registered mail?					
2. Has return receipt of delivery of Notice Required By The Indian Child Welfare Act (25 USC 1912) been requested?					
3. Is there documentation of Tribal contact, address and phone numbers for notification of court proceedings and scheduled reviews?					
4. Has contact been made with the Tribe to determine if child resides on the reservation or is a ward of the tribal court?					
TRANSFER OF JURISDICTION					
1. Does the tribal court have exclusive jurisdiction over the case because the child resides on the reservation or is a ward of the tribal court?					
2. Has the tribe or Indian custodian or parent petitioned for a transfer of jurisdiction?					
3. Was this transfer request granted?					
4. If yes, is there documentation of transfer of case to tribal court?					
5. Is a copy of transfer of Jurisdiction Order in case file?					
6. Is there documentation of Tribe decision to maintain exclusive or transfer jurisdiction, but allow child to remain in DSS placement?					
TRIBAL INTERVENTION					
1. Does the Tribe want to be involved in case?					
2. Is there documentation of extent of Tribal desired involvement?					

	NO	YES	N/A	Date Completed	Person Contacted or other notes
EFFORTS TO PREVENT THE BREAKUP OF INDIAN FAMILY					
1. Is there participation of Tribal representative at the early point in case planning?					
(a) Does the child's service plan reflect active efforts to reunify the Indian family?					
(b) Is Tribe given access to any reports or documents filed with the court upon which the court's decision may be based?					
2. Has tribal representative with knowledge of prevailing social and cultural standards within tribal community been located?					
(a) Has the family's circumstance been assessed?					
(b) Has a case plan been developed with parent/guardian that utilizes tribal and Indian community resources?					
3. If needed, has financial assistance, food stamps, housing, etc., been provided?					
4. Has extended family members been contacted as a resource for the child?					
5. Has a visitation plan to keep child in close contact with parents, siblings, and other relatives been developed, if child is in an out of home placement?					
PLACEMENT PREFERENCES					
1. Has the Tribe been contacted to determine if it has established an order of placement preference by resolution?					
2. Have the Tribe and parent/guardian been notified prior to any change in child's placement?					
3. Does the placement meet the placement preference requirement of ICWA as specified by child's Tribe?					
4. Is the foster care or pre-adoptive placement in reasonable proximity to child's home and the least restrictive setting with most appropriate family?					
5. For foster or pre-adoptive placement					
(a) Is the placement with a member of child's extended family?					
(b) Is the foster home licensed and approved by Indian child's tribe?					
(c) Is the Indian foster home licensed and approved by non Indian licensing authority?					
(d) Is the children's institution approved by the Tribe or operated by an Indian organization which has a program suitable to meet the child's needs?					
(e) Did the trial court for good cause allow a different placement for the child?					
6. For adoptive placement					
(a) Is the placement with a member of child's extended family?					
(b) Is placement with other members or the child's Tribe?					
(c) Is placement with another Indian family of similar Indian heritage?					
(d) Is placement with another Indian family?					
(e) Did the trial court for good cause allow a different adoptive placement for this child?					
7. Was Tribe contacted and utilized to assist in identification of a tribally approved out of home placement for the child?					
8. Were efforts made to place the Indian child in an Indian home?					
9. If an Indian child was placed in a non-Indian home, did the court modify the order of ICWA placement preference showing good cause?					
10. Does documentation exist showing each placement and the efforts to comply with the mandates of ICWA placement preference?					

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DSS-5291 (Rev. 04/2008)
Family Support and Child Welfare Services

Source: <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/cross-function-2.pdf>
Cross Function: Special Legal Considerations



Adoption Assistance and Child Welfare Act of 1980

(PL 96-272)

The Adoption Assistance and Child Welfare Act of 1980 had these principles:

- ❖ No child can be placed in foster care, except in emergency situations, unless the agency shows efforts at preventing placement.
- ❖ No child can be removed without judicial determination.
- ❖ No voluntary placement can be made unless an agreement is signed by the parent(s).
- ❖ Each child must be in the least restrictive, most home-like setting.
- ❖ Reunification services are to be made available.
- ❖ There will be a written individualized services agreement.
- ❖ There shall be a system of care that assures review every 6 months.
- ❖ A dispositional hearing on each case must occur no later than 18 months after placement.
- ❖ Established the IV-E Foster Care and Adoption Assistance programs.

The Multiethnic Placement Act

(1994, 1996)

Philosophy	A temporary or permanent home must meet a child's short-term needs for physical care and safety and satisfy his or her long-term needs for a secure identity and sense of belonging to a community. A child's specific needs and best interests should determine placement decisions.
Policy	When placing a child in foster care, the Agency shall not discriminate on the basis of the race, color, or national origin of the foster parent or the child. (Note: See Chapter IV.) <u>Legal Reference:</u> PL 103-382, § 551-554, "The Multiethnic Placement Act of 1994 " (MEPA); 42 U.S. C. §5115a and 42 U.S. C. §622(b) (9); as amended by the Small Business Job Protection Act, P.L. 104-188, August 20,1996
Purpose	In accordance with MEPA, the purpose of this policy is to: <ul style="list-style-type: none"> ● Decrease the length of time children wait to be adopted. ● Prevent discrimination in the placement of children on the basis of race, color, or national origin. ● Facilitate the identification and recruitment of foster and adoptive parents who can meet children's needs.
Prohibited Actions	The Agency shall not: <ul style="list-style-type: none"> ● Deny to any person the opportunity to become an adoptive or a foster parent on the basis of race, color, or national origin of the person or the child involved. ● Delay or deny the placement of a child for adoption or into foster care on the basis of race, color, or national origin of the adoptive or foster parent or child involved.
Recruitment Efforts	To ensure that all children needing placement are served in a timely and adequate manner, the Agency shall engage in diligent recruitment efforts to develop a diverse group of potential foster parents who are willing and able to foster the children needing placement.

The Interethnic Adoption Provision (1996)

The Interethnic Adoption Provisions (IEP) make several important changes to MEPA which clarify the kinds of discriminatory placement activities that are prohibited and, as explained in Chapter 2(7)(a)(3), add sanctions under title IV-E for violations of MEPA-IEP.

To clarify that the routine consideration of a child's or prospective parent's race, color, or national origin is impermissible, the IEP amends the basic MEPA prohibitions as follows:

Neither the State nor any other entity in the State that receives funds from the Federal Government and is involved in adoption or foster care placements may:

Deny to any person the opportunity to become an adoptive or foster parent, on the basis of the race, color, or national origin of the person, or of the child involved;
or

Delay or deny the placement of a child for adoption or into foster care on the basis of the race, color, or national origin of the adoptive or foster parent, or the child involved.

In addition, the IEP repeals a section of MEPA that permitted agencies to determine a child's best interests by considering "the child's cultural, ethnic, and racial background and the capacity of the prospective foster or adoptive parents to meet the needs of a child from this background." Even where a placement decision is not based on a prohibited categorical consideration, other actions that delay or deny placements on the basis of race, color, or national origin are prohibited. According to the 1997 and 1998 guidance, agencies may not routinely assume that children have needs related to their race, color, or national origin. Nor may agencies routinely evaluate the ability of prospective foster and adoptive parents to meet such needs.

As amended by IEP, MEPA does not prohibit agencies from the nondiscriminatory consideration of a child's cultural background and experience in making an individualized placement decision. However, the 1998 Guidance warns against the use of culture as a proxy for race, color, or national origin. Any routine use of "cultural assessments" of children's needs or prospective parent's capacities would be suspect if it had the effect of circumventing the law's prohibition against the routine consideration of race, color, and national origin.

Key Principles of the Adoption and Safe Families Act of 1997 (House Bill 1720; 1998)

- **The safety of children is the paramount concern that must guide all child welfare services.**

Child safety is the paramount concern when making service provision, placement, and permanency planning decisions. While reasonable efforts must be made to preserve and reunify families, states are not required to make efforts to keep children with their parents when doing so places the child's safety in jeopardy.

- **Foster care is a temporary setting, not a place to grow up.**

To ensure that the system respects a child's developmental needs and sense of time, the law includes provisions that shorten the time frame for making permanency planning decisions, and that establish a time frame for initiating proceedings to terminate parental rights. The law also strongly promotes the timely adoption of children who cannot return safely to their own homes.

- **Permanency planning efforts for children should begin as soon as a child enters custody or placement responsibility and should be expedited by the provision of services to families.**

Quality services that are related to the problems that brought the child into foster care should be provided as quickly as possible to enable families in crisis to address problems. It is only when timely and intensive services are provided to families that agencies and courts can make informed decisions about parents' ability to protect and care for their children.

- **The child welfare system must focus on results and accountability.**

It is no longer enough to ensure that procedural safeguards are met. It is critical that child welfare services lead to positive outcomes. The law requires reports on state performance in achieving positive outcomes for children. The law authorizes the creation of an adoption incentive payment to states to enable the goal of doubling the number of children adopted. The U.S. Department of Health and Human Services will study and make recommendations regarding additional performance-based financial incentives in child welfare.

- **Innovative approaches are needed to achieve the goals of safety, permanency, and well-being.**

The law recognizes that we do not yet have all the solutions to achieve our goals. Child welfare demonstration waivers provide a mechanism to allow states greater flexibility to develop innovative strategies to achieve positive results for children and families.

Fostering Connections to Success and Increasing Adoptions Act of 2008

(H.R. 6893/P.L. 110-351)

The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893/P.L. 110-351) provided help to hundreds of thousands of children and youth in foster care by promoting permanent families for them through relative guardianship and adoption and improving education and health care. Additionally, it extended federal support for youth to age 21. The act also offered many American Indian children important federal protections and support.

Fostering Connections provides increased support for kinship caregivers, increased incentives for children to be adopted out of foster care, and strengthens efforts to improve outcomes for children in foster care and those who age out of care. While North Carolina already had in place some of the mandates of this federal law, the following are provisions that affect child welfare policy and practice in our state:

- **Notice to Relatives When Children Enter Care.** Requires agencies to provide notice to all adult grandparents and other adult relatives of a child within 30 days after the child is removed from his or her home.
- **Adoption Assistance.** Increases opportunities for more children with special needs to receive federally-supported adoption assistance without regard to the income of the birth families from whom they were originally removed.
- **Health Care Coordination.** Requires the state Division of Social Services to work with the state Medicaid agency to create a plan to (1) coordinate health care for children in care to ensure appropriate screenings, assessments, and follow-up treatment; (2) share critical information with appropriate providers; and (3) provide oversight of prescription medications.
- **Educational stability.** Requires child welfare agencies to coordinate with local education agencies to ensure that children remain in the school they are enrolled in at the time of placement into foster care, unless that would not be in the child's best interests. Includes increased federal funding to cover education-related transportation costs.
- **Making older children who exit foster care eligible for additional supports.** Clarifies that children 16 and older who are adopted from foster care or who exit foster care to live with a relative guardian are eligible for independent living services and for education and training vouchers.
- **Helping older youth successfully transition from foster care.** Requires agencies to help youth develop a detailed personal transition plan during the 90-day period immediately before they exit from care.

Preventing Sex Trafficking and Strengthening Families Act of 2014
(Public Law 113-183)
Key Provisions Effective October 2015

The purpose of this legislation is to identify and protect children and youth at risk of sex trafficking, improve opportunities for children and youth in foster care, support permanency, improve adoption incentive payments, and extend the family connections grant program.

Preventing Sex Trafficking Component:

- Child welfare agencies must identify, report, and document services for any youth who is at risk of becoming a sex trafficking victim or who is a sex trafficking victim, including those not removed from the home, or those who have run away from foster care.
- Child welfare agencies must develop and implement protocols to locate children missing from foster care (and determine whether the child is a sex trafficking victim).

Strengthening Families/Supporting Permanency Components:

“Reasonable and Prudent Parent Standard”

- Agencies must implement a “reasonable and prudent parent standard” for decisions made by a foster parent (or a designated official for a child care institution)
- Reasonable and prudent standard means:
 - ✓ Careful and sensible parental decisions that maintain the health, safety, and best interests of a child
 - ✓ While encouraging the emotional and developmental growth of the child
 - ✓ Used when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities
- This “reasonable and prudent parent standard” is intended to promote “normalcy” for youth in care, allowing youth to engage in healthy and developmentally appropriate activities that promote well-being.

Another Planned Permanent Living Arrangement (APPLA)

- Can be a primary or concurrent permanency plan for youth 16 and older
- Used only when other options such as reunification, adoption, guardianship, or custody are not appropriate or not in the best interests of the youth
- Permanency planning hearing must document agency’s efforts to ensure that caregiver is following the “reasonable and prudent parent standard”

Case Planning/Transition Planning

- Youth ages 14 and older must be allowed to participate in the development of his/her own case plan
- Youth has the option to identify and add 2 members to the planning team (who are not the child welfare worker or the foster parent)

- One individual identified by the youth may be designated as an advisor regarding the application of the “reasonable and prudent parent standard”
- Applies to initial case plan and any revisions to the case plan
- Youth in agency custody, beginning at age 14, and each year until youth is discharged from care, receives a copy of consumer credit reports and is assisted with interpreting and resolving any inaccuracies

Documents to Accompany Youth Leaving Foster Care

- At least 90 days before youth attains 18 years of age, North Carolina policy requires a determination of availability and/or provides assistance obtaining these documents
- Documents to be provided to youth 18 and older leaving foster care:
 - ✓ Certified copy of youth’s birth certificate
 - ✓ Social Security card
 - ✓ Health Insurance Information (such as Expanded Medicaid to age 26 per Affordable Care Act)
 - ✓ Health/Medical Records (such as Immunization records and Child Health Status Component (DSS-5243))
 - ✓ Education Records (such as Education Status Component (DSS-5245))
 - ✓ Driver’s License or identification card

Placement of Children in Foster Care with Siblings

- Sibling defined to include:
 - ✓ An individual who is considered by State law to be a sibling of the child
 - ✓ An individual would have been considered a sibling of the child under State law but for a termination or other disruption of parental rights, such as the death of a parent.
- Relative notification to include diligent efforts to notify relatives and other persons with legal custody of a sibling of a youth in non-secure custody
- Provides opportunity for adult siblings and/or adults with custody of a sibling to be placement resources and/or participate in the case planning for a youth in custody
- Review at least quarterly the ability to place siblings together, if availability of a placement for all is the reason the siblings are separated.

Race and Child Welfare

Racial disproportionality refers to the number of minority children served by the child welfare system versus the number occurring in the general population.

Racial disparity refers to differences in treatment and services for minority children compared to white children (Hill, 2006).

By the Numbers in North Carolina (2010)

	African-American	American Indian/Alaskan	White	Other
Population in NC	26.43%	1.5%	65.04%	7%
Population in foster care	38.35%	1.85%	51.47%	8.33%

Sources: U.S. Census Bureau, 2010

To obtain more accurate data about racial disproportionality and disparity, the federal government funded four large National Incidence Studies. All four revealed that black families maltreat their children no more often than white families (Sedlak, 2010.) However, African American families are much more likely to be investigated for maltreatment reports than are white families. (Fluke, Harden, et al., 2010). Even when black families have positive characteristics (such as no child disability, no substance abusing parent, no abuse allegation), black children are still significantly more likely to be placed in foster care than children in comparable white families. African American children are less likely to receive family preservation services and are more apt to be removed from their families than white children in similar situations and white children are much more likely to be served in their own home (U.S. Government Accountability Office, 2007; Fluke, et al., 2011; U.S. Department of Health and Human Services, 1997). African American and American Indian children are less likely to exit the foster care system through reunification, adoption and legal guardianship than are white children (Tilbury & Thoburn, 2009). And black caregivers are less likely than white caregivers to receive equitable economic stipends and vital social services, especially if they are relatives.

Adapted from Disparities and Disproportionality in Child Welfare: Analysis of the Research (2011). The Annie Casey Foundation.

Questions

What, if anything, surprises you about this information?

What other questions does this raise for you about race and child welfare practice? What else would you like to find out about this topic if you could?

If black families are no more likely (and perhaps less likely) than white families to maltreat their children, what do you think are some of the factors that account for their overrepresentation and disparate treatment in the child welfare system?

Can you think of any examples from your own agency when institutional or cultural biases might have contributed to decision-making about minority families?

What can you and your agency do to ensure cultural competency and equitable placement practices?

Take Notes



Day Two



Day Two Agenda

- I. North Carolina's Permanency Planning/Child Placement Philosophy
- II. The Family Centered Permanency Planning Worker
- III. Stages of Grief
- IV. Attachment
- V. Early Childhood Moves
- VI. Choosing an Appropriate Placement
- VII. Foster Parent Development and Partnership
- VIII. Shared Parenting
- IX. Kinship Care
- X. Transfer of Learning/Wrap Up



Mission, Vision, and Values

NC Division of Social Services

Mission

The Division of Social Services is committed to providing family-centered services to children and families to achieve well-being through ensuring self-sufficiency, support, safety, and permanency.

Vision

All programs administered by the Division will embrace family-centered practice principles and provide services that promote security and safety for all.

Values

The values underlying a family-centered practice approach include:

- Providing services with respect to the individual's family, kin, friend, and community networks
- Acknowledging families as experts in their own situations
- Promoting families generating their own solutions and participating in planning and decision making
- Focusing on strengths
- Promoting both family empowerment and family/service provider accountability
- Respecting diversity
- Engaging and partnering with community, local, and informal supports
- Using the principles of partnership as a guideline for service provision:
 - Everyone desires respect
 - Everyone needs to be heard
 - Everyone has strengths
 - Judgments can wait
 - Partners share power
 - Partnership is a process

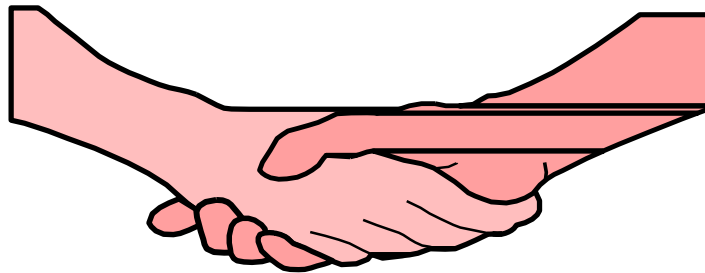
The **mission** makes our purpose clear and tells everyone who we are.

The **vision** is a clear statement of what we believe the child welfare system should look like. A common vision keeps us focused and challenged to always find ways to improve system performance, despite the very real considerations of resource limitations and other constraints.

The **values** are what we promise to do, the link between our agencies and the public. They provide a guide for service delivery and staff behavior. Collectively, the mission, vision and values are a strong statement of our advocacy for families and children who are involved with the child welfare system.

Six Principles of Partnership

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process



Multiple Response System and System of Care

MRS Strategies

The seven strategies of the Multiple Response System (MRS) are:

- Strengths-based, structured intake process.
- Choice of two approaches to reports of child abuse, neglect, or dependency.
- Coordination between law enforcement agencies and child protective services for the investigative assessment approach.
- Redesign of in-home services.
- Child and family team meetings.
- Shared parenting meetings.
- Collaboration between Work First and Child Welfare programs.

System of Care Principles

System of Care guides child placement services and all other areas of child welfare work in North Carolina. The notion behind System of Care is that state, county, and local agencies partner with families and communities to address the multiple needs of children and families involved in child welfare and other service systems. At the heart of the effort is a shared set of guiding principles:

- Interagency collaboration
- Individualized strengths-based care
- Cultural competence
- Family and youth involvement
- Community-based services
- Accountability

Stages of Grief

(As described by Elizabeth Kübler-Ross)

Shock/Denial

This stage is temporary and usually short-lived, lasting a few hours or a few days. The worker must assess the parent's reactions over time to differentiate the normal absence of emotion during the shock/denial stage from the emotional remoteness of a parent who has not attached to the child.

Parent's reactions and behaviors:

- Stunned
- Indifferent
- Little affect
- Little emotional reaction
- Robot-like

Anger/Protest

It is important for workers to recognize this as a normal response to loss, a stage that the parents are working through. Workers should not label the person as "emotionally disturbed" or see him or her as generally ill tempered. The worker must remember that it is typical human behavior to initially blame others rather than face our own inadequacies.

Parent's reactions and behaviors:

- Pain is displayed as anger
- Feel loss of control over their lives
- Freedom to make their own decisions doesn't match what is happening
- May blame worker, agency, child, God, fate, or someone else
- Argue, become oppositional, contrary, uncooperative, demanding, threaten court action, or threaten the worker
- Refuse to participate or allow worker to visit
- May feel a loss of control over their lives when a court or their circumstances force them to place their child

Bargaining

Often, this is the point when workers see renewed investment in the services agreement activities on the part of family members. This is the people's attempt to regain some sense of control over their environment. They are trying to negotiate an agreement that will allow things to return to the way they were. This is generally only a surface-level change. Again, these stages are temporary and workers should expect these types of responses and see them as a normal part of the grieving process.

Parent's reactions and behaviors:

- Attempt to negotiate a deal: "If I go to parenting classes, then will I get my children back?"
- Make unrealistic promises to get worker to return child:
 - ✓ It'll never happen again
 - ✓ I'll get rid of my boyfriend
 - ✓ I'll do anything you want

Depression

If the person's depressive symptoms remain present for more than two weeks, represent a change from their previous functioning, and are causing significant impairment in their ability to function at home or at work, or if the person expresses thoughts of hurting or killing himself or herself, the worker must consider the need for mental health intervention as soon as possible.

Parent's reactions and behaviors:

- Feel hopeless, anxious, listless, guilty
- Fear, panic, despair, withdrawal, lack of energy
- Lack appetite, trouble sleeping, lack of interest in activities or people, easily upset
- Reckless behavior: "Got nothing left to lose"
- Give up
- Forget / miss appointments, don't visit child
- Feel they are failure as parent
- Abuse alcohol / drugs to feel better
- Believe they have disgraced selves and family by involvement with child welfare

Acceptance/Resolution

In other situations, displaying behaviors suggesting resolution is usually a positive sign. But it is inappropriate for a family to accept the loss of a child if the services agreement involves reunification. This usually means that our intervention activities have not been sufficient to strengthen attachment or to enhance motivation to reunite the family. If the family grieves and then comes to accept the loss of the child, it becomes much more difficult to reconnect them. Continual contact between children and parents is essential.

Parent's reactions and behaviors:

- Move away
- Get on with life
- Stop visiting child
- Get pregnant again
- Start new relationships
- Don't respond to your attempts to work together
- Do not attend hearings
- Do not protest court action
- Begin diligent work on service agreement
- Begin to trust child placement worker
- Become more cooperative

Yearning

Maciejewski & colleagues (2007) did a study in which they found that in addition to the feelings above, most grieving people also experience yearning. Grieving participants in the study described yearning as a sense of heartache. Longing for the lost person—sometimes called “pangs of grief”—is a dominant emotion during the grieving process.

Attachment: Recommended Resources

Books

Eshleman, L. (2003). *Becoming a family: Promoting healthy attachments with your adopted child*. Maryland: Taylor Trade Publishing.

Gray, D. D. (2002). *Attaching in adoption: Practical tools for today's parents*. Indianapolis: Perspectives Press, Inc.

Kagan, R. (2004). *Rebuilding attachments with traumatized children*. New York: The Hawthorth Press.

Melina, L. R. (1998). *Raising adopted children: Practical, reassuring advice for every adoptive parent*. New York: HarperCollins.



Web Sites

ATTACH: Association for Treatment and Training in the Attachment of Children

<http://www.attach.org>

Resources and background on building healthy attachment and treating attachment problems.

Healing Resources

<http://www.healingresources.info>

A professional, non-commercial web-site for parents and educators, sponsored by the Santa Barbara Graduate Institute and the Los Angeles County Early Identification and Intervention Group.

Children Services Practice Notes

<http://practicenotes.org/v19n3.htm>

This issue focuses on Attachment and Child Welfare Practice.

Signs of Insecure Attachment

Children who have not developed normal attachments often have problems as they grow. The child placement worker, kinship caregiver, and foster parents will likely be the ones to identify the signs and behaviors of children who lack healthy attachment. Here are some behaviors you might see in children who have difficulties with attachment (Hughes 1997, cited in Kagan 2004):



- May reject the love and care that foster parents give, no matter how hard the foster parents try to demonstrate their love.
- Excessive or inappropriate separation anxiety; whiny and clingy
- Rejects or avoids comforting or closeness
- A compulsive need to control others, including caregivers, teachers, and other children
- Intense lying, even when “caught in the act”
- Poor response to discipline: aggressive or oppositional-defiant
- Lack of comfort with eye contact (except when lying)
- Physical contact (wanting too much or too little)
- Interactions lack mutual enjoyment and spontaneity
- Body functioning disturbances (eating, sleeping, urinating, defecating)
- Difficulty learning cause/effect, poor planning and/or problem solving
- Lack of empathy, little evidence of guilt and remorse for others

(Bowlby, 1981; Green & Goldwyn, 2002; Howe 2003; Greenberg, et al., 1997, cited in Levy & Orlans, 1998; Perry, et al., 1995)

Interventions for Children with Attachment Needs

(As described by Vera Fahlberg)

The Arousal-Relaxation Cycle

- When the child's need is aroused, the caregiver responds, and the need becomes relaxed.
- The caregiver constantly looks for signs of distress and consistently responds.
- Intervention should happen whether the child wants it or not.
- Intervention should be positive and supportive even if the child's behavior is extremely negative.

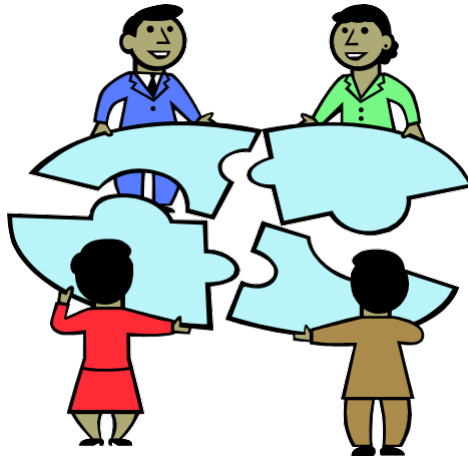
The Positive Interaction Cycle

- The caregiver involves the child in pleasurable social interactions, such as playing, talking, and reading.
- The interactions are frequent and positive.
- Continue with positive interactions, even if the child is not responding; eventually the child will respond.

Claiming Behavior Cycle

- Introduce the child as a member of the family rather than a foster child.
- Give the child a special role or responsibility in the family.
- Include the child's pictures in photo albums with the family.
- Clearly identify the child as part of the family. The child should feel valued by other people.

Source: Rycus & Hughes, 1998



1. Scenario

You are a child placement worker in a medium-sized county. Six situations occur on one day that brings children into care. No kinship care alternatives are available for any of these children. Your county has six available foster homes available. All these foster homes have successfully parented foster children in the past.

2. Instructions

Using the information below, work with your partner to:

1. Identify the strengths of each foster home
2. Identify at least one stressor or burden that would need to be taken into consideration in placing a foster child in that home
3. Agree on the foster placement match that is in the best interest of each child.
4. Identify the support or training the family might need to increase the likelihood of maintaining the placement
5. After you have decided on your matches, join another pair to make a group of four. Each pair must then explain or justify to the other their reasoning for the matches they made for the six children in the scenario.

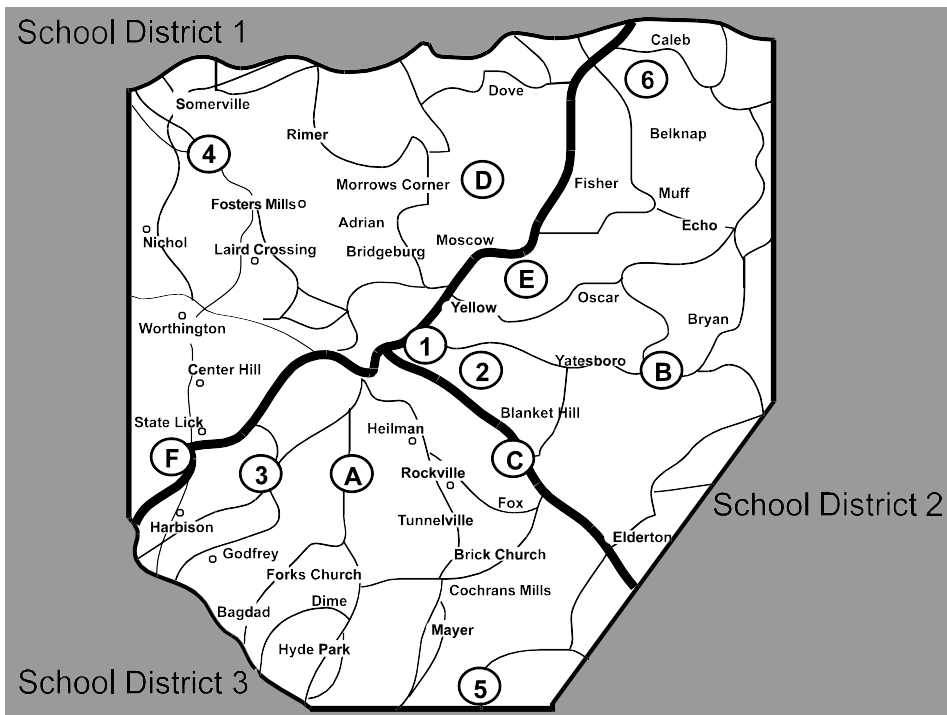
Note that the information provided includes where each child last attended school and the school district of each of the foster parents.

3. The Children

1. Infant boy, black, HIV positive, positive toxicology report at birth. Brought into care for neglect.
2. Sibling group, black, 2-year-old boy and 3-year-old girl. Well bonded with each other. Brought into care for neglect.
3. Adolescent boy, 14 years old, white. Playing on his high school baseball team. Brought into care for abuse.
4. Girl, 9 years old, white. Brought into care after sexual abuse by stepfather.
5. Boy, 6 years old, black. Diagnosed with ADD. Brought into care for abuse.
6. Twins, 7 years old girls, Hispanic. Speak Spanish as primary language, but both understand some spoken English. Have been in several schools already this year, as their parents are migrant farm workers. Brought into care for neglect.

4. Map

Below is a map identifying where each child last attended school and the school district of each of the foster parents.



5. The Foster Parents

- A. Black male, 36 years old. Director of Boys and Girls Club. Former college athlete, still participates in sports activities. Divorced, has joint custody of his seven-year-old daughter for whom he pays child support, although his ex-wife lives in another state. Prefers ages 5-21. Has two bedrooms available. Income: \$44,000. In school district number three.
- B. White lesbian couple, 36-year old pharmacist and 34-year-old computer programmer. Have been together seven years. Two children of their own: a boy, two years old, and a girl, four years old. Active in community justice issues. Supportive family and friends. Have one bedroom available. Licensed for five children. Combined income: \$97,000. In school district number two.
- C. Couple in their late 60's whose own children are grown. Own their farm and still maintain a small garden. Husband, white. Wife, Asian. Married when husband was overseas in the military. Have some income from rental property and Social Security. She had been a day care provider, and he had been a farmer and part-time inspector in local processing plant. They have a five-year-old male foster child who is developmentally delayed. Prefer children ages 3-10. Have two bedrooms available. Licensed for four children. Do not want a sexually abused child. Combined income \$48,000. In school district number three.
- D. White male, 34 years old. Manager of a large bookstore. Plays with local jazz ensemble. Has roommate who is a 26-year-old graduate student from India. The Indian roommate works part time and has a girlfriend who does not live with him. Neither man has children of his own. Has one bedroom available, licensed for two children, ages 2-21. Prefers male children. Does not want children with intellectual disabilities. Income: \$39,000. In school district number one.
- E. Black female, 41 years old. Divorced with one 10-year-old son. Works in hosiery mill. Lives in same small town where her parents live and has a good relationship with them. Active in her Baptist church. Receives child support. Licensed for four children, ages infant and up. Has two bedrooms available. Does not want child with severe medical problems, but will accept child with sexual or physical abuse history. Income: \$33,000. In school district number two.
- F. Married Hispanic couple ages 31 and 28. Have two boys, ages six and eight. Husband is a nurse's aide in retirement center and coaches Little League soccer. Wife works part-time as a housekeeper in a hotel. Catholic. Licensed for four children, ages infant and up. Do not want child diagnosed with mental illness. Combined income: \$37,000. In school district number one.

Foster Parent Development Plan

1. What developmental needs does this child have? For optimum development, what opportunities or traits would you want the foster home to provide?
2. What other needs might the child have, based on the background information you have?
3. What are some specific questions you would want to ask when you first visit the child after placement?
4. Are there any topics you would suggest to the foster parent for child-specific in-service training?

Shared Parenting

What is Shared Parenting?

Shared parenting is a strategy designed to build an alliance among the birth parents, caretakers, and the child welfare system to support the welfare of the child.

The Role of Shared Parenting

- Shared parenting is an avenue for the birth parents to share vital information about their child with the foster parents and social worker when out-of-home placement is necessary.
- A child's favorite foods, toys, sleep habits, and behaviors are a few of the things that should be shared with the caretakers.
- Knowledge of the child's likes and dislikes and other habits will help foster parents care for and comfort the child.
- Foster parents share information about themselves and what they have observed and learned about the foster child.
- Foster and birth parents get to know each other.
- Foster parents can share information regarding the child's medical appointments, school, or anything pertinent to the child's welfare.

Shared parenting meetings help relieve the birth parents' anxiety and assumptions about the welfare of their child. Trust and sometimes friendship begin to develop during the shared parenting process.

Why Is Shared Parenting Sometimes Resisted?

- The parties find it difficult to trust each other.
- Substitute caretakers worry about safety.
- Birth parents see foster parents as rivals for their child's attention and affection.

Benefits of Shared Parenting

- Helps birth parents and children maintain their attachment during separation through increased communication and sharing of experiences.
- Improves birth parents' self-esteem and empowerment by keeping them in a parenting role.
- Improves child's self-esteem by demonstrating the value of the child's background and family.
- Gives foster parents a realistic picture of birth parents' strengths and needs.
- Gives birth and foster parents more helpful information about the child.
- Allows the foster parent to maintain important connections, routines, and traditions to ease child's adjustment and lessen feelings of loss.
- Allows the foster parent to model appropriate discipline and nurturing behavior.
- Helps birth parents develop an understanding of the child's needs.
- Encourages reunification efforts.
- Promotes ongoing support for the family after the child returns home.

https://fosteringperspectives.org/fp_v10n1/shared.htm

Facilitating Shared Parenting

- Facilitate a shared parenting meeting as soon as possible, but no later than 14 days after placement.
- Subsequent initial shared parenting meetings should be held within 14 days if the child is moved to another placement.
- If there is a family reason that prevents this meeting from taking place within the initial 14-day period (e.g., the birth parents cannot be located), document this.

My Shared Parenting Strategies

Things I can do to encourage shared parenting in my work with families:

Kinship Care

Kinship care is the full-time nurturing and protection of children separated from their parents, by relatives, members of their tribe or clan, godparents, step-parents, or other adults who have a kinship bond with a child (CWLA, 1994).



Kinship Care Facts

- Of the 427,910 U.S. children in out-of-home placements in September 2015, 127,821 lived with kin (USDHHS, 2016).
- A majority of kinship caregivers (nearly two-thirds) are grandparents and about 85% of the caregivers are female (Harden, et al., 1997).
- Among all ethnic groups, African Americans have the highest rates of kinship caregiving (Szolnoki & Cahn, 2002).
- Children in kinship care are generally younger and often need special services (USDHHS, 2009) In a substantive synthesis of research, Cuddeback (2004) found that:
 - Kinship caregivers are more likely to be older, single, less educated, unemployed, and poor.
 - Kin caregivers report less daily activity, more health problems, higher levels of depression, and less marital satisfaction than do foster parents and noncustodial grandparents.
 - Kinship care families receive less training, services, and financial support than do non-relative foster families.

Source: Cuddeback, 2004 cited in Winokur, et al., 2009

Kinship Care and Outcomes

- A 2008 study concluded that children placed in kinship care fare as well as or better than children in foster care. In the study:
 - Children in kinship care experienced fewer placements and were seven times more likely to achieve permanency through guardianship.
 - Although children in foster care were 2 times more likely to be reunified with their biological parents than those in kinship care, children in foster care were also 10 times more likely to have a new allegation of institutional abuse or neglect and 6 times more likely to be involved with the juvenile justice system.
 - The authors caution that these findings do not support the adoption of a blanket policy increasing the use of kinship care. Placement decisions should still take into consideration the needs of the child and an assessment of the kin caregiver (Winokur, et al., 2009).
 - There are no reported differences in educational attainment between kinship and non-relative foster care (Cuddeback, 2004 cited in Winokur, et al., 2009).
 - Children in kinship care have more stable placements, but are reunified more slowly, than children in foster care (Cuddeback, 2004 cited in Winokur, et al., 2009).

Resources for Supporting Kinship Caregivers

Family support services for kinship caregivers must consider that kin are likely to be single, older, in poorer health, and financially less secure than non-relative caregivers, while children in their care are generally younger and often need special services. These families generally receive few economic supports and are less likely to be aware of services available to them once a child is placed in their care. In addition, they may not have support from extended family, peers, or the community.

Commonly needed supports include financial assistance, childcare, respite, medical care, and training in parenting skills. Family mediation or counseling is also often needed to assist caregivers and birth parents in resolving conflicts, easing the difficulties of parenting a relative's child, and achieving a permanent plan for the child.

Selected Resource

- **Raising Your Grandchildren** (Tip Sheet)

http://www.childwelfare.gov/pubs/res_guide_2009/ch_six_raise.pdf

Take Notes

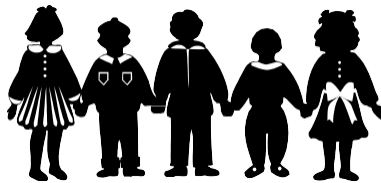


Day Three



Day Three Agenda

- I. Opening Activity
- II. Preparation for Placement and Child Assessment
- III. Skills Practice: The Stricklands
- IV. Family Services Agreements
 - A. Two Types of Family Services Agreements
 - B. The Permanency Planning Family Services Agreement
 - C. Permanency Plans
 - D. Concurrent Permanency Planning
 - E. Steps to the Permanency Plan
 - F. Identifying the Needs
 - G. Tips for Writing SMART Objectives
 - H. Identifying Activities
- V. Objective Writing Practice
- VI. Transfer of Learning/Wrap Up



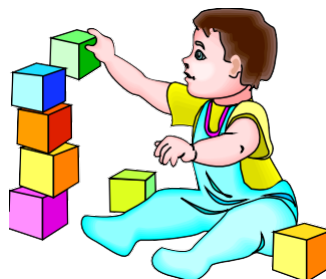
Definitions

Child Preparation

Child preparation is the practice of helping children understand and adjust to placement. It helps the worker identify appropriate resources to prepare the child for placement and enables the worker to develop an adequate service plan. Child preparation also involves ensuring the child understand the worker's role, the child's own past experiences, and the plan for permanence. All decisions and plans should be made in the best interest of the child.

Child Assessment

Child assessment is the process of obtaining information to identify or understand the child's experiences and how they relate to the child's current behavior, development, and functioning. Child assessment should consist of facts and focus on the child's needs for safety, permanency, and well-being as primary concerns. The goal of child assessment is to facilitate timely decision- making, planning, and placement with a permanent family. Child assessment is the foundation for developing service agreements.



Child Assessment Elements

To develop an effective assessment and preparation plan, the practitioner needs to know the child's

- Legal Status
- American Indian Status
- Physical Description
- Culture
- Daily Routine
- Placement History
- Family History (birth family, siblings and extended family)
- Perception of Birth Family
- Relationship with adults, peers, and others (past and present)
- Participation or membership in clubs or other organizations
- Medical History, including HIV status
- Development History
- Sexual Development, including history of abuse
- Academic Functioning (educational history, current school placement, testing and education plan)
- Emotional Functioning
- Religious/Spiritual Affiliation
- Attitude toward placement plan



Instructions: After foster family has filled this out, the child welfare professional should share this information with children before or, at a minimum, on the way to the new placement, so they have some information on where they're going.

Who Is in Our Family (include pets)

Foods We Like

TV shows we watch

What we do on the weekends

Other Things You Might Like to Know

Instructions: After the young person has filled this out, the child welfare professional should share this information with the family who will be temporarily taking care of the child as soon as possible so the family can prepare for the child and make the transition as smooth as possible.

My Name

Foods I Like

TV shows I watch

Things I'm proud of

What I want to be when I grow up

People who are important to me

Other Things You Might Like to Know

Family Name: Strickland

Mother: Judy Strickland, 30

Children: Susan, 8; Sharon, 5; Samuel, 2

Referral Information

The agency initiated an assessment in response to an intake referral by a neighbor who reported three young children (ages 8, 5, and 2) were possibly left alone and hungry in their trailer. The neighbor reported that the eldest child, Susan, came to her home and asked for bread and peanut butter. The reporter stated that when she asked Susan where her mother was she ran out of her trailer without getting the food. The neighbor states that she has not seen Judy, the mother, in two days. She is afraid that Judy has left the children alone again. She reports that Judy has left the children alone before but never this long. The neighbor said she rarely sees Judy since she recently met a man on Facebook.

Initial Assessment Contact

The social worker traveled to the address where the children were allegedly left alone. When the worker knocked on the door, a child's voice told her to "go away" because her mother was not at home. The social worker asked the child if everything was OK. The child responded "yes." As the social worker went to her car to call the supervisor, a car approached. A disheveled, scarcely dressed woman staggered from the car and walked toward the trailer. The worker approached the woman and asked her if she was Judy Strickland. The woman said she was and asked who wants to know? The worker showed identification and asked Ms. Strickland if they could discuss her children? The worker was allowed inside the trailer to talk. Ms. Strickland smelled of alcohol, had slurred speech and was preoccupied with being on her cell phone using social media. She immediately began scolding the eldest daughter for the house being "messed up." Ms. Strickland staggered to her bedroom where she fell fast asleep. The trailer was found in disarray with clothes and trash littered on the floor. Several matches were found on the floor where someone had been trying to light the kerosene heater. Susan admitted to trying to light the kerosene heater to keep them warm. The children admitted to being hungry. The social worker saw only one package of Ramen noodles. After the worker telephoned the supervisor, it was decided that the children should be removed from the home. The children were transported to the agency for placement in a foster home.

Questions

What policies apply to this situation?

Identify and prepare all the players in the placement process.



Every Student Succeeds Act (ESSA)

What is it?

Every Student Succeeds Act (ESSA) is a 2015 federal law that provides key protections for children in foster care. The law supports the Fostering Connections to Success and Increasing Adoptions Act of 2008 by detailing the critical process of continuous collaboration between local child welfare agencies and education agencies that will address educational stability and improving educational outcomes for children in foster care.

Why is it so important?

Because children in foster care: ¹

- Experience much higher levels of residential and school instability than their peers
- Experience significantly more unscheduled school placement changes
- Are much more likely to struggle academically and to fall behind in school
- At age 17 are significantly less likely to graduate from high school or obtain post-secondary education

Because school stability reduces loss and contributes to social and emotional well-being for children

What are the goals? ²

- Decrease the number of school placement changes for children in foster care
- Ensure immediate enrollment of foster children when school placement change is necessary
- Remove/limit barriers to educational stability (such as transportation costs and enrollment documentation)
- Ensure that foster youth receive equivalent educational opportunities as the general population

What does the child welfare worker do?

- Prioritize obtaining and documenting information regarding the educational status of all children on your caseload (see DSS 5245 and DSS 5137)
- Prioritize the collaboration between your agency and your local education agency to ensure that:
 - ✓ Every child remains in his or her school of origin unless a determination is made that it is not in his or her best interest (see DSS 5137)
- Provide educational status information to child placement providers

Where is this information documented?

- Child Education Status (DSS 5245) OR
- NC Best Interest Determination Form (DSS 5137)
- Foster Child Notification of Placement (Change) Form (DSS 5133)
- Foster Child Immediate Enrollment Form (DSS 5135)

¹National Youth in Transition Database. Unpublished analyses (April 2016). Administration on Children, Youth, and Families, Health and Human Services.

²"Every Student Succeeds Act: Ensuring Educational Stability for Children and Youth in Foster Care in North Carolina," NC Division of Social Services and NC Department of Public Instruction: Joint Guidance. January, 2017.

Six Permanency Plans

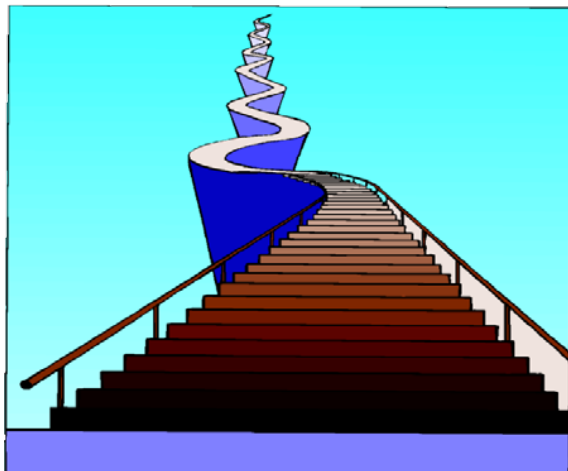
- **Reunification** To return the child to the biological parents or caretaker from whom the child was removed.
- **Adoption** To take a child into one's own family by a legal process and raise as one's own child. Adoption is the permanency plan offering the most stability to the child who cannot return to his parents.
- **Legal guardianship** creates a legal relationship between a child and an adult that is intended to be permanent. North Carolina law allows a judge to appoint a legal guardian for the child who is responsible for the care, custody, and control of the child. Some advantages of guardianship are that parental rights do not have to be terminated, the child can maintain legal rights to the birth parents' inheritance, and the guardian is not subject to supervision by an agency. Another advantage is the KinGAP effective January 2017. Without KinGAP, a disadvantage is that guardians are not eligible for the foster care board rate or adoption subsidy. If a guardian decides to adopt, he or she may be eligible for the subsidy.
- **Legal custody** is awarded by a judge to a relative, foster parent, or other adult person deemed suitable by the court. Legal custody has most of the same advantages and disadvantages as legal guardianship, except custody may be terminated "on the basis of a change in circumstances, regardless of the fitness of the guardian." The court defines the specific rights and responsibilities of a legal custodian. Custodians must show the court order to prove their right to act in a parental role.
- **Another Planned Permanent Living Arrangement (APPLA)** is only an appropriate primary or concurrent permanency plan for youth who are between the ages of 16 to 18. The youth must have lived with his caregivers in a family setting for at least the previous six months, the caregiver and the youth have made a mutual commitment of emotional support, and the youth has been integrated into the family. It can only be used when other options such as reunification, adoption, guardianship or custody are not in the best interests of the youth. APPLA must be initially approved by the court and the Permanency Planning Review Team/Child and Family Team prior to the change to this plan.
- **Reinstatement of Parental Rights** happens when biological parents whose parental rights have been terminated by a court of law have those rights legally reinstated by a court of law.
 - A child must be at least 12 years of age
 - A child must have no legal parent, not be in an adoptive placement, or not likely to be adopted in the immediate future
 - The order for TPR must have been issued at least 3 years previously
 - Only the child, the GAL attorney, or the DSS that holds custody of the child may petition for reinstatement of parental rights and the court has up to 12 months to decide if reinstatement is in the child's best interest
 - If a parent expresses wishes in having their rights reinstated and the above conditions are met DSS is obligated to inform the child of their right to file a petition for reinstatement of parental rights.

Source: NC Permanency Planning Services Policy Manual:

https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/permanency-planning_manual.pdf

Steps to the Permanency Plan

- Select the permanent plan
- Identify the need
- Develop objectives with the family
- Formulate activities to meet the objectives
- Review progress/results with the family regularly



Identifying the Needs

- The safety and risk factors uncovered during the assessment phase of the CPS process are considered the needs.
- The needs that present the most risk to the child and represent the highest safety issues are the areas to be addressed with the family first.

**To determine needs
always ask this question:**

What are the
behaviors/
conditions/ needs
that created risk or
safety issues for the
child?



**NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS**

Case Name: Judy Strickland Case #: 0000001 Date 05/26/2016
 County Name: Faison Date Report Received: 05/25/2016
 Social Worker Name: Sally Smith Circle either Initial or Reassessment #: 1 2 3 4 5: _____
 Children: Susan, Sharon and Samuel Strickland
 Caretaker(s): Judy Strickland

Some items apply to all household members while other items apply to caretakers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caretakers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caretakers only, record the score for the caretaker with the greatest need (highest score) when a household has more than one caretaker.

S-CODE	TITLE	TRAITS	SCORE
S1.	Emotional/Mental Health	a. Demonstrates good coping skills.....	-3
		b. No known diagnosed mental health problems.....	0
		c. Minor or moderate diagnosed mental health problems.....	3 0
		d. Chronic or severe diagnosed mental health problems.....	5 _____
S2.	Parenting Skills	a. Good parenting skills.....	-3
		b. Minor difficulties in parenting skills.....	0
		c. Moderate difficulties in parenting skills.....	3 5
		d. Destructive parenting patterns.....	5 _____
S3.	Substance Use	a. No/some substance use.....	0
		b. Moderate substance use problems.....	3 5
		c. Serious substance use problems.....	5 _____
S4.	Housing/Environment/ Basic Physical Needs	a. Adequate basic needs.....	-3
		b. Some problems, but correctable.....	0
		c. Serious problems, not corrected.....	3 0
		d. Chronic basic needs deficiency.....	5 _____
S5.	Family Relationships	a. Supportive relationships.....	-2
		b. Occasional problematic relationship (s).....	0
		c. Domestic discord.....	2 -2
		d. Serious domestic discord/domestic violence.....	4 _____
S6.	Child Characteristics	a. Age-appropriate, no problem.....	-1
		b. Minor problems.....	0
		c. One child has severe/chronic problems.....	1 -1
		d. Child(ren) have severe/chronic problem(s).....	3 _____
S7.	Social Support Systems	a. Strong support network.....	-1
		b. Adequate support network.....	0
		c. Limited support network.....	1 3
		d. No support or destructive relationships.....	3 _____

S8. Caretaker(s) Abuse/ Neglect History	a. No evidence of problem.....0 b. Caretaker(s) abused/neglected as a child1 c. Caretaker(s) in foster care as a child2 0 d. Caretaker(s) perpetrator of abuse/neglect in the last five years.....3_____
S9. Communication/ Interpersonal Skills	a. Strong skills -1 b. Appropriate skills 0 c. Limited or ineffective skills 1 0 d. Hostile/destructive 2_____
S10. Caretaker(s) Life Skills	a. Good life skills.....-1 b. Adequate life skills.....0 c. Poor life skills 1 1 d. Severely deficient life skills2_____
S11. Physical Health	a. No adverse health problem.....0 b. Health problem or disability 1 0 c. Serious health problem or disability 2_____
S12. Employment/Income Management	a. Employed-1 b. No need for employment0 c. Underemployed 1 2 d. Unemployed2_____
S13. Community Resource Utilization	a. Seeks out and utilizes resources -1 b. Utilizes resources0 c. Resource utilization problems 1 1 d. Refusal to utilize resources 2_____

Based on this assessment, identify the primary strengths and needs of the family. Write S code, score, and title.

<u>STRENGTHS</u>			<u>NEEDS</u>		
<u>S Code</u>	<u>Score</u>	<u>Title</u>	<u>S Code</u>	<u>Score</u>	<u>Title</u>
1. <u>S5</u>	<u>-2</u>	<u>Family Relationships</u>	1. <u>S2</u>	<u>5</u>	<u>Parenting Skills</u>
2. <u>S6</u>	<u>-1</u>	<u>Child Characteristics</u>	2. <u>S3</u>	<u>5</u>	<u>Substance Abuse</u>
3. <u>S9</u>	<u>0</u>	<u>Communication/Interpersonal Skills</u>	3. <u>S7</u>	<u>3</u>	<u>Social Support System</u>

Children/Family Well-Being Needs:

1. Educational Needs: Not known at this time
2. Physical Health Needs: Children have not had immunizations or regular dental or doctor care
3. Mental Health Needs: Not known at this time.

Social Worker: _____ Date: _____

Supervisor's Review/Approval: _____ Date: _____

NORTH CAROLINA
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

Case Name: Judy Strickland

Case #: 0000001

Date: 05/26/2016

County Name: Faison

Social Worker Name: Sally Smith

Date Report Received: 05/25/2016

Children: Susan, Sharon and Samuel Strickland

Primary Caretaker: Judy Strickland

Secondary Caretaker: NA

(Regardless of the type of allegations reported, ALL items on the risk assessment are to be completed.)

RISK OF FUTURE NEGLECT SCORE

Secondary: Within last 12 months
 Prior to last 12 months

N1. Current report is for neglect or both neglect and abuse

- a. No..... 0
- b. Yes1 1

N2. Number of prior CPS assessments (take highest score)

- a. None..... 0
- b. One or more family assessments..... 1
- c. One or more investigative assessments....2 0

N3. Prior CPS in-home/out-of-home service history

- a. No..... 0
- b. Yes1 0

N4. Number of children residing in the home at time of current report

- a. Two or fewer..... 0
- b. Three or more.....1 1

N5. Age of primary caretaker (note: score is either 0 or -1)

- a. 30 or older..... -1
- b. 29 or younger0 -1

N6. Age of youngest child in the home

- a. 3 or older..... 0
- b. 2 or younger1 1

N7. Number of adults residing in home at time of report

- a. Two or more..... 0
- b. One or none.....1 1

N8. Caretaker(s) history of abuse/neglect

- a. No..... 0
- b. Yes1 0

N9. Either caretaker has/had a drug or alcohol problem

- a. No..... 0
- b. One or more apply.....1 1
 - Primary: Within last 12 months
 - Prior to last 12 months
 - Secondary: Within last 12 months
 - Prior to last 12 months

N10. Either caretaker has/had a mental health problem

- a. No..... 0
- b. One or more apply.....2 0
 - Primary: Within last 12 months
 - Prior to last 12 months

RISK OF FUTURE ABUSE SCORE

A1. Current report is for abuse or both neglect and abuse

- a. No0
- b. Yes1 0

A2. Number of prior CPS investigative assessments

- a. None0
- b. One or more2 0

A3. Prior CPS in-home/out-of-home service history

- a. No0
- b. One or more apply1 0
 - Prior case open for in-home, CPS services
 - Prior case open for foster care services

A4. Age of youngest child in the home

- a. 4 or under.....0
- b. 5 or older.....1 0

A5. Number of children residing in home at time of current report

- a. Two or fewer.....0
- b. Three or more.....1 1

A6. Caretaker(s) history of abuse/neglect

- a. No0
- b. Yes1 0

A7. Child characteristics

- a. Not applicable.....0
- b. One or more apply1 0
 - Developmental disability
 - Mental Health and/or behavioral problems
 - History of delinquency

A8. Either caretaker is a domineering parent

- a. No0
- b. Yes.....1 0

CONTINUE TO NEXT PAGE

- N11. Either caretaker has barriers to accessing community resources**
- a. No..... 0
 - b. One or more apply.....1 **1**
 - Difficulty finding/obtaining resources
 - Refusal to utilize available resources

- N12. Either caretaker lacks parenting skills**
- a. No.....0
 - b. One or more apply.....1 **1**
 - Inadequate supervision of children
 - Uses excessive physical/verbal discipline
 - Lacks knowledge of child development

- N13. Either caretaker involved in harmful relationships**
- a. No..... 0
 - b. Yes1 **0**

- N14. Child characteristics**
- a. Not applicable0
 - b. One or more apply.....1 **0**
 - Mental Health and/or behavioral problems
 - Medically fragile/failure to thrive diagnosis
 - Developmental disability
 - Learning disability
 - Physical disability

- N15. Housing/basic needs unmet**
- a. Not applicable0
 - b. One or more apply.....1 **0**
 - Family lacks clothing and/or food
 - Family lacks housing or housing is unsafe

- A9. Either caretaker is/was a victim/perpetrator of domestic violence**
- a. No0
 - b. Yes1 **0**
 - Primary:
 - Victim within last 12 months
 - Victim prior to last 12 months
 - Perpetrator within last 12 months
 - Perpetrator prior to last 12 months
 - Secondary:
 - Victim within last 12 months
 - Victim prior to last 12 months
 - Perpetrator within last 12 months
 - Perpetrator prior to last 12 months

- A10. Caretaker(s) response to current assessment**
- a. Not applicable0
 - b. One or more apply1 **0**
 - Caretaker unmotivated to improve parenting skills
 - Caretaker viewed situation less seriously than worker
 - Caretaker failed to cooperate satisfactorily

- A11. Either caretaker has interpersonal communication problems**
- a. No0
 - b. One or more apply1 **0**
 - Lack of communication impairs functioning
 - Poor communication impairs functioning

TOTAL NEGLECT RISK SCORE 6

TOTAL ABUSE RISK SCORE 1

SCORED RISK LEVEL

Assign the family's risk level based on the highest score on either scale, using the following chart:

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Risk Level</u>
<u> </u> -1-2	<u> x </u> 0-2	<u> </u> Low
<u> </u> 3-5	<u> </u> 3-5	<u> </u> Moderate
<u> x </u> 6-16	<u> </u> 6-12	<u> x </u> High

OVERRIDES

Policy: Override to high; mark appropriate reason.

- 1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
- 2. Cases with non-accidental physical injury to an infant.
- 3. Serious non-accidental physical injury warranting hospital or medical treatment.
- 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.

Reason: _____

OVERRIDE RISK LEVEL: Low Moderate High

Social Worker: _____ **Date:** _____ / _____ / _____

Supervisor's Review/Approval of Override: _____ **Date:** _____ / _____ / _____

XII. TWO-LEVEL REVIEW STAFFING AND CASE DECISION SUMMARY

Case Decision Summary

Give rationale for both “yes” and “no” answers to the following questions.

1. Has the maltreatment occurred with frequency and/or is the maltreatment severe?
 YES NO

2. Are there current safety issues that indicate the child(ren) is likely to be in immediate danger of serious harm?
 YES NO

(Note: If the child(ren) is separated from his/her parents or access is restricted and that separation/restriction continues to be necessary due to safety issues, then this question must be answered “yes”.)

3. Are there significant assessed risk factors that are likely to result in serious harm to the child(ren) in the foreseeable future?
 YES NO

4. Is the child in need of CPS In-home Services or Out-of-home Services (answer “yes” if the caretaker’s protective capacity is insufficient to provide adequate protection and “no” if the family’s protective capacity is sufficient to provide adequate protection)?
 YES NO

Rationale for Case Decision & Disposition

Document the factual information regarding the findings as they relate to the allegations of abuse, neglect, and/or dependency, including behaviorally specific information regarding the frequency and severity of maltreatment, safety issues, and future risk of harm. Include information to support Yes and No answers above.

Ms. Strickland was able to confirm her identity and allowed the SW to come inside the house. Once in the home, Ms. Strickland began scolding her daughter Susan for the dirty house. Ms. Strickland then staggered to her bedroom where she fell fast asleep. The SW found the trailer in disarray. Clothes and trash littered the floor. Several matches were found on the floor as is someone had been trying to light the kerosene heater to keep warm. The children admitted being hungry to the mother and the SW. Only one package of Ramen noodles was observed by the SW. After the SW telephoned her supervisor and explained to her what she observed, it was decided that a petition should be filed to assume custody of the children because Ms. Strickland was too impaired and could not make a safety plan for the children. The family has limited support system and no one was identified as possible caregiver so the children were placed in a foster home with the McDougals.

Assessment completed within the specified timeframe: YES NO If no, explain:

Family notified of the delay in making case decision: YES NO Document the discussion here or in narrative:

Optional Supervisor Use Only

Optional comments or clarification by the supervisor can be noted here.

If the case decision and/or disposition is different from that indicated in the above Rationale for Case Decision and Disposition, the supervisor must provide documentation to justify the decision and/or disposition.

Children

<u>NAME</u>	<u>AGE</u>	<u>Case Decision for each Child</u>	<u>Maltreatment Findings</u> (Complete for Substantiated Investigative Assessments ONLY)	
1. Susan Strickland	8	<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input checked="" type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
2. Sharon Strickland	5	<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input checked="" type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
3. Samuel Strickland	2	<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input checked="" type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
4.		<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law

5.		<input type="checkbox"/> Substantiated (<u>enter maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
6.		<input type="checkbox"/> Substantiated (<u>enter maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
7.		<input type="checkbox"/> Substantiated (<u>enter maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law

Parents / Caretakers

Parent / Guardian / Custodian / Caretaker / Agency / Foster Home / Group Care / Institution	Relationship to Child	Perpetrator
1. Judy Strickland	mother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

(Complete for Investigation Assessments only)

- At least one of the perpetrators is a candidate for placement on the RIL.
(if so all required letters must be placed in the record and delivered as policy requires.)

Disposition of Case

Case closed (date): Transferred to: County (date):

- Case transferred to CPS In-home Services (date):
- Case transferred to CPS Out-of-home Services (date): **6/20/2016**
- Case transferred to Voluntary Services (date):

Staffing

Names of others present for staffing: **Bill White, John Stevens, Beth Holloway**

Name of CPR contact (if applicable):

Social worker signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

5104 completed and submitted

XIII. ONGOING SERVICES (N/A for this section)

This section must be completed for cases that continue to In-Home or Out-of-Home Services

The Structured Documentation Instrument (DSS-5010) documents the social activities, economic situation, environmental issues, mental health needs, activities of daily living, physical health needs, and summary of strengths (SEEMAPS) identified during the completion of a CPS Assessment. This information, along with the outcomes from the Risk Assessment and the Strengths and Needs Assessment should guide the development of the Ongoing Needs and Safety Requirements document and should detail the needs and the activities intended to prevent foster care placement of child for whom, absent effective preventive services, the plan would be removal from the home.

Identify the Family Strengths and/or Protective Safety Factors in Place:

Judy Strickland is communicative and expresses remorse for leaving her children unattended. She states a willingness to attend treatment. She shows appropriate affection towards her children.

The Ongoing Needs and Safety Requirements document on the next page is not used for Group Care or Institutional Assessments but may be used for licensed family foster home and kinship care providers that are receiving continued CPS services as caretakers to children in their home.

Continuing Needs and Safety Requirements

This document communicates the county child welfare agency’s concerns, identifies services or actions the agency believes will assist in addressing those concerns, and states requirements to maintain your child(ren)’s safety. The activities to ensure your children’s safety must remain in effect until a Family Services Agreement is developed. The county child welfare agency will work with you and your family to develop a Family Services Agreement to specify how the agency will work with you, your family, your family supports, and service providers to reduce the safety and/or risk and, when applicable, to improve the well-being of your children.

The following strengths, needs, and concerns regarding your child(ren)’s present safety or that put them at risk of future harm were identified during the CPS Assessment.
Ms. Strickland left her children unsupervised
Ms. Strickland's substance use affects her ability to parent.
The family is socially isolated without any support system.
The home is in disarray, limited food supply and safety hazards are present (i.e. matches and kerosene heater in reach of children)

The following activities and/or services have been recommended for your family and will be discussed during the development of your Family Services Agreement.
Ms. Strickland has agreed to meet with SW to discuss parental supervision, nutritional and safety needs of the children.
Ms. Strickland has agreed to make an appointment for a substance abuse assessment to determine the effect that drinking has on her parenting abilities.
SW and Ms. Strickland will begin to identify and develop a social support system for her and her family.
SW will arrange for Ms. Strickland to meet with the Work First Worker to explore services that might be helpful to her.

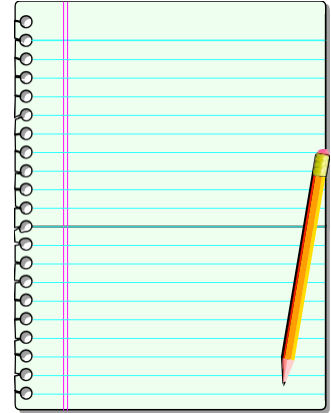
The following activities (agreed to in your Temporary Parental Safety Agreement) to ensure the safety of your children must continue until development of the Family Services Agreement.
N/A

SIGNATURES (Received and Reviewed)			
Child’s Parent or Legal Guardian:	Date Signed:	Child’s Parent or Legal Guardian:	Date Signed:
X		X	
Child’s Parent or Legal Guardian:	Date Signed:	CPS Social Worker:	Date Signed:

Tips for Writing Smart Objectives and Activities

In writing objectives and activities, pay attention to the following suggestions:

- Specify a single key result to be accomplished.
- Specify a target date for its accomplishment.
- Be as specific as possible so the result will be measurable.
- Make the objective or activity readily understandable to the family and others who will be participating in the intervention.
- Ensure that it is realistic, attainable, and represents a relevant and needed change.
- Ensure that it is willingly agreed to (or clearly explained and accepted) by both the family and the worker without pressure or coercion.
- Ensure that it is consistent with agency policies and procedures, and with the Social Work Code of Ethics.



American Humane Association. (1992). Helping in child protective services: A competency based casework handbook. Englewood, CO: American Humane Association.

Take Notes

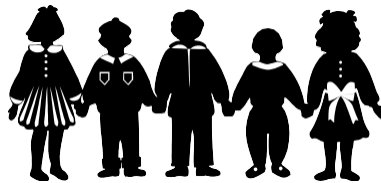


Day Four



Day Four Agenda

- I. Family Time and Contact (Visitation) Plan
- II. Life Books
- III. Placement Disruptions
- IV. Interdependency: NC LINKS
- V. Preparation for Reunification
- VI. Teamwork
- VII. Permanency Planning Review Meetings
- VIII. Documentation
- IX. Transfer of Learning/Wrap Up



Documenting the Visit

Social workers should be creative in implementing visitation to assure frequent and positive visitation. Limiting visits to what is convenient for the agency limits the agency's knowledge of the parent's ability and limits the parents' opportunity to learn and demonstrate how to care for their children. Strategies for creative visitation include:

- **Ask the foster parents.** Visits in the foster home allow the parent to observe a positive approach to child care; allow the child to see all those who care for him/her as allies; and begin the building of a potential permanent resource for the future. This promotes a sense of partnership between the foster parents and birth parents.
- **Think about school and day care.** Most children would welcome lunch with their parents and most schools not only allow it but encourage this. Day care providers may also cooperate with encouragement. The parent can learn about this most important aspect of their child's life, and meet the teacher or day care provider.
- **Include the parents at the doctor or dentist appointments.** This provides the parent with the opportunity to take the responsibility for medical concerns when possible and keeps the parent informed. It can also reassure the child who may be fearful.
- **Take the visits outside the agency.** Parks, playgrounds, fast-food restaurants, and other places allow for visits that more closely resemble normal parent child interaction.
- **Recruit volunteers and make them visitation specialists.** Transportation and the need for supervision should not limit the opportunity for visits. Volunteers may also become role models and mentors.

Policy: Permanency Planning Services: Out of Home Placement Services: Parent/Child Visitation/Family Time

Social workers should observe and document the following during visits:

Who participated? Did the parent come?

How long was the visit?

How did the parent greet the child?

What was the child's response?

Did the parent make derogatory comments to the child about the foster parent or the worker?

What activities took place?

How was the time spent?

Did the parent set limits and/or discipline the child?

Did the parent pay attention to the child's needs?

Did the parent and child display affection?

How did the child behave?

Was the worker required to intervene?

What was the interaction between parent and child?

How did the parent and child separate?



Promoting Reunification through Family Time

The next day, the social worker went to pick up Judy and take her to the initial visit with her children. During the drive, Judy was tearful and berated herself for being a bad parent. She stated that since breaking up with her boyfriend (Samuel's father) a few months ago she has not had any help taking care of her kids. Judy's family lives in Baltimore. She moved to Faison County a year ago with her boyfriend after losing her job in Baltimore. She stated she hasn't had regular income or insurance since losing her job, so no one in the family has had medical care since moving here. At the visit, the worker noticed Judy gave each child a hug and kiss; Judy was again tearful. However, she had difficulty controlling the children. During the visit two-year-old Samuel bit the mother, kicked his sister, and refused to stop when warned by the mother. Five-year-old Sharon kept running out of the visitation room after several requests from the mother to remain in the room. The eldest child Susan struck both children very gently on their bottom with her hand in an effort to make them behave. The younger children seemed to listen to Susan more than to their mother. The worker observed role reversal as well as the mother's inability to discipline her children.

The Challenge

Construct a step-by-step action plan for the worker to use to help Judy Strickland learn ways to discipline her children.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Life Books

What Goes in the Life Book?

A life book is both a tool and a process which can be used to assist a child in gaining information and dealing with emotions in reference to his or her experiences. This record of facts and feelings should help the child to know not only the “how” and “why” of what happened, but it should also enable him or her to fill in and heal the holes and scars that result. The life book construction should be an experience in which the worker joins with the child in an exploration of historic events and their effects. This is not just a collection of data but an opportunity to help the child grieve over the losses and begin to heal in preparation for making new attachments.

A. Things that should be included

1. Child’s birth information- a copy or a certified birth certificate or date of birth, time of birth, location (where child was born), weight at time of birth, and length at time of birth
2. Child’s family tree- genogram, dates of parents’ births, locations of parents’ births, physical description of parents, educational/employment experiences of parents, special health information about parents, statements of reason for placement away from parents, number of siblings of parents, number and ages of other children of the parents
3. Foster homes and relatives’ homes where the child has lived names and addresses of foster families, dates of placements and moves from placements, reasons for moves
4. List of schools and day care centers attended by the child
5. Child’s medical information, especially any special medical experiences
6. Pictures of the child at various ages
7. Names and pictures of siblings
8. Names and pictures of social workers and agencies involved with the family
9. Letters and mementos from parents, relatives, or significant others

B. Other helpful information

1. Pictures- pictures of the birth parents, the birth parents’ home, friends, foster families, pets, schools, and special occasions (birthdays, graduation, Christmas, vacation, awards, etc.) If actual pictures are not available, (e.g. Picture of birth mom), the child might select a picture from magazines that he thinks looks like his mother. This should not take the place of an honest effort to obtain real pictures.
2. Drawings by the child

- 3. Comments by the child regarding drawings or feelings
- 4. Child's achievements- school, church, athletics, hobbies, activities, developmental milestones
- 5. Report cards- teachers' comments, samples of school work
- 6. Stories from foster parents and social workers
- 7. Anecdotes- funny occasions, a scary time, an important experience, jokes
- 8. Friends' comments about the child
- 9. Health and medical information- process of dealing with loss, separation and attachment, and past abuse; therapists' names; frequency and duration of therapy; therapy goals; correspondences; medical information; immunizations; diseases; allergies; medical history of birth family


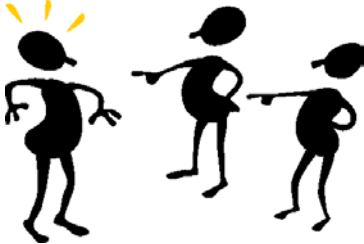



C. Other Items

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Source: Permanency Planning Services: Out of Home Placement Services: Ongoing Placement Services

https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/permanency-planning_manual.pdf

Stages of Disruption

<p>Diminishing Pleasure</p> 	<p>Child as Cause of All Problems</p> 	<p>Going Public</p> 
<p>Turning Point</p> 	<p>Ultimatum</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>You will . . .</p> <hr/> <p>You won't . . .</p> <hr/> <hr/> </div>	<p>Decision to Disrupt</p> 
Stage	Description	
<p>1. Diminishing Pleasure</p>	<p>The negatives begin to outweigh the positives.</p>	
<p>2. Child Seen as Cause of All Problems</p>	<p>Anxiety creates a time of child's "acting out" and the child is seen as the cause of all problems.</p>	
<p>3. Going Public</p>	<p>When talking about the problem to family and friends increases the bad feelings.</p>	
<p>4. Turning Point</p>	<p>A bad or critical incident or crisis occurs and is seen as nearly the "last straw."</p>	
<p>5. Deadline or Ultimatum</p>	<p>Parents set a timeframe for improvement or make the threat, "One more time . . ."</p>	
<p>6. Decision to Disrupt</p>	<p>Child fails to meet the expectations for the deadline or violates the conditions established and "has to go."</p>	

Adapted from Patridge, et al., 1986; CWI, 1999

Reducing the Likelihood of Disruption

Circles of Support

Instructions

Visualize your first home away from home. Then write down the names of people at that time that you could have called on if you experienced a crisis. Organize the names using the following system:

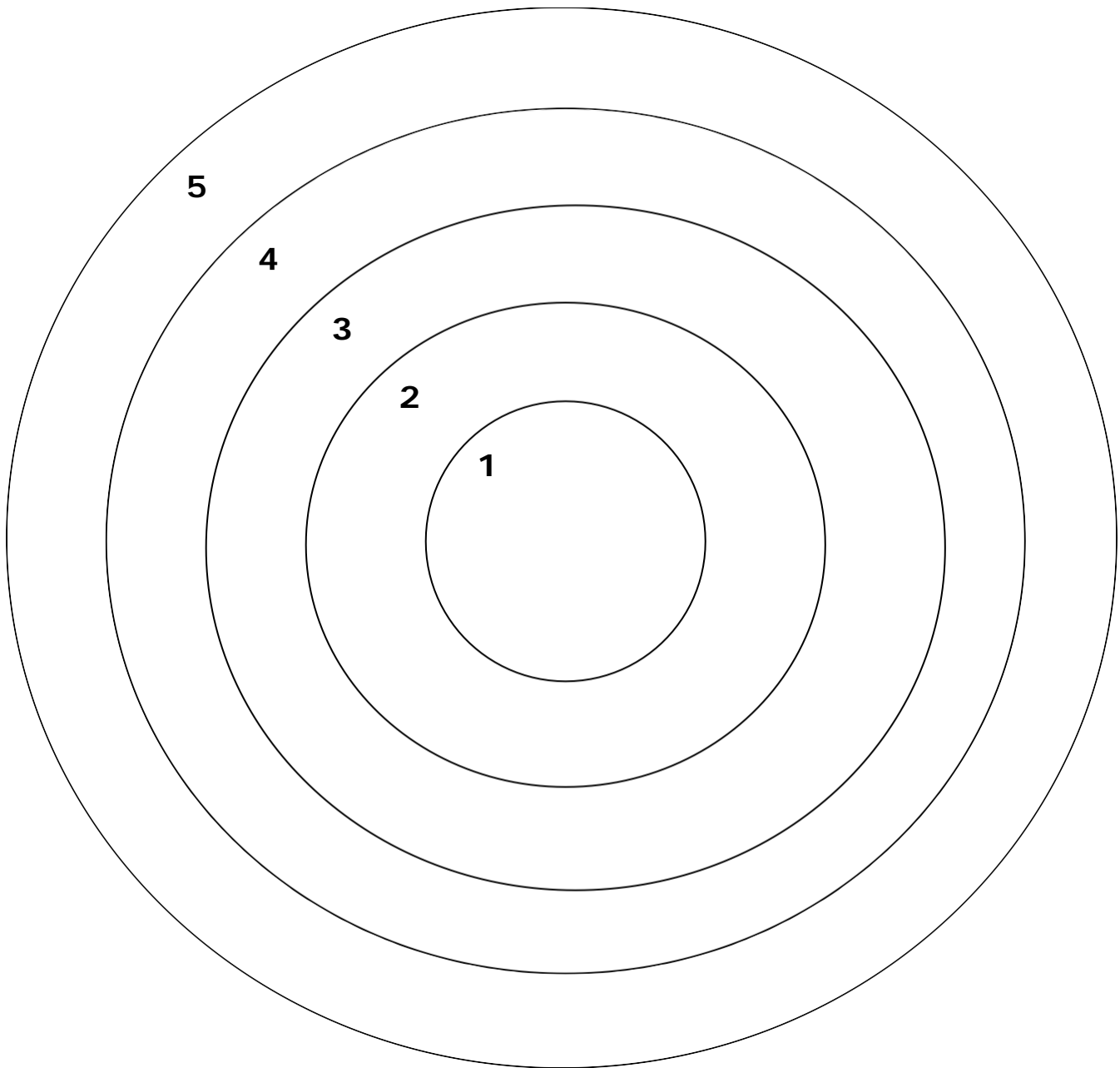
Ring 1 – Immediate Family

Ring 4 – Acquaintances

Ring 2 – Extended Family

Ring 5 – Community

Ring 3 – Close Friends



Foster Care 18 to 21 FACT SHEET

Legal Basis:

- This program stems from the Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. 6893/P.L. 110-351).
- In October 2015, the NC General Assembly revised statutes to extend foster care benefits and services to young adults ages 18 to 21. The following statutes apply to Foster Care 18 to 21 Services:
 - o http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108A/GS_108A-48.pdf
 - o http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_131D/GS_131D-10.2B/pdf
 - o http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_7B/GS_7B-910.1.pdf

Program Eligibility:

An individual who has reached 18 years of age but is not yet 21 years of age, and was in foster care upon his/her 18th birthday, may receive foster care services if the individual is:

- Enrolled in high school or a program leading to an equivalent credential;
- Enrolled in an institution that provides postsecondary or vocational education;
- Participating in a program or activity designed to promote or remove barriers to employment;
- Employed for at least 80 hours per month; or
- Incapable of completing the educational or employment requirements due to a medical condition or a disability.

Court Hearings:

- Young adults will enter the program through a Voluntary Placement Agreement for Foster Care 18 to 21 (DSS-5097)
- An initial court review hearing must be held within 90 days of the date the young adult enters into a Voluntary Placement Agreement with the county agency.
- The court may schedule additional hearings to monitor the placement and progress of the young adult.
- The young adult or county agency may request additional hearings at any time.
- No Guardian ad Litem will be appointed in Foster Care 18 to 21 cases.

County Oversight:

Agency responsibilities include:

- Monthly Contacts and Quarterly In-Home Assessments
- Transitional Living Plans
- Transition Support Team Meetings

- Independent Living Skills
- Eligibility Verifications
- Yearly Credit Checks

Placement Options:

- Foster Home/Facility
 - Family Foster Home
 - Therapeutic Foster Home
 - Group Home
- College/University Dormitory
 - On-Campus Dormitory
 - On-Campus Apartment
 - College Co-Op
- Semi-Supervised Independent Living Arrangement
 - Shared apartment/townhome/house
 - Relative or Family Friend
 - Host Home

Termination Reasons:

- The young adult reaches 21 years of age;
- The young adult no longer meets eligibility criteria*;
- The young adult requests, verbally or in writing, that services be terminated; or
- The court has determined the young adult has violated the Voluntary Placement Agreement for Foster Care 18 to 21.

*A temporary break in participation does not automatically disqualify the young adult from continuing to receive services.

Re-Entries:

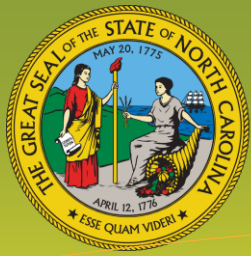
Re-entries into Foster Care 18 to 21 can occur anytime as long as the young adult:

- Is 18, 19, or 20 years old; and
- Meets at least one of the eligibility requirements

Young adults can re-enter the program as many times as the young adults chooses, as long as he/she meets the eligibility criteria.

Foster Care 18 to 21 Policy can be found here:

https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/permanency-planning_manual.pdf



KinGAP

**FACT Sheet for Child Welfare
Professionals**

Program Guidelines:

- Benefits are available for any individual (licensed kin or foster parent) assuming legal guardianship of the youth who has demonstrated a strong attachment and commitment to the youth AND has been licensed a minimum of 6 months prior to entering into an agreement for guardianship assistance.
- Fingerprint clearances and Responsible Individuals List (RIL) checks are required, but there is currently no requirement that they be specifically for the purpose of guardianship. Therefore, fingerprint clearances and RIL checks that are completed at time of licensure will meet this requirement.
- Eligibility for KinGAP is based on the youth's foster care eligibility. A IV-E eligible youth will be IV-E eligible for KinGAP, and a State funded youth will be SFHF eligible for KinGAP.

Kinship Care and the Guardianship Assistance Program

What is KinGAP?

The Kinship Guardianship Assistance Program (KinGAP) is designed to support permanent placements for foster youth who are placed with relatives and other kinship caregivers. In North Carolina, **kin** can be related to the youth by birth, or can have a demonstrated “family-like” relationship with the youth, such as a close friend of the family or the youth’s foster parent. Kinship caregivers are the preferred resource for children and youth who must be removed from their home because this placement maintains the child/youth’s connections with their family. The Guardianship Assistance Program (KinGAP) offers financial assistance and Medicaid for youth who are placed with licensed kinship caregivers or foster parents who are committed to being a permanent home for the youth.

Criteria for KinGAP

- ✓ The court has determined that Reunification and Adoption are not appropriate permanency options for the youth.
- ✓ The youth must be placed in the licensed home for a minimum of 6 months prior to guardianship being awarded.
- ✓ The youth is the placement responsibility of a NC county department of social services at the time of entry into the Kinship Guardianship Assistance Program.
- ✓ The youth is at least 14 years of age but not older than age 18, or is a sibling of the qualified youth who is also placed in the guardianship arrangement.
- ✓ The youth demonstrates a strong attachment to the prospective guardian and has been consulted regarding the guardianship arrangement.
- ✓ The prospective legal guardian shall have entered into a guardianship assistance agreement with the county department of social services who holds custody of the youth prior to the order granting legal guardianship.

Timeline for KinGAP

- A permanent plan of guardianship is established by the Court with adoption and reunification being ruled out as appropriate plans.
- The Guardianship Assistance Checklist and Guardianship Assistance Agreement are completed with the prospective guardian.
- The Court grants legal guardianship to the identified individual.
- Monthly cash assistance at the standard monthly board rate begin the month following establishment of legal guardianship, and will continue until the youth’s 18th birthday.
- For youth who enter into guardianship assistance at age 16 or 17, benefits continue to they turn 21, as long as they meet one of the requirements for Foster Care 18 to 21.



Questions and Answers about North Carolina's LINKS Program

What is the North Carolina LINKS Program? And what does LINKS stand for?

Effective October 2000, the North Carolina LINKS Program replaced the former Independent Living Program for older teens in foster care. The program is mandated through the John Chafee Foster Care Independence Act, and is a IV-E program that is designed to help adolescents aged 13 through 20 who are or were in foster care to become connected with the resources they need to help assure that they will have a well-connected, self-sufficient life. LINKS doesn't "stand" for anything. The word LINKS signifies the connections that every adult needs in life: to family and friends, to businesses, employment, education and training; and to resources and opportunities. The LINKS program is supervised by the state LINKS coordinator and is administered by designated staff in each county Department of Social Services.

LINKS services include an objective, written assessment of the young person's life skills, goals, and motivation to work toward those goals. The assessments are completed by the youth and by someone who has directly observed the youth's skills, such as the caregiver. Once the needs and strengths are identified, the youth and agency develop a plan to work toward goals defined jointly by the youth and agency. These plans are as individual as the assessment findings and should use the strengths and resources that the youth has to become increasingly self-sufficient.

Services are best provided with a Youth Development approach. Services are tailored to the strengths, needs and interests of the youth or young adult. Services are designed with the youth, and may include life skill training, the development and nurturing of a personal support network, exploration of educational and career opportunities, remedial educational assistance as needed, and counseling. For young adults, additional services may include financial assistance to attend school, purchase of needed items or services, or assistance to locate and move into appropriate housing. For youth who left custody and are struggling with achieving self-sufficiency, outreach services and resources are available.

LINKS is an outcome-based service. The Federal government in the establishment of the program identified outcomes that they monitor to assure that Chafee-funded independent living services are effective. Our goal in North Carolina is for every youth and young adult who lives or has lived in foster care as a teenager to achieve the following outcomes by age 21:

- All youth leaving the foster care system shall have sufficient economic resources to meet their daily needs.
- All youth leaving the foster care system shall have a safe and stable place to live.
- All youth leaving the foster care system shall attain academic or vocational/educational goals
- that are in keeping with the youth's abilities and interests.

- All youth leaving the foster care system shall have a sense of connectedness to persons and community. This means that every youth, upon exiting foster care, should have a personal support network of at least 5 responsible adults who will remain supportive of the young adult over time.
- All youth leaving the foster care system shall avoid illegal/high risk behaviors.
- All youth leaving the foster care system shall postpone parenthood until financially established and emotionally mature.
- All youth leaving the foster care system shall have access to physical and mental health services, as well as means to pay for those services.

County LINKS coordinators are encouraged to track and review progress toward these outcomes to provide guidance for all program activities.

Who is eligible for LINKS?

Any youth or young adult who is not yet 21 years of age and who is or was in DSS foster care between the ages of 13 and 21 is eligible for LINKS services through the county DSS. For youth and young adults who are no longer in custody, access to services must be authorized through the county who did have custody. Youth who have reserves equal to or more than \$10,000 are not eligible for services funded through the program. Youth and young adults who are illegal or undocumented aliens are not eligible for LINKS funding. Adoption, emancipation, and marriage do not impact eligibility status.

While a youth may be eligible for services and resources through LINKS, the youth must demonstrate willingness to do their own part in achieving independence. The LINKS program is a wonderful resource for those who need it and who are willing to do their share, but it is **not** an entitlement to those who are not doing so.

Is the local DSS required to provide services to *all* eligible youth and young adults?

Most counties cannot provide LINKS services to all youth and young adults who meet the eligibility criteria and must prioritize the use of their resources. The following are guidelines for prioritizing LINKS services.

Required Services

Counties must offer and provide appropriate services to youth and young adults ages 13-21 that are in agency custody and to young adults who aged out of custody at age 18 and who are not yet 21. Outreach efforts are required for young adults who aged out of foster care and who are not yet 21 to determine their current situations, their interest in continued services, and their need for resources through the LINKS Special Funds program.

Prioritization for Other Populations

Services are strongly recommended for young adults between the ages of 18 and 21 who did not age out of foster care, but were in foster care as teens and are now requesting services. Services are also strongly recommended for youth who were in custody as teens, have been discharged, and who are now between the ages of 13 and 18. Counties are encouraged to work with these youths and their support networks to determine their level of need and their risk of not making a successful transition to adulthood when providing services to these youth and young adults and making service priority decisions.

Can all former foster youth over the age of 18 get help with housing?

No. Only youth who were in foster care on their eighteenth birthday are eligible for consideration for the LINKS Housing Funds. If a young adult receives financial assistance with housing through LINKS Housing Funds, he or she should also receive services from the agency to help him or her adjust to living in an independent setting and support the young adult's ability to maintain their housing situation. Young adults who qualify for these funds are those who were in a foster care living situation on their 18th birthday or who were in a relative placement or other court approved family placement that was not the removal home and the county still had custody. Young adults who were in a correctional facility on their 18th birthday, are specifically not included in this population and cannot receive Housing Assistance through LINKS. They can, however, receive other LINKS Special Funds and services.

Can other LINKS funds be used for rent or rent deposits, or for room and board?

No, only Housing Funds can be used for these costs.

Can other LINKS funds be used for associated costs such as utilities, utility deposits, furniture, moving costs, etc.?

LINKS Transitional Funds may be used for any of these expenses.

What is available for youth and young adults that have problems with alcohol or drugs, or have been in trouble with the law?

If a young person between the ages of 13 and 21 are determined to be at exceptionally high risk due to substance abuse, criminal involvement, homelessness, or other such life circumstances, there are some funds available through LINKS to help pay for services or other resources that will help to reduce that risk. While these funds cannot be used for housing, they can be used for a variety of other services or purchases that have a reasonable possibility of reducing the risk.

You have mentioned Housing Funds and Transitional Funds. How are these funds accessed? Does the money go directly to the youth or young adult?

The county must first establish the eligibility of the individual youth or young adults for LINKS funds. Then the county must advance county funds on behalf of that individual. The social worker and/or county LINKS Coordinators then requests reimbursement before the 15th of the month through the State LINKS Coordinator, and funds are sent by Electronic Funds Transfer (EFT) to the county with the next payment, usually the first week of the following month.

No funds go directly to the youth or young adult from the State LINKS program. Counties are reimbursed directly. The county may choose to reimburse the youth as circumstances direct, or may reimburse a private agency or foster parent for LINKS allowable expenses they have incurred as a part of an agreement with the agency.

Each county should be assured that if they determine a youth is eligible for LINKS funds, they can act quickly to advance funding with the knowledge that they will be reimbursed promptly.

If a youth is from county A and now lives in county B and needs services, who is responsible for authorizing eligibility? For providing services?

The county that had custody is responsible for authorizing access to funds, because they have the case history to verify eligibility. Services may be offered by either county, and reimbursement will go to the county that advances Special Funds and requests reimbursement. This should be arranged between the counties.

What are the responsibilities of a LINKS Coordinator?

Every county is required to designate one or more persons who will assure that required LINKS services are provided to their young youth and young adults. Among the responsibilities of these county LINKS coordinators are:

- Develop a good working relationship with eligible teens and young adults, their caregivers, supporters and social workers, using a positive youth development approach that will provide a challenging and supportive environment which will help their preparation for adulthood
- Work cooperatively with eligible county youth and young adults to develop and conduct a relevant and effective county LINKS program
- Engage the broader community in providing a supportive learning and living environment for teens and young adults from the foster care system, which may include engaging community partners in mentoring youth in jobs, providing tangible supports to the LINKS program, sponsoring achieving youth, training youth in groups about subjects such as banking, credit, car purchases, comparison shopping, and other life skill areas
- Develop budget for operation of the county LINKS program
- Verify eligibility for LINKS and LINKS Special Funds and assure that ineligible youth and young adults are not served using additional Federal IV-E funds
- Submit requests for reimbursement of Special Funds to the state LINKS Coordinator on behalf of a county and assure that expenditure of LINKS Funds are allowable

- Refer eligible young adults to ETV and NC Reach; Consult with the state coordinator as needed
- Conduct diligent outreach efforts to all young adults ages 18-21 who aged out of foster care in the county and provide appropriate services to those young adults
- Creatively advocate for teens in foster care and for young adults who have aged out of foster care and encourage youth to be self-advocates and leaders
- Prepare an annual plan for the county LINKS program; Respond to requests for data from the state coordinator
- Participate in LINKS training offered through the State Staff Development team and other state/partner agency training opportunities (such as LINKS 101 or other courses as appropriate)
- Participation in Regional training and meetings with the state LINKS Coordinator and/or other county LINKS coordinators when schedule allows
- Participate in monthly conference calls with county coordinators and state coordinator when schedule allows
- Assure transportation for county youth to attend regional events such as SaySo conferences, Real World, and LINK-UP conferences and participate actively with youth and other adults in attendance
- Meet with coordinators from other counties to consolidate or coordinate services, as appropriate.

Where can I learn more about the LINKS program in my county?

Every county has an individual who is responsible for assuring that required services are provided. You can get the name of that individual as well as general program information from the State LINKS Coordinator, Erin Conner, at erin.conner@dhhs.nc.gov or 919-527-6351.

https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/permanency-planning_manual.pdf

Profile of NC Reach

In 2007, North Carolina launched NC Reach. The only program of its kind in the country, NC Reach is testament to our state's commitment to the future of all its citizens. NC Reach provides college funding and support services to young people adopted from North Carolina DSS foster care after the age of 12 or who have aged out of the system at 18. Thanks to NC Reach, these students will be able to graduate debt free from any North Carolina public community college or four-year school.

Administered by the Orphan Foundation of America (OFA), NC Reach provides a whole system of financial, academic, and personal support. Because program participants include both foster and adopted youth, the level of support can vary. Some students benefit primarily from the financial aspect; parents who adopt teenagers do not have the time to put aside college funding but can encourage their children emotionally and academically. Others leave the system virtually alone, and NC Reach works closely with them to help them develop independence, sound academic and personal choices, and fiscal responsibility.

NC Reach: Eligibility, Funding, and Benefits Eligibility Requirements

Eligibility Requirements

- Applicants must have aged out of North Carolina's DSS foster care system at age 18 or have been adopted from the system after the age of 12.
- Applicants must be considered residents of North Carolina for tuition purposes.
- Applicants must attend a North Carolina state university or community college. For a list of eligible schools, visit www.northcarolina.edu.
- Participants must maintain a 2.0 GPA on a four-point scale and be making "satisfactory progress" towards a degree.

Funding Process

NC Reach funding is "last dollar," up to the full cost of attendance at the student's school. The following are applied before NC Reach funds are awarded: Pell Grants, Education and Training Voucher (ETV) funding, federal work study, private grants and scholarships.

Benefits

Funding. Graduate debt-free from a community college or four-year public school.

Mentoring. Be matched with a volunteer online mentor (vMentor) based on professional/academic/personal interests and goals.

Workshops. You must attend at least one workshop every semester. Topics relate to school, work, and home life.

Academic Support. Participants are coached by mentors, NC Reach staff; if they fall below a 2.0 GPA they are enrolled in a program for intensive academic support.

Internships. Participants are eligible for paid, supported summer internships across NC and in Washington DC.

Care Packages. Receive three care packages a year, including the signature Red Scarf Valentine's Day package.

Administrative support. Participants are supported by NC Reach's highly trained administrative staff, who help guide them from incoming freshman to graduating senior.

For further information or to enroll, visit www.ncreach.org or contact Amanda Elder, NC Reach Program Manager, at 1-800-585-6112 or amanda@ncreach.org.

North Carolina Education and Training Voucher Program

The **North Carolina Education and Training Voucher Program** is a federally-funded, state-administered program designed to help youth who were in U.S. foster care. Students may receive up to \$5,000 a year for qualified school related expenses. Funding is limited and available on a first-come, first-served basis to eligible students. Applicants must complete the ETV application which includes documentation each semester that is sent directly from the school to ETV confirming enrollment, the cost of attendance (COA) and unmet need.

ELIGIBILITY REQUIREMENTS

- You must be a current or former foster student who was:
 - in U.S. foster care on or after your 17th birthday, **OR**
 - adopted from U.S. foster care with the adoption finalized **AFTER** your 16th birthday **OR**
 - entered a kinship guardianship placement from foster care on or after your 16th birthday.
- You must be a U.S. citizen or qualified non-citizen.
- Your personal assets (bank account, car, home, etc.) are worth less than \$10,000.
- You must be at least 18 but younger than 21 to apply for the first time. You may reapply for ETV funds, if you have a current grant, up to the age of 23.
- You must have been accepted into or be enrolled in a degree, certificate or other accredited program at a college, university, technical, vocational school. To remain eligible for ETV funding, you must show progress toward a degree or certificate.

For more information, please call 800-585-6118x1 or email nc@statevoucher.org. Our fax number is 866-283-0223.

Strickland Family Update

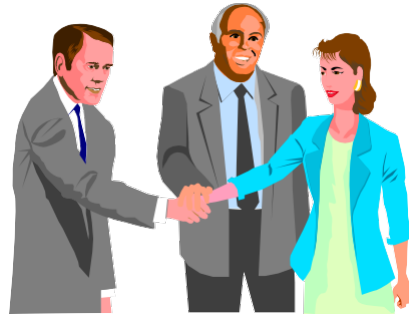
The Strickland children have been in foster care for ten months. Judy continues to have weekly visits with her children. During these visits she is demonstrating discipline techniques she learned through parenting classes and has shown growth in controlling her children. Her children express excitement at seeing her and like to show her their schoolwork and drawings.

Susan continues to take on a parenting role with the younger children, and sometimes gets into power struggles with her mother. After initially coming up with various reasons for not attending treatment, for the last six months Judy has attended Alcoholics Anonymous and a support group at a local church.

According to the mental health worker, she has missed two appointments during the last six months; these absences were due to a transportation problem. She has taken small steps in cleaning her house. The children are doing well in their foster placement.

There have been no new substantiations or maltreatment concerns for the family. The third Permanency Planning Review meeting is due this month.

Characteristics of an Effective Work Team



1. **Clear Task:** The task or objective of the group is well understood and accepted by the group.
2. **Informality:** The "atmosphere" tends to be informal, comfortable, relaxed. There are no obvious signs of tension or conflict.
3. **Participation:** The environment is comfortable enough to allow everyone the freedom to participate. Discussion remains pertinent to the task of the group.
4. **Listening:** The members listen to each other! Every idea is heard and respected.
5. **Disagreement:** There is disagreement but the team is comfortable with this and shows no signs of avoiding conflict, but works towards a resolution.
6. **Consensus:** Most decisions are reached by consensus. The strengths of the family and safety and permanence for a child remain the focal point. Voting should be avoided or at least minimized.
7. **Open Communication:** Team members feel free to express their feelings on the task as well as the group's functioning.
8. **Clear Assignment:** When deciding action will be taken, clear assignments are made and accepted.
9. **Shared Leadership:** While the team may have a formal leader, leadership functions may shift from time to time depending upon the circumstances, the needs of the group, and the skills of the members.
10. **Self-Assessment:** Periodically, the team stops to examine how well it is functioning and what may be interfering with its effectiveness.

Successful Collaboration in Child Assessment and Preparation

Successful collaboration in child assessment and preparation requires:

- The involvement of other professionals in the planning for the child
- Clearly defined member roles and responsibilities
- Shared goals and concurrent planning
- Realistic time frames and measurable goals
- The recognition and support of each other's efforts
- The ability to pool available resources
- An open and safe environment to discuss issues
- A foundation of mutual respect
- Accurate assessment by practitioners who remain cognizant of barriers to meeting the child's needs
- The assessment by the practitioners of their own cultural biases and the acknowledgement that cultural differences as well as similarities exist
- An evaluation of the work

Source: Child Assessment & Preparation (CAP) Curriculum Training by Spaulding for Children (p. 69)

Establishing and Maintaining Effective Collaboration in the Assessment and Planning Process

Check Yourself

Have you . . .

- Actively involved other service providers, the parents (custodial and noncustodial parent), relatives, kin, guardian, or foster parent?
- Contacted previous and current representatives of services and advocacy provider agencies to develop collaborative strategies for providing comprehensive services?
- Established alliances with other community resources, such as church, community or recreation centers, school, etc.?
- Had contact with the legal representative for the child?
- Engaged all collaborators in the concurrent planning process?
- Provided collaborators involved in planning with information about the assessment and preparation process and permanency goal for the child?
- Assessed the commitment level of all team members, including families?
- Kept all members informed?
- Assessed your own cultural biases?
- Continually evaluated the collaborative effort?

Source: Child Assessment & Preparation (CAP) Curriculum Training by Spaulding for Children (p. 70)

Take Notes



Appendix

Transfer of Learning Tool (TOL)

Relative Interest Form (DSS 5316)

Relative Notification Sample Letter (DSS 5317)

Relative Search Information (DSS 5318)

Initial Provider Assessment (DSS 5203)

Initial Provider Assessment Instructions (DSS 5203 Ins)

Comprehensive Provider Assessment (DSS 5204)

Comprehensive Provider Assessment Instructions (DSS 5204 Ins)

Water Hazard Safety Assessment Form (DSS 5018)

Individual Water Hazard Safety Plan (DSS 5018a)

Applying the Reasonable and Prudent Parent Standard

Reasonable and Prudent Parent Activities Guide

Monthly Foster Care Contact Record (DSS 5295)

Monthly Foster Care Contact Record Instructions (DSS 5295 Ins)

Permanency Planning Family Services Agreement (DSS 5240)

Permanency Planning Family Services Agreement Instructions (DSS 5240 Ins)

Child Education Status (DSS 5245)

Child Education Status Instructions (DSS 5245 Ins)

Foster Child Notification of Placement (Change) Form (DSS 5133)

Foster Child Notification of Placement (Change) Form Instructions (DSS 5133 Ins) Foster

Child Immediate Enrollment Form (DSS 5135)

Foster Child Immediate Enrollment Form Instructions (DSS 5135 Ins)

Best Interest Determination Form (DSS 5137)

Best Interest Determination Form Instructions (DSS 5137 Ins)

Best Interest Determination Form-Override (DSS-5137a)

General Authorization for Treatment and Medication (DSS 1812)
General Authorization for Treatment and Medication Instructions (DSS 1812 Ins) Initial Visit for Infants/Children/Youth in DSS Custody (DSS 5206)
Health History Form (DSS 5207)
Health History Form Instructions (DSS 5207 Ins)
30 Day Comprehensive Visit for Infants/Children/Youth in DSS Custody (DSS 5208) Well-Visit for Infants/Children/Youth in DSS Custody (DSS 5209)

Family Time and Contact (Visitation) Plan (DSS 5242)

Notice to Parent of Proposed Change in Placement of Child(ren) (DSS-5189 I)
Notice to Parent Regarding Proposed Change in the Placement of Child(ren) (DSS-5189II)

Transitional Living Plan for Youth/Young Adults in Foster Care (DSS 5096a) Transitional Living Plan - 90 Day Transition Plan for Youth in Foster Care (DSS 5096b) Transitional Living Plan - 90 Day Transition Plan for Young Adults in Foster Care 18 to 21 (5096c)
Transitional Living Plan - Helpful Resources for Young Adults (5096d) Voluntary Placement Agreement for Foster Care 18 to 21 (DSS 5097)
Monthly Contact Record Foster Care 18-21 (DSS 5098)
Transition Checklist
Foster Care Verification Letter (template)

Permanency Planning Review (DSS 5241)
Permanency Planning Review Ins (DSS 5241a)
Notice to Permanency Planning Review (DSS 5189 III)
Notice to Parent Regarding Permanency Planning Review Outcome (DSS 5189 IV)

Family Meeting Preparation
Family Reunification Assessment (DSS 5227)

Youth Input into Services Agreement (DSS-5254)

NCDHHS-DSS, Child Welfare Services
 Permanency Planning in Child Welfare, APPENDIX
 December 2020

Transfer of Learning Tool (TOL)

Instructions: **Part A** is completed and submitted to the trainer prior to the first day of class. **Part B** is completed during the training and **Part C** is completed within 7 days after the training event.

Tool goals:

1. Ensure social workers get as much as possible from training;
2. Support social workers in transferring learning and skills from training to the workplace.

See page 6 for Course Competencies

Course Title: **Permanency Planning in Child Welfare**

Training Dates: _____ Location: _____

Part A: Training Preparation *Complete and submit to the trainer prior to the first day of class.*

Date of pre-training meeting between supervisor and social worker (Part A): _____

A1. **Social Worker's goals for the training** (*What do you hope to get out of this training? What do you want to walk away from the training knowing or doing?*)

A2. **Supervisor's goals for the training** (*What does the supervisor want the worker to walk away from the training knowing or doing?*)

A3. List specific questions the social worker would like answered about the topic:

A4. List current opportunities the social worker might want to apply learning during and after this training:

A5. List any steps the social worker will take to prepare for the course (e.g., review NC child welfare team policies)

A6. What are potential barriers to course attendance and full participation? What supports will be provided to address barriers (e.g., no calls during training days, etc.)?

Supervisor's Signature: _____ Date: _____

Worker's Signature: _____ Date: _____

Part B: During the Training

At the end of each training day, you will be asked to complete TOL activities to apply your learning. Please only answer these questions when prompted by the trainers. You will share your responses and ideas with your supervisor in your follow up meeting after the training.

Day One Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Two Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Three Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Four Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three “takeaways” for today?

Summary of Reflections

Review your notes from all training days and consider the following:

1. Consider the Transfer of Learning plan you negotiated with your supervisor and your reflections during the training, identify a few action items you want to discuss with your supervisor in your post training follow up meeting.
2. What are the merits of the action items you selected? How will they strengthen your practice, benefit the agency and/or enhance the safety and well-being of children?
3. What resources or supports will you request?
4. What barriers or pitfalls do you anticipate? How can you address these? What supports do you need?

Part C: Post-Training Debrief *Complete within 7 days after last day of training and email to registrar@dhhs.nc.gov*

Date of debriefed meetin with supervisor: _____

C1. What are the top three things you learned from the training?

C2. Describe your action plan in response to this training.

C3. What might be some **potential barriers** to applying the skills and knowledge obtained from the training (e.g., time, resources, etc.)? How might these barriers be overcome?

C4. What do you need from your supervisor to apply what was learned in this training?

Supervisor's signature: _____ Date: _____
Social Worker's signature: _____ Date: _____

Competencies

- Understands the fundamental concepts of culture, how one's own culture affects one's perceptions, behavior and values; and knows how cultural differences can affect the delivery of child welfare services
- Understands the process and dynamics of normal, reciprocal attachments of children with their families and significant caregivers.
- Knows the necessity of regular and frequent visits to maintain family members' relationships with a child in placement; and can use effective practices to make visitation more beneficial for the child and family.
- Understands the importance of conducting routine and timely case reviews with families and knows how to reassess the outcomes of plans and service interventions and make appropriate modifications.
- Can assess the needs of children requiring placement and can select and maintain the most appropriate, least restrictive, most homelike, culturally relevant setting to meet the child's needs.
- Can recognize the physical, emotional, and behavioral indicators of stress in adults and in children of varying ages.
- Knows the stages of grief and understands how grief manifests in children at different developmental levels, in birth parents and substitute caregivers.
- Knows how to use family-centered casework methods to promote family preservation and permanence for children by involving family members in case planning, providing services to maintain children in their own homes, assuring family members' involvement with their children in placement, and providing the services needed to achieve timely reunification.

- Knows ways to help children and families manage stress and knows the importance of intervening early to help prevent escalation into crisis.
- Knows how to use family-centered casework methods to promote family preservation and permanence for children by involving family members in case planning, providing services to maintain children in their own homes, assuring family members' involvement with their children in placement, and providing the services needed to achieve timely reunification.
- Knows ways to help children and families manage stress and knows the importance of intervening early to help prevent escalation into crisis.
- Knows the importance of post-placement supportive and treatment services and can assure that these services are provided to children and their adoptive and foster families.
- Understands the significance of kinship relationships to a child and knows ways to encourage and maintain these ties whenever possible.
- Able to develop collaborative relationships with caregiving families and can promote joint planning and delivery of services for the child in care.
- Understands the factors that contribute to placement disruptions and knows strategies to prevent disruption
- Understands the complex issues involved in service termination and case closure and can plan for case closure and follow-up services.
- Can apply the relevant federal, state and local laws, policies, procedures and best practice standards related to their area of practice and understands how these support practice towards the goals of permanence, safety, and well-being for children.
- Knows and can apply social work values and principles in child welfare practice.
- Understands the importance of effective case planning and knows the steps in the case planning process.
- Understands the purpose, operations and benefits of multi-disciplinary teams and can function as a contributing member of the team.

_____ (Date)

Relative Name:

Street Address:

City/State/Zip:

Dear _____,

_____ (Child/ren Name/s) _____ (has been, have been, will be) removed from the physical custody of _____ (caretaker name) and _____ (is/are/will be) placed into the care and custody of _____ (County DSS). You are being contacted because you have been identified as a relative. North Carolina recognizes and values the importance of children's relationships with relatives. Under federal law when a child is removed from parental custody, close adult relatives have a right to be notified and given options about how they can participate in the care and planning of the child.

As a relative, you may consider having contact with _____ (Child/ren Name) such as writing letters, phone contact or visitation. You may also consider providing a temporary or permanent home where _____ (Child/ren Name) can live. Where children live depends on the needs of each child, your interests and the assessment of the home.

Enclosed you will find a self addressed stamped envelope and two forms. One form is called, "**Relative Interest Form.**" This form includes a place to check if you would like to have contact with _____ (Child/ren Name/s) and, or if you might be able to provide a home for _____ (Child/ren Name/s). The back of the form lists options on how relatives may be able to provide a home to children. The other form is the "**Relative Search Information Form,**" and can be used to write down contact information of other family members you know of that we may contact.

Since we are currently planning for _____ (Child/ren Name/s), please complete and return the forms within 30 days. If the forms are not returned and, or DSS is unable to communicate with you in some other way, DSS will assume that you are currently unable to provide a family connection or a home for {Child's Name} to live. You may return forms to: _____ (Social Worker), _____ (County DSS), _____ (Address), _____ (City/State/Zip).

If you have any questions regarding the information in this letter, please don't hesitate to contact _____ (Social Worker) at _____ (Phone #).

Sincerely,

Relative Interest Form

I, _____ understand that _____
Relative's Name Child/ren's Name(s)

_____ (has been/have been/will be) placed in the custody of _____ (County DSS), and may be in need of a temporary and or permanent home. Children also benefit from having a family connection and receiving support from their relatives.

1. Please indicate if you wish DSS to consider you for having contact with the child/ren, such as writing letters, phone contact, visitation or other type of involvement:

(Check only one)		Yes. <u>Do</u> consider me for having some type of contact with child/ren.
		No. <u>Do not</u> consider me for having contact with child/ren.

2. Please indicate whether you wish DSS to consider you as a possible temporary placement (see back of this form for description of temporary placement options):

(Check only one)		Yes. <u>Do</u> consider me as a temporary placement for child/ren.
		No. <u>Do not</u> consider me as a temporary placement for child/ren.

3. Please indicate whether you wish DSS to consider you as a possible permanent placement (see back of this form for description of permanent placement options):

(Check only one)		Yes. <u>Do</u> consider me as a permanent placement for child/ren.
		No. <u>Do not</u> consider me as a permanent placement for child/ren.

To be considered for any of the above options, please sign, date and return this form in the self addressed envelope within 30 days. If you do not return this form or if DSS is unable to communicate with you in some other way, DSS will assume that you are currently unable to provide a family connection or a home for the child/ren to live. If you are unsure and would like to discuss the child/ren's needs and options available to you, please contact _____ (social worker) at _____ (phone number).

(Relative Signature) / /
(Date)

Contact Number: () _____ Email: _____

cc: case file Date mailed to relative: _____

When children are removed from the custody of their parents they may be placed in a temporary home. Below you will find **temporary placement** options that relatives may provide:

	Kinship Provider (Non-Licensed)	Licensed Foster Care/Kinship Provider
Requirements for <u>temporary</u> placement resource Criminal and child welfare background checks are required for both options	Kinship home assessment; Court approved/designated	Participate in 30 hours of pre-service foster parent training; First Aid/Universal precautions/CPR training; fire inspection; fingerprint check; physical exam; provide identification document (driver's license, social security card, auto insurance etc); proof of adequate income to support self; Approved home study
Financial supports that <u>may</u> be available to children/relative providers	Work First grants, medical/dental coverage, food stamps, daycare	Foster care reimbursement payments, medical/dental coverage

When children are not able to return to the care their parents, an alternate permanent placement is made for children. Below you will find **permanent placement** options that relatives may provide:

	Adoption	Guardianship	Legal Custody
Requirements for <u>permanent</u> placement resource Criminal and child welfare background checks are required for all options	Approved adoption home study	Guardianship suitability study	Home study Court sanctioned
Financial supports that <u>may</u> be available to children/relative providers	Adoption assistance payments, medical/dental coverage; Adoption tax credit for adoptive parents	Subsidized guardianship payments (if offered by the county)	Work First grants, medical/dental coverage, food stamps, daycare

Relative Search Information

Name of Person Completing Form: _____

Social Worker: _____
County: _____

Child's/Children's Name: _____

1. Relative Information	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone: () Cell/Work Phone: () Email: _____			
For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			

2. Relative Information	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone: () Cell/Work Phone: () Email: _____			
For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			

3. Relative Information	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone: () Cell/Work Phone: () Email: _____			
For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			

4. Relative Information	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone: () Cell/Work Phone: () Email: _____			
For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			

5. Relative Information	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone: () Cell/Work Phone: () Email: _____			
For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			

Initial Provider Assessment

Temporary Safety Provider

Kinship (Relative or Fictive Kin) Care Provider

Case Name:	County Case Number:	Date:
------------	---------------------	-------

Children to be placed

#	Child's Name	SIS Number	DOB	Gender	Race	Ethnicity	Needs/Behavioral Considerations
1							
2							
3							
4							

Safety or Kinship Provider (Caretaker) Information

#	Provider(s) Name	SS#	DOB	Gender	Race	Ethnicity	Relationship to Children	Place of Employment/ Source of Income
1								
2								
3								

*Provider Address:

Provider Phone(s):

Other Members of the Household

#	Name	SS#	DOB	Gender	Race	Ethnicity	Relationship to Provider	To participate in care of children? Y/N
1								
2								
3								
4								
5								

Background Checks Completed for all household members over age of 16, including providers

#	Name	Criminal History Found Y/N	Criminal Activity identified	CPS History Found Y/N	CPS History
1					
2					
3					
4					
5					

Be sure to obtain any other names that may have been used by any household member (maiden name, AKA, etc.) for background checks.

911 calls for provider's address(es) have been reviewed. Date/Reason for 911 calls: _____

(Enter NA if no 911 calls)

*Ask Provider the length of time he/she resided at this address. If under 2 years, request previous address(es).

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Child(ren)'s Needs			
	1. The provider has/had a relationship with the child(ren) and/or family and understands the child(ren)'s needs.	Discuss provider's relationship with the children and the provider's understanding of all the child(ren)'s needs and/or behaviors (see child(ren)'s needs on page 1). Discuss the relationship between the children and other members of the provider's household. Discuss the relationship between the provider(s) and the child(ren)'s parents.	
	2. The provider is willing to provide age-appropriate supervision for the child(ren).	Discuss the family's plan for supervising the child(ren), including any needs for additional services (day care, for example) to provide supervision.	
	3. The provider will use fair, reasonable discipline which emphasizes positive reinforcement.	Discuss family's discipline practices. Does the family agree to not use physical punishment, isolation, deprivation of food, threats of harm, or humiliation? Discuss appropriate disciplinary measures for the above listed child(ren) based on age and maturity and needs and the agency's expectations about use of positive reinforcement.	
	4. The provider is willing and able to ensure that the child(ren)'s well-being needs will be met.	Discuss with the provider any upcoming needs for the child(ren). a. Does the provider have the means to transport the child(ren) to upcoming medical, dental or mental health appointments? Do they have ability to respond to an emergency need (medical or other)? Do they have first aid	

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		<p>supplies? Does the child have any allergies that need to be addressed?</p> <p>b. How will the child be maintained in current educational setting? If not, how will the child(ren) be supported through the transition?</p> <p>c. Are there any cultural or faith considerations?</p>	
	<p>5. The provider is willing and able to protect the child(ren) from continued maltreatment. The family will report any evidence that the child has been abused or neglected.</p>	<p>a. The provider agrees to not take sides regarding the allegations; will not blame the child.</p> <p>b. Discuss reporting requirements with the family; obtain and document provider's commitment to report any concerns to the agency. Discuss behavioral indicators of abuse and neglect.</p>	
	<p>6. The provider is willing and able to provide appropriate boundaries to protect the child. The provider will enable the child(ren) to maintain connections with other family members.</p>	<p>Discuss with the providers any requirements around contact between the child(ren) and parents (including phone calls). Determine that the provider is able and willing to support appropriate contact with the birth parents. <u>Include additional documentation if needed that defines visitation and supervision requirements.</u> Determine if there are any issues regarding visits by friends or extended family members.</p> <p>Discuss how contact can be maintained with friends, siblings and extended family members.</p>	
	<p>7. The provider has sufficient financial resources to meet the child(ren)'s basic needs, immediate needs, and/or has access to resources.</p>	<p>a. The provider has sufficient resources to provide for child(ren)'s basic needs (shelter, food, clothing, basic health care, etc.).</p> <p>b. The provider has sufficient resources to be able to take on the extra responsibility of the child(ren) in addition to covering the needs of the current household members (consider</p>	

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		<p>possibility of higher utility bills, medical needs, transportation expenses, etc.).</p> <p>Discuss eligibility requirements for IV-E assistance or other agency assistance available.</p>	
	8. The provider's home will have adequate sleeping space with reasonable privacy and comfort for each child.	The bedroom for all children must be seen. The provider has a reasonable plan for each child that considers the child(ren)'s age, gender, needs and history.	
Safety			
	9. The provider's home is free of safety hazards.	<p>Assessment requires all rooms of the home are seen and assessed for safety, including:</p> <ul style="list-style-type: none"> a. There are working smoke detector(s). b. The family has approved car seats based on age and weight. Children up to age 8 or 80 pounds must have a car seat. c. All dangerous cleaning supplies, medicines, and any other dangerous chemicals are inaccessible to children. d. All weapons are locked and inaccessible to children. e. All entrances/exits to and from the home are unobstructed. f. There are no observable safety hazards (uncovered electrical outlets or exposed wires, broken windows, doors or steps, or rodent/insect infestation). g. <u>The Water Hazard Safety Assessment Form-DSS-5018-is complete and attached</u> h. <u>If a Water Hazard is identified, MUST complete 5018a for each child placed in the home</u> 	
	10. The provider's home has adequate and sanitary utilities.	Toilet (outhouse), and kitchen facilities and utilities (refrigerator, stove, oven) viewed by assessor, determined to be in reasonably sanitary and working	

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		condition. The home has all basic utilities (water, electricity, and heat) and in full operating condition. The provider has a working telephone (or cell phone).	
	11. The provider(s) have a clear background (NO history of involvement with child protective services and NO criminal history that precludes them from caring for the child(ren)).	<p>a. CPS records check has been completed. The provider(s) provides a self-report with no CPS history of concern.</p> <p>b. Criminal checks has been completed. There must be NO findings of convictions or pending charges for violence, sexual offenses, crime against minors, or other criminal acts that would place the child(ren) at risk.</p> <p>Any exceptions require supervisory approval.</p>	
	12. The provider(s) (and no other household member) use of alcohol or any other substance use does not present risk of harm to the child(ren).	Provider(s) understands and acknowledges risks associated with use of substances, including alcohol, while providing care to children. Any criminal history related to alcohol use or possession was discussed. Assessment of this element should include: The provider(s) provided a self-statement regarding use of alcohol or other drugs, observations of the provider(s) and the home, and other possible indicators.	
	13. Provider(s) do not have a history of domestic violence.	Assess the provider(s) knowledge and understanding of domestic violence and impact on children. Obtain and document a self-statement regarding control and fear in any intimate relationship in provider(s) personal history. Discuss any 911 responses to the home related to domestic violence resulting with or without arrest. Discuss any past or current 50B orders regarding household members or prior partners of household members.	
	14. Provider(s) are physically and mentally	Document self-statement, observation, and evidence. Discuss any medication that any providers in the home are prescribed or use on a regular basis.	

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
	capable of providing care for the child(ren).	Discuss chronic illness for any member of the household (this may not have any impact on ability to provide care but may eliminate issues and/or future questions). Example: infant child can be lifted by provider even with provider history of back issues.	
Summary / Other			
	15. Other: Provider(s) are able to meet any other special needs for the child(ren).	<ul style="list-style-type: none"> a. Discuss any identified special needs (not already addressed), for example, child's fear of pets, smoke allergies and confirm how the needs will be met. b. Discuss any case specific considerations that could impact the Temporary Parental Safety Agreement or the In-Home or Out-of-Home Family Services Agreement and assess the provider(s) ability to handle (threats by a parent, past relationship between provider and parent, etc.). 	
	16. Provider(s) are willing to provide care for the child(ren) and for how long.	Discuss provider's willingness to care for the child(ren) with agency involvement and following agency requirements and the length of time they are willing to provide care. Discuss the agency's requirement to monitor the children and the anticipated frequency of home visits.	

Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.

Agreement regarding care of the child(ren) (BOTH types of providers):

- The Provider understands that the following cannot happen without the county child welfare agency knowledge:
 - The child(ren) shall not return to the parents care (as defined by assessment or in-home Safety Agreement or non-secure order).
 - Any change to the make-up of the provider's household or a household move by the provider shall be immediately communicated to the agency.
 - All contact between the child(ren) and parents shall be according to the supervision/visitation plan developed with the parents.
 - The child(ren) shall not move to another home/out of the home approved by this assessment. Any need for a move of the child(ren) shall be immediately communicated to the agency.
- The Provider is able to maintain contact with the parents to communicate about the child(ren)'s needs and well-being.
- The Provider agrees to ensure that the child(ren) get to needed medical, dental, mental health and educational services.
- The Provider understands that if for any reason the county child welfare agency determines that the needs of the child(ren) are not being met, the child(ren) may be removed from the home.
- The Provider agrees to notify the Social Worker immediately if there are any changes related to the care of the child(ren).
- The Provider understands that the county child welfare agency has the responsibility of assessing the safety and well-being of the child(ren) and will need to have access to the child(ren) and the provider's home whenever requested.
- If the need for a Temporary Safety Provider(s) continues beyond 45 days or for a Kinship Provider continues beyond 30 days, another assessment will be completed and the children may be removed from the home at or around that time.

Agreement for Temporary Safety Providers (NOT kinship providers):

- **The provider understands that this is a voluntary arrangement made by the parents and the county agency does not have custody of the child(ren). If a parent indicates to the Temporary Safety Provider that they desire to end this voluntary arrangement, the Temporary Safety Provider must contact the county agency immediately.**
- If the need to modify or review use of a Temporary Safety Provider occurs, this Initial Provider Assessment will be updated as needed, and the children may be removed from the home at or around that time.

The purpose of this Initial Provider Assessment is to determine that the child(ren) can safely live in another household, one that the parent(s) have identified and agree with, without their parents OR as defined by a Safety Agreement (during the provision of Child Protective Services) that a Temporary Safety Provider can reside in the family home. The Initial Provider Assessment should determine: a) if all individuals in the provider's home are appropriate (or that the Temporary Safety Provider is appropriate to reside in family home), b) that the provider's household and physical environment is safe (except for when the Temporary

Safety Provider will reside in family home), and c) that the child(ren)'s needs can be met. While using a provider the parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren). A plan to meet the child(ren)'s safety and well-being has/will be developed and there is common understanding about that plan (which also addresses visitation and contact between the parent(s) and child(ren)).

Start Date for Child(ren):		Review Date (if needed):	
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We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above- named children.

Provider's Signature	Date	Provider's Signature	Date
Provider's Signature	Date	Provider's Signature	Date

To be completed by county child welfare agency:

Recommendation. Approve Not Approve

If the recommendation is to approve and there are any findings of F (Follow up Needed), justification should be provided below. The recommendation should be to Not Approve with a U (Unacceptable) finding for any requirement.

Social Worker's Signature	Date	Supervisor's Signature	Date

Initial Provider Assessment Instructions

When placement of a child in the home of an identified provider, including a relative or other kin, is being explored, the agency is required to assess the suitability of that home. **The Initial Provider Assessment Form must be completed prior to placement of any child with a provider. It must also be used when a Temporary Safety Provider is identified to move into the family home to meet the need for a parent's access to their child(ren) to be restricted/supervised during the provision of Child Protective Services.**

Child Welfare Service	Assessment Forms To Be Completed
CPS Assessment--child cannot be safely maintained in own home or a Temporary Safety Provider will move into the family home. Parent identifies the Temporary Safety Provider.	Initial Provider Assessment (check Temporary Safety Provider box), Safety Assessment that reflects use of Temporary Safety Provider
CPS In-Home Services--child cannot be safely maintained in own home or a Temporary Safety Provider will move into the family home. Parent identifies the Temporary Safety Provider.	Initial Provider Assessment (check Temporary Safety Provider box), Safety Assessment that reflects use of Temporary Safety Provider, Comprehensive Provider Assessment must be completed when arrangement continues beyond one month.
Child Placement Services--relative/kinship homes are explored as resources when a child(ren) is in agency custody.	Initial Provider Assessment (check Kinship Care Provider box), Comprehensive Provider Assessment must be completed when placement continues beyond one month.

Definitions

Temporary Safety Provider: Any provider identified during the provision of Child Protective Services. A parent should identify the Temporary Safety Provider and a parent must voluntarily agree with the decision to use a Temporary Safety Provider. Use of a Temporary Safety Provider is intended to be short term and to address an immediate or impending safety threat.

Kinship Care Provider: Any provider (relative or fictive kin) identified or in place during Child Placement Services. Identification of a Kinship Care Provider by a parent is desired; however a parent may not always agree with the decision to evaluate or place a child with a specific kinship care provider. Placement with a Kinship Care Provider often lasts for months or years, has court oversight, and addresses safety and/or risk factors.

Ratings for the Requirements (A/F/U)

Acceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be safe and appropriate for consideration for the child(ren) regarding this requirement.

Follow Up Needed: Based on the information obtained, services and/or modifications are required for the provider(s) and/or his or her home to be found safe and/or appropriate for the child(ren) regarding this requirement. Any identified services or modifications must be clearly identified with a plan for resolution with a required completion date (indicate on Page 8 Review Date). Use page 7-8 to document additional details if needed. If a provider is unable to provide care immediately, but could do so within a short time frame, assess if this is the best resource for the child and, if so, arrange for another provider (preferably with a relative) and assess this resource as a backup placement.

Initial Provider Assessment Instructions

Unacceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be unsafe and/or inappropriate for the child(ren) regarding this requirement.

Completing the Initial Provider Assessment

Any restriction of a parent's access to his or her child is traumatic for that child. The Initial Provider Assessment will support decisions about use of a provider that is safe and able to meet the child(ren)'s needs.

All the information requested on Page 1 must be completed and updated as additional information is received. Note: Development of a diagram of the kinship network is a helpful tool in working with the family to help them identify its support system, the nature of the interrelationships and recurring patterns in issues such as abuse, substance use, suicide, etc.

Page 1 captures demographic information and information required for background checks, including criminal, CPS, and 911 call logs. Be sure to ask the provider how long he/she lived at the current address. If under 2 years, obtain previous addresses and request the 911 call logs at those addresses. Also be sure to request from the parent information about the child(ren)'s needs as this information will be needed to complete the following pages of the Initial Provider Assessment.

*When documenting the child's, kinship caregivers', and other household members' race and ethnicity on page 1, use the following:

Race	Ethnicity
American Indian or Alaskan Native	Hispanic or Latino
Asian	Not Hispanic or Latino
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

The provider assessment tool, starting on page 2, has four columns: 1) ratings (Acceptable, Follow Up Needed or Unacceptable regarding the provider's ability to meet the requirement); 2) requirements to assure a reasonably safe, stable, and nurturing environment; 3) elements to guide the interview/assessment process; and 4) documentation for comments and service needs. The documentation section must describe the specific discussion with the provider in regards to each requirement. For example, regarding discipline, documentation section must describe what forms of discipline the provider agrees to use and not use. The documentation section must also address any reservations the social worker may have, as well as plans to address any needs that preclude or interfere with compliance with the requirement. If more room is needed for any section, comments can be continued on page 7-8 of the form or with use of attachments.

Initial Provider Assessment Instructions

The Initial Provider Assessment is designed to address critical factors of safety and stability. Some questions, for example school placement, may require more time to fully assess, but must be addressed with the prospective provider before placement to avoid future disruption.

Upon completion of the assessment, the form must be reviewed with the provider(s), signed and dated by the provider(s), signed and dated by the social worker, and reviewed and signed and dated by the social work supervisor. The social work supervisor may sign the assessment the next business day but must have verbally discussed the findings with the social worker and approved the provider before the arrangement is made. The discussion/review with the social work supervisor must be documented in case documentation.

When completing the Initial Provider Assessment for a Temporary Safety Provider who will reside in the family home, it is only necessary to complete the following requirements: 1 through 6, and 11 through 16. Requirements 7 through 10 should be marked out for the assessment of a Temporary Safety Provider that will reside in the family home and provide safety interventions in the family home.

This Initial Provider Assessment must be reviewed whenever Temporary Parental Safety Agreement is reviewed and/or modified. At the review, if changes have been made, the last page must be signed by all participants including the provider, social worker, and supervisor. The social work supervisor may sign the assessment the next business day.

During CPS In-Home Services and Child Placement Services, the Comprehensive Provider Assessment must be completed within a month of the Initial Provider Assessment.

Guidance on Initial Provider Assessment requirements

1. Ask the provider about his or her history with the family and knowledge of the child(ren)'s needs that may be associated with separation from their parents. Do providers know the child(ren)'s daily routine and are they willing to make changes to accommodate child(ren)'s daily and emotional needs? Is the provider familiar with any child behavioral issues and how to best deal with those behaviors.
2. Supervision needs vary with the age and maturity of the child. The family should be referred to appropriate resources, both within and outside the agency that can help them meet the needs. For a preschool child, this would include day care; for a young school-aged child, the need might be an afterschool arrangement; for teenagers, referrals might be to community recreation, work, or volunteer opportunities.
3. Be prepared to offer a variety of alternative disciplinary methods that are appropriate to the age and maturity of the child. The material from TIPS-MAPP on "Teaching Children Healthy Behaviors" is a useful guide.
4. Discuss the medical and educational needs of each child to be placed and how these needs will be met. Are there any scheduled appointments for the child(ren)? Does the provider have the ability to ensure the child(ren) keeps those appointments? Is there a need to schedule treatment for any condition or to assess for any medical, dental, developmental, or educational needs? Who will be responsible for making these appointments and how will the parent(s) be involved? What information needs to be provided to the provider regarding any medical, dental, developmental or educational needs? If the child(ren) is school aged, what does the provider know about the child(ren)'s behavior and academic performance in school? Are there

Initial Provider Assessment Instructions

issues that need to be discussed with school personnel? Who will notify the school of the temporary changes required to support use of this Temporary Safety Provider or longer-term use of a Kinship Provider?

5. Discuss the provider's relationship with the family. Discuss the allegations or findings of fact with the provider in an objective manner, and the immediate plans that are being developed with the parent(s). Listen for the provider's attitude about the allegations or findings. Discuss any concerns you may have about the provider's expressed or observed attitudes. Discuss what constitutes abuse and neglect with the provider(s). Make sure the provider understands his or her requirement to report to the social worker any concerns or observations he or she has that could indicate additional instances of abuse or neglect while in the parent's care. Be prepared to educate the provider regarding reporting requirements and behavioral indicators. Prepare any written material that may be helpful for the provider to use for review.
6. Listen for the provider's attitude about the birth family and about family contact. Discuss any concerns the social worker may have about the provider's expressed or observed attitudes. Discuss the way that he or she would be expected to interact with the child. Discuss parental visitation rights and the next planned contact; ask for and incorporate to the extent possible provider's wishes regarding his or her involvement with any visitation arrangements. Discuss contact with other extended family members.
7. Discuss signs of financial security. Discuss the immediate financial needs of the child, health problems, or other issues that will impact the family's finances. Ask if the financial resources will be sufficient to provide for the child, as well as for the other members of the household. Discuss the family's sources of income and current expenses.
8. Observe the area designated for the child; address any concerns. If resources are needed such as a bed, ask the provider if someone in the family might have the needed items. If not, see if the agency has resources to help purchase such items or ask about donations. Some second-hand stores may be willing to provide furniture free or at reduced prices. The agency may want to recruit donations from the community to have available in emergencies. Will the child(ren) have adequate privacy?
9. Observe the condition of the home. Tour the house looking for the listed items. If a small repair would allow the family to meet the requirement, ask about the resources within the provider's network. If needed, discuss voluntary resources within the community or agency funds to accomplish the repair(s) quickly. **Complete the Water Hazard Safety Assessment Form- DSS-5018.**
10. Personally observe and evaluate the functioning of the bathroom fixtures and kitchen appliances. Determine if the outhouse is far enough away from water source to present no health hazard. Evaluate condition of outhouse regarding cleanliness, presence of dangerous insects, rodents, and snakes. Ask about the frequency of cleaning the facilities.
11. If a person has a criminal record of convictions, discuss with the agency supervisor whether or not the criminal behavior would preclude the approval of this provider. Factors to be considered on convictions include: the length of time since the conviction; the number of convictions that might indicate a pattern of criminal behavior; the types of crimes; and/or criminal behavior that suggests alcohol or substance abuse. Exceptions to this requirement **MUST** have immediate supervisory approval, with the rationale for exceptions documented by the supervisor. CPS substantiations or Services Needed can preclude use of this provider. If the provider's explanation of the incident suggests the possibility of granting an exception, review the CPS findings in

Initial Provider Assessment Instructions

the case to determine if an exception could be appropriate. For example, if a person was substantiated for neglect several years ago, completed parenting classes, and has demonstrated adequate and appropriate parenting skills since, they might be considered as a provider. As above, exceptions to this requirement MUST have immediate supervisory approval, with the rationale for exceptions documented by the supervisor.

12. An accurate assessment of the use of alcohol and/or other substances by the potential provider(s) that could interfere with his or her ability to provide care is required. Introduction of this discussion should, therefore, be non-judgmental. For example, if a person had several convictions for driving under the influence, it will be important to determine whether he or she continues to drink or use other substances.
13. If domestic violence is suspected or confirmed, utilize the domestic violence resources/assessment tools for enhanced practice. Assess the provider's relationship(s) to determine if there is/has been an established pattern of domestic violence, and if there are current safety issues that could put the child at risk of future emotional and/or physical harm. If the provider has been a perpetrator of domestic violence, discuss if he or she has completed a batterer intervention program. If the provider has been victim of domestic violence, discuss if he or she has sought support services such as a protective order, domestic violence education, counseling, etc. Assess the provider's view of domestic violence, its effect on the child, and his or her capability and willingness to protect the child. Discuss any concerns with the supervisor regarding the appropriateness of the provider.
14. Social worker assessment is key to this requirement. The social worker must document statement that the provider makes about his or her physical and mental state during the interview process. Observations of affect, responses to other household members, and outlook on life are good clues to a person's status. During the assessment of this factor, explore any issues of concern. If needed, ask for release of information to get a physician's report of health and the likely physical and mental impact of caring for the child.
15. This requirement is intended to identify case specific issues that may impact the success of the child in the care of this provider.
16. Ask the provider if he or she is willing and able to provide a home for the child on a temporary basis, and how long they can provide it. If he or she cannot provide care for a minimum of 45 days, determine whether involvement as a provider will meet the needs of the situation.

Child and Family Team (CFT) Meetings and Use of Initial Provider Assessment

As stated in CFT policy ([Chapter VII: Child and Family Team Meetings](#)), a CFT should be held regarding any separation of child(ren) from their parents or when a placement change/disruption for a child may occur. A CFT will support open communication between all involved, can help address issues around safety planning, decisions regarding initial agreements and about services, and identify ways to help child(ren) transition successfully, and could reduce issues regarding use of a provider. If a CFT cannot be held prior to use of a new provider, then a CFT must be scheduled as soon as possible. The times that a CFT will be of value when a provider (Temporary or Kinship) is identified:

During Child Protective Services:

- If a Temporary Parental Safety Agreement requiring separation or restriction is being proposed,
- If a Safety Provider is being considered for use during In-Home Services, or
- If nonsecure custody is considered the only means necessary to ensure safety of the child.

Initial Provider Assessment Instructions

During this CFT meeting, other safety interventions, as well as all possible providers must be discussed.

During Child Placement Services:

- When a child's placement is at risk of disruption, or
- When a relative/fictive kin have been identified for possible placement.

Comprehensive Provider Assessment

- Kinship Assessment
- Guardianship Assessment

Case Name:	County Case Number:	Date:
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Children to be placed

	Child's Name	SIS Number	DOB	Gender	Ethnicity	Race	Needs/Behavioral Considerations
1							
2							
3							
4							

Kinship Provider (Caretaker) Information

	Provider(s) Name	SS#	DOB	Gender	Ethnicity	Race	Relationship to Children	Place of Employment/Source of Income
1								
2								
3								

*Provider Address:

Provider Phone(s):

Other Members of the Household

	Name	SS#	DOB	Gender	Ethnicity	Race	Relationship to Provider	To participate in care of children? Y/N
1								
2								
3								
4								
5								

Background Checks Completed for all household members over age of 16, including caretakers

	Name	Criminal History Found Y/N	Criminal Activity identified	CPS History Found Y/N	CPS History
1					
2					
3					
4					
5					

Be sure to obtain any other names that may have been used by any household member (maiden name, AKA, etc.) for background checks.

911 calls for provider's address(es) have been reviewed. Date/Reason for 911 calls: (Enter NA if no 911 calls)

*Ask Provider the length of time he/she resided at this address. If under 2 years, request previous address(es).

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Home Environment			
	1. Caregiver / Family has a strong, quality relationship with the child(ren)	Bonding/attachment is observed in the 1:1 relationship between the caregiver and each child during visits. Caregiver demonstrates commitment to the child in responding to child's needs. Child(ren) have a bond with other family members.	
	2. Caregiver/Family is able to provide a nurturing environment for the child.	Recognizes needs of child(ren) and places priority appropriately. Demonstrates caring/nurturing verbally and behaviorally.	
	3. The caretaker's family and family dynamics in the kinship home will support the child(ren)'s recovery from abuse or neglect.	Caregiver is supportive of the child's recovery process. Supervision and disciplinary methods used with the child(ren) have been adequate and age-appropriate. Caregiver understands the impact of trauma on a child(ren)'s behaviors and responds appropriately. Discuss additional trauma education with the kinship provider.	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Birth Family/Community Ties			
	4. The caregiver has a relationship with the parent that will allow the placement to succeed and the permanent plan to be achieved.	Caregiver is able to recognize the needs of the parent and can set appropriate boundaries with the parent. Caregiver is cooperating with the visitation plan, including phone contact. Are there any lifelong conflicts with the parents that may impact this placement? Is the caregiver willing to participate in shared parenting (make sure shared parenting is well described and understood)?	
	5. The caregiver supports the child(ren) in maintaining family/ community relationships?	<ul style="list-style-type: none"> ▪ Is the caretaker willing to facilitate contact with the child(ren)'s a siblings? How has this been demonstrated? What is the plan for the contact to continue? ▪ Is the caretaker willing to facilitate contact with the child(ren)'s maternal and paternal relatives? How has this been demonstrated? What is the plan for the contact to continue? Are there any lifelong conflicts between the caretaker and extended family that may impact this placement or ongoing contact with the children? If there is not a plan to maintain these relationships how can the child(ren) maintain his or her roots? ▪ What prior community relationships has the child(ren) been able to maintain in the home of this caretaker? ▪ Does this placement support the child(ren)'s cultural, ethnic and/or faith identity and how? 	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Child(ren)'s Needs			
	6. Caregiver has the willingness and ability to meet all needs of the child(ren).	Kinship provider is working in partnership with the agency and treatment providers to identify needs of child(ren) and appropriate interventions. <ul style="list-style-type: none"> ▪ Does the kinship provider understand and support the child(ren)'s treatment plan? ▪ Discuss special needs (especially any needs that have been identified since completion of the Initial Assessment) and confirm how the needs are or will be met. ▪ Are there educational issues? How are they being addressed? ▪ How are or will the child(ren)'s "normalcy" needs being met? What social activities are or will be provided? 	
	7. The provider's home will have adequate space with reasonable privacy and comfort for each child.	Confirm the provider continues to have a reasonable plan for each child that considers the child(ren)'s age, gender, needs and history. Will the kinship provider's home continue to meet the child(ren)'s needs as they get older?	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Placement Stability			
	8. The provider accesses existing supports to strengthen the family unit.	<p>Caregiver can identify and access formal and informal support network, follows through with agency referrals, and cooperates with service providers.</p> <p>What is the kinship provider's plan for emergencies? Who will care for the child(ren) if the kinship provider is unable?</p>	
	9. Caregiver has the willingness and ability to meet the needs of the other members of the household	Discuss emotional impact of caring for placed child(ren) in the caretaker's home on the caretaker's family members. Offer assistance as appropriate. Discuss the other children's functioning at school. Discuss emotional health of all family members, including the caregiver.	
	10. Caregiver's health status (and other household member's health) will permit kinship care parent to care for child(ren)	Self-report. Discussion of relevant physical or mental health issues (short and long term health issues). Verification by MD if appropriate. Discuss any medication that any household member of home is prescribed or use on a regular basis. Obtain an update regarding any chronic illness for any member of the household. Discuss kinship provider's access to health care. Does the provider have health insurance?	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion												
	11. The provider has sufficient financial resources to meet the child(ren)'s basic needs, immediate needs, and/or has access to resources.	Re-assess the provider's financial ability to care for child(ren). If not done during the Initial Assessment, break down the kinship provider's sources of income and all household expenses. Be sure to include all utilities (phone, electric, etc.), vehicle expenses including insurance, credit card debt or other loans, food, clothing, and miscellaneous costs.	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Income Source(s):</td> <td style="width: 40%;">Amount:</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Expenses:</td> <td>Amount:</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2">Total Remaining (Income minus Expenses):</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Income Source(s):	Amount:			Expenses:	Amount:			Total Remaining (Income minus Expenses):			
Income Source(s):	Amount:														
Expenses:	Amount:														
Total Remaining (Income minus Expenses):															

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Compliance & Safety			
	12. The caregiver is willing and able to cooperate with the agency.	Follows policies, procedures, recommendations of agency or constructively engages with agency staff about needs for difference. Willing to attend PPAT/CFT meetings, etc., as needed. Ensure kinship provider understands the court process, the requirement for concurrent planning, and expectation of their involvement in this process. Ensure kinship provider understands his or her role and the roles of the social worker, GAL, attorneys, etc.	
	13. The provider(s) have a clear CPS and criminal background.	Review or complete the Initial Provider Assessment Requirement #11. Complete an updated search of CPS and criminal history. Complete updated 911 call log review. Any exceptions require supervisory approval.	
	14. Other safety: a. Substance use b. Domestic violence	Review or complete the Initial Provider Assessment Requirements #12 & 13. Are there any observations, concerns, or indications that have been identified since the Initial Assessment that need to be discussed?	
Planning / Other			
	15. Other topics.	Any issues that the caretaker identified? Are there any other issues that the agency needs to review with the caretaker?	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
	16. Provider(s) are willing to provide care for the child(ren) and for how long.	<p>Discuss provider's willingness to care for the child(ren) with agency involvement and following agency requirements and the length of time they are willing to provide care.</p> <p>Discuss the agency's requirement to monitor the children and the anticipated frequency of home visits.</p> <p>For Kinship Assessments: Discuss the possible future permanency plans for the child(ren) that may apply. Will the kinship providers consider adoption or other options for long term permanence?</p>	

Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

For Use on Guardianship Assessments Only:

Y/N	Requirement	Indicator	Comments/Service Needs
	1. Reunification and adoption have been ruled out as permanency options for the child.	The court has determined reunification and adoption are not appropriate permanency options for the child.	
	2. The child is eligible for foster care maintenance payments and has been placed in the licensed home of the caregiver for a minimum of 6 consecutive months.	Caregiver is a licensed foster parent and has provided full-time care for the child, and has received foster care maintenance payments for at least 6 consecutive months.	
	3. The child is between the ages of 14 and 17, or the child is under age 14 but is placed with a sibling between the ages of 14 to 17 in the home of the same caregiver.	Child meets the age requirement at time guardianship is being awarded by the court.	
	4. The child has a strong attachment to the caregiver and has been consulted regarding the guardianship arrangement.	Child demonstrates a strong attachment to the caregiver, and has been consulted regarding guardianship as a permanent option.	
	5. The caregiver has a strong commitment to permanently care for the child, and is willing to assume guardianship.	Caregiver has expressed a commitment to provide long-term care for the child through guardianship. The caregiver is willing to meet all of the needs of the child, including medical, dental, mental health, educational, financial, and any other reasonable needs of the child.	
	6. It has been determined that continued placement with this caregiver would be in the best interests of the child, and meets the need for permanency and safety.	Determined by permanency planning team and during court review.	

Comprehensive Provider Assessment

Agreement regarding care of the child(ren):

- The provider understands that the following cannot happen without the county child welfare agency knowledge:
 - The child(ren) shall not return to the parent's care.
 - Any change to the make-up of the Kinship Provider's household or a household move by the Kinship Provider shall be immediately communicated to the agency.
 - All contact between the child(ren) and parents shall be according to the supervision/visitation plan developed with the parents
- The provider agrees to ensure that the child(ren) obtain needed medical, dental, mental health and educational services.
- The provider understands that if for any reason the county child welfare agency determines that the needs of the child(ren) are not being met, the child(ren) may be removed from the home.
- The provider agrees to notify the Social Worker immediately if there are any changes related to the care of the child(ren).
- The provider understands that the county child welfare agency has the responsibility of assessing the safety and well-being of the child(ren) and will need to have access to the child(ren) and the Kinship Provider's home whenever requested.
- The provider will adhere to these discipline requirements:
 - Corporal punishment is prohibited; and
 - Child discipline must be appropriate to the child's chronological age, intelligence, emotional make-up, and experience;
 - No cruel, severe, or unusual punishment shall be allowed;
 - Deprivation of a meal for punishment, isolation for more than one hour, verbal abuse, humiliation, or threats about the child or family will not be tolerated.
- The agency agrees to:
 - Provide medical, mental health, educational, and other relevant information about the child(ren) to the provider
 - Keep the provider informed about the case and court status (invite provider to agency meetings regarding the children)

The purpose of this Comprehensive Assessment is to determine that the child(ren) can continue to safely live with the kinship provider. The Comprehensive Assessment is designed to build upon the Initial Provider Assessment and confirm the placement will continue to be stable and meet the child(ren)'s ongoing needs. The agency must review the Initial Provider Assessment, and confirm that all Requirements, specifically 7 and 8, are still being adequately satisfied. The parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren) as appropriate and allowed by the court. A plan for the child(ren)'s safety and well-being has/will be developed and there is common understanding about that plan.

Comprehensive Provider Assessment

We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above-named children.

Provider's Signature	Date	Provider's Signature	Date
Provider's Signature	Date	Provider's Signature	Date

To be completed by county child welfare agency:

Recommendation. Approve Not Approve

If the recommendation is to approve and there are any findings of F (Follow up Needed), justification should be provided below. The recommendation should be to Not Approve with a U (Unacceptable) finding for any requirement.

Social Worker's Signature	Date	Supervisor's Signature	Date

Comprehensive Provider Assessment Instructions

These instructions are designed to be used when completing the Comprehensive Provider Assessment, including assessing for Guardianship.

When placement with a relative or other kin is being explored, the agency is required to assess the suitability of that home. This table provides an overview of when the Provider Assessment forms are required. This information is provided to ensure that county child welfare agencies use the appropriate assessment form based on the case point in case decision making.

Point in Case Decision Making	Assessment Forms to be Completed	When to Complete
CPS Assessment; child cannot be safely maintained in own home. Parent identifies Temporary Safety Provider.	Initial Provider Assessment	Prior to child being placed with Temporary Safety Provider, and reviewed and updated prior to case decision.
CPS In-Home Services; child cannot be safely maintained in own home. Parent identified Temporary Safety Provider.	Initial Provider Assessment Comprehensive Provider Assessment	Initial: Prior to child being placed with Temporary Safety Provider. Comprehensive: Within 30 days of placement with Temporary Safety Provider.
CPS In-Home Services; child was placed with Temporary Safety Provider during the assessment and case was transferred to In-Home Services.	Comprehensive Provider Assessment	Within 30 days of case being transferred to In-Home Services.
Permanency Planning Services; relative/fictive kin has been identified as a placement resource.	Initial Provider Assessment Comprehensive Provider Assessment	Initial: Prior to child being placed with relative/fictive kin. Comprehensive: Within 30 days of placement with relative/fictive kin.
Permanency Planning Services; child was placed with Temporary Safety Provider during In-Home Services and custody was assumed within 30 days of placement.	Comprehensive Provider Assessment	Within 30 days of custody.
**Permanency Planning Services; guardianship with a relative, fictive kin, or foster parent is being considered after reunification and adoption have been ruled out as suitable options.	Comprehensive Provider Assessment, including the assessment for Guardianship on page 10.	Within 30 days of recommending to the court that Guardianship be awarded.

**Optional, but recommended in order to assess the child and potential guardian prior to recommending to the court that guardianship be awarded to the caregiver.

Comprehensive Provider Assessment Instructions

Initial Provider Assessment

The Initial Provider Assessment is designed to address critical factors of safety and stability. The Initial Provider Assessment should be completed prior to the child(ren)'s placement in the home. Upon completion, the assessment form should be reviewed with the caretaker(s), signed and dated by the caretaker(s) and the county child welfare worker. The social work supervisor should review and sign the form as soon as possible, or on the next working day. See the Initial Provider Assessment Instructions (DSS-5203ins) for additional instructions on that form.

Completing the Comprehensive Provider Assessment

The Comprehensive Provider Assessment will support decisions about use of a kinship provider that is safe and able to meet the child(ren)'s ongoing needs.

All the information requested on Page 1 can be carried over from the Initial Provider Assessment form, but it must also be updated as additional information is received. Note: Development of a diagram of the kinship network is a helpful tool in working with the family to help them identify its support system, the nature of the interrelationships and recurring patterns in issues such as abuse, substance use, suicide, etc.

Page 1 captures demographic information and information required for background checks, including criminal, CPS, and 911 call logs.

It is important that all information requested on the face sheet be updated as needed. This face sheet will follow the case from initial placement through case closure.

*When documenting the child's, kinship caregivers', and other household members' race and ethnicity on page 1, use the following guide:

Race	Ethnicity
American Indian or Alaskan Native	Hispanic or Latino
Asian	Not Hispanic or Latino
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

The comprehensive assessment is designed to evaluate relational issues such as bonding, attachment, nurturance, commitment, and intrafamilial relationships. This assessment is to be used with the Initial Provider Assessment as a base, and completed within 30 days of the placement, or within 30 days of initiating In-Home or Permanency Planning Services. The Comprehensive Assessment may also be used to update information about the placement in preparation for court reviews and permanency planning reviews. The county child welfare worker will need professional expertise to evaluate these factors. If the child welfare worker does not have the training and experience to accurately assess the family, another child welfare worker or supervisor should accompany them on this assessment visit.

Comprehensive Provider Assessment Instructions

Ratings for the Requirements (A/F/U)

Acceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be safe and appropriate for consideration for the child(ren) regarding this requirement.

Follow Up Needed: Based on the information obtained, services and/or modifications are required for the provider(s) and/or his or her home to be found safe and/or appropriate for the child(ren) regarding this requirement. Any identified services or modifications must be clearly identified with a plan for resolution with a required completion date (indicate on Page 8 Review Date). Use page 7-8 to document additional details if needed. If a provider is unable to provide care immediately, but could do so within a short time frame, assess if this is the best resource for the child and, if so, arrange for another provider (preferably with a relative) and assess this resource as a backup placement.

Unacceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be unsafe and/or inappropriate for the child(ren) regarding this requirement.

Upon completion, the assessment form must be reviewed with the caretaker(s), signed and dated by the caretaker(s) and the county child welfare worker. The child welfare supervisor must review and sign the form as soon as possible, or on the next working day.

Guidance on Comprehensive Provider Assessment Tool

1. As the child welfare worker visits the home, he or she should create opportunities to observe how the caretaker, the child, and other household members interrelate. This may mean scheduling appointment times when the entire family and the placed child are at home.
2. Ask the caretaker if they are interested in continuing to provide a home for the child, if this is appropriate. If they are, determine through the interview and observation process their understanding and response to the child's needs.
3. Determine the attitude of the parent and the caretaker about the child's living arrangement and the current visitation/contact plan. Determine if these attitudes are having a negative influence on the Family Time and Contact Plan (frequency of visits, supervision, times, etc.).
4. Regardless of the case status (open investigation or case substantiation), the child needs support to deal with the trauma of maltreatment and/or separation from the parent. It is damaging for the caretaker to "take sides" about the incident, and supportive neutrality should be encouraged. For children placed out of the home, it is critically important that disciplinary methods used are sensitive to the emotional and physical injuries that may have been experienced by the child.
5. Evaluate the caretaker's working relationship with the agency, both from the caretaker's perspective and from the agency perspective.
6. Discuss with the caretaker which kinship resources and agency services they have accessed since the child was placed with them. Determine if other referrals have been made that were not used, and whether the family needs help to follow through. Talk with the caretaker about developmental issues that may have emerged during the placement, and possible interventive strategies.
7. Talk with the caretaker about the status of the other members of the household, including the caretaker, and the impact of placement on the family. Choose appropriate indicators of

Comprehensive Provider Assessment Instructions

functioning based on the day-to-day activities.

8. If health issues have arisen since the initial assessment, discuss them with the caretaker.

Guardianship Assessment

This section of the assessment tool should be completed when recommending guardianship be awarded to a specific person(s), including relatives, fictive kin, and foster parents. This tool assesses the potential guardian's willingness to provide a permanent home for the child and meet the child's well-being needs, the child's attachment to the potential guardian, the child's feelings about the guardianship arrangement, and the child's eligibility for guardianship assistance. All factors listed in this section must be met in order for guardianship to be pursued.

Guardianship Assistance Program

Factors 1-5 must be met in order for the child to be eligible for the Guardianship Assistance Program (GAP). If the child is not eligible for GAP, the potential guardian should be made fully aware that if they assume guardianship, they may be eligible for adoption assistance if they later decide to adopt.

**FOSTER HOME LICENSING
WATER HAZARD SAFETY ASSESSMENT FORM
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Instructions: The supervising agency shall assess the (prospective) foster family's home, property and surrounding property for the existence of water hazards. The results of the assessment and the information gathered based upon the child's age and developmental level, will be used to determine the family's ability to keep children safe from water hazards. The Supervising Agency shall take photographs of the body of water or pool from four different vantage points. The Supervising Agency shall attach the four photographs to the DSS-5016 Foster Home License Application.

Supervising Agency Name: _____

Licensing Social Worker Name: _____ Assessment Date: _____

Foster Parent(s) Name: _____

Address of foster home: _____

I. SWIMMING POOLS

Does the family have a swimming pool on their property or on the property on which they live (i.e. apartment or condominium complex)? **yes** **no**; If yes, answer the following questions; If no, skip to Section II.

- Is the pool above ground? **yes** **no**; If you answer yes, does the ladder lock into place or can it be removed so it is inaccessible? **yes** **no**; **If the answer to this question is no, STOP. The home cannot be licensed until the family complies with this rule.**
- Is the pool inground? **yes** **no**; If you answer yes, is the pool enclosed by a fence that is at least 48" high with a gate that locks or does the family have a fence with a locked gate around the yard? **If the answer to this question is no, STOP. The home cannot be licensed until the family complies with this rule.**

II. OTHER WATER HAZARDS

1. Is there a water hazard such as a pond, lake, river or beach on the property of the home of the family that can be seen from the foster home at any time of year? **yes** **no**; If you answered yes, please describe the potential hazard.
2. If you answer yes to question 1, does the family have a fence with a locked gate that provides for a safe play space for children? **yes** **no**; **If the answer to this question is no, STOP. The home cannot be licensed until the family complies with this rule.**
3. Is there a water hazard such as a pond, lake, river or beach that is not on the family's property but may pose a risk? **yes** **no**; if yes, describe the potential water hazard. Please provide information that describes the proximity of the potential hazard to the home.

**FOSTER HOME LICENSING
WATER HAZARD SAFETY ASSESSMENT FORM
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

WATER SAFETY PLAN

Instructions: If any water safety hazard was identified during the Water Hazard Safety Assessment, or if any water safety hazard was identified during the Initial Kinship Provider Assessment, this section must be thoughtfully completed by the (prospective) foster family / kinship provider.

For (prospective) foster families, this section must be completed in full regardless of the preferred age of the child the family wishes to foster.

Regarding potential water hazards, what is the family's plan to maintain adequate supervision to ensure the safety of a child in your care according to the following age/developmental age groups?

Age Group	Plan for Supervision and Water Safety
0 – 3 years	
4 – 7 years	
8 – 11 years	
12 – 15 years	
16 years and older	

Applicant's printed name and signature:	
Applicant's printed name and signature:	
Applicant's Phone Number:	
Applicant's E-mail Address	

Social Worker's printed name and signature:	
Social Worker's Phone Number:	
Social Worker's E-mail Address	

**FOSTER HOME LICENSING
INDIVIDUAL WATER HAZARD SAFETY PLAN
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Purpose: This safety plan is developed to provide the foster family the opportunity to document the safety measures they will implement to ensure that a child placed under their care will be safe while living in close proximity of a known, potential water hazard such as a pool, pond, lake, river, or beach.

Given the variation of developmental stage, age, and competencies around water, this form is to be completed for each child placed in a foster home where a water safety hazard has been identified during the licensure process. The foster parent should complete this form within three (3) calendar days of the child being placed in the home.

This form shall be filed in the case record for the child and a copy of this form shall be filed in the foster family licensing record.

Foster Parent(s)'s Name: _____

Child's Name: _____ Age: _____

Date of Placement: _____ Date of Safety Plan _____

Supervising Agency's Name: _____

I. Child's Specific Information:

1. Describe any developmental delays, learning disabilities, concerning behaviors, and/or physical limitations the child is known to have at the time of placement.

2. Does the child know how to swim and/or is aware of safety precautions around bodies of water to include but not limited to pools, lakes, rivers, streams, etc.?

II. Safety Plan

1. What types of safety devices i.e. lifejackets, flotation devices, etc. the foster parent(s) has for the child to use when around bodies of water.

**FOSTER HOME LICENSING
INDIVIDUAL WATER HAZARD SAFETY PLAN
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

2. Foster parent(s)'s description of supervision that will be provided when the child is near bodies of water to include but not limited to pools, hot tubs, wading pools, ponds, lakes, etc.

3. What are the rules the foster parent(s)'s has communicated to the child about the potential water hazard?

4. What techniques and strategies the foster parent(s) has knowledge of and the ability to perform in the event of an emergency? Please list any certifications or trainings received with dates.

III. Signatures:

Foster Parent 1	Foster Parent 2
Foster Parent's Signature/Date	Foster Parent's Signature/Date

Applying the Reasonable and Prudent Parent Standard

1. Is this activity reasonable and age-appropriate?
2. Are there any foreseeable hazards?
3. How does this activity promote social development?
4. How does this activity normalize the experience of foster care?
5. Will this activity violate a court order, juvenile justice order, a safety plan, a case plan, or a treatment plan or person-centered plan (PCP)?
6. Will this activity violate any policy or agreement of my licensing agency or the child's custodial agency?
7. If appropriate, have I received consultation from my case worker and/or the child's caseworker?
8. If able and appropriate, have I consulted with this child's birth parents about their thoughts and feelings about their child participating in this particular activity?
9. Will the timing of this activity interfere with a sibling or parental visitation, counseling appointment, or doctor's appointment?
10. Who will be attending the activity?
11. Would I allow my birth or adopted child to participate in this activity?
12. How well do I know this child?
13. Is there anything from this child's history (e.g. running away, truancy) that would indicate he may be triggered by this activity?
14. Does this child have any concerns about participating in this activity?
15. Has this child shown maturity in decision making that is appropriate for his age and ability?
16. Does this child understand parental expectations regarding curfew, approval for last minutes changes to the plan and the consequences for not complying with the expectations?
17. Does this child know who to call in case of an emergency?
18. Does this child understand his medical needs and is he able to tell others how to help him if necessary?
19. Can this child protect himself?
20. When in doubt, refer to number 7.

Adapted from Florida's *Caregiver Guide to Normalcy*

<http://www.kidscentralinc.org/caregiver-guide-to-normalcy/>

REASONABLE AND PRUDENT PARENTING ACTIVITIES GUIDE

The Reasonable & Prudent Parenting Standard is a requirement for IV-E agencies per Federal Law PL 113-183 and it became SL 2015-135 in North Carolina. The reasonable and prudent parent standard means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of North Carolina to participate in extracurricular, enrichment, cultural, and social activities. Normal childhood activities include, but are not limited to, extracurricular, enrichment, and social activities, and may include overnight activities outside the direct supervision of the caregiver for a period of over 24 hours and up to 72 hours.

This tool is a guide to identify what activities caregivers have the authority (includes signing permissions/waivers) to give permission for a child or youth's participation without the prior approval of their local child welfare agency or licensing agency. The first column in the table shows a category of activities, the second column identifies specific activities within that category that a caregiver has the authority to give permission (or sign whatever might be a part of the activity) without obtaining the agency's approval. The third column identifies those activities that do require the agency's or court's approval.

It is important to realize this is simply a guide as to who has the authority to provide permission. It does not automatically mean that every foster child or youth can participate in any of these activities. It does mean that a reasonable & prudent parent standard is applied in making the decision. The standard is applied to each child and youth individually, based on the totality of their situation. One tool that can be used by caregivers to help apply critical thinking in making these decisions is the Applying the Reasonable & Prudent Parent Standard.

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
<i>(Local child welfare agency or licensing agency approval or new court order is needed anytime an activity is in conflict with any court order or supervision/safety plan)</i>		
1. Family Recreation	<ul style="list-style-type: none"> • Movies • Community Events such as concert, fair, food truck rodeo • Family Events • Camping • Hiking • Biking using a helmet • Other sporting activities using appropriate protective gear • Amusement park • Fishing (must follow NC General Statute Chapter 113: Any one over age 16 must have a license) 	<ul style="list-style-type: none"> • Any of these events or activities lasting over 72 hours • Target Practice (gun, bow and arrow, cross bow at either formal range or private property) must have local child welfare agency approval and be supervised by adult age 18 or over, abiding by all laws.
2. Water Activities (Children must be closely supervised and use appropriate safety equipment for water activities)	<ul style="list-style-type: none"> • Structured water activities with trained professional guides and /or lifeguards: river tubing, river rafting, water amusement park, swimming at community recreation pool. • Unstructured water activities with adult supervision: boating wearing a life jacket, swimming 	<ul style="list-style-type: none"> • Any of these events or activities lasting over 72 hours

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
<i>(Local child welfare agency or licensing agency approval or new court order is needed anytime an activity is in conflict with any court order or supervision/safety plan)</i>		
3. Hunting (using gun, bow and arrow)		Must have local child welfare agency approval, should have biological parent approval and would require the following: <ul style="list-style-type: none"> • Child/youth must take the NC Hunter's Safety Class • Supervision by a person at least 18 years old or over, who has also taken the above safety course • Documentation that the requirements are met are provided to the local child welfare agency in advance
4. Social/Extra-curricular activities	<ul style="list-style-type: none"> • Camps • Field Trips • School related activities such as football games, dances • Church activities that are social • Youth Organization activities such as Scouts • Attending sports activities • Community activities • Social activities with peers such as dating, skateboarding, playing in a garage band, etc • Spending the night away from the caregiver's home 	<ul style="list-style-type: none"> • Any of these events or activities lasting more than 72 hours • Target Practice (gun, bow and arrow, cross bow at either formal range or private property) must have local child welfare agency approval and be supervised by adult age 18 or over, abiding by all laws. • Playing on a sports team such as school football would require both the birth parents' approval and the local child welfare agency approval

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
<i>(Local child welfare agency or licensing agency approval or new court order is needed anytime an activity is in conflict with any court order or supervision/safety plan)</i>		
5. Motorized Activities	<p>Children and caregivers must comply with all laws and use appropriate protective/safety gear. Any safety courses that are required or available to operate any of the vehicles/equipment listed must be taken.</p> <p>Children <u>riding in</u> a motorized vehicle with an adult properly licensed if required including but not limited to:</p> <ul style="list-style-type: none"> • Snowmobile • All-terrain vehicle • Jet ski • Tractor • Golf cart • Scooter • Go-carts • Utility vehicle • Motorcycle <p>State laws must be followed regarding operating motorized equipment or vehicle including but not limited to:</p> <ul style="list-style-type: none"> • Snowmobile 	<ul style="list-style-type: none"> • Children may not be a passenger on a lawnmower.

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
<i>(Local child welfare agency or licensing agency approval or new court order is needed anytime an activity is in conflict with any court order or supervision/safety plan)</i>		
	<ul style="list-style-type: none"> • All-terrain vehicle (must be 8 years of age to operate and anyone less than 12 years of age may not operate an engine capacity of 70 cubic centimeter displacement or greater; no one less than 16 may operate an engine capacity of 90 cubic centimeter displacement or greater and NO ONE under 16 may operate unless they are under the continuous visual supervision of a person 18 years or older per NC § 20-171.15) • Jet ski (may be 14 years of age with boating safety certification, otherwise must be 16 or older-NC § 75A-13.3) • Tractor (must be 15 to operate NC § 20-10) • Golf cart (must be 16 to operate NC § 153A-245) • Scooter/Moped (No one under age 16 may operate a moped and no license is required NC § 20-10.1) 	

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
<i>(Local child welfare agency or licensing agency approval or new court order is needed anytime an activity is in conflict with any court order or supervision/safety plan)</i>		
	<ul style="list-style-type: none"> • Go-carts • Utility vehicle • Lawn mower may not be operated by anyone below age 12 • Motorcycle (No one under 16 may acquire a license or learner's permit. No one less than 18 may drive a motorcycle with a passenger. NC § 20-7) 	

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
<i>(Local child welfare agency or licensing agency approval or new court order is needed anytime an activity is in conflict with any court order or supervision/safety plan)</i>		
6. Driving	<p>The following persons can be the required second signature for a youth's permit or license:</p> <ul style="list-style-type: none"> • Youth's parent or guardian • A person approved by the parent or guardian • A person approved by the Division • Specifically for children in custody: Guardian ad litem or attorney advocate; a case worker; or someone else identified by the court of jurisdiction <p>The youth who is 16 or older may acquire insurance and is responsible for the premium and any damages caused by the youth's negligence. This does not preclude a foster parent from adding a youth to their insurance.</p> <p>A driver's permit is required to "practice" driving in NC and cannot be obtained prior to age 15.</p>	

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
<i>(Local child welfare agency or licensing agency approval or new court order is needed anytime an activity is in conflict with any court order or supervision/safety plan)</i>		
7. Travel	All travel within the United States less than 72 hours	<ul style="list-style-type: none"> • All travel more than 72 hours • All travel outside the country
8. Employment/Babysitting	Youth 14 years and older and following NC § 95-25.5 . <ul style="list-style-type: none"> • Interview for employment • Continuation of current employment • Does not interfere with school *Sexually aggressive and physically assaultive youth may not babysit other children	Youth is 13 years or younger
9. Religious Participation	Attend or Not attend a religious service of the child's choice	Notify worker when the child and the biological parent and/or foster parent choices are in conflict.
10. Cell Phone		This is a collaborative decision between the placement provider, the local child welfare agency worker, and the youth.

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
<i>(Local child welfare agency or licensing agency approval or new court order is needed anytime an activity is in conflict with any court order or supervision/safety plan)</i>		
11. Child's Appearance	<ul style="list-style-type: none"> • Interventions requiring medical treatment for lice and ring worm 	<ul style="list-style-type: none"> • When the child and biological parent choices are in conflict such as with perms, color, style, relaxers, etc. • Ear piercings must include biological parent in decision • Permanent or significant changes including but not limited to: <ul style="list-style-type: none"> ○ Piercing (Per NC § 14-400 it is illegal for anyone under 18 to receive a piercing (other than the ears) without consent of custodial parent or guardian. ○ Tattoos (Per NC § 14-400 it is illegal for anyone under 18 to receive a tattoo.)
12. Leaving child home alone		<ul style="list-style-type: none"> • The issue of being left alone (in any situation) needs to be discussed and agreed upon in CFT.

*Adapted from Washington State Caregiver Guidelines for Foster Childhood Activities

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD

(For all Out of Home Placements)

DEMOGRAPHICS – complete in advance if possible **Agency Name** _____

Visit Date: ___ / ___ / _____

Took Place: Where Child Lives Other Location

Placement Type: Foster Care Therapeutic Foster Care Specialized Foster Care Kinship Care Residential

Provider Type: Family Foster Home Group Home Out of State Residential Treatment

Other _____

Child or Sibling Group Being Visited. Check the box if the child participated in today's conversation.

- First _____ Last _____ Age _____ Permanent Plan _____
- First _____ Last _____ Age _____ Permanent Plan _____
- First _____ Last _____ Age _____ Permanent Plan _____
- First _____ Last _____ Age _____ Permanent Plan _____
- First _____ Last _____ Age _____ Permanent Plan _____

Other Child(ren) in Home. List only gender, age, and status (adoptive, birth, foster, other).

N/A (child is in a group home/residential setting)

Name of Foster/Kinship Parent(s): _____ _____

Check box by the parent's name if he or she participated in today's conversation.

Name of Direct Care Providers (if placement is in a group home/residential setting):

_____ _____ _____

Check box by the parent's name if he or she participated in today's conversation.

Names of Other Adults Living in Home: _____

N/A (Placement is in a group home/residential setting)

1. Placement Environment

• Changes in the household

Foster/Kinship Placement: *Is new childcare being provided? New pets? Remodeling? New job or financial status?*

Is anyone new living in the house, staying temporarily, or spending most of his/her time here? Has anyone left the home?

Group Home/Residential Placement: *Is anyone new living in the group home/residential setting? Have caregivers changed? What impact has this had on children in the group home/residential setting?*

• Relationships with Placement Provider

What are the relationships between the placement provider(s) and child(ren) in the home? Between the child(ren) and other adults in the home? Between providers? What's the greatest source of conflict in the placement? How are issues resolved?

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD

(For all Out of Home Placements)

2. Placement Provider Well-Being

- **Social support and respite** N/A (child is placed in a group home/residential setting)
Who does the foster/kinship family turn to for help and advice—friends, extended family, coworkers, church, school? What is the plan for ensuring the family/child get respite when they need it?

- **Services and training**
What resources/referrals are needed for members of the placement—e.g. child care, etc.? What skill would the placement provider(s) or child benefit from learning/embracing right now?

- **Shared Parenting**
What shared parenting has occurred? Does the placement provider need support regarding shared parenting?

- **Physical and mental health** N/A (child is placed in a group home/residential setting)
What are the physical and mental health needs of members of the foster/kinship home? Are any resources or referrals needed? Does the foster/kinship family have any medical concerns?

- **Relationship with agency, court process, child's plan, upcoming events**
How could partnership and communication with the agency be improved? What has been helpful? What information or input would the placement provider(s) or child like to have about the court process, the child's plan, or upcoming events? Have the placement provider(s) attended child and family team meetings?

3. Safety and supervision in the placement

For example, does the child feel safe in the home? Is each child sleeping in a separate bed? Are all placement provider(s) respecting privacy and appropriate boundaries? Is safe and appropriate discipline being used? Is there an appropriate level of supervision for children in the home?

4. Child Status

- **Behavior**
What's going well for the child behaviorally? Is any child displaying challenging/concerning behaviors? How capable and successful do placement provider(s) feel managing the child's behavior? What's working/not working? How are the children within the placement getting along with one another?

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD
(For all Out of Home Placements)

• **Schooling/education of the child**

How is the child doing in school? Consider social as well as academic issues. What does the child or placement provider(s) need to increase success? If applicable, ask about afterschool, preschool, or child care. Has the child had a change in school? If yes, was a Best Interest Determination Meeting (BID) held prior to the school change?

• **Physical, dental and mental health status/needs of child**

Is the child in good health? Does the child have unmet or ongoing medical or dental needs? Has placement provider(s) noticed any recent changes in the child's mood or behavior? Does the child or placement provider(s) have questions about the quality or frequency of mental health services? For youth in foster care, are there any sexual health concerns that need to be addressed?

• **Child's access to and participation in age or developmentally-appropriate activities**

Has the child been given regular opportunities to engage in age or developmentally-appropriate activities, such as sports, field trips, youth organization activities, social activities, etc.?

• **Maintaining Connections with birth family, siblings, extended family, and community**

Does the child have concerns or needs related to birth family or visits with them? How does the placement provider(s) respond? What is the placement provider(s) doing to maintain the connection between the child and the birth family, including extended family, and siblings? What has worked or not worked? What help do they need? Does the child have social/emotional support and connections outside the home?

• **Lifebook**

Has there been any activity in maintaining the child's lifebook? Yes No Explain:

Are there opportunities for the placement provider(s) to assist with updating the child's lifebook? What help do they need?

Did you spend time speaking privately with the child? Yes No

General Narrative:

Follow Up Activities Identified During Visit	Person Responsible	Target Date

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD
 (For all Out of Home Placements)

Agency Representative Completing This Tool:

_____	_____	__ / __ / ____
Signature	Print Name	Date

It is Required that this Tool be Reviewed by:

Agency Representative's Supervisor _____	_____	__ / __ / ____
Signature	Print Name	Date

It is *Best Practice* to Distribute this Tool to:

Licensing Worker: _____	__ / __ / ____
Print Name	Date

DSS Foster Care Worker: _____	__ / __ / ____
Print Name	Date

Foster/Kinship Parents: _____	__ / __ / ____
Print Name	Date

Other: _____	__ / __ / ____
Print Name	Date

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD INSTRUCTIONS

Purpose

1. Focus discussion and attention on safety and well-being for children in foster care and placement provider(s) who are caring for them;
2. Facilitate timely documentation and follow-up on identified needs; and
3. Support movement toward the intended outcomes (e.g. permanency plan) for the children being visited.

Items to Cover

- Changes in the household
- Relationships between the child and the placement provider(s)
- Social support and respite
- Services and training
- Shared Parenting
- Physical and mental health needs of placement provider(s) and other members of the household
- Relationship with the agency, court process, child's plan, upcoming events
- Safety and supervision in the placement
- Child behaviors
- Schooling/education of child
- Physical, dental, and mental health needs of child
- Child's access to and participation in age or developmentally-appropriate activities.
- Maintaining connections
- Lifebooks
- General narrative comments
- Follow Up Activities

When to Use

- County child welfare Permanency Planning workers must complete this tool during monthly face-to-face contacts with children in foster care. The entire form must be completed each month. If there are multiple visits to the home during the same month, completion of the form can be distributed over those visits, or completed during one visit.
- At least four out of every six visits must occur in the place where the child lives.

How to Use

- Review each item on this tool. Exactly how each item is addressed or assessed should be decided by the worker on a case-by-case basis.
- To gain an accurate picture, spend time speaking privately with the child, and observe interactions between the child and placement provider(s); when and how this is done should be decided by the worker on a case-by-case basis.
- If the placement provider, child, or worker has a question, concern, or need related to an item, describe it in the space provided.
- Indicate any follow-up activities in the appropriate section, and record any narrative in the space provided. Attach additional pages for narrative as needed.
- This tool can also be used to provide examples or descriptions of strengths or resources already in place.

Questions to Discuss for Each Item

Below each numbered item are questions child welfare workers may wish to use to inquire about each item. These are merely a sample – this is not a comprehensive list, nor is it a script. Ideally, each person will discuss with the placement provider(s) and child the items on this tool in a way that is natural and conversational.

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD INSTRUCTIONS

Follow-up Activities Identified During Visit

Record follow-up activities identified during the visit, the primary parties responsible for carrying out these activities, and the timeframe for completing the activities. These activities should be reviewed at the next monthly visit.

Signatures

The county child welfare worker must sign the form once it has been completed each month. The form must then be provided to the supervisor for review and approval (indicated by signature). Significant issues identified should be discussed during case staffing.

Distribution

After the form has been approved and signed by the supervisor, child welfare workers must distribute the completed form to relevant members of the team serving the child, including the agency's licensing worker, assigned child welfare worker, and the placement provider(s) caring for the child.

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

County: Case Number:

Case Name:	Agency Worker Name: Phone number & Email:
	Agency Supervisor Name: Phone number & Email:

I. Family Demographics	Name:	DOB:	Age:	Date of Custody/ 1 st out-of-home placement:
Child/Youth:				
Child/Youth:				
Child/Youth:				
Child/Youth:				
Child/Youth:				
Child/Youth:				

Mother of:	Age:
Address	Phone: Email:
Attorney for Mother	Phone: Email:
Mother of:	Age:
Address	Phone: Email:
Attorney for Mother	Phone: Email:
Father of:	Age:
Address	Phone: Email:
Attorney for Father	Phone: Email:
Father of:	Age:
Address	Phone: Email:
Attorney for Father	Phone: Email:
Father of:	Age:
Address	Phone: Email:
Attorney for Father	Phone: Email:
Other Caregiver	Age:
Address	Phone: Email:
Other Caregiver	Age:
Address	Phone: Email:
Guardian ad litem	Phone: Email:

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

II. (a) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

1. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier:
2. Describe behaviors that are of concern or Status of Barrier:
3. Objective/Desired Outcome:

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective/Desired Outcome

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

II. (b) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

1. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier:
2. Describe behaviors that are of concern or Status of Barrier:
3. Objective/Desired Outcome:

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective/Desired Outcome

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

II. (c) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

1. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier:
2. Describe behaviors that are of concern or Status of Barrier:
3. Objective/Desired Outcome:

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective/Desired Outcome

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

II. (d) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

2. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier:
2. Describe behaviors that are of concern or Status of Barrier:
3. Objective/Desired Outcome:

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective/Desired Outcome

Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer appropriate <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved	Comments:
--	-----------

Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer appropriate <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved	Comments:
--	-----------

Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer appropriate <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved	Comments:
--	-----------

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT**III. Parent(s) Wellbeing Needs/Additional Needs** Check N/A if parental rights have been terminated N/A

Are the parent(s)'s wellbeing needs incorporated into the objectives and activities of the Services Agreement above? Yes No

If not, how are these needs being addressed?

IV. Court

Are the orders of the court incorporated into the objectives and activities of the Services Agreement above? Yes No

If not, explain:

Date of next Court Review:

Date of last Court Review:

Recommendations regarding parents/caretakers or barriers for the next court hearing:

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

V. Signatures In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child/youth and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting.

Role	Signature & Comments	Date	Participated in:	Received copy
Parent			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Parent			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Agency Worker			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Agency Supervisor			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Guardian ad litem			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Placement provider			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Placement provider			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Tribal Representative			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Other Relationship/Phone/Email			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Other Relationship/Phone/Email			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Others Invited but Unable to Attend				

Permanency Planning Family Services Agreement Instructions

Which Cases

The Permanency Planning Family Services Agreement must be completed for:

- All children and youth in the legal custody of a local child welfare agency;
- Children and youth for whom the local child welfare agency has placement responsibility who are placed outside the home;
- Children and youth who are placed with parents or relatives or other court-approved placements, including youth who are living in Another Planned Permanent Living Arrangement, when the local child welfare agency has been given or retains legal custody; and
- Families with children/youth who are returned home on a trial visit so long as the local child welfare agency retains custody.

Note: One Family Services Agreement is completed for the entire family **except** for cases:

- Involving domestic violence that require separate plans for the parents; or
- When the child welfare agency has identified a safety issue that requires separate plans for different parties of the case.

The **purpose** of the Permanency Planning Family Services Agreement is to:

- Clarify with the family reasons for county child welfare agency involvement;
- Identify resources within the family that will help the child achieve a safe, permanent home;
- Involve the family in identifying areas that need improvement;
- Clarify expectation for behavioral change with all persons involved; and
- Acknowledge the family's strengths and commitment to their child.

Required Timeframes

The Permanency Planning Family Services Agreement must be:

- Completed within 30 days of removal of the child from the home;
- Reviewed (and updated, if needed) within 60 days of removal of the child from the home;
- Updated every 90 days thereafter (these updates track with required Permanency Planning Reviews); and
- Updated within 30 days of the court's decision to change the child's permanent plan.

Participants

The Family Services Agreement development and updates must be completed jointly by the child welfare worker, the parents/caretakers, the child or youth as appropriate to age or developmental level, and any other person(s) identified by the family. If the child or youth is a member or is eligible to be a member of a federally recognized Indian Tribe or is the biological child of a tribal member, a person appointed by and representing the tribe must be involved in the development of the agreement. If the youth is 14 years of age or older he/she must be consulted during the development of the agreement and is allowed, at his/her option, to appoint up to **two** members of the team who are not a foster parent or the youth's social worker.

Permanency Planning Family Services Agreement Instructions

Development and Completion of Agreement:

One Permanency Planning Family Services Agreement is completed for the entire family **except** for cases:

- Involving domestic violence that require separate plans for the parents;
- In which the child welfare agency has identified a safety issue that requires separate plans for different parties of the case; or
- In which different permanent plans have been identified for siblings.

To best utilize the meeting time, case demographics can be completed by the agency worker prior to the meeting. The goal on the Family Services Agreement is the permanent plan identified for the child(ren) by the court. The needs are identified on the Family Assessment of Strengths and Needs (when the goal is reunification). The objectives and activities must be developed in partnership with the family and written in the family's terms.

The initial Permanency Planning Family Services Agreement can be developed during a Child and Family Team Meeting or individually with the family during a home visit. The family should drive the manner in which the agreement is developed. Families may choose to develop, review and update their Family Services Agreement in partnership with the members of the Permanency Planning Review Team, in a separate Child and Family Team meeting, or they may choose to review and update their agreement one-on-one with the assigned child welfare worker during a home or office visit. However, the Family Services Agreement is always reviewed as part of the Permanency Planning Review.

NOTE: It is important to identify the reason for child welfare involvement (to ensure the family understands what must be addressed).

➤ Objectives and Activities to Address Identified Needs or Barriers

• Primary and Secondary Plans

- Check the appropriate box to indicate whether the objective applies to the child/youth's primary or secondary permanent plan or both and indicate the primary and/or secondary plan.

• Factor: Need / Barrier

- Identify the three highest priority needs from the Family Assessment of Strengths and Needs using separate pages for each need.
- The greatest need should be addressed first in the Family Services Agreement.
- For permanent plans other than reunification, identify barriers to achieving the identified permanent plan.

NOTE: Barriers are defined as an activity or condition that would prevent achievement of the identified permanent plan.

• Describe Behaviors that are of Concern or Status of Barrier

- Specify the conditions or behaviors identified in the Family Strengths and Needs Assessment and Family Reunification Assessment tools that need to be resolved before reunification can occur or that place the child or youth at risk of future harm.
- For permanent plans other than reunification, describe the status of the barrier identified above.

Permanency Planning Family Services Agreement Instructions

- **Objective / Desired Outcome**

- In the family's terms, describe specifically what the desired behavior, condition, expected changes, or overcoming the barrier will look like when the need/barrier is met so the family and the worker are clear about what is expected and when it has to be accomplished.
- The family should be involved in the development of the outcome statements.
- The objective is a statement that clarifies for the family, the agency, and others supporting the plan, how everyone will know when a behavior of concern has been addressed.

- **Activities**

- The activity chart provides spaces to describe the activity, the person responsible for each activity, the target date for starting and/or accomplishing the activity, and activity progress notes (to be completed beginning with the first update of the Family Services Agreement).
- All activities and persons responsible for completing activities in order to achieve the objective should be included in this section.
- The chart includes a section for activities to be completed by the parent/family member and a separate section for activities to be completed by the child welfare agency.
- Be specific about each activity to be conducted.

NOTE: Objectives and Activities to address the identified needs/barriers must be completed regardless of the child/youth's permanent plan (primary and secondary plan).

- **Progress toward Achieving the Objective / Desired Outcome**

- The child welfare worker should note the date of the review of the Family Services Agreement and check the appropriate status.
- There is room on this form for three progress updates toward achieving the objective.
- If the box "no longer appropriate" is selected, please explain why, and explain why this does not negatively affect the child/youth's safety and risk of future harm.
- If some but not all of the objectives are achieved, check "partially achieved" and explain in the space provided.

- **Parent(s) Well-being Needs / Additional Needs**

The child welfare agency should identify any additional needs of the parent(s) that are not identified as a Factor and describe how those needs will be addressed. An example of a need that might be identified here is transportation or employment. Even though a lack of transportation or employment may not have been associated with the child(ren) coming into county child welfare custody, either of these needs could significantly impact a parent's ability to accomplish activities identified in the Family Services Agreement. Identification of a parent well-being need and activities to address that need may be very important in achieving reunification.

- **Court**

Ensure that court ordered services and/or activities are incorporated into the Family Services Agreement. If not, explain why. Provide the date of the next hearing and identify recommendations regarding the parent(s)/caretaker(s) services or barriers for the next court review. Also provide the date for the last court review.

Permanency Planning Family Services Agreement Instructions

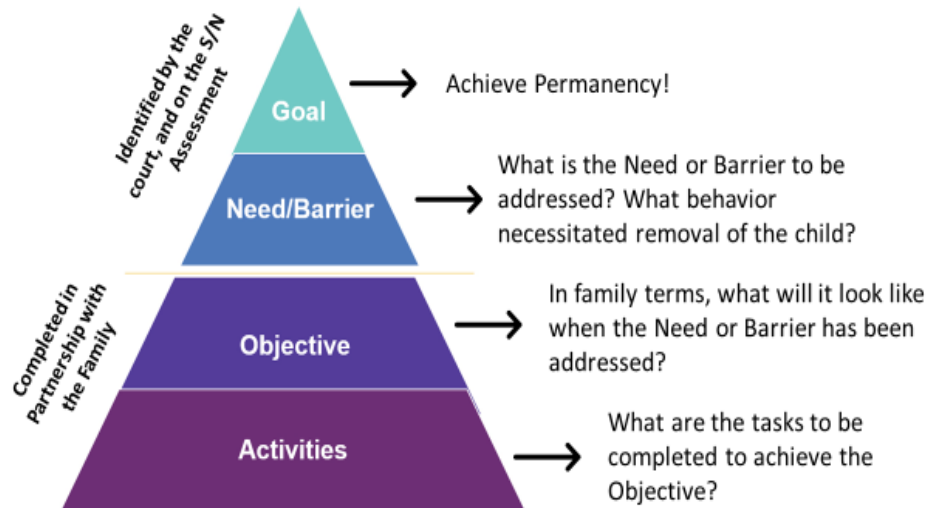
➤ Signatures

The signature page is to be signed by persons who participated in the development of and any updates to the Family Services Agreement, including but not limited to, the parent(s), child(ren)/youth, placement provider, potential adoptive parent or guardian, child welfare worker, child welfare supervisor, Guardian ad Litem, Tribal Representative, or others. By signing the agreement, parties involved with the development and updates of the agreement are acknowledging that they understand their role in the agreement and in meeting the identified needs.

If a parent or caregiver refuses to sign the Family Services Agreement, the worker should try to address the individual's concerns and stress the need for working together to reunify the child or youth with the family. The parent or caregiver may verbally agree to the agreement even if they refuse to sign the agreement. In this case, the social worker should document that the parent or caregiver verbally agreed to the agreement. If a parent or caregiver agrees with the objective but not with the activities, he or she should be given an opportunity to define activities that he or she feels would be appropriate to achieve the objective.

The date of the signature must be documented on the form. A copy of the agreement must be given to all parties involved in the development or updates of the agreement and the date the copy was provided must be recorded on the agreement.

Framework for Developing the Permanency Planning Family Services Agreement



Nonresident/Non-offending Parents

When either the primary or secondary plan is reunification, the activities to find, contact, and/or engage any nonparticipating parent must be identified on the Family Services Agreement. If a parent has not been located, contacted, and/or assessed, the agency will be unable to complete the Strengths and Needs Assessment and unable to identify the parent's needs. For cases with a plan of reunification and no ability to complete the Strengths and Needs Assessment, the agency must still create an objective and activities for locating and engaging the nonparticipating parent. The agency should specify a barrier to reunification as "locate and

Permanency Planning Family Services Agreement Instructions

engage parent". Activities entered to address that barrier should include, but are not limited to, what is appropriate from the following:

- Locate the parent;
- Contact the parent;
- Assess parent's strengths, needs, and ability to provide for his or her child; and
- Based on the assessment and the identified needs, engage parent to develop a Family Services Agreement with activities to address those needs.

Indicate how often the agency will make efforts to locate, assess, contact and engage the parent and who will be responsible for those activities.

Review Family Assessment of Strengths and Needs and Reunification Assessment/Risk Reassessment

Attach current assessments to include what is appropriate of:

- Strengths and Needs Assessment
- Reunification Assessment or Risk Reassessment

Review and/or update these forms concurrently with the permanency planning review and/or family services agreement update.

The top 3 Needs from the Strengths and Needs Assessment for the parent(s) should be the Needs identified and addressed on the Family Services Agreement.

NORTH CAROLINA CHILD EDUCATION STATUS

Case Number: _____ Child/Youth's Name: _____

Copy provided to child/youth's placement provider: _____ on: _____
Name

Completed by: _____ Date: _____

- Check one: Initial Entry into Custody Annual Review Placement/School Change
 Educational Services (ES) Meeting Other

<p>Child/Youth's Permanency Plan, check one:</p> <p><input type="checkbox"/> Reunification <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Legal Custody <input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Another Planned Permanent Living Arrangement <input type="checkbox"/> Reinstatement of Parental Rights</p>

- This child is not school age. Complete this section by checking all of the following that apply.
- Child is not enrolled in an educational setting.
 - Child is enrolled in day care at: _____
 - Child's developmental status was evaluated. Date: _____ Where: _____
- Results: _____

Stop here for children who are not school age.

<p>School: _____ School Address: _____ Grade: _____</p> <p>School Contact (name/role/phone number): _____</p> <p>Child/Youth functioning above grade in any subjects (list): _____</p> <p>Child/Youth functioning below grade in any subjects (list): _____</p> <p>If retained, what grade was repeated: _____</p> <p>Special services (IEP, 504, list): _____</p> <p>Attendance issues (absences, tardy days): _____</p> <p>Child/Youth's Academic/Social Strengths: _____</p> <p>Behavioral issues: _____</p> <p>Social, Sports, Activities, Other: _____</p> <p>Additional school related information: _____</p> <p>Are services appropriate (or changes needed)?: _____</p> <p>Mode of School Transportation: _____ Any issues?: _____</p> <p>Surrogate Parent Needed/Identified: _____</p> <hr/> <p>For youth age 14 and above:</p> <p>What are the youth's post-secondary plans? _____</p> <p>What is in place to assist youth in achieving those plans? _____</p>
--

NORTH CAROLINA CHILD EDUCATION STATUS

Date of most recent school records:

Supporting documentation (Attach supporting documents.)

- | | |
|--|---|
| <input type="checkbox"/> Report cards (required) | <input type="checkbox"/> IEP or 504 Plan |
| <input type="checkbox"/> Progress reports | <input type="checkbox"/> E-mails or correspondence from individuals consulted |
| <input type="checkbox"/> Achievement data (test scores) | <input type="checkbox"/> Disciplinary referrals |
| <input type="checkbox"/> Attendance data (required) | <input type="checkbox"/> Health reports/records |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Best Interest Determination (BID) or Educational Services (ES) meeting required? Yes No

If yes, complete the Best Interest Determination Form (DSS-5137) and answer the following questions:

Date/Time of Best Interest Determination (BID) or Educational Services (ES) meeting:

Date student was informed about BID/ES meeting and purpose:

Was the student provided the opportunity to identify a significant person to attend the meeting?

Yes If a person was identified, who did the student invite?:

No If no, explain why:

Date parent(s) were notified of BID/ES meeting:

NORTH CAROLINA CHILD EDUCATION STATUS FORM INSTRUCTIONS

Purpose

The Child Education Status form documents a child/youth's educational/developmental needs and services over time, and is required for every child/youth in the custody of a county child welfare agency.

When to use this form

The Child Education Status form must be completed within seven days of a child entering custody of a county child welfare agency, any subsequent placements, and anytime there is a change in the child's school. At a minimum, the form must be updated every 12 months. Ongoing educational stability must be updated at the Permanency Planning Reviews and documented on the Permanency Planning Review form (DSS-5241). The Child Education Status form must be maintained in the child's county child welfare case file and provided to the child's placement provider.

Using the form

For pre-school age children, only developmental information at the top of page 1 is required. Complete the form in its entirety for all school-age children. The form should document all information about the child's previous school performance and/or activities as well as the child's current education status.

Education Status Documentation

The Child Education Status form, together with the Best Interest Determination (BID) form (DSS-5137), meet the requirements of Fostering Connections and Every Student Succeeds Act (ESSA) for documentation that must be maintained in the child welfare case file for every child regarding the best interest determination and the review of ongoing educational stability.

Included with the Child Education Status form and BID form should be:

- Report cards
- IEP or 504 Plan
- Progress reports
- Emails or correspondence from individuals consulted
- Achievement data (test scores)
- Disciplinary referrals
- Attendance data
- Health reports/records
- Other

Both the Child Education Status and Best Interest Determination forms are required. However, if a Best Interest Determination (BID) or Educational Services (ES) meeting is not required for the child at the time of placement, only complete the Child Education Status, documenting on page 2 that a BID/ES meeting was not required. The Best Interest Determination form must be completed within five school days of a child's initial placement, change in placement, or change in school. The form must also be completed any time there is an ES meeting.

The Best Interest Determination meeting and form are required to ensure that:

- The child's placement takes into account the appropriateness of the current education setting and the proximity to the school in which the child was enrolled at the time of the placement (or placement change);
- The county child welfare agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at to the time of placement (or placement change);
- If remaining in the school is not in the child's best interests, assurances by the county child welfare agency and the local educational agencies are made to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school;
- Services are in place to meet the child's needs after the transition to a new school.

Foster Child Notification of Placement (Change) Form

For children in the custody of a NC County Child Welfare Agency

Confidential

Child Information

Date of Notification:

Child's Name:

Age:

DOB:

Sex:

County Child Welfare Agency:

County Child Welfare Agency Contact:

Phone:

Fax:

Email:

Foster Care Provider Name:

Phone:

Foster Care Provider Address:

Type of Foster Care Provider: Family Foster Home Relative/ Kinship Home Therapeutic Home Facility # _____

Foster Care Placement: Within School of Origin Transportation Not within School of Origin Transportation Unknown

Check one: Initial Foster Care Placement Foster Care Placement Change Exiting Foster Care

Date of Non-secure Custody:

Date of Placement/Plan Change (if different):

Medical Provider:

Phone:

Medical Provider Address:

Special safety concerns or special conditions, medications, or allergies (attach additional pages as needed):

This document provides all information required for the county child welfare agency to notify the school principal and/or school superintendent that a child is in the non-secure custody of the county child welfare agency and/or there has been a foster care placement provider change.

County Child Welfare Social Worker signature

Date

Foster Child Notification of Placement (Change) Form

For children in the custody of a NC County Child Welfare Agency

Confidential

Release of Information

I, _____, as legal custodian/guardian of
Child's name _____, hereby authorize _____, their
Schools, medical providers, etc.
 agents and employees in possession of this child's _____ records to release such information to
Educational, medical, etc.
 the _____ County Child Welfare Agency.

Legal Custodian/Guardian Signature

Date

A copy of the non-secure custody court order was provided with this form.

When a local child welfare agency has legal responsibility (nonsecure custody) for the care of a child, parental consent is not required to access to educational records. The county child welfare agency is entitled to all educational records through the Uninterrupted Scholars Act ([Public Law 112-278](#)). Educational records include, but are not limited to:

- Educational records (report cards, progress reports, attendance records, achievement data)
- IEP or 504 plan
- Disciplinary referrals
- Health reports/records
- Other behavioral records
- Special activities participation (sports, clubs, tutoring services, community events)

The county child welfare agency shall coordinate with the county school representative to ensure that the child in foster care is appropriately enrolled with all educational records provided ([Fostering Connections to Success and Increasing Adoptions Act of 2008 \(P.L. 110-351\)](#); [Social Security Act, Title IV, § 475 \(1\) \(G\) \[42 USC 675\]](#)).

Best Interest Determination Meeting (for Educational Stability)

A Best Interest Determination Meeting (BID) must be held within three days of child's placement if it did not occur prior to child's initial foster care placement or foster care placement change.

The only exception is when the child's foster care placement is a) within the existing transportation system for the current school he or she attends and b) there is no intent to change the child's school assignment. In those cases, the BID Meeting must be held within 30 days of the child's placement.

The Best Interest Determination Meeting has been scheduled at the following time and place:

Date: _____ Time: _____ Location: _____

The purpose of the BID meeting is to ensure each child has the appropriate services to meet his or her educational, social, transportation, and other needs. The county child welfare agency social worker must invite, prepare as needed, and/or represent the child, parents, and court partners (GAL, etc.) for the meeting. The local educational agency point of contact is responsible to invite and/or represent the teachers, coaches, IEP services, transportation services, or any other educational service for the meeting.

Foster Child Notification of Placement (Change) Form

For children in the custody of a NC County Child Welfare Agency

Confidential

Child Information

**THIS PAGE FOR
INTERNAL COUNTY AGENCY USE ONLY**

Date:

Child's Name:

Age:

DOB:

Sex:

Child's
Permanent Plan

Reunification

Adoption

Other _____

Is this notification due to a change
in permanency? Yes No

Previous Medical Provider:

Phone:

New Medical Provider:

Phone:

New Medical Provider Address:

Medicaid Number:

Special safety concerns or special conditions, medications, or allergies (attach additional pages as needed):

Foster Child Notification of Placement (Change) Form

For children in the nonsecure custody of a NC County Child Welfare Agency

Instructions

Purpose of Foster Child Notification of Placement (Change) Form

The purpose of the Foster Child Notification of Placement (Change) Form is for the county child welfare agency to provide information to notify the school principal and/or school superintendent that a child has entered the nonsecure custody of a county child welfare agency or that a change in a foster child's foster provider has occurred. Pages 1 and 2 are used for this purpose.

Page 3 is available for county child welfare agencies to provide notification within the agency regarding a change in status of a child in the nonsecure custody of the county child welfare agency.

Use of Foster Child Notification of Placement (Change) Form

Within a day of a foster child's placement the Foster Child Notification of Placement (Change) Form (pages 1 and 2) must be provided to the child's school. Either the county child welfare agency worker or the child's placement provider can deliver the form, along with a copy of the nonsecure order. The time and place for the BID is provided on this form (if not held prior to the child's placement decision).

If it is determined in the CFT/BID meeting that it is in the best interest of the child to attend a new school, the Foster Child Immediate Enrollment Form shall be used, and not the Foster Child Notification of Placement (Change) Form.

For a child that was not enrolled in school prior to entering foster care or a foster care placement change, the Foster Care Immediate Enrollment Form (DSS-5135) will be used at the time of enrollment. Check the box for New Enrollment on Page 1.

Page 3 of the Foster Child Notification of Placement (Change) Form is for internal agency use only. Often an agency must notify other services within the agency of the change in a child's status. Page 1 and 3 are designed to be used together for this purpose.

Confidentiality

Agencies must protect individually identifiable information from unauthorized use or disclosure and to further protect such information from tampering, loss, alteration, or damage. The HIPAA Privacy Rule requires safeguards be in place to avoid unauthorized use or disclosure of individually identifiable health information. For this reason, page 3 must only be utilized within the agency.

Foster Child Immediate Enrollment Form

For children in the custody of a NC County Child Welfare Agency

Confidential**Student Information**

Date Student Presented for Enrollment:			
Receiving School:			
Student Name:			
Age:	DOB:	Sex:	
County Child Welfare Agency:			
County Child Welfare Agency Contact:		Phone:	Fax:
Email:			
Foster Care Provider Name:		Phone:	
Foster Care Provider Address:			
Date of Nonsecure Custody:		Date of Placement Change (if different):	
School Enrollment Needed Due to:	<input type="checkbox"/> Best Interest Determination Meeting Date of Meeting:	<input type="checkbox"/> Emergency Foster Care Placement (or Placement Change)	<input type="checkbox"/> New Enrollment
Last School Attended:		Current Grade:	
Does student have IEP?	Yes No Unknown	504 Plan?	Yes No Unknown
Any special safety concerns or special conditions?			

The county child welfare agency shall coordinate with the local educational agency to ensure that the child in foster care is immediately and appropriately enrolled with all educational records provided to the new school ([Fostering Connections to Success and Increasing Adoptions Act of 2008 \(P.L. 110-351\)](#); [Social Security Act, Title IV, § 475 \(1\) \(G\) \[42 USC 675\]](#)). The sending and receiving schools shall expedite the transfer of the student's record.

This document provides information for the county child welfare agency to notify the school principal and/or school superintendent and for the school to immediately enroll the child. ESSA requires enrollment to occur even if not all information is available. Any available information helps ensure a smooth transition for the child.

"Immediate" means as soon as possible, in most cases, this should be no later than the beginning of the next school day after the presentment for enrollment. "Presentment" means the person enrolling the child has appeared at the school and presented all required information and certifications. "Enrollment" means the child is attending classes and participating fully in school activities. If, despite all reasonable efforts, school officials are unable to enroll the child by the beginning of the next school day following presentment for enrollment, the student shall be enrolled no later than the second school day following presentment. If enrollment is delayed until the second school day after presentment, school officials shall document reasons for the delay and attach these reasons to this form.

This form shall be applicable for all foster children in the custody of a NC county child welfare agency and will ensure immediate enrollment for such child at time of initial custody or at the time of a child's placement change or disruption.

Foster Child Immediate Enrollment Form

For children in the custody of a NC County Child Welfare Agency

Confidential**Enrollment Certifications**

I am a representative of county child welfare agency with custody of above-named child. This child meets the definition of a child placed in foster care; therefore, I am certifying the child is eligible for *immediate* enrollment. Under ESSA a child cannot be denied enrollment, even if information is unavailable.

To the best of my knowledge, _____ has/has/unknown not (circle one) been expelled from school attendance at a private school or public school division of the State of North Carolina, or in another state, for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

To the best of my knowledge, _____ has/has/unknown not (circle one) been found guilty of or adjudicated delinquent for any offense in North Carolina or any substantially similar offense under the laws of any other state, the District of Columbia, or the United States or its territories.

To the best of my knowledge, _____ is in good health and is free from communicable or contagious disease. If documentation of a physical exam, birth certificate, social security number, and/or immunization record is unavailable at time of enrollment, they must be provided to the school within 30 days of enrollment.

 County Child Welfare Social Worker Signature

Date

Release of Information

Schools, their agents and employees from the previous school, _____, in possession of this student's educational records are required by ESSA to release such information as necessary for the purposes of immediate, educational enrollment at _____ (school of enrollment).

A copy of the court order was provided with this form.

Educational Services Meeting

When a foster child/student is enrolled in a new school an Educational Services (ES) Meeting should be held within 30 days of the child's enrollment in the new school. The purpose of the meeting is to ensure each child has the appropriate services to meet his or her educational, social, transportation, and other needs. The county child welfare agency social worker must invite, prepare as needed, and/or represent the child, parents, and court partners (GAL, etc.) for the meeting. The local educational agency point of contact is responsible to invite and/or represent the teachers, coaches, IEP services, transportation services, or any other educational service for the meeting.

The Educational Services Meeting has been scheduled:

Date: _____ Time: _____ Location: _____

Contact Information for Questions

Local Educational Agency Contact: _____

County Child Welfare Agency Contact: _____

BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

Copy provided to child's placement provider: _____ on: _____

Completed by: _____

Date: _____

Check 1: Initial Entry into Custody Placement Change Educational Services Meeting

Section I: Best Interest Determination / Educational Needs

1. How many schools has the child attended? _____
How many schools has the child attended this year? _____
How have the school transfers affected the child emotionally, socially, academically, and physically?

2. How does the student feel about any upcoming moves?

3. What, if any, are the safety considerations related to school placement?

4. Which school is preferred by the student, birth parent and placement provider and why?

	School Preference	Why?
Student		
Birth Parent		
Placement Provider		

5. What school(s) do the student's siblings attend?

6. How is the student performing academically?

7. Does the student have a current IEP or a 504 Plan? If so, for what need?

8. If the student has a current IEP, is specialized transportation identified as a related service?

9. How does the student's behavior impact his or her educational success? Should additional services be considered?

10. Does the student participate in other specialized instruction? (e.g., gifted program, career and technical program)?

BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

- 11. What are the student's academic/career goals? Does one school have programs and activities that address the unique needs or interests of the student that the other school does not have?

- 12. Describe the student's ties to his or her current school, including significant relationships and involvement in extracurricular activities? Can these ties or relationships be maintained if a school change is determined to be in the child's best interests?

- 13. Would (or has) a change in schools affect the student's ability to earn full academic credit, participate in sports or other extra-curricular activities, proceed to the next grade, or graduate on time? If so, how?

- 14. Would (or did) the timing of the school transfer coincide with a logical juncture, such as after testing, after an event that is significant to the student or at the end of the school semester or year?

- 15. How would the length of the commute to school impact the student?

- 16. Would a school change impact on the child's permanency goal? Yes No
 If yes, explain:

Section II: Best Interest Determination (check one) (Not completed for ES Meetings)

The child shall remain in the school in which the child was enrolled

Based on the best interest determination, a change in school is needed

If it is NOT in the best interest of the child to stay in the same school in which he or she was previously enrolled, explain why:

Based on child's best interests, what educational services must be available at the selected school?

Name of School Selected:

Enrollment in selected school will be completed by: _____ by (date): _____

BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

Section III: Next Steps/Educational Services Needed (attach additional pages if needed)

	What?	Who is responsible?	By when?
1			
2			
3			
4			

Section IV: Comments

Child/Youth Desires and/or Comments:

Parent's Desire and/or Comments:

Placement Provider Comments:

BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

Section V: Signature Page

The following individuals participated in determining the school placement in the student's best interest.

Participant Role (** indicates essential role)	Printed name	Title and/or Relationship with child	Signature	Agree with determination?
Student **				Yes No
Child welfare social worker or supervisor**				Yes No
Current placement/care provider				Yes No
School representative from student's school at time of placement**				Yes No
IEP team for special education purposes, if applicable				Yes No
Birth parent(s) and/or prior caretakers(s)				Yes No
The student's Guardian ad Litem				Yes No
Other significant person(s) the student wishes to attend**				Yes No
Other _____				Yes No
Other _____				Yes No
Other _____				Yes No

NORTH CAROLINA 'Best Interest Determination' Meeting Override

For children in the custody of a NC County Child Welfare Agency when a BID meeting is
waived upon Agency Director approval

County: _____ Case Number: _____

Child Information

Child's Name: _____

Age: _____

DOB: _____

Sex: _____

County Child Welfare Agency: _____

County Child Welfare Agency Contact Name: _____

Email: _____

Phone: _____

Fax: _____

Care Provider Name: _____

Phone: _____

Care Provider Address: _____

Type of Care Provider:

Family Foster Home

Relative/Kinship Home

Therapeutic Foster Home

Facility # _____

Child's Placement is:

Within School of Origin
Transportation Zone

Not within School of Origin
Transportation Zone

Unknown

Check one:

Initial Placement

Placement Change

Date of Custody: _____

Date of Placement/Plan Change (if different): _____

Director approves override of Best Interest Determination Meeting due to:

Safety Threat. Provide description:

Child's Need (immediate medical, mental health need). Provide description:

Child's Best Interest/Other. Provide description:

Make sure that the description provided above includes justification for waiving BID. ES meeting must occur.

This document must be maintained in the case file of child as record of a school change where no Best Interest Determination meet was held and Director approval was obtained. **Signatures are REQUIRED**

County Child Welfare Social Worker signature

Date

County Child Welfare Director/Designee signature

Date

General Authorization for Treatment and Medication

Section A – Identifying Information	
Child's Name:	Date of Birth:
Medical Home Provider:	Telephone Number:
Other Medical, Dental, or Mental Health Provider or Specialist Prescribing or Administering Treatment:	Telephone Number:

Section B – Care, Treatment, and Parental Consent (N.C.G.S. § 7B-505.1)
<p>When a child is in the custody of the county child welfare agency, the county director may arrange for, provide, or consent to any of the following without obtaining parental consent:</p> <ul style="list-style-type: none"> • Routine medical or dental care or treatment (including immunizations in most cases); • Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment; and, • Testing and evaluation in exigent circumstances <p>I hereby authorize _____ county child welfare agency to consent to the following treatment of the child identified above (include description):</p> <p><input type="checkbox"/> Prescriptions for psychotropic medication(s): _____</p> <p>_____</p> <p><input type="checkbox"/> Participation in a clinical trial: _____</p> <p>_____</p> <p><input type="checkbox"/> Child Medical Evaluation not otherwise authorized (DSS-5143 Consent/Authorization for Child Medical/Child/Family Evaluation must also be completed): _____</p> <p>_____</p> <p><input type="checkbox"/> Comprehensive clinical assessment, or other mental health evaluation(s): _____</p> <p>_____</p> <p><input type="checkbox"/> Surgical, medical, or dental procedure or test that requires informed consent: _____</p> <p>_____</p> <p><input type="checkbox"/> Psychiatric, psychological, or mental health care or treatment that requires informed consent: _____</p> <p>_____</p> <p><input type="checkbox"/> Other non-routine or non-emergency treatment or procedure: _____</p> <p>_____</p>

General Authorization for Treatment and Medication

Initial all that apply:

I have been informed of the recommendation that medication be prescribed to my child as part of their treatment plan.

I have been informed of the recommendation that a surgical, medical, dental, or mental health treatment or procedure be completed on my child as part of their treatment plan.

I have been notified, of my child's condition;

If I have questions about my child's treatment, I will contact the health care provider named at the top of this form.

I have been given a copy of this form.

I understand that I may revoke this authorization at any time. If I do not revoke this authorization it expires automatically as follows:

1. Upon closure of my case; or,
2. One year from the date this authorization is signed; whichever occurs first.

I understand that medication, a medical procedure or mental health treatment is only one aspect of my child's treatment plan and that success and continued improvement depends on my active involvement in treatment planning. Although this medication or procedure is expected to be helpful in the treatment of my child's condition, there is no guarantee that improvement will be seen.

Based on the information provided to me:

I authorize _____ county child welfare agency to consent to the administration of the above mentioned medication, treatment, or procedure.

I refuse to authorize the administration of immunizations due to a religious objection.

Section C – Appointment and Follow-Up Information

An appointment has been scheduled for _____ at _____. With the
Date Time
 following provider: _____ at _____.
Name of Provider/Practice Address/Location

Section D - Signatures

Parent/Guardian/Custodian signature: _____ Date: _____

Print Name: _____ Relationship: _____

County child welfare staff signature: _____ Date: _____

Print Name: _____ Date: _____

Written revocation of this consent should be mailed to:

General Authorization for Treatment and Medication Instructions

Purpose and Use

The purpose of the DSS-1812 General Authorization for Treatment and Medication is to ensure children in the legal custody of a county child welfare agency receive necessary care and treatment and that county child welfare agencies engage parents in the care and treatment of their children. The DSS-1812 General Authorization for Treatment and Medication should be used to obtain parental authorization for the agency to consent to care or treatment for which a county child welfare agency director or director's representative does not have the authority to consent by operation of law under N.C.G.S. § 7B-505.1, as described below.

Section A – Identifying Information

Please provide the following identifying information in Section A:

- The child's full name
- The child's date of birth
- The medical home provider
- The telephone number of the medical home provider
- Other medical, dental, or mental health provider or specialist prescribing or administering treatment
- The telephone number of other medical, dental, mental health provider or specialist prescribing or administering treatment

Section B – Care, Treatment, and Parental Consent (N.C.G.S. § 7B-505.1)

Unless the court orders otherwise, when a child is in the custody of the county child welfare agency, a county director or the director's representative under N.C.G.S. § 7B-101(10) is authorized to arrange for, provide, or consent to any of the following without prior parental consent:

- Routine medical and dental care or treatment
- Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment
- Testing and evaluation in exigent circumstances

The applicable statutory language does not preclude the director or director's representative from involving parents in the process in appropriate cases, when parental involvement can occur without significant delay.

If the court finds there are compelling circumstances requiring a Child Medical Evaluation prior to the 7-Day Nonsecure Custody Review Hearing, the court may, at the initial *ex parte* Nonsecure Custody Hearing, authorize the director of the county child welfare agency or the director's representative to consent to a Child Medical Evaluation. Consent for the Child Medical Evaluation in less urgent circumstances follows the procedures outlined below for non-routine care and treatment.

County child welfare agencies are required to obtain authorization from the juvenile's parent, guardian, or custodian for all care or treatment not covered by subsection (a) or (b) of G.S. 7B-505.1 (as described above), except that the court may authorize the director to provide consent after a hearing at which the court finds by clear and convincing evidence that the care, treatment, or evaluation requested is in the child's best interest. Care and treatment covered by this subsection includes:

- Prescriptions for psychotropic medication (discussion with parent(s) should include that medication and or dosage could be changed by the physician to address what is being treated)

General Authorization for Treatment and Medication Instructions

- Participation in clinical trials (all documents and information about the clinical trial should be shared with parents)
- Immunizations when it is known that the parent has a bona fide religious objection to the standard schedule of immunizations
- Child Medical Evaluations not governed by subsection (b) of G.S. 7B-505.1, comprehensive clinical assessments, or other mental health evaluations
- Surgical, medical, or dental procedures or tests that require informed consent (be sure to specify what surgical, medical, or dental procedure the consent is covering)
- Psychiatric, psychological, or mental health care or treatment that requires informed consent (be sure to specify what treatment the consent is covering)

For any care or treatment provided the child welfare agency shall make reasonable efforts to promptly notify the parent, guardian, or custodian that care or treatment will be or has been provided and give the parent or guardian frequent status reports on the child's treatment and the care provided.

Whenever possible, county child welfare agencies should work with parents to address foreseeable non-routine care and treatment needs of the child prior to the 7-Day Nonsecure Custody Review Hearing. If no parent is able or willing to authorize the county to provide consent, the county child welfare agency should ask the court for authority to consent to and arrange for care and treatment in the child's best interest.

The DSS-5143 Consent/Authorization for Child Medical/Child/Family Evaluation must be completed in addition to the DSS-1812 General Authorization for Treatment and Medication for all Child Medical Evaluations, whether the court has authorized the child welfare agency to consent, or the non-offending parent is providing consent or has authorized the county child welfare agency to consent.

Note that the form provides fields for parent(s) to initial that they have been informed of or received information regarding, the recommendation that medication be prescribed to their child as part of the child's treatment plan, the recommendation that a surgical, medical, or dental procedure be completed on the child as part of the child's treatment plan, the child's condition,, and contact information for the medical or mental health provider recommending a particular course of treatment should the parent have any questions..

Parents may (and should be encouraged to) communicate with the medical or mental health provider who has prescribed or recommended the medication, surgery, or other course of treatment, as appropriate, to discuss the risks, benefits, and potential side effects. Child welfare workers should ensure that the parents are provided with contact information for the relevant providers. Parent's receipt of verbal and written information directly from the provider ensures that information about the child's condition and recommended course of treatment is communicated accurately.

Section C – Appointment and Follow-Up Information

Pursuant to N.C.G.S. § 7B-505.1 child welfare agencies shall make reasonable efforts to promptly notify the parent, guardian, or custodian that care or treatment will be or has been provided and give the parent or guardian frequent status reports on the child's treatment and care provided. Therefore, child welfare workers should use this section of the form to provide information to the parent, guardian, or custodian, as appropriate, concerning the child's upcoming appointment date, time, and location.

General Authorization for Treatment and Medication Instructions

Section D – Signatures

Required signatures:

- The parent or pre-removal guardian;
- The county child welfare worker; and/or

The judge does not need to sign the DSS-1812 General Consent for Treatment and Medication form; simply provide the date, and attach the court order.

Child welfare workers should provide signed copies of the consent to the following parties:

- Original (with signature) to the health care provider
- Copy for CPS file
- Copy for parent or pre-removal guardian
- Copy attached to court report (DSS-531 Model Court Report for Dispositional and Review Hearings, DSS-5311 Model Court Report for Permanency Planning Hearings)

Child welfare workers should provide the address where the parent or pre-removal guardian can mail written revocation of the consent if the parent chooses to revoke.

Health Summary Form - Initial

Initial Visit for Infants/Children/Youth in DSS Custody*

Instructions: Providers complete this form at the time of the medical appointment within 7 days of the child's placement.

Copy given to _____ (caregiver) on ___/___/_____ by _____

Date of Visit: / / Patient's Name: D.O.B: / /

Patient's Medicaid ID Number: _____

Physical Examination: ATTACH Visit Summary with vitals, growth parameters, and exam findings and immunization record if available. You do not have to duplicate information on here if in attachments.

Current health conditions/issues (acute/chronic):

Medications provided/prescribed:

Immunizations (administered this visit):

Allergies:

Referrals (specialty care/CC4C/home visits):

Other concerns (home, school):

Does the child have signs/symptoms of any **communicable disease** (i.e. hepatitis, TB, lice) that would pose a risk of transmission in a household setting? YES NO UNKNOWN

If yes, describe: _____

Summary Form - Initial

PSYCHOTROPIC MEDICATION REVIEW REQUESTED: YES NO

Treatment plan (follow-up appointment/labs/testing/needed immunizations):

Comments or instructions for DSS/caregivers/school personnel:

30-day Comprehensive Visit date/time: ____/____/____ :____ AM/PM

Provider name: _____

(stamp)

Provider signature: _____

THIS FORM & REQUESTED ATTACHMENTS FAXED/SENT TO DSS & CCNC/CC4C CARE MANAGER:

DATE: ____ / ____ / ____ INITIALS: _____

*Adapted from AAP's Healthy Foster Care America Health Summary Form

History Form

Copy given to _____ (caregiver) on ___/___/___ by _____

FORM COMPLETION

DSS caseworkers should complete this form and fax/send it to the medical home provider at least **one week prior** to the scheduled 30-day Comprehensive Visit. Please see DSS-5207ins Health History Form Instructions to complete appropriately.

I. CONTACT INFORMATION

COUNTY DSS CONTACT

Name _____

Phone _____ Fax _____

Email _____ County _____

CC4C/CCNC NETWORK CONTACT

Name _____ Phone _____

Email _____

GUARDIAN AD LITEM (if assigned)

Name _____ Phone _____

Email _____

INSURANCE AND PROVIDER INFORMATION

Child's Name _____ D.O.B. ___/___/___ Sex ___ Race/Ethnicity _____

Child's Medicaid ID Number _____

Other Insurance _____

Current/Most Recent Medical Home/Primary Care Provider: Unknown. No history of care.

Provider _____ Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Date of last physical exam _____

Health History Form

Medical Home Assignment: Same as above. Assigned to the following practice:

Provider _____ Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Dental Care Provider: Unknown. No history of dental care.

Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Date of last dental exam _____

Specialty Care/Behavioral Health Providers/Other Health Professionals (OT, PT, Speech):

Provider/Credentials _____ Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Date of last visit _____

Provider/Credentials _____ Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Date of last visit _____

II. CURRENT PLACEMENT INFORMATION

Date of entry into DSS care ___/___/_____ Total number of lifetime placements _____

Length of time the child has been in *this* home _____

Reason for placement (or change of placement) _____

People in this placement home and relationship to the child (include names of foster parents)

Health History Form

Are the siblings placed together? Yes No No siblings

Are the siblings able to have contact? Yes No

Are biological parents permitted contact? Yes No

Any restrictions or safety concerns?

III. MEDICAL AND DENTAL HISTORY/CONCERNS (from biological parent or previous records)

Include significant illness, injury, chronic condition, recent ER visits, hospitalization, surgery, or dental concerns:

Does the child have signs/symptoms of any **communicable disease** (i.e. hepatitis, TB, lice) that would pose a risk of transmission in a household setting? YES NO UNKNOWN

If yes, describe: _____

Special dietary needs/formula/WIC _____

Glasses/contacts required? YES NO Does he/she have them now? YES NO

Hearing aid required? YES NO Does he/she have them now? YES NO

Other medical equipment required (i.e. spacer for inhaler, insulin pump, oxygen, bath aids, wheelchair, stander, communication device)? _____

KNOWN ALLERGIES/DRUG SENSITIVITIES

Allergy/Drug _____ Reaction _____

Allergy/Drug _____ Reaction _____

Allergy/Drug _____ Reaction _____

Does the child have an EpiPen or other medication for response? YES NO

Health History Form

IV. CURRENT MEDICATIONS

MEDICATION	DOSAGE/FREQUENCY	WHY PRESCRIBED?	NEED REFILL?

V. DEVELOPMENTAL, BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE ABUSE HISTORY

Concerns/diagnoses/interventions/treatment _____

Describe child's involvement with the juvenile justice system (if any) _____

CHILD CARE/EDUCATION INFORMATION

NAME OF SCHOOL OR CHILD CARE FACILITY AND PHONE NUMBER	CURRENT GRADE	CONCERNS	SERVICES (i.e. speech, OT)

VI. FAMILY HEALTH & BIRTH HISTORY

Household composition before coming into care _____

Summary of relevant health status/conditions/genetic disorders of biological parents & siblings

Is there a history of family violence? Yes No

Is there a history of alcohol or substance abuse? Yes No

Health History Form

Prenatal or perinatal risk factors _____

Name/location of child's birth hospital _____

VII. ATTACHMENTS:

IF AVAILABLE, please attach the following:

FROM BIOLOGICAL PARENT:

- Any medical records
- Age-appropriate developmental screening record—for example:
 - ASQ-3 (Ages and Stages Questionnaire) or PEDS (age 0-5 years)
 - PSC (Pediatric Symptom Checklist) (age 6-10 years)
 - Bright Futures Supplemental Questionnaire or PSC-Y (completed by adolescent, age 11-21 years)

For copies of these tools, please contact your CC4C/CCNC Network Care Manager or medical home provider

For further guidance, please see *Best Practices for DSS Social Workers* (<http://www.ncped.org/county-dept-social-services-professionals-online-library>)

FROM HEALTH CARE PROVIDERS:

- Discharge summaries from hospital of birth and other hospitalizations/ER visits
- Growth chart/record from primary care provider
- Medical records (or documentation from CCNC's Provider Portal) related to health conditions, medications, allergies, and immunizations
- Care plans for asthma / diabetes / or other chronic health conditions
- Screenings/measures to evaluate social-emotional, behavioral concerns
- Therapy or specialty provider reports (i.e. speech, audiology, mental health)

FROM CDSA OR CHILD'S SCHOOL:

- Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)

INITIAL VISIT completed (date): ____/____/____

30-DAY COMPREHENSIVE VISIT scheduled for: ____/____/____ at ____:____AM/PM

THIS FORM (AND ATTACHMENTS) FAXED/SENT TO COMPREHENSIVE VISIT PROVIDER:

Provider name _____

Practice name _____

Fax number _____

DATE FAXED/SENT ____/____/____ INITIALS _____

History Form Instructions

The Health History Form is designed to provide the child's medical home with valuable health history and background information that may be difficult for medical home providers to obtain (especially if the child has not been seen recently or at all by the medical home). This information is needed in order to develop the best treatment plan to address the child's physical, behavioral, and oral health needs. Some of the information requested on this form may be obtained via the CCNC Provider Portal; other elements will require communication with biological parents. Medical providers recognize that some of the information requested may not be obtainable.

Who completes: The child's foster care social worker or someone assigned to their duties.

When completed: The form should be an ongoing effort from the time custody is taken to a week prior to the 30 day comprehensive medical visit.

- I. **Contact Information:** This section is requesting the name, phone numbers, email, fax numbers, etc. for the child's foster care social worker, CC4C/CCNC network contact, Guardian ad Litem. Also provide the insurance for the child as well as all medical/dental/specialist the child has been or is currently seeing. Sources for this information include the birth parent, CCNC provider portal, the assessment and/or in-home records.
- II. **Current Placement Information:** The date of entry is the date that DSS was given custody of the child. Total number of lifetime placements includes the placements prior to foster care and any other period of foster care if this is a re-entry. In responding to the information regarding who is currently in the placement home, please ensure the privacy of other foster children. Answers can be 17 year old male, 3 year old female, foster parent's 10 year old son, etc. In responding to restrictions or safety concerns about the biological parents be sure to note if the parents are required to be supervised when visiting/seeing child. Sources for this should be information currently known to the foster care worker.
- III. **Medical and Dental History/Concerns:** Be sure to include everything known at this time, especially any allergies including food, animals, and seasonal as well as drug allergies. Sources of information may include the birth parents, CCNC provider portal, the assessment and/or in-home records.
- IV. **Current Medications:** It is very important to include everything known at this time, especially anything that the child may need a refill on in the near future. Sources of information for this include the birth parent, Health Summary-Initial Visit (DSS-5206), CCNC provider portal.
- V. **Developmental, Behavioral, Mental Health, and Substance Abuse History:** Please include all information known at this time. Be sure to include the phone number for school or child care facility in the table. Sources of information include the assessment and/or in-home record, court documents, CCNC provider portal, birth parents, etc.

History Form Instructions

- VI. Family Health & Birth History:** Household composition can be generic such as mom, mom's boyfriend, older sister, younger brother, maternal grandmother. Be sure to include any information known at this time about the family's history. Identifying the child's birth hospital is important. Sources of information are birth parents, grandparents, CCNC provider portal, medical records, etc.
- VII. Attachments:** Please include any attachments with this form when it is faxed to the provider one week in advance of the 30 day comprehensive visit.

Health Summary Form - Comprehensive

30-day Comprehensive Visit for Infants/Children/Youth in DSS Custody

Instructions: Providers complete this form at the time of the comprehensive medical appointment. Please attach summary of visit and enter any information on the form that is not included in the summary.

Date of Visit: / / **Patient’s Name:** **D.O.B:** / /

Patient’s Medicaid ID Number: _____

COUNTY DSS CONTACT

Name _____

Phone _____ Fax _____

Email _____ County _____

MEDICAL HISTORY

Birth History

Location of birth (if hospital, name and location) _____

BW _____ Term ___ Preterm ___ Gestation _____ wks

Prenatal and perinatal risks _____

NICU: YES NO Detail _____

Acute illness or other health needs _____

Does the child have signs/symptoms of any **communicable disease** (i.e. hepatitis, TB, lice) that would pose a risk of transmission in a household setting? YES NO UNKNOWN

If yes, describe: _____

Chronic physical or mental health conditions (e.g., asthma, diabetes) *Attach copy of the care plan* _____

Surgery/hospitalizations/ER visits (when/where/why) _____

Health Summary Form - Comprehensive

Past injuries (what; when) _____

Allergies/drug sensitivities (with type of reaction) _____

Current medications	Dosage	Why prescribed	Need refill?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Medical equipment/supplies required _____

Nutritional assessment (diet/formula and any special needs) _____

VISION, HEARING

Visual impairment YES NO

Glasses/contacts required? YES NO

Hearing impairment YES NO

Hearing aid or cochlear implant YES NO Detail _____

ORAL HEALTH

Dental home YES NO

Dentist _____ Most recent visit _____

Current dental problems _____

Dental/oral health appointment scheduled _____

DEVELOPMENTAL HISTORY- Attach screening records and growth chart(s)

- o **ASQ-3 (Ages and Stages Questionnaire) or PEDS (age 0-5)**
- o **PSC (Pediatric Symptom Checklist) (age 6-10)**
- o **Bright Futures Supp. Questionnaire or PSC-Y (completed by adolescent, age 11-21)**

Health Summary Form - Comprehensive

Disability/ delay/concern:

Cognitive/learning_____

Social-emotional_____

Speech/language_____

Fine motor_____

Gross motor_____

None

Intervention history:

Current/on-going:

Past:

Speech & language therapy_____

Occupational therapy_____

Physical therapy_____

Results of Evaluation(s):_____ (Attach report(s))

For ages birth-3: *(If available, attach CDSA evaluation and Individualized Family Service Plan (IFSP)*

Referral to Care Coordination for Children (CC4C) YES NO

Referral to Early Intervention (Infant-Toddler Program) YES NO

Date of evaluation by the Children’s Developmental Services Agency (CDSA) _____

For ages 3-5: *(If available, attach Individualized Education Plan (IEP))*

Referral to Care Coordination for Children (CC4C): YES NO

Referral to the Preschool Early Intervention Program: YES NO

Medical equipment and assistive technology: YES NO Detail _____

BEHAVIORAL/MENTAL HEALTH, SUBSTANCE ABUSE

(ASQ-SE, ECSA, SDQ, CESDC, SCARED, CRAFFT, and/or PHQ-9 for Adolescents, etc.)

Concerns_____

Screening results_____

Diagnosis YES NO Detail_____

Intervention and treatment history_____

Health Summary Form - Comprehensive

EDUCATION (If available, attach Individualized Education Plan (IEP) or Section 504 Plan)

Child care or preschool _____

School _____ Grade _____ Grades repeated _____

Attendance problems? _____ Reason _____

In- or out- of school suspension: YES NO Most recent? _____ How often? _____Has the child received counseling at school? YES NO _____

Learning Issues:

- Learning disability
 ADHD
 Dysgraphia
 Intellectual disability
 Other

IEP? YES NO; 504 Plan? YES NO; Other accommodations/equipment needs at school?

Extracurricular activities _____

FAMILY AND SOCIAL HISTORYProvider comments--genetic/hereditary risk or in utero exposure _____
 _____Provider comments--current placement and visitation plan _____
 _____**EVALUATION****Physical Examination: ATTACH Visit Summary with vitals, growth parameters and exam findings.****Screenings:**Vision: Pass Fail With glasses? YES NO Referral? _____Hearing: Pass Fail

Development (circle one): ASQ/PEDS/MCHAT/PSC/Bright Futures Supplemental-Adolescent:

No Concerns _____ **At Risk/Concerns** _____

Specific Social-Emotional Screen: (e.g. ASQ-SW, ECSA, PHQ-9, Vanderbilt, SCARED)

No Concerns _____ **At Risk/Concerns** _____

Summary Form - Comprehensive

Social/behavioral assessment (by integrated mental health professional, if applicable)

Overall assessment and diagnoses

PLAN/RECOMMENDATIONS

Follow-up treatment(s)/interventions for current health conditions including any labs, testing, or evaluation with dates/times

Referrals for specialist care, mental health, oral health or developmental services with dates/times

PLAN/RECOMMENDATIONS CONTINUED

Medications provided and/or prescribed today

Immunizations administered today

Immunizations still needed, if any

Limitations on physical activity

Diet/formula/WIC

Summary Form - Comprehensive

Special instructions for school and child care staff related to medications, allergies, diet _____

Special instructions for foster parents/DSS contact _____

Well-Visit scheduled for (date/time): / / : **AM/PM**

Evaluation Team:

Primary Care Provider: _____

Behavioral Health Provider: _____

Specialty Providers: _____

Others: _____

ATTACHMENTS:

- Visit Summary (EHR print-out)**
- Immunization Record**
- Age-appropriate developmental screening record, including growth record**
- Screenings/measures to evaluate social-emotional, behavioral concerns**
- Discharge summaries from hospitals from birth and other hospitalizations**
- Care plans for asthma / diabetes / other chronic health conditions**
- Medical records related to chronic health conditions, medications, or allergies**
- Therapy or specialty provider reports (examples: speech, audiology, mental health)**

THIS FORM & ATTACHMENTS FAXED/SENT TO DSS & CCNC/CC4C CARE MANAGER:

DATE: _____

INITIALS: _____

Health Summary Form – Well-Visit

Well-Visit for Infants/Children/Youth in DSS Custody*

Instructions: Provider completes this form at each well visit or provides a summary containing the requested information.

Copy given to _____ (caregiver) on ____/____/____ by _____

Date of Visit: _____ **Patient’s Name:** _____ **D.O.B:** ____/____/____

Patient’s Medicaid ID Number: _____

Physical Examination: ATTACH Visit Summary with vitals, growth parameters and exam findings

Screenings:

Vision: Pass____ Fail____ With glasses? Yes ____ No____ Referral? _____

Hearing: Pass____ Fail____

Development (circle one): ASQ/PEDS/MCHAT/PSC/Bright Futures Supplemental-Adolescent:

No Concerns____ **At Risk/Concerns**____

Specific Social-Emotional Screen: (e.g. ASQ-SE, ECSA, PHQ-9, Vanderbilt, SCARED)

No Concerns____ **At Risk/Concerns**____

Current health conditions/issues (acute/chronic):

Medications provided/prescribed:

Other concerns (home, school, community):_____

Immunizations (administered this visit):

Allergies:

Summary Form – Well-Visit

Referrals (specialty care/CC4C/home visits):

Addressing what need:

_____	_____
_____	_____
_____	_____

PSYCHOTROPIC MEDICATION REVIEW REQUESTED: YES NO

Treatment plan (follow-up appointment/labs/testing/needed immunizations):

Comments or instructions for DSS/caregivers/school personnel:

Next Well-Visit date/time: _____

Provider name: _____

Provider signature: _____

(stamp)

THIS FORM & VISIT SUMMARY FAXED/SENT TO DSS & CCNC/CC4C CARE MANAGER:

DATE: _____ **INITIALS:** _____

*Adapted from AAP's Healthy Foster Care America Health Summary Form

NORTH CAROLINA FAMILY TIME AND CONTACT PLAN

County: _____ **Case Number:** _____

<p>Parents: It is very important that you and your child(ren)/youth maintain consistent contact while they are out of your care. You know what activities your child(ren)/youth enjoy. Bring their favorite games or snacks. Ask your child(ren)/youth about their daily life (school, daycare, sports or hobbies they enjoy). Remember that your child(ren)/youth miss you as much as you miss them. If you tell your child(ren)/youth that you will bring an item to a visit, please make every attempt to bring that item or explain why you could not. Your child(ren)/youth remember what you tell them and interpret your follow through as a demonstration of your love for them. The following should <u>not</u> be discussed during a visit: the reason(s) the child(ren)/youth came into agency custody, blaming of the child(ren)/youth for being in agency custody, future contact or return of the child(ren)/youth to a parent's custody, as this will be determined by the court.</p>					
Child(ren)/Youth Name(s):			Child(ren)/Youth Name(s):		
This plan with (parent(s)/caretaker(s)/siblings)			is effective	Date:	through
					Date:
Visit Location: Visits should be in an environment that is family-friendly and safe for the child(ren)/youth.				Frequency of visits:	
Start Time and Day of the Week:				Length of Visit:	
Attendees/ Participants:	Visits are primarily for you to spend time with your child(ren)/youth. Are there additional people you would like to include in your visits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who are they and why: _____ Approved by child welfare agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who and for how long? _____ If approved, how often would you want them to come to visits and what part of the visit would you like them to attend? _____				
Transportation Arrangements:	The child welfare agency will ensure transportation for your child(ren)/youth to visits. Details: Parent's transportation will be the responsibility of: _____ Other: _____				
Phone Calls Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Day of week and time for call:			
With Whom:		Monitoring Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		By Whom:	
Monitoring of phone calls requires that all statements by all parties participating on the phone call be heard, either by listening on another phone on the same line or the phone call being on speaker phone. The monitor must redirect the conversation if any inappropriate statements are made. If unsuccessful the call must be ended.					
Other Communication Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Communication Details:			
From Whom:		Monitoring Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Conditions (by whom, time of day, etc.):	
Send All Mail/Cards/Letters/E-mail to:					
Physical Address:					
Email Address:					

NORTH CAROLINA FAMILY TIME AND CONTACT PLAN

Visits: The priority of the child welfare agency is to keep your visits safe and promote quality time with your child(ren)/youth.

For visits that are supervised, the role of the person supervising a visit is:

- To ensure safety for the child(ren)/youth. Interventions by the supervising person should only occur when necessary to ensure safety. Whenever possible, the supervising person should provide parent education or one-on-one coaching to the parent after the visit.
- To observe interaction between parents and child(ren)/youth. Visits are an opportunity for parents to demonstrate their parenting skills and their knowledge of their child's/youth's likes and needs.

When the court order states that visits are to be supervised, the person supervising the visit must be present and be able to see and hear all interactions between the parent and the child(ren)/youth throughout the entire visit.

If the visits are monitored (sometimes as an interim step before transitioning to unsupervised visits), the person designated to monitor the visit must check on the visit at least 2-3 times but is not required to be present throughout the visit.

Is Supervision Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		By Whom:		Is Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		By Whom:	
Agreements for Visits: Parent and agency worker should initial items that were discussed. Some items may not apply to every case.	1	___	___	Parent(s) agree to contact the agency worker 24 hours in advance to confirm the visit or request that the visit be rescheduled, or the visit will be canceled.			
	2	___	___	The agency agrees to make every effort to contact the parent 24 hours in advance when a visit must be rescheduled.			
	3	___	___	If a parent arrives more than _____ minutes after the scheduled start time and has not called the agency to communicate they will be late, the visit may be cancelled.			
	4	___	___	If the child/youth arrives more than _____ minutes after the scheduled start time, the agency agrees to:			
	5	___	___	If a parent arrives for a visit demonstrating behavior that will prevent a safe visit with their child(ren)/youth and the parent is unable to control that behavior, the behavior will be documented, and the visit may be canceled.			
	6	___	___	If a parent misses _____ consecutive visits, the agency will: _____ (request the court to modify the visitation plan to be _____)			
	7	___	___	Parent(s) should address a child's/youth's misbehavior during visits as appropriate but must not use physical discipline.			
	8	___	___	Visits may be interrupted (by taking a break) or ended if behaviors by the parent or the child/youth during the visit cause anyone to be or feel unsafe.			
	9	___	___	Parents should contact the agency worker or supervisor during agency hours to discuss visits with their child(ren)/youth (concerns, need to reschedule, question about bringing an item or individual, etc.).			
	10	___	___	This visitation plan complies with current court order.			
	11	___	___	Other:			

Signatures: Child/Youth:		Date		Child/Youth:		Date		
Child/ Youth:		Date		Child/Youth:		Date		
Parent:		Date		Parent Comments:				
Parent:		Date		Parent Comments				
Placement Provider:		Date		Other:			Date	
Agency Worker:		Date		Phone:		Email:		
Agency Supervisor:		Date		Phone:		Email:		

Other considerations:

- A parent(s)'s noncompliance with a non-specific court order or the Family Services Agreement is not a reason to suspend a visit.
- Revise the visitation plan as frequently as needed.
- If there is a history of domestic violence between parents, visits with the parents must not be scheduled at the same time.
- Discuss what may occur if a child refuses to attend a visit.
- If siblings have a different visitation schedule, develop a Family Time and Contact Plan form for each child.
- If siblings are not placed together, a separate visitation plan (not necessarily on this form which is designed for parent visits) must be developed to address sibling visitation.

Date: _____

Dear

A change of placement for _____ is planned by/within _____
Child/youth date/number of days

because

I would like to discuss the plan for _____ with you. Please contact me at
Child/youth

_____ by _____
Phone number Date

Check one:

- This change of placement will affect your Family Time and Contact Plan; it is important that we meet to modify the Family Time and Contact Plan.
- This change of placement will **NOT** affect your Family Time and Contact Plan.

Check one:

- This change of placement will/may require a school change.
- This change of placement will **NOT** require a school change.

If you do not agree with the change in placement for _____, you have the right to
Child/youth
ask for a review of the move by the Permanency Planning Review Team. If you would like to do this, contact me within 10 days of the date of this letter. You also have the right to have your attorney ask the court to review this matter.

Sincerely,

Child Welfare Agency Worker
_____ County

Phone number: _____

Date: _____

Dear

On _____, a change of placement for _____ was necessary
Date Child/youth
because

Unfortunately, the agency was unable to let you know about this change before it occurred.

Please contact me at _____ by _____ to discuss this change.
Phone number Date

Check one:

- This change of placement will affect your Family Time and Contact Plan; it is important that we meet prior to your next scheduled visit to modify the Family Time and Contact Plan.
- This change of placement will **NOT** affect your Family Time and Contact Plan.

Check one:

- This change of placement required a school change.
- This change of placement did **NOT** require a school change.

If you do not agree with this change in placement for _____ you have the right
Child/youth
to ask for a review of the move by the Permanency Planning Review Team. If you would like to do this, contact me within 10 days of the date of this letter. You also have the right to have your attorney ask the court to review this matter.

Sincerely,

Child Welfare Agency Worker

County

Phone number: _____

Youth/Young Adult Name: _____ DOB: _____

North Carolina Department of Health and Human Services | Division of Social Services
PART A: TRANSITIONAL LIVING PLAN FOR YOUTH/YOUNG ADULTS IN FOSTER CARE

Instructions:	<ol style="list-style-type: none"> 1. This form must be completed within 30 days following the youth's 14th birthday, or when the youth enters foster care, if age 14 or older; and updated every 90 days thereafter. 2. The Transition Plan (Part B) must be completed 90 days prior to the youth's 18th birthday. The youth must be informed of his/her option to continue in Foster Care 18 to 21 at this time. Note: If the youth opts to continue in Foster Care 18 to 21, the Transition Plan must be completed <u>and</u> the goals of the TLP (Section I.B) must be updated to reflect how the youth plans to meet eligibility requirements of the program.
Foster Care 18 to 21:	<ol style="list-style-type: none"> 1. If the young adult opts to continue in Foster Care 18 to 21, the TLP (Section I – III) must be updated within 30 days of the young adult's 18th birthday, and every 90 days thereafter. 2. If the young adult is over age 18 and wishes to re-enter into Foster Care 18 to 21, the TLP (Sections I – III) of this form must be completed within 30 days of re-entry, and every 90 days thereafter. 3. The Transition Plan (Part C) must be completed 90 days prior to the young adult's 21st birthday, or planned exit from Foster Care 18 to 21.

I. TRANSITIONAL LIVING PLAN

Case Worker Name: _____ **Case Worker Phone Number:** (____) _____

Parties to Case Plan:

Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____

Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____

Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____

Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____

A. YOUTH/YOUNG ADULT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Date of first admission to out-of-home care: _____ Date of last admission to out-of-home care: _____

Estimated date of exit from foster care: _____ Date of Initial Plan: _____

Placement Type: _____ Date of Placement: _____

Regular Foster Care Foster Care 18 to 21
 If Foster Care 18 to 21, does placement continue to be approved? Yes No

Youth/Young Adult Name: _____ DOB: _____

B. GOALS AND ACTIVITIES

Date of Plan: _____

To be completed by youth/young adult and team:

Youth/Young Adult's strengths: <i>(include hobbies, interests, extracurricular, enrichment, cultural, and social activities)</i>				
Life Skills Assessment Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Completed: _____	
<i>Note: Items to consider when developing goals should include but are not limited to: educational and vocational training, personal support systems, independent living skills, safe and secure living arrangements upon exit from foster care, and any other specific items related to the youth/young adult's transition to self-sufficiency.</i>				
Goal:	Activities/Steps to achieve goal:	Responsible Parties:	Projected Completion Date:	Progress:
				Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification
				Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification
				Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification
				Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification
				Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification

Youth/Young Adult Name: _____ DOB: _____

C. SUPPORTIVE RELATIONSHIPS

Name:	Relationship to Youth/ Young Adult:	Address:	Email:	Telephone Number: ()
Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i>				
Name:	Relationship to Youth/ Young Adult:	Address:	Email:	Telephone Number: ()
Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i>				
Name:	Relationship to Youth/ Young Adult:	Address:	Email:	Telephone Number: ()
Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i>				
Name:	Relationship to Youth/ Young Adult:	Address:	Email:	Telephone Number: ()
Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i>				
What additional steps will be taken to establish meaningful adult relationships and supports for the youth/young adult?				

D. HOUSING

Current address: <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:
Where youth/young adult plans to live upon exit from foster care: <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:
What is the youth/young adult's back-up living arrangement if the above plan falls through? <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:

Youth/Young Adult Name: _____ DOB: _____

E. ADDITIONAL SERVICES NEEDED

Are any additional services needed to assist the youth/young adult with independent living skills, medical treatment, counseling, educational support, employment preparation and placement, and/or development of support networks? If yes, please list needed services below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Service:	Who is responsible?	Has referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Service:	Who is responsible?	Has referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Service:	Who is responsible?	Has referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

II. ALTERNATE PLAN

In the event the above plan does not work out, an unexpected exit from Foster Care 18 to 21 occurs, or there is a sudden break in participation, what is the youth/young adult's back-up plan? *(please document a fully developed back-up plan that includes alternate plans for school and/or employment, resources that will be utilized, and any other information specific to these circumstances. This plan should be developed in partnership with the youth/young adult)*

Youth/Young Adult Name: _____ DOB: _____

III. FOSTER CARE 18 TO 21 SERVICES (only)

A. PROGRAM ELIGIBILITY

<input type="checkbox"/> High School Diploma / GED	Name of School: Address of School: Telephone Number:	Grade level:
		Anticipated graduation date:
<input type="checkbox"/> College / Vocational	Name of School: Address of School: Telephone Number: Type of Program:	Hours/Semester:
		Total credits earned:
<input type="checkbox"/> Program to remove barriers to employment	Name of Program: Address: Telephone Number:	Hours/week:
<input type="checkbox"/> Employment	Name of Employer: Address of Employer: Telephone Number:	Hours/week:
<input type="checkbox"/> Medical condition / disability	Condition Exempting Participation:	Documentation of condition in case record? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. SKILL DEVELOPMENT

Educational/Vocational Assistance:	
Employment Assistance:	
Life Skills Training:	
Transitional Housing:	
Medical/Dental/Mental Health:	
Strengthening Personal Support Systems:	
Other:	
Identified Strengths:	
Identified Needs:	
Additional Services Requested:	

Youth/Young Adult Name: _____ DOB: _____

C. SIGNATURES

SIGNATURES	COMMENTS	DATE	I HAVE RECEIVED A COPY OF THIS PLAN
Youth/Young Adult			<input type="checkbox"/> Yes <input type="checkbox"/> No
Care Provider			<input type="checkbox"/> Yes <input type="checkbox"/> No
Care Provider			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Worker			<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Work Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Provider			<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Provider			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Youth's Name: _____ DOB: _____

North Carolina Department of Health and Human Services | Division of Social Services

I. PART B: TRANSITIONAL LIVING PLAN – 90 DAY TRANSITION PLAN FOR YOUTH IN FOSTER CARE*(To be completed 90 days prior to the youth's 18th birthday)***A. DETAILS AND RESOURCES****FOSTER CARE 18 TO 21**

Has the Foster Care 18 to 21 Program Been explained to the youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the youth wish to participate in Foster Care 18 to 21?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Youth's initials: _____
---	---	---	---	-------------------------

*Note: If the youth plans to participate in Foster Care 18 to 21, the goals of the TLP must clearly reflect how the youth will meet eligibility requirements for the program.***HOUSING**

Current address: <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:
Where youth plans to live upon exit from foster care: <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:
What is the youth's back-up living arrangement if the above plan falls through? <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:

HOUSING RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

EDUCATION

Current grade level:	Current school youth is attending:	Expected graduation date:	Current GPA:
Does youth have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last IEP meeting:	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Educational goal: <input type="checkbox"/> Certificate <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational Program <input type="checkbox"/> Two-Year College <input type="checkbox"/> Four-Year College <input type="checkbox"/> Other: _____			
Has youth received a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does youth plan to attend college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Has youth completed PSAT/SAT/ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Date completed: Score:	Has youth applied for any educational grants, scholarships, or financial aid, such as Pell Grant, Education Training Vouchers, and/or NC Reach scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
List grants, scholarships, and financial aid the youth has applied for and the current status of the application:			

Youth's Name: _____

DOB: _____

EDUCATION, CONT.

College or Vocational program application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school(s) or program(s) applied and current status of the application:		
Other educational referrals made:			
Is the youth enrolled in a college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school or program:		
If yes, <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
Area of study:	Expected graduation date:	Current GPA:	Attached: <input type="checkbox"/> Schedule <input type="checkbox"/> Transcripts

EDUCATIONAL RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

EMPLOYMENT / TRAINING PROGRAM / VOLUNTEER

Has youth been referred to WIOA through NCWorks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does youth have knowledge of how to complete an application for employment? <i>(If no, this should be a goal on the youth's TLP)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Does youth have an updated resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has youth submitted any applications for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
List applications submitted: <i>(attach additional sheets if needed)</i>			
Youth currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of employer: <i>(number and street, city, state, and ZIP code)</i>		Hours per week:
Is youth enrolled in a training program to limit or remove barriers to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of program: <i>(number and street, city, state, and ZIP code)</i>		Hours per week:
List any referrals that have been made in regards to employment and/or training and the current status of the referral: <i>(attach additional sheets if needed)</i>			
Does the youth have an Internship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of Internship: <i>(number and street, city, state, and ZIP code)</i>		
Does the youth volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer location(s):		Hours:

Youth's Name: _____

DOB: _____

EMPLOYMENT / TRAINING / VOLUNTEER RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

TRANSPORTATION

Will youth have access to consistent transportation upon discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does youth have his/her own car, truck, bicycle, or other form of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a public bus line near where the youth will be residing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other means of transportation:
---	---	---	--------------------------------

TRANSPORTATION RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

HEALTH INSURANCE

The youth is eligible for the Extended Foster Care Medicaid Program as per the Affordable Care Act. <input type="checkbox"/> Yes <input type="checkbox"/> No	The youth has received information and assistance regarding application procedures for Medicaid and other state/federal funded health insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No	Other private health insurance that will continue beyond the youth's 18 th birthday: Insurer: _____ Policy number: _____
Youth is scheduled to be enrolled in the Extended Foster Care Medicaid Program at age 18. <input type="checkbox"/> Yes <input type="checkbox"/> No		

HEALTH INSURANCE RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

HEALTHCARE

Name of Medical Doctor:	Telephone Number: ()
Address: <i>(number and street, city, state, and ZIP code)</i>	
Name of Dentist:	Telephone Number: ()
Address: <i>(number and street, city, state, and ZIP code)</i>	

Youth's Name: _____

DOB: _____

HEALTHCARE, CONT.

Name of Mental Health Provider: _____

Telephone Number:

()

Address: *(number and street, city, state, and ZIP code)*

REQUIRED: Youth has received information on the importance of designating someone to make healthcare decisions on behalf of the youth, if the youth is unable to do so and does not have or want a relative who would otherwise be so designated under NC law to make such decisions. Yes No

The youth has been given information on how to designate a power of attorney or healthcare proxy. Yes No

The Healthcare Power of Attorney document can be found at:

https://www.sosnc.gov/documents/forms/advance_healthcare_directives/health_care_power_of_attorney.pdf

HEALTHCARE RESOURCES

Resource name: _____

Contact Information: *(include address, telephone number, website, and email, if applicable)*

Resource name: _____

Contact Information: *(include address, telephone number, website, and email, if applicable)*

Resource name: _____

Contact Information: *(include address, telephone number, website, and email, if applicable)***INCOME / CREDIT REPORT**

Will youth have income other than from employment?
 Yes No

If yes, list source(s) of income: _____

Amount of monthly supplemental income: _____

Is youth employed now, or will youth be employed at time of exit from foster care? Yes No

If yes, list monthly income: _____

Has the child welfare agency conducted a credit report check for the youth from all three credit bureaus (Equifax, Transunion, and Experian)?

Yes No If so, date of last check: _____

Were there any issues on the youth's report?
 Yes No

If so, what were the issues? _____

How were the credit issues resolved? _____

If a credit report check has not been conducted, list the date the check will be completed: _____

YOUTH: You are entitled to a credit report check from all three credit bureaus for each year you spend time in foster care between 14 and 17 years of age. You are also entitled to yearly credit checks when receiving Foster Care 18 to 21 services.

LINKS /INDEPENDENT LIVING

YOUTH: The LINKS program is available to you for services and resources until your 21st birthday. Contact the LINKS coordinator in your county of residence if you remain in North Carolina. If you move out of state, contact your home county, and ask for a referral to your new state of residence.

LINKS Coordinator: _____

Telephone Number:

()

Email: _____

Resource name: _____

Contact Information: *(include address, telephone number, website, and email, if applicable)*

Youth's Name: _____ DOB: _____

B. DOCUMENTS TO BE PROVIDED TO YOUTH AT DISCHARGE

- Original or certified copy of birth certificate
- Original or certified copy of Social Security Card
- Copies of all Health Summary Components (DSS-5206, DSS-5207, DSS-5208, and DSS-5209) and the latest complete Immunization Record
- Copies of all Child Education Status Components (DSS-5245) or Education Record Summary
- Copies of any legal documents that the youth might need for employment or benefits, including verification of eligibility for Extended Foster Care Medicaid, legal residency documentation, etc.
- Driver's license or identification card
- Copies of any credit reports and documentation related to issues resolved on the credit report.
- The original and signed copy of this document

C. YOUTH'S CONTACT INFORMATION

We would like to stay in touch with you. LINKS services are available to you until your 21st birthday. Sometimes new benefits become available and we would like to let you know about them. Please give us the name and contact information of people who will know how to contact you in the future.

D. SIGNATURES

Signature of Youth Date

Signature of Social Worker / LINKS Coordinator Date

Signature of Agency Director / Designee Date

Young Adult Name: _____ DOB: _____

North Carolina Department of Health and Human Services | Division of Social Services

PART C: TRANSITIONAL LIVING PLAN – 90 DAY TRANSITION PLAN FOR YOUNG ADULTS IN FOSTER CARE 18 TO 21*(To be completed 90 days prior to the young adult's 21st birthday, or planned exit from Foster Care 18 to 21)***A. DETAILS AND RESOURCES****FOSTER CARE 18 TO 21**

Has the Re-entry into Foster Care 18 to 21 policy been explained to the young adult? <input type="checkbox"/> Yes <input type="checkbox"/> No		Young adult's initials: _____	
HOUSING			
Current address: <i>(number and street, city, state, and ZIP code)</i>			Telephone or other contact information:
Where young adult plans to live upon exit from Foster Care 18 to 21: <i>(number and street, city, state, and ZIP code)</i>			Telephone or other contact information:
What is the young adult's back-up living arrangement if the above plan falls through? <i>(number and street, city, state, and ZIP code)</i>			Telephone or other contact information:
HOUSING RESOURCES			
Resource name:		Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>	
Resource name:		Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>	
Resource name:		Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>	

EDUCATION

Current grade level:	Current school young adult is attending:	Expected graduation date:	Current GPA:
Does young adult have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Date of last IEP meeting:	If youth has/had an IEP, is young adult involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Educational goal: <input type="checkbox"/> Certificate <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational Program <input type="checkbox"/> Two-Year College <input type="checkbox"/> Four-Year College <input type="checkbox"/> Other: _____			
Has young adult received a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does young adult plan to attend college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Has young adult completed PSAT/SAT/ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Date completed: Score:	Has young adult applied for any educational grants, scholarships, or financial aid, such as Pell Grant, Education Training Vouchers, and/or NC Reach scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
List grants, scholarships, and financial aid the young adult has applied for and the current status of the application:			

Young Adult Name: _____ DOB: _____

EDUCATION, CONT.

College or Vocational program application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Name of school(s) or program(s) applied and current status of the application:		
Other educational referrals made:			
Is the young adult enrolled in a college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Name of school or program:		
If yes, <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
Area of study:	Expected graduation date:	Current GPA:	Attached: <input type="checkbox"/> Schedule <input type="checkbox"/> Transcripts

EDUCATIONAL RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

EMPLOYMENT / TRAINING PROGRAM / VOLUNTEER

Has young adult been referred to WIOA through NCWorks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Does young adult have knowledge of how to complete an application for employment? <i>(If no, this should be a goal on the TLP)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Does young adult have an updated resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has young adult submitted any applications for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
List applications submitted: <i>(attach additional sheets if needed)</i>			
Young adult currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of employer: <i>(number and street, city, state, and ZIP code)</i>		Hours per week:
Is young adult enrolled in a training program to limit or remove barriers to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of program: <i>(number and street, city, state, and ZIP code)</i>		Hours per week:
List any referrals that have been made in regards to employment and/or training and the current status of the referral: <i>(attach additional sheets if needed)</i>			
Does the young adult have an Internship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of Internship: <i>(number and street, city, state, and ZIP code)</i>		
Does the young adult volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer location(s):		Hours:

Young Adult Name: _____

DOB: _____

EMPLOYMENT / TRAINING / VOLUNTEER RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

TRANSPORTATION

Will young adult have access to consistent transportation upon discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does young adult have his/her own car, truck, bicycle, or other form of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a public bus line near where the young adult will be residing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other means of transportation:
---	---	---	--------------------------------

TRANSPORTATION RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

HEALTH INSURANCE

The young adult is eligible for the Extended Foster Care Medicaid Program as per the Affordable Care Act. <input type="checkbox"/> Yes <input type="checkbox"/> No	The young adult has received information and assistance regarding application procedures for Medicaid and other state/federal funded health insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No	Other private health insurance: Insurer: _____ Policy number: _____
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HEALTH INSURANCE RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

HEALTHCARE

Name of Medical Doctor:	Telephone Number: ()
Address: <i>(number and street, city, state, and ZIP code)</i>	
Name of Dentist:	Telephone Number: ()
Address: <i>(number and street, city, state, and ZIP code)</i>	

Young Adult Name: _____

DOB: _____

HEALTHCARE, CONT.

Name of Mental Health Provider:	Telephone Number: ()
Address: <i>(number and street, city, state, and ZIP code)</i>	

REQUIRED: Young adult has received information on the importance of designating someone to make healthcare decisions on their behalf, if the young adult is unable to do so and does not have or want a relative who would otherwise be so designated under NC law to make such decisions. Yes No
 The young adult has been given information on how to designate a power of attorney or healthcare proxy. Yes No
 The Healthcare Power of Attorney document can be found at: <http://www.sosnc.gov/ahcdr/forms.aspx>

HEALTHCARE RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

INCOME / CREDIT REPORT

Will young adult have income other than from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list source(s) of income:	Amount of monthly supplemental income:	Is young adult employed now, or will youth be employed at time of exit from foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly income:
Has the child welfare agency conducted a credit report check for the young adult from all three credit bureaus (Equifax, Transunion, and Experian)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date of last check: _____	Where there any issues on the young adult's report? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what were the issues?		
How were the credit issues resolved?		If a credit report check has not been conducted, list the date the check will be completed: _____		
YOUNG ADULT: You are entitled to a yearly credit report check from all three credit bureaus (Equifax, Transunion, and Experian).				

LINKS /INDEPENDENT LIVING

YOUNG ADULT: The LINKS program is available to you for services and resources until your 21st birthday. Foster Care 18 to 21 services are also available to you up to your 21st birthday. You can re-enter this program at any time. You can contact the LINKS Coordinator in your county of residence whether or not it is the same county in which you were in foster care.

LINKS Coordinator:	Telephone Number: ()	Email:
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>	

Young Adult Name: _____ DOB: _____

B. DOCUMENTS TO BE PROVIDED TO YOUNG ADULT AT DISCHARGE

- Original or certified copy of birth certificate
- Original or certified copy of Social Security Card
- Copies of any legal documents that the young adult might need for employment or benefits, including verification of eligibility for Extended Foster Care Medicaid, legal residency documentation, etc.
- Driver’s license or identification card
- Copies of any credit reports and documentation related to issues resolved on the credit report.
- The original and signed copy of this document

C. YOUNG ADULT’S CONTACT INFORMATION

We would like to stay in touch with you. Please give us the name and contact information of people who will know how to contact you in the future.

D. SIGNATURES

Signature of Youth	Date
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Signature of Social Worker / LINKS Coordinator	Date
--	------

Signature of Agency Director / Designee	Date
---	------

Young Adult Name: _____ DOB: _____

North Carolina Department of Health and Human Services | Division of Social Services

PART D: TRANSITIONAL LIVING PLAN – HELPFUL RESOURCES FOR YOUNG ADULTS

NCWorks: The WIOA program, through JobLinks, offers assistance with job placement, job coaching, apprenticeships, job training. One of the groups that receive preference is youth who were in foster care.

Local contact number: _____

Address: _____

Credit Reports: Once you turn 18 years old, you are entitled to a free credit report on a yearly basis from each of the three credit bureaus (Equifax, Transunion and Experian). For more information on obtaining a free credit report visit the Federal Trade Commission consumer fact website at <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre34.shtm>. North Carolina Department of Health and Human Services.

Vocational Rehabilitation: If you have a disabling condition that interferes with your ability to work, you may be eligible for Vocational Rehabilitation services. Disabling conditions may be physical, mental/emotional, or learning disabilities, which are diagnosed by a certified person. If you think you may have such a condition but are not diagnosed, VR can evaluate you to see if you qualify. VR services include training, adaptive equipment, job development and placement, job coaching, supported employment, job retention, and community based assessments. Job related services are provided without regard to income. For individuals with limited income, services can also include mental or physical restoration, transportation, home or job modifications, and other services.

Local contact number: _____

Address: _____

Housing: If you need emergency housing, the closest homeless shelter is located at:

Local contact number: _____

Address: _____

(If you aged out of foster care, LINKS funds may be available to help you pay your deposits on an apartment, but you will need to have enough income to pay for monthly expenses).

Education Training Vouchers (ETV) and NC Reach Scholarships: You are likely to be eligible for scholarship assistance to help you attend postsecondary schools such as vocational schools (like beauty school, truck driving school, HVAC, bricklaying and other building trades) or college level courses.

Applications are on-line at <http://www.ncreach.org/> and <http://www.statevoucher.org>. If you need help, contact the LINKS worker in your county.

Local contact number: _____

Medicaid: If you were in foster care custody on your 18th birthday, you are automatically eligible for Extended Foster Care Medicaid Benefits. You do have to apply for the benefits, and must apply for all Medicaid programs before being approved for EFCP. Your LINKS worker can help you with the application process.

Local contact number: _____

Young Adult Name: _____ DOB: _____

Public Health Services: If you do not have a regular physician, much of your medical care can be secured through the public health agency in your community. Your Medicaid card will help pay for this. Many communities have physicians that will take Medicaid, which would assure treatment that is more consistent for you.

Local contact number: _____

Address: _____

Selective Service Registration: If you are, a male ages 18 through 25 and living in the U.S., then you must register with Selective Service. It is the law. You can register at any U.S. Post Office and do not need a social security number. If you prefer, you can register online at

<https://www.sss.gov/Home/Registration>

Community Colleges: North Carolina has a broad network of community colleges that provide training for employment, basic skills training, vocational, technical and academic courses to citizens who wish to improve their employability and earning capacity. There are community colleges and branches within 25 miles of every resident of North Carolina. For further information about community college programs near you, visit <http://www.nccommunitycolleges.edu>.

Social community: You are encouraged to seek out connections with other people who share your interests or beliefs, people who value you for *who you are*. Everyone needs a support community, and everyone finds that community in their own way. In addition to your family, friends and support people you have known while you are in foster care, you can build a strong social network by becoming involved in organizations or groups. For example, *faith communities* provide a way to connect with other people who share your spiritual beliefs. If you are not sure which one would “fit” you best, you can visit several faith communities and talk with others who attend or lead worship. Most churches, mosques, and temples are listed in the yellow pages of the telephone directory or you may do an internet search. Most communities have *volunteer organizations* who would welcome your help, such as Habitat for Humanity, Meals on Wheels, and your local LINKS program. You can help others through your volunteer work while meeting others who share your interests. An internet search or a search of the local newspaper is likely to help you find places to volunteer. City sponsored *recreational programs* often include sports leagues as well as clubs with activities as diverse as bird watching, art, sports, music, book clubs, and hobbies.

Leadership Opportunities: Youth who were in foster care are encouraged to become a member of SaySo (Strong Able Youth Speaking Out). This group works together to influence laws and policies that have impact on youth in foster care. The SaySo website is <http://www.saysoinc.org>.

Other Referral Resources: There is a state network of resources that you can learn about by dialing 2-1-1 on your local phone. The State also has a Customer Service Center at 1-800-662-7030 to help you learn about other resources.

Signatures:

I have received and reviewed this document with my social worker:

Signature of Youth

Date

Signature of Social Worker

Date

Voluntary Placement Agreement for Foster Care 18 to 21

PURPOSE:

This agreement is between the _____ County Department of Social Services
(Name of County)

and _____; _____, who has requested to receive Foster Care 18 to 21
(Full Name of Young Adult) (Date of Birth)

benefits and services, and meets at least one of the following eligibility requirements:

- Completing secondary education or a program leading to an equivalent credential;
- Enrolled in an institution that provides postsecondary or vocational education;
- Participating in a program or activity designed to promote, or remove barriers to employment;
- Employed for at least 80 hours per month; or
- Incapable of completing the education or employment requirements due to a medical condition or disability.

This agreement outlines the specific rights and responsibilities of the young adult and the county child welfare agency as it relates to the provision of Foster Care 18 to 21 services.

YOUNG ADULT'S RIGHTS:

As a young adult receiving Foster Care 18 to 21 services, you have the right to:

- Approve the release of your personal identifying information in order to obtain services, including placements.
- Reside in an approved placement as long as you continue to meet one of the eligibility requirements listed above.
- Live in a setting free of violence, abuse, neglect and fear.
- Receive adequate medical, dental, and mental health care as needed.
- Make and receive phone calls and send and receive unopened mail.
- Visit and have contact with your family and supports.
- Establish and have access to a bank or savings account in accordance with state laws and federal regulations.
- Communicate with your social worker, and have calls made to your social worker returned within a reasonable period of time.
- Attend school, social and religious services/activities of your choice (as coordinated with your placement provider and social worker).

YOUNG ADULT'S RESPONSIBILITIES:

As a young adult received Foster Care 18 to 21 services, I agree to the following responsibilities:

- Meet at least one of the eligibility requirements listed above in order receive Foster Care 18 to 21 services, and provide verification of my eligibility conditions when requested.
- Reside in a placement that has been approved by the county department of social services.
- Work in partnership with my Transition Support Team to develop an individualized Transitional Living Plan, and attend all Transition Support Team meetings and court reviews.

Voluntary Placement Agreement for Foster Care 18 to 21

- Follow through with my responsibilities as outlined on my Transitional Living Plan, participate in identified services and monthly contacts with my social worker, and keep my support team informed of my needs.
- Abide by the rules and regulations set within my placement setting.
- Abide by the rules and regulations set within my place of employment, if applicable.
- Communicate any problems with my placement, schooling, employment, or services, and work with my social worker to find solutions.
- Notify my social worker immediately when there has been a change in my placement, contact information, educational or vocational setting, or employment.

Further, I understand that:

- The county department of social services is required to verify my enrollment in school, employment, participation in a program to promote employment, or medical condition that affects my ability to work or go to school.
- My placement must be approved by the agency prior to receiving Foster Care 18 to 21 benefits.
- If I choose to terminate Foster Care 18 to 21 services, I can later request to resume services if am under the age of 21 and meet the eligibility requirements.

AGENCY RESPONSIBILITIES:

The county child welfare agency agrees to:

- Provide continued foster care benefits and services as long as the eligibility requirements are maintained and the young adult is residing in an approved placement; this includes but is not limited to: foster care maintenance payments, case management, monthly contacts, and other services according to the young adult's individualized plan.
- Work in partnership with the young adult to develop a written Transitional Living Plan, review the plan as required, provide notification of reviews, and provide a copy of the plan to the young adult.
- Assist the young adult in developing and achieving goals for independent living, and utilizing services and supports to help meet his/her needs and maintain eligibility for Foster Care 18 to 21 services.
- Establish a plan and make efforts to seek life-long permanent connections.
- Assist the young adult in finding a new placement in the event his/her current placement becomes an unsafe or inappropriate living arrangement.
- Ensure that the young adult has Medicaid or other health insurance, and assist with getting medical, dental, and/or mental health care as needed.

Voluntary Placement Agreement for Foster Care 18 to 21

SIGNATURES:

My signature below denotes I have been informed of Foster Care 18 to 21 services and understand that I will be eligible for services upon my 18th birthday. Further, I intend to enroll in Foster Care 18 to 21 services upon my 18th birthday and understand that it is a voluntary program and services can be terminated at my request.

Signature of Young Adult	Date	Signature of Social Worker	Date
Signature of Legal Guardian (if applicable)	Date	Signature of Supervisor	Date

AGREEMENT (to be signed on or after the young adult's 18th birthday):

This agreement, between _____ County Department of Social Services and
(Name of County)
_____, is effective on the date of the young adult's 18th birthday, or if the
(Full Name of Young Adult)
young adult is over 18 years of age, the date the agreement is signed.

I hereby request to remain the placement responsibility of _____ County Department of Social Services and I agree to the provisions contained in this agreement. My signature below gives the county department of social services authority to provide foster care benefits and services for which I am eligible.

Signature of Young Adult	Date of Agreement
Signature of Legal Guardian (if applicable)	Date of Agreement
Signature of Director or Designee	Date of Agreement

TERMINATION OF AGREEMENT:

This Voluntary Placement Agreement has been terminated because:

- The young adult has reached his / her 21st birthday.
- The young adult no longer meets at least one of the eligibility requirements for Foster Care 18 to 21 services.
- The young adult requested to terminate the agreement by notifying the county department of social services verbally or in writing.
- The court has determined the young adult is not meeting the goals of the Transitional Living Plan and/or the young adult has violated the Voluntary Placement Agreement for Foster Care 18 to 21 Services.
- The young adult has been absent from his / her approved placement for more than 30 days without approval from the county department of social services, and the court has terminated services.

The Voluntary Placement Agreement for Foster Care 18 to 21 Services between the young adult named above and the county department of social services has hereby been terminated due to the reason stated above.

Date Terminated: _____

Signature of Young Adult	Date	Signature of Social Worker	Date
Signature of Legal Guardian (if applicable)	Date	Signature of Director or Designee	Date

Voluntary Placement Agreement for Foster Care 18 to 21

Addendum: Intercounty Agreement

THIS AGREEMENT made this _____ day of _____, 20____, by and between the _____ County Department of Social Services hereinafter called the RESIDENT COUNTY, and _____ County Department of Social Services hereinafter called the COUNTY OF ORIGIN, concerning the supervision and service delivery of:

Young Adult Name:	DOB:
Address: <i>(number, street, city, and ZIP code)</i>	Telephone Number: ()

The agreement will be effective on the _____ day of _____, 20____.
(This date must be the same date the VPA is signed)

Placement Approval:

The RESIDENT COUNTY / COUNTY OF ORIGIN hereby agrees to assess the young adult’s desired placement and determine whether or not it is appropriate.

Payment:

The RESIDENT COUNTY / COUNTY OF ORIGIN hereby agrees to provide the monthly foster care maintenance payments and submit to the state for reimbursement.

Monthly Contacts and Supervision:

The following are terms and conditions regarding monthly contacts and supervision that the Resident County and County of Origin have agreed upon:

Transitional Living Plan:

The following are terms and conditions regarding the development of the young adult’s Transitional Living Plan that the Resident County and the County of Origin have agreed upon:

Transition Support Team Meetings:

The following are terms and conditions regarding Transition Support Team Meetings that the Resident County and County of Origin have agreed upon:

Voluntary Placement Agreement for Foster Care 18 to 21

Addendum: Intercounty Agreement

Medicaid or Other Health Insurance:

The RESIDENT COUNTY / COUNTY OF ORIGIN will be responsible for providing Medicaid or ensuring the young adult is receiving other health insurance.

Verification of Eligibility Conditions:

The RESIDENT COUNTY / COUNTY OF ORIGIN will be responsible for verifying the young adult’s ongoing eligibility conditions, including both program and funding eligibility.

Credit Checks:

The RESIDENT COUNTY / COUNTY OF ORIGIN will be responsible for assisting the young adult with yearly credit checks.

Other:

The following are additional terms and conditions regarding Foster Care 18 to 21 services for the above named young adult hereby agreed upon by the Resident County and County of Origin:

(Young Adult)

(Date)

(Director of Resident County/Designee)

(Date)

(Director of County of Origin/Designee)

(Date)

NORTH CAROLINA MONTHLY CONTACT RECORD FOR FOSTER CARE 18 TO 21

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DEMOGRAPHICS – complete in advance if possible

Agency Name: _____

Contact Date: ____/____/____

Type of Contact: Face-to-Face Phone Email Skype

Does the young adult continue to live in an approved placement? Yes No

Placement Type: Foster Care Home/Facility College/University Dormitory Semi Supervised Independent Living Setting

Young Adult Being Visited: _____

Age: _____

(First and Last Name of Young Adult)

Young Adult's Dependent Children Living in the Home:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name of Placement Provider (if applicable): _____

ITEMS TO COVER DURING MONTHLY VISIT:

- Follow-up activities identified last visit
- Placement setting
- Transitional Living Plan goals and activities
- Education/Employment/Training
- Independent Living Skills
- Relationships with supportive adults
- Physical/Mental/Dental health of the young adult
- Physical and Psychological Safety
- Follow-up activities identified this visit
- General narrative comments

List of activities to follow up on from last visit:

A. _____

Update: _____

B. _____

Update: _____

C. _____

Update: _____

Does this visit include the quarterly in-home assessment? Yes No

If yes, please describe the young adult's residence, including any concerns that need to be addressed: (attach additional sheets if needed) _____

Address each section below with the young adult. This should be used as a guide to engage in conversation with the young adult rather than a questionnaire. If more space is needed, use the general narrative section.

1. Placement Setting

What type of changes have there been to the young adult's household since your last visit? What makes the young adult feel safe in his/her placement? Is the placement free of criminal activity and domestic violence? What is working well and what concerns does the young adult have with his/her placement?

2. Transitional Living Plan Goals and Activities

Review the current goals and activities on the young adult's Transitional Living Plan. Does the young adult feel the goals are realistic and obtainable? What progress has been made towards achieving the goals? Describe any setbacks that have occurred, if any, and what supports are needed to ensure they do not continue?

3. Education/Employment/Training

Describe any changes to the young adult's education/employment/training? Has there been a break in participation? If so, what efforts is the young adult making to meet eligibility requirements? Does the young adult have any concerns regarding his/her education/employment/training? What additional services could help the young adult succeed in school/work?

4. Independent Living Skills

What services are addressing the young adult's independent living skills? What services are still needed and/or referrals that need to be made? Are there any barriers regarding access to services?

5. Relationships with Supportive Adults

Who are the supportive adults in the young adult's life? Does the young adult know how to contact them in an emergency? What efforts are being made to establish additional and/or maintain such relationships? What additional supports does the young adult feel he/she needs?

6. Physical/Mental/Dental Health

What are the physical, mental, and dental health needs of the young adult? Referrals that need to be made? Does the young adult have any concerns, including any sexual health concerns that need to be addressed?

7. Physical and Psychological Safety

Describe any safety concerns the young adult may have within any aspect of their life, including but not limited to housing, social network, school and/or employment, family relationships, etc. What safeguards and/or supports are needed to help the young adult feel safe? Are any action steps needed to ensure the young adult is in a healthy environment free of violence, abuse, neglect, and fear?

8. Follow-up activities identified during visit:

- A. _____ Person responsible _____
- B. _____ Person responsible _____
- C. _____ Person responsible _____

General Narrative: (to include social worker and young adult's statements)

Does the young adult continue to meet eligibility criteria for Foster Care 18 to 21 benefits and services? Yes No

- High School / GED College / Vocational Program to remove barriers to employment
- Employment Medical condition/disability

Next Face-to-Face Visit: _____
Date

Next Transition Support Team Meeting: _____
Date

Does a Court Hearing need to be scheduled? Yes No

Signatures:

Young Adult:	Date:	Agency Representative's Supervisor:	Date:
Agency Representative Completing This Tool:	Date:	Other Person Involved in Completion of This Tool:	Date:

Transition Checklist

The county child welfare agency must provide the following documents to the young person during the 90 Day Transition Plan meeting.

- Proof of Foster Care – Verification Letter
- Original or certified copy of the young adult's birth certificate
- A Social Security card issued by the Commissioner of Social Security
- Copies of all Child Health Status Component forms (DSS-5243), if applicable, copies of all Child Health History Form (DSS 5207)
- All medical records to include the most recent Immunization Record
- Health Insurance Information
- Copies of all Child Education Status Component forms (DSS 5245)
- All Educational Records
- Driver's license or identification card issued by the State
- Copies of any credit reports and documentation related to issues resolved on the credit report
- The original and signed copy of the 90 Day Transition Plan for Youth in Foster Care (DSS-5096b).

I, _____ have received the original or copy of the checked items
(Young person's name)

identified above.

(Young person's signature and date)

(Child Welfare Supervisor's signature/date)
(Child Welfare Agency's name)

Child Welfare Agency's Letterhead

Date

Reference: (Young Person's Name)

To Whom It May Concern:

This letter serves as notification that _____ born on _____
(Young person's name)

was in foster care in _____ County.
(County's name)

If you should have any additional questions or concerns, please contact the undersigned at
(contact number).

Sincerely,

(Child Welfare Worker's Name/Title)

(Child Welfare Supervisor's Name/Title)

**NORTH CAROLINA
SDM® FAMILY REUNIFICATION ASSESSMENT**

Case Name: _____ Case #: _____ Date: _____
 County Name: _____ Social Worker Name: _____
 Date Report Received: _____ Date Custody Received: _____
 Children: _____
 Parent/caretaker: _____

SECTION A. RISK REASSESSMENT FOR OUT-OF-HOME CASES

Code	Title	Score
1. R1.	Risk Level at the point that the child entered DSS custody	
a.	Low.....	0
b.	Moderate.....	3
c.	High	4
R2.	Household's Progress Toward Goals	
a.	Successfully met all service agreement objectives and/or significant progress in ongoing programs	-2
b.	Actively participating in programs; pursuing objectives detailed in service agreement; significant progress	-1
c.	Partial participation in pursuing objectives in service agreement; some progress.....	0
d.	Refuses involvement in programs or has exhibited a minimal level of participation with service agreement /made little or no progress toward ameliorating needs	4
R3.	Has There Been a New Substantiation Since the Last Reunification Assessment?	
a.	No.....	0
b.	Yes.....	6
Total Score		_____

2. RISK LEVEL
 Assign the family's risk level based on the following chart.

<u>Score</u>	<u>Risk Level</u>
_____ -2 to 1	_____ Low
_____ 2 to 3	_____ Moderate
_____ 4 and above	_____ High

3. OVERRIDES

Policy Overrides: (Override to High. check appropriate reason.)

- _____ 1. Prior sexual abuse, perpetrator has access to child(ren) and has not successfully completed treatment.
- _____ 2. Cases with non-accidental physical injury to an infant and parent(s) have not successfully completed treatment.
- _____ 3. Serious non-accidental physical injury warranting hospital or medical treatment and parent(s) have not successfully completed treatment.
- _____ 4. Death of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level with supervisor approval).**

Provide reason below.

Reason: _____

OVERRIDE RISK LEVEL: _____ Low _____ Moderate _____ High

Social Worker: _____ Date: _____

Supervisor's Review/Approval of Override: _____ Date: _____

Case Name: _____ Case#: _____

SECTION B. VISITATION PLAN EVALUATION
(Check appropriate box for each child).

	Child Name	Child Name	Child Name	Child Name
Compliance with Plan				
a. If parents(s) cannot visit children, state the reason: 1) ___ Parents(s) incarcerated 2) ___ Parent(s) in Treatment Facility 3) ___ Court-Order Prohibits 4) ___ Other, specify: _____ _____				
Non Compliance - Parents(s) have failed to visit or visits have been suspended by court order due to parental behavior.				
Low Compliance -parent(s) have met few objectives of plan or visitation has been changed from unsupervised to supervised due to parental behavior. <i>(Definition: More than one missed visit without legitimate explanation and/or advance notice or parent has demonstrated a pattern of poor parenting techniques or poor parent-child interaction during visitation).</i>				
Moderate Compliance -parent (s) has met some objectives of plan. <i>(Definition: Parent-child interaction is appropriate or improving during visits but continued improvement required. No more than one missed visit without legitimate explanation or advance notice).</i>				
High Compliance -parent (s) has met most objectives of plan. <i>(Definition: Parent-child interaction appropriate throughout all visits. Visitation changed from supervised to unsupervised due to parental behavior. Visits may have been rescheduled but arrangements made in advance).</i>				

REUNIFICATION SAFETY ASSESSMENT (If risk level is low or moderate and parents have attained at least a moderate level of compliance with the Visitation Plan, complete a Reunification Safety Assessment).

SECTION C

**NORTH CAROLINA
REUNIFICATION SAFETY ASSESSMENT
(To be used when Reunification is considered)**

Case Name: _____ Case #: _____

County Name: _____ Date Report Received: _____

Social Worker Name: _____

Children: _____

Caretakers: _____

SECTION 1: SAFETY ASSESSMENT**(a) Safety Factor Identification**

Directions: The following is a list of factors that may be associated with a child(ren) being in immediate danger of serious harm. **Identify the presence or absence of each by checking either "yes" or "no"** if factor applies to any child in the household or to a child to be returned to the household. **Note: The vulnerability of each child needs to be considered throughout the assessment.** Younger children and children with diminished mental or physical capacity or repeated victimization should be considered more vulnerable. Complete based on most vulnerable child for each factor. **Please review examples from the NC Safety Assessment for clarification of these factors.**

1. Yes No Caretaker(s) current behavior is violent or out of control.
2. Yes No Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee or the child's whereabouts cannot be ascertained.
4. Yes No Caretaker(s) is unwilling, or is unable to provide supervision or to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
5. Yes No Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.
6. Yes No The child's physical living conditions are hazardous and immediately threatening.
7. Yes No Caretaker(s) drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
8. Yes No Caretaker has a new live in partner with history of child maltreatment, domestic violence, or a criminal history.
9. Yes No Other, specify: _____

CHECK IF ALL SAFETY FACTORS ARE CHECKED "NO."

_____ **CHILD IS SAFE. Otherwise, complete Sections (b), (c), and (d) of the Reunification Safety Assessment listed below**

(b) Safety Factor Description

Directions: For all safety factors which are circled "Yes" note the applicable safety factor number and briefly describe the specific individuals behaviors, conditions, and/or circumstances associated with particular safety factor.

(c) Safety Response

For each factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe in the home. Check each intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

- _____ 1. Direct services provided by placement worker or other social worker.
- _____ 2. Use of family resources (relatives), neighbors, or other individuals in the community as safety factor.
- _____ 3. Use of community agencies or services as safety resources (check one or both):
- _____ Intensive Home-Based
- _____ Other Community
- _____ 4. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- _____ 5. Other (specify): _____

For each intervention checked, describe all protecting interventions taken or immediately planned by you or anyone else, and explain how each intervention protects each child. Describe in detail the actions that any safety resource agrees to do.

(d) SAFETY DECISION

Identify your safety decision by checking the appropriate line below. **Check one line only.** This decision should be based on the assessment of all safety factors, protecting interventions, and any other information known about this case.

- 1. Safe to Return Home:** _____ No further interventions.
- 2. Safe with Services/Intervention:** _____ Protecting safety interventions allow child to return home for a trial home visit for no more than 6 months before custody is returned.
- 3. Unsafe:** _____ Placement remains the only protecting intervention possible for the child(ren). Without continued placement, the child(ren) will likely be in danger of immediate or future serious harm.

SECTION D.

RECOMMENDATION SUMMARY

Children's Names	Recommendation (check column applicable for each child)		
	Recommend Return Home	Continue with Reunification Efforts and Concurrent Planning	Proceed with new recommendation for next court hearing (Select and record "A", "B", or "C" below for each child)**
1.			
2.			
3.			
4.			
5.			

****NEW GOAL**

A = TPR/Adoption

B = Custody/ Guardianship with a non-removal parent/relative

C = Custody or Guardianship with a court approved caretaker

- If the Case remains open and at least one child remains out-of-home, all assessment tools are required at the appropriate intervals as stated in policy and standard.
- If the Case remains open and all child(ren) are reunified but DSS retains custody, future risk reassessments and family strengths and needs assessments are required. (Further reunification assessments are no longer required.)
- If the Case remains open, child continues in out-of-home placement and the court ordered agency to cease reasonable efforts to reunify, no future reunification assessments, risk reassessments or strengths and needs assessments are required.

Social Worker: _____

Date: _____

Supervisor: _____

Date: _____

NORTH CAROLINA
FAMILY REUNIFICATION ASSESSMENT
POLICY AND PROCEDURES

The family reunification assessment consists of four parts that are used to evaluate risk, visitation compliance, safety issues, and the recommendation summary. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to return a child(ren) home.

Which cases: All cases where the agency holds custody, with at least one child in placement with a goal of return home. (**Note: Exclude cases in which the court has ordered the agency to cease reasonable efforts to reunify**). Use one Family Reunification Assessment form for all children in the family. If a household involves more than five children, use additional sheets.

Who completes: The assigned Social Worker. (Recommended Practice: Assigned social worker completes the form prior to the Permanency Planning Action Team meeting except for Section D. The Permanency Planning Action Team completes Section D at the meeting.)

When: The Family Reunification Assessment shall be completed when the agency holds legal custody and at least one child is in placement with a goal of return home (reunification). The assessment shall be completed:

- to track with the required scheduled Permanency Planning Action Team meetings;
- prior to any trial visit;
- prior to any time the child is being considered for a return home; and
- within 30 days prior to any court hearing or review.

(If reviews are held frequently, documentation on the Family Reunification Assessment form may state that there have been no changes since the last update and that the current information is correct.)

When reunification is no longer the plan, the Family Reunification Assessment form is no longer required.

Decision: The Family Reunification Risk Reassessment for Out-of-Home Care (A) results and the Visitation Plan Evaluation (B) results indicate if a child(ren) is eligible for a return home or if a new recommendation regarding another permanent plan should be made to the court.

If families have effectively **reduced risk to low or moderate and have achieved at least Moderate compliance with visitation, a reunification safety assessment is conducted** and results used to determine if the home environment is safe. The permanency plan guidelines and recommendation sections guide decisions to return a child(ren) home, to continue with current/concurrent planning, or proceed with a new recommendation for a new permanent plan goal for the next court hearing.

Appropriate Completion:

Complete the case identifiers at the top of the page.

Section A. Family Reunification Risk Reassessment

Complete the Family Reunification Risk Reassessment. Based on the total score, indicate family risk level. Indicate if an override has been exercised. If so, indicate risk level after override. Supervisor must approve override.

Section B. Visitation Plan Evaluation

For each child, indicate the level at which the parent(s)/caretaker(s) has participated in the visitation plan. If the parent(s) is unable to visit the child(ren), supply a reason in "a" of the Visitation Plan Evaluation. Proceed to Section D.

If "a" does not apply, evaluate parent(s)/caretaker(s) participation in visitation. Visitation Plan Evaluation choices range from non compliance to high compliance. Rate parental/caretaker compliance with the visitation plan for each child.

Section C. Reunification Safety Assessment

If risk has been reduced to low or moderate *and* parents have achieved at least a moderate visitation compliance rating, complete a reunification safety assessment. Enter the results of the reunification safety assessment in Section C. If risk has *not* been reduced to low or moderate or parents receive a low visitation rating or have not complied, do not complete a reunification safety assessment. Proceed to Section D.

Section D. Permanency Plan Recommendation Summary

Complete Section D for all reunification assessments. Enter the name of each child in custody and check one of the three recommendations for each child. If "Proceed with new recommendation for next court hearing" is checked, you **MUST** enter the new permanency goal using the codes provided on the form.

The supervisor and social worker are to sign at the bottom of Section D.

Date: _____

Dear

The _____ County child welfare agency has scheduled a Permanency Planning Review to discuss the goals and plans for _____.
Child/youth

Because you are the child's/youth's _____, your input is important. The meeting

Will be held on _____ at _____.
Date Time/Location

If you are the child's/youth's parent, you have the right to attend and bring your attorney. However, you are not required to bring your attorney.

If you have any questions about this meeting please contact me at _____ by _____.
Phone number Date

Sincerely,

Child Welfare Agency Worker
_____ County

Phone number: _____

Date: _____

Dear

On _____, a Permanency Planning Review was held to review the goals and plans for
Date
_____. As a result of that meeting, the following decisions were made:
Child/youth

Check this box only if there was a decision that a placement change was necessary.

A placement change is necessary for _____ on/by_____.
Child/youth Date
because

Check one:

- Family Time and Contact Plan must be changed. If you are the parent, it is important that we meet prior to your next scheduled visit to modify the Family Time and Contact Plan.
- This does **NOT** affect your Family Time and Contact Plan.

Check one:

- A change of school for _____ is required because
Child/youth
- A change of school is **NOT** required.

Please contact me at _____ by _____ to discuss any decisions made in the Permanency
Phone number Date
Planning Review within 10 days of the date of this letter.

Sincerely,

Child Welfare Agency Worker
_____ County

Phone number: _____

NORTH CAROLINA PERMANENCY PLANNING REVIEW

County:

Case Number:

Case Name:	
Agency Worker Name: Phone number & Email:	
Agency Supervisor Name: Phone number & Email:	

I. Family Demographics	Name:	DOB:	Age:	Date of Custody/ 1 st out-of-home placement:
Child/Youth:				
Child/Youth:				
Child/Youth:				
Child/Youth:				
Child/Youth:				
Child/Youth:				

Mother of:		Age:	
Address		Phone:	Email:
Attorney for Mother		Phone:	Email:
Mother of:		Age:	
Address		Phone:	Email:
Attorney for Mother		Phone:	Email:
Father of:		Age:	
Address		Phone:	Email:
Attorney for Father		Phone:	Email:
Father of:		Age:	
Address		Phone:	Email:
Attorney for Father		Phone:	Email:
Father of:		Age:	
Address		Phone:	Email:
Attorney for Father		Phone:	Email:
Other Caregiver		Age:	
Address		Phone:	Email:
Other Caregiver		Age:	
Address		Phone:	Email:
Guardian ad litem		Phone:	Email:

II. Child Specific Review (Complete this section for each child/youth. Make extra copies as needed.)**(a) Summary of Recommendations from Last Meeting:** NA for 1st Permanency Planning Review

NORTH CAROLINA PERMANENCY PLANNING REVIEW

- (b) Child/Youth Status** (The second and third columns should be completed by the worker prior to the meeting. Review of the information for accuracy, progress and follow up should occur during the meeting with notes taken in the last column.

At the 12-month (since date of custody) permanency planning review and every 12 months thereafter, complete DSS-5245 Educational Status form and include identified Progress/Follow up/Next Steps on this form.			
Educational / Developmental	School/Daycare: Grade: Has the child ever been retained/advanced in a grade? <input type="checkbox"/> Yes: Explain _____ <input type="checkbox"/> No Services in place, IEP, A/G:	Are child/youth's educational/developmental needs being met? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	Progress / Follow Up / Next Steps, if needed:
At the 12-month (since date of custody) permanency planning review and every 12 months thereafter, complete DSS-5207 Health History Form and document identified Progress/Follow up/Next Steps relating to Physical/Medical/Dental/Mental Health & Behavioral.			
Physical / Medical	Physician: Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup?	Any health issues, allergies, asthma, medication?	Progress / Follow Up / Next Steps, if needed:
Dental	Dentist: Date last dental appointment?	Issues:	Progress / Follow Up / Next Steps, if needed:
Mental Health / Behavioral Health / Juvenile Justice needs	Diagnosis/Behavior Concern: Provider: Issues and/or concerns?	Treatment Plan? Medication? Services Plan?	Progress / Follow Up / Next Steps, if needed:
Social / Other	Opportunities for age and/or developmentally appropriate activities, including employment: Community Resources:	Issues/Needs:	Progress / Follow Up / Next Steps, if needed:
Family Relationships	Visits & Contact with Parents (frequency, appropriateness): Is visitation in compliance with court order? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	Visits with Siblings (frequency, location, etc.): Visits with Extended Family Members / Kin (frequency, location, etc.):	Progress / Follow Up / Next Steps, if needed:
Child/Youth's Participation in Case Planning	Opportunities provided:	Child/Youth's Input:	Progress / Follow Up / Next Steps, if needed:

NORTH CAROLINA PERMANENCY PLANNING REVIEW

For youth over age of 12 <input type="checkbox"/> NA	<input type="checkbox"/> The youth been provided a copy of the DSS-1516 Understanding Foster Care – A Handbook for Youth <input type="checkbox"/> The youth has read or had read to them the Foster Care Rights Acknowledgement on page 9 of the handbook. <input type="checkbox"/> The youth has signed the Foster Care Rights Acknowledgement; and a signed copy of the acknowledgement is in the case file.
For youth 14 years of age or older <input type="checkbox"/> NA	Is youth receiving services from the LINKS program? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: Describe or attach the Transitional Living Plan (DSS-5096a) including: <ul style="list-style-type: none"> • The estimated date of discharge from out-of-home care • The youth's anticipated living arrangement after discharge • What specific steps are being taken to help the youth prepare for discharge, including life skills training, work experience, a savings plan, education and job training, medical and mental health care, development of a personal support network • Supportive adults who are working with the youth as he/she progresses toward discharge • Credit checks completed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:
	Has the Kinship Guardianship Assistance Program (KinGAP) been considered for the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Other:

Does the child/youth have any Native American or International Heritage? Yes No

If yes, describe Agency's efforts to notify the tribe/consulate if applicable.

(c) Child/Youth Placement

Date of current placement:

Number of placements for this child/youth:

Element	Yes / No	Explanation (if not, why?)
Least restrictive, most family-like setting which serves the child/youth's individual needs.	<input type="checkbox"/> <input type="checkbox"/>	
Within the child/youth's home community	<input type="checkbox"/> <input type="checkbox"/>	
Within the child/youth's former school district	<input type="checkbox"/> <input type="checkbox"/>	
Placement is with a relative	<input type="checkbox"/> <input type="checkbox"/>	
If placement is with a relative, has the relative been given information about how to become licensed as a foster home?	<input type="checkbox"/> <input type="checkbox"/>	
Placement is with siblings	<input type="checkbox"/> <input type="checkbox"/>	If not, why not, and what are the efforts to place with siblings?

Is the current placement appropriate to meet this child/youth's needs? Yes No

NORTH CAROLINA PERMANENCY PLANNING REVIEW

Explain "No" answers and specify efforts that are being made to secure an appropriate placement:

(d) Child/Youth Concurrent Permanency Plans

CHILD/YOUTH NAME:

DOB:

<p>What is the identified <u>Primary plan?</u></p>	<p><input type="checkbox"/> Reunification with:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mother</p> <p style="padding-left: 20px;"><input type="checkbox"/> Father</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both Parents</p> <p style="padding-left: 20px;"><input type="checkbox"/> Guardian / Custodian</p>	<p>Guardianship with:</p> <p>Relative <input type="checkbox"/> or Court approved caretaker <input type="checkbox"/></p> <p>Custody with:</p> <p>Relative <input type="checkbox"/> or Court approved caretaker <input type="checkbox"/></p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Another Planned Permanent Living Arrangement</p> <p><input type="checkbox"/> Reinstatement of Parental Rights</p>
<p>Regarding the Primary Plan:</p>	<p>Anticipated completion date for the primary plan is:</p> <p>Is the primary plan appropriate for this child/youth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain:</p>	
<p>What could prevent achievement of this plan?</p>	<p>Identify and explain any barriers to the primary plan.</p>	
<p>What is the identified <u>Secondary plan?</u></p>	<p><input type="checkbox"/> Reunification with:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mother</p> <p style="padding-left: 20px;"><input type="checkbox"/> Father</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both Parents</p> <p style="padding-left: 20px;"><input type="checkbox"/> Guardian / Custodian</p>	<p>Guardianship with:</p> <p>Relative <input type="checkbox"/> or Court approved caretaker <input type="checkbox"/></p> <p>Custody with:</p> <p>Relative <input type="checkbox"/> or Court approved caretaker <input type="checkbox"/></p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Another Planned Permanent Living Arrangement</p> <p><input type="checkbox"/> Reinstatement of Parental Rights</p>
<p>Regarding the Secondary Plan:</p>	<p>Anticipated completion date for the secondary plan is:</p> <p>Is the secondary plan appropriate for this child/youth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain:</p>	
<p>What could prevent achievement of this plan?</p>	<p>Identify and explain any barriers to the secondary plan.</p>	

(e) Timely permanence: (N.C.G.S. 7B-907-(d)):

This child/youth has been in agency custody _____ days of the past 22 months.

NORTH CAROLINA PERMANENCY PLANNING REVIEW

If 12 or more months, has TPR been filed? Yes No Not Applicable because child/youth has been in care less than 12 of the previous 22 months.

If TPR has been not been filed on a child/youth who has been in agency custody 12 or more of the past 22 months, indicate why:

- The child/youth is being cared for by a relative.
- The agency has documented in the case plan compelling reason for determining that TPR if not in the best interest of the child/youth.

Date court ordered TPR is not in the best interest of the child/youth:

- The agency has not provided to the child/youth the services deemed necessary for a safe return of the child/youth to the child/youth's home if reasonable efforts continue to be required by the court.

(f) Court

Are the orders of the court relating to services for this child/youth incorporated above? Yes No

If not, explain:

Date of next Court Review:

Recommendations regarding this child/youth for the next court hearing:

Services:

Primary Permanent Plan:

Secondary Permanent Plan:

PLACEMENT PROVIDER:

III. Placement Provider(s) (complete this section for each placement provider. Make extra copies if needed.)

Children in this placement:

- (a)** What is going well in this placement? What are the strengths?
- (b)** What are the concerns/needs, if any, regarding this placement?
- (c)** How is the placement provider meeting the needs of the child(ren)? Describe child/youth specific actions or activities (including age and/or developmentally appropriate activities).

NORTH CAROLINA PERMANENCY PLANNING REVIEW

- (d)** Describe services provided to placement provider designed to assure the child(ren)'s needs are being met. This should include meetings, referrals, and/or support provided by the county agency or a private licensing agency.
- (e)** Describe training provided to the placement provider to meet specific needs of the child(ren).
- Has the placement provider received training on trauma-informed care?
- Yes When?
- No When will they receive training on trauma-informed care?
- (f)** Describe respite or other services provided to the placement provider to ensure self-care.
- (g)** Describe how the provider is engaged in shared parenting (if not appropriate, explain why).
- (h)** Other.
- (i)** Follow up, Next Steps:

NORTH CAROLINA PERMANENCY PLANNING REVIEW

VI. Signatures In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for providing services to the child/youth and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting.

Role	Signature & Comments	Date	Participated in:	Received copy
Parent			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Parent			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Agency Worker			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Agency Supervisor			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Guardian ad litem			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Placement provider			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Placement provider			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Tribal Representative			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Other Relationship/Phone/Email			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Other Relationship/Phone/Email			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Others Invited but Unable to Attend				

Permanency Planning Review Instructions

Which Cases

The Permanency Planning Review must be completed for:

- All children and youth in the legal custody of a local child welfare agency;
- Children and youth for whom the local child welfare agency has placement responsibility and are placed outside the home;
- Children and youth who are placed with parents, relatives, potential adoptive parents or other court-approved placements, including youth who are living in Another Planned Permanent Living Arrangement, when the local child welfare agency has been given or retains legal custody;
- Families with children/youth who are returned home on a trial visit so long as the local child welfare agency retains custody.

The **purpose** of the Permanency Planning Review (PPR) is to:

- Focus on the safety, permanency, and well-being needs of the child;
- Allow each party involved to have input into service needs of the child and family;
- Facilitate the sharing of information and to ensure the appropriateness of the permanency plan, the child(ren)'s placement, and the parent(s)' progress; and
- Review the effectiveness of agency and community services.

A PPR applies the concepts of a Child and Family Team (CFT) meeting and the Family Services Agreement (FSA), and ensures reasonable efforts are being made to achieve permanency by all parties involved in the case.

Required Timeframes

- Initial PPR must be completed within 60 days of removal of the child from the home; and
- Ongoing PPRs must be completed every 90 days thereafter, throughout the life of the case.

Participants

Participants who must be **invited** to the PPR include (but are not limited to) the following:

- The child's parent(s), unless parental rights have been terminated;
- The child, if age and developmentally appropriate;
- The child's placement provider;
- Natural supports identified by the family;
- Community resource persons, at least one of whom is not responsible for the case management or delivery of services to the child or parents; and
- The guardian ad litem.

NOTE: If reunification is no longer the primary plan then the potential custodian, guardian or adoptive family should be invited.

Preparing for the Meeting

To best utilize meeting time, parts of this form can be completed by the county agency worker prior to the meeting. Following are sections of the form that should be reviewed and completed as appropriate prior to the meeting:

Permanency Planning Review Instructions

- Section I: Family Demographics; and
- Section II: Child Specific Review (agency workers are encouraged to fill in as much of the child specific information as possible prior to the meeting. Review of the information for accuracy, progress and follow up should occur during the meeting)

Once the form is completed at the initial Permanency Planning Review, it should be maintained for quarterly reviews and updates. This document is meant to be a living document.

Development and Completion of the Permanency Planning Review

It is important to begin by identifying the reason for child welfare involvement to ensure all participants understand what must be addressed during the review.

I. Family Demographics

- Enter the name of the child(ren)/youth, their date of birth, age and date they entered agency custody.
- Enter the name the Mother(s) and Father(s) involved in the case, their age, phone number, address, email address and attorney's name.
- If appropriate, enter the name of any other caretaker involved in the case, their age, address, phone number and email address.
- Enter the name of the child/youth's Guardian ad Litem, their phone number and email address.

One Permanency Planning Review is completed for the family **except** for cases:

- Involving domestic violence that require separate reviews for the parents; or
- When the child welfare agency has identified a safety issue that requires separate reviews for different parties of the case.

II. Child Specific Review - this entire section must be completed for each child. Make copies as needed of this section to include in the larger packet.

(a) Summary of Recommendations from Last Meeting: Enter the summary of the recommendations developed during the last PPR. If this is the initial PPR, check the box for "NA for 1st Permanency Planning Review".

(b) Child/Youth Status: This subsection covers the strengths and needs, including well-being needs, for each child to include:

- Educational;
- Physical/Medical/Dental;
- Mental Health/Behavioral Needs/Juvenile Justice Needs;
- Social/Other Needs;
- Identify opportunities for the child or youth to engage in age and/or developmentally-appropriate activities and how these activities connect to the child or youth's development;
- Family Relationships (attach all court-ordered visitation/contact plans for the child or youth which includes frequency, supervision, and the date of the court order authorizing visitation in accordance with N.C.G.S. § 7B-905.1)

Permanency Planning Review Instructions

(http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-905.1.html);

- Case Planning Involvement;
- Requirements regarding Youth over age 12 and those age 14 and older; and
- Native American and International Heritage (ICWA/Mexican Heritage)
The Indian Child Welfare Act (ICWA) applies only when the child or youth is a member or is eligible to be a member of a federally recognized American Indian tribe and is the biological child of a member of a federally recognized tribe. When considering placement for any Indian child or youth, every effort should be made to involve the tribal community in planning for the child or youth in a setting that reflects his or her American Indian culture. For more information, go to: <https://www.nicwa.org/about-icwa/>.

A Memorandum of Agreement was established on March 30, 2017 between the Consulate General of Mexico and the State of North Carolina. The purpose of this agreement is to ensure that children and their families are afforded the opportunity to receive necessary services that is beneficial to them. This agreement provides specific details for Child Welfare Agencies when considering securing custody of a child who has Mexican heritage. It is imperative that the identification of Mexican heritage is explored throughout the longevity of the case.

(c) Child/Youth Placement: Enter the date of the child/youth's current placement. Check "Yes" or "No" for each element listed. If the answer is "No," explain why and what type of placement would be appropriate. Some examples of other factors influencing the placement choice may include:

- Child's functioning and behaviors;
- Child's medical, educational, and developmental needs;
- Child's history and past experience;
- Child's connection with the community, school, or faith community.

NOTE: If the child/youth is not placed with siblings, discuss why and what efforts are being made to place the child/youth with siblings. Some examples of reasons for placing siblings separately are:

- Placement with the sibling is not in the child/youth's best interests; (state why)
- Placement is due solely to the child/youth's own behavior; (specify)
- Placement is with a non-custodial parent who is not the parent of all the siblings.

If the child/youth is placed with a relative, check whether or not the relative has been given information about how to become a licensed foster parent.

Indicate whether the current placement is appropriate to meet the child/youth's needs. If the answer is "No", explain why and what efforts are being made to secure an appropriate placement.

(d) Child/Youth Concurrent Permanency Plans: Indicate the child/youth's concurrent permanency plans; the anticipated completion date for the concurrent plans; whether

Permanency Planning Review Instructions

or not the concurrent plans are appropriate for the child, and if not, explain; and what barriers may prevent the child/youth from achieving the primary and/or secondary plans.

- (e) **Timely Permanence:** North Carolina General Statute 7B-907(d) requires that the agency file TPR on children who have been in care at least 12 of the past 22 months or that the reason for not filing for termination is justified. Complete for all Permanency Planning Reviews.
- (f) **Court:** Ensure that any court ordered services or activities for the child/youth have been incorporated in each section of the PPR. Identify the next court date. Based on completion of the sections above, develop recommendations for the next court hearing regarding services, placement, and the primary and secondary permanent plans for the child.

Document the date of the next court review.

III. Placement Provider(s)

Complete one page for each placement provider (residence).

Identify the strengths and needs of this placement in meeting the needs of the child/youth. Describe services to the placement provider that are designed to assure that the child/youth's needs are being met. Describe the frequency and purpose of meetings between the agency and the placement provider and the frequency of meetings and/or other communication between the placement provider and the parent/guardian. Identify and describe training that will be provided to the placement provider that are specific to the needs of the child/youth (including information and support for placement providers in implementing the reasonable and prudent parent standard). Identify opportunities for respite care, referrals to community resources, and other services provided to the placement provider. Describe the placement provider's involvement in shared parenting and what can be implemented to improve/increase the level of shared parenting.

IV. Signatures:

The signature page is to be signed by persons who **participated** in the meeting indicating their understanding that information obtained and discussed during the PPR must remain **confidential** and not be disclosed, and that they participated in the PPR.

The date of the signature must be documented on the form.

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

County:

Case Number:

Case Name:		Worker Name:	
		Phone Number:	
Risk Level: <small>(from current assessment form)</small>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> NA (for Permanency Planning with a plan other than Reunification)	Supervisor Name:	
		Phone Number:	
Meeting Purpose: Multiple boxes may be selected. *Should be a CFT	<input type="checkbox"/> Safety Planning or Pre-petition/custody* In-Home <input type="checkbox"/> Initial Family Services Agreement * <input type="checkbox"/> Review of Family Services Agreement* Other <input type="checkbox"/> Family Requested*, Describe: <input type="checkbox"/> Other, Describe:	Permanency Planning (multiple boxes may be selected) <input type="checkbox"/> Development of Family Services Agreement* <input type="checkbox"/> Permanency Planning Review <input type="checkbox"/> Family Services Agreement Update* <input type="checkbox"/> Foster Care 18-21 <input type="checkbox"/> Change (placement, school, other)*, Describe:	
Facilitator Type:	<input type="checkbox"/> Facilitator (no case responsibility) <input type="checkbox"/> Case supervisor	<input type="checkbox"/> Case worker <input type="checkbox"/> Other:	
Service Needs:	Interpreter: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify language: Other: Describe:	Disability: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify disability/accommodations needed:	
Child Living Arrangement:	<input type="checkbox"/> Parent(s)/caretaker(s) <input type="checkbox"/> Family foster home <input type="checkbox"/> Therapeutic foster home <input type="checkbox"/> Other:	<input type="checkbox"/> Temporary Safety Provider <input type="checkbox"/> Kinship Provider (licensed or not licensed) <input type="checkbox"/> Group home or juvenile justice placement <input type="checkbox"/> PRTF / Hospital	
Parents/ Caretakers Status:	Are both parents involved? Describe the relationship between parents/caretakers? What efforts have been made to engage non-resident parent? <input type="checkbox"/> NA		
Meeting Objective / Issue to be Addressed:			
Relevant Safety Issues:			
Parent/ Caretaker Preparation:	What does the parent want to address during the meeting? What concerns does parent/caretaker have about the meeting? How will children be involved? Encourage parents(s) to bring family pictures and items to “entertain” children. Who are the family supports? Who does the parent/caretaker want to attend this meeting?		

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

County: **Case Number:**

	Discuss potential safety concerns. What is best time of day/ day of week for the family members? Prepare/introduce the parent(s) to the need to complete required forms (and why).			
Service Providers, Family Supports or Community Members:				
Considerations:	<ul style="list-style-type: none"> • How many attendees are anticipated? • How long is the meeting expected to last? 		<ul style="list-style-type: none"> • Should childcare be provided/available? • Is the meeting location family-friendly? 	
Meeting Location:				
Participant Preparation: Who is responsible?	Name	Contact Method/Number	Relationship to Child	Date contacted and outcome
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
All Attendee Preparation:	Discuss purpose of the CFT meeting. Discuss the requirement for confidentiality. Discuss the meeting expectations, to include but not limited to: <ul style="list-style-type: none"> • Participants agree to arrive on time and can expect the meeting to last (minutes or hours). • Participants understand that there may not be time to address all topics during this meeting and that there will be agency requirements that must be covered. Participants agree to use of a “parking lot” to identify ideas or items for follow up. 			

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

Name of Child/Youth: _____ Age: _____ Repeat this page for each child.	
<p>Child Preparation (all meetings)</p>	<p>A. Describe how child was prepared. <input type="checkbox"/> NA. If NA, explain why: _____ Answer question B. at the end of this section.</p> <p>Child should answer:</p> <ul style="list-style-type: none"> • These are my ideas regarding the decisions that will be made in the meeting: • I do <input type="checkbox"/>/ do not <input type="checkbox"/> wish to attend the meeting. Explain: Answer question B. at the end of this section if child does not plan to attend the meeting or expresses an inability to participate/express views. • How things are with my family right now: • How things are in school: • How things are between me and my caseworker or between me and the agency: • What is going well: • What I am worried about: • What I would like to be different: • Other: <p>B. What is the plan to have child represented if unable to participate in the meeting? <input type="checkbox"/> NA (child will participate)</p>
<p>Additional Child Preparation for Permanency Planning cases</p> <p><input type="checkbox"/> Check if child is in county child welfare custody</p>	<p>If box (to the left indicating child in custody) is checked, child should also be asked the following: <input type="checkbox"/> NA. If NA, explain why: _____</p> <ul style="list-style-type: none"> • How things are in my current placement: • Where I want to live while I am in foster care <ul style="list-style-type: none"> <input type="checkbox"/> I want to stay where I live now, with <input type="checkbox"/> I want to live somewhere else: (describe the kind of setting that would be best for you) • The following permanent plan would be in my best interest <ul style="list-style-type: none"> <input type="checkbox"/> Going to live with my parent(s). Explain if checked: <input type="checkbox"/> Going to live with a relative. Explain if checked: _____ Name of person, relationship <input type="checkbox"/> Going to live with: _____ Relationship to child: _____ Explain if checked: <input type="checkbox"/> Going out on my own. Explain if checked: <input type="checkbox"/> Being adopted. Explain if checked: <input type="checkbox"/> Participating in Foster Care 18-21 (check only if child is 17 years old) <input type="checkbox"/> Other (describe). Explain if checked: • My second choice for a permanent plan would be: • While I am in foster care, I want to have visits/contact with the following: <ul style="list-style-type: none"> ○ I would like to have <u>regular</u> visits with (focus on family members, name of person and how often): ○ Additionally, I want to have visits with the following people who are important to me: ○ I would like to have contact with the following people: • If age 14 or older, my participation in development of my transitional living plan has been:

Follow up with the child(ren) after the meeting to discuss the meeting (whether or not they attended), especially any decisions made during the meetin

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

Child and Family Team (CFT) meetings are a critical aspect of family engagement. CFT meetings should not be viewed as a single event but as a process. Introduction to CFT meetings should begin during the CPS Assessment phase of a case. Documenting the process is as important as documentation of the actual meeting.

A CFT is designed to capture the best ideas of the family, informal, and formal supports that the family believes in, ideas that the agency can approve of, and that lessens risk and heightens safety for the child/youth and family, or that will promote permanency and well-being for a child(ren). The use of the Child and Family Team reflects the belief that families can solve their own problems, most of the time, if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. CFT meetings are structured, guided discussions that can be held during any aspect of a child welfare case (Assessment, In-Home or Permanency Planning). A CFT may be held to:

- Reach agreement on how identified child welfare issues and/or a safety threat will be addressed;
- Develop a Family Service Agreement;
- Review a Family Services Agreement;
- Address the placement of a child(ren) or disruption of a placement for that child(ren);
- Discuss or review permanency planning for a child(ren);
- Plan for how all participants will take part in, support, and implement a Family Service Agreement or any other agreement developed.

Use of the Family Meeting Planning form supports compliance with all CFT policies and practice. The Family Meeting Planning form is to be completed by the agency prior to a CFT meeting. The purpose of this form is to:

- Support the agency in preparing for a family meeting, ensuring consideration of the family needs (interpreter, disability) while also planning for any risk and any safety issues;
- Enhance CFT meeting quality by ensuring that resources are identified and in place prior to the meeting (interpreters, facilitators, child care, etc. when needed) and that a clear purpose has been established;
- Ensure that all appropriate participants are identified, notified and prepared for the meeting;
- Ensure that the agency has discussed with the parents/caretakers the meeting purpose, the parent's concerns, who the parents wish to have participate, and the parent's desire for how the child(ren) participate; and
- Provide guidance for the agency in preparing all children for the CFT meeting.

The Family Meeting Planning form is not designed for documentation of the meeting, just to support planning for the meeting.

The Family Meeting Planning form is designed to be shared electronically so that more than 1 person can add information. Exactly who completes each section of this form is left to the discretion of each agency. Some counties may have the worker assigned to the case complete beginning sections of the form and then forward it to a manager for assignment to a facilitator. Another agency may have the facilitator complete the form based on an email or verbal referral. An agency may also choose to route the form back to the worker once the meeting has been scheduled and the adult participants have been contacted, so the worker can prepare the child(ren).

The information required by this form need not be duplicated elsewhere in the record.

Youth Input into Services Agreement

Name of Youth: _____ Age _____

These are my ideas regarding the decisions that will be made in the services planning meeting on _____. I do ___/ do not ___ wish to attend the meeting.
Date of case plan meeting

Where I want to live while I am in foster care

- ___ I want to stay where I live now, with _____
- ___ I want to live somewhere else: (describe the kind of setting that would be best for you)

The following permanent plan would be in my best interests

- ___ Going to live with my parent(s)
- ___ Going to live with a relative _____
Name of person, relationship
- ___ Going to live with _____
Name of person, relationship
- ___ Going out on my own
- ___ Being adopted
- ___ Other (describe)

My second choice for a permanent plan would be:

While I am in foster care, I want to have visits with the following family members

Name	How often?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additionally, I want to have visits with the following people who are important to me:

_____	_____
_____	_____
_____	_____
_____	_____

Here are some things I want you to know about:

How things are with my family right now:

How things are in my current placement:

How things are in school

How things are between me and my caseworker or between me and the agency

What I am worried about

Signature: Everything I have said on this paper is true to the best of my knowledge.

_____ Date of signature _____