Arizona Department of Child Safety: Policy and Procedure Manual

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Welcome to the new child welfare policy and procedure manual. This manual is the Department's interpretation of applicable federal and state laws and administrative code. This manual provides overall guidance for Department of Child Safety field staff, however, practice is implemented upon individual case circumstances.

This manual is divided into seven (7) Chapters:
Chapter 1: Hotline and Intake describes hotline functions and intake procedures

Chapter 2: Investigations, Assessment includes policy and procedures that are to be used in the investigation and assessment of child abuse and neglect reports

Chapter 3: Case Planning and Services describes opening a case for services, case planning voluntary, in home, and out-of home services and supports to children and families

Chapter 4: Out of Home Care focuses on policy and procedures for placement assessment and selection

Chapter 5: Child Permanency describes family reunification, adoption services, adoption subsidy, guardianship, Independent living, and ICPC

Chapter 6: Indian Child Welfare focuses on policy and procedures related to working with American Indian children and families

Chapter 7: Records, Legal, Quality Assurance and Funding gives direction on record organization, legal, quality assurance processes and information on financial resources

Each chapter has a heading with a Chapter number and Section. The first number matches the unit in which each Chapter can be found. The Section number divides the chapter into topics relating to the overall chapter subject. For example, Chapter 2: Section 3 describes interviewing policy and procedures in the Investigation and Assessment Unit. Each chapter/section contains the following five elements: policy, procedures, forms, related information and legal.

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For assistance in using the manual, questions or clarification of policies and procedures and suggestions for improvement should be sent to +DCS Policy.

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Arizona Register, published by the Secretary of State, remain the official source for the administrative rules.

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Chapter 1: Section 1
Prioritizing Reports and Communication Reviews

Policy

The Department shall operate a statewide Centralized Intake "Hotline" 24 hours a day, seven days a week, to protect children by receiving incoming communications/ referrals concerning suspected child abuse or neglect.

The Hotline encompasses a toll-free telephone number and an electronic reporting service, specifically for the purpose of accepting communications regarding suspected child abuse or neglect.

If a person communicates suspected abuse or neglect to a Department employee other than through the Hotline, the employee shall assist the person in making a report to the Hotline.

The Department accepts anonymous reports; however, individuals making a report will be asked to identify themselves while being informed that their identity is confidential and released only as required by law.

Procedures

Referrals

The Intake Specialist gathers information from reporting sources using the Department's standardized interview questions and practice guide to meet the following criteria:

- The suspected conduct would constitute abuse or neglect.
- The suspected victim of the conduct is under eighteen years of age.
- The suspected victim of the conduct is a resident of or present in this state or any act involved in the suspected abuse or neglect occurred in this state.
- The person suspected of committing the abuse or neglect is the parent, guardian, or custodian of the victim or an adult member of the victim's household.

- Whether the suspected abuse or neglect involves criminal conduct, even if the communication does not result in the preparation of a report for investigation.
- The appropriate investigative track for referral based on the risk to the child's safety.

Electronic Referrals
The Department provides an electronic reporting service available for professional mandated reporters to report non-emergency concerns regarding child abuse or neglect. An online submission shall meet the reporter's mandated reporting requirements. For all emergency situations where a child may be in immediate risk of abuse or neglect that could result in death or serious injury, professional mandated reporters are directed to 911 or the toll-free telephone hotline.

An Intake Specialist reviews all electronic referrals received and follows Department policy and procedures to determine if the information meets report criteria. See Decision to Take a Report.

If additional information is needed to make a report decision, the Intake Specialist contacts the reporting source for more information.

Types of Communications
Intake Specialist documents all concerns in CHILDS under a "Communication Type." Communications that meet the statutory definition of abuse or neglect are documented as reports. See Decision to Take a Report. Non-report communications may either require a response from the field or are maintained in CHILDS for future reference.

The following communications require a response or action from the field. These communications are assigned to the field and reviewed by a DCS Supervisor or designee to determine the appropriate response/action.

Action Request – A communication requesting the Department to respond to situations, such as to assist law enforcement or other state child welfare agencies even when there are no allegations of abuse or neglect. Action Requests alert the field to other situations that may require Department action.

Examples of Action Requests:
- Court ordered pickup regarding children not in DCS care;
- Court ordered investigation or services;
- Runaway from other states who needs placement until a parent or guardian is able to make arrangements to pick-up the child;
- Courtesy placement of an Interstate Compact for the Placement of Children (ICPC) child due to disruption in Arizona until the child’s state of residency is able to retrieve the child; or

- Successor of a permanent guardian when the original permanent guardianship was filed through DCS.

Hotline assigns Action Requests to a DCS Supervisor, who dispositions the Action Request as either Action Taken or No Action Taken with an explanation provided. Document any action taken by the Department in an appropriate case note.

During the Department's response to an Action Request, if the parent, guardian, or custodian refuses to take custody of the child, or if allegations of abuse or neglect become known, the DCS Supervisor or designee contacts the Hotline to change the Action Request to a report.

Additional Information – A communication used in the following situations:

- The original reporting source calls back within 72 hours from the time the original report was taken and has additional information but no new allegations. After the 72 hours, document this information as a status communication and link to the case or original report.
- The Child Safety Specialist notifies the Hotline to report new allegations on an active investigation. The narrative contains the new allegations and is linked to the original report.

The Hotline links all Additional Information communications to a Report or Action Request.

The DCS Supervisor staffs with the Child Safety Specialist to determine if this information requires additional action/response. Document any action taken by the Department in an appropriate case note.

Report – A communication that meets the statutory definition of abuse or neglect of a child. See Decision to Take a Report and Disposition of report and Initial Response.

Employee Report – A communication that meet the statutory definition of abuse or neglect of a child AND the parent, guardian, or custodian is identified as an employee of the following:
• Department of Child Safety (including all programs and offices, such as the Comprehensive Medical and Dental Program (CMDP) and the Office of Child Welfare Investigations (OCWI)); or
• Protective Services Section of the Attorney General's Office.

See Investigations Involving Department of Child Safety Employees for more information.

Second Source – A communication from a second source pertaining to the same allegation or incident in an existing report. Information from a third source and any other

subsequent sources are also entered as Second Source communications. When applying this procedures, there is no time limit from when the existing report was first taken to when the second source calls the Hotline. Any new allegations or incidents require a new report.

The Hotline links all Second Source communications to a report or action request.

The DCS Supervisor staffs with the Child Safety Specialist to determine if this information requires additional action/response.

When a Second Source communication is received on an active investigation, the Child Safety Specialist shall treat any additional "second sources" as a source and make contact as required by Interviews.

If a Second Source communication is received on a closed report/case, the Intake Specialist staffs with an Intake Supervisor to determine if the new information effects child safety or previous findings (unsubstantiated/unable to locate). If so, a new report shall be created.

Status Communication – A communication that does not qualify as a new Report or a Second Source or Additional Information, and pertains to an open case or report that is pending disposition for assignment. The Hotline links all Status Communications to an open case or report that is pending disposition for assignment.

The DCS Supervisor and Child Safety Specialist review all status communications and determine the appropriate response.

Any indication that a child may be in danger, injured by, or engaged in sexual conduct with another child, requires a Department response. In these situations, the Intake Specialist sends a copy of the status communication via email to the following:

- Child Safety Specialist and DCS Supervisor; and
- DCS' Office of Licensing and Regulation (OLR) for all children who are residing in a licensed out-of-home placement.

During the response to a Status Communication, if allegations of abuse, neglect, or licensing concerns become known, the Child Safety Specialist contacts the Hotline to report the information.

Document the response taken in an appropriate case note.

The following communications are not transmitted to the field for response, but are maintained in CHILDS for future reference:

Alert – A communication that provides instructions or information to the Hotline or After-Hours staff, in the event a child or parent comes to the attention of the DCS. Examples are as follows:

- Notification from another state child welfare agency regarding a family who has relocated or may be relocating to Arizona;
- Notification from a Child Safety Specialist to advise how to handle a situation that may occur on a case during after-hours or on the weekend (For example, if a child-in-care has run away, and there are specific arrangements for when the child is located); or
- Notification from the community or law enforcement of a situation where the Hotline may be contacted (for example, when the police are searching for a missing child and request notification if the child comes to the attention of the Hotline).
- DCS History Request – A request made by law enforcement (or other entitled entity) and there is no case or a case is closed, and no report pending disposition for assignment. If a family has an open case or report pending disposition for assignment, then a Status Communication is entered, so that the assigned Child Safety Specialist knows that law enforcement (or other authorized persons) inquired about a family.

Data Correction - A communication entered in error that must be corrected. No communication may be completely deleted from CHILDS; therefore the Hotline uses Data Correction when uncorrectable errors are made. Examples are as follows:

- Correct narrative errors as once a communication is dispositioned, the narrative may not be edited;
- Delete a communication - two communications have been started for the same information, and one needs to be deleted; or
- A correction when the wrong person is named as the source.

Hotline Communication - Information received from a source that does not meet criteria for a DCS report, AND there is no open case and/or no report pending disposition for assignment.

Licensing Issue - Information pertaining to DCS\DHS\DES licensed placement facilities (including foster homes, group homes, DDD homes and shelter facilities). Licensing Issues pertain to information that does not meet criteria for a report.

Resources Provided - Communication type used in the following situations:

- Law enforcement requests assistance from DCS staff, and there is not sufficient information to enter a DCS report or a Communication. (e.g., dispatch is calling for an officer out in the field); or
- Relatives are willing to be caretakers of a child if DCS should become involved with a family in the future; however, there is no open case or report pending disposition for assignment.

Unborn Concerns - Communication used when there are concerns for an unborn baby, and the concerns will meet report criteria upon the baby being born. Examples include:

- Allegation that the unborn child has been prenatally exposed to drugs or substances, and the exposure was not the result of medical treatment and administered by a health care professional, which may include clinical indicators in the prenatal period, history of substance use or abuse, medical history, or results of a toxicology or other laboratory test on the mother;
- Domestic violence that would place the baby in serious harm or impending danger; or
- Existing mental health issues that would place the baby in substantial risk of harm.

Information Received by DCS Employees
DCS employees outside of the Hotline shall assist any person wishing to make a report or abuse or neglect in contacting the Hotline via the phone number 1-888-SOS-CHILD (1-888-767-2445), or if the person is a mandated reporter, the online reporting service website https://www.azdes.gov/dcyf/cps/mandated_reporters/.

The following forms are available to provide more information about the Hotline: Hotline-Information guide for mandated reporters and Hotline Brochure.

Forms

Related Information

Law Enforcement Interview Questions
Mandated Reporter Interview Questions
Non-Mandated Reporter Interview Questions
Additional Questions to Intake Interview Questions
How to find a Communication Guide

Legal

A.R.S. §.8-455. Centralized intake hotline; purposes; report of possible crime; report for investigation; risk assessment tools; access to information; public awareness; definition

A.R.S. § 8-807. DCS information; public record; use; confidentiality; violation; classification; definitions

A.R.S. § 13-3620. Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

A.R.S. § 41-1010. Complaints; public record

A.A.C. R21-3-101. Definitions
A.A.C. R21-3-201 Receipt of Information; Centralized Intake Hotline A.A.C. R21-3-202. Preliminary Screening
A.A.C. R21-3-202. Preliminary Screening

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Chapter 1: Section 2
Decision to Take a Report

Policy

Any incoming communication that meets the criteria for a report shall be taken as a report.

A communication meets DCS report criteria when the reporting source alleges the following:

- Victim is currently under the age of 18;
- Victim has been physically, emotionally, or sexually abused, neglected, abandoned, or exploited by a parent, guardian, custodian, or adult member of the victim's household who:
  - Has inflicted the abuse or neglect;
  - May have inflicted the abuse or neglect; or
  - Permitted another or had reason to know another person may inflict abuse or neglect; and
- Victim is a resident of or present in Arizona, or the suspected abuse or neglect occurred in Arizona.

For the purpose of report, a child victim is a resident when he/she:

- Attends school or is enrolled in child care in Arizona; or
- Has a parent, guardian, or custodian who resides in Arizona.

Even if the identity or location is not known for either the victim or the person suspected of the abuse or neglect, a report is prepared if report criteria is met.

All reports for investigation must include, if available, the following:

- Name, address, and other location or contact information for the following individuals:
  - Reporting source;
  - Parent, guardian, custodian, or adult member of the household who is the

suspect of the abuse or neglect; and
    - Child(ren).
- Nature and extent of the indication of the child's abuse or neglect, including any indication of physical injury; and
- Any information regarding possible prior abuse or neglect, including reference to any communication or report involving the child, the child's siblings, or person suspected of abuse or neglect.

Procedures

Report for Field Investigation

If a communication meets the criteria for a report for field investigation, the Intake Specialist shall:

- Inform the reporting source that a report is being taken and provide the reporting source with the name and number of the assigned DCS Supervisor;
- Search the Children's Information Library and Data Source (CHILDS) and the Department's Central Registry (CPSCR) databases to determine whether there have been previous reports or communication on the family and the status of prior cases. This search assists the Intake Specialist to determine if:
    - The information was previously reported and another communication type is appropriate;
    - There is a pattern of concern outlined in communications that may be escalating and cumulatively would result in meeting the report criteria;
- When needed, search the Arizona Technical Eligibility Computer System (AZTECS) database to gather and/or confirm demographic information on household composition and members, including father information if available.
- Immediately upon completion of the telephone call, finalize entry of the report in CHILDS and disposition to the appropriate DCS office.

Non-Reports

If a communication does not meet the criteria of a report for investigation, the Intake Specialist:

- Informs the reporting source that the information provided did not meet report criteria and further research/review will take place to determine if there is any action the Department can take. If no action can be taken the information will be retained for future reference.
- Refers the reporting source, when applicable, to a community resource that may address his or her concerns;

- Directs the reporting source to notify law enforcement when information provided warrants police involvement and, in addition, cross reports the information to law enforcement; and
- Searches CHILDS, CPSCR, and AZTECS databases to determine whether there have been previous reports or communications on the family and the status of prior cases. This assists the Intake Specialist to determine if:
    - The information was previously reported, closed, and the new information affects child safety or previous findings;
    - There is a pattern of concern outlined in previous communications that may be escalating and cumulatively would result in meeting the report criteria; and
    - The information in the report was previously investigated and closed, however the investigation resulted in an “unable to locate.”
- Immediately upon completion of the telephone call, finalize entry of the communication in CHILDS.

A Child Abuse Hotline supervisor or designee shall review all communications not classified as a report within 48 hours of receipt to verify that the communication was properly classified.

Non-Reports, Action Needed

If a communication does not meet the criteria of a report for investigation, but action is required, the Intake Specialist:

- Documents the information and notifies the Child's Safety Specialist of concerns regarding a child in the care, custody, or control of the Department and placed in out-of-home care with a licensed or unlicensed caregiver. When applicable, provide s the information to the Office of Licensing and Regulations (OLR);
- Documents the information and cross reports to the Department of Economic Security, Division of Developmental Disabilities (DDD) or the Department of Health Services (DHS) when a child is not in the care, custody, or control of the Department, however, is in a facility licensed by the DHS or DDD;
- Contacts the child abuse reporting line in the appropriate jurisdiction where the child resides for concerns regarding a child living in another jurisdiction who may be at risk of abuse or neglect; or
- Directs the caller to notify law enforcement when a criminal offense has been committed involving child abuse or neglect by a person other than

a parent, guardian, custodian, or an adult member of the child's household without the knowledge of the parent, guardian, or custodian.

For more information, see Cross Reporting.

Location of Victim or Perpetrator Unknown
When a communication meets the criteria of a report for investigation, the Intake Specialist seeks to obtain sufficient information to locate the child recognizing that sometimes a source will not have the family's home address, or the child's school or child care information.

When a reporting source states that a parent has fled with the child to avoid contact from the police or the Department, the Intake Specialist:

- Continues with the phone interview or follows-up with the reporting source who submitted an online report, to obtain all pertinent information regarding the maltreatment of the child;
- Discusses different ways to locate the family;
- Explores whether the reporting source can describe where the child/-family might be located, or if there are other options to locate the child/-family. This includes, but not limited to:
    - Directions to a home or area, if enough details are provided (e.g., description of the home, cross streets, etc.)
    - Apartment or hotel name
    - Non-custodial parent's home
    - Any location where the child or parent is currently located (e.g., home of relative or friend, hospital, police station, juvenile detention center, etc.)
    - Parent's place of employment
    - A place a child can be found consistently (e.g., karate class, church, other enrichment class, etc.)
    - Parent's jail address (if parent is currently in jail)
    - If a family left a home where they previously resided or temporarily stayed within the last 45 days, use that address as a means to locate
    - Consider a collateral contact to a professional mandated reporter; see Guide to Collateral Contact for more information.

See Additional Questions to Intake Interview Questions.

If the reporting source does not have the above information, he/she is advised to call the "Hotline" if it becomes available. The Intake Specialist researches CHILDS and AZTECS to locate the child/family and assigns the report when the following apply:

- An address in CHILDS is an open or pending closure case;
- An address in AZTECS is an open case; or
- The most recent address in CHILDS or AZTECS on a case closed.

If the Intake Specialist is unable to locate the family after searching CHILDS or AZTECS, he/she assigns the report to the field based on the information gathered during the phone interview or online reporting process.

Location and name of victim child and perpetrator are unknown
When a report contains information that meets report criteria, however the name and location of the perpetrator are unknown, the Intake Specialist consults with an Intake Supervisor to assign the report to a regionally-defined unit for disposition and assignment. The Intake Supervisor treats this report as a Missing Child report and files a report with the local law enforcement and the missing child database, providing the name and contact information to the regional program manager. For more information, see Disposition of Reports: Missing Child.

Forms

Related Information

Additional Questions to Intake Interview Questions
Guide to Collateral Contact
Collateral Contact Decision Making tool

Legal

A.R.S. § 8-455. Centralized intake hotline; purposes; report of possible crime; report for investigation; risk assessment tools; access to information; public awareness; definition

A.A.C. R6-5-5502. Receipt and Screening of Information; Child Abuse Hotline
A.A.C. R6-5-5503. Non-reports
A.A.C. R6-5-5504. Preliminary Screening Classifications

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Chapter 1: Section 3
Prioritizing Reports and Communication Reviews

Policy

For each report for investigation the Department shall determine the appropriate priority, investigative track, and whether there is criminal conduct based on the Department's standardized safety and risk assessment tools.

The Department shall assign one of the following priority levels and response times to each allegation within a report:

- Priority 1 (2 hours)
- Priority 2 (48 hours)
- Priority 3 (72 hours)
- Priority 4 (7 days)

The Department shall assign tracking characteristics that apply to all reports and communications.

For communications that require an immediate field response, Centralized Intake "Hotline" shall promptly notify the assigned DCS office or after-hours designee of the communication, For reports involving criminal conduct allegations, Centralized Intake shall immediately provide information to OCWI.

All reports shall be properly transmitted to the assigned DCS office for report disposition.

Procedures

Child Safety Decision and Risk Assessment

The Intake Specialist gathers and assesses information from the reporting source to determine the prioritization of reports. The Intake Specialist uses the standardized "Hotline Report Decision tool " to assist in determining the appropriate priority of each report.

Criminal Conduct Screening Tool
The Intake Specialist uses the standardized "Criminal Conduct Screening Tool" to assist in determining whether criminal conduct exists.

Tracking Characteristics
Tracking Characteristics are family conditions or special circumstances that may contribute to the abuse or neglect of a child. Not all reports or communications have a tracking characteristic, but for those that do, the Intake Specialist writes a narrative to support the specific tracking characteristic selected. A tracking characteristic can be assigned to a report after an investigation has determined the criteria is met, this is done through the After Investigation Findings window.

The Intake Specialist or Child Safety Specialist assigns one of the following Tracking Characteristics to a report or communication based on the criteria below:

Court Ordered Pick-up (CT ORD PKU C or A)
Used for DCS reports and Action Requests when a Judge, Commissioner or Hearing Officer has ordered DCS to pick-up a child and:

- The court orders that the child remain in DCS Custody; and/or
- The child is ordered not to return home; and/or
- The court order contains allegations that meet report criteria.

When there are no allegations of abuse or neglect documented in the order, an Action Request is entered.

Child in Care (CHILD IN CARE C or A)
Used when the child victim in a DCS report or Action Request meets the following criteria:

- Is placed out of home by DCS under a Voluntary Placement Agreement;
- Is a ward of the court in an open DCS case and may be placed in a foster home, shelter or other placement by DCS; or
- Is part of an in-home dependency (Children who are wards of the court and in DCS custody reside in their own home).

Court Ordered Investigation (CT ORD INV C or A)

Used for DCS reports and Action Requests when a Judge, Commissioner or Hearing Officer has ordered DCS to investigate possible abuse or neglect of a child who may be involved with the court in another type of hearing, such as a delinquency or family court matter.

When used in a DCS report, a minute entry must be received with information that meets report criteria or listed allegations.

If no allegations are listed, an Action Request is entered.

Criminal Conduct (CRIMINAL CONDUC)
Applies to DCS reports and serves as an alert to the Child Safety Specialist and Child Welfare Investigator of the need to coordinate with Law Enforcement. See Investigations Involving the Office of Child Welfare Investigations (OCWI).

DES Certified Child Care Home (DES CERTIF CARE)
Assigned to DCS reports taken on adults licensed by DES Child Care Administration, who provide child care in their home.

Assign if the home is suspected or reported by the source to be a DES-licensed child care home.

Domestic Violence (DOM VIOLENCE-C)
Assigned to DCS reports when:

- Children are present in the home (not just in the room) during a domestic violence incident; and/or
- Domestic violence contributes to the reported abuse or neglect.

Drowning
Assigned to a DCS report when there is indication that a caretaker did not practice adequate supervision causing the child to drown or nearly drown, and the child is in serious or critical condition, or if a caretaker purposely drown or attempted to drown a child.

False Report (FALSE REPORT)
Only used by the Child Safety Specialist as an after-investigation finding. Intake Specialists do not assign this tracking characteristic to DCS reports. For more information see Substantiating Maltreatment.

Near Fatality (NEAR FATLITY)
Assign to DCS reports when it is believed that the injury is most consistent with a non-accidental injury, and the child is in serious or critical condition

because of the injury. If this tracking characteristic is assigned to a DCS report, the Hotline sends a notification to DCS administration.

Private Dependency Petition (PRIV DEP PETITN)
Entered when a private dependency petition (PDP) is filed by a private party or their legal counsel and the Department may be:

- Joined as “a party to the petition” by the Juvenile Court; and/or
- Instructed to investigate the circumstances of the petition.

Request for Assessment (REQ FOR ASSESSM)
The Intake Specialist screens in out-of-state courtesy assessments only with the approval of an Intake Supervisor and enters as an Action Request. Courtesy assessments may be received from other state child welfare agencies and:

- Are usually for a safety assessment of the home of a non-custodial parent or relative who lives in Arizona in order to allow a visit by the child who may be a court ward in the requesting state; or
- May include a request that DCS interview an alleged victim child on behalf of the out-of-state child welfare agency.

This is not used when a home study is being requested for a child to be placed (live with) a non-custodial parent or relative in Arizona. Placement of court wards from another state must go through the Interstate Compact on Placement of Children (ICPC).

Runaway Other State (RUNAWAY OTHR ST)
Used for Action Requests when a child has runaway from another state or a courtesy ICPC placement due to disruption in Arizona. This applies when a child has run away from another state and is need of a placement until the parent or guardian is able to make arrangements to pick-up the child. It also applies to children who are wards of the court in another state and who disrupt from ICPC placement in Arizona; thus, he/she is in need of shelter until the child’s state of residency is able to retrieve the child from Arizona.

Safe Haven Newborn (SAFE HAVEN NEWB)
Assigned when a newborn child, age 72 hours or younger, is left by the parent or the parent's agent at a Safe Haven, and there are allegations that meet report criteria. See Safe Haven Newborn Infant.

Safe Haven Non-Report (SAF HAVN NONRPT)
Assigned with a communication when there are no allegations and a licensed private adoption agency has the ability and desire to take custody of

the infant within 48 hours of completion of a physical examination. See Safe Haven Newborn Infant.

Substance Exposed Newborn (SUB EXP NEWBORN)
Used when information indicates the mother prenatally exposed her child to a drug or substance that was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. This is based on any of the following:

- Clinical indicators in the prenatal period including maternal or the newborn presentation (e.g., newborn complications, withdrawal symptoms, etc.);
- Information regarding history of substance use or abuse by the mother during pregnancy;
- Admission by the mother or another person reports the use of drugs, non-prescribed controlled substances, or extensive use of alcohol by the mother during pregnancy;
- Medical history of the mother, which may include positive toxicology screens during the mother's prenatal visits or the mother received treatment during pregnancy for alcohol or substance abuse;
- Positive toxicology or other laboratory test on the mother or the newborn at the time of birth; or
- An infant under the age of one who is exhibiting symptoms that is consistent with Fetal Alcohol Syndrome or Fetal Alcohol Effects.

Substance Abuse (SUBSTANCE ABUSE)
Used with clear indicators that the substance abuse (prescribed and non-prescribed) contributes to the maltreatment of the child. This tracking characteristic is not used for substance abuse newborn (SEN) reports.

Successor Permanent Guardianship (SUC PERM GUAD C or A)
Used for either a DCS report or Action Request. This tracking characteristic is used for DCS report when all of the following criteria are met:

- The current permanent guardian is no longer willing or able to care for the child;
- The child is without an appropriate caretaker (report criteria is met); and
- The original permanent guardianship was filed through DCS.

For Action Requests, this tracking applies when the information provided does not meet report criteria.

Unsafe Sleep
Assigned to a DCS report where there is an indication that a caretaker did not place a child on his/her back, in a crib, or there is an indication that the

caretaker slept with the child causing the child's death, near death, or other serious injury.

None (NONE)
Used when none of the tracking characteristic requirements are met.

Notification to DCS and OCWI
Intake Specialists assess whether or not any situation needs immediate response by DCS or OCWI. Situations requiring an immediate response include, but are not limited to the following:

- All DCS reports with a response time 1;
- DCS reports with a response time 2 on Friday evenings and Saturdays;
- Action Requests that require immediate attention;
- Emergency needs of a child in the care, custody, and control of the Department via court order or a Voluntary Placement Agreement. For example:
    - Emergency hospital admission for medical or psychological treatment;
    - Disrupted placement;
    - Visitation issues; or
    - Any situation concerning the health or welfare of a child in DCS custody;
- Requests from a foster parent, caretaker, or service provider regarding a child in custody;
- Parental requests for contact with a DCS representative;
- Information received on any open DCS case, which may be significant to an investigation or case, and the Child Safety Specialist may need to know prior to the next regular business day;
- Requests from Law Enforcement for assistance such as:
    - Requests for immediate DCS assistance on a DCS report, regardless of response time; or
    - Requests for immediate DCS assistance with no DCS report. The Intake Supervisor notifies the DCS Staff of the request for DCS assistance emphasizing that a DCS report was not taken and inform them to immediately call the Hotline back if child abuse or neglect allegations come to their attention.
- Communications involving endangered missing children. Law enforcement may contact the Hotline to report that a child identified as an Endangered Missing Person by DCS has been located and an immediate response from DCS is needed. These may or may not be a report depending on the circumstances surrounding the family conditions.

After-Hours Notification Schedules

DCS and the OCWI office hours are defined as 8:00 a.m. to 5:00 p.m., Monday through Friday. In order for the Department to meet mandated response to situations where children are in present danger, a system of after-hours procedures and staff are maintained throughout the state. All information received by the Hotline during after-hours which may require a response from DCS and the OCWI staff, prior to the next regular working day, is referred to DCS and the OCWI after-hours staff.

DCS Reports for Child Placement Assistance Only

There are instances when a DCS report is taken from law enforcement solely for the purpose of providing shelter for a child due to a parent's absence or arrest. These DCS reports may be changed to communications if all of the following circumstances are met:

- DCS staff learn that the parent or a caretaker is available when the reporting source is called back;
- There are no other allegations of abuse or neglect by the parent or caretaker; and
- The DCS staff has not made contact with the family.

Communication Review

The Hotline conducts a review process so communications are reviewed for accuracy. DCS Supervisors, DCS management staff, Office of Licensing and Regulation (OLR) staff, or the Office of Child Welfare Investigations (OCWI) Manager may request a Communication Review of any communication type or assigned response time or tracking characteristic of a DCS report, prior to disposition for investigation.

To initiate a Communication Review

The following communication types may be processed via telephone request:

- DCS reports with a Present Danger Response Time 1: The person making the request must describe the reasons for the needed change. Such changes can include the report being changed to a different communication type; adjustments to the maltreatment type; a change to a lower response time; or adjustments to the tracking characteristics.
- The Intake Supervisor reviews the request. If agreed upon, Present Danger Response Time 1 reports may be changed to another communication type or another response time or category with no further documentation by the requestor. If agreement is not reached the requestor may request a second opinion from an Intake Manager.

- Action Request Communications: The Intake Supervisor may review and complete this request when the Court orders DCS to take custody of a child and there is no allegation of abuse or neglect, or the parent could not be located. If allegations of abuse or neglect become known, or the parent refuses to take custody of the child after the initial contact, an Action Request can be changed to a DCS Report.

All other communication types can be processed by completing the Communication Review form. The requester completes the heading and the "Request for First Level Review" section, documents what changes is being requested and reason(s) supporting the request, and sends the form to the email address: +QA Processors Hotline noting, “QA Request – (Report or Caretaker’s Name)” on the subject line.

Review
Intake staff reviews the request and prior history on the family, if applicable, an assessment is conducted and recommendations provided regarding the request, Monday through Friday, 8:00 a.m. – 5:00 p.m. Intake staff sends the response via email to the requestor and copies the Intake Managers and the Intake Supervisor of the Intake Specialist who input the communication. If changes are recommended, Intake staff will make the appropriate changes and notify the requestor when completed.

Forms
Communication Review Request

Related Information
Criminal Conduct Decision Tool
Hotline Report Decision Tool

Legal
A.R.S. § 8-455. Centralized intake hotline; purposes; report of possible crime; report for investigation; risk assessment tools; access to information; public awareness; definition

A.A.C. R6-5-5505 Priority Codes; Initial Response Time

Effective Date: March 13, 2016

Revision History: November 30, 2012, March 18, 2013, July, 1, 2013, September 30, 2013, February 4, 2015

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 1: Section 4
Cross Reporting

Policy

The Department shall cross report to other jurisdictions if it is determined that the information received does not meet criteria for a DCS report in Arizona, but a child living in another jurisdiction may be at risk of abuse or neglect.

The Department is required to provide information to the appropriate law enforcement agency when information received does not meet the criteria for a DCS report, but there is reason to believe a criminal offense may have been committed. This information shall be reported to law enforcement even if the identity or location is not known of either the victim or person suspected of the abuse or neglect.

In addition, when information is received regarding maltreatment of a vulnerable adult or of a child in child care or behavioral health facilities, the Department shall cross report to the respective authority for these facilities

Procedures

Cross Reporting to Other State Child Welfare Agencies

When The Hotline determines that the information received does not meet criteria for a DCS report, but that a child living in another jurisdiction may be at risk of abuse or neglect, the Intake Specialist:

- Cross reports to the Child Welfare agency in the other jurisdiction for an investigation to proceed;
- Provides all available information regarding the possible abuse or neglect; and
- Enters as a communication including a notation in the narrative as to who the Intake Specialist reported the information to.

Cross Reporting to Law Enforcement

When information received by the Hotline does not meet criteria for a DCS report, but there is reason to believe a criminal offense may have occurred, the Intake Specialist:

- Informs the reporting source of the need to cross report and encourages the source to call law enforcement;
- Contacts the law enforcement agency where the crime took place, providing the information and a copy of the written communication if requested by law enforcement; and
- Enters as a communication, which includes the law enforcement agency contacted with the incident or police report number provided.

The Intake Specialist documents all the information in a Communication, including the following information, **if available,** within the narrative:

- Child's full name, age or date of birth, and how to locate;
- Parent/caretaker's full name, address, phone, and other pertinent information to locate;
- Identity of the perpetrator, relationship to the child, and how to locate;
- Specifics of the alleged criminal activity;
- When the criminal activity took place (or estimated time frame); and
- Where the criminal activity occurred. This is critical to determine law enforcement jurisdiction. If out of state, identify the law enforcement entity, if possible.

Cross-Reporting to Arizona Adult Protective Services

The Intake Specialist may determine that information received by The Hotline regards a concern of abuse or neglect of a person over the age of 18 living within the State of Arizona. In this case, the Intake Specialist:

- Suggests that the reporting source report the concerns to the Department of Economic Security (DES)'s Adult Protective Services; and
- Cross reports the information to DES/Adult Protective Services and enters the information as a communication.

DES Certified Child Care Homes and Licensed Facilities

Information received regarding children alleged to be abused or neglected by DES-certified child care provider is taken as a DCS report and assigned for investigation.

Information not meeting the report criteria that involves children not in care, custody or control of the department, however is in a facility licensed by DES, the Intake Specialist documents the information appropriately and cross reports the information to DES.

DHS Licensed Child Care Homes/Facilities and Locked Behavioral Health Facilities

The Arizona Department of Health Services (DHS), Child Care Licensing Division licenses individuals and facilities to provide child care while the DHS Behavioral Health Licensing Division licenses locked facilities. The Intake Specialist documents the information appropriately and cross reports the information to DHS Licensing.

If criminal abuse or neglect is indicated, the Intake Specialist:

- Refers the reporting source to DHS Licensing and law enforcement; and
- Cross reports the information to the appropriate law enforcement agency and DHS Licensing.

Forms

Related Information

Legal

A.R.S. § 8-455. Centralized intake hotline; purposes; report of possible crime; report for investigation; risk assessment tools; access to information; public awareness; definition

A.A.C. R6-5-5504 Preliminary Screening Classifications

Effective Date::February 4, 2015

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 1: Section 5
Safe Haven for Newborn Infants

Policy

The Safe Haven for Newborn Infants statutes, A.R.S. § 8-528 and § 13-3623.01(A), provide that a person is not guilty of abuse of a child pursuant to A.R.S. § 13-3623(B) solely for leaving an unharmed newborn infant with a Safe Haven provider.

If a parent or agent of a parent voluntarily delivers the newborn infant to a Safe Haven provider, the Safe Haven provider shall receive the newborn infant if both of the following are true:

- The parent did not express intent to return for the newborn infant; and
- The Safe Haven provider reasonably believes that the child is an unharmed newborn infant.

The Department shall attempt to locate a licensed private adoption agency on the Save Haven agency list to take legal custody of a newborn infant left with a Safe Haven provider for placement.

A DCS report is taken only when no licensed private adoption agency on the Safe Haven agency list has the ability and desire to take custody of the newborn infant within 24 hours of completion of a physical examination.

Procedures

Definitions and Criteria for Safe Haven Newborn

An Agent is someone who delivers the child to a Safe Haven provider on behalf of the parent.

A Safe Haven provider means any of the following:

- Staff member or volunteer at a licensed private child welfare agency or licensed adoption agency or church that posts a public notice;
- Firefighter on duty;
- Emergency medical technician (EMT) on duty; and
- Medical staff member at a health care institution (e.g., a hospital).

A parent or agent of a parent who leaves a newborn infant with a Safe Haven provider may remain anonymous, and the Safe Haven provider is not required to ask the parent or agent any questions. The Safe Haven provider immediately calls the Hotline upon receiving a newborn infant from a parent or an agent of a parent. The Intake Specialist determines if the information provided meets the statutory definition of a Save Haven newborn.

The Intake Specialist enters as a Hotline communication the following criteria for a Safe Haven newborn infant:

- Infant is 72 hours old or younger or that the date of birth is unknown but the source believes the child is 72 hours old or younger; and
- Infant delivered by the parent or agent of the parent to a Safe Haven provider.

The following situations do not fall within the Safe Haven for Newborn Infants statutory provisions and are taken as a DCS report:

- Mother gives birth in a hospital and decides she does not want to take the infant home.
- Infants born in a hospital and subsequently left by a mother who does not return by the time the infant is ready for discharge are not considered a Safe Haven newborn because the mother did not voluntarily deliver the child to a Safe Haven provider.

In the above situations, the Intake Specialists requests the name, date of birth, and other identifying information about the mother, child, and alleged father from the source as required by the mandated reporting statute.

Required Physical Examination of Newborn Infant

All Safe Haven newborn infants must be examined at a hospital. If the reporting source is not a hospital, the Intake Specialist advises the reporting source to immediately transport or arrange for the infant to be transported to a hospital for a physical examination. If the reporting source is a hospital, the Intake Specialist confirms that an exam will be conducted.

Confirmation of Safe Haven Newborn Infant

The Intake Supervisor or manager confirms that the infant qualifies as a Safe Haven newborn infant and takes the following action:

- If the Safe Haven provider is a licensed private adoption agency or is affiliated with a licensed adoption agency that has the ability and desire to take custody of the infant, confirm that the agency is a licensed private adoption agency.
- If the licensing agency does not have the ability and desire to take custody of the infant and place the infant for adoption or the Safe Haven Provider is not affiliated with a licensing agency, immediately contact the next agency on the rotating list of licensed, private adoption agencies maintained by the Hotline and the Department's Safe Haven Liaison. The Hotline must make this contact within eight (8) hours of notification of the original call about the Safe Haven infant.
- Inform the private adoption agency that the agency is next on the rotating list and confirm that the agency will take custody of the infant within 24 hours from the time of the completion of the physical examination.
- If the private adoption agency is not able and willing to take custody of the infant, contact the next agency on the rotating list until a licensed private adoption agency is located that is able and willing to take custody of the infant.
- If the first agency is able and willing to take custody of the infant, provide the name, address and phone number of the hospital where the child is located. Ask the agency to contact the Hotline when the agency takes custody of the infant.
- Contact the hospital and provide the agency name, contact name, and address and phone number of the agency that will take custody of the infant.

Confirmation of Custody Taken

Hotline management confirms that the licensed private adoption agency took custody of the infant within 24 hours from the time of the completion of the physical examination by reviewing the documentation of the follow-up telephone call from the agency. If no telephone call was received, Hotline management calls the agency to confirm they took custody of the infant. If the adoption agency is unable to take custody, the Hotline management will take steps to see if the next licensed, private adoption agency on the rotating list is able to take custody of the child. If no adoption agency takes custody of the infant within 48 hours after the completion of the physical examination, the original Hotline communication will be changed to a DCS report.

Documentation
Document all information received into CHILDS.

Indicate at the start of the first paragraph of the Hotline communication narrative that this is a Safe Haven Newborn communication.

Forms

Related Information
Additional Questions to Intake Interview Questions

Legal
A.R.S. § 8-528. Newborn infants left with safe haven providers; placement protocol; definitions

A.R.S. § 13-3623. Child or vulnerable adult abuse; emotional abuse; classification; exceptions; definitions

A.R.S. § 13-3623.01. Safe haven for newborn infants; definitions

Effective Date::February 4, 2015

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 1
Disposition of Reports and Initial Response

Policy

Upon receipt of a Department of Child Safety (DCS) report to a local office, a DCS unit supervisor or other designated staff acting in a supervisor role shall assign one of the following dispositions:

- Field investigation;
- Field Investigation Unknown Report; or
- No jurisdiction.

The Department is legally prohibited and shall not investigate reports in which a Federal, state statute, or court order prohibits DCS from investigating (e.g.. the alleged maltreatment occurs on a United States military base or Tribal reservation land), or a court orders DCS not to investigate.

A DCS administrator shall review and approve any decision to conduct an alternative investigation.

The Department shall ensure that the initial response to a DCS report of child maltreatment is accomplished in a timely manner as specified in Chapter 1: Section 3 Prioritizing Reports and Response.

The initial response to a DCS report is an action taken by DCS, Office of Child Welfare Investigations (OCWI), law enforcement or other emergency personnel to determine whether a child is currently safe. When the initial response is made by law enforcement or other emergency personnel, DCS should initiate its investigation no later than the mitigated response time (MRT) from the assigned response time. The initial response is not complete until the safety of the child is confirmed.

The initial response time to a report is measured from the time the local DCS office

receives the report from the Child Abuse Hotline either by telephone notification or when the report is assigned (dispositioned) to the local office (appearing on the Supervisor's Report Directory), whichever occurs first.

DCS shall complete the initial response during the Standard Response Time (SRT), unless the DCS Supervisor has aggravated (moved up) or mitigated (slowed down) the response time. If the response time has been mitigated the Child Safety Specialist shall complete the initial response while the mitigating factor is present and during the mitigated response time. The mitigated response time can be no more than 24 consecutive hours from the Standard Response Time.

When the Department has received a report that requires an investigation, the Department shall make reasonable efforts to locate the child victim and family.

Procedures

Disposition of Reports

When a DCS report is received by the local DCS office from the Child Abuse Hotline (the Hotline)the unit supervisor or another designated staff acting in a supervisory role will review the report to determine:

- if there is agreement of the Hotline's decision to take the report based on the information provided or initiate a Communication Review; or
- to disposition the report as one of the following:
  - Field investigation;
  - Field Investigation Unknown Report; or
  - No jurisdiction.

Do not assign a report for investigation where DCS does not have jurisdiction of the case, such as cases involving a state or federal statute or court order that prevents a DCS investigation. When appropriate, contact and refer the report to the appropriate jurisdiction (tribal jurisdiction, military base, etc.)

Field Investigation Unknown Report is the assigned disposition when the family name is unknown but there is other identifying information such as address, approximate ages of children, etc. The Child Safety Specialist is required to respond to the report based on the information provided and within the Standard Response Time (SRT). When the name(s) of the family can be determined, the Child Safety Specialist should search CHILDS to determine if the family already has a history with DCS so the report can be linked to the family history before the report is changed to **Field Investigation** disposition. If there is no case history or case ID for the family, the

Child Safety Specialist will create the case and change the disposition to **Field Investigation**.

Review prior reports and case history in the DCS Central Registry (CPSCR) database and the CHILDS Case Management Information System including:

- All prior reports and case history;
- Report narrative;
- Identified perpetrators;
- Victims; and
- Investigation findings.

The mitigating factors are:

- Child is hospitalized and will remain hospitalized until the initial response is made during the mitigated response time.
- Child is under continuous supervision of a responsible adult as confirmed by a professional mandated reporting source and will remain there until the initial response is made during the mitigated response time.
- Child death and confirmation that there is no other child in the home or the alleged perpetrator has no access to another child.

The DCS Supervisor may mitigate the initial response to a report when law enforcement or other emergency personnel have initially responded to the report (made contacts and interviewed the alleged child victim, parent, guardian, or caregiver, or conducted a child welfare check) and they are able to confirm after speaking with them:

- The child is currently safe;
- The child's current whereabouts,
- That one or more of the mitigating factors will be present throughout and after the Standard Response Time (see Response System and Mitigating Factor); and
- The length of the time the child will remain safe (will it be entire mitigated response time); however
- The Standard Response Time may not be mitigated for more than 24 consecutive hours.

Initial Response

The response time begins when the report information is received by the local office from the Hotline. An initial response is defined as the first "action taken" by the Department (including a Child Safety Specialist, OCWI, etc.), law enforcement or emergency personnel to ensure the safety of the identified child victim.

An “action” which is considered an initial response may include:

- A Child Safety Specialist’s attempt to make face to face contact with the alleged victim;
- A telephone call with law enforcement or other emergency personnel, who is with the alleged victim at the time of the call and can verbally confirm the child's safety;
- A telephone call with medical personnel (e.g., hospital staff), who confirm the child is at the hospital and safe, and is not scheduled for discharge; or
- A response by a crisis intervention teams (e.g., Empact) who can confirm the child’s safety.

An initial response is **not complete** until the safety of the child victim is confirmed. The following examples *do not* constitute an initial response:

- Calling the reporting source for additional information;
- Requesting to law enforcement complete a welfare check with no indication that law enforcement responded; or
- A telephone call with a school nurse, school social worker, relative, neighbor, non-abusing parent, etc., who claims to ensure the safety of the child.

When the initial response is made by law enforcement or other emergency personnel, DCS should initiate its investigation **no** later than the mitigated response time (MRT) for the assigned report priority.

Completion of the initial response can take minutes, hours, or several days if the family is difficult to locate. The initial response must be started within the required timeframe dictated by the report priority, and prompt follow-up must continually occur until the initial response is **completed** (that is, the safety of the child victim is confirmed or reasonable efforts to locate have been made).

Missing Children, notification and entry into databases

The Department of Child Safety is required to notify the appropriate law enforcement agency when DCS receives a report made pursuant to A.R.S. § 13-3620 or receives information during the course of providing services to the child and family that indicates a child is at risk of serious harm and the child’s whereabouts are unknown (missing). A child may be at serious risk of harm based on the following:

- The DCS report narrative and/or additional information from the reporting source or other collateral contacts and a thorough review of the family’s history with DCS, including any law enforcement involvement; or

- The child is assessed to be in present danger or unsafe due to impending danger.

A child's whereabouts is unknown when reasonable efforts are made to locate the child and family. Reasonable efforts are described in Efforts to Locate the Child Victim and Family.

When a child is at serious risk of harm and cannot be located (missing), the Child Safety Specialist shall consult with the Supervisor to determine whether the child is a "missing child." The DCS Supervisor must:

- Notify the appropriate law enforcement agency that the child is missing; and
- Provide the mandatory information to enter the child into the Arizona Crime Information Center and the National Crime Information Center Missing Person Databases as an "endangered" missing child. This mandatory information includes:
  - Name,
  - Sex,
  - Race,
  - Date of Birth,
  - Height,
  - Weight,
  - Eye Color,
  - Hair Color, and
  - Date of last contact.

While not mandatory, the following additional information, if known, is extremely important in assisting law enforcement to locate the child:

- Last known address or location
- Social Security Number
- Personal descriptors including scars, marks, tattoos and other physical characteristics
- Siblings (name, date of birth, Social Security Number)
- Significant relationships (including grandparents or other extended family members)
- Current or last school attended
- Vehicle of the person believed to have the missing child in his/her custody, such as:
  - Vehicle make
  - Vehicle model
  - Vehicle style
  - Vehicle color
  - Vehicle identification number

    - Vehicle license plate number
    - Vehicle license state
    - Vehicle license type
- If the vehicle information is not known, DCS may ask the local law enforcement agency to search the Motor Vehicle Division database for any vehicles registered to the person.

The person who may have custody of the missing child qualifies for entry into the Arizona Crime Information Center and the National Crime Information Center Missing Person Databases. If the person who may have custody of the missing child has a history of substance abuse, mental illness or a physical disability, request the appropriate law enforcement agency to enter the person under the missing person "disability" category. The DCS Supervisor must be willing to file a signed Missing Person report if requested by law enforcement.

When filing an endangered missing child or a missing adult report, request the local law enforcement agency to contact the Child Abuse Hotline if the child or adult is located.

If the local law enforcement agency does not accept a "missing" person report, the DCS Supervisor should contact his/her assigned Assistant Program Manager to elevate this decision to the next supervisory level within the appropriate law enforcement agency.

If the person who may have custody of the missing child does not meet the criteria for entry into the Arizona Crime Information Center and the National Crime Information Center Missing Person Databases, ask the local law enforcement agency to enter the person in the "wanted person file, attempt to locate (ATL)" into the Arizona Crime Information Center Database. Provide the child's missing person report number to link this report to the "miscellaneous" field in the child's missing person file.

If notified by the Child Abuse Hotline that the missing child has been located, immediately contact the law enforcement officer to determine the child's location and information concerning the child's current circumstances. Respond to the location of the child, assess the child's safety, and determine the need for a protective action to ensure the child's safety. Coordinate and collaborate with the District who filed the missing child report. It may be necessary to make arrangements for the child's immediate placement if the child has been taken into protective custody by law enforcement. Obtain a copy of the temporary custody notice from the law enforcement officer.

If the child is located by means other than law enforcement, respond to the location of the child, assess the child's safety, and determine the need for a protective action to ensure the child's safety. Coordinate and collaborate with the District who filed the missing child report. Immediately notify the appropriate law enforcement agency that the missing child has been located.

If a missing child on an open case is located, the following will occur:

- The Child Abuse Hotline will issue a status communication to the unit where the case is open, and
- The Child Abuse Hotline will contact the local DCS office where the child is located for an immediate response.

If a missing child on a closed case is located, the following will occur:

- The Child Abuse Hotline will take a report based on the primary parent's residence, and
- The Child Abuse Hotline will contact the local DCS office where the child is located for an immediate response.

Documentation of Missing Child

The DCS Supervisor must document the date, time, law enforcement agency contacted, report number and the name of the missing child, and the person who may have custody of the missing child in a CHILDS case note.

If law enforcement does not accept a "missing" child or adult person report, document your efforts to make the report in a CHILDS case note including contact made by the assigned Assistant Program Manager elevating the decision to the next supervisory level within the appropriate law enforcement agency.

If the child is located by means other than law enforcement enter a case note documenting your contact with the appropriate law enforcement agency.

Locating Child Victim and Family for Investigations

The Child Safety Specialist is required to make reasonable efforts to locate the child and family for all cases assigned for investigation as follows:

- Make at least three attempts to locate the child victim and family through home visits at different times of day during the investigation.
- Send a certified letter to the family's last known address.·
- Interview the reporting source or other persons who may have information about the location of the child victim or family such as the landlord or neighbors.·

- Review Family Assistance Administration AZTECS database to determine if a current address is available for the child and the child's family.
- Contact the County Jail and the Department of Correction if the DCS record or other information indicates current or past incarceration.

Complete the following reasonable efforts to locate the child if the following circumstance applies to the child or family:

- If the child is of school age;
  - Contact the child's school or school district, if known;
  - Complete the Request for Student Information, CSO-1019, and fax the form to the Arizona Department of Education, Constituent Services, at 602-364-1532 to confirm the child's enrollment, and the name and address of the child's school. You may also email the completed form to adeinbox@azed.gov; or
  - Contact other schools in the area of the family's last known address.
- If the child is attending child care;
  - Contact the child care provider, if known;
  - Contact DES daycare to determine if the child is enrolled in another child care facility;
- Notify the appropriate law enforcement agency that a child is at serious risk of harm, including a substance exposed newborn and the child's location is unknown. For additional information on determining whether a child is a missing child, see Assessment of Child Safety and Risk (CSRA and C-CSRA) .
- Request law enforcement assistance (such as child welfare checks) in locating:
  - The victim, or sibling or other child(ren) living in the home with an alleged victim of a criminal conduct allegation; or
  - The child is a ward of the court.
- Submit a request to the Arizona Family Locate Service when the report is prioritized as a Response Time 1 or 2.
- If the family is believed to have left the State and the state to which the family is or may be moving is known, contact that state's DCS agency.

If preliminary information gathered during the investigation indicates the child victim is in present danger and/or impending danger and the whereabouts of the child and family remain unknown, consult with the Attorney General's Office regarding filing a petition for a court order for temporary investigative custody if the child is located. [ARS § 8-821(A)]

Family Locate

Parent Locate is a procedure that can be utilized to make reasonable efforts to locate a parent, guardian or custodian. The Child Safety Specialist or designee should complete the "Family Locate Referral" Form and email the form to + Family Locate mailbox.

The form must include the type of action that the request is related to (Investigation, Dependency, Severance, etc.) as these indicators are utilized to prioritize the incoming request. In addition, the Requestors Information section must be completed to serve as a contact mechanism should additional facts and/or clarification be needed to appropriately conduct the search. Other mandatory fields include:

- CHILDS case name,
- Missing person name,
- Participant # (*),
- Child Safety Specialist name,
- Site Code,
- Telephone number, and
- Fax number.

***The Participant ID number is crucial. Documentation of results and the ability to refer to external vendors is dependent upon this data.**

Information such as Date of Birth (DOB), Social Security Number (SSN), physical description, Last Known Address (LKA), etc. should be included, if known. Although completion of the entire document is not required, the Child Safety Specialist should provide as much data as possible in order to increase the likelihood of a successful and timely locate outcome.

Documentation
Disposition and documentation of reports by DCS Supervisor:
The DCS supervisor or other designated staff shall use the Report Disposition window in CHILDS to enter and document the decision to assign a report:

- Filed Investigation; or
- Aggravate or mitigate the initial response time immediately but no later than ten days of receipt of the report information; and document reason; or
- No jurisdiction and document the report information was provided to the appropriate jurisdiction in the Explain Box.

The Assistant Program Manager or designee reviews the decision to conduct an alternative investigation and documents approval or denial of the decision

using the Case Notes window designated as Supervisor/Management Contact type.

The Assistant Program Manager or designee's review and approval or denial of a decision not to investigate a report (e.g. lack of jurisdiction) must be obtained prior to documentation and included in the Report Disposition Window Explain Box.

Section I: Background Information

Initial response documentation for Child Safety Specialist
Use the Report Detail window to document the date and time of the initial response. Use the CSRA to document the detail of this response, such as an in-person contact with a child in the family or an attempt to make in-person contact with the family at their home.

Missing child documentation for DCS Supervisor:
Document that a child is “missing” and that a law enforcement report has been filed in a case note in CHILDS. The DCS Supervisor must document the date, time, law enforcement agency contacted, report number and the name of the specific child, parent, guardian, custodian or other person identified as “missing” in a CHILDS case note.

If law enforcement does not accept a “missing” child or adult person report, document efforts to make the report in a CHILDS case note including contact made by the assigned Assistant Program Manager elevating the decision to the next supervisory level within the appropriate law enforcement agency.

Enter a case note indicating that the child has been located and the appropriate law enforcement agency has been notified.

Forms

Family Locate Referral
Request for Student Information, CSO-1019

Related Information

DCS Response System and Mitigating Factor

Legal

A.R.S. § 8-455. Centralized intake hotline; purposes; report of possible crime; report for investigation; risk assessment tools; access to information; public awareness; definition

A.R.S. § 8-810. Missing children; notification; entry into databases

A.A.C. R6-5-5505. Priority Codes; Initial Response Time

A.A.C. R6-5-5506. Methods for Investigation of Reports

A.A.C. R6-5-5508. Conduct of a Field Investigation

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 2
Information Gathering

Policy

A Child Safety Specialist shall investigate allegations using the following methods by

- Reviewing current report allegations and priors;
- Completing a review of all prior reports and case history in Arizona or other states or jurisdictions prior to assignment when possible;
- Obtaining and reviewing criminal history;
- Obtaining and reviewing court orders; and
- Collecting and reviewing any additional documents that may aid in the assessment of child safety.

Procedures

Obtaining and Reviewing Prior History

Prior to initiating contact with the family, the Child Safety Specialist should complete a comprehensive review and detailed analysis of the Arizona CHILDS database, of any records involving the family including all reports, communications, and case history. The Child Safety Specialist should complete a detailed analysis based on the review of prior history that includes the following information:

- Number of reports, reporting source types (same or multiple sources), and information obtained;
- Whether there is a pattern to the allegations and that all allegations in previous reports were addressed;
- Change in household or familial composition;
- Identified child victims and identified perpetrators (same, different, or multiple);
- Whether a pattern of cumulative harm to the identified child victim or any other child residing in the home is evident or emerging;
- Whether chronicity and severity of abuse or neglect has increased or decreased;
- Whether additional sources of information should be contacted, such as school or medical personnel, law enforcement, relatives, and other persons with knowledge about the allegations;

- Whether additional information should be obtained, such as law enforcement records, medical records, school records, mental health records, and other relevant records; and
- Services the family has been offered or participated in, the outcomes of these services (types, participation, progress, and completion) and how these services addressed the identified safety and risk factors.

If made aware that an allegation of child abuse or neglect may have been made in another state or other jurisdiction, contact the state or other jurisdiction to determine the outcome of any investigation of the allegation(s). If history exists, request records from the jurisdiction to incorporate into the current Child Safety and Risk Assessment. A list of state child welfare agencies is available at Child Welfare Information Gateway. If a family has lived in another state or jurisdiction, a DCS Supervisor can instruct a Child Safety Specialist to contact another state or jurisdiction

Obtaining and Reviewing Department of Public Safety (DPS) background checks

Obtain Department of Public Safety (DPS) background checks and results when investigating and responding to all reports of child abuse and neglect.

In accordance with federal requirements, the criminal history information may only be used for these purposes and must be shredded when no longer needed for the investigation.

A request should be submitted for each case. Second and subsequent requests may be submitted as necessary, for example, when household composition changes or when updated information is needed. The criminal history information cannot be secondarily disseminated.

Submit a request for criminal history information on both parents of each child victim and all other adults in the home where the abuse or neglect occurred to the Department of Public Safety (DPS) using the DPS Criminal Records Check Find window. Each request must include the full legal name, date of birth, and valid social security number for each adult in the home.

Upon receipt of the criminal history information, determine whether any adult in the home has any current or prior criminal activity:

- that may pose a threat to the safety of the Child Safety Specialist or other child welfare staff,
- involving a child or that places a child at risk of harm, including past abuse or neglect of a child,
- involving substance abuse,

- involving domestic violence where:
  - a child was assaulted; or
  - a child was injured or threatened, or may have attempted to intervene; or
  - a child was inadvertently harmed even though he/she may not be the actual target of the violence; or
  - the caregiver's own victimization (past or current) severely interferes with ability to parent or protect child; or
  - a household member has past convictions regarding violent behaviors and acts toward others to include assault and battery, homicide, sexual assault or rape, or criminal acts involving weapons.

Includes past behaviors or circumstances that relates to the current family conditions or circumstance.

The criminal history information should be used in developing a strategy to initiate and assist in decision making concerning the safety of the children and DCS staff.

All reasonable support and assistance shall be provided to staff members who experience violence or the threat of violence while providing child safety services. If information indicates that a situation may be dangerous, the Child Safety Specialist should request an escort from law enforcement and notify the supervisor. If involved in a dangerous situation while escorted by law enforcement, wait in a safe area and be available to assist in the removal of the child as requested by law enforcement. If unescorted and involved in a dangerous situation, leave immediately and notify law enforcement and your supervisor.

Obtaining and Reviewing Court Orders

The Child Safety Specialist must make a good faith effort to promptly obtain and abide by court orders that restrict or deny custody, visitation or contact by a parent or other person in the home with the child. As part of this good faith effort, the Child Safety Specialist must ask the parent, guardian, or custodian under investigation if a current court order exists [ARS §8-802 (C)(11)]. A court includes but is not limited to city court, criminal court, domestic relationship court, family court, justice court, probate court, federal court and tribal court. Limited information about orders for wants, warrants, orders of protection and injunctions will be available as part of the criminal history information obtained from DPS. The Child Safety Specialist should request copies of court orders by contacting the Clerk of Court, Superior Court in the county in which the order was entered. You may obtain information about court orders issued within Arizona by accessing the following websites: Supreme Court (statewide); Superior Court - Maricopa (Maricopa County); and Superior Court - Pima (Pima County).

- If the Child Safety Specialist confirms that the parent/caregiver's custody, visitation or contact with the child was denied or restricted, abide by the terms of the order if the order is in effect. The Child Safety Specialist cannot facilitate or concur with

placement or contact of the child with the parent/caregiver in any manner which conflicts with the order. If the Child Safety Specialist confirms that any adult in the home has restricted contact with a child, abide by the terms of the order if the order is in effect.
- If the order has expired or the status of the order cannot be confirmed, consult with the Office of the Attorney General prior to facilitating or concurring with placement or contact of the child with the parent.

Information obtained from the order or court records must be considered during the investigation of the allegation(s) and assessment of child safety and safety planning.

Collection and Review of Additional Information and Documents

Medical, school and/or behavioral health records for the child(ren) should be obtained and reviewed if:

- The current allegations are directly related to the child(ren)s physical health, education, or behavioral health;
- There is reason to believe these records contain information that will fill a gap or reconcile an inconsistency in the information about safety and risk;
- The records contain evidence necessary for substantiation or dependency action;
- Information is learned and/or status and general history in these areas is revealed through questions or interviews with the family members.

When obtaining the child(ren)'s medical, school and/or behavioral health records the Child Safety Specialist should:

- Speak with the physician, school and/or mental health professionals to gather additional information when safety threats and risks in the area of physical health, education, or behavioral health are identified or suggested through the interviews with the child or family members.
- Utilize the Request for Release of Education Records (Investigations Only), (CSO-1048) when requesting a child's education records during a DCS investigation.
- Utilize the Request for Release of Medical Information (Investigations Only), (CSO-1049) when requesting medical and behavioral records from the physician, mental health profession, or appropriate medical provider using
- Utilize the Request for Release of Educational Records when (Child/Youth is a ward of the Court in the legal care, custody and control of the department) (CSO-1050).

Medical and/or behavioral health records or provider reports for parents, guardians or caregivers should be obtained and reviewed if:

- The parent, guardian or caregivers medical or behavioral health is directly related to the current allegation;
- There is reason to believe these records contain or confirm information that will fill a gap or reconcile an inconsistency in the information about child safety and risk; or
- The records contain evidence necessary for substantiation or dependency action.

When obtaining parent's, guardian's, or custodian's health, behavioral health, or substance abuse records, the Child Safety Specialist should obtain signed consents authorizing release of the records utilizing the Authorization to Disclose Health Information, CSO-1038

Medical Examinations

Medical examinations and/or consultation by a physician, with expertise in child abuse and neglect, are required for specific injuries to a child. The examination or consultations are available through the local Child Advocacy Centers and may be performed at a medical center where the child is located. This requirement applies to the following injuries:

- Head injury resulting in skull fractures or impact to the skull;
- Internal organ injury;
- Multiple injuries or multiple plane injuries (battering);
- Severe facial bruises;
- Fractures or bruises in a non-ambulatory child;
- Fractures;
- Instrumentation injury with risk of impairment;
- Immersion burns;
- Second and third degree burns;
- Shaken baby syndrome;
- Munchausen's Syndrome by Proxy;
- Delayed or untreated medical condition which is life threatening or permanently disabling which may include Infant Doe, comatose state or debilitation from starvation or possible non-organic failure to thrive;
- serious physical injury or illness due to neglect;
- Child under age six (6) who has been provided prescribed/non-prescribed or illegal drugs or alcohol and is exhibiting symptoms of the drug or alcohol;
- Child reporting vaginal or anal penetration or oral sexual contact (oral contact with the penis, vulva or anus) within past seventy-two (72) hours, AND has not been examined by a medical doctor; or
- Child reporting sexual abuse within the past 120 hours (5 days), AND has not been examined by a medical doctor.

Forensic medical examinations are generally required for cases involving criminal conduct allegations, especially when sexual abuse is indicated. Consult your county's joint investigation protocol to determine whether a forensic medical examination is required.

Based on consultation with your supervisor, medical examinations may be obtained in other circumstances to confirm whether the injury is consistent with a non-accidental injury.

Explain to the parents/caregiver the purpose of the medical examination and try to elicit their support and permission for the process.

If the parent, guardian or custodian refuses to allow the child to be examined, place the child in temporary custody for up to *12 hours* to have the child examined by a medical doctor or psychologist. [ARS §8-821(E)]. Utilize the Temporary Custody Notice; if child is removed

When the Child Safety Specialist suspects that abuse or neglect has occurred, but a physician or other medical personnel is unable to confirm the abuse or neglect, or the Child Safety Specialist has received differing or conflicting medical opinions from the same or different physicians regarding the diagnosis or specific medical finding(s), the case including all medical opinions should be reviewed within *48 hours* with:

- A physician who has substantial experience and expertise in child abuse and neglect diagnosis, or
- A multidisciplinary team (including a physician who has substantial experience and expertise in child abuse or neglect diagnosis, any attending physician, the Child Safety Specialist and the DCS Supervisor), or
- The intervention on the most serious diagnosis if a multidisciplinary team or expert medical consultation is unavailable.

If a multidisciplinary team or expert medical consultation is unavailable in your area, consult with your supervisor and have your supervisor or Assistant Program Manager contact the CMDP Medical Director at 602-351-2245. Otherwise, follow your Region Operating Procedures to request assistance in arranging for expert medical consultation.

If indicated, arrange to have children with visible injuries and/or visible indicators of neglect photographed, preferably by law enforcement, a Child Advocacy Center, or a medical professional. If these personnel are not available, photograph the child by depicting the child's entire body and face, not just the external manifestation of abuse. Photographs should include ruler and color bar where possible. Label each photograph with the child's name, date of photograph, date of birth, name of Child Safety Specialist, and name of the person taking the picture. Photographs of children can be taken without permission of the parent, guardian or custodian. [ARS §13-3620(I)]

Fatality and Near Fatality

The Child Safety Specialist must gather information and based upon the medical documentation, document whether a child death (fatality) was the result of abuse, abandonment or neglect. The determination that a child's death (fatality) was the result of abuse, abandonment or neglect may already be available in the medical documentation. If not, to assist in this documentation, ask the medical professional (physician, doctor of osteopathy, physician's assistant, or licensed nurse practitioner) or hospital social worker:

- Is the child's injury or condition most consistent with a non-accidental injury or due to caregiver neglect?
- Based on the information the medical professional has at this time, is it his or her opinion that it is likely the child died as a result of this injury or condition?

A child's death may also be identified as a child fatality when a parent, guardian or custodian has admitted to or has been arrested, indicted, charged or convicted for causing the child fatality.

Notify the Crisis Response Unit by sending an email to +DCYF Critical Incident and document a child fatality by substantiating the allegation in the Investigation Allegation Findings window or adding it to the After Investigation Finding Detail window (LCH050) in CHILDS, including pending dependency adjudication, when:

- The medical professional answers yes to the above questions, or
- The results of the autopsy conclude that the child fatality was the result of abuse, abandonment or neglect, or
- The parent, guardian or custodian admitted to or has been arrested, indicted, charged or convicted for causing the child fatality

The finding statement must establish a causal connection between the fatality and the alleged perpetrator's actions causing the abuse, abandonment or neglect.

The Child Safety Specialist must also notify the Crisis Response Unit by sending an email to +DCYF Critical Incident and document whether an injury from abuse or neglect places a child in serious or critical condition (near fatality). To assist in this documentation, ask the medical professional (physician, doctor of osteopathy, physician's assistant, or licensed nurse practitioner) or hospital social worker:

- Is the child's injury or condition most consistent with a non-accidental injury or due to caregiver neglect?
- Is the child in serious or critical condition because of this injury or condition?

A child's injury may also be identified as a near fatality when a parent, guardian or custodian has admitted to or has been arrested, indicted, charged or convicted for causing

the child's injury and the medical professional has confirmed the injury places the child in serious or critical condition.

Document a near fatality by confirming or entering the near fatality (TY) tracking characteristic in the Investigation Tracking Characteristic Findings window or the After Investigation Finding Detail window in CHILDS when:

- The medical professional answers yes to the above questions, or
- The parent, guardian or custodian admitted to or has been arrested, indicted, charged or convicted for causing the child injury and the medical professional has answered yes to the above questions.

When proposing to substantiate the allegation, including pending dependency adjudication, the finding statement must establish a causal connection between the near fatality and the alleged perpetrator's actions causing the abuse, abandonment or neglect.

When an allegation of abuse or neglect has been proposed substantiated by DCS, the Protective Services Review Team (PSRT) will identify requests for substantiation that contain the tracking characteristics associated with a child fatality or near fatality. Upon completion of the appeal process, the PSRT will notify the Crisis Response Unit with the final result of the substantiation action.
Upon completion of a dependency hearing involving a child fatality or near fatality that is tied to the proposed substantiation pending depending adjudication, DCS staff will notify the PSRT of the outcome of the hearing via email and provide PSRT with the hearing detail information and/or a copy of the court order (required for Counties outside of Maricopa and Pima). PSRT will notify the Crisis Response Unit with the final result of the substantiation action.

Notify the Crisis Response Unit by email at +DCYF Critical Incident when there is any change in the circumstances following a child fatality or near fatality, including:

- A medical professional makes a determination of the causation of the fatality or near fatality due to abuse, abandonment or neglect; or
- An admission, criminal arrest, indictment, charge or conviction against a parent, guardian or custodian for causing the child injury and the medical professional has answered yes to the above questions.

If the Crisis Response Unit disagrees or has questions regarding findings, the Crisis Response Unit will contact the assigned Supervisor to discuss any issues or concerns regarding the findings. At times, this may result in the Supervisor making a change to the Tracking Characteristic (i.e. – add Near Fatality) or finding statement.

Support services for Department employees are coordinated through the employee's Assistant Program Manager or designee and services are also available through the Department's Employee Assistance Program.

Permitting a Child to Enter or Remain in a Structure or Vehicle in which Chemicals or Equipment is Found for Manufacturing a Dangerous Drug

Information gathering should focus on whether the parent, guardian or custodian knew or should have known that dangerous drugs were being manufactured in the structure or vehicle, and that he/she permitted the child to enter or remain in the structure or vehicle. Also, determine the frequency and duration that the child was in this location.

Indicators that the parent, guardian or custodian's knowledge may include the presence of drugs, drug equipment or paraphernalia, or persistent noxious odor, or purchasing of a drug from the structure or vehicle, or observation of volatile, toxic or flammable chemicals used for manufacturing a dangerous drug.

As part of information gathering, the Child Safety Specialist may consider the following in assessing the parent's knowledge. Inquire about or observe:

- Are there frequent visitors or activity at all times or at odd hours of the day/night?
- Are the occupants unemployed, yet they appear to have money and other commodities?
- Is there extensive security (such as cameras) or unusual ways to obscure the home or vehicle?
- Is there indication of chemical waste dumping (such as "burn pits" or "dead spots") in the yard?
- Is there indication of the following chemicals or equipment: rubber tubing, bunsen burner, ammonium sulphate, kitty litter, sodium hydroxide, rock salt, camp fuel, solvent (such as lighter fluid), liquid propane, freon, iodine, lacquer thinner, sulfuric acid (such as Liquid Plummer), multiple packs or boxes of Sudafed and/or ephedrine or pseudoephedrine etc?

Medical Marijuana

The Arizona Medical Marijuana Act enables a person (a qualifying patient), who is registered with the Arizona Department of Health Services (ADHS), to legally obtain, under Arizona law, an "allowable amount of marijuana" and possess and use the marijuana for its therapeutic effects in treating and alleviating symptoms associated with a debilitating medical condition. However, the possession, sale or transportation of marijuana is still a crime under Federal law.

Information gathered should focus on documenting whether the qualifying patient's "debilitating medical condition" or medical use of marijuana impairs parental functioning, or whether the child has been intentionally or negligently exposed to medical marijuana;

thus, placing the child in present or impending danger or at unreasonable risk of harm. In making this determination, the Child Safety Specialist may inquire about the following:

- The “debilitating medical condition”;
- Whether the qualifying patient's (caregiver's) has a valid Registry Identification Card issued by ADHS (see AZDHS) or is a visiting qualifying patient;
- Whether the qualifying patient (caregiver) is authorized to cultivate marijuana plants (up to 12 plants) and the number of plants being cultivated;
- Method of consumption (smoking, vaporization, infused edible food products, etc.);
- Any action taken by the patient (caregiver) to ensure that any child in the home is not adversely affected by the patient’s (caregiver's) medical use of marijuana such as,
    - Plans to consume (smoking, vaporization, infused edible food products, etc.) when the child is not present,
    - Plans to ensure that the child is not exposed to “second hand” smoke or vapor;
- Any action taken by the patient (caregiver) to ensure that any child in the home does not have access to the marijuana, such as:
    - The marijuana is clearly labeled, out-of-sight and not accessible to the child,
    - If the patient (caregiver) is authorized to cultivate marijuana plants for the patient’s medical use, whether the plants are secured in an enclosed, locked facility,
    - If the patient (caregiver) cooks with marijuana, whether any “resultant” food products are clearly labeled, out-of-sight and not accessible to the child;
- The effect of the “debilitating medical condition” and the medical use of marijuana on the patient's (caregiver’s) ability to provide a safe home environment for the child, including:
    - Transportation to/from appointments, and other routine activities,
    - Any concerns by the patient's (caregiver's) physician about the caregiver’s ability to provide for the child’s safety and well-being; and
- Whether there is another responsible un-medicated caregiver in the home when consumption occurs,
    - If more than one caregiver is a qualifying patient, plans to ensure that one caregiver is un-medicated (established routine where one caregiver is un-medicated at all times).

Definitions

Allowable Amount of Marijuana: with respect to a qualifying patient, the “allowable amount of marijuana” means:

- Two-and-one-half ounces of usable marijuana; and
- If the qualifying patient’s registry identification card states that the qualifying patient is authorized to cultivate marijuana, twelve marijuana plants contained in an

enclosed, locked facility except that the plants are not required to be in an enclosed, locked facility if the plants are being transported because the qualifying patient is moving.

Debilitating Medical Condition means one or more of the following:

- Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's Disease, agitation of Alzheimer's Disease or the treatment of these conditions.
- A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe and chronic pain; severe nausea; seizures, including those characteristic of epilepsy; or severe and persistent muscle spasms, including those characteristic of multiple sclerosis.
- Any other medical condition or its treatment added by the department pursuant to section 36-2801.01.

Qualifying Patient means a person who has been diagnosed by a physician as having a debilitating medical condition.

Visiting Qualifying Patient means a person:

- Who is not a resident of Arizona or who has been a resident of Arizona less than *thirty (30) days.*
- Who has been diagnosed with a debilitating medical condition by a person who is licensed with authority to prescribe drugs to humans in the state of the person's residence or, in the case of a person who has been a resident of Arizona less than *thirty (30) days*, the state of the person's former residence?

Substance Exposure to Newborn Infant (under 30 days of age) or Infant (from birth up to one year of age)

Newborn Infant (under thirty (30) days of age)

Information gathering should focus on documenting that a health professional has determined that a newborn infant was exposed prenatally to a drug or substance listed in section 13-3401 (does not include alcohol), and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. The determination by the health professional shall be based on one or more of the following:

- Clinical indicators in the prenatal period including maternal or the newborn presentation.
- History of substance use or abuse including the type, frequency and amount of drug used and the last time used.

- Medical history.
- Results of a toxicology or other laboratory test on the mother or the newborn infant.

The Child Safety Specialist must obtain all relevant medical documentation regarding the determination made by the health professional. Health professionals include physicians, surgeons, nurse practitioners, or physician assistants acting under the direction of a physician/surgeon

If available, collect additional information evidencing parent(s), Guardian(s), or custodian (s) drug and/or alcohol use including but not limited to:

- The child's complete medical records;
- The mother's medical records pertaining to the period of pregnancy; and
- Any additional record (such as police report or medical records) evidencing the parent(s), guardian(s), or custodian(s) drug and/or alcohol use.

Infant (from birth to up to one year of age)

In addition to the above, information gathering should focus on documenting that the use of a dangerous drug, narcotic drug or alcohol by the mother adversely affected infant's health. Information should include a:

- Medical diagnosis that the child was exposed to a dangerous drug, a narcotic drug or alcohol during pregnancy;
- Identification of the adverse effects of the prenatal exposure; and
- Medical interpretation that the infant's symptoms are the result of the prenatal exposure.

Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE)

Information gathering should focus on documenting the diagnosis by a health professional of an infant under one year of age with clinical findings consistent with fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE). The diagnosis may be made at any time during the child's first year of life.

Deliberate Exposure to or Reckless Disregard of the Child's Presence During Sexual Activity

Deliberate exposure means that the parent, guardian or custodian knowingly and willingly subjected the child to sexual activities, including having the child read or view explicit sexual materials (pornography), buying the child explicit sexual materials (pornography), taking the child to a strip club, having the child view others engaged in sexual activity, or allowing the child to see activities of bestiality or materials depicting bestiality.

Reckless disregard means that the parent, guardian or custodian knew or should have known that the child was present or would likely be present when engaging in sexual activity, and failed to take actions to prevent the child from observing the activity such as closing and/or locking the door, waiting for the child to sleep, etc. Note that this would not include infants who sleep in the same room as their parent, guardian or custodian.

Information gathering should focus on obtaining statements from credible witnesses (including the child and parent) and corroborative evidence of the alleged behavior involved. Refer to Substantiation Guidelines for further guidance.

Unreasonable Confinement

Confinement means the restriction of movement or confining a child to an enclosed area and/or using a threat of harm or intimidation to force a child to remain in a location or position.

Information gathering should take into account the totality of the circumstances. The totality of the circumstances includes consideration of the method and length of confinement, and the child's age, developmental and cognitive functioning and any special needs such as mental illness, behavioral health, and physical limitations.

Examples of unreasonable confinement may include but are not limited to:

- Tying a child's arms or legs together,
- Binding (tying) a child to a chair, bed, tree, or other object, or
- Locking a child in a cage.

Locking a child in a bedroom, closet, or shed may be unreasonable confinement, taking into account the totality of the circumstances, such as the length of time, whether the child was deprived of food, water, access to a bathroom or had no means to leave in the event of an emergency.

Documentation

In the Child Safety and Risk Assessment (CSRA) under Section I: Background Information document the following:

Prior History in Arizona or other states or jurisdictions:

- Document each report, including the current report, with the date, summary of allegations, findings, and service outcomes
- Document if there is a pattern of maltreatment, chronicity, increasing severity of the allegations, or a change in the household composition

Department of Public Safety (DPS) background checks and results:

- List any arrests, charges, and disposition for all parents of the child victim(s)
- List any arrest, charges, and disposition for each adult in the home where the maltreatment occurred
- Document each adults relationship to the child(ren)

Court Orders Limiting or Restricting Contact:

- Document a good faith effort was made to obtain the information: as part of this good faith effort, the Child Safety Specialist must ask the parent, guardian, or custodian under investigation if a current Court order exists
- List any Court order that may restrict or deny custody, visitation or contact with the child(ren)
- Identify jurisdiction and involved parties
- Summarize any Court orders that indicate a potential safety concern

Joint Investigation and/or Police Involvement:

- Identify Law Enforcement agency, Detectives names, contact information, and DR# for the incident
- Document the status of the police investigation and outcomes
- Joint Investigation Detail (LCH 431) will still need to be completed for all reports containing the "Criminal Conduct" tracking characteristic

Documents Reviewed (if applicable):

- Police reports
- Other Criminal history
- Medical records
- School records
- Court orders
- Provider reports on services provided to the family

Any consultation with the AAG shall be documented in the Case Notes window under AG Contact.
Document:

- Consultation with your supervisor

File written reports and documentation provided by collateral sources in the hard copy record.

Document a near fatality by confirming or entering the Near Fatality (TY) tracking characteristic in the Investigation Tracking Characteristic Findings window or the After Investigation Finding Detail window in CHILDS.

Document the child's medical need, examination and child's physician information using the Medical Condition, Practitioner Detail and Examination Detail windows.

Update the Person Detail window to document each case participant's language preference and English proficiency.

Forms

Temporary Custody Notice, CSO-1000A; if child is removed
Temporary Custody Notice, CSO-1000AS, Spanish

Authorization to Disclose Health Information, CSO-1038

Request for Release of Educational Records, CSO-1048
Request for Release of Medical Records (investigation only), CSO-1049
Request for Release of Educational Records, CSO-1050A

A Child Abuse or Neglect Report. CSO-1015

Related Information

Substantiation Guidelines
Child Safety and Risk Assessment (CSRA) Practice Guide
Continuous Child Safety and Risk Assessment (C-CSRA) Practice Guide

Obtaining and Reviewing Criminal History Information
Obtaining and Reviewing Court Orders that Restrict or Deny Custody, Visitation or Contact

How to Find a Communication Guide

Child Welfare Information Gateway.
DCS Useful Links
Supreme Court (statewide);
Superior Court - Maricopa (Maricopa County);
Superior Court - Pima (Pima County)

Legal

A.R.S. § 8-451. Department (of Child Safety); Purpose

A.R.S. § 8-455. Centralized intake hotline; purposes; report of possible crime; report for investigation; risk assessment tools; access to information; public awareness; definition

A.R.S. § 8-456. Investigative function; training; criminal offenses; definition

A.R.S. § 8-821. Taking into temporary custody; medical examination; placement; interference; classification

A.R.S. §§ 36-2801 through 36-2819. Arizona Medical Marijuana Act

A.R.S. § 41-1750. Central state repository; department of public safety; duties; funds; accounts; definitions

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 3
Conducting Interviews

Policy

When conducting an investigation, the Department shall gather relevant and sufficient information to determine:

- The name, age, location, and current physical and mental condition of all children in the home of the alleged victim;
- The nature, extent and cause of any condition created by the parents, guardians, custodian, or adult member of household that would support or refute the allegation that the child is a victim of abuse or neglect; and
- Whether any child in the home is at risk of abuse or neglect in the future.

Unless case specific circumstances indicate otherwise, the Department shall conduct in-person interviews with the following individuals:

- The reporting source (this may be conducted by phone and not in-person);
- The identified child victim;
- Any child living in the home where the alleged abuse or neglect occurred;
- The alleged perpetrator(s);
- The custodial parent, guardian, custodian; and
- Other adults living in the home (including the spouse, boyfriend, girlfriend, significant other, roommates, etc.) where the alleged abuse or neglect occurred.

The individuals below may be interviewed when the following criteria are met:

- Children in the home where the child victim lives, if different than the home where the abuse or neglect occurred, if the child has relevant information concerning the child victim.
- Children who frequent the home where the abuse or neglect occurred and who may have relevant information concerning the child victim (these children require written consent by parent unless child initiates contact or is sibling to victim).
- Non-custodial parent if s/he has parenting time with the child victim or relevant information concerning the child victim and:
- His/her whereabouts can be reasonably determined; and
- Such contact would not likely endanger the life or safety of any person or com-

promise the integrity of a criminal investigation or the DCS investigation.
- The non-custodial parent's significant other if s/he has relevant information or information collected indicates that s/he may present a safety threat and/or risk concern to any child(ren) living in the home.
- Individuals known to have knowledge of one or more of the items listed above when that information is necessary to fill a gap or resolve a discrepancy in the information needed to determine the items listed above such as:
    - School personnel;
    - Medical providers;
    - Child care providers;
    - Relatives;
    - Neighbors; or
    - Other adults in the non-custodial parent's home.

The custodial parent is defined by a court order or is the parent who has a majority of parenting time. If parenting time is equal, both parents are considered a custodial parent.

DCS Personnel presents the DCS Identification card to everyone interviewed.

Prior to interviewing a child, the Department shall obtain written consent from the parent, guardian, or custodian, except when the child being interviewed is the:
- Subject of a DCS investigation;
- Sibling of the subject of a DCS investigation;
- Child who lives with the subject of a DCS investigation;
- Child who initiates contact with DCS; or
- Child identified in a report alleging a criminal conduct allegation (see the appropriate county's joint investigation protocols - Joint Investigation Protocols).

The Department shall exclude the alleged perpetrator from participating in an interview with the alleged victim, the alleged victim's siblings, or other children residing in the alleged victim's household.

Before interviewing a parent, guardian, or custodian, the Department shall:
- Verbally inform the parent, guardian, or custodian of his/her rights and duties;
- Provide the parent, guardian, or custodian with the Notice of Duty to Inform; and
- Ask the parent, guardian, or custodian to sign a written acknowledgment of receipt of the information.

The Department shall collect information from parents about their child's ethnicity.

The Department shall coordinate its investigations with law enforcement and, if applicable, the Office of Child Welfare Investigations (OCWI), according to protocols established with the appropriate municipal or county law enforcement agency when:

- The report alleges or the investigation indicates that the child is or may be the victim of a criminal conduct; or
- The report alleges or the investigation indicates that the child is a victim of sexual abuse;
- The report alleges or the investigation indicates that the child is a victim of commercial sexual exploitation or sex trafficking; or
- Law enforcement is conducting a criminal investigation of the alleged child abuse and neglect or an investigation is anticipated.

If during the course of an investigation, the Department determines that a criminal offense may have been committed or a new allegation of abuse or neglect not previously reported is present, the Department shall immediately provide information to the appropriate law enforcement and/or Centralized Intake.

In instances of criminal conduct against a child, the Department shall protect the victim's rights of the child.

If any participant involved with a case notifies the Department of enrollment in the Address Confidentially Program, the Department shall confirm enrollment and once verified shall maintain the participant's home address confidential and keep separate from the case record (paper and electronic).

Procedures
Joint Investigations and Law Enforcement

Criminal conduct allegations require a joint investigation with law enforcement.Prior to conducting interviews with the family, consult local law enforcement where the incident occurred and the Office of Child Welfare Investigations (OCWI) to coordinate investigative efforts and interview according to OCWI's interview sequence. Each county has different protocols for Joint investigations; joint investigation protocols may be accessed at: Joint Investigation Protocols

Joint Investigations are a partnership with law enforcement requiring clear role delineation. The roles and responsibilities of law enforcement and DCS personnel are different.

Protocols for Interviews

Coordinate the investigation with the identified law enforcement agency.Coordination requires a shared, cooperative approach and ongoing consultation, collaboration and communication.A joint investigation may include:

- Developing a plan to complete the investigation;
- Responding with law enforcement;
- Frequent and open communication to discuss the status of the case; OR

- Obtaining and sharing information in a timely manner, particularly at the following critical communication points:
  - Completion of interviews;
  - Filing of a dependency petition;
  - Prior to the return of the child victim to the home or at any time during the life of the case;
  - Prior to the return of an alleged perpetrator to the home at any time during the life of the case;
  - Re-assessment of safety to include a possible change in a safety monitor or a change in placement; and
  - Disclosure of information about the criminal conduct.

Initiate the investigation within the assigned Standard Response Time.

If law enforcement is not able to respond jointly within the response time requirements established for the Department, explain to the law enforcement agency that the Department is proceeding with its investigation of child safety.

When a child is identified as a victim in a report alleging criminal conduct, protect the child victim against harassment, intimidation, and abuse, such as not allowing the alleged abusive person or any other person to threaten, coerce, or pressure the child victim, or to be present during interviews, family meetings, or other Departmental actions with the child victim.

Prior to report closure, contact law enforcement to verify there are no additional steps needed by the Department and ask if law enforcement is pursuing prosecution.

Planning for the First Interaction with the Family

Review the Person Detail (LCH016) window for each case participant to determine whether English is the participant's primary language spoken. If another language is the primary language, ask the participant if they wish to communicate in their primary language. If the participant wishes to communicate in primary language, access translation services are in place for contact with the participant; see Limited English Proficiency for more information on obtaining translation services.

Gather the following forms and pamphlets before initiating contact with the family and provide to the family:

- A Guide to Department of Child Safety; and
- Notice of Duty to Inform.

Provide the following documents when appropriate and necessary as defined below:

- Protective Action (child is initially unsafe);
- Safety Plan (there is impending safety threats to a child);

- Protective Action/Safety Plan Signature Page (use with a protective action or safety plan);
- Kinship Placement Agreement and Notification of Resources (for all kinship placements);
- Notice of Removal (serve to a school, child care, or other location when the Department has taken temporary custody of a child or removed a court ward);
- Temporary Custody Notice (serve to a parent, guardian or custodian when the Department has taken temporary custody of a child);
- Safe Sleep for Your Baby (for families with a child under one years of age);
- Voluntary Placement Agreement (when parent, custodian, or guardian agrees to a voluntary placement); and
- Authorization to Disclose Health Information (to obtain a parent/guardian/custodian or adult's medical or behavioral health records).

Conducting an Interview

If unable to complete in-person interviews in the home, complete one visit to the home of the child victim to observe the physical condition of the home, living environment, and assess the safety of the children in the home.

When interviewing relatives, neighbors, and others with information regarding the alleged abuse or neglect, share only information necessary in order to secure additional information about the children and family.

Prior to initiating contact with a person, review the information available to effectively develop a strategy to engage the participant.Not every interview is the same and each person may require a different technique in order to effectively engage in the interview process. If needed, consult with other DCS personnel to assist in this process.

Determine if the municipal or county law enforcement agency and the OCWI should be notified prior to beginning the investigation. When a DCS report includes criminal conduct allegations, conduct interviews per the jurisdiction's joint investigation protocols. For more information to assist in conducting interviews see **Family Centered Interview Guide.**

Informing Parent, Guardian or Custodian of Rights

Persons under investigation by the Department have specific rights in addition to any rights afforded in a law enforcement investigation or criminal proceeding. Inform all persons of their rights in a DCS investigation, even when law enforcement has informed a parent, guardian, or custodian of their rights with regard to a criminal investigation. (Notice of Duty to Inform). During a criminal conduct investigation, the Department is required to disclose the allegations but law allows the Department to withhold details that would compromise an ongoing investigation.

Upon initial contact, inform the parent, guardian, or custodian verbally and in writing that:

- S/he is under investigation by the Department and inform the specific complaint or allegation made against the person
- The Department has no legal authority to compel cooperation with the investigation or to compel the parent, guardian, or custodian to receive services;
- The Department shall proceed with the investigation (by interviewing other persons who have information about the alleged abuse or neglect and the safety of any child living in the home, etc.) whether agreed to or not;
- Refusal to cooperate with the investigation or participate in services offered does not in itself constitute grounds for temporary custody;
- The Department has the authority to petition the Juvenile Court for a determination that the child is dependent; and
- S/he has the right to file a complaint with the Ombudsman-Citizens Aide, the DCS Family Advocacy Office and to appeal determinations made by the Department. Provide the person with the telephone number for the Ombudsman-Citizens Aide.

Inform the parent, guardian, or custodian that:

- S/he has right to provide written, telephonic, or other verbal responses to the allegation, including any documentation and to have the information considered in determining whether the child is in need of Department intervention;
- Anything the person says or writes can be used in a court proceeding;
- Any verbal response will be included in the report of the investigation;
- Any written response, including any document, will be included in the case record; and
- Any information provided in response to the allegation(s) will be considered during the investigation.

After informing the parent, guardian, or custodian of the above rights, have the parent, guardian, or custodian sign the Notice of Duty to Inform, acknowledging receipt of notification of these rights.

Ask the parent, guardian, or custodian if the child's parent is of American Indian heritage/ancestry. On the Notice of Duty to Inform, document the response, including the name of tribe of which the child is a member.

Ask the parent, guardian, or custodian of their child’s ethnicity.

Interviewing the Child Alone

If a child is interviewed without consent of the parent, guardian, or custodian, initiate contact with the parent, guardian, or custodian the same day and inform of the child's interview. If contact is not made, talk to the reporting source, as appropriate, to determine if there is a means to contact the parent, custodian, or guardian. If there is no way to

contact, as a last resort, leave a copy of A Guide to the Department of Child Safety, at the home along with your name, address, and phone number and a request to be contacted.

The alleged perpetrator shall not be present during the interview of a child who is the subject of an investigation, his or her siblings, or any other child in the household.

Provide children with information about the DCS process, including the role of various individuals in the process; explain that DCS is working to ensure their safety.

Interview a child who is the subject of an investigation (identified as the child victim in the report) or another child who lives in the home prior to law enforcement involvement, when necessary, to determine child safety. Whenever possible, interview the child, siblings, and all other children living in the home in a safe and neutral location. Interview the child alone for all or part of the interview.Ask the parent, who is not alleged to have abused or neglected the child, to be present for the child interview if the child refuses or is reluctant to be interviewed without the parent being present.

If a child is non-verbal, substitute observation of the child and document the observation to replace the interview.

Address Confidentiality Program

If a participant notifies the Department of his/her enrollment in the Address Confidentiality Program (ACP), contact the Secretary of State's ACP office at 602-542-1892 to confirm the participant is currently enrolled. A case participant presents one of the following documents:

- An ACP Authorization Card; or
- A letter from the Secretary of State confirming ACP participation.

Whenever possible, request a copy of the above documents for the case record. If not possible, document all information from the ACP Authorization Card in the case record.

Once a participant has been verified as enrolled in the Address Confidentiality Program, contact the ACP liaison at +dcspolicyunit@azdes.gov so that the participant's records are properly protected in CHILDS.At no time shall the ACP participant’s home address be entered into CHILDS, be kept in the case record, or produced in response to a records request.

If a participant is enrolled in the Address Confidentiality Program and his/her home address is needed, complete the Non-Emergency Address Disclosure Request and send it to the ACP liaison at +dcspolicyunit@azdes.gov.Do not require the participant to provide his/her home address.

Criminal Conduct or New Allegations Disclosed During the Investigation

If during the course of the investigation, evidence suggests that the allegation should be coded criminal conduct, contact OCWI to determine if the report meets criminal conduct criteria. If the allegation meets criminal conduct criteria, the OCWI Supervisor adds a tracking characteristic of criminal conduct to the allegation and contact law enforcement.

If during the course of an investigation, evidence suggests a new allegation or that a new allegation might be criminal conduct, contact the Hotline via an Intake Supervisor to add the allegation to the current report or create a new report for ongoing cases. If the Intake Supervisor believes that the allegation meets criminal conduct criteria (Chapter 2, Section 4.7 Investigations Involving OCWI), the Intake Supervisor adds a tracking characteristic of criminal conduct to the new allegation and contacts OCWI to assign the new allegation. Contact law enforcement. Document the new allegation after investigations findings.

If during the course of the investigation, evidence indicates that a criminal offense has been committed, contact the appropriate law enforcement agency.

Interviewing Child at School

If an interview of a child needs to be conducted at school:

- Be respectful to the school's rules, schedule, testing, and the child's educational needs;
- Coordinate with the school's administrative personnel;
- Provide DCS identification and a copy of the Request for Interview at School;
- Ask to interview the child privately. If the child requests that a teacher or other school staff member be present for the interview, explain to the teacher the limitations regarding DCS confidentiality;
- Limit the amount of time a child misses classroom instruction;
- Do not share any additional details of the investigation with school personnel unless needed to determine the child's safety; and
- Collect additional information if needed by requesting school records and interviewing school personnel by using the Request of Release of Education Records (investigation only).

If interviewing the child at school and there is a joint investigation, criminal conduct allegation, or law enforcement involvement, DCS or law enforcement must have parental permission, a court order/warrant, or exigent circumstances to conduct the interview. Exigent circumstances means a child has suffered or will imminently suffer abuse or neglect, and it is reasonable to conclude the child will be in danger if the child returns home. Interview the child to assess the child's safety and determine if the child is or will be a victim of abuse or neglect.

For these circumstances, limit the interview to 20 minutes and ask who, what, where, when questions to determine whether the child has suffered or will imminently suffer abuse or neglect, and whether the child will be in danger if the child returns home that day. Assess for child safety only.Do not conduct a full interview with the child.If denied access to the child, notify your supervisor and contact the Attorney General's Office.

Documentation

Document each interview in narrative form with the date, type, time, location, and who was present, information collected, or the concerted efforts to locate, contact, and interview the following parties in the Child Safety and Risk Assessment (CSRA) under **Section II: Interviews**,to include**:**

- Reporting Source;
- Each alleged child victim;
- All other children in the home where the child victim(s) reside (primary residence) and all other children in the home where the alleged maltreatment occurred;
- Custodial parent/non-custodial parents of the child victim(s);
- Spouse/partner/significant other of the custodial parent/other adults living in the home where the alleged maltreatment occurred;
- Alleged perpetrator, if someone other than those individuals listed above; and
- Collateral contacts.

For more information about proper documentation see the Child Safety and Risk Assessment (CSRA) Practice Guide.

Document ethnicity in CHILDS under the Person Detail window. If the parent identifies any American Indian ancestry or heritage, document in the American Indian Detail window off the Person Detail window.

Document any consultation with the Attorney General’s Office in a case note under AG Contact.

Document consultation with the DCS Supervisor in a case note under Supervisory/ Management Contact.

File written, telephonic, or verbal responses to the allegation provided by the subject of a DCS investigation, any written response to the allegation, and any documentation obtained from the subject of a DCS investigation in the hard copy record.

If possible, scan all written reports and documentation provided by collateral sources in a case note and file in the hard copy. See Case Note Types Guide.

Forms

Department of Child Safety Notice of Duty to Inform
A Guide to the Department of Child Safety
Protective Action
Safety Plan
Protective Action/Safety Plan Signature Page
Kinship Placement Agreement and Notification of Resources
Notice of Removal
Temporary Custody Notice
Safe Sleep for Your Baby
Voluntary Placement Agreement
Request for Interview at School
A Request for Release of Education Records (Investigations Only
Non-Emergency Address Disclosure Request

Related Information

DCS Response System & Mitigating Factors
Family Centered Interview & Documentation Guide
Case Note Types
DCS Criminal Conduct Decision Making Tool
Child Safety and Risk Assessment (CSRA) Practice Guide
Continuous Child Safety and Risk Assessment (C-CSRA) Practice Guide

Interviewing Children at School
Initial Assessment Interview Outline

Joint Investigation Protocols

Legal

A.R.S. § 8-451. Department (of Child Safety); Purpose

A.R.S. § 8-456. Investigative function; training; criminal offenses; definition

A.R.S. § 8-801. Dependent Children; Definitions

A.R.S. § 8-802. Child safety worker; fingerprint clearance cards; interview requirements; temporary custody limit; cooperation and coordination; alteration of files; violation; classification

A.R.S. § 8-803. Limitation of authority; duty to inform

A.R.S. § 8-817. Initial screening and safety assessment and investigation protocols

A.R.S. § 41-161- A.R.S. § 41-168. Address Confidentiality Program

A.A.C. R6-5-5508. Conduct of a Field Investigation

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 4
Assessment of Child Safety and Risk (CSRA)

Policy

The department shall:

- promote the safety and protection of children;
- assess whether any child in the home is in present or impending danger of serious harm;
- prevent, intervene in and treat abuse and neglect of children;
- promote the well-being of the child in a permanent home; and
- coordinate services to strengthen the family.

An assessment of child safety and risk (CSRA) shall be completed on all cases where a field investigation is completed.

A case cannot be closed when a child has been assessed as unsafe or an active protective action or safety plan is in place.

Procedures

Child Safety and Risk Assessment (CSRA)

The assessment of child safety and risk is initiated during initial contact with the family and is continued throughout the investigation. The purpose of the child safety and risk assessment is to gather sufficient and relevant information to make an informed decision about whether the child is safe or unsafe. A child is unsafe when present danger or impending danger exists.

Present Danger/Protective Action

Upon initial contact with the child and family, the Child Safety Specialist will determine whether any child in the home is in present danger. A child is in present danger when there is an immediate, significant and clearly observable family condition, occurring in the present that has resulted in or is likely to result in serious or severe harm or threat of harm to a child.

If any child in the home is in present danger, the Child Safety Specialist must take an immediate protective action that controls the present danger. This must be done to ensure child safety before any further interviews or assessment can take place. A protective action is an instantaneous, short term, sufficient action that provides a child with responsible adult supervision, and controls the safety threat(s) to allow completion of the Child Safety and Risk Assessment (CSRA). Its purpose is to immediately control present danger.

Examples of present danger may include but are not limited to:

- a child who is abandoned or alone now, and not capable of caring for self or others;
- caregiver is incapacitated due to substance abuse, mental illness, physical impairment, and/or cognitive functioning right now;
- living environment that is hazardous and immediately threatens a child's safety such as exposed live wiring, manufacturing of drugs (i.e. Meth lab), exposure to extreme weather;
- child presents as malnourished, dehydrated or failure to thrive, requiring immediate medical attention;
- child is actively endangering self or others and caregiver cannot or will not control the child's behavior;
- evidence of recent sexual abuse, perpetrator currently has access to identified victim, and no protective action by non-offending caregiver;
- injuries such as facial bruises, injuries to the head, or multiple plane injuries, bruising or injuries to a non-ambulatory child, or immersion burns and child is not in a protective environment, such as a hospital;
- domestic violence is actively occurring in the home at the time of initial contact and the child is present;
- at the time of initial contact, the caregiver is subjecting the child to brutal or bizarre punishment such as confined to a cage, tied to an object, locked in a closet, forced feeding, scalding with hot water, burning with cigarettes, etc.;
- evidence of abuse or neglect and the caregiver denies access to or flees with child to avoid DCS contact.

The Child Safety Specialist works with the family to determine what protective action is necessary to control the immediate safety threat (present danger). It is the role of the Child Safety Specialist and supervisor to ensure the protective action is sufficient to control the safety threat.

While it is preferable the family agrees with the protective action, their agreement of the protective action plan is not necessary.

A protective action may include:

- the child remaining in the home with a safety monitor;
- the child remaining in the home while the perpetrator leaves the home;

- the parent placing the child under a Voluntary Placement Agreement, CSO-1043; or
- taking temporary custody of the child.

Consider the least intrusive protective action, given the unique circumstances of the family including the family's capacity to ensure child safety. If a protective action involves the use of a safety monitor, fully assess the safety monitor's capacity, willingness and availability to protect the child. The role of the safety monitor is to control and manage the safety threat(s) to the child. The safety monitor must be present when the identified safety threat is occurring. Generally, a safety monitor is not a service provider unless the service provider is present at all times when the safety threat is occurring. Refer to Chapter 2: Section 7 Safety Planning.

Impending Danger/ Collection of CSRA

Once an assessment of present danger is complete, proceed with the CSRA to determine whether any child is unsafe due to impending danger. In addition to the individuals who must be included in Interviews, the following individuals must be included in the analysis and conclusions about impending danger:

- the identified child victim;
- any other child living in the home where the alleged abuse or neglect occurred;
- the alleged perpetrator(s);
- the primary caregiver/custodial parent; and
- other adults living in the home (including the spouse, boyfriend, girlfriend, significant other, etc.) where the alleged abuse or neglect occurred who have caregiving responsibilities. See below, Assessment of Non-Offending Parent or Caregiver
- the non-custodial parent if he/she has parenting time with the child victim
- other adults living in the child victim's primary home or the non-custodial parent's home if different from the home where the abuse or neglect occurred and if information collected indicates the adult may present a safety threat and/or risk concern to any child(ren) living in the home.

If there is an indication that any of the following children may be victims of abuse or neglect, report the alleged abuse or neglect to the DCS Hotline if it has not already been reported. The CSRA will be completed in relation to the new report by the assigned Child Safety Specialist.

- other children (such as step-children) who frequent the home where the abuse or neglect occurred;
- other children who live in the child victim's primary residence if different from the home where the alleged abuse or neglect occurred;
- other children who live in the non-custodial parent's home if different from the home where the alleged abuse or neglect occurred.

To complete the CSRA, the Child Safety Specialist must gather sufficient, relevant information to determine if the child is safe or unsafe. The quality of the safety assessment is influenced by the quality and sufficiency of the information collected during the initial assessment. This assessment and analysis of information guides the Child Safety Specialist's judgment in determining the child's safety and what, if any, actions should be taken to protect the child

Identify whether there is a safety threat to the child by applying the following safety criteria to the Safety Factors:

- **Vulnerable child**: Is the child victim unable to protect him or herself or seek protection from others, regardless of the child's age? Is the child defenseless, exposed to behavior, conditions, or circumstances the child is powerless to manage?
- **Out-of-control**: Is there an adult in the home who is able to control the identified safety threat to the child victim? Will the safety threat continue without outside intervention? See below, Assessment of Non-Offending Parent or Caregiver.
- **Severity**: Could the threat cause or result in serious or severe harm (pain, injury, suffering, terror or extreme fear, impairment, or death)?
- **Specific Time Frame**: Is the threat to the child's safety occurring now or likely to occur within the next 30 days? Could it happen just about any time within the near future – today, tomorrow or during the upcoming month?
- **Observable Family Condition**: What is the specific behavior, emotion, attitude, perception, or situation by the parent, guardian or custodian that can be seen and described and makes the child victim unsafe? Observable does not include suspicion and gut feeling. It can be clearly described and reported.

Assessment of Risk

When all safety criteria apply to a safety factor, there is a safety threat and the child is unsafe. A safety plan is required (see Safety Planning – Chapter 2: Section 7).

The Child Safety Specialist must also assess risk factors by engaging the parent, guardian or custodian. Identify relevant information about the family's history and functioning in each domain associated with risk of future maltreatment, including:

- Child vulnerability/self-protection
- Child special needs/behavior problems
- Parenting skills/expectations of child
- Parent empathy, nurturance, bonding
- Parent substance abuse
- Parent mental, emotional, intellectual or physical impairments
- General history of violence
- Domestic Violence in the home/family environment
- Protection of child by non-abusive caregiver
- Parent history of child abuse/neglect as a child
- Parent recognition of problem/motivation to change/level of cooperation

- Economic resources of family
- Family social support system
- Family stress

The assessment of risk must include:

- identification of risk factors;
- identification of strengths the family may build upon to reduce the level of risk;
- determination of whether intervention (family, community resource or DCS intervention) is needed to address risk factors.

Completion and analysis of the Child Safety and Risk Assessment (CSRA) determines:

- present danger, impending danger, or future risk of harm to the child;
- the type of intervention required by a family;
- whether to close or open a case for services;
- the basis for service planning;
- a direct link to the creation of the case plan; and
- the basis to identify required behavioral changes to enable the child to live safely with the parents without DCS involvement;

See the Child Safety and Risk Assessment Practice Guide for additional information on completing the Child Safety and Risk Assessment (CSRA).

Assessment of Non-Offending Parent or Caregiver

It is crucial to assess the non-offending parent or caregiver (who was in the home when the abuse or neglect occurred) when determining whether the child is unsafe. This assessment occurs as part of the present danger and impending danger assessment. The Child Safety Specialist assesses the willingness and ability of the non-offending parent or caregiver to protect the child. This assessment is completed when considering whether anyone in the home including the non-offending parent or caregiver can manage the threats to ensure the child's safety as part of the safety factor analysis (Section III of the CSRA).

The following are examples of family situations which should support the determination that a non-offending parent or caregiver can and will protect the child against impending danger threats. In some situations, more than one of these conditions would be necessary to support and confirm a non-offending parent or caregiver's capacity to protect. Identify which examples describe the characteristic unique to this person which justifies their ability to now be protective.

- Non-offending parent or caregiver has demonstrated the ability to protect the child in the past while under similar circumstances and family conditions.
- Non-offending parent or caregiver has made appropriate arrangements which have been confirmed to assure the child is not left alone with the maltreating person.

This may include having another adult present within the home that is aware of the concerns and is able to protect the child.

- Non-offending parent or caregiver can specifically articulate a plan to protect the child, such as the caregiver leaving when a situation escalates, calling the police in the event the restraining order is violated, etc.
- Non-offending parent or caregiver believes the child's report of maltreatment and is supportive of the child.
- Non-offending parent or caregiver is physically able to intervene to protect the child.
- Non-offending parent or caregiver does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.
- Non-offending parent or caregiver has asked, demands, or expects the maltreating adult to leave the household and can assure the separation is maintained effectively.
- Non-offending parent or caregiver has adequate resources necessary to meet the child's basic needs.
- Non-offending parent or caregiver is capable of understanding the specific threat to the child and the need to protect.
- Non-offending parent or caregiver has adequate knowledge and skill to fulfill caregiving responsibilities and tasks. This may involve considering the non-offending parent or caregiver's ability to meet any exceptional needs that the child might have.
- Non-offending parent or caregiver is cooperating with the Child Safety Specialist's efforts to provide services and assess the specific needs of the family.
- There is no precedence for the current maltreatment in respect to type and severity, and the non-offending parent or caregiver demonstrates appropriate concern and intolerance for what occurred.
- Non-offending parent or caregiver is emotionally able to carry out a plan and/or to intervene to protect the child (Non-offending parent or caregiver is not incapacitated by fear of maltreating person).
- Non-offending parent or caregiver has legally separated from maltreating parent or caregiver and has/does demonstrate behavior to suggest he or she will not reunite until circumstance warrants or they are proceeding with divorce action.
- Non-offending parent or caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.
- Non-offending parent or caregiver and child have strong bond and he or she is clear the number one priority is the well-being of the child.
- The Non-offending parent or caregiver consistently expresses belief that the maltreating person is in need of help and that he or she supports the maltreating person getting help. This is the non-offending parent or caregiver's point of view without being prompted by DCS.

- While the non-offending parent or caregiver may be having a difficult time believing the other person would maltreat the child, he or she describes the child as believable and trustworthy.
- Non-offending parent or caregiver does not place responsibility on the child for the problems of the family.

Explain how the non-offending caregiver is willing and capable to protect the child.

If non-offending parent or caregiver is not able and willing to protect or if the capacity to protect is uncertain, you cannot rely on the parent as the caregiver for the child without a safety monitor.

Assessment of a Child in the Hospital, Incarcerated/Detained or Out-of-Home Care
While a child victim is hospitalized, incarcerated, in detention or in out-of-home care, the CSRA must be conducted based on the child's return home environment.

Clarifications as to When the CSRA is Not Conducted
The CSRA is completed on DCS cases and some Young Adult Program (YAP) cases only. The CSRA does not need to be completed under the following circumstances:

- **Out-of-Home Caregivers** – this includes foster, relative, adoptive or non- custodial parent homes unless the caregiver or any member of the household is identified as an alleged perpetrator in a new report.
- **Action Requests** - Communications that do not require an investigation, but may require an action by DCS. These specific communications are contained in the DCS Response System, Chapter 1: 3 - Prioritizing Reports and Response.
- **Border Cases** - A case involving a child whose family does not reside within the US and the department's involvement is limited to returning the child to his/her family in coordination with the Border Patrol and/or INS and the case is being closed.
- **False (Malicious) Reports** - After investigation, evidence indicates the reporting source knowingly and intentionally made a false (malicious) report, and the investigation results in no identified safety concerns or indication of risk. To determine if the reporting source knowingly and intentionally made a false report and should be referred to the County Attorney, refer to Chapter 2:5 – Substantiating Maltreatment.
- **Both parents are deceased**, or
- **Parental rights have been terminated for both parents**.

The CSRA is not completed for the following case types:

- Adoption
- Adoption Subsidy
- Adoption Registry
- Guardianship Subsidy
- ICPC
- DDD Eligibility

- IV-E Eligibility
- Non-DES Eligibility

Timeframes for the Assessment of Safety and Risk

Initial Assessment

Assessment of Present Danger	Completed for every child. If present danger is identified during the initial assessment, a protective action must be completed prior to leaving the child.
Completion of the CSRA	Completed within 45 days or before case closure (whichever occurs first).

In-Home and Out of Home Cases, including voluntary placement and dependency

Assessment of Present Danger	Whenever present danger is identified, a protective action must be completed prior to leaving the child. Assess present danger when a new report is received during the life of a case.
Completion of the CSRA	Completed within 45 days when a new report is received.
Review of the CSRA	When a case is transferred to a new DCS Supervisor/Specialist, within 5 days: • Review documentation, • Review CSRA and update with the family as needed, and • Review sufficiency of safety plan (if applicable) and update as needed.

Documentation

Using the Child Safety and Risk Assessment (CSRA), document the following:

- background information in Section I (Background Information);
- contacts, interviews and observations in Section II. (Interviews with all required parties);
- assessment and identification of present danger in Section III. A (Analysis and conclusion of present danger) and, if applicable, Protective Action (Page 1), CSO-1034A, and Protective Action / Safety Plan Signature Page, CSO-1034C. Give a copy of both documents to the caregiver and, if applicable, the safety monitor. File or scan a copy in the case record;
- assessment and identification of impending danger in Section III. B (Analysis and conclusion of impending danger) and, if applicable, Safety Plan (Page 1), CS0-

1034B, and Protective Action / Safety Plan Signature Page, CSO-1034C. Give a copy of both documents to the caregiver and, if applicable, the safety monitor. File or scan a copy in the case record;
- assessment and identification of risk factors and need for interventions in Section III. C (risk identification and need for further intervention); and
- if the child is removed, complete the applicable removal windows in CHILDS.

For Supervisors, document the Clinical Supervision Discussion and approval of the Clinical Supervision Decision in Section IV. (Clinical Supervision Decision)

Forms

Protective Action (Page 1), CSO-1034A,
Protective Action (Page 1)(Spanish), CSO-1034AS

Safety Plan (Page 1), CS0-1034B,
Safety Plan (Page 1) (Spanish), CS0-1034BS,

Protective Action / Safety Plan Signature Page, CSO-1034C
Protective Action / Safety Plan Signature Page (Spanish), CSO-1034CS

Related Information

Administrative Directive Criminal History Reunification (2-24-2015)

Child Safety and Risk Documentation Tool
Child Safety and Risk Assessment Practice Guide
Child Safety and Risk Comparison
Risk Assessment Continuum
Assessing Present and Future Harm: Laminate Desk Aid
Family Centered Strengths and Risk Assessment and Interview and Documentation Guide

Legal

A.R.S. § 8-451 Department (of Child Safety); Purpose
A.R.S. § 8-456 Investigative function; training; criminal offenses; definition
A.R.S. § 8-801 Dependent Children; Definitions

A.A.C.R6-5-5508 Conduct of a Field Investigation
A.A.C.R6-5-5512 Procedures for Substantiated Reports; Removal; Imminent Harm

Effective Date: February 6, 2016

Revision History: November 30, 2012; May 31, 2013, July 1, 2013

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 4.1
Investigations Involving Substance Exposed Newborn

Policy

The department shall investigate all reports alleging that a newborn infant has been prenatally exposed to alcohol or a controlled substance.

The department shall collaborate with health care professionals and, when available, local substance abuse resources to assist in the investigation, assessment and delivery of quality services for these families.

A newborn infant who has been prenatally exposed to alcohol or a controlled substance or is demonstrating withdrawal symptoms resulting from prenatal drug exposure is considered at high risk of abuse or neglect. The overall drug use (including prenatal drug use) by the parent must be considered in the assessment of the newborn's safety and risk of harm.

Procedures

In addition to procedures specified in Interviews With Child, Family and Collateral Contacts, complete the following tasks:

- Ensure that you have gathered information concerning the medical condition of the newborn including any complications from the substance exposure and discharge status (where applicable), and any recommended follow-up medical care.
- If available, ensure that you have obtained documentation of the newborn infant's prenatal substance exposure completed by the health professional including:
  - clinical indicators in the prenatal period including maternal and newborn infant presentation,
  - information regarding history of substance abuse or use by the mother,
  - medical history,
  - toxicology results and/or other laboratory test results on the mother and the newborn infant.

- Obtain information from the health care professionals regarding their observations of the parental responsiveness to the newborn, visitation, feeding, understanding of the newborn's special needs or any other information to assist in the safety assessment.
- Advise the health care professional an assessment of the newborn's safety and risk of harm in the home environment is being completed and request he/she notify DCS prior to the newborn's discharge from the hospital (if applicable).

If the newborn is hospitalized at the time of the report, visit the newborn's home environment prior to the newborn's discharge. If it is not possible to visit the home prior to discharge, visit the home on the day of the newborn's discharge, but no later than the Mitigated Response Time.

For newborn infants with Fetal Alcohol Syndrome (FAE) or Fetal Alcohol Effect (FAE), ensure that you have obtained:

- documentation of the diagnosis by a health professional indicating clinical findings consistent with FAS or FAE,
- the child's medical records.

The Child Safety Specialist needs to actively engage a team in planning for a substance abused newborn. The Coordination of SEN Cases (requires involvement with substance abuse services and medical professionals. If needed, consult with a community and/or contract substance abuse professional to gain clinical expertise and advice regarding severity of drug usage, signs and symptoms, behavioral indicators and motivation for treatment.

Complete an assessment of the newborn's safety using the Child Safety and Risk Assessment (CSRA)

If the child is assessed as unsafe, complete a Safety Plan. A Safety Plan may include an In-Home, Combination or Out-of-Home Plan (Chapter 2 Section 7 Safety Planning).

An In-Home or Combination Safety Plan should include:

- an identified non-substance abusing alternative caregiver in the home; or
- at least one reliable, non-substance abusing adult who has regular contact with and care of the newborn.

Assess the alternative caregiver's capacity to care for the newborn [see Chapter 2, Section 4, Assessment of Child Safety and Risk (CSRA and C-CSRA). At a minimum, the assessment should include:

- any history of substance use;
- the protective capacity of the alternative caregiver; and

- any history of criminal activity or child abuse or neglect indicating that the newborn's health or safety would be at risk of harm if placed in the caregiver's home and/or by the alternative caregiver.

An Out-of-Home Safety Plan is required when an In-Home Safety Plan can not ensure the newborn's safety. The Out-of-Home Safety Plan may include:

- a voluntary placement agreement;
- filing an out-of-home dependency petition

Engage the family in completing a family assessment using the Child Safety and Risk Assessment (CSRA) and the Family Centered Strengths and Risks Assessment Interview and Documentation Guide to determine the level of risk and needs of the newborn, and to determine the appropriate intervention. Use the Guide/Instructions to Assessing Risk Factors for Substance Exposed Newborns to assist in this assessment. This Guide should be used in totality as no single factor alone should determine the level of risk or intervention.

Provide the parent with a copy of the Arizona Families F.I.R.S.T. brochure. Also, inform the parent that his/her participation in the substance abuse assessment and treatment, if recommended, is expected in order to assist DCS in the assessment of the family and will be used as a framework for intervention.

Refer the parent to Arizona Families F.I.R.S.T or other substance abuse resource to begin the engagement and assessment of the parent's substance abuse dependence and treatment needs. Ensure the referral contains accurate information to assist the provider in contacting the parent within 24 hours excluding weekends and holidays, and as much information available regarding the parent's substance use.

Ensure that the parent signs the Authorization to Disclose Health Information, CSO-1038 for release of information with the Arizona Families F.I.R.S.T. provider or other substance abuse resource. This consent will enable the substance abuse provider to share information regarding clinical concerns, client engagement, severity of the addiction, recovery environment, treatment recommendations, identifying co-occurring issues and potential for relapse.

Determine what further action shall be taken. At a minimum, the case must be opened for services to ensure the newborn's continued safety and the family's participation in services. While the case is open for services, maintain face-to-face contact with the parent and newborn (and alternative caregiver, if applicable) in the home at least once a month in order to determine whether:

- progress is being made towards alleviating the risk of abuse and neglect; and
- the newborn continues to remain safe in the home.

Coordinate with the Arizona Families F.I.R.S.T provider or other substance abuse resource to expedite the engagement and assessment process and to obtain results of outreach and assessment conducted. See Roles and Responsibilities in the Coordination of SEN Cases.

If the Arizona Families F.I.R.S.T provider or other substance abuse resource informs the DCS Unit Supervisor that the family has refused or discontinued treatment, reassess safety and risk factors. Determine the appropriate level of intervention based on the outcome of the reassessment. Further intervention may include: ;

- voluntary placement agreement;
- filing a dependency petition requesting In-Home Intervention;
- filing an in-home dependency petition; and/or
- filing an out-of-home dependency petition.

If the Arizona Families F.I.R.S.T provider or other substance abuse resource reports a new allegation of abuse or neglect, ask the provider to make a report to the Child Abuse Hotline.

To determine whether it is appropriate to close the case, determine whether the parent:

- recognizes the safety and/or risk factors that caused the child to be unsafe or at risk of harm;
- has taken steps to change the behavior or conditions that place the child at risk of harm and that these steps are sufficient to lead you to believe that the child will be safe at home in the impending future;
- is involved with extended family members, community support networks or service providers who will help the family maintain these changes over time; and
- knows how and where to access help if problems arise in the future.

If the parent placed the newborn with an alternative caregiver, determine whether the caregiver:

- needs follow-up services to continue to meet the newborn's needs; and
- is aware of available financial and non-financial services and eligibility requirements, and, if necessary, assist the caregiver:
    - to complete applications for services; and/or
    - to access needed services through the department or community resources.

The Child Safety case may be closed when:

- the family is able to care for the newborn safely without department involvement; or
- the family no longer wishes to participate in voluntary services and the safety and risk factors are not severe enough to warrant filing an in-home or out-of-home dependency petition.

Prior to closing the case at **investigation or ongoing status**, convene a case conference with the family and Arizona Families F.I.R.S.T provider or other substance abuse resource (other service providers or professionals working with the family may be included) to ensure that the family understands:

- the child's safety must be maintained;
- the case status;
- recommended services;
- the need for successful completion of treatment and other recommended services; and
- failure to participate in treatment will result in reassessment of safety and risk factors and revision of the case plan.

Documentation
Document the outcome of the assessment of newborn's safety and risk using the Child Safety and Risk Assessment (CSRA).

If the child is removed:
Complete the following windows in CHILDS when a temporary custody notice has been issued:

- Legal Status
- Removal Status
- Removal Settings

Document the search for relatives in the Key Issue case note type.

Forms

Authorization to Disclose Health Information, CSO-1038

Arizona Families F.I.R.S.T. brochure, ACY-1061A,
Arizona Families F.I.R.S.T. brochure (Spanish), ACY-1061AS

Court Document Directory:
Request for Services, PS-06700
Arizona Families First, PS-06711

Related Information

Roles and Responsibilities in the Coordination of SEN Cases
Guide/Instructions to Assessing Risk Factors for Substance Exposed Newborns
Family Centered Strengths and Risks Assessment Interview and Documentation Guide

Legal

The Child Abuse Prevention and Treatment Act (P.L. 104-235)

ARS § 8-456 Investigative function; training; criminal offenses; definition

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 4.2
Investigation Involving Licensed and Unlicensed Foster Homes

Policy

Procedures governing investigations of reports concerning an out-of-home placement are aimed at ensuring the health and safety of children while respecting the rights of providers.

All reports of abuse or neglect concerning an out-of-home care provider shall be investigated by DCS. This includes investigations of reports involving the following placement settings:

- unlicensed non-relatives;
- unlicensed relatives;
- licensed family foster homes;
- certified adoptive homes; and
- DES certified child care homes.

Procedures

Coordinate with the child's Child Safety Specialist, OLR and the licensing agency/specialist in order to clarify the allegations and the investigation process.

Within six hours, in emergency situations where the child has been removed, provide the out-of-home care provider with the Notice of Removal, CSO-1039.

If the temporary custody of the provider's child is clearly necessary to prevent abuse or neglect and the provider is present when the child is taken into temporary custody, verbal and written notice (Temporary Custody Notice) must be provided immediately. If the provider is not present at the time of removal, the Child Safety Specialist must attempt to notify the provider immediately either in-person or by phone. The Temporary Custody Notice must be served within six hours of removal. For more information on providing notice of temporary custody, see Providing Emergency Intervention.

Also, notify the following individuals within 24 hours of the removal:

- the child's Child Safety Specialist and/or Supervisor;
- the out-of-home care provider's licensing agency/specialist and/or supervisor, if applicable;
- the Office of Licensing and Regulations representative, if applicable;
- the Regional Program Manager or designee; and
- the Assistant Attorney General, if applicable.

Follow the procedures outlined in Placement Stability for Children in Out-Of-Home Care if the licensed foster parent disagrees with the removal of the child and requests a case conference.

For Reports Alleging Criminal Conduct
Conduct the investigation in accordance with protocols established with the appropriate municipal or county law enforcement agency (see Chapter 2: Section 3- Interviews).

Contact the following individuals:
- Child Safety Specialist and/or Supervisor for each child in the home.
    - The child's Child Safety Specialist will notify the child's parent or legal guardian and the child's attorney and/or guardian ad litem and CASA if applicable of the report
- the Office of Licensing, Certification and Regulations (OLR), by email at DCYFLicensingIssues@azdes.gov, if applicable; and
- the out-of-home care provider's licensing agency/specialist and/or supervisor, including public or private licensing agencies, verbally or by email, if applicable.

For Non-Criminal Conduct Allegations
Notify the following individuals of the report:
- Child Safety Specialist and/or Supervisor for each child in the home.
    - The child's Child Safety Specialist will notify the child's parent or legal guardian and the child's attorney and/or guardian ad litem and CASA if applicable of the report.
- the Office of Licensing and Regulations (OLR), by email atDCYFLicensingIssues@azdes.gov, if applicable;
- the out-of-home care provider's licensing agency/specialist and/or supervisor, including public or private licensing agencies, verbally or by email, if applicable, and
- the out-of-home care provider.

Notify the out-of-home care provider within six hours when a child has been interviewed

Investigation Finding

Follow the procedures found in Substantiating Maltreatment to determine the investigation finding.

The finding and tracking characteristic (if applicable) should be entered in the Investigation Allegation Findings window and/or Investigation Tracking Characteristic Findings window within 45 days of the date that the department received the initial report information.

If the findings indicate that the report is unsubstantiated:

- Notify each child's Child Safety Specialist and/or Supervisor, the out-of-home care provider and other staff of the finding with eight working hours;
    - The child's Child Safety Specialist will notify the child's parent or legal guardian and the child's attorney and/or guardian ad litem and CASA if applicable of the investigative findings within eight working hours.
- Provide written notification of the investigation findings to the alleged perpetrator within three working days
- Provide written notification to OLR by email at DCYFLicensingIssues@azdes.gov of the investigation findings and any licensing concerns within three working days
- Inform the out-of-home care provider's licensing agency/specialist of any licensing concerns within three working days.
- Complete the written report of the investigation and findings within ten working days after completion of the investigation.

If the department intends to propose substantiation of the report:
Verbally notify each child's Child Safety Specialist and/or Supervisor, the out-of-home care provider and other staff of the proposed substantiated finding with eight working hours of completing the investigation;

- The child's Child Safety Specialist will notify the child's parent or legal guardian and the child's attorney and/or guardian ad litem and CASA if applicable of the investigative findings within eight working hours.

Within five working days after completing the investigation, convene a case conference that includes the following

- the out-of-home care provider;
- the investigating Child Safety Specialist and Supervisor;
- each child's Child Safety Specialist and Supervisor;
- the out-of-home care provider's licensing agency/specialist and supervisor;
- the Office of Licensing, Certification and Regulations representative;
- the Assistant Attorney General responsible for licensing;
- the Regional Program Manager or designee; and
- other staff member, law enforcement or attorneys as necessary.

The out-of-home care provider may bring a person representing his or her interests. The provider must waive his or her right of confidentiality prior to this person's participation in the case conference. Personally identifying information shall not be disclosed to persons not authorized to receive information pursuant to ARS §8-807.

At the case conference:

- Discuss the proposed substantiated investigation findings
- Discuss and determine any agency recommendations regarding licensing.
- Provide the out-of-home care provider an opportunity to discuss the findings of the DCS investigation and licensing issues.

Be aware of the following responsibilities for follow-up:

- If the case conference results in a licensing recommendation other than revocation, OLR/Family Home Licensing liaison sends the licensed out-of-home provider a letter discussing any licensing issues within three days of the case conference.
- If the recommendation of the case conference is to revoke the license of a provider, OLR may offer the provider the option of voluntary withdrawal from the program.
- If revocation is required, the OLR Program Administrator or designee sends the provider a letter within four weeks of the case conference, after consultation with an Assistant Attorney General
- If the case conference confirms a proposed substantiated finding, enter the finding and/or tracking characteristic if applicable in the Investigation Allegation Findings window and /or Investigation Tracking Characteristic Findings window within one day of the case conference.

Documentation

In addition to the requirements for documentation of DCS investigations, described above, document the following in Section II of the Child Safety and Risk Assessment (CSRA):

- notification of each child's parent(s) or legal guardian, Child Safety Specialist and/or supervisor, OLR and the out-of-home care provider's licensing agency/specialist and/or supervisor of the report; and
- the opening conference with the out-of-home care provider or the reason that the conference did not occur.

If the child is removed:

Complete the following windows in CHILDS when a temporary custody notice has been issued:

- Legal Status
- Removal Status
- Removal Settings

Document the search for relatives in the Key Issue case note type.

If the report is unsubstantiated:

- Document the verbal and written notification of parent(s), legal guardian, out-of-home care provider and staff of the finding;

- Send a copy of the confidential written report of the investigation to each child's Child Safety Specialist, OLR, the out-of-home care provider's licensing agency/specialist and/or supervisor and the Regional Program Manager; and
- File the original report in the hard copy record.

If the department intends to substantiate the report:

- Send a copy of the confidential written report of the investigation to each child's Child Safety Specialist, OLR, the out-of-home care provider's licensing agency/specialist and/or supervisor and the Regional Program Manager; and
- File the original report in the hard copy record.

Forms

Investigations Involving Out-of-Home Care Providers, CSO-1009

Related Information

Legal

ARS §8-515.05 Removal of child from foster parent's home; requirements; notification; review

ARS §8-862 Permanency hearing

ARS § 8-813Preplacement investigation; medical examination; disposition

A.A.C 6-5-5516 Procedures for Investigations of Out-of-Home Care Providers

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 4.3
Investigation of Group Care

Policy

The Department shall investigate reports of child abuse and neglect in congregate care facilities licensed by the Department of Child Safety, Department Economic Security and the Department of Health Services. Congregate care facilities are child welfare agencies including shelters and group homes licensed by the Department of Child Safety and Department of Economic Security, and Level I residential treatment centers and Level II and III behavioral health facilities licensed by the Arizona Department of Health Services.

All reports of child abuse and neglect concerning congregate care facilities shall be investigated by a Child Safety Specialist. The investigation shall be coordinated with the licensing authority, the child placing agency(s) and, as appropriate, the licensed congregate care facility.

The investigation of allegations of criminal conduct behavior shall be investigated jointly with law enforcement, according to protocols established with the appropriate county law enforcement agency. Joint investigations may be initiated on other cases as determined necessary by the Child Safety Specialist and Supervisor.

Procedures

Follow the procedures for investigations as previously described in the Chapter. Pay careful attention to Interviews, Conducting the Child Safety Assessment and Substantiating Maltreatment .

Coordinate investigation of criminal conduct allegations with law enforcement, according to protocols established with the appropriate county law enforcement agency. More information can be found in Conducting Interviews.

Complete the Unusual Incident Report (DCS-1125) and route according to the form's instruction as applicable. See (Quality Assurance; Unusual Incidents)for specific instructions and procedures for completing and routing the Unusual Incident Report.

Identify the licensing authority and contact person for the facility, and the child placing agency(s) for the alleged victim.

Notifications

For criminal conduct allegations, notification must be made in accordance with protocols established with the appropriate municipal or county law enforcement agency.

For all other allegations and unless otherwise indicated, make every attempt to notify the following as soon as possible but no later than the next business day of receipt of the report:

- the licensing authority,
- the child victim's placing agency(s) or assigned case manager(s), if known,
- the facility's administrator or designee (unless an unannounced visit is necessary), and
- the identified child victim's parent or guardian if the child is placed by the child's parent or guardian, if known.

Provide an opportunity for the licensing authority representative and the identified child victim's placing agency(s) to participate in the investigation. As appropriate, provide an opportunity for the facility's administrator or designee to cooperate with the investigation.

Guidelines for the conduct of the investigation

The investigation process should be a collaborate effort through ongoing communication among all involved agencies.

The congregate care facility:

- will be informed of the investigation and nature of the allegation and be informed of staff and children who will be interviewed, except when the administrator is the alleged abusive person or when prior notice may jeopardize the safety of the child;
- may seek legal counsel at any time during the investigation process;
- have the opportunity to present and discuss information relevant to the investigation before a finding is made;
- will be given a status report on the progress of an investigation not completed within 45 days of the date that the department received the initial report information.; and
- may receive a redacted copy of the summary of the investigation.

Visits will be coordinated with the facility to minimize disruption whenever possible. If the visit is unannounced, notify the agency administrator or designee immediately upon arrival.

Investigative techniques may vary depending upon the nature of the report and the congregate care setting. Investigations include gathering or reviewing information that is pertinent to the allegation being investigated. Information may include but is not limited to:

- the facility's policies and procedures;
- the child victim's specific records including daily log sheets, progress notes, therapeutic notes, medical reports, incident reports, restraint reports, video monitor tapes;
- any prior allegation and outcome of an investigation of child abuse or neglect concerning the alleged perpetrator;
- the licensing and accreditation records including any corrective action plans or enforcement action; and
- the alleged perpetrator's staff record.

The Child Safety Specialist may examine and photograph the facility's physical structure as warranted.

Coordination with other agencies throughout the investigation

Throughout the investigation process, maintain contact and exchange information with the:

- licensing authority,
- child victim's placing agency(s) or assigned case manager(s),
- facility's administrator or designee, and
- child's parent or guardian if the child is placed by the parent or guardian.

Ensure that information pertinent to child safety and well-being are communicated to the above persons. Provide contact information for the Child Safety Specialist and Supervisor in order to facilitate communication.

Finding

Follow the procedures found in Substantiating Maltreatment to determine the investigation finding.

The finding and tracking characteristic (if applicable) should be entered in the Investigation Allegation Findings window and/or Investigation Tracking Characteristic Findings window within 45 days of the date that the department received the initial report information.

Closing the Investigation

Every attempt should be made to complete the investigation within 45 days. Consult with the Supervisor if the investigation is expected to remain open for more than 45 days.

Complete a summary of the investigation that includes the following:

- the name of alleged victim and alleged perpetrator,
- each allegation investigated,
- the names of all the persons interviewed,
- all documents reviewed,
- summary of the information gathered,
- the finding,
- concerns and/or recommendations regarding the facility's ability to assure the protection of the children in placement.
    - The concerns and/or recommendations should relate directly to the specific allegations and/or safety and well-being of children placed in the facility.

Within 15 working days of the investigation closure, provide a redacted copy of the summary of the investigation to the:

- licensing authority,
- child victim's placing agency(s) and assigned case manager(s); (The assigned Child Safety Specialist may receive an unredacted copy of the summary.)
- the facility's administrator or designee; if the administrative head is the alleged perpetrator, send the summary to the administrative supervisor and/or facility's board of directors, and
- the child victim's parent or guardian if the child is placed by the parent or guardian.

For DES licensed facilities: if concerns regarding a licensing standard are noted, the Office of Licensure and Certification (OLCR) will follow its protocols to address such concerns.

For DHS licensed facilities: if concerns regarding a licensing standard are noted, the, DHS will follow its protocols to address such concerns.

Status Communications Concerning Physical Injury or Sexual Conduct between Children

Follow the procedures as described above. Gather information to answer the following questions:

- Was the child placed in out-of-home care due to physical or sexual abuse?
- Does the child have a history of sexually acting out behavior or sexual conduct with another child?
- Does the child have a history of inflicting physical injury to another child?
- Was the facility aware of the child's history of physical injury or sexual conduct with another child?

Discuss the information gathered with the Supervisor. Determine whether the physical injury or sexual conduct between children was the result of inadequate supervision based on the following questions:

- Was the facility aware or informed of the child's history of inflicting physical injury to or sexual conduct with another child?
- What efforts were made by the facility to adequately supervise the children in the facility?
- What efforts were made to assist the facility in supervising the children?
- Make a report to the Child Abuse Hotline when physical injury or sexual conduct between children was the result of inadequate supervision, or when there are other indicators of neglect or abuse.

Documentation

File an un-redacted and redacted copy of the summary of the investigation in the DCS record.
File a copy of the Unusual Incident Report, DCS-1125 in the DCS record.

Forms

Unusual Incident Report, DCS-1125

Related Information

Legal

A.A.C R6-5-5515 Procedures for Investigations of Maltreatment in a Licensed Child Welfare Agency

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 4.4
Investigation Involving Department of Child Safety Employees

Policy

The Department shall conduct investigations involving reports of abuse or neglect of a child by a Department employee and/or reports alleging an employee's child is the victim of abuse or neglect in a manner to protect the privacy and confidentiality of the employee and ensure the safety of the child. A Department employee as referenced in this policy includes all employees of the Department and the Protective Services Section of the Attorney General's Office.

The Department shall refer any report alleging the abuse or neglect of a child by an employee or any report alleging an employee's child is the victim of abuse or neglect directly to the Program Manager of the region where the primary caretaker resides.

The Department requires each employee to notify his/her immediate supervisor that s/he has been identified as a subject of child abuse or neglect; this is a condition of continuing employment with the Department.

Procedures

Hotline

If a participant has been identified as an employee, which includes any parent, guardian or custodian:

- Search CHILDS in Person Directory and check for a Y under Staff;
- Search the State Employee Directory book at http://ebook.state.az.us/ or http://i-book.state.az.us/;
- Search the internal regional employee lists;
- Search CHILDS under Staff Management, Staff Registry; and
- Search email address book in Outlook.

All communications regarding employees are confidential, including all reports, status, second source, additional information and licensing issue communications regarding an employee.
The Intake Specialist taking an employee communication discusses the communication as needed directly with the Hotline Program Manager maintaining the strictest confidence and does not discuss the communication with any other Department employee.

If it is determined an incoming communication pertains to an employee:
• Notify the Child Abuse Hotline Administrator;
• Identify the employee's PID(s) in the person directory window;
◦ Do not use the staff person PID or source person PID if the employee's role is a mandated reporter;
◦ If a participant or provider PID already exists, use that PID;
◦ Create a new participant PID for the employee only, entering the employee's date of birth, not the social security number, address or phone number .
• If the communication meets report criteria, enter the communication type, "Report on DCS;"
• In the narrative, indicate which individual is the employee and include the employee's social security number, address, and phone number in the Family Composition section;
• If the communication meets report criteria, assign and disposition the report to the Regional Program Manager. If there is an employee report flag on an existing case, the Intake Specialist may not link the communication; and
• If criminal conduct exists, do not send the email notification to the OCWI; the Child Abuse Hotline Administrator completes this step.

To limit access to employee reports in CHILDS, the Child Abuse Hotline Administrator:

- If necessary, verifies employee status.
- Links the communication to the existing case if applicable.
- Flags the case as "Employee Rpt" in the LCH416 window as follows:
    - If there is an existing case, search and select the case from the Case Directory (LCH056) window;
    - If there is not an existing case, dispositions the report for investigation first and assigns to the Regional Program Manager. After the report is assigned and case created, the case will be flagged as "Employee Rpt;"
- Provides necessary explanation in the text box of this window;
- If the report is a Response Time 1, immediately notifies the Regional Program Manager of where the report is assigned and the Deputy Director of Field Operations and follow-ups with an email notification;
- If the report is a Response Time 2, 3, or 4, notifies the following individuals via email:
    - Regional Program Manager where the report is assigned;
    - Regional Program Manager of the employee, if different than the region assignment;
    - Chief of the OCWI if criminal conduct allegations exists;

    - Chief of the OCWI if the employee is employed with the OCWI; and
    - Deputy Director of Field Operations;
- • Includes in the email notification the following information:
    - Date and Time Report Received:
    - Case Name or Report Name;
    - Case ID or Report #;
    - Case Status: (open/closed/priors);
    - Criminal Conduct Allegations: (yes or no);
    - Regional Assignment: Regional Program Manager of where the report is assigned;
    - Employee's office: (if known); and
    - Narrative: (Cut and paste the narrative from CHILDS).
- If only a communication is taken, notifies the Deputy Director of Field Operations if law enforcement needs to be contacted or if a potential personnel infraction has occurred.

When a report is received on a foster parent who is also an employee, take as employee report and keep the information. Indicate in the narrative the employee is a foster parent.

If a communication is received from a source whose complaint is regarding the performance of an employee, do not enter into CHILDS. After determining the source does not have concerns about the welfare of children, the Intake Specialist may:

- Refer the caller to the appropriate DCS Supervisor, Assistant Program Manager or OCWI Manager if s/he has not already informed that person of the concern;
- Refer to the DCS Family Advocate at 602-364-0777;
- Refer to a Intake Supervisor if the concern is immediate or the caller cannot be referred to the DCS Supervisor, Assistant Program Manager, Family Advocate, or the OCWI Manager; and/or
- The Intake Supervisor or Intake Specialist notifies the Child Abuse Hotline Administrator via email. Child Abuse Hotline Administrator forwards the information to the appropriate Regional Staff and/or DCS Administration or the Chief and the Deputy Chief of Programs of the OCWI.

If a communication is received after the employee leaves employment, the Hotline Program Manager unflags all communications and case as "Employee Rpt" in the LCH416 window.

Investigation of Employee Reports

The Child Abuse Hotline Administrator sends an e-mail to the Deputy Director of Field Operations with notification of the report of a Department employee. The Deputy Director of Field Operations develops a plan of action for the investigation of the report, including report assignment and coordination with the OCWI if applicable.

If upon investigation, a report is found to involve an employee, the receiving DCS Supervisor notifies his/her Regional Assistant Program Manager who notifies the Regional Program Manager. The Regional Program Manager informs the Deputy Director of Field Operations.

If a DCS Supervisor is concerned about any perceived conflict, he/she may consult with the Regional Assistant Program Manager or Program Manager.

To limit access to employee reports, whenever the Regional Program Manager determines the report to involve an employee:

- Contact CHILDS, the Child Abuse Hotline Administrator, or the Intake Assistant Program Manager to flag the case as “Employee Rpt” in the LCH416 window and provide the necessary explanation in the text box of this window;
- Notify the Deputy Director of Field Operations about the report following email notification format above. Also notify the following individuals if applicable:
    - If the employee works in another region within DCS or at OCWI, notify the employee's Regional Program Manager or the Chief of the OCWI;
    - If criminal conduct allegations exist, notify the Chief of the OCWI;
- Notify the Child Abuse Hotline Administrator to:
    - Add an Additional Information communication to the original report with information, such as, the employee's social security number, address, and phone number;
    - Delete the social security number, address, and phone number from the Person Detail window; and/or
    - Flag all other associated communications.

The Deputy Director of Field Operations may request that another region or local office outside the geographical area of the employee’s place of residence investigate the report. The employee is not to be notified of the report nor shall confidential information be released without the written consent of the alleged abusive caretaker.

If another region or local office is requested to investigate the report, the Regional Assistant Program Manager or Program Manager responds within 24 hours of the request to confirm s/he can complete the investigation or to request additional information. The assigned investigator completes the Child Safety and Risk Assessment in CHILDS and all other required CHILDS windows, including the investigation allegation findings, according to DCS Policy.

Forms

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Related Information

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Legal

A.R.S. §8-456 Investigative function; training; criminal offenses; definition

Effective Date: July 1, 2013

Revision History: November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 4.5
Investigations Involving Immigrant Children

Policy

In responding to a report concerning a foreign national child, including a child who is believed to be undocumented, in addition to the taking the actions described in Interviews, the department shall communicate with the applicable Consulate to obtain information to assist in:

- Verifying the child's nationality;
- Identifying and locating the child's parent(s);
- Identifying and assessing placement options for the child (if applicable); and
- Identifying resources for the child and the family that would assist in safely maintaining the child in the home.

When consulting with the Attorney General's Office to file an out-of-home dependency petition concerning a child believed to be a foreign national child, including a child who is believed to be undocumented, the Child Safety Specialist shall provide information to assist with notification to the appropriate consulate.

If a child is a lawful permanent resident (holder of a green card), a visitor on a temporary visa, or an undocumented person, when an out-of-home dependency petition is filed, there is a duty to notify the applicable consular post. For consular notification purposes, a child reported to be born in a foreign country may be assumed to be a foreign national.

This policy does not apply to those considered to be United States citizens in the following situations:

- Children who are born in the United States;
- Children who have one parent who is undocumented and another parent who is a United States citizen; or
- An abandoned child who is under age five (5).

Procedures

In responding to reports of a foreign national child, including a child who is believed to be an undocumented child, as part of the assessment of child safety, the Child Safety Specialist will communicate with the applicable Consulate, including providing identifying information concerning the family, for the purposes of:

- Verifying the child's nationality;
- Identifying and locating the child's parent(s);
- Identifying and assessing placement options for the child (if applicable); and
- Identifying resources for the child and the family that would assist in safely maintaining the child in the home.

If the child is a Mexican National, to determine which Mexican Consulate office to contact, refer to the Fact Sheet – Mexican Consulates in Arizona and their County to locate the office responsible for the geographical area where the child resides.

Any information regarding the family that is received from the consular official should be considered in assessing the child's safety.

In situations where a dependency petition is filed for a child who is reasonably believed to be undocumented the Child Safety Specialist shall make diligent efforts to verify the child's status. Actions taken include, but are not limited to:

- Requesting information from the child, if possible, and any available source to determine date and location of the child's birth;
- Obtaining identifying information about the child's parents/legal guardians;
- Contacting the applicable Consulate for the geographical area where the child was taken into temporary custody to assist in verifying the child's and parents' nationality; and
- Following your region's operating procedure for obtaining birth certificates.
- Provide the following information to the Attorney General's office if filing an out-of-home dependency petition:
- name of the child;
- date and location of the child's birth, if known;
- mother's full maiden name,
- father's name;
- names of guardians or custodians;
- name, address and phone numbers of the assigned Child Safety Specialist and DCS Unit Supervisor;
- date the child was taken into DCS custody; and
- information obtained during any previous contact with the applicable Consulate.

Collaboration with the Mexican Consulate

After a dependency petition is filed on an undocumented child, collaboration shall occur with the applicable Consul after the Consul has responded to official notification by the

Attorney General's Office. Collaboration activities include inviting the consul to court, FCRB proceedings, and case planning meetings.

The Child Safety Specialist is to cooperate with requests by the applicable Consulate to interview, visit and otherwise communicate with children in DCS custody who are Nationals of their respective country. Before the visit or interview is arranged, the Child Safety Specialist will contact the child's court-appointed attorney or guardian ad litem regarding the request by the applicable Consulate to interview, visit or communicate with the child. Visits and access by the applicable Consulate should be consistent with the best interests of the child, or as ordered by the Court.

The Child Safety Specialist should request from the Consulate:

- Assistance with obtaining official copies of birth certificates that are certified for authenticity; and
- Names of appropriate agencies within the country that can assist in:
  - identifying relatives or other placement options, and
  - conducting necessary background checks and home studies.

Documentation

Using the Child Safety and Risk Assessment (CSRA) document the following in Section II,

- Efforts to obtain information regarding the child's nationality and family history, and
- Responses or questions of the applicable Consulate and any information provided to them.

Any consultation with the AAG shall be documented in the Case Notes window under AG Contact

Forms

Related Information

Fact Sheet – Mexican Consulates in Arizona and their County

Legal

Vienna Convention on Consular Relations, 21 United States Treaties and Other International Agreements 77; 596 United Nations Treaty Series 261l; Article 37, "Information in Cases of Deaths, Guardianship or Trusteeship, Wrecks, and Air Accidents."

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 4.6
Investigating Munchausen by Proxy

Policy

Reports alleging that the parent, guardian or custodian is suspected of causing or exaggerating a child's illness require a prompt response and safety assessment. Primary consideration shall be given to the safety and well-being of the child.

Reports of suspected causation or exaggeration of a child's illness; excessive or unnecessary health care utilization; symptom or condition falsification; medical abuse; or Munchausen by Proxy (MBP) may require an immediate and specific protective action to ensure the child's safety.

A present danger assessment of all siblings in the home with the caregiver must be completed to determine whether a protective action is needed to ensure their safety.

Once the child's safety has been assured, to the extent practicable, a multidisciplinary team (MDT) should be consulted to assist in further investigation, assessment, and case planning and management of the case.

Procedures

To determine if there is reason to suspect Pediatric Condition Falsification (PCF), consider if one or more of the following questions are true:

PCF Related Indicators

- Does the child have a history of unexplained or unexpectedly difficult to treat medical, developmental or psychiatric symptoms or illnesses?
- Does the child have a history of very frequent visits to doctors, clinicians or therapists of any type, hospitalizations, medical procedures or surgeries?
- Is the child more disabled or less functional than one would expect for the reported diagnosis?
- Have the child's healthcare providers reported discrepancies with the history reported by the parent, guardian or custodian and clinical assessments?

Suspected Perpetrator Indicators

- Does the parent, guardian or custodian:
  - have an intense desire to maintain close relationships with the clinical staff (physicians, clinicians or therapists of any type), or regularly engage in conflicts with staff regarding diagnostic and treatment decisions?
  - request or demonstrate unusual acceptance of recommendations for invasive, and/or painful procedures?
  - fail to express relief when presented with negative (normal) test findings?
  - appear to have more of an interest in the medical, developmental or psychiatric conditions than in the child's well-being?
  - insist on performing procedures or routine care in the hospital?
  - demonstrate a strong resistance to having the child discharged from medical care?
  - report numerous dramatic or life-threatening events?
- Has the parent, guardian or custodian confessed to exaggerating or inducing illness in the child?
- Has Pediatric Condition Falsification previously been suspected or confirmed?
- Is there (direct or circumstantial) evidence that the parent, guardian or custodian falsified illness in the child?

Parent-Child Relationship Indicators

- Does the parent, guardian or custodian demonstrate excessive attention towards the child in the form of enmeshment, overprotection, restriction of activities and relationships?
- Do older child victims behave similarly as the suspected parent, guardian or custodian (reporting symptoms, wanting clinical interventions, etc.)?
- Do younger child victims appear to have a passive tolerance of painful procedures?
- Has a child reported illness fabrication, coaching by a parent, guardian or custodian, being given unknown medications or other concerning information?
- Have video surveillance tapes revealed that the parent, guardian or custodian is neglectful or abusive of the child when others are not present?
- Do symptoms occur only when the suspected parent, guardian or custodian is present or within a few hours after they leave? (see the "Separation Section" of Munchausen by Proxy Fact Sheet)
- Does separation of the child from the suspected parent, guardian or custodian result in a decrease of symptoms or disability in the child?
- Does the child's illness respond to standard medical treatment when away from the suspected parent, guardian or custodian?

Family Indicators

- Does another family member have a history of unexplained or unexpected difficult to treat medical, developmental or psychiatric symptoms or illnesses?

- Does another family member have a history of frequent visits to the doctors, clinicians or therapists of any type, hospitalizations, medical procedures or surgeries?
- Is another family member more disabled or less functional than one would expect for the reported diagnosis?
- Has there been a sibling death due to sudden infant death syndrome, unclear reasons or due to symptoms similar to the suspected victim?
- Is there a reported history of physical or sexual abuse in suspected parent, guardian or custodian's family of origin?

Implementation
The Child Safety Specialist and his/her Supervisor should begin to identify and convene the multidisciplinary team (MDT) as soon as practicable after determining that the report involves a caregiver who is suspected of placing the child in present or impeding danger by causing or exaggerating his/her illness or symptoms.

The MDT participants may vary depending on the specific circumstances and needs of the case. Reasonable efforts should be made to include the Child Safety Specialist and his/her supervisor, the assigned Assistant Attorney General, a medical specialist who is familiar with child abuse and neglect, and a mental health specialist who is familiar with factitious disorders on the MDT. Depending on the nature of the case, other team members may include law enforcement, visitation supervisors, probation officers, clinicians treating the various family members including the child's Primary Care Physician (PCP) and/or others.

Review the Munchausen by Proxy (MBP) and Pediatric Condition Falsification Fact Sheet for more information and guidance.

Investigation
Follow the procedures for investigating child abuse and/or neglect as described in Chapter 2 including Section 3 (Interviews), Section 4 (Child Safety and Risk Assessment) and Section 5 (Substantiated Maltreatment).

An immediate protective action must be taken to protect the child where the caregiver's suspected behavior(s) places the child at risk for invasive medical tests or interventions; potentially unneeded medications; physical or emotional abuse; harmful neglect; and/or death.

A present danger assessment of all siblings must be completed, as it may be necessary to take a protective action to ensure their safety.

Interview family members and other persons with knowledge of the family, to obtain a detailed social history on all children, parents, guardians or custodians, and other significant family members. If possible, interview persons separately, but one right after the other, so that there is little or no time for family members to coordinate their answers.

Consult with the Assistant Attorney General to identify a mental health specialist who is familiar with factitious disorders.

In most suspected Pediatric Condition Falsification (PCF) cases, placing the child with a relative or family friend is not a safe option.

If considering placement with a non-abusive parent, extended family member or other significant person as a safety monitor or placement, carefully assess the perspective caregiver's ability and willingness to protect the child from the suspected parent, guardian or custodian, including his or her perception of whether the suspected abuse did or could have occurred. You must also consult with a mental health specialist who is familiar with factitious disorders when assessing placement with the non-abusive parent, a relative or significant person as a safety monitor.

The child's placement must be one in which the parent, guardian or custodian does not have unsupervised contact with the child and does not have the ability to influence daily care or medical treatment of the child.

Gather relevant information with guidance and direction from a mental health specialist who is familiar with factitious disorders, if one is available, qualified health professional (s) and/or reporting source. Relevant information may include the following:

- The diagnoses of and treatment being provided to the parent, guardian or custodian if he/she is being treated by a clinician.
- Medical and other clinical records (from clinicians, hospitals, clinics, laboratories, emergency services, home health agencies and health insurance companies) including birth records for the suspected victim and all siblings who have been under the care of the suspected parent, guardian or custodian. You may need to enlist the assistance of the CMDP Medical Director to obtain these records, especially from health insurance companies.
    - Medical facilities often keep separate records for clinic visits, emergency department visits, hospitalizations, and home visits. Consequently, it is important to ask for all records.
    - In the requests for records, specifically request inclusion of nursing notes and notes from mental health professionals.
    - If concerning behavior was recorded via video or audiotape, the record request should also include a copy of these recordings.
    - If falsification during pregnancy is suspected, it may also be necessary to request prenatal outpatient and inpatient records for the mother in addition to birth records.
- School records
    - Record of visits to the school nurse, telephone logs, attendance records, and Individual Education Plans (IEP) reports should be requested.

Contact and Visitation
Assess the danger of the parent, guardian or custodian's contact with the child. Ensure that visitation, including visitation in a hospital setting, is closely supervised by one or more persons who are familiar with PCF and have been instructed to observe all physical contact between the parent, guardian or custodian and the child and to monitor all communication. Contact the Assistant Attorney General if the parent's behavior during visitation causes a concern for the child's safety.

Strict guidelines are needed for visitation and contact. Frequency of visitation and contact depends on the nature of the case. It is imperative that the child feel safe during visitation and contact with the suspected parent, guardian or custodian. Use the following guidelines to develop a visitation and contact plan:

- All visitations should be closely monitored in a neutral location by one or more persons familiar with the safety concerns in the case.
- The parent, guardian or custodian cannot discuss the case or health-related issues, including diet, with the child.
- The parent, guardian or custodian should not give the child anything that the child can consume (such as food, drinks, candy, gum, or medicine) or anything the child can put in their mouth (pacifiers, etc.).
- Ointments or other topical agents cannot be applied to the child by the parent, guardian or custodian.
- All conversation must be audible to the monitor.
- All physical contact, activities and gifts must be developmentally and socially appropriate.
- Diaper changing should not be excessive.
- Clothing changes should be restricted when excessive or inappropriate.
- Telephone calls must be monitored.
- Letters and cards must be read by the monitor prior to being shared with the child.
- Audio and video recording and photographing the child are prohibited.

Case Management
Case planning includes obtaining an assessment and recommendations from the mental health specialist regarding critical decisions including diagnosis, treatment, visitation guidelines and reunification.

- Obtain an independent, non-treating expert to conduct the assessment for suspected Pediatric Condition Falsification and the evaluation of associated psychopathology (such as Factitious Disorder).

A Primary Care Physician (PCP) who is familiar with PCF should be assigned by the Comprehensive Medical and Dental Program (CMDP) to manage and coordinate the ongoing care of the child while in the care, custody and control of the department. This person may also participate in the MDT.

In order to meet the acute and ongoing needs of the child and family, ensure open and regular communication with the MDT and, to the extent practicable, consult with the team when any changes are made to the case plan, including changes to the permanency goal, placement, visitation and service provision.

- The MDT should include the assigned Child Safety Specialist, Supervisor, the Assistant Attorney General, the mental health specialist who is familiar with factitious disorders, clinicians treating the various family members, visitation supervisors, the safety monitor and/or child's caregiver.
- Depending on the nature of the case, the MDT may include law enforcement, the child's guardian ad litem, CASA or tribal representative, if applicable.
- Team members should be provided with relevant information regarding any diagnosis; treatment recommendations and progress; outcome of visitation/contact and services provided; and progress towards achieving the permanency goal.
- The team may be convened to discuss:
    - Unexpected increases in symptoms, visitation problems, or other acute issues.
    - Increase in concerning symptoms and other clinical issues should also be communicated to the assigned PCP and/or other clinicians.
    - When any change is considered related to the placement, visitation, service provision, ongoing assessment of safety and risk, evaluation of progress in obtaining the permanency goal and change in the permanency goal.
- Consider holding conference calls and/or meetings with the team monthly or less frequently depending on the needs of the case.

On an ongoing basis, obtain relevant records to monitor the ongoing physical and emotional status of the child including medical, psychological and/or school records as appropriate.

As necessary, consult with the Assistant Attorney General regarding any court action required to expedite gathering of medical records, to restrict or deny visitation, or to compel the suspected parent, guardian or custodian or other family members to participate in assessment or treatment services.

Documentation

For investigations, document outcomes of the assessment including collaboration and consultation with members of the MDT in Section II of the Child Safety and Risk Assessment.

For ongoing, document contacts including collaboration and consultation with the members of the MDT in case notes.

If the child is removed:

Complete the following windows in CHILDS when a temporary custody notice has been issued:

- Legal Status
- Removal Status
- Removal Settings

Document the search for relatives in the Key Issue case note type.

Forms

Related Information

Munchausen by Proxy Fact Sheet

Legal

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 4.7
Investigations Involving the Office of Child Welfare Investigations

Policy

The department shall investigate all reports containing criminal conduct allegations of child abuse with the appropriate law enforcement entity.

The Office of Child Welfare Investigations (OCWI) is responsible for investigating DCS reports with criminal conduct allegations that meet their investigation criteria in Maricopa and Pima Counties. The OCWI will work collaboratively with Child Safety Specialists and Law Enforcement personnel throughout the investigative process.

Procedures

Criminal Conduct and the OCWI Criteria

When a communication is received at the Child Abuse Hotline and meets the statutory criteria for a child abuse or neglect report, and the allegations include criminal conduct, a tracking characteristic of criminal conduct will be applied and the DCS report will be assigned to the local DCS Supervisor for assignment. See DCS Criminal Conduct Decision Tool.

If the DCS report contains a criminal conduct allegation, the Child Abuse Hotline will determine if the criminal conduct allegation meets the OCWI criteria for an investigation as outlined:

- DCS report is regarding a child fatality of any age **or** the child victim is **under** the age of six (0 through 5 years of age) **AND**
- DCS report is assigned to a unit within Maricopa or Pima counties.

The Child Abuse Hotline will notify the Office of Child Welfare Investigations (OCWI) of the DCS reports assigned a response time 1 via phone, followed with an email notification and DCS reports with a lower response time with an email notification only. The

OCWI staff will communicate with the DCS Supervisor in order to jointly respond to the report. See Child Abuse Hotline Procedure, DCS Reports with Criminal Conduct Allegations.

If during the course of the DCS investigation on reports that do not contain a criminal conduct allegation, it is believed that criminal conduct is present, or on reports that do contain a criminal conduct allegation, it is believed another criminal conduct allegation exists that meets the OCWI criteria for investigation, the DCS Supervisor will contact the Child Abuse Hotline. The DCS Supervisor will provide the Hotline Supervisor the additional details regarding the criminal conduct. If the Hotline Supervisor agrees with the criminal conduct assessment, the criminal conduct tracking characteristic will be added to the DCS report and an Additional Information communication added to the DCS report. Once the additions to the report are completed, the Child Abuse Hotline will notify the OCWI of the report, if it meets the OCWI criteria for investigation.

Initial Response
The department shall receive reports of dependent, abused or abandoned children and shall ensure that the initial response to a report of child abuse or neglect is accomplished in a timely manner. The initial response by the Child Safety Specialist or OCWI Investigator shall determine whether a child, who is or may be a victim of abuse or neglect, is currently safe.

Time allotted for the initial response to a report begins when the local DCS office receives the report information from the Child Abuse Hotline by telephone notification (in a response time 1 report or an emergency situation such as when CHILDS is not working), or when the report is assigned to the local office (appearing on the DCS Supervisor's CHILDS Report Directory) – whichever occurs first.

<u>OCWI Response Timeframes</u>
The OCWI response times are classified as follows:

- Emergent: OCWI Investigator will initiate an immediate response (Response time 1 reports and anything OCWI determines as emergent).
- Non-Emergent: OCWI Investigator will initiate a response within 24 hours.

<u>DCS Response Timeframes</u>
DCS response times are classified as follows:

- RESPONSE TIME 1: Standard Response Time 2 Hours; Mitigated Response Time 24 Hours
- RESPONSE TIME 2: Standard Response Time 48 Hours; Mitigated Response Time 72 Hours
- RESPONSE TIME 3: Standard Response Time 72 Hours; Mitigated Response Time 96 Hours
- RESPONSE TIME 4: Standard Response Time 7 Consecutive Days; Standard Response Time Can Not Be Mitigated

The department shall coordinate its investigations with law enforcement, according to protocols established with the appropriate municipal or county law enforcement agency when the report alleges or the investigation indicates the child is or may be the victim of criminal conduct.

The Child Safety Specialist will coordinate with the OCWI Investigator and Law Enforcement to develop an investigative plan pursuant to the joint investigation protocol. The goal is to dually deploy with the OCWI Investigator whenever possible. In the event that the Child Safety Specialist is not able to jointly respond with the OCWI or Law Enforcement, the OCWI Investigator and Child Safety Specialist will still respond within their respective response timeframes. The department's initial response to the DCS report will be either the DCS response or the OCWI response, whichever occurs first.

Documentation
DCS Supervisor and OCWI Manager
Document case assignment using the Case Assignment window.

Use the Report Disposition window to document the decision to assign the case for field investigation.

Child Safety Specialist and OCWI Investigator
Depending if the Child Safety Specialist or OCWI Investigator initiates the response, the first responder to the incident will use the Report Detail window, DCS Response tab to document the date and time of the initial response, such as an in-person contact with a child in the family or an attempt to make in-person contact with the family at their home.

Information Gathering
The Child Safety Specialist will contact the OCWI and Law Enforcement to participate in a briefing with both entities to coordinate investigative assignments before beginning the investigation. This should include the following:

- Coordination regarding which entity will complete interviews of report participants and agreement as to the order of interviews.
- Coordination and assignment of other investigative tasks.

This coordination requires a shared, cooperative approach and ongoing consultation, collaboration and communication throughout the life of the case. The Child Safety Specialist will share information in a timely manner with the OCWI Investigator, particularly at the following critical communication points:

- Completion of interviews;
- Filing of a dependency petition;
- Prior to the return of the child victim to the home at any time during the life of the case;

- Prior to the return of an alleged perpetrator to the home at any time during the life of the case;
- Re-assessment of safety to include a possible change in a safety monitor or a change in placement; and
- Prior to releasing DCS information via a records request or through the dependency process.

The Child Safety Specialist must complete a comprehensive review and detailed analysis of prior reports, case history, criminal history, services provided and the outcome of the services. This analysis should be used in determining how to initiate and complete the investigation. Information will be documented in the Child Safety and Risk Assessment (CSRA) Section I, Background Information. Criminal record history shall not be copied and/or pasted into any other sections of the DCS case record. In accordance with federal requirements, the criminal history information may only be used for these purposes and must be shredded when no longer needed for the investigation.

The Child Safety Specialist or the OCWI Investigator shall gather and review the following documents during the investigation:

- Available documentation including medical and psychiatric reports, school records, police reports, and prior DCS files;
- Court orders; and
- Any additional documents that may aid in the assessment of child safety.

Documentation

Child Safety Specialist Responsibilities

The Child Safety Specialist is responsible for reviewing the information entered or forwarded by the OCWI Investigator. Any new and additional information obtained by the Child Safety Specialist will be documented directly in the appropriate sections of the CSRA.

OCWI Responsibilities

The OCWI Investigator will retain records for all information/documentation collected during the course of the OCWI investigation. Any hard copy documents that are obtained during the course of the investigation will be scanned and stored on a secured server. Once the documents have been scanned, the original documents will be forwarded to the Child Safety Specialist to be included as part of the DCS case record. Any information gathered by OCWI staff will be provided to the Child Safety Specialist in a timely manner for legal and reporting requirements.

Interviews

The Child Safety Specialist will coordinate with the OCWI and Law Enforcement to gather relevant and sufficient information during the investigative process through interviews, observation, and review of records.

The Child Safety Specialist will coordinate with the OCWI and Law Enforcement to jointly investigate allegations of abuse or neglect by finalizing investigative assignments, including which entity will complete interviews of report participants, the appropriateness of monitoring the interviews and agreement as to the order of the interviews. The OCWI Investigator will ensure that all interviews pertinent to addressing the alleged criminal conduct are completed. The Child Safety Specialist will complete any additional interviews to address other child abuse and neglect allegations and assessments as required by Chapter 2 Section 3: Interviews.

The investigative plan needs to ensure that assignments will not impede or compromise the criminal investigation. See the OCWI Policy, Interviews Section. The Child Safety Specialist will maintain frequent and open communication with the OCWI and Law Enforcement to discuss the status of the case and any additional investigative tasks that need follow-up. If the Child Safety Specialist is not able to observe the interview, the Child Safety Specialist will contact the OCWI Investigator to receive an update and/or read the OCWI Investigator's documentation of the interview.

Documentation

Child Safety Specialist Responsibilities

The Child Safety Specialist will review the information entered by the OCWI Investigator in the Case Notes (LCH080) window under the note type, "OCWI Investigation." Any new and additional information obtained by the Child Safety Specialist will be documented in the appropriate sections of the CSRA.

OCWI Responsibilities

The OCWI Investigator will document interviews and investigation interactions in the Case Notes (LCH080) window under the note type, "OCWI Investigation."
The OCWI Investigator shall document the following in the Joint Investigation Detail window (LCH431):

- Whether a joint investigation was conducted;
- The contact date;
- The law enforcement agency involved and their response;
- The name and contact information for the lead case agency (LE);
- If a joint investigation was required but not conducted, the reason and/or circumstances that precluded the joint investigation.

Child Safety & Risk Assessment

The assessment of child safety and risk is initiated during initial contact with the family and is continued throughout the investigation. The purpose of the child safety and risk assessment is to gather sufficient and relevant information to make an informed decision about whether the child is safe or unsafe. A child is unsafe when present or impending danger exists.

Upon initial contact with the child and family, the Child Safety Specialist and/or the OCWI Investigator shall determine whether any child in the home is in present danger. If any child in the home is in present danger, the Child Safety Specialist and/or the OCWI Investigator must take an immediate protective action that controls the present danger.

Existing Department of Child Safety Policy (DCS)regarding the CSRA procedures applies. Based on the information gathered in Section I – Background Information and Section II – Interviews, the Child Safety Specialist and OCWI Investigator will jointly analyze the information and determine a conclusion regarding the presence of safety threats and/or risk factors. The safety decision is made in accordance by assessing for present danger, impending danger, risks, protective factors, and the need for further intervention.

Documentation

Child Safety Specialist Responsibilities

The Child Safety Specialist will use the CSRA to document the assessment and identification of present danger in Section III A - Analysis and Conclusion of Present Danger. If the Child Safety Specialist is present, if applicable, he/she will complete the Protective Action (Page 1), CSO-1034A,and Protective Action / Safety Plan Signature Page, CSO-1034C. Give a copy of both documents to the caregiver and, if applicable, the safety monitor. File or scan a copy in the DCS case record.

The Child Safety Specialist will use the CSRA to document the assessment and identification of impending danger in Section III B – Analysis and Conclusion of Impending Danger. If the Child Safety Specialist is present, if applicable, he/she will complete the Safety Plan (Page 1), CS0-1034B,) and Protective Action / Safety Plan Signature Page, CSO-1034C). Give a copy of both documents to the caregiver and, if applicable, the safety monitor. File or scan a copy in the DCS case record.

OCWI Responsibilities

If the Child Safety Specialist is not present during the protective action decision, the OCWI Investigator, if applicable, will complete the Protective Action (Page 1), CSO-1034A,and Protective Action / Safety Plan Signature Page, CSO-1034C). Give a copy of both documents to the caregiver and, if applicable, the safety monitor. Scan a copy into the Case Notes (LCH080) window under the note type, "OCWI Investigation."

If the Child Safety Specialist is not present during the safety plan decision, the OCWI Investigator, if applicable, will complete the Safety Plan (Page 1), CS0-1034B, and Protective Action / Safety Plan Signature Page, CSO-1034C). Give a copy of both documents to the caregiver and, if applicable, the safety monitor. Scan a copy into the Case Notes (LCH080) window under the note type, "OCWI Investigation."

Substantiating Maltreatment

Existing DCS Policy regarding substantiation procedures applies. The department is responsible for completing a thorough assessment and making the determination to propose substantiation or unsubstantiate the allegations of abuse or neglect.

If the information gathered during a joint investigation with the OCWI reveals another allegation relating to criminal conduct that was not entered on the DCS report, the OCWI Investigator will call the Child Abuse Hotline to report the additional allegations. If the information gathered during the investigation reveals another allegation that does not relate to criminal conduct that was not entered on the DCS report, the Child Safety Specialist will report the allegations to the Child Abuse Hotline. This will not generate a new DCS report; the information will be added to the current report.

Documentation

OCWI Responsibilities

The OCWI Investigator will complete the Investigation Allegations Findings (LCH048) window for the allegations relating to criminal conduct in accordance with DCS Policy & Procedure (Chapter 2: Section 5 – Substantiating Maltreatment). The OCWI Investigator will email the DCS Supervisor to inform him/her that findings have been entered and are ready for approval.

If the information gathered during the investigation reveals another allegation relating to criminal conduct that was not entered on the DCS report, the OCWI Investigator will enter the After Investigations Findings Detail (LCH050) window and then complete the Investigation Allegation Findings (LCH048) window.

The OCWI Investigator will enter information as to whether criminal conduct was confirmed in the Investigation Tracking Characteristics Finding Detail (LCH049) window.

Child Safety Specialist Responsibilities

The DCS Supervisor will review the finding entered by the OCWI Investigator. If the DCS Supervisor concurs with the finding, the DCS Supervisor will approve the findings statement in the CHILDS system. If the DCS Supervisor disagrees with the finding, the DCS Supervisor will email the OCWI Manager to schedule a telephone staffing to address the concerns. If the DCS Supervisor and OCWI Manager are unable to reach a consensus regarding the finding, they will elevate the issue through their chains of command.

The Child Safety Specialist will complete the Investigation Allegations Findings (LCH048) window for all other allegations.

If the information gathered during the investigation reveals another allegation that does not relate to criminal conduct, the Child Safety Specialist will enter the After Investigations Findings Detail (LCH050) window and then complete the Investigation Allegation Findings (LCH048) window.

The Child Safety Specialist will enter information as to whether all other tracking characteristics were confirmed in the Investigation Tracking Characteristics Finding Detail (LCH049) window.

Emergency Interventions and Removals
On joint investigations with the OCWI, the OCWI Investigator and Manager have the primary responsibility for the decision to remove a child. The OCWI Investigator will consult with the Child Safety Specialist and Law Enforcement to make a determination as to whether the child requires protection. The OCWI will consider the following factors in assessing child safety and conducting a protection assessment:

- Will the non-offending parent or guardian protect the child? Did the non-offending parent act in a protective capacity prior to and throughout the investigation? Does the non-offending parent believe the child?
- Has the considered relative placement or guardian been cleared from possible involvement into criminality involving the affected child?
- Will the child's Victim Rights be preserved if allowed to remain in the home? This includes the right to be protected against harassment, intimidation or abuse and to be treated with respect, dignity and fairness, as applicable pursuant to Article II, Section 2.1, Constitution of Arizona.
- The nature and egregiousness of the alleged crime.
- In cases of child fatality, is the cause of death undetermined and will the Office of the Medical Examiner be performing an autopsy (post mortem exam)?
- Are any factors present upon initial response that suggest the child could be in danger?

The OCWI Investigator will also consult with the OCWI Manager for approval to remove a child. The OCWI Investigator may serve a Temporary Custody Notice to remove the child if it is deemed necessary to protect the child. If the DCS Supervisor is in disagreement with the removal decision he/she can seek conflict resolution through the DCS chains of command. During after-hours, if immediate contact cannot be made with the DCS Assistant Program Manager or OCWI Manager, follow the after-hours notification process and contact the next person to not delay resolution and the final decision. See the OCWI Policy, Protection Assessment/Removal Section.

The Child Safety Specialist is responsible for following existing policy on emergency interventions, including engaging the child's family to the greatest extent possible in discussions about the child's safety and planning for voluntary interventions that minimize intrusion in the life of the family. The Child Safety Specialist will be responsible for all child welfare functions following removal, including placement, filing of the dependency petition if a petition needs to be filed, and service provision.

Parental Notification of Removal
If the Child Safety Specialist is present for the removal of the child, the Child Safety Specialist will provide the parent or guardian:

- the Temporary Custody Notice, CSO-1000; and
- A Guide to the Department of Child Safety, CSO-1010.

If the child was removed from a setting other than the home of a parent or guardian, the Child Safety Specialist will complete the Notice of Removal, CSO-1039 and provide one copy to the appropriate individual at the place of removal.

If the Child Safety Specialist is not present, the OCWI Investigator will provide the Temporary Custody Notice to the parent or guardian. If the child was removed from a setting other than the home of a parent or guardian the OCWI Investigator will complete the Notice of Removal and provide one copy to the appropriate individual at the place of removal.

If the Child Safety Specialist was not present, the Child Safety Specialist will provide the A Guide to the Department of Child Safety, CSO-1010. to the parent or guardian. If the OCWI Investigator takes a child into temporary custody when the parent or guardian is not present, the Child Safety Specialist must follow DCSPolicy on how to notify the parent or guardian when emergency removal was done without the caregiver's knowledge (Chapter 2: Section 6 – Emergency Interventions and Removals).

Preliminary Protective Hearing
If the department files a dependency petition on a child that is the subject of a joint investigation with the OCWI, the Child Safety Specialist shall include the OCWI Investigator's name and contact information on the dependency petition worksheet. The Child Safety Specialist also shall confer with the OCWI Investigator prior to the hearing so that all the relevant information can be presented to the Court, as necessary. The OCWI Investigator may upon request by the Assistant Attorney General attend the Preliminary Protective hearing and be available to testify as to his/her investigation. The OCWI Investigator also shall be available to attend and testify as to his/her investigation at any subsequent hearing as requested by the Assistant Attorney General.

Documentation
Child Safety Specialist or OCWI Investigator
The Child Safety Specialist or OCWI Investigator responsible for the removal must complete the following:

- File one copy of the Temporary Custody Notice, CSO-1000, and/or the Notice of Removal, CSO-1039 in the DCS case record.
- Removal Status (LCH029) window in CHILDS.
- Removal Settings for Eligibility (LCH430)
- Legal Status (LCH100)

Safety Planning
On joint investigations with the OCWI, the Child Safety Specialist and Supervisor have the primary responsibility for the placement decision. The Child Safety Specialist, in

consultation with the OCWI Investigator and Law Enforcement, will determine the conditions necessary to ensure a child's safety following removal, including whether placement with a relative or person who has a significant relationship with the child is appropriate during the ongoing criminal investigation. If the OCWI Investigator is in disagreement with the placement decision he/she can seek conflict resolution through the OCWI and DCS chains of command. The placement cannot occur until resolution has been made. During after-hours, if immediate contact cannot be made with the DCS Assistant Program Manager or OCWI Manager, follow the after-hours notification process and contact the next person to not delay resolution and the final decision.

The Child Safety Specialist and the OCWI Investigator shall conduct a thorough assessment of the relative or person who has a significant relationship with the child who is being considered for a safety monitor or emergency placement. Obtain information to determine the safety monitor or potential emergency placement and members of his/her household are appropriate for this role, including completing a search for prior DCS involvement and a criminal records check with the Department of Public Safety. In addition, other areas to consider and analyze in making this decision are outlined in both DCS Policy (Chapter 2: Section 7 – Safety Planning, Safety Monitor tab) and OCWI Policy (Protection Assessment/Removal Section).

Areas to consider include whether the individual:

- Has demonstrated the ability to protect the child in the past (with or without DCS involvement) while under similar circumstances and family conditions;
- Believes the child's report of maltreatment and is supportive of the child;
- Is capable of understanding the specific threat to the child and the need to protect the child;
- Displays concern for the child and the child's experience and is intent on emotionally protecting the child;
- Has a strong bond with the child and that he/she is clear the number one priority is safety and well-being of the child;
- Is physically able to intervene and protect the child;
- Does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.;
- Is emotionally able to carry out a plan and/or to intervene to protect the child (not incapacitated by fear of maltreating person);
- Has adequate knowledge and skill to fulfill caregiving responsibilities and tasks. (This may involve considering the caregiver's ability to meet any exceptional needs that the child might have.);
- Has asked, demands and expects the maltreating adult to follow the conditions of the safety plan and can assure the plan is effectively carried out;
- Consistently expresses belief that the maltreating person is in need of help and that he/she supports the maltreating person getting help. (This is the individual's point of view without being prompted by CPS.);

- While having difficulty believing the other person would maltreat the child, the individual describes the child as believable and trustworthy;
- Has adequate resources necessary to meet the child's basic needs, including the financial ability to provide for the child during the prolonged absence of the maltreating person;
- Is cooperating with the Child Safety Specialist's efforts to provide services and assess the specific needs of the family;
- Does not place responsibility on the child for the problems of the family;
- Is cooperating with all aspects of the criminal investigation as requested law enforcement; and
- If applicable, understands the maltreating person is wanted by law enforcement and/or has been charged and is awaiting criminal proceedings involving an offense listed in ARS 8-801. In such cases, the placement will not place the child at risk of contacting the offender.

Also, the joint investigative team will determine whether the parent or guardian should be permitted to have any contact with the child during the ongoing criminal investigation. The Arizona Crime Victims' Rights should be followed for the child. If it is decided that the child should not have contact with the parent or guardian, the Child Safety Specialist can obtain a no contact order during the Preliminary Protective Hearing.

If the OCWI is involved, and a Protective Action Plan or Safety Plan is in place, the Child Safety Specialist and Supervisor must schedule a staffing with the OCWI Investigator and Manager to discuss the status of the criminal investigation prior to lifting the Protective Action Plan or Safety Plan or returning the child to the home.

Documentation

Child Safety Specialist Responsibilities

The Child Safety Specialist will use the CSRA to document the assessment and identification of impending danger in Section III B – Analysis and Conclusion of Impending Danger. If the Child Safety Specialist is present, if applicable, he/she will complete the Safety Plan (Page 1), CS0-1034B,) and Protective Action / Safety Plan Signature Page, CSO-1034C). Give a copy of both documents to the caregiver and, if applicable, the safety monitor. File or scan a copy in the case record.

OCWI Responsibilities

If the Child Safety Specialist is not present during the safety plan decision, the OCWI Investigator, if applicable, will complete the Safety Plan (Page 1), CS0-1034B, and Protective Action / Safety Plan Signature Page, CSO-1034C. Give a copy of both documents to the caregiver and, if applicable, the safety monitor. Forward a copy of the Child Safety Specialist to be filed in the case record.

Team Decision Making

The Child Safety Specialist and Supervisor will notify the OCWI Investigator regarding any scheduled Team Decision Making (TDM) meetings, and may consult with the OCWI regarding any case information pertaining to the criminal conduct allegations and investigation. The OCWI Investigator shall attend the Emergency Removal TDM meeting or Considered Removal TDM meeting.

Per Chapter 2, Section 8:Team Decision Making, if the child is part of a case where the report alleges criminal conduct or the case involves an ongoing criminal investigation or current or pending prosecution, communication between the Child Safety Specialist, OCWI Investigator, and Law Enforcement should occur prior to holding the TDM meeting. The Child Safety Specialist should also communicate with the Duty or assigned Assistant Attorney General (AAG) before the TDM meeting is held.

The following questions should be discussed with CPS, the OCWI Investigator, Law Enforcement, and the Duty or assigned AAG prior to the TDM meeting:

- What is the purpose of the TDM meeting (possible topics of discussion)?
- Are there participants who should be excluded from the TDM meeting? If so, why?
- Should Law Enforcement or an AAG be included in the TDM meeting? If so, why?
- Are there any specific topics that should not be discussed at the TDM meeting? If so, what and why?

If there are concerns that a TDM meeting may compromise the criminal investigation, the DCS Assistant Program Manager and OCWI Manager will discuss the issues to determine resolution and a final decision on whether or not to hold the TDM meeting.

The child victim and the alleged perpetrator will not be in the same room or on the phone together during a TDM meeting when the case involves:

- criminal conduct allegations or domestic violence;
- an ongoing criminal investigation;
- current or pending criminal prosecution; or
- the child victim feels threatened or unsafe.

No discussion regarding the criminal conduct allegation is to occur at any point during the TDM meeting.

Conflict Resolution

If at any time during a joint investigation with the OCWI, there is a disagreement with critical decisions that could impact child safety or the criminal investigation (e.g. removal decision or placement decision), the Child Safety Specialist and OCWI Investigator may elevate the issue through their chains of command to seek resolution. If needed, the DCS Supervisor and Assistant Program Manager may continue to elevate the issue to his/her chain of command for additional guidance.

If the issue cannot be resolved at the lowest level within the chains of command, the conflict resolution process will be as follows:

- OCWI Manager and DCS Program Manager
- OCWI Chief, Deputy Director of Field Operations, and In-House Counsel
- DCS Director

Safeguarding Case Records

The department's case records are confidential and shall not be released, except as specified by law. Information received from the OCWI, including the OCWI documentation within the CHILDS case record, is DCS information and subject to the same confidentiality protection afforded all DCS information.

When a case involves a cooperative investigation with the OCWI and a records request is received or a dependency is initiated, the Child Safety Specialist will contact the OCWI Investigator prior to releasing any information.

In an open dependency case, the Child Safety Specialist has an ongoing duty to disclose information, including information that was received from the OCWI, to the other dependency parties unless disclosure could:

- endanger a person,
- identify the reporting source of a DCS report,
- cause specific, material harm to an investigation, or
- violate a federal or state law.

Within 24 hours prior to the preliminary protective hearing, the Child Safety Specialist must disclose all DCS information to the other parties in the dependency. The Child Safety Specialist must continue disclosing all DCS information to dependency parties throughout the life of the dependency within five days of creating or receiving the information. In addition, the department is required to promptly provide DCS information regarding a case of child abuse, abandonment or neglect that has resulted in a fatality or near fatality.

The department is not required to release information when such release would cause a specific, material harm to a Department of Child Safety or criminal investigation or when such release would likely endanger the life or safety of any person. If the department releases information, it must take reasonable precautions to protect the identity and safety of the reporting source.

If it is believed that the release of records may harm a criminal investigation, the OCWI Investigator (or the Child Safety Specialist in a case not involving the OCWI) will contact the County Attorney's Office. If the County Attorney agrees that the disclosure of information would cause a specific, material harm to the criminal investigation, the County Attorney must provide DCS with written documentation supporting his/her assertion.

Documentation

Document all requests for confidential information in CHILDS using the Case Notes Window, designated as Collateral Contact type.

Forms

Protective Action (Page 1), CSO-1034A
Protective Action (Page 1)(Spanish), CSO-1034AS

Safety Plan (Page 1), CS0-1034B,
Safety Plan (Page 1) (Spanish), CS0-1034B,

Protective Action / Safety Plan Signature Page, CSO-1034C
Protective Action / Safety Plan Signature Page (Spanish), CSO-1034CS

A Guide to the Department of Child Safety, CSO-1010.

Notice of Removal, CSO-1039
Temporary Custody Notice, CSO-1000A

Related Information

OCWI and DCS Responsibilities Practice Guide
DCS Criminal Conduct Decision Making Tool

OCWI Policy

The Arizona Crime Victims' Rights

Legal

A.R.S. § 8-471. Office of child welfare investigations; training; responsibilities; annual report

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 5
Substantiating Maltreatment

Policy

The department shall enter an investigation finding within 45 days of the date that the department received the initial report information .

The department shall notify the alleged perpetrator (alleged abuser) and the reporting source (if source is a parent, guardian or custodian) of the investigation finding in writing at one of the following times:

- when the report is “unsubstantiated”; or
- when the report is “proposed substantiated perpetrator unknown”; or
- after the time to request a hearing on a proposed substantiated finding has lapsed without the department receiving a request for the hearing; or
- after a final administrative decision has been made on the proposed substantiated finding.

The department shall advise the parent, guardian or custodian of his or her right to appeal their proposed substantiated finding before entry of the finding into the CHILDS Central Registry and of the right to receive a redacted copy of the report.

If the investigation indicates the probability the reporting source knowingly made a false report, the Child Safety Specialist shall consult with the Attorney General's Office regarding referral to law enforcement.

Procedures

Making the Investigation Finding “Unable to locate”

If you are unable to complete the investigation because you are unable to find the child victim, refer to Unable to Locate Procedures in Assessment .

- Were reasonable efforts made to locate the child victim? See procedures in “Efforts to Locate the Child and Family”.
- Is the location of the identified child victim unknown despite reasonable efforts to locate the child?

- Is there insufficient evidence to conclude the child was abused or neglected without interviewing or observing the child?

Documentation
Enter a finding of "unable to locate" in the Investigation Allegation Finding Window (LCH048) when:

- the child victim cannot be located; and
- there is insufficient evidence to conclude that the child was abused or neglected without interview or observing the child.
- This finding will remain in CHILDS and is not subject to the appeals process.

Making an Investigation Finding
Consider the following questions in your investigation:

- Are there facts which support a probable cause finding that abuse or neglect occurred? PROBABLE CAUSE means the information gathered during the investigation would lead a reasonable person to believe that an incident of abuse or neglect occurred, and that the abuse or neglect was committed by the parent, guardian or custodian.
- Has any parent, guardian or custodian admitted being abusive or neglectful?
- Did the parent, guardian or custodians have reason to know another person would abuse or neglect the child? How did they know?
- Did the parent, guardian or custodian allow another person to abuse or neglect the child and fail to take appropriate action? How and when?
- Did the child provide age appropriate description and details of abuse or neglect?
- Did the child identify the person who caused the abuse or neglect?
- Are there any witnesses? What did they see? Did they document what they saw?
- Did you observe physical or behavioral signs of abuse or neglect? Are these signs consistent with the account provided by the child, witnesses or the alleged abusive parent, guardian or custodian?
- What do the reports of medical professionals, psychologists or other professionals indicate? If there are conflicting professional opinions, consult with a Multidisciplinary Team (including a physician) with 48 hours.
- Is there a diagnosis by a medical doctor or psychologist that the child is suffering serious emotional damage as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior that is the result of behavior by the parent, guardian or custodian?
- What do the reports of law enforcement indicate? What forensic evidence has law enforcement provided?
- To what extent is the information provided by members of the family consistent?

Additional information to be considered in substantiating or unsubstantiating the allegation:

- Is there a prior history of child abuse or neglect? Does the current report involve the same abusive parent, guardian or custodian and child? Does the current report

involve allegations similar in nature to previous reports?
- Is there a pattern of domestic violence or substance abuse by the child's caregivers that contributes to the child's abuse or neglect? Has this been verified by background checks, police contact, verbal reports from caregivers, the child, other collateral contacts or Child Safety Specialist observation?

Enter a finding of unsubstantiated when the information gathered during the investigation does not support that an incident of abuse or neglect occurred based upon a probable cause standard. This finding will remain in CHILDS.

Determining the credibility of information

Consider the following questions in your investigation:

- Is the child able to provide consistent descriptions or details about the abuse or neglect? Please consider the child's age and development.
- Is the child known by others to be truthful? Again, consider the child's age and development.
- Is the information corroborated by other independent evidence?
- Was the information provided at the same time as the incident or immediately after?
- Does the information contain sufficient detail?
- Was the information consistent throughout the investigation?
- Does the source of information have a motive to lie?
- Was the information prepared in the official course of business? (i.e. reports from police, emergency medical personnel, physicians).
- Is the reporting source related to the alleged abusive parent, guardian or custodian or has an interest in the outcome of the investigation?
- Is the reporting source of the information willing to sign a statement/affidavit or testify in a court proceeding?

Documentation of Investigation Finding

Using the Child Safety and Risk Assessment (CSRA), record all information obtained from persons interviewed, and correspondence received. Describe:

- the type of abuse or neglect that occurred;
- physical description or condition of the child;
- the shape, size, color, location of injuries;
- the unreasonable risk of harm to the child;
- physical condition of the home;
- statements from the psychologist or physician that the child is exhibiting severe anxiety, depression, withdrawal or untoward aggressive behavior which is caused by the parent, guardian or custodian;
- evidence of sexual activity involving a child;
- evidence of deliberate exposure of a child to sexual activity;
- evidence of reckless disregard of whether the child is physically present during sexual activity;

- evidence of the determination by a health professional that a newborn was exposed prenatally to a drug or substance;
- evidence of a diagnosis by a health professional that an infant under one year of age with clinical findings consistent with fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE);
- evidence that of the use by the mother of a dangerous drug, a narcotic drug or alcohol during pregnancy if the child, at birth or within a year after birth, is demonstrably adversely affected by this use;
- evidence of unreasonable confinement of a child;
- the reasons the information obtained and/or the persons providing the information are or are not credible;
- all facts obtained during the investigation that indicate the original report was made by a person who knew the allegation was false at the time the report was made; and
- reasons why the perpetrator is unknown.

Enter the finding using the Investigation Allegation Findings Window (LCH048) within 45 days of the date the department received the initial report information.

Proposing Substantiated
When the information gathered during the investigation supports that an incident of abuse or neglect occurred based upon a probable cause standard consult with and obtain the approval of the supervisor to determine the outcome of the investigation and investigation finding. Consult with the Protective Services Review Team (PSRT) Specialist when there is uncertainty or questions regarding whether the evidence supports the finding.

Remember, PSRT is neutral but is able to advise on the information needed to meet the criteria or on specific wording requirements for substantiation. PSRT cannot advise whether the worker should be substantiating or not. PSRT cannot act as a supervisor regarding substantiation. For additional assistance with substantiation please see the Substantiation Guidelines.

A person may request copies of their DCS reports and records by completing and submitting a notarized Request for Department of Child Safety Report, CSO-1100

Documentation
Enter Request Proposed Substantiate using the Investigation Allegation Findings Explain window (LCH242) within 45 days of the date the department received the initial report information. Upon supervisor approval CHILDS will alert PSRT (Protective Services Review Team).

When entering your Finding Statement, document services offered or provided to the family using the Investigation Allegation Findings Explain window.

This finding is subject to the appeals process and a hearing by the Office of Administrative Hearing (OAH) Administrative Law Judge

The alleged perpetrator can exercise the appeal process if they disagree with the finding. PSRT will notify the alleged perpetrator regarding the findings and how they can appeal the decision.

Proposing Substantiated Pending Dependency Adjudication
Enter a finding of "proposed substantiated pending dependency adjudication" when DCS or a private party file a dependency petition alleging abuse or neglect. Select Proposed Substantiated Pending Dependency Adjudication using the Investigation Allegation Findings Explain window (LCH242) within 45 days of the date the department received the initial report information. [ARS §8-802(C)(9)]

When entering your Finding Statement, document services offered or provided to the family using the Investigation Allegation Findings Explain window.

PSRT
The PSRT will enter the substantiated finding when the court adjudicates the child dependent based on an allegation of abuse or neglect contained in the dependency petition. The Child Safety Specialist may need to fax, email or interoffice the order adjudicating the child a ward of the court .

PSRT makes good efforts to locate these documents but is unable to always get the documents effectively. The Child Safety Specialist is responsible for getting the orders to the PSRT.

This finding is not subject to a hearing by the Office of Administrative Hearing (OAH)/Administrative Law Judge (ALJ).

Proposing Substantiated Perpetrator Deceased
After an investigation, when the evidence supports that an incident of abuse or neglect occurred based upon a probable cause standard, and the abusive parent, guardian or custodian dies prior to entry of the finding, the Child Safety Specialist will select Propose to Substantiate Perp Deceased. Enter this finding using the Investigation Allegation Findings Explain window (LCH242) within 45 days of the date the department received the initial report information. This finding will remain in CHILDS and is not subject to the appeals process. No notification is necessary as the perpetrator is deceased.

Proposing Substantiated Perpetrator Unknown

- Has all the evidence been thoroughly considered?
- After thorough consideration of the evidence, is the perpetrator unknown?
- Is there unreasonable risk of harm to the child? How?

After an investigation when the information gathered during the investigation supports that an incident of abuse or neglect occurred based upon a probable cause standard and the abusive parent, guardian or custodian cannot be identified. The Child Safety Specialist will enter a finding of Propose to Substantiate Perp Unknown using the Investigation Allegation Findings Explain window (LCH242) within 45 days of the date the department received the initial report information.

Determining if the reporting source knowingly made a false report
To determine if the reporting source knowingly made a false report, consider the following questions:

- Is there a likelihood of financial gain or other benefit to the reporting source?
- Has the reporting source admitted making a false report? To whom?
- Has the reporting source made a prior report where the evidence indicated the report to be false?
- Is there a history of family disputes?
- Are custody issues being decided concurrently with the report?
- Was the report made to harass, embarrass, intimidate or harm another?
- Have statements been made during the investigation which indicate retaliation?

Once you have determined the a reporting source made a false report, consult with the Attorney General's Office and your supervisor prior to referring a reporting source to law enforcement for knowingly making a false report.

Document a false report by adding the Tracking Characteristic FR (False Report Indicated) on the After Investigation Allegation Finding Detail window.

Providing Written Notification
The Child Safety Specialist will provide written notification at the conclusion of the investigation at the following times:

- When a **proposed substantiated** finding is made, notice shall be made" to the parent, guardian or custodian who is the alleged perpetrator (alleged abuser), using the Notice of Proposed Substantiation of Child Safety Report, CSO-1024

- After verifying the identified reporting source is the parent, guardian, or custodian; written notification shall be provided using a Notice of Child Safety Investigation Conclusion or Findings, CSO-1022 , for the following investigation findings:
  - **Unsubstantiated**
  - **Proposed substantiated perpetrator unknown**
  - **Unable to locate**

Note: This finding will remain in the CHILDS Case Management Information System and is not subject to the appeals process.

- When an **unsubstantiated finding** is made the parent, guardian or custodian who is the alleged perpetrator (alleged abuser), using the Notice of Unsubstantiated Child Safety Report, CSO-1023.

- When a **proposed substantiated perpetrator unknown** finding is made the parent, guardian or custodian who is the alleged perpetrator (alleged abuser), using the Notice of Proposed Substantiation of Child Safety Report (Perpetrator Unknown), CSO-1025.

File a copy of the notification letters in the case file.

Additional Procedure for DCS Supervisor
Review the case record to ensure that the evidence supports the finding. If additional information is necessary to support the finding, return the case to the Child Safety Specialist to obtain the additional information. Review and approve or modify the proposed finding within five days of completion of the investigation. For “proposed substantiated” findings or "proposed substantiated pending dependency adjudication", ensure that the Finding Statement and services offered or provided to the family are documented on the Investigation Allegation Findings window.

For “proposed substantiated” findings concerning an out-of-home care provider or child welfare agency, review and approve or modify the proposed finding within one day of completion of the investigation or the case conference.

Forms

Request for Department of Child Safety Report, CSO-1100
Request for Department of Child Safety Report (Spanish), CSO-1100S

Notice of Child Safety Investigation Conclusion or Findings, CSO-1022
Notice of Child Safety Investigation Conclusion or Findings (Spanish), CSO-1022S

Notice of Unsubstantiated Child Safety Report, CSO-1023
Notice of Unsubstantiated Child Safety Report (Spanish), CSO-1023S

Notice of Proposed Substantiation of Child Safety Report, CSO-1024
Notice of Proposed Substantiation of Child Safety Report (Spanish), CSO-1024S

Notice of Proposed Substantiation of Child Safety Report (Perpetrator Unknown), CSO-1025

Notice of Proposed Substantiation of Child Safety Report (Perpetrator Unknown) (Spanish), CSO-1025S

Notice of Duty to Inform, CSO-1005
Notice of Duty to Inform (Spanish), CSO-1005S.

Related Information

Substantiation Guidelines
Findings Statement Format

Protective Services Review Team Dependency Cases (Flyer), CSO-1124
Protective Services Review Team Dependency Cases (Flyer) (Spanish), CSO-1124S

Protective Services Review Team (Flyer), CSO-1125
Protective Services Review Team (Flyer) (Spanish), CSO-1125S

Legal

ARS § 8-201 Juvenile Court Definitions

ARS § 8-201.01Prohibitions

ARS §456 Investigative function; training; criminal offenses; definition

ARS § 8-807 DCS information; public record; use; confidentiality; violation; classification; definitions

ARS § 8-811 Hearing process; definitions

ARS §8-819 Determination of neglect

ARS §13-2907.02 False reporting; emergency response costs; classification; definitions

ARS §13-3620.01 False reports; violation; classification

A.A.C. R6-5-5509 Establishing Probable Cause of Child Maltreatment
A.A.C. R6-5-5510 Investigation Findings; Required Documentation

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 6
Emergency Interventions & Removals

Policy

If a child is in present or impending danger of abuse or neglect, the department shall provide emergency intervention to ensure the child's safety.

The department shall engage the child's family to the greatest extent possible in planning for voluntary interventions that minimize department intrusion while ensuring the safety of the child.

Procedures

The following circumstances indicate present danger and require emergency intervention:

- No caregiver is present and the child cannot care for him or herself or other children.
- A child has severe or serious non-accidental injuries or another condition that requires immediate medical treatment.
- A child requires immediate medical treatment of a life-threatening medical condition or a condition likely to result in impairment of bodily functions or disfigurement, and child's caregiver is not willing or able to obtain treatment.
- A child is suffering from nutritional deprivation that has resulted in malnourishment or dehydration to the extent that the child is at risk of death or permanent physical impairment.
- The home environment has conditions that endanger the child's health or safety, such as human or animal feces, undisposed garbage, exposed wiring, access to dangerous objects, or harmful substances that present a substantial risk of harm to the child.
- The child was physically injured as a result of living on premises where dangerous drugs or narcotic drugs are being manufactured.

- A doctor or psychologist has determined that a child's caregiver is unable or unwilling to provide minimally adequate care.
- A doctor or psychologist has determined that a child's caregiver has emotionally damaged and the child is exhibiting severe anxiety, depression, withdrawal, or aggressive behavior due to the emotional damage; and the caregiver is unwilling or unable to seek treatment for the child.
- The physical or mental condition of parent, guardian or custodian endangers the child's health or safety.
- Reported by the Department to be a missing child at risk of serious harm.

A Child Safety and Risks Assessment (CSRA) identifies other circumstances that place a child in impending danger requiring removal. The assessment shall include identification of family strengths and risk factors and an evaluation of all facts and circumstances surrounding a child and family situation, including the following:

- whether a law enforcement official or medical professional expresses concern about risk to the child victim if the child victim returns to or remains in the home;
- the alleged abuser's behavior towards the child victim;
- the behavior of other adults in the households behavior towards the child victim;
- whether the child victim resides with a parent or other adult who is willing and able to protect the child;
- whether the parent, guardian or custodian is abusing alcohol and/or drugs and how this behavior places the child at risk or abuse or neglect;
- whether the child at birth, or within a year of birth, is demonstrating adverse affects as a result of the mother's use of dangerous drugs or alcohol during pregnancy;
- the conditions of the home environment and whether those conditions threaten the child victim's safety or physical health;
- whether there has been a pattern of maltreatment, particularly a pattern of incidents of increasing severity;
- the nature and severity of the alleged maltreatment;
- whether DCS is able to provide services to the child or family to alleviate conditions or problems that pose a risk of maltreatment, without the need of removal;
- whether the child's caregiver refuses access to a child or declined an offer of in-home services;
- the family's strengths and risk factors;
- the child's current physical and mental condition; and
- whether the child victim has injuries that require immediate medical treatment.

When the Child Safety Specialist suspects that abuse or neglect has occurred, but a physician or other medical personnel is unable to confirm the abuse or neglect, or the Child Safety Specialist has received differing or conflicting medical opinions from the same or different physicians regarding the diagnosis or specific medical finding(s), the case including all medical opinions should be reviewed within 48 hours with:

- a physician who has substantial experience and expertise in child abuse and neglect diagnosis, or
- a multidisciplinary team (including a physician who has substantial experience and expertise in child abuse or neglect diagnosis, any attending physician, the Child Safety Specialist and the DCS Supervisor), or
- base intervention on the most serious diagnosis if a multidisciplinary team or expert medical consultation is unavailable.

If a multidisciplinary team or expert medical consultation is unavailable in your area, consult with your supervisor and have your supervisor or Assistant Program Manager contact the CMDP Medical Director at 602-351-2245. Otherwise, follow your Regional Operating Procedures to request assistance in arranging for expert medical consultation.

It is the responsibility of the Child Safety Specialist to engage the child's family to the greatest extent possible in discussions about the child's safety and planning for voluntary interventions that minimize intrusion in the life of the family. Alternatives that should be considered include:

- In-Home Solutions (Ensuring availability of needed services)
- Leaving Home And Going To A Safe Place
- Voluntary Placement Agreement
- Temporary Custody with Parental Knowledge
- Emergency Removal Without Caregiver Knowledge

As you are making a decision about which option is best for this child and family, ask yourself the following questions:

1. IN-HOME SOLUTION
Can the specific safety threats identified in the safety planning be successfully removed or modified by making specific, immediate changes in the living environment? For example

- Identifying an individual such as a grandparent, another member of the child's extended family including a person who has a significant relationship with the child or neighbor who can come into the home to support the family and maintain the child's safety;
- Ensuring that the family receives emergency food, clothing, shelter, utilities or other necessities;
- Removing the alleged abusive person from the home; or
- Connecting the caregiver to services that have been helpful in the past and to individuals who are supportive of the caregiver.

Are immediate services available to the caregiver that prevent or eliminate the need for removal?

- If so, can the parent get to the services? Confirm that the caregiver has made a connection with someone who can assist in the delivery of these services.

What makes you believe that these interventions will make the child safe?

2. LEAVING HOME AND GOING TO A SAFE PLACE
Sometimes the only solution is for the caregiver who is trying to protect the child to leave and go to a safe situation.

Can the parent, guardian or custodian and the child leave home and go to a safe place for at least a short period of time such as a relative's or friend's home?

Is there a shelter available that can provide temporary housing if no friend or relative can be identified?

If this is an option, the Child Safety Specialist needs to help the caregiver determine how employment or school issues will be managed?

3. VOLUNTARY PLACEMENT AGREEMENT
If there are no other voluntary alternatives, you may need to consider a voluntary placement. See Voluntary Placement.

Based on your assessment of the parent, guardian or custodian, do you think that the parent, guardian or custodian would place the child voluntarily until such time as the parent, guardian or custodian can create a safe living environment?

Based on your assessment, is it likely that the parent, guardian or custodian will be able to resolve the identified safety factors within the 90 days of the voluntary placement period?

If no voluntary emergency intervention can ensure the child's safety, consult with your supervisor and with the Attorney General’s Office when possible before removing the child from the home.

4. TEMPORARY CUSTODY WITH CAREGIVER KNOWLEDGE
Consider the following questions:
- Is temporary custody the only option to ensure the child's safety?
- Based on your assessment, is it necessary to remove the child immediately and that no other available option is appropriate and/or acceptable to the caregiver?

Provide to the parent or guardian:

- the Temporary Custody Notice, CSO-1000A; and
- A Guide to the Department of Child Safety, CSO-1010.

If the child was removed from a setting other than the home of a parent, guardian or custodian, complete the Notice of Removal, CSO-1039. Give one copy to an appropriate individual at the place of removal.

5. EMERGENCY REMOVAL WITHOUT CAREGIVER KNOWLEDGE

In emergency situations, a child may have to be removed without prior consultation if failure to do so would be a danger to the child.

If emergency removal of a child is necessary and prior consultation with a supervisor is not possible, notify the supervisor within two hours if the removal occurred during regular working hours or by 8:30 a.m. the next morning if removal occurred after regular hours.

The following reasons may require removal of a child without caregiver knowledge:

- Immediate need for medical or psychological examination;
- Provision of emergency out-of-home placement due to present danger to the child; or
- Identity or whereabouts of caregiver are unknown.

If the child was removed from a setting other than the home of a parent, guardian or custodian, complete the Notice of Removal. Give one copy to an appropriate individual at the place of removal. Proceed with verbal and written notice of parents, guardians or custodians.

Parental Notification

If a child is taken into temporary custody when the caregiver is not present, the Child Safety Specialist must do the following:

- Attempt to notify the parent, guardian or custodian immediately either in person or by phone.
- Provide the parent, guardian or custodian with written and verbal notification of the removal within six hours if he or she lives in or is incarcerated in Arizona or within 24 hours if he or she lives, or is incarcerated out-of-state. [ARS §8-823(A)]
    - Notify the parent, guardian or custodian in writing by delivering or express mailing the Temporary Custody Notice, CSO-1000, and A Guide to the Department of Child Safety, CSO-1010.
        - If available, write the date, time and place of the Preliminary Protective hearing on the Temporary Custody Notice.
        - If the date, time and place of the Preliminary Protective Hearing are not available at the time the Temporary Custody Notice is served, provide

written notice of this information to the parent or guardian within 24 hours of filing the dependency petition. [ARS §8-823(B)(7)]

- Verbally inform him or her of the reason for temporary custody.
- If it is necessary to notify the parent, guardian or custodian at his/her place of employment and he or she is not available, discreetly leave your name, phone number and department name , and request a return call.
- Child Safety Specialists must send a copy of the Temporary Custody Notice, to:
  - any divorced, non-custodial parent, regardless of the specific arrangements of the divorce agreement; and
  - any man alleged to be the child's father, whether or not his name appears on the birth certificate and whether or not allegations that he is the father are confirmed.
- If the address of the parent, guardian or custodian is not known, make reasonable efforts to obtain it by contacting relatives, friends, and/or employers. If the address cannot be obtained, initiate a search for missing parent with the Arizona Parent Locator Service. Refer to Finding Missing Parents, Relatives and Other Significant Persons.

Kinship Care

During instances of emergency removal of a child, placement with kin is the preferred option. Ask the parent, guardian or custodian to identify the child's grandparents, great-grandparents, adult siblings of whole or half-blood, aunts, uncles, first cousins and persons who have a significant relationship with the child who is willing and able to care for the child immediately, at least on a short-term basis? See Locating Missing Parent & Families; and Relative Search Best Practice Guide.

Is the grandparents, great-grandparents adult siblings of whole or half-blood, aunts, uncles, first cousins or persons who have a significant relationship with the child willing and able to protect the child from imminent abuse or neglect?

Has the caregiver followed through with the agreement to place the child with a grandparent, great-grandparent, adult sibling of whole or half-blood, aunt, uncle, first cousin or person who has a significant relationship with the child?.

Prior to placement of a child with a relative or person having a significant relationship with the child, complete an assessment of the person’s ability to provide a safe, nurturing environment for the child in accordance with procedures found in Providing Kinship Foster Care Services.

Emergency Removal of Siblings

The child's sibling shall also be taken into temporary custody only if reasonable grounds independently exist to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect. If siblings are removed the Child Safety Specialist must make **every possible attempt** to place them together.

Obtaining the Child's Medical Information
Obtain medical information about the child from the parent, guardian or custodian including:

- whether the child has a medical need or chronic illness that requires special care or treatment; and
- the name and telephone number of the child's physician.

If possible, obtain the parent's, guardian's or custodian's authorization to provide emergency medical care for the child. If the parent, guardian or custodian refuses or is unavailable, consult with a supervisor regarding authorization for procedures.

If the child has a medical need or chronic illness, make all reasonable efforts to contact the child's physician or the physician who most recently examined or treated the child to:

- Confirm the diagnosis of the medical need or chronic illness.
- Obtain information on the daily care and treatment required to meet the child's medical need or chronic illness.

A Temporary Notice and a Notice of Removal, shall be left with a Safe Haven provider if the name and address of the parent is unknown. Obtain a medical examination for a newborn left at a Safe Haven that is not a hospital or outpatient treatment center.

Returning the Child Home Prior to Filing a Dependency
A child who is taken into temporary custody for medical or psychological diagnosis must be returned within 12 hours, excluding weekends and holidays, unless the examination reveals abuse or neglect.

A child must be returned to the parent within 72 hours, excluding weekends and holidays, unless a dependency petition is filed when he/she is taken into temporary emergency custody because:

- the child is a victim of abuse or neglect, or
- it is determined that the child will imminently become a victim of abuse or neglect, or
- the child was physically injured or permitted to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug, or
- the child was reported by DCS to be a missing child at risk of serious harm. [ARS §8-821(G)]

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Documentation
File one copy of the Temporary Custody Notice, and/or the Notice of Removal, in the hard copy record.

Provide one copy of the Temporary Custody Notice, to the juvenile court judge.

Complete the following windows in CHILDS when a temporary custody notice has been issued:
1. Removal Status
2. Removal Settings
3. Legal Status

Document the safety plan and placement in Section III of the Child Safety and Risk Assessment (CSRA) and the Placement/Location Detail window.

Document the following in Section II of the CSRA:

- verbal and written notification of and reason for the child's removal to the parent, guardian or custodian;
- a parent, guardian's or custodian's response to the Temporary Custody Notice ;
- all reasonable efforts to contact with the child's physician or the physician who most recently examined or treated a child who has a medical need or chronic illness, and
- the daily care and treatment required to meet the child's medical need or chronic illness.

Document the results of the emergency DPS criminal history records check, Central Registry and CHILDS Case Management Information System check in Section I of the CSRA.

File one copy of the notice of the date, time and place of Preliminary Protective hearing in the hard copy record if the date, time and location of the hearing was not available at the time the Temporary Custody Notice was served.

Submit the Report to the Juvenile Court for Preliminary Protective Hearing and/or Initial Dependency Hearing as described in Court Reports. This report must be submitted to the juvenile court not later than the day before the hearing.

In addition, fill out and append the Verification, CT04600, found in the Court Document Detail. Submit the Verification to the Attorney General's Office for filing with the dependency petition.

Document the child's out-of-home placement using the Service Authorization Request and Service Authorization Provider Match windows and by following the procedures outlined in Placement Needs of Children in Out-of-Home Care.

Document the child's medical need or chronic illness, examination and child's physician information using the Medical Condition, Practitioner Detail and Examination Detail windows.

Forms

Kinship Placement Agreement and Notification of Resources, CSO-1129
Kinship Placement Agreement and Notification of Resources (Spanish), CSO-1129S

Notice of Removal, CSO-1039

Temporary Custody Notice (CSO-1000A)
Temporary Custody Notice, Spanish (CSO-1000AS)

Notice to Relative or Person Having a Significant Relationship with the Child (CSO-1103)

Response by Relative or Person Having a Significant Relationship with the Child (CSO-1104)

A Guide to the Department of Child Safety, CSO-1010.
A Guide to Child Protective Services, Spanish(CSO-1010S)

Related Information

Relative Search Best Practice Guide
Using the Removal Status Window Practice Guide

Legal

A.R.S. § 8-514 Placement in foster homes.

A.R.S. § 8-514.02 Placement with parent or relative

A.R.S. § 8-802 Child safety worker; fingerprint clearance cards; interview requirements; temporary custody limit; cooperation and coordination; alteration of files; violation; classification

A.R.S. § 8-821 Taking into temporary custody; medical examination; placement; interference; classification

A.R.S. § 8-822 Removal of child from home

A.R.S. § 8-823 Notice of taking into temporary custody.

Effective Date: February 14, 2014

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 7
Safety Planning

Policy

When a Child Safety and Risk Assessment concludes a child is unsafe, the department shall develop a safety plan to ensure the child's safety. The department shall determine the level of intervention necessary to manage the safety threats; identify services and supports that will enable the child to remain in their home, return to their home safely, or determine there is a need for out-of-home care.

If the Child Safety and Risk Assessment (CSRA) or the Continuous Child Safety and Risk Assessment (C-CSRA) concludes the child is safe, a safety plan is not required.

If the Child Safety and Risk Assessment (CSRA) or the Continuous Child Safety and Risk Assessment (C-CSRA) concludes that the child is unsafe, a safety plan is required. See Assessment of Child Safety and Risk.

The determination that a child is unsafe does not mean the child must be removed from the home. Often a child can be made safe by the help and supports of family members and community resources.

To ensure a sufficient safety plan is created, determine the level of intervention necessary to manage the identified safety threat.

The safety plan must be the least intrusive/restrictive intervention to the family and sufficient to control the safety threats (in-home, out-of-home, or combination). This means the most intrusive options are used only after all less intrusive options have been determined to be insufficient to assure safety.

A case cannot be closed when a safety plan is in effect.

Procedures

Evaluating Safety Planning Options

Evaluate the appropriateness of an In-Home Safety Plan using the following criteria:

- The caregivers are residing in the home which is an established residence.
- The home environment is stable enough for safety actions; safety services; and safety service providers can be in the home and be safe.
- The caregivers are willing:
    - to accept an in-home option as the continuing safety plan;
    - to accept services to be arranged within the home according to the continuing safety plan;
    - to be cooperative with those who are participating in carrying out the continuing safety plan (i.e. service providers) within the home;
    - to be agreeable to the designated tasks and time frequencies as set forth in the safety plan; and
    - to be agreeable to expectations set for them within the continuing safety plan.

Evaluate the appropriateness of an Out-of-Home Safety Plan as the only option to ensure the child's safety using the following criteria:

- Safety threats, as analyzed, are so extreme or occurring within the family in such a way that the child cannot remain safely in the home, preventing an In-Home Safety Plan.
- A child is out-of-control so as to prevent an In-Home Safety Plan.
- The nature of the home environment is chaotic, unpredictable or dangerous that the child cannot remain safely in the home, preventing an In-Home Safety Plan.
- The parent, guardian, or custodian are unwilling to accept an in-home option for the continuing safety plan; are unwilling to accept people, resources or safety services that are available for a continuing safety plan.
- The parent, guardian, or custodian's willingness to accept an in-home option for the continuing safety plan cannot be confirmed or relied upon.

Evaluate the appropriateness of a Combination Safety Plan as an option to ensure the child's safety using the following criteria:

- A safety monitor has been identified to manage the safety threat(s) in the home, but is temporarily unavailable at periodic planned intervals such work schedule, appointments outside the home, travel or other unavoidable absences.
- The child can be safely cared for by other available resources during the safety monitor's temporary absence such as child care, school, after-school programs, camp or other community resources.
- The Child Safety Specialist can confirm that the alternative caregiver/resource is available during the safety monitor's absence such as the child attends day care while the safety monitor works.

Consult your supervisor prior to developing the safety plan with the family.

Safety Planning

Safety Plans are actions taken to control and manage impending danger, have an immediate effect, be immediately accessible and available and contain safety and actions

only, not services designed to effect long-term change. It must be sufficient to ensure safety.

If the Child Safety and Risk Assessment (CSRA) or the Continuous-Child Safety and Risk Assessment (C-CSRA) concludes the child is unsafe, a Safety Plan (Page 1), CS0-1034B,and Protective Action / Safety Plan Signature Page, CSO-1034C, identifying the safety monitor) **is** required for all **non-licensed placement**s. Give a copy of both documents to the caregiver and if, applicable the safety monitor who is responsible for carrying out the plan. If an out-of-home safety plan is created, an assessment of the safety monitor's home must also be completed.

A full assessment of safety and risk is required for every child, however, Safety Plan (Page 1), CS0-1034B, and Protective Action / Safety Plan Signature Page, CSO-1034C, is not required if a child is placed in a **licensed foster home or facility**. Note: The visitation plan and/or case plan must identify any actions the licensed caregiver is expected to take to ensure the child's safety during contact with the parent(s). A placement packet should be provided and signed by the out of home placement as it outlines their responsibilities to the visitation, out of home care plan, services and/or contact allowed. See Case Planning.

Safety Plans are effective when they meet the following specified criteria:

- They are a written arrangement with the parent(s) and those who will help maintain safety (safety monitor) and the Child Safety Specialist.
- They clearly specify the safety threat(s) which are from a standardized set of safety factors and individually describe how they are seen within each family.
- They identify how each safety threat(s) will be managed.
- What the safety action will be and who will carry out the action. What is the suitability of this person (s)?
- Under what circumstances will they perform the safety actions (i.e. location, who else will be there,)?
- What time frames (frequency, duration, and exact times and days) will the safety actions occur?
- The availability and accessibility of safety monitors at the times the threats are present and need managing.
- A communication plan among participants.

DCS maintains responsibility and accountability for the sufficiency of the safety agreement and ensuring its implementation. Confirm the specifics of the safety plan address each safety threat.

Develop the safety plan with the family including the child, if age appropriate. The safety plan should directly relate to the safety threat which was identified. Agreement is preferred but not required to implement the safety plan

Safety Monitor
A safety monitor may be utilized to assist the Child Safety Specialist in ensuring child safety. The use of a safety monitor does not relieve the Child Safety Specialist of his/her responsibility for oversight and administration of the safety plan or continued assessment of the child's safety. Engage the family and ask their assistance in identifying appropriate individual(s) who can assist in ensuring the child's safety. When safety monitors are identified, assess their ability to use judgment and take actions that are and will continue to be protective of the child. Areas to consider include whether the individual:

- has demonstrated the ability to protect the child in the past (with or without DCS involvement) while under similar circumstances and family conditions;
- believes the child's report of maltreatment and is supportive of the child;
- is capable of understanding the specific threat to the child and the need to protect the child;
- displays concern for the child and the child's experience and is intent on emotionally protecting the child;
- has a strong bond with the child and that he/she is clear the number one priority is safety and well-being of the child;
- is physically able to intervene and protect the child;
- does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.;
- is emotionally able to carry out a plan and/or to intervene to protect the child (not incapacitated by fear of maltreating person);
- has adequate knowledge and skill to fulfill caregiving responsibilities and tasks. (This may involve considering the caregiver's ability to meet any exceptional needs that the child might have.);
- has asked, demands and expects the maltreating adult to follow the conditions of the safety plan and can assure the plan is effectively carried out;
- consistently expresses belief that the maltreating person is in need of help and that he or she supports the maltreating person getting help. (This is the individual's point of view without being prompted by DCS.);
- while having difficulty believing the other person would maltreat the child, the individual describes the child as believable and trustworthy'
- has adequate resources necessary to meet the child's basic needs;
- is cooperating with the Child Safety Specialist's efforts to provide services and assess the specific needs of the family; and
- does not place responsibility on the child for the problems of the family.

Note: When choosing a non-offending parent as a safety monitor, ensure you have adequately assessed their ability to protect the child. See Safety Monitor Criteria.

Obtain information to determine the safety monitor and members of his/her household are appropriate for this role, including completing a search for prior DCS involvement and a criminal records check with the Department of Public Safety. If the results of the

criminal records check are not immediately available, gather information from the prospective safety monitor regarding criminal history and complete a local law enforcement check. Within 24 hours, complete the criminal records check with DPS.

Once the safety plan is complete, supervisor review is essential. Make certain the plan is sufficient to assure safety, that is, a prudent judgment is made by the Child Safety Specialist and supervisor that the degree of intrusiveness and level of effort represented in the safety plan will be reasonably effective in protecting a child.

Safety Planning is an ongoing part of the role of the Child Safety Specialist. If a safety plan is developed, the safety threat(s) identified in the safety plan must be addressed in the case plan. See Family Centered Case Plan

Safety Monitor who is a qualified patient of medical marijuana
If a potential safety monitor is also a qualifying patient, designated caregiver or cultivator of medical marijuana, the following factors should be addressed in evaluating the safety monitor's suitability, reliability and ability to ensure child safety:

- any action taken by the potential safety monitor to ensure any child in the home does not have access to the marijuana, such as:
    - the marijuana is clearly labeled, out-of-sight and not accessible to the child,
    - if the potential safety monitor is authorized to cultivate marijuana plants for the patient's medical use, whether the plants are secured in an enclosed, locked facility,
    - if the potential safety monitor cooks with marijuana, whether any "resultant" food products are clearly labeled, out-of-sight and not accessible to the child.
- any action taken by the potential safety monitor to ensure any child in the home is not adversely affected by the patient's medical use of marijuana such as,
    - plans to consume (smoking, vaporization, infused edible food products, etc.) when the child is not present,
    - if the marijuana is smoked or vaporized, plans to ensure that the child is not exposed to "second hand" smoke or vapor;
        - whether there is another responsible un-medicated potential safety monitor in the home when consumption occurs,
        - if more than one potential safety monitor is a qualifying patient, plans to ensure that one potential safety monitor is un-medicated (established routine where one caregiver is un-medicated at all times);
- the effects of the "debilitating medical condition" and the medical use of marijuana on the potential safety monitor's ability to provide a safe home environment for the child, and meet the child's placement needs, including
- transportation to/from appointments, visitation, and other routine activities,
- any concerns by the potential safety monitor's (qualifying patient) physician about the caregiver's ability to provide for the child's safety and well-being.

Documentation

Document the safety plan on the Safety Plan (Page 1), (CS0-1034B,) and Protective Action / Safety Plan Signature Page, (CSO-1034C). Give a copy of both documents to the caregiver and the safety monitor who is responsible for carrying out the plan. File or scan a copy in the case record.

Document DPS and DCS checks for all non-licensed safety monitors in a Key Issue case note type.

Document a discussion with all non-licensed safety monitors about their ability to use judgment and take actions that will protect the child, and to be present with the child at all times when the threats are present.

If the child is removed:
Complete the following windows in CHILDS when a temporary custody notice has been issued:

- Legal Status
- Removal Status
- Removal Settings

Document the search for relatives in the Key Issue case note type.

In the C-CSRA, document the safety plan in Section II (Analysis of information and conclusions-safety plan).

DCS Supervisors
For Supervisors, document the Clinical Supervision Discussion and approval of the Clinical Supervision Decision in Section III. (Clinical Supervision Discussion).

Forms

Protective Action (Page 1), CSO-1034A
Protective Action (Page 1)(Spanish), CSO-1034AS

Safety Plan (Page 1), CS0-1034B,
Safety Plan (Page 1) (Spanish), CS0-1034B,

Protective Action / Safety Plan Signature Page, CSO-1034C
Protective Action / Safety Plan Signature Page (Spanish), CSO-1034CS

Related Information

Safety Monitor Criteria
Using the Removal Status Window Practice Guide

Legal

A.R.S. § 8-514 Placement in foster homes.

A.R.S. § 8-514.02 Placement with parent or relative

A.R.S. § 8-802 Child safety worker; fingerprint clearance cards; interview requirements; temporary custody limit; cooperation and coordination; alteration of files; violation; classification

A.R.S. § 8-821 Taking into temporary custody; medical examination; placement; interference; classification

A.R.S. § 8-822 Removal of child from home

A.R.S. § 8-823 Notice of taking into temporary custody

A.R.S. § 36-2801 et seq Arizona Medical Marijuana Act

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2 Section 8 - Team Decision Making

Policy

The Department will convene a Team Decision Making (TDM) meeting when an emergency removal of a child has occurred; the removal of a child is being considered; there is potential for disruption or an unplanned placement change occurs for a child in out-of-home placement; the permanency case plan goal may need to change or a child may begin the reunification transition to their family; or when a youth is in need of a discharge plan upon their exit from care.

A TDM meeting represents a strength-based decision making process to address the safety and placement of children. This is a collaborative process involving DCS, family (custodial and non-custodial parents and the child age 12 and older), family support, community members, and partnering agencies including, as applicable, tribal representatives.

An Emergency Removal includes when:

- a child has been physically removed from the custody of the parent, guardian or custodian and a Temporary Custody Notice (TCN) has been served; or,
- the Department requests a court ordered pick-up due to present danger or impending danger.

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A Considered Removal includes when:

- the results of the assessment of child safety threats and risk indicate the child is unsafe due to impending danger; or,
- voluntary services have been initiated and the safety threats and risk factors have not been sufficiently remediated and no safety plan can be implemented to ensure the child's safety in the home.

A Change of Placement Disruption/Placement Preservation occurs when:

- there is a potential placement disruption; or,
- an unplanned placement change occurs.

A Permanency Planning occurs when:

- there may be a recommendation for a change in the permanency goal; or,
- a child will begin the reunification transition to their family.

An Age of Majority/Program Disruption/Discharge occurs when:

- a youth in care is within 6 months of turning 18;
- a youth is in Voluntary Foster Care for Independent Living and wants to exit the program or is in non-compliance no later than 72 hours; or,
- a youth is in Voluntary Foster Care for Independent Living and is within 30 days of turning 21.

An Emergency or Considered Removal TDM meeting is not required when:

- the parent voluntarily places the child with a substitute caregiver pending completion of the assessment of child safety and risk;
- a TCN has been served, but the child is returned to the parent, guardian or custodian when no safety threat is identified;
- a TCN has been served, for no more than 12 hours, to obtain an examination of a child by a medical doctor or psychologist;
- the case involves a newborn infant left with a Safe Haven provider;
- a private dependency petition has been filed and the Department agrees with the allegation, placement and/or court orders;
- the Department has filed a dependency petition and the court has entered orders regarding placement, contact and visitation; or,
- only DCS staff and service providers are present.

An Emergency or Considered Removal TDM meeting may be held under the following circumstances:

- A private dependency petition has been filed and the Department disagrees with the allegation, placement and/or court orders; or,
- A child has been assessed as safe, but is at high risk of abuse or neglect.

A Change of Placement TDM meeting is not required when:

- a child is served through a Child and Family Team (CFT); or,
- any planned placement is made through a CFT.

Procedures

Criminal Conduct Allegations

If the child is part of a case where the report alleges criminal conduct or the case involves an ongoing criminal investigation or current or pending prosecution, communication between the Child Safety Specialist and Law Enforcement should occur prior to holding the TDM meeting. The Child Safety Specialist should also communicate with the Duty or assigned Assistant Attorney General (AAG) before the TDM meeting is held. If attempts have been made to contact Law Enforcement and detailed messages have

been left, the TDM meeting may be held without prior communication with Law Enforcement.

Do not discuss the criminal conduct allegation during the TDM meeting.

The following questions should be discussed with Law Enforcement and the Duty AAG prior to the TDM meeting:

- What is the purpose of the TDM meeting (possible topics of discussion)?
- Are there participants who should be excluded from the TDM meeting? If so, why?
- Should Law Enforcement or an AAG be included in the TDM meeting? If so, why?
- Are there any specific topics that should not be discussed at the TDM meeting? If so, what and why?

If any admission of personal responsibility occurs during the TDM meeting or further information is obtained about the allegations, the Child Safety Specialist will immediately notify and provide the information to the AAG and Law Enforcement to assist in the criminal investigation and prosecution.

The child victim and the alleged perpetrator will not be in the same room or on the phone together during a TDM meeting when the case involves:

- criminal conduct allegations or domestic violence;
- an ongoing criminal investigation;
- current or pending criminal prosecution; or
- the child victim feels threatened or unsafe.

Key Roles and Responsibilities

<u>Key Roles and Responsibilities – Child Safety Specialist</u>

The Child Safety Specialist, Supervisor and the TDM Facilitator are all responsible for ensuring decisions made during the TDM meeting ensure child safety. However, the final decision regarding child safety and the safety plan is the responsibility of the Child Safety Specialist and his/her Supervisor.

REMEMBER: *A Safety Plan is not required if the outcome of the TDM meeting concludes that the child is safe in his/her home.*

The Child Safety Specialist:

- Ensures that the safety decision is discussed and understood and that placement is least restrictive, least intrusive required to reasonably ensure child safety, and consistent with policy as follows:
    - In-Home

        - In-Home Safety Plan
        - Combination Safety Plan
        - In-Home Intervention
        - In-Home Dependency
    - Out-of-Home
        - Out-of-Home Safety Plan
        - Voluntary Placement Agreement
        - Out-of-Home Dependency

- Is knowledgeable of and skilled in the application of Department policy regarding child safety assessment, safety planning and risk assessment;
- Reviews the need for a TDM meeting with the DCS Supervisor;
- In consultation with the family, identifies participants or other individuals who need to attend the TDM meeting;
- Informs participants of the date, time and location of the TDM meeting;
- Explains the purpose of the TDM meeting to the family prior to the meeting;
- If applicable, arranges for a language interpreter or any ADA special accommodations for a participant;
- If applicable, arranges transportation for the parent, guardian, custodian or child to attend the TDM meeting;
- Identifies parent, guardian or custodian's Protective Capacities that may control the safety threat and strengths that may mitigate risk;
- To the fullest extent possible, ensures that family history/kinship information is gathered prior to or during the TDM meeting;
- Identifies formal and informal supports available to the family to assist in ensuring child safety;
- Is prepared to make a placement recommendation that ensures child safety, including a recommendation for legal custody. Specifies the authorized level of contact and visitation between child and parent, guardian or custodian, and child and any siblings in out-of-home care;
- Implements or follows-up with any identified tasks.
- Identifies the current or last school the child is attending or attended, whether or not the child is on an Individualized Education Plan or a 504 Accommodation Plan;
- For an **emergency removal** of a child based on present danger and where comprehensive information to complete the assessment of child safety and risk has not been obtained, summarizes the current case status; and articulates the immediate, significant and clearly observable condition that places the child in present danger; and identifies actions that can control the present danger threat
- For a **considered removal or emergency removal** of a child based on impending danger, articulates the outcome of the assessment of child safety and risk how the information collected directly supports the identification of a safety threat;
    - what specific family condition creates the safety threat;
    - who is creating the safety threat;

- if there is a non-offending parent, what has been his/her role or capacity to control the safety threat or has he/she been unable to do so;
- when does the safety threat occur;
- what precipitates the safety threat;
- what is the intensity, frequency, duration and pervasiveness of the safety threat; and
- why an in-home or combination safety plan will or will not ensure the child's safety.

- For a **change of placement of a child**, summarizes the current case status; articulates the cause of the potential or actual placement disruption; articulates what actions are needed to stabilize and preserve the current or next placement; and articulates the outcome of the current assessment of child safety and risk as it relates to the biological parent(s).
- For a **permanency planning goal change of a child**, summarizes the current case status; articulates why reunification is no longer an option; articulates what actions are needed to identify a long term permanency resource or connection for the child; and articulates the outcome of the current assessment of child safety and risk as it relates to the biological parent(s).

    - *Prior to scheduling a Permanency Planning TDM meeting, the Child Safety Specialist will discuss Permanency Planning with the assigned Assistant Attorney General.*

- For the **reunification of a child to his/her family**:
    - What is the present situation?
    - Have all risks and/or safety threats that brought the child into placement been reduced/eliminated? How?
    - Are there any other issues or concerns that have been identified or need to be addressed?
- For an **age of majority/program disruption/discharge of a child**, summarizes the current case status; articulates the reason for the potential or actual program discharge; articulates what actions are needed to successfully transition into adulthood.
- If any admission of personal responsibility occurs during the TDM meeting or if additional information obtained about the current allegations or possible new allegations of abuse or neglect, the Child Safety Specialist should immediately notify and provide information to the AAG.

<u>Key Roles and Responsibilities – DCS Unit Supervisor</u>

The Child Safety Specialist, Supervisor and the TDM Facilitator are all responsible for ensuring that decisions made during the TDM meeting ensure child safety. However, the final decision regarding child safety and the safety plan is the responsibility of the Child Safety Specialist and his/her Supervisor.

REMEMBER: *A Safety Plan is not required if the outcome of the TDM meeting concludes that the child is safe in his/her home.*

The DCS Unit Supervisor:

- Ensures that the safety decision is discussed and understood and that placement is least restrictive, least intrusive required to reasonably ensure child safety and consistent with policy as follows:
    - In-Home
        - In-Home Safety Plan
        - Combination Safety Plan
        - In-Home Intervention
        - In-Home Dependency
    - Out-of-Home
        - Out-of-Home Safety Plan
        - Voluntary Placement Agreement
        - Out-of-Home Dependency
- Is knowledgeable of and skilled in the application of Department policy regarding child safety assessment, safety planning and risk assessment;
- Schedules or designates another person to schedule the date, time and location of the TDM meeting;
- Reviews case circumstances and discussed the identified safety threat with the Child Safety Specialist prior to the TDM meeting;
- Attends the TDM meeting or identifies a designee to attend:
    - when requested by the Child Safety Specialist;
    - when requested by the TDM Facilitator;
    - when the Child Safety Specialist is a new employee within 6 months of hire date;
    - at his/her discretion; or
    - when a case has been identified as high profile;
- As necessary, participates in the case presentation at the TDM meeting;
- Is prepared to make decisions regarding child safety and placement including recommendations for legal custody in the event general agreement among the team to support recommendations cannot be obtained;
- Is prepared to make decisions regarding the authorized level of contact and visitation between child and parent, guardian, or custodian and child and any siblings in out-of-home care
- Ensures that the Child Safety Specialist implements or follows-up with any identified tasks; and
- Ensures that the Child Safety Specialist contacts the Assistant Attorney General, as required.

Key Roles and Responsibilities – TDM Facilitator

The TDM Facilitator:

- Ensures that the safety decision is discussed and understood and that placement is least restrictive, least intrusive required to reasonably ensure child safety and consistent with policy;
- Is knowledgeable of and skilled in the application of Department policy regarding child safety assessment, safety planning and risk assessment;
- Identifies any other individual who should attend the TDM meeting;
- Convenes and sets ground rules for the TDM meeting;
- Facilitates the TDM meeting through a solution-focused process, managing conflict;
- Ensures that all individuals are allowed to speak during the TDM meeting by eliciting information from all participants;
- Attends to the quality and thoroughness of information provided and guides the process to ensure that missing information is obtained and/or conflicting information is reconciled; and
- In "plain language" and in the primary language of the parent, guardian or custodian, summarizes agreements, communicates agreements to participants and provides a written summary report to participants outlining decisions and identified tasks within one business day (see Limited English Proficiency).

Scheduling the TDM Meeting

- The Child Safety Specialist will request a TDM meeting by completing and submitting the Team Decision Making Referral (CSO-1102)) to the DCS Supervisor within 24 hours of removal excluding nights and weekends and state holidays, or within 24 hours of determining that a child is unsafe or at high risk of harm.
- The DCS Supervisor or designee will:
    - schedule the Emergency TDM meeting to be held within 48 hours of removal excluding nights, weekends and state holidays.
    - schedule the Considered Removal TDM meeting as expeditiously as possible, but no later than seven calendar days of determining that a child is unsafe or at high risk of harm. In the interim, if a safety threat has been identified, a child safety plan must be in place to ensure child safety.
    - schedule the Change of Placement TDM meeting to be held within 48 hours of disrupted placement excluding nights, weekends and holidays. For potential disruptions, the meeting should be held as expeditiously as possible, but no later than 72 hours.
    - schedule the Permanency Planning TDM meeting before the permanency planning goal is changed. For reunification TDMs, the meeting is to be scheduled and held prior to transitioning the child to his/her family.
        - Prior to scheduling a Permanency Planning TDM meeting, the Child Safety Specialist will discuss Permanency Planning with the assigned

Assistant Attorney General.

- schedule the Age of Majority/Program Disruption/Discharge meeting within six months of the youth turning 18; within 30 days of the youth turning 21; and, for potential program disruption/discharge, as expeditiously as possible, but no later than 72 hours.
- provide the date, time, and location of the meeting to Child Safety Specialist.

Notification of the TDM Meeting

The Child Safety Specialist will:

- Have a conversation with the parent, guardian or custodian, and the child (age 12 and older) regarding the safety threats and the reason for the TDM meeting.
- Invite the parent (custodial and non-custodial parents including all alleged fathers), guardian or custodian and encourage the family to bring support persons (family, friends, relatives, community members, special friends/connections, if applicable, tribal representative, etc.) to the TDM meeting.
- For parents who cannot attend in-person (e.g. resides out-of-the-area, out-of-state, are incarcerated, etc.), to the fullest extent possible, arrange for his/her participation telephonically.
- Identify persons with whom the family has or will have contact (e.g. service providers, community partners, etc.) and invite them to the TDM meeting.
- If possible, provide a copy of the Team Decision Making (CSO-1088) to the parent, guardian or custodian prior to the TDM meeting.
- If possible, provide a copy of the Team Decision Making Nothing About Me Without Me (CPS-1039APAMNA) to the child age 12 and older prior to the TDM meeting.
- Notify the Assigned AAG of all TDM meetings involving cases where a dependency petition has been filed with the Juvenile Court.
- Discuss with the Duty AAG of TDM meetings even if a dependency petition has not been filed if:
    - The child is part of a case where the report alleges criminal conduct or the case involves an ongoing criminal investigation or a current or pending prosecution; or
    - The TDM meeting is being help on a case in which a Dependency Petition was dismissed within the previous six (6) months; or
    - The Child Safety Specialist and DCS Supervision wish to consult about legal options for a case

If Dependency Petition is filed, send a copy of the TDM Summary Report to the Duty AAG.

As appropriate, the TDM Facilitator/Child Safety Specialist will invite:

- the AZ Families F.I.R.S.T. representative;
- the Regional Behavioral Health Authority (RHBA) network representative.

Attorney Participation

Criminal Defense Attorneys

The Child Safety Specialist shall inform the parent that if an attorney is representing him/her in a criminal proceeding a criminal court order is required for the criminal defense attorney to attend the TDM meeting. If a court order is obtained, the criminal defense attorney can attend the TDM meeting, but should not be allow to question any of the TDM participants, except for his/her client.

Dependency Attorneys

The parent's or child's attorney may attend the TDM meeting; however no substantive legal issues should be discuss with the attorney at any time or in his/her present. Substantive legal issues included but are not limited to the factual or legal basis for the removal, criminal conduct allegations, the grounds for termination, or the sufficiency of the evidence. Privileged information such as attorney-client information, or confidential (private) information such as criminal history record information obtained from Arizona Department of Public Safety (DPS) or address also cannot be discussed. The role of parent's or child's attorney should be minimal and must only focus on safety planning. He/she cannot be considered as a possible safety monitor or as a placement for the child. He/she should not be allowed to question of the TDM participants except for his/her client.

The allegations of abuse and/or neglect should not be discussed in the TDM meeting or with the attorney outside the TDM meeting.

If an attorney for any participant is expected to attend the TDM meeting:

- obtain the attorney's name and phone number,
- ask the participant whether or not the attorney has been retained to represent him/her and in what capacity (e.g. is the attorney representing the participant in a dependency or criminal proceeding);
- confirm with the participant whether or not the attorney plans to attend and/or participate in the TDM meeting;
- inform the participant that if an attorney is representing him/her in a criminal proceeding involving the DCS matter, a Criminal Court Order is required for the attorney to attend and/or participate in the TDM meeting; and,
- Notify the Duty or Assigned Assistant Attorney General.

For an *Age of Majority/Program Disruption/Discharge* TDM meeting, attorneys representing the parent or child in the Dependency are encouraged to attend to assist in the development of the decision making process. The Child Safety Specialist should notify the AAG prior to the TDM meeting if an attorney for the parent or child plans on attending.

Emergency Removal TDM Meeting – Decisions that Are Made

The following decisions will be made at the emergency removal TDM meeting:

- decisions regarding child safety and placement including recommendations for legal custody and services; and,
- the level of authorized contact and visitation between child and parent and child and any siblings in out-of-home care (if applicable).

Emergency Removal TDM Meeting –Expectations of the Child Safety Specialist

The Child Safety Specialist will summarize the current case status including:

- the immediate, significant and clearly observable family condition that places the child in present danger and, if applicable, impending danger;
- any actions that can control threats of danger and/or the reason an in-home or combination safety plan will or will not ensure the child's safety;
- name and DOB of the child and the child's parents;
- current report allegations and any information collected to date about the allegations;
- child's current condition and location;
- child's maternal and paternal relatives;
- completed Protective Action Plan or Safety Plan, if applicable;
- prior DCS history including any pattern of behavior that affects child safety;
- if the child is placed with a family member including a person who has a significant relationship with the child:
    - complete an assessment of the caregiver's suitability, reliability and ability to ensure child safety including the completed Safety Monitor Checklist;
- any court order that denies or restricts contact, custody or visitation of the child by the parent, guardian or custodian or any other person in the home; and
- any outstanding order of protection against the parent, guardian or custodian or any other person living in the home.

Emergency Removal TDM Meeting –Facilitator

Introduction

- Explain that the purpose and goal of the TDM meeting is to obtain general agreement to support decision/recommendations regarding child safety, placement, legal custody, contact and visitation (if applicable) and services; however, DCS is ultimately responsible for child safety decisions regardless of whether general

agreement is achieved or not;
- Explain that information shared during the TDM meeting is confidential, but that there are certain limitations to this confidentiality; including the information may be used for case planning purposes and in court proceedings; shared with Law Enforcement (if applicable); and in completion of the investigation of the current (or subsequent) report of child abuse or neglect;
- Have each participant introduce himself/herself stating his/her role and relationship to child, family and case;
- Provide "ground rules" for TDM meeting; and
- Inquire and respond to any questions regarding the purpose and format of the TDM meeting.

Current Situation

- In "plain language" and in the primary language of the parents, guardians or custodians, the Child Safety Specialist and/or the parents, guardians or custodians will be asked to give his/her account:
  - of the precipitating event that led to the child's removal including the immediate, significant and clearly observable family condition that places the child in present danger or, if applicable, impending danger, and
  - of any Protective Action taken to control the present danger, if applicable, or Safety Plan to control and manage the safety threat.

Assessment of the Situation

All participants will be asked to provide information and perspective about the situation including:

- safety threats or concerns, if known;
- risks, if known;
- family strengths including protective capacities that may mitigate risks, if known,
- formal and informal supports available to assist the family to ensure child safety,
- current and past services, if applicable;
- past history; and
- stressors.

Develop Ideas

- Brainstorm and identify behavioral changes necessary to address the immediate, significant and clearly observable family condition that places the child in present danger or, if applicable, that control and manage the identified safety threats.
- These Ideas may be in the following areas:
  - placement
  - legal custody
  - a Protective Action Plan—actions to control the present danger threat to child safety.
  - if applicable, a Safety Plan to control and manage the safety threat.
  - services focused on changing caregiver behavior, if applicable.

Reach a Decision

- Strive to reach general agreement to support decision/recommendations regarding.
- child safety, placement, recommendations for legal custody and services.
- the level of authorized contact and visitation between the child and parent, and the child and any siblings in out-of-home care, if applicable.
- If general agreement to support the decision/recommendation with all team members cannot be reached, the Child Safety Specialist and Supervisor are ultimately responsible for the child's safety and the Protective Action Plan or Safety Plan, if applicable.
- The Protective Action Plan or Safety Plan must focus on child safety and be developed in the least intrusive, least restrictive manner and consistent with policy requirements.
- If the child is placed with a family member including a person who has a significant relationship with the child:
    - Complete an assessment of the caregiver's suitability, reliability and ability to ensure child safety including the completed Safety Monitor Checklist.

Recap/Evaluation/Closing

- Summarize decisions made regarding child safety, placement, recommendations for legal custody and services.
- Ensure everyone understands their responsibilities and deadlines.
- Ask if there are any questions and ensure they are answered, if possible.

Emergency Removal TDM Meeting **– Contingency Planning**

The Contingency Plan is an alternative plan (or a "back-up" plan) to ensure child safety. It describes what will occur if the agreed upon Protective Action or Safety Plan cannot be implemented within five (5) business days of the TDM meeting.

A Contingency Plan may be appropriate:

- when a Safety Monitor (substitute caregiver) has concerns about his/her ability to fulfill the terms of the Protective Action or, if applicable, Safety Plan,
- if the completion of background checks and home assessments for kinship placements may be denied, or
- to resolve pending legal issues such as change of custody.

Considered Removal TDM Meeting **– Decisions that Are Made**

The following decisions will be made at the considered removal TDM meeting:

- decisions regarding child safety and placement including recommendations for legal custody and services; and,

- the level of authorized contact and visitation between child and parent, and child and any siblings in out-of-home care, if applicable.

Considered Removal TDM Meeting –Expectations of the Child Safety Specialist

The Child Safety Specialist will be prepared to summarize the current case status including:

- name and DOB of the child and the child's parents;
- current report allegations and any information collected to date about the allegations;
- child's current condition and location;
- child's maternal and paternal relatives;
- status of the investigation including the outcome of the assessment of child safety and risk;
- status of progress made during any participation in voluntary services;
- prior DCS history including any pattern of behavior that affects child safety;
- if the child is placed with a family member including a person who has a significant relationship with the child:
    - complete an assessment of the caregiver's suitability, reliability and ability to ensure child safety including the completed Safety Monitor Checklist.
- any court orders that denies or restricts contact, custody or visitation of the child by the parent, guardian or custodian or any other person in the home; and
- any outstanding order of protection against the parent, guardian or custodian or any other person living in the home.

Considered Removal TDM Meeting –Facilitator

Introduction

- Explain that the purpose and goal of the TDM meeting is to obtain general agreement to support decision/recommendations regarding child safety, placement, legal custody, contact and visitation (if applicable) and services; however, DCS is ultimately responsible for child safety decisions regardless of whether general agreement is achieved or not;
- Explain that information shared during the TDM meeting is confidential, but there are certain limitations to this confidentiality; including the information may be used for case planning purposes and in court proceedings; shared with Law Enforcement (if applicable); and in completion of the investigation of the current (or subsequent) report of child abuse or neglect;
- Have each participant introduce himself/herself stating his/her role and relationship to child, family and case;
- Provide "ground rules" for TDM meeting; and
- Inquire and respond to any questions regarding the purpose and format of the TDM meeting.

Current Situation

- The Child Safety Specialist and/or the parents, guardians or custodians and other participants (if applicable) will be asked to give his/her account of the precipitating event that brought the child and family to the attention of DCS;
- In "plain language" and in the primary language of the parent, guardian or custodian, the Child Safety Specialist describes:
  - the safety threats (and/or risk factors if applicable) that cause the child to be unsafe due to impending danger—the specific family condition that creates the safety threat; and,
  - the Safety Plan or any action that will ensure the child's safety including potential Safety Monitors.

Assessment of the Situation

All participants will be asked to provide information and perspective about the situation including:

- safety threats or concerns;
- any identified risk factors;
- the parent, guardian or custodian's Protective Capacities that may control the safety threat and strengths that may mitigate risk;
- formal and informal supports available to assist the family to ensure child safety,
- current and past services, if applicable;
- past history;
- stressors; and
- any recommendations regarding safety and placement.

Develop Ideas

- Brainstorm and identify behavioral changes necessary to control and manage the identified safety threats.
- These ideas may be in following areas:
  - Safety Plan development including actions to control and manage the safety threats;
  - legal custody;
  - placement;
  - services focused on changing caregiver behavior, if applicable.

Reach a Decision

- Identify areas of agreement.
- Strive to reach general agreement to support decision/recommendations regarding:
  - Child safety, placement, legal custody recommendation and services
  - The level of authorized contact and visitation between the child and parent, guardian or custodian, and the child and any siblings in out-of-home care if applicable.

    - If general agreement to support the decision/recommendation with all team members cannot be reached, the Child Safety Specialist and Supervisor are ultimately responsible for the safety decision and Safety Plan.
- The Safety Plan should be developed in the least intrusive, least restrictive manner required to reasonably ensure child safety, and consistent with policy requirements.
- If a Safety Monitor is identified, the Child Safety Specialist must assess the caregiver's suitability, reliability and ability to ensure child safety prior to placement including the completed Safety Monitor Checklist.

Recap/Evaluation/Closing

- Summarize decisions made regarding child safety, placement, recommendations for legal custody and services.
- Ensure that everyone understands their responsibilities and deadlines.
- Ask if there are any questions and ensure that they are answered, if possible.

***Considered Removal TDM Meeting* – Contingency Planning**

The Contingency Plan is an alternative plan (or a "back-up" plan) to ensure child safety. It describes what will occur if the agreed upon Safety Plan cannot be implemented within five (5) business days of the TDM meeting.

A Contingency Plan may be appropriate:

- when a Safety Monitor (substitute caregiver) has concerns about his/her ability to fulfill the terms of the Safety Plan over a long-term basis;
- if the completion of background checks and home assessments for kinship placements may be denied; or
- to resolve pending legal issues such as change of custody.

Change of Placement TDM Meeting - **Decisions that Are Made**

The following decisions will be made at the change of placement TDM meeting:

- A decision regarding the cause of potential placement disruption and a plan to determine if services can preserve the placement;
- A decision regarding respite or short-term placement and a developed plan to transition the youth back to the original placement developed; or,

If Placement cannot be preserved and a new placement type is identified; a transition plan will be developed in the TDM meeting.

***Change of Placement TDM Meeting* –Facilitation**

Introduction

- Ground Rules
- Confidentiality
- Consensus-based however the agency owns the decision
- Current Situation
- What is the cause of the potential placement disruption?
- What actions are needed to stabilize and preserve the placement?

Assessment of the Situation

- Safety treats or concerns
- Identified risk factors
- The caretakers protective capacities that may control the safety threats and strengths that may mitigate risk
- formal and informal supports of the caretaker's family/child
- current and past services to support placement and child
- past history

Develop Ideas

- Brainstorming
- Discussion of services/supports to preserve placement and their feasibility for the child
- Discussion of other placement options that could best support and keep the child safe

Reach a Decision

- Implementing services/supports
- Explore placement options
- Identify areas of agreement
- Come to team agreement to support decision/recommendation including legal custody

Recap/Evaluation/Closing

- Summarize the decision
- Complete the TDM Summary Report

***Permanency Planning TDM Meeting* - Decisions that Are Made**

The following recommendations should be considered at the Permanency Planning TDM meeting:

- Child is has been returned and should remain with family
- Child should be returned to the family
- Child should remain out of the home
- Case plan goal remain Reunification;
- Case plan goal should change to Adoption*;
- Case plan goal should change to Permanent Guardianship*;

- Case plan goal should change to Independent Living; or
- Case plan goal should change to Long Term Foster Care.

*Prior to the scheduling the TDM the Child Safety Specialist should hold a Permanency Conference with the assigned Assistant Attorney General

***Permanency Planning TDM Meeting* –Facilitation**

Introduction
- Ground Rules
- Confidentiality
- Consensus-Based however the agency owns the decision

Current Situation
- What is the present situation?
- Have all safety threats/risks that brought the child into placement been reduced/eliminated? How?
- Why is reunification no longer an option?
- What actions are needed to identify a long term placement resource and connections for the child?

Assessment of the Situation
- Safety threats or concerns
- Identified Risk Factors;
- Strengths and supports in the family/child
- All individuals in the home and/or having access to the child been assessed for risk factors?
- The present level of risk to the child. Determine is the risk level is acceptable.
- Address living conditions, childcare,finances, health care and other issues that may not have been addressed?
- Review what supports that are in place.
- Address all other issues or concerns that have been identified.

Develop Ideas
- Brainstorming
- Discuss permanency options and their feasibility for the child
- Discuss the services that have been completed and what services that are continuing?

Reach a Decision
- Explore placement options.
- Identify areas of agreement.
- Come to team agreement to support decision/recommendation including legal custody.

Recap/Evaluation/Closing

- Summarize the decision
- Complete the TDM Summary Report.

***Age of Majority/Program Disruption/Discharge TDM meeting* - Decisions That Are Made**

The following decisions may be made at the Age of Majority/Program Disruption/ Discharge TDM meeting.

- Whether the youth should remain in foster care under a Voluntary Foster Care Agreement
- Supports for the youth to allow him or her to succeed under the Voluntary Foster Care Agreement are determined.
- Whether a Voluntary Foster Care Agreement should be terminated
- A plan for discharge when the youth exits foster care is developed

***Age of Majority/Program Disruption/Discharge TDM Meeting* – Facilitation**

Introduction

- Ground Rules
- Confidentiality
- Consensus-based however the agency owns the decision

Current Situation

- A youth in care is within 6 months of turning 18 and the plan for adulthood must be developed.
- A youth is in Voluntary Foster Care for Independent Living and wants to exit the program or is in non-compliance.
- A youth is in Voluntary Foster Care for Independent Living and is within thirty (30) day of turning 21 and a Discharge Plan must be developed.

Assessment of the Situation

- Determine the youth's strengths.
- Identify the concerns the team has about the youth's transition into adulthood.
- Determine the services/supports/placement needed to increase the likelihood of a successful transition into adulthood.

Develop Ideas

- Brainstorming
- Discuss of services/supports/placement to help the youth have a successful transition into adulthood.
- If the recommendation is discharge, determine the process for youth to re-enter care.

Reach a Decision

- Implement services/supports/placement.
- Identify areas of agreement.
- Come to team agreement to support decision/recommendation.

Recap/Evaluation/Closing

- Summarize the decision
- Complete TDM Summary Report
- If Voluntary Foster Care is the outcome, complete the appropriate agreements to implement Voluntary Foster Care.
- If discharge is the outcome, complete Discharge Packet (Preparing Youth Age of Majority Voluntary Foster care and Discharge Planning)

Management Review

A request for a Management Review should not be initiated simply because of a lack of general agreement, but rather when DCS staff including the TDM Facilitator who attends the entire meeting disagrees that the decision:

- does not ensure child safety;
- is not compliance with state and federal law;
- is not in compliance with Department policy requirements;
- is not the least restrictive, least intrusive placement decision required to reasonably ensure child safety.

The Management Review will be completed in the following order of preference:

1. the Assistant Program Manager,
2. the Deputy Program Manager, if applicable
3. the Program Manager,
4. the Child Welfare Program Administrator.

Whenever possible, the intent to request a Management Review should be stated at the TDM meeting. The reason for the Review shall be explained to the participants. The TDM Facilitator will first contact the Assistant Program Manager, if available, if not available, the TDM facilitator shall contact the Deputy Program Manager, if applicable, or the Program Manager. If neither are available and a final approval is needed, the TDM facilitator shall contact the Child Welfare Program Administrator. The TDM Facilitator will state the reason for the Review. The Child Safety Specialist and Supervisor will be given the opportunity to share his/her opinion about the reason for the Review. The Management Level Reviewer may ask for additional information prior to making a decision.

Documentation

The TDM Facilitator will:

- Complete the TDM Summary Report within one business day.
- Request the written translation of the TDM Summary Report in the parent, guardian or custodian's primary language, if applicable.
- Provide a written copy of the TDM Summary Report to all participants.
- Provide a copy of the TDM Summary Report including the Signature Sheet for the case record.

The TDM Facilitator will add the TDM Report into a Case Conference case note.

Forms

Team Decision Making Brochure, CSO-1088
Team Decision Making Brochure(Spanish), CSO-1088S

Team Decision Making (TDM) Referral, CSO-1102

Team Decision Making (TDM) Summary Report, (Age of Majority) CSO-1020A
Team Decision Making (TDM) Summary Report, (Placement Stabilization) CSO-1020B
Team Decision Making (TDM) Summary Report, (Permanency) CSO-1020C
Team Decision Making (TDM) Summary Report, (Emergency/ Considered Removal) CSO-1020D

Team Decision Making (A Guide for Teens), CSO-1085

Related Information

Safety Monitor Checklist
Safety Monitor Criteria
Protective Capacities
Limited English Proficiency
504 Accommodation Plan

Legal

Effective Date: September 20, 2013

Revision History: April 1, 2013, November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 2: Section 9
Children at Imminent Risk of Removal: Reasonable Candidate

Policy

For each child with a case plan of Remain with Family, the Department shall determine whether it is reasonable to believe the services described in the case plan are necessary to prevent the child's imminent removal from the home and placement in out- of-home care.

A child is considered at imminent risk of removal from his/her home if:

- The Department anticipates the child's impending entry into out-of-home placement; and
- Reasonable efforts are needed to prevent the child's removal.

The following children are not to be considered as potential candidates for out-of-home placement and do not need to be assessed for imminent risk of removal:

- Currently removed from the home;
- On a trial home visit with an open removal date;
- Over the age of eighteen years of age.

The Department shall review whether the child is at imminent risk of removal no less than every six months while the case is open and the child remains in the home.

Procedures

Imminent Risk of Removal

To determine if a child is at imminent risk of removal, analyze the information gathered with the Child Safety and Risk Assessment (CSRA) or Continuous Child Safety and Risk Assessment (C-CSRA) and give full consideration to the following situations:

- CSRA or the C-CSRA determines the child to be **unsafe** but an in-home or combination safety plan has been implemented to ensure child safety; or
- CSRA or C-CSRA determines the child as **safe** but high risk factors are identified.

A child is more likely to be at imminent risk of removal when:

- In-Home Dependency has been filed;
- In-Home Intervention is provided;
- High and moderately high risks have been identified that require intervention; or
- Intensive in-home services are provided to assist in addressing potential safety threats.

A child is unlikely to be considered at imminent risk of removal when:

- No risks have been identified as needing intervention; or
- The risks identified for the family are determined to be low to moderate.

For children with a case plan goal of Remain with Family, describe the services to prevent a child from entering foster care and document in the family centered case plan, which is developed jointly with the family. The case plan and documentation must **clearly show** that the case is being actively managed to **maintain the child at home** and to **prevent placement of the child in out of home care**.

Review the child's risk for imminent placement in out- of- home care no less than every six months while the case is open, and the child remains in the home. This review shall occur as part of the regular reassessment of the child's safety, risk, and case plan. At the time of review, if the child is still considered to be at imminent risk of removal, staff the decision with the Child Safety Specialist's Supervisor and document the justification.

Documentation
Select Yes/No as to whether, "absent effective preventative services, foster care is the planned arrangement for the child" when the case plan goal Remain with Family is selected.

Document the initial determination and when applicable, the re-determination, should a child remain a candidate for foster care after six months in the case plan.

Document the justification for the initial determination or re-determination for each child using the Case Staffing case note type.

Forms

Related Information

Legal

45 C.F.R. §1356.60. Fiscal requirements (title IV-E)

Effective Date: February 18,2016

Revision History:November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 1
Opening a Case For Services

Policy

Based on the results of the safety assessment/investigation and the results of the Child Safety & Risk Assessment , the department shall determine whether to

- close the case
- offer voluntary services or
- open a case for ongoing services.

If the case is going to be open for ongoing services the worker must determine if the services can be provided through a voluntary relationship with DCS, if a petition for in-home intervention is sufficient or if an In home or Out of Home Dependence Petition must be filed.

The existence of present or future risk of harm to any child in the family unit and if services and supports can mitigate the identified risks are the primary factors for Child Safety Specialists to consider when determining whether a case should be open for ongoing services.

Procedures

Deciding Whether or Not To Close A Case or Open for Services

To determine whether to close a case following investigation and assessment, consider these questions

- Are there no safety threats or critical risk factors that are severe enough to warrant ongoing department involvement to assure safety of the child?
- Does the family refuse to participate in voluntary services and are there no safety threats or critical risk factors severe enough to warrant a dependency action?
- Are some risk factors present, but the family has acknowledged them and is receiving support and services from extended family or community resources?
- Has the family moved and its whereabouts are unknown and have reasonable efforts to locate the family been made?

If the case is to be closed:

- Obtain management approval when severe or serious injury to a child has been substantiated.
- Refer the family to any community resources that may be able provide support or services, if need arises, now or in the future.
- Make certain that the family knows that they can contact DCS in the future if they need help.

Case to be closed and Child Safety Specialist is considering a referred to Families F.I.R.S.T. consider these additional questions

- Are there prior DCS reports in which substance abuse contributed to child abuse or neglect?
- Is there a history of prenatal substance abuse? How long?
- Are there current or prior reports of prenatal substance exposure to newborns (under 30 days of age) or to an infant (from birth up to one year of age)?
- Has substance abuse treatment been provided in the past? If so, who participated and how long?
- Is the family willing to participate in the Arizona Families F.I.R.S.T. Program?
    - Will participation in the Arizona Families F.I.R.S.T. Program reduce risk factors and enable the child to reside safely in the home without continued department involvement?
- If the decision is made that a case cannot be closed then it must be open for services.

If the decision is made that a case cannot be closed then it must be open for services

To determine whether to open a case for voluntary services

After completing the Child Safety and Risk Assessment .

- Are there unresolved safety threats or critical risk factors contributing to subsequent reports? If so,
- Does the parent agree that these safety threats or critical risk factors exist and is the family willing to work with the agency to resolve the issues?
- Does the family require services to address potential abuse or neglect issues that they cannot access without DCS involvement?
- Are there services that the department could provide on a voluntary basis (either directly or through referral to a community agency) to help the family address the safety threats or critical risk factors which led to the child's abuse and neglect?

If the answers to the above questions are yes, open a case for Voluntary Services

To determine whether to provide in-home services, consider these questions:

- If the family is unwilling to accept services voluntarily or appears unable to benefit from voluntary services, are there grounds for a dependency action?
- If the child is currently in the parent's, guardian's or custodian's home, can he or she remain there safely with the continuation or provision of services or supports?
- If the child is not currently at the parent's, guardian's or custodian's home, can he or she return home safely with a safety monitor in place and the provision of additional services or supports?

If no services or supports can ensure the child's safety at home at the present time, then out-of-home care must be provided.

Implementation

In offices in which Department of Child Safety Investigation is separate from Ongoing Services, transfer the case as soon as possible, but no later than 45 days after receiving the case for investigation.

If the case is not transferred within 30 working days and a case plan staffing is due within ten working days, the investigation worker shall conduct the staffing prior to the transfer.

Inform the client about the transfer, identifying the new case manager, if assigned.

All cases that are closed at investigation must be closed within 60 days of receipt of the report. The CSRA, the Investigation Allegation Findings window and/or Investigation Tracking Characteristic Findings window must be completed within 45 days of the date the department received the initial report information

Closing a Case When a Referral is Made to Families F.I.R.S.T

Prior to closing a case which has been referred to the Arizona Families F.I.R.ST. Program:

- Ensure that the completed PS-067, Referral for Services, has been sent to the Arizona Families F.I.R.S.T. Provider,
- Forward a copy of the PS-067 to the Substance Abuse Treatment Program Specialist at Site Code 940A.
- Obtain the Arizona Families F.I.R.S.T. provider notification that the family refused to participate in substance abuse treatment. This notification should be received

within five (5) days from the date of the referral to the Arizona Families F.I.R.S.T. provider, or
- Obtain the Arizona Families F.I.R.S.T. provider notification that the family accepted and completed a service plan for substance treatment. (This notification should be approximately fourteen (14) days from the date of the referral to the Arizona Families F.I.R.S.T. Program provider).
- Obtain supervisory approval for case closure when substance abuse contributed to the substantiation of prior reports of severe or serious injury or neglect.

Documentation

Prior to case closure or transfer, ensure that the following windows are completed:
- Child Safety and Risk Assessment
- Joint Investigation Detail (if applicable)
- Report Detail
- Investigation Detail
- Investigation Allegation Findings
- Investigation Tracking Characteristic Findings
- Determination of Case Status

Enter the finding and tracking characteristic if applicable in the Investigation Allegation Findings window and/or Investigation Tracking Characteristic Findings window within 45 days of the date that the department received the initial report information.

Document the results of the investigation within 45 days of receipt of the report in the Child Safety and Risk Assessment

Supervisors document the results of the supervisor consultation in Child Safety and Risk Assessment

Document the determination of case status by completing the Determination of Case Status window.

Update CHILDS to reflect any changes in the case status.

File a copy of the PS-067 in the hard copy record.

File the notification from the Arizona Families F.I.R.S.T. Provider in the hard copy case record.

Forms

Court Document Directory:

PS-067 Request for Services
PS-06711 Arizona Families F.I.R.S.T.

Related Information

Legal

A.R.S. § 8-801Dependent Children Definitions

A.R.S. § 8-457 Service Coordination Function

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 2-Family Centered Case Planning and Reassessment of the Case Plan

Policy

The Department shall facilitate an individualized, written, family centered case plan, consistent with the requirements of federal and state law for every child, youth, and family receiving ongoing services from the Department.

The Department shall develop a proposed case plan as part of the Preliminary Protective/ Initial Court Hearing Report for in-home and out-of-home cases when limited information is available. The proposed case plan shall include:

- Permanency goal and expected date of achievement;
- Concurrent goal and expected date of achievement, if applicable; and
- Visitation plan.

The Department may propose a case plan of "undetermined" when the Department is considering severance, such as when there are aggravating circumstances; the Department is still required to include services in the plan until relieved by the Court.

The Department requires the following case plan components for all case plans other than a proposed case plan:

- Permanency Goal
- Concurrent Goal
- Placement Type
- Reasons Why DCS Is Involved With Your Family
- Desired Family Behaviors
- Services to Help the Family
- Child's Needs, Supports, and Services (medical, educational, and psychological)
- Educational Stability
- Young Adult/ Independent Living
- Visitation Plan
- Out- of- Home Care
- Adoption

- Case Plan Agreement

The Department shall conduct a case plan staffing and create the case plan:

- Within 60 days of the case being identified to receive voluntary in-home services; or
- Within 60 days of the child(ren)'s removal from home; or
- Within 10 working days of a child's placement with a Voluntary Placement Agreement.

The Department shall conduct a case plan staffing and reassess the case plan:

- At least every 6 months; and
- At specified key decision points in the life of a case, including when a change in the permanency goal is considered or there is a significant change in case circumstances.

The Department shall involve the family receiving DCS services and members of the service team in the development of the case plan and invite them to the case plan staffing. If the parents are unwilling or unable to participate in the case plan development, the Department must document its efforts to engage the parents in the process.

For children age 14 years and older, the Department shall develop the case plan in consultation with the youth and include:

- The child's education, health, visitation, and court participation rights;
- The right to receive a credit report annually, if available; and
- A signed acknowledgement that the child was provided these rights and that they were explained in an age-appropriate way.

Procedures

Develop a proposed case plan as part of the Preliminary Protective/Initial Court Hearing Report for in- home (intervention and dependency cases) and out-of home dependency cases. Develop a proposed case plan when limited information is available and revise during the process of creating a case plan with the family and service team through a case plan staffing.

Case Plan Components

Develop a Permanency Goal for all children with an expected date of achievement. See Selecting the Case Plan Goal.

Develop a Concurrent Goal for all children placed in out -of-home care with a case plan goal of family reunification where the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal. See Concurrent Planning.

Designate a Placement Type for children placed in out-of-home care. Placement type options include: Kinship, Foster Home, Group Home, Residential Treatment, Detention, Runaway, and Other.

Summarize the identified safety threats and risk factors that require Department intervention as identified in the most recent Child Safety and Risk Assessment (CSRA) or Continuous Child Safety and Risk Assessment (C-CSRA) under Reasons Why DCS is Involved With Your Family.

Describe Desired Family Behaviors for all parents, guardians, or custodians with a case plan goal of Remain with Family or Family Reunification. See Services and Supports to Achieve Permanency.

Case plans:

- Are time-limited, behaviorally specific, attainable, relevant, and understandable to all;
- Focus on both family and individual behavioral changes (objectives), which are directly linked to the identified safety threats;
- Include desired behavioral changes supported by specific and measurable tasks, services, and action steps needed to successfully achieve the goals;
- Include tasks and action steps that family members, the Child Safety Specialist (CSS), providers, and other service team members are willing and able to do to achieve goals; and
- Include an ongoing assessment of whether services are effective in enhancing protective capacities and changing behaviors.

Behavioral case plans:

- Directly and explicitly link to the safety assessment and identified safety threats and high risks;
- Clearly explain what needs to change in order for the children to be safe, in behavioral terms that families can fully understand;
- Identify specific interventions and actions to address and facilitate the changes in behavior necessary for children to be safe and to reduce high risk;
- Include an ongoing assessment of whether services are effective in enhancing protective capacities and changing behaviors;
- Consider the family's self-identified strengths and leverage these to motivate and produce behavioral change; and
- Should be viewed by the family as achievable.

The desired behavioral changes indicate the positive behaviors or conditions that will result from the change.

List the Services to Help the Family for all parents, guardians, or custodians with a case plan goal of Remain with Family or Family Reunification when the Department determines that there exists a present or future risk of harm to any child in the family and services may mitigate that risk. Services must be tailored to meet the specific needs of the family, and include services for the out-of-home caregivers where appropriate, to prevent removal of the child and/or reunify the family. See Services and Supports to Achieve Permanency.

Describe the Child's Needs, Supports and Services for children placed in out-of-home care to ensure that child's medical, educational, and psychological needs are addressed. Include the most recent information available regarding the child's needs and the identified services to address the needs.

- · Medical
  - Name and address of the child's health care providers;
  - Record of child's immunizations;
  - Known medical problems;
  - Known medication; and
  - Health information.
- · Educational
  - Address of the child's school;
  - Educational status including child's grade level;
  - Academic performance;
  - Special education services if applicable;
  - Attendance; and
  - Relevant education information.
- · Psychological/ Behavioral Health
  - Name and address of the child's behavioral health care providers;
  - Behavioral health diagnosis;
  - Behavioral health medications; and
  - Behavioral health information.

For children age 14 years and older, document in the case plan developed with the youth:

- The rights of the child to education, health, visitation, and court participation; and
- The right to receive a credit report annually, if available, and to receive assistance resolving any inaccuracies.

Have the youth sign the Notice of Rights, which acknowledges that the child was provided their rights, and the rights were explained in an age-appropriate manner.

Describe Educational Stability for school-aged children placed in out-of-home care. School-aged children are entitled to remain in their original school even when they move to a foster placement in a different school district, to the extent feasible, unless it is against the parent or guardian wishes. When remaining in the original school is not

feasible, the Department works with the school district to enroll the child in a new school to meet his/her education needs. See Education for Children in Out of Home Care.

Attach the most recent Key Issue case note regarding Educational Stability, which documents the following:

- Efforts made to keep the child in his/her home school;
- Why it is not in the child's best interest to remain in the home school;
- Any delay in enrolling the child in school; and/ or
- Any delay in transferring the child's educational records to the new school.

Designate Young Adult/Independent Living for Children with a permanency goal of Independent Living. See Independent Living Services and Supports.

Describe the Visitation Plan for children placed in out-of-home care. See Services and Supports to Achieve Permanency.

Include the following information for children placed in Out-of-Home Care:

- Services and supports provided to the out-of-home caregiver to help him/her meet the child's needs or, when applicable, achieve a concurrent permanency goal or goal other than family reunification;
- Description of how the placement for the child is in the least restrictive (most family-like) setting available;
- Document that the placement has been provided the Out of Home Care Provider Statement of Understanding, which contains information about the "reasonable and prudent parent" standard.
- Description of how the placement is in close proximity to the home of the parent(s) when the case plan goal is reunification;
- How at least one of the child's caregivers speaks the same language as the child; and
- Description of how the placement is consistent with the best interests and special needs of the child.

For children with a permanency goal or concurrent goal of Adoption, include actions taken to identify an adoptive family. See Selecting the Adoptive Family.

Case Plan Staffing

Engage the parent, guardian, custodian, and, if applicable, child in the shared planning process to develop a family-specific case plan focused on the identified goal(s), safety threats, risk factors, and child specific needs and services. Work in partnership with families, natural supports, and providers to identify the family’s strengths and needs in order to achieve safety, permanency, and well-being.

Schedule the case plan staffing around the needs of parents, out-of-home care providers, and children.

Invite the following service team members to participate in the case plan staffing:

- Parents;
- Child, if age 12 years or older (See Notice of Rights for Children and Youth in Foster Care, CSO-1141);
- Extended family members;
- Out-of-home care provider;
- Licensing worker of out-of-home care provider;
- Service providers working with the family, such as the parent aide;
- Tribal social service representative;
- Court Appointed Special Advocate (CASA);
- Child's and/or parent's Regional Behavioral Health Authority (RBHA) case manager;
- Child's attorney and/or guardian ad litem;
- Parent's attorney and/or guardian ad litem; and
- Assistant Attorney General assigned to the case.

Inform youth who are age 14 years or older that they may invite two individuals selected by the child who are not the Child Safety Specialist or the foster parent to the case plan staffing. It is permissible to reject an individual selected by a youth to be a member of the case planning team at any time if there is good cause to believe that the individual would not act in the best interests of the child. One individual selected by a youth to be a member of the child's case planning team may be designated to be the child's advisor and, as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the child.

Invitees may also include:

- Other significant individuals with whom the child may be placed or who have knowledge of or an interest in the welfare of the child;
- Child Safety Specialist's supervisor;
- School personnel;
- Law enforcement personnel including probation and parole officers; and
- Other DCS personnel or contracted staff.

Inform service team members who cannot attend in person to the case plan staffing that they may provide a written report, a verbal report, or participate by conference call.

Review and discuss all components of the case plan. Ensure that the reasonable and prudent parent standard is discussed, and that the case plan includes information of each child's opportunity to regularly participate in age or developmentally appropriate activities.

Provide a copy of the case plan to all members of family and the service team, whether or not they attend the case plan staffing within 5 days of completing the case plan staffing.

Reassessment of Case Plan

Review the case plan during the case plan staffing at least every six months, and when there is a change in permanency goal or when there is a significant change in family circumstances to determine whether:
· Service(s) successfully addressed the identified safety or risk factors;
· The same service(s) or intervention(s) shall be continued for a specified period of time;
· Service(s) or intervention(s) shall be changed; or
· No available service or intervention will enable the parent to adequately address the safety or risk factors within a timeframe that meets the needs of the child, and a change in permanency goal should be considered.

Allow the family and involved professionals to have the opportunity to contribute to the revision of the case plan. Facilitate open communication regarding goals, services, and expectations documented in the case plan.

Assess the progress made to address the concerns identified in the last CSRA or C-CSRA, and complete a C-CSRA at the time of case plan reassessment. Use information gathered through written reports or evaluations and during contacts with the parents, the child, extended family members, the out- of-home provider, and other service team members to determine the revisions to be made to the case plan.

Provide a copy of the revised case plan to all members of the family and service team within 5 days of the case plan staffing being completed.

Confirm services have been initiated as scheduled, and are addressing the needs of the family.

Document the Case Plan Agreement for all case plans. The signature sheet is an acknowledgement that the CSS reviewed the case plan with the family and participants.

Ask the parties in attendance at the case plan staffing to sign the case plan agreement, and note whether they agree or disagree with the plan. Regardless of the participants' response, the signed agreement is considered the permanent plan for services and supports toward the case plan goal.

Documentation

File hard copy case plan agreement in the case record.

Create and document case plans in CHILDS Main Menu under Case Plan Directory. Follow the prompts to document all the necessary components of the case plan. See Case Planning Practice Guide.

If applicable, document the proposed case plan in the Preliminary Protective/Initial Court Hearing Report.

Document any identified safety threats and risk factors within the CSRA or C-CSRA in the Reasons Why DCS Is Involved With Your Family section of the case plan.

Document the Case Plan Effective Date, Date of Meeting Review Date, and Future Review Date in the case plan.

Document whether the participants agreed or disagreed with the case plan. If a participant is unsure, select "undetermined".

Document in the Notification Directory window or in a Case Note within 10 days, the case plan invitation and list of service team members invited to the case plan staffing.

Review and update the Medical/ Dental Condition Detail, Medication Detail, Practitioner Detail, Psych/ Behavioral Condition Detail, Participant Education Detail and Participant Education Condition windows upon occurrence.

Update the Family Relationship, Person Detail, Participant Detail and American Indian Detail windows upon occurrence.

Document in CASE Notes the detail of case plan staffings, including participation and input from parents, children, and other family members.

If changes in services need to occur between scheduled review dates, document these changes in a Case Note within 10 days.

Forms

Notice of Rights for a Child in Out-of-Home Care, CSO-1141.

Related Information

Child Safety and Risk Assessment Practice Guide
Continuous Child Safety and Risk Assessment Practice Guide
Child Safety and Risk Comparison
Risk Assessment Continuum
Family Centered Strengths and Risk Assessment and Interview and Documentation Guide

Legal

The Federal Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

The Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239).

A.R.S. § 8-457. Service Coordination Function

A.R.S. § 8-806. Voluntary placement; conditions; notice of placement; time limit; rules

A.R.S. § 8-813. Pre-placement investigation; medical examination; disposition

A.R.S. § 8-824. Preliminary protective hearing; probably cause; appointment of counsel

45 C.F.R. § 1356.21. Foster care maintenance payments program implementation requirements

45 C.F.R. § 1356.60. Fiscal requirements (title IV-E)

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 2.1
Selecting the Permanency Goal

Policy

For cases with court involvement, the Department shall specify a permanency goal in the child's case plan and submit to the court for approval. For cases without court involvement, the Department shall specify the permanency goal, as agreed upon by the family and service team members, in the child's case plan.

The Department's preference for selecting the permanency goal shall be as follows, unless the court finds that aggravating circumstances exist:

- Remain with Family;
- Family Reunification;
- Adoption;
- Permanent Guardianship;
- Another Planned Permanent Living Arrangement (APPLA); goal options include:
- Independent Living; and
- Long Term Foster Care

For children receiving out-of-home care services, the initial case plan goal shall be Family Reunification unless aggravating circumstances, or other compelling reasons to refrain from pursuing Family Reunification, exist. The Department shall seek to reunify families when the parent has successfully addressed safety threats and/or mitigated risk factors that prevented the parent, guardian, or custodian from caring for the child safely without the Department's involvement.

The Department shall recommend to the court that the permanency goal be changed from Family Reunification to another option and that reasonable efforts to reunify the family not be provided when a case plan staffing determines that:

- Reunification services are contrary to the child's best interests;
- Aggravating circumstances exist; or
- No available services or interventions will enable the family to address the safety and risk factors that prevent the child from living safely at home within a timeframe

that meets the needs of the child.

Aggravating circumstances relieving the Department of efforts to provide reunification services to the child and child's parent(s) include the following:

- The child previously was removed, adjudicated dependent due to physical or sexual abuse and, after the adjudication, the child was returned to the parent or guardian and then removed within eighteen months due to additional neglect or abuse;
- A party to the action provides a verified affidavit that states that a reasonably diligent search failed to identify and locate the parent within three months after the filing of the dependency petition or the parent has expressed no interest in reunification with the child for at least three months after the filing of the dependency petition;
- The parent or guardian is suffering from a mental illness or mental deficiency of such magnitude that it renders the parent or guardian incapable of benefitting from the reunification services. This finding shall be based on competent evidence from a psychologist or physician that establishes that, even with the provision of reunification services, the parent or guardian is unlikely to be capable of adequately caring for the child within twelve months after the date of the child's removal from the home;
- The parent or guardian:
    - Committed an act that constitutes a dangerous crime against children as defined in A.R.S. § 13-705; or
    - Caused a child to suffer serious physical injury or emotional injury; or
    - The parent or guardian knew or reasonably should have known that another person committed an act that constitutes a dangerous crime against children as defined in A.R.S. § 13-705; or
    - Caused a child to suffer serious physical injury or emotional injury;
- The parent's rights to another child have been terminated, the parent has not successfully addressed the issues that led to the termination, and the parent is unable to discharge his/her parental responsibilities;
- After a finding that the child is dependent:
    - The child has been removed from the parent on at least two previous occasions;
    - Reunification services were offered or provided to the parent/guardian after removal; and
    - The parent/guardian is unable to discharge parental responsibilities;
- The parent or guardian of a child has been convicted of:
    - A dangerous crime against children as defined in A.R.S. § 13-705; or
    - Murder or manslaughter of a child; or
    - Sexual abuse, sexual assault or molestation of a child; or
    - Sexual conduct with a minor; or
    - Commercial sexual exploitation of a minor; or

- Sexual exploitation of a minor; or
- Luring a minor for sexual exploitation; or
- The parent or guardian of a child has been convicted of aiding or abetting or attempting, conspiring or soliciting to commit any of the crimes listed directly above.

APPLA as the permanency goal may only be considered for children age 16 years and older and when family reunification, adoption, or permanent guardianship have been actively pursued by the Department and the goal is not attainable prior to the child reaching the age of majority.

The Department shall not change the permanency goal previously approved by the court or discontinue reunification services unless ordered by the court. Pending court approval of a change in the case plan goal, the Department shall increase efforts to implement the concurrent plan. See Concurrent Planning.

Procedures

Selecting the Permanency Goal

Select a permanency goal consistent with the Department's preferences (as listed in Policy), the needs of the child, and aggravating circumstances. Consider any specific directions from the court, and input from the parents, guardians or custodians, and child (age 12 years or older) and other service team members.

When selecting the permanency goal for the child, seek to maintain and support the child's relationship to his or her biological parents, extended family members, and other individuals with whom the child has an emotional attachment.

Aggravating Circumstances

Consult with a supervisor and the Assistant Attorney General to determine if there is sufficient documentation to recommend that the court relieve the Department of providing reunification services.

If certain aggravating circumstances are present the court may, after a hearing, relieve the Department of its duty to provide reunification services. If the court finds reunification services are not required, the court shall order an appropriate case plan and enter orders as necessary to achieve the case plan goal.

Compelling Reasons

Document a Compelling Reason why terminating the parent’s rights is not in the child's best interest and the permanency goal will not be changed when:

- The child is a ward of the court; and
- Committed to the care, custody, and control of the Department and has been in out-of-home care for a cumulative total period of 15 of the most recent 22 months; and
- The Department concludes that termination of parental rights (TPR) is not in the child's best interest. The compelling reason must explain why TPR is not required or is not in the child's best interest, such as:
    - The child does not consent to adoption,
    - The permanency goal is permanent guardianship, which does not require TPR, or
    - The parent is terminally ill.

Remain with Family as the Permanency Goal

Select a permanency goal of Remain with Family if the child is to stay with his/her family and the case is open for ongoing, in-home services. Determine if services can be provided through a voluntary relationship with the Department, if a petition for In-Home Intervention is sufficient, or if an In Home Dependency petition must be filed.

See additional information regarding in home services and case planning:
- Opening a Case For Services;
- Voluntary In-Home Services;
- In Home Intervention;
- In Home Dependency Filing; and
- In-Home Dependency Services.

Family Reunification as the Permanency Goal
Select a permanency goal of Family Reunification for children receiving out-of-home care services, unless aggravating circumstances exist. See Family Reunification Services.

Adoption as the Permanency Goal

Select a permanency goal of Adoption when all other permanency options (including remaining with the family) have been reviewed and:
- The Court has determined the child to be an abandoned infant;
- Aggravating circumstances exist;
- The Court has relieved the Department of providing reunification services;
- Family reunification is not in the child's best interest;
- A child's parent substantially neglected or willfully refused to remedy the circumstances that caused the child to be in an out-of-home placement and the child has been a ward of the court, committed to the care, custody and control of the Department and has been in out-of-home care for:
    - Six (6) months for children under 3 years; or
    - Nine (9) months children 3 years or over

- Child is a ward of the court, committed to the care, custody and control of the Department and has been in out-of-home care for a cumulative total period of 15 of the most recent 22 months, unless:
  - The Department did not comply with court ordered reasonable efforts by providing services that would enable the child to return home safety, or
  - There is a compelling reason that termination of parental rights is not in the child's best interest, and the reason is documented in the case plan.

Termination of parental rights either by consent (relinquishment) or by court order is necessary for every child in the care, custody and control of the department who has a case plan goal of Adoption. See Terminating Parental Rights.

Permanent Guardianship as the Permanency Goal

Select a permanency goal of Permanent Guardianship when family reunification and adoption are unlikely and/or a compelling reason not to terminate parental rights exist. See Permanent Guardianship.

APPLA/Independent Living as the Permanency Goal

For children age 16 years old and older, select a permanency goal of Independent Living when family reunification, adoption, or permanent guardianship are not achievable prior to the child reaching the age of majority. A permanency goal of APPLA does not preclude the Department from providing services that will support family reunification or adoption. APPLA as a permanency goal shall not be recommended for children who have regular, unsupervised visitation with their parent(s). See Independent Living Services and Supports.

APPLA/Long Term Foster Care as the Permanency Goal

For children age 16 years and older, select a permanency goal of Long Term Foster Care only when family reunification, adoption, and permanent guardianship are not in the best interest of the child, the child is expected to remain in out-of-home care at least until the age of 18 years, and the current placement has made a commitment to continue as a permanent supportive adult in that child's life. See Long Term Foster Care

Continue to undertake efforts to place the child permanently with a parent, relative, or in a guardianship or adoptive placement. Communicate with the out-of-home caregiver to ensure that the caregiver follows the reasonable and prudent parent standard, and the child has regular opportunities to engage in age or developmentally appropriate activities. Document these activities at each 6-month periodic review hearing and permanency hearing.

Documentation

Document the permanency goal for each child involved in the case within the case plan, in CHILDS Main Menu under Case Plan Directory.

Document the discussion during the case plan staffing for the selection or revision of the permanency goal using the Case Notes window, Staffing case note type, and in the next Progress Report to the Juvenile Court or Permanency Hearing Report to the Juvenile Court following the case plan staffing.

When APPLA is the case plan, document intensive, ongoing efforts to return the child home or secure a placement with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent, including efforts to utilize search technology (including social media) to find biological family members. Document not only the services and outcomes, but the barriers to successful outcomes and the strategies employed to address barriers. Document efforts, strategies, barriers, and outcomes in case notes and summarize in the Court Report for each 6 month periodic review hearing and/or permanency hearing. Ensure developmentally appropriate activities and document efforts to implement the reasonable and prudent parent standard by the out-of-home caregiver.

Document the request for Program Manager or Designee to review and approve Long Term Foster Care using the Case Note window designated as Management Contact type.

Document the request for Program Manager or designee review and approval of a Long Term Foster Care as Another Planned Permanent Living Arrangement goal using the Case Notes window designated as Management Contact type.

Program Manager or Designee: Document approval of a Long Term Foster Care using the Case Note window.

Forms

Related Information

Legal

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

The Preventing Sex Trafficking and Strengthening Families Act (P.L.113-183)

A.R.S. § 8-845. Disposition hearing

A.R.S. § 8-846. Services provided to the child and family

A.R.S. § 8-457. Service coordination function

A.R.S. § 8-533. Petition; who may file; grounds

A.R.S. § 8-862. Permanency hearing

Effective Date: February 8, 2016

Revision History: November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 2.2 Concurrent Planning

Policy

Concurrent permanency planning shall occur for all children in out-of-home care with a permanency goal of family reunification where the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal.

An assessment of the prognosis of family reunification shall be completed within 45 days of the child's initial removal.

If there is a poor prognosis for reunification, a planned set of concurrent planning activities will be implemented to ensure that potential or identified alternate caregivers are prepared to care for the child on a permanent basis if needed. These concurrent planning activities will assist in selecting the final concurrent permanency goal.

Within **six months** of actively working with the family on both the reunification plan and concurrent planning activities, a final concurrent permanency goal must be established.

Procedures

Implementation

Ensure that a thorough Child Safety Assessment and Family Strengths and Risks Assessment have been completed. Review the family's strengths, protective capacities, resources, and prognosis indicators. This information will be used to complete an assessment of the likelihood of family reunification.

Complete the Reunification Prognosis Assessment Guide for both parents no later than 45 days from the child's initial removal.

When the Reunification Prognosis Assessment Guide is completed and the prognosis of achieving family reunification is assessed as unlikely to occur within 12 months of the

child's initial removal, a planned set of concurrent planning activities will be implemented to ensure:

- identification and assessment of potential caregivers;
- placement of the child with suitable caregivers; and
- that the caregivers are prepared to care for the child on a permanent basis if needed.

At critical decision points in the life of the case (initial and subsequent case plan staffings; progress review, case plan reassessment, etc.), discuss and stress the importance of permanency with the parents, and inform the parents:

- of all available alternatives to achieve permanency for the child, including family reunification through successful change in behaviors or conditions that caused the child to be unsafe or at risk of future maltreatment; consent to adoption; consent to guardianship; and adoption through termination of parental rights;
- that if significant progress toward the behavioral changes listed in the case plan is not made by the time of the Permanency Hearing, the department may recommend, or the court may order the permanency goal be changed from family reunification to another permanency goal, such as adoption, permanent guardianship, or independent living as another planned permanent living arrangement.

As appropriate considering the child's age and developmental capacity, and for all children age 12 or older, at critical decision points in the life of the case (initial and subsequent case plan staffings; progress review; case plan reassessment; etc.) ensure the child is:

- informed of his/her role and rights in participating in the case plan and court proceedings;
- informed about the department's goal of achieving permanency for the child in a safe home;
- informed of all available alternatives to achieve permanency for the child, including family reunification through the parent's successful change in behaviors or conditions that caused the child to be unsafe or at risk of future maltreatment; consent to adoption; consent to guardianship; and adoption through termination of parental rights;
- made aware that individualized services addressing the reasons for child protective involvement are made available to families;
- informed about their parents' activities and progress toward reunification, unless returning home is not a possibility;
- helped to identify significant adults with whom relationships should be maintained; and
- encouraged to maintain optimal contact with the birth family and kin, or others with whom the child has a close relationship. It will be up to the Child Safety Specialist and the child to determine what optimal connection with their birth family will look

like including frequency of visits; visitation on special occasions; letter writing and sharing of pictures; e-mailing; etc.

Encourage the participation of parents, children, and, when appropriate, extended family members in the concurrent permanency planning process.

Once a need for concurrent permanency plan has been identified, the Child Safety Specialist will:

- simultaneously and actively pursue the Family Reunification plan; and

implement a planned set of concurrent planning activities including:

  - interviewing the child, parents, grandparents, other extended family members and other persons who have a significant relationship with the child to identify potential permanent caregivers for the child;
  - assess potential caregivers for the child by completing the assessment procedures in Kinship Care;
  - ensure that all potential caregivers and all adult household members are fingerprinted for a criminal records check;
  - ensure that a Central Registry check is completed on all potential caregivers and all adult household members;
  - ensure that the identified caregivers are aware of the need for concurrent planning and the child's need for a permanent placement in the event that reunification is not achieved;
  - transition the child into the home of the identified caregivers if the child is not already placed;
  - encourage the caregivers to pursue foster home licensing;
  - provide services to support the child's placement with the caregivers; and

- if a potential caregiver(s) has not been identified, complete an exhaustive search for such a home, following the procedures as outlined in Finding Missing Parents and Families Also see, Relative Search Best Practice Guide for best practice options; if available in your area, consider convening a family meeting such as TDM, FGDM, CFT, etc.;
- if a potential permanent caregiver is located out-of-state, initiate the home study process via ICPC;
- if an exhaustive search for potential permanent caregivers has been completed and no potential placement has been identified, or all identified potential caregivers have been ruled out, consider placement of the child with other resource families who:
  - are willing to work toward reunification, and
  - if necessary, provide a permanent home for the child if reunification is not achieved.

When the identity and whereabouts of the parents are known, provide written notification of the concurrent planning activities to the parents. If the parents were not available or missing, a copy of the case plan including concurrent planning activities should be provided to the parent's attorney and to the parents at the earliest opportunity. If the child is subject to the Indian Child Welfare Act, provide a copy of the plan to the child's and parent's tribe, and the child's Indian custodian.

The identification and assessment of alternate caregivers for a concurrent case plan of adoption shall only include individuals with whom the permanency plan of adoption can be finalized.

During contacts with the parent, continue to:

- stress the importance of permanency for the child;
- discuss all available alternatives to achieve permanency for the child, including family reunification through successful participation in services, consent to adoption, consent to guardianship, and adoption through termination of parental rights; and
- review progress toward the behavioral changes listed in the case plan.

Consider a progress review of the services and supports to achieve reunification every three months. Modify the services and supports with the parent as necessary.

Within six months of actively working with the family on both the reunification plan and concurrent planning activities, a final concurrent permanency goal must be established.

Based on the circumstances of the case and consistent with the child's best interests, select the concurrent permanency goal as follows:

- adoption;
- permanent guardianship; may only be selected as concurrent permanency goal when:
    - adoption is remote or termination of parental rights is not in the child's best interests;
    - adoption has been fully explored and ruled-out; and
    - the Assistant Program Manager has reviewed and approved this concurrent permanency plan;
- Independent Living may only be selected as a concurrent permanency plan when:
    - adoption has been fully explored and ruled-out;
    - permanent guardianship has been fully explored and ruled-out; and
    - the Regional Program Manager or designee has reviewed and approved this concurrent permanency plan.

At critical decision points in the life of the case (each case plan staffing; progress review; case plan reassessment; etc.), reassess the prognosis for successfully achieving family

reunification using Reunification Prognosis Assessment Guide, review and revise as needed the concurrent permanency plan and the related services and supports.

When the identity and whereabouts of the parents are known, provide written notification of the concurrent case plan to the parents. If the parents were not available or missing, a copy of the case plan including concurrent planning activities should be provided to the parent's attorney and to the parents at the earliest opportunity.

Documentation
Using the Case Notes window, document discussions with each parent and child regarding the importance of permanency, the available alternatives to achieve permanency, and the possibility the permanency goal may change if significant progress toward the behavioral changes is not made by the time of the Permanency Hearing.

When a concurrent goal is identified, document the concurrent permanency goal for each child using the Case Planning Permanency Goal tab of the Child Safety Assessment, Family Strengths and Risks Assessment and Case Planning Process in CHILDS.

Document the concurrent planning activities (supports and services) to support the concurrent permanency plan using the Child(ren) Needs tab, Concurrent Goal in the Child Safety Assessment, Family Strengths and Risks Assessment and Case Planning Process in CHILDS.

Document the reassessment and any modifications to the concurrent planning activities (supports and services) for the concurrent case plan using the Progress Review section of the Child Safety Assessment, Family Strengths and Risks Assessment and Case Planning Process in CHILDS.

Document written notification to the parents of the concurrent permanency plan by obtaining their signature on the Case Plan Agreement page of the case plan and/or by filing a copy of the written correspondence to the parents in the hard copy case record.

Document the search for a potential permanent kinship foster family home as described in Finding Missing Parents, Relatives and Other Significant Persons.

Document the assessment of a potential permanent kinship foster family home as described in Providing Kinship Care Services.

DCS Supervisor:

Document the review and approval of the initial and subsequent assessments of the prognosis for achieving family reunification using the Reunification Prognosis Assessment Guide.

Forms

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Related Information

Reunification Prognosis Assessment Guide

Legal

Title IV-E of the Social Security Act

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

A.R.S. § 8-845. Disposition hearing

45 C.F.R. § 1356.21. Foster care maintenance payment program implementation requirements

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 2.4
Planning For Services and Supports to Achieve Permanency

Policy

The Department shall provide services and supports necessary to achieve the case plan goal in the family centered case plan.

The Department may arrange, provide, and coordinate services that protect children and provide programs and services that achieve and maintain permanency on behalf of the child, strengthen the family, and provide prevention, intervention, and treatment for abused and neglected children.

The Department shall provide services to:

- All parents (whose parental rights have not been terminated), guardians, or custodians that are tailored to achieve the desired behavioral changes;
- The child(ren):
  - Individualized for his/her safety;
  - Promoting stability and well-being;and
  - Describing how services and supports address the child's current medical/dental, educational, and psychological/behavioral health status described in the plan; and
- · The out of home caregiver, to assist the caregiver to meet each child's placement needs and to achieve the permanency goal.

The Department shall ensure that the services provided are:

- Least intrusive and least restrictive to the family;
- Consistent with the needs of the child recognizing that the health and safety of the child is the primary concern;
- Delivered in a culturally appropriate manner; and
- Provided in the home or as close as possible to the home community of the child or family requiring assistance.

When the permanency goal is Remain with Family or Family Reunification, the case

plan shall:

- Identify services and supports aimed at achieving the desired behaviors required to address the safety and risk factors that caused the child to be removed from the home and/or prevent the child from living safely at home without the Department's involvement;
- Specify the responsibilities of the Department, other professionals, the parent, the child, and/or other family members as applicable, to achieve the outcomes that will enable the family to care for the child without Department involvement.

When the Case Plan goal is Adoption, Guardianship, Independent Living or Long Term Foster Care, the case plan shall:

- Identify services and supports aimed at achieving the specified case plan goal, and
- pecify the responsibilities of the Department, other professionals, the parent, the child, and/or other family members as applicable, to reach the outcomes and achieve the case plan goal.

Every child in out-of-home care shall have an individualized visitation plan as a component of his or her case plan. The visitation plan shall describe the plan for frequent and consistent visitation between the child and the child's parents, siblings, other relatives, friends, and any former foster parent, especially those with whom the child has developed a strong attachment.

The Department shall initiate services identified on the case plan within 10 working days of the case plan being implemented.

If the court determines that services supplemental to those provided through the Department are available from another source at no cost to this state, the court may order the services on agreement of the provider.

The Department shall regularly monitor and evaluate parents' progress toward achieving the case plan goal.

The Department shall inform the parents that:

- A permanency hearing will be held within six months of the removal from the home, for children three years and younger and within 12 months of the removal of for children over three years of age; and/ or
- Substantially or willfully refusing to participate in reunification services may result in a court order to terminate parental rights.

Procedures
Services and Supports

For all case plan goals, determine the services or supports that are most appropriate to achieve the desired behavioral changes in consultation with the family, child, and other service team members.

Throughout the case, determine the services or supports that are most appropriate to achieve the necessary case plan goals in consultation with the family, child (12 years and older), and other service team members.

To determine the services and supports necessary to achieve a permanency goal of Remain with Family or Family Reunification:

- Review the Child Safety and Risk Assessment (CSRA) or Continuous Child Safety and Risk Assessment (C-CSRA); and
- Consider family strengths and related protective capacities, family resources, and areas where the child may be at risk of future harm.

Consult with your supervisor to:

- Assess if and how the protective capacities of the parent mitigate the safety or risk factors identified; and
- Discuss which services or supports are most appropriate to facilitate the achievement of a particular outcome.

Services may be provided by the Child Safety Specialist, other Department staff, contract providers, extended family members or those with whom the family has a strong connection, community resources and/or volunteers, depending on the needs of the child and family, the resources available, and the accessibility of services.

Prior to and during the case plan staffing, provide service team members comprehensive information on the needs of the child, including the child's physical/dental health, emotional/behavioral health, educational status and other support needs, and the services and support needs of the out-of-home care provider.

Elicit the comments and recommendations of the service team members and reach consensus, whenever possible, on:

- The behaviors and services required to meet the child's needs;
- The behaviors and services or supports required to maintain the out-of-home caregiver's ability to care for the child;
- Actions necessary to assure the child's safety in out-of-home care Safety Planning; and
- If applicable, behaviors and services to achieve a concurrent permanency goal, and if the case plan goal is not Family Reunification, steps to be taken to achieve the case plan goal, such as efforts to:
    - Identify an adoptive family or other permanent living arrangement for the child, including child-specific recruitment efforts;

- Place the child with an adoptive family, a relative, a permanent guardian, or in another planned permanent living arrangement; or
- Finalize the adoption or permanent guardianship.

If the court orders services supplemental to the services of the Department:

- Inform other team members of the name of the service provider;
- Request all documentation/reports from the service provider at least monthly;
- Invite the service provider to meetings regarding the child and family, including team decision making meetings and case plan staffings; and
- Share all documents and information with the provider as permitted under law. See Safeguarding Case Records.

Monitoring Services

During your contact with the family and other service team members, monitor and evaluate the success of the family in meeting the behavioral changes required to address the safety threats and risk factors in the case plan. Consult with your supervisor to implement changes in services or supports necessary to achieve the desired behavioral changes.

If there is a significant change in case circumstances or a change in permanency goal is considered, convene a case plan staffing and involve the family in discussions about changes to the plan.

Monitor case progress every 30 days:

- Determine if the services identified in the case plan are necessary and helpful;
- Determine whether all parties are carrying out tasks within the time frames specified in the case plan; if not, determine what supports can be provided to help the family complete tasks that make the home and family safe for their children; and
- Connect family members, service providers, and other resources.

At least every 30 days, follow- up with the service provider(s) and with the person receiving services to assess progress and whether there is a need for adjustment(s) to the services and supports.

If specified tasks have not been completed, review the tasks to identify possible barriers such as:

- Whether the tasks were clearly assigned;
- The expectations and obligations of the family (review whether the family has multiple systems involved in their lives, each with separate and possibly competing tasks);
- Cultural needs of the family and possible challenges with the provision of services; and
- Whether the supports and/or service providers are able to timely fulfill the responsibilities specified in the case plan.

Take actions necessary to facilitate continued case progress, including:

- Clarify tasks or expectations;
- Modify tasks; or
- Arrange for the use of different resources or service providers.

Immediately respond to and address any complaints or problems in the delivery of services.

If necessary, convene a case plan staffing to discuss case progress and initiate changes in the case plan.

Visitation Plan

All case plans for children in out-of-home care include a contact and visitation plan between the child and the child's parents, family members, other relatives, siblings, former foster parents, and individuals with significant relationships to the child to preserve and enhance relationships and attachments to the family of origin. Develop the visitation plan with involvement of family members and the child, if age appropriate, or document why contact and visitation is contrary to the child's safety or well-being.

Determine the frequency, duration, location, and structure of contact and visits based primarily upon the child's need for safety and for family contact with safety being the paramount concern. Do not use visitation and other contact by telephone and mail as a reward or punishment for the child or any family members.

Develop the Visitation Plan for parents and children in accordance with guidelines in:

- Child Parent Visitation; and
- · Contact with Children, Parents, and Out-of-Home Caregivers

Documentation

Use the Out-of-Home Care section of the case plan and describe:

- Services and supports provided to the out-of-home caregiver to help him/her meet the child's needs or, when applicable, achieve a concurrent permanency goal or goal other than family reunification;
- How the placement meets the safety for the child and is in the least restrictive (most family-like) setting available;
- How the placement is in close proximity to the home of the parent(s) when the case plan goal is reunification;
- How at least one of the child's caregivers speaks the same language as the child; and
- How the placement is consistent with the best interests and special needs of the child.

Within 10 days of a school age child changing placement, document in a Key Issue case note if the child is attending his or her home school district. If not, document why this is not possible.

Document in Case Notes:

- Contacts with clients, Department personnel, out-of-home care providers, members of the service team, tribal social services representatives, and/or other interested parties regarding the case. Provide accurate information on dates, places, individuals involved, and the nature of the contact.
- Observations of the family's interactions and environment, written in behavioral terms and using professional judgment or fact.

Document the initial selection of services through the drop down menu in Services to Help the Family in the case plan.

For cases involving children three years of age and younger at the time of removal, document in Case Notes that you have informed the parents of the following:

- A permanency hearing will be held within six months of the child's removal from the home; and
- Substantially neglecting or willfully refusing to participate in reunification services may result in a court order to terminate parental rights at the permanency hearing.

For cases involving children who have been identified as victims of sex trafficking or commercial sexual exploitation, document the specific services that have been implemented to address this issue.

File hard copy medical, educational, and mental health records in the hard copy case record.

Document the child's special needs and medical, educational, and mental health status and needs using the Special Needs detail, Medical/Dental Condition detail, Medication detail, Psych/Behavioral Condition detail, Examination detail, Practitioner detail, Participant Education detail, Participant Education Condition detail and Hospitalization detail windows as appropriate.

Document the plan for frequent and consistent visitation between the child and the child's parents, siblings, family members, other relatives, friends, and any former placement in the Visitation Plan of the case plan.

Document progress made toward achieving outcomes specified in the case plan using the case notes window.

Forms

Related Information

Legal

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

The Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239).

A.R.S. § 8-457. Service coordination function

A.R.S. § 8-513. Participation in activities; contact with relatives; placement with siblings

A.R.S. § 8-813. Preplacement investigation; medical examination; disposition

A.R.S. § 8-824. Preliminary protective hearing; probably cause; appointment of counsel

A.R.S. § 8-846. Services provided to the child and family

A.R.S. § 8-862. Permanency hearing

A.A.C. R6-5-5829. Daily Care and Treatment of a Foster Child; Foster Child Rights

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 2.5
Out of Home Care Planning, Health Care Planning, Contact and Visitation Plan

Policy

Every child in out-of-home care shall have an individualized Out-of-Home Care Plan that specifies the following and includes the most recent information available regarding:

- the name and address of the child's school;
- the child's educational status including child's grade level, academic performance, special education services if applicable, attendance and any other relevant education information;
- indication of whether the child is attending their school in their home school district; and if not the plans to help the child transition into the new school setting;
- any special needs of the child;
- the child's placement type;
- services provided to the child and or out-of-home caregiver to meet the child's needs;
- ways that the child will maintain contact with his family and extended family while in placement;
- actions to assure the child's safety in out-of-home care;
- indication of whether the child is placed:
    - in close proximity to a parent's home, and if not why not;
    - in the least restrictive placement consistent with the child's special needs and best interests,
    - with siblings in out-of-home care, whenever possible, (if applicable)
    - with a caregiver who speaks the same language;
- for any child placed substantially distant from the parent's home or out-of-state, the placement reason must be because it serves the needs of the child in the most appropriate and effective way;
- indication the child is placed with a relative, or of the efforts that have been under-

taken to identify a relative, or an individual with whom the child has a significant relationship where the child might be placed; and
- outcomes and tasks to achieve a concurrent permanency goal or a permanency goal other than family reunification, such as efforts to identify and place the child in permanent placement.

Every child in out-of-home care shall have an individualized Health Care Plan as a component of the case plan. This plan shall contain the most recent information available regarding the child's health status including:
- name and address of the child's healthcare providers;
- the child's immunizations;
- the child's known medical problems;
- the child's known medication;
- any other relevant health information; and
- actions to assure the child's health needs are met.

Every child in out-of-home care shall have an individualized Visitation Plan as a component of his or her case plan.

Procedures
Implementation
During face-to-face visits and other contacts with the child's parents and/or extended family, the caregiver, and other service team members, request the information to assess:

- the child's physical health and dental status and needs;
- the child's educational status and needs;
- the child's emotional and behavioral health status and needs; and
- the need for services and support to maintain the provider's ability to meet the child's needs.

At the time of initial placement into out-of-home care, and when significant examinations or treatments have occurred, request medical, educational, and mental health records on the child.

To develop comprehensive Out-of-Home Care and Health Care Plans, complete the following steps at the time of each case plan staffing, prior to freezing/activating the permanent or revised case plan:

- Review information on the child's physical health, educational, and emotional and behavioral health status and needs obtained through ongoing contacts with family and service team members and through hard copy records.
- Using information provided by the out-of-home care provider and other sources, document the child's health status, educational status, and the child's special needs by updating the following windows: Special Needs Detail, Medical/Dental

Condition Detail, Medication Detail, Psych/Behavioral Condition Detail, Examination Detail, Practitioner Detail, Participant Education Detail, Participant Education Condition, and Hospitalization Detail.

Prior to and during the case plan staffing, provide service team members comprehensive information on the status including the child's physical/dental health, emotional/behavioral health, educational status and other support needs, and the services and support needs of the out-of-home care provider. Elicit the comments and recommendations of the service team members, and reach consensus, whenever possible, on:

- the outcomes, tasks and services required to meet the child's needs;
- the outcomes, tasks and services or supports required to maintain the out-of-home caregiver's ability to care for the child;
- the frequency of face-to-face visits and telephone contact by the Child Safety Specialist required to meet the child's and provider's needs;
- actions necessary to assure the child's safety in out-of-home care; and
- if applicable, outcomes and tasks to achieve a concurrent permanency goal; and if the permanency goal is not family reunification, steps to be taken to achieve the permanency goal, such as efforts to:
    - find an adoptive family or other permanent living arrangement for the child, including child specific recruitment efforts;
    - place the child with an adoptive family, a relative, a legal guardian, or in another planned permanent living arrangement; and
    - finalize the adoption or legal guardianship.

Print the updated Medical Summary Report and attach it to the case plan prior to distributing the case plan to the family and service team members. Ensure that the Medical Summary Report includes the most recent information available regarding the child's health and education. Ensure the out-of-home care provider receives an updated Medical Summary Report on the child in his or her care at least once every six months.

In consultation with the supervisor, implement changes in tasks or services necessary to meet the child's needs or maintain the out-of-home care provider's ability to care for the child. It is not necessary to convene a case plan staffing unless there is a significant change in case circumstances that may impact upon goals, services and needs, or a change in permanency goal is considered.

Complete extensive and documented searches for extended family members, other relatives, and other significant persons as placement resources for children in out-of-home care.

Use the Arizona Parent Locator Service to assist in locating missing parents, relatives and other significant persons. Complete the Family Locate Referral form and process according to operating procedures. See Locating Parent and Families

Develop the Visitation Plan in accordance with guidelines in Parent & Child Visitation.

Documentation

Using the Out of Home Characteristics window, indicate whether:

- the child is placed in close proximity to at least one parent;
- the child is placed in the least restrictive environment consistent with his or her special needs and best interest;
- the child is placed with siblings in out-of-home care, if applicable;
- at least one of the child's caregivers speaks the same language as the child;
- efforts have been made to identify a relative placement;
- the child is attending his or her home school district.

If "No" is indicated for any of the above, use the Explain window on the Out of Home Characteristics window to explain why the placement or school setting is in the child's best interest, or barriers to obtaining a placement or school setting that meets the criteria listed above.

Using the Case Plan Tasks window, Out of Home Care Plan type, document the outcomes, tasks, services, supports and actions identified prior to and during the case plan staffing. Provide explanations associated with any of the outcomes, tasks, services, supports, or actions.

Using the Case Plan Tasks window, Health Care Plan type, document the outcomes, tasks, services, supports and actions identified to address the child’s medical, dental or behavioral health needs. Include the outcome of “Medical Needs Met? and the tasks to accomplish this outcome in every child’s Health Care Plan. Provide explanations associated with any of the outcomes, tasks, services, supports or actions.

File hard copy medical, educational, and mental health records in the hard copy case record.

Document the child's special needs and medical, educational and mental health status and needs, using the Special Needs Detail, Medical/Dental Condition Detail, Medication Detail, Psych/Behavioral Condition Detail, Examination Detail, Practitioner Detail, Participant Education Detail, Participant Education Condition, and Hospitalization Detail windows.

Document the Out-of-Home Care Plan using the Case Plan Tasks and the Out of Home Characteristics windows. Document the Health Care Plan using the Case Plan Tasks, Health Care type. Document the Visitation Plan using the Visitation window.

For each revised case plan, document the Out-of-Home Care Plan using the Case Plan Tasks and the Out of Home Characteristics windows. Document the Health Care Plan using the Case Plan Tasks, Health Care type. Document the Visitation Plan using the Visitation window.

If the permanency goal is not family reunification, document steps taken to achieve the permanency goal using the Out of Home Plan including child specific recruitment efforts to:

- find an adoptive family or other permanent living arrangement for the child;
- place the child with an adoptive family, a relative, a legal guardian or in another planned permanent living arrangement; and
- finalize the adoption or legal guardianship.

Document efforts to identify extended family members or other significant persons as placement resources using the Case Notes window.

Forms

Family Locate Referral

Related Information

Legal

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

The Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239).

A.R.S. § 8-457. Service coordination function

A.R.S. § 8-513. Participation in activities; contact with relatives; placement with siblings

A.R.S. § 8-813. Preplacement investigation; medical examination; disposition

A.R.S. § 8-824. Preliminary protective hearing; probably cause; appointment of counsel

A.R.S. § 8-846. Services provided to the child and family

A.R.S. § 8-862. Permanency hearing

A.A.C. R6-5-5829. Daily Care and Treatment of a Foster Child; Foster Child Rights

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 3.5
Long Term Foster Care

Policy

The department shall establish long term foster care as another planned permanent living arrangement (APPLA) only when the permanency options of adoption and guardianship are not in the best interests of a child, the child is expected to remain in out-of-home care at least until the age of majority and the foster home provider has made a commitment to continue as a permanent supportive adult in that child's life.

The department shall establish a formalized agreement between the agency, foster home provider and child to support the continuity and stability of the placement.

When a child's planned permanent living arrangement is long term foster care, the department shall maintain contact with the child's parents or extended family, whenever possible, to:

- Inform and involve the family in decisions about their child where feasible.
- Stay informed of changes in the family situation that might indicate a need to re-evaluate the permanency goal of long-term foster care, unless such contact would compromise the safety of the child.

Procedures

Considering Foster Care

Consider the following questions in deciding upon a planned living arrangement of foster care:

- Is the child expected to remain in out-of-home care until the age of majority?
- Is there a compelling reason why the foster home provider cannot or will not pursue adoption or guardianship of the child, and is it in the child's best interest to remain with the provider?
- Have you documented a compelling reason that adoption or guardianship is not in the child's best interest?
- Have the benefits of adoption and guardianship been explored with the child?

- Is the child over 12 years of age and unwilling to consent to an adoption?
- Has the foster care provider verbalized their commitment to continue as a permanent supportive adult in that child's life?
- Has the foster care provider verbalized their commitment to ensure the child maintains connections with their immediate and extended family?

Pursuing Foster Care Plan

Obtain the Program Manager or designee's approval prior to pursuing a plan of foster care as a planned living arrangement.

Formalize the plan through the Long Term Foster Care Agreement.

Request the court to grant physical custody of the child to the out-of-home provider.

Continue to provide all case planning and case management services, as described in Family Centered Case Planning.

Support continued contact between the child and his or her parents, siblings and extended family members, unless such contact would be detrimental to the child.

Whenever possible, maintain contact with the child's parents or extended family, to:

- Inform and involve the family in decisions about their child where feasible.
- Stay informed of changes in the family situation that might indicate a need to re-evaluate the permanency goal of long-term foster care, unless such contact would compromise the safety of the child.

Documentation

Document the selection of long term foster care as the chosen living arrangement in the Permanency Goal window.

Document the formalization of long-term foster care, using the Long Term Foster Care As a Planned Living Arrangement Agreement.

Forms

Long Term Foster Care Agreement, CSO-1026

Related Information

Legal

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

45 CFR 1356.21. Foster care maintenance payments program implementation requirements

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 3
Continuous Child Safety and Risk Assessment (C-CSRA)

Policy

The Department shall:

- Assess, promote, and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect; and
- Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention, and treatment services.

While a case is open for services, the Department shall continue to assess the safety and risk of all children involved in the case by completing a Continuous Child Safety and Risk Assessment (C-CSRA).

The C-CSRA is completed when there are major changes in family circumstances and at key decision making points during the life of a case. The following are reasons for completing a C-CSRA:

- Case Plan reassessment and revision, minimally every 6 months, including changing the permanency goal;
- Changes in household composition (additions or departures of individuals from the household);
- Indication that a child may be unsafe;

- Indication that a child has become a victim of commercial sexual exploitation or sex trafficking;
- Considering unsupervised visits;
- Considering reunification; or
- Considering case closure.

A case with a child assessed as unsafe is to remain open until the child is re-assessed as safe.

Procedures:

Use the C-CSRA to assess for the presence of risk factors and/or safety threats and the type of intervention needed.

While a case is open, continuously gather information to assess child safety and assess the progress made to address the concerns identified in the previous assessment of child safety and risk. This should be done through contact with the parents, the child, extended family, the out-of-home provider, case participants, and other service team members.

Additional information may be gathered and reviewed, which includes but is not limited to:

- Reports and evaluations from service providers;
- Child medical records;
- Parent/child behavioral health records;
- Criminal history checks; and
- Court Records.

If there is an addition to the household composition complete a full assessment of that individual to ensure child safety. For more information see Interviews and Information Gathering.

Conduct the C-CSRA based on the child remaining in the home or the child's return to the home environment.

If there are indications the child is a victim of sex trafficking and/or commercial sexual exploitation, determine whether a new report should be made to the Hotline.If no report is needed, continue with C-CSRA.

Assessment of Risk

Assess all 14 of the Risk Factors to determine the current risks found to be present in the family and whether intervention through DCS or community services needs to continue.

The identified risk factors are based on information from the previous assessment(s) and are to include the **current functioning** in each life domain, which includes the following:

- **Child Risk Factors:**
  - Child vulnerability/self-protection; and
  - Child special needs/behavior problems.
- **Parent, Guardian, Custodian Risk Factors:**
  - Parenting skills/expectations of child;
  - Parent empathy, nurturance, bonding;
  - Parent substance abuse;
  - Parent mental, emotional, intellectual or physical impairments;
  - General history of violence;
  - Domestic Violence in the home/family environment;
  - Protection of child by non-abusive caregiver;
  - Parent history of child abuse/neglect as a child;
  - Parent recognition of problem/motivation to change/level of cooperation.
- **Family Risk Factors:**
  - Economic resources of family;
  - Family social support system; and
  - Family stress.

Safety Criteria

Identify whether any previously identified safety threats are still present or if new safety threats have emerged, by applying the following 5 Safety Threshold Criteria to the identified safety threat:

- **Vulnerable Child**: Is the child victim unable to protect him or herself or seek protection from others, regardless of the child's age? Is the child defenseless, exposed to behavior, conditions, or circumstances the child is powerless to manage?
- **Out-of-control**: Is there an adult in the home who is able to control the identified safety threat to the child victim? Will the safety threat continue without outside intervention?
- **Severity**: Could the threat cause or result in serious or severe harm (pain, injury, suffering, terror or extreme fear, impairment, or death)?
- **Specific Time Frame**: Is the safety threat to the child's safety occurring now or likely to occur within the next 30 days? Could it happen just about any time within the near future – today, tomorrow or during the upcoming month?
- **Observable Family Condition**: What is the specific behavior, emotion, attitude, perception, or situation by the parent, guardian or custodian that can be seen and described and makes the child victim unsafe? Observable does not include suspicion and gut feeling. It can be clearly described and reported.

When all 5 of the Safety Criteria apply to a safety factor, there is a safety threat and the child is unsafe. All unsafe children shall have a Safety Plan (see Safety Planning).
REMINDER: ALL safety criteria must apply to a safety factor to identify as a safety threat.

Safety Factors
To make a safety decision, review and determine if a safety threat is present by applying the safety criteria to safety factors. If all safety criteria apply, then child is unsafe. If they don't all apply then child is safe.

- Parent, guardian or custodian leaves child alone and child is not competent to care for self, or leaves child with persons unwilling or unable to provide adequate care, placing the child at serious or severe harm.
- Child is fearful of parent, guardian or custodian, other family members or other people living in or having access to the home.
- The behavior of a child living in the home threatens serious or severe harm to him/ herself or to others and the parent; guardian or custodian cannot control the behavior.
- Parent, guardian or custodian is verbally hostile when talking to or about the child and has extremely unrealistic expectations for the child's behavior.
- Parent, guardian or custodian's behavior is violent, erratic or unpredictable and may cause serious or severe harm to the child.
- Domestic violence among adults living in or having access to the home impairs necessary supervision or care of the child and may result in serious or severe harm to the child.
- Parent, guardian or custodian has caused serious or severe harm to the child or has made a threat to cause serious or severe harm to the child.
- Parent, guardian or custodian's explanation for the child's injury or physical condition is inconsistent with the observed or diagnosed injury or condition.
- Parent, guardian or custodianrefuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts are unknown.
- Parent, guardian or custodianhas not, cannot or will not protect the child from serious or severe harm, including harm from other persons living in or having access to the home.
- Parent, guardian or custodianis unwilling or unable to meet the child's immediate needs for food, clothing, shelter, and or medical or mental health care and could cause or may result in serious or severe of harm to the child.
- Parent, guardian or custodianor other adult living in or having access to the home previously threatened the safety of a child and/or caused harm to a child and circumstances indicate the person could cause serious or severe harm to the child.
- Child sexual abuse is suspected and circumstances suggest that continued sexual abuse places the child in immediate serious or severe harm.
- Physical conditions in the home are hazardous and may directly cause serious or severe harm to the child.

- Drug and/or alcohol use by parent, guardian or custodianor others living in or having access to the home may result in serious or severe harm to the child.
- The parent, guardian or custodian's involvement in criminal activity or the criminal activity of any other person living in or having access to the home may result in serious or severe harm to the child.
- The physical or mental health or mental limitations of parent, guardian or custodian or other person living in or having access to the home may result in serious or severe harm to the child.

Complete and analyze the C-CSRA determining:

- The presence of impending danger or future risk of harm to the child;
- Type of intervention required by a family; and
- Whether to close the case or keep the case open for services.

If the case remains open for services, the C-CSRA must also include:

- What services are currently being provided and why;
- A direct connection to the reassessment of the case plan; and
- Identified required behavioral changes to enable the child to live safely with the parents without DCS involvement.

See the Continous Child Safety and Risk Assessment Practice Guide for additional information on completing the C-CSRA.
Review the most recent assessment of safety (CSRA or C-CSRA) within 5 days of case assignment.

Completing a C-CSRA on a Independent Living Program/YAP Case:

- Minimally every six months if visitations with the parent are occurring;
- When considering whether to initiate or change current visitation with the parent (e.g. supervised to unsupervised);
- When considering a change in the primary case plan goal to reunification; or
- When considering placement with a parent.

A C-CSRA is not required on Independent Living/ YAP cases if the above circumstances do not apply.

A C-CSRA is not completed for the following case types:

- Adoption;
- Adoption Subsidy;
- Adoption Registry;
- Guardianship Subsidy;
- ICPC;
- DDD Eligibility; and
- IV-E Eligibility;

Documentation:

Within the C-CSRA, document the following:

- Section I: Reason for C-CSRA;
- Section II.A: Assessment of identified risk factors for each child in the family, parents, guardian, or custodian and type of intervention needed;
- Section II. B: Continuous Assessment of Impending Danger; and
- Section II. C: Safety Decision and identified Safety Plan, if applicable.

If applicable, document the identified Safety Plan. Provide a copy of the Safety Plan and Protective Action / Safety Plan Signature Page to the out-of-home caregiver and/or safety monitor. Also, provide a copy of the Safety Plan to the parent, guardian, or custodian. File or scan a copy in the case record.

The DCS Supervisor or designee documents the results of the clinical supervision discussion and approval of the C-CSRA within Section III: Clinical Supervision Discussion of the C-CSRA.

Any subsequent criminal history gathered shall be documented in a Key Issue case note. Within 10 days prior to the return of a child, conduct a criminal background check and a public records search on all adults living in or having access to the home, pursuant to Administrative Directive 15-01.

Forms:

Safety Plan
Safety Plan (Spanish)
Protective Action / Safety Plan Signature Page
Protective Action / Safety Plan Signature Page (Spanish)

Related Information:

Continuous Child Safety and Risk Assessment Practice Guide
Child Safety and Risk Comparison
Risk Assessment Continuum
Family Centered Strengths and Risk Assessment Interview and Documentation Guide
Administrative Directive 15-01

Legal:

A.R.S. § 8-451 Department (of Child Safety); Purpose
A.R.S. § 8-801 Dependent Children; Definitions
A.A.C. R21-4-107Procedures for Temporary Custody (page 3255)
Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183).

Effective Date: February 19, 2016
Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 4
Contact with Children, Parents and Out-of-Home Caregivers

Policy

The Department shall maintain continued contact with children, parents, and if applicable, an out-of-home caregiver for all open cases to ensure the safety, permanency, and well-being of the child and to promote the achievement of the permanency goal.

While a case is open for services, the Department shall ensure **face-to-face contact with the child(ren) and his/her caregiver at least once every month.** The majority of face-to-face contacts with the child and the caregiver must occur in the child's placement. If the child is verbal or able to communicate through other means (such as through writing, an augmentative communication device, sign language, etc.), part of at least one contact per month shall be alone with the child.

If the case plan goal is Family Reunification, the Department shall ensure that there is face-to-face contact with all parents at least once per month, including any alleged parents, parents residing outside of the child's home, and incarcerated parents. Exceptions to monthly face-to-face contact with parents may be made on a case-by-case basis based on the unique circumstances of the family.

The Department shall ensure consultation with the out-of-home caregiver, the child, if verbal or able to communicate through other means (such as through writing, an augmentative communication device, sign language, etc.), and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face and/or telephone contact between the minimum monthly face-to-face contact.

If any participant involved with an ongoing case provides the Department with verifiable proof of enrollment in the Arizona Confidentially Program, (ACP) the Department must ensure that the participant's address remains confidential and is redacted from all information in the case record.

Procedures

Required Contact with Children and Caregivers (Parent/Out-of-Home Caregiver)

The assigned Child Safety Specialist, or other, designated Child Safety Specialists who is assigned ongoing responsibility for the monthly contact, discusses and assesses the following with the child(ren) and his/her caregivers:

- The safety of the child;
- The child's and the caregiver's relationship;
- The ability of the caregiver to meet the child's needs;
- The safety of the physical home environment such as any observable hazardous conditions (no electricity, no water, exposed wiring, dangerous objects, harmful substances, external locks on bedroom doors, etc.) that may immediately threaten the child's safety;
- The case plan including the permanency goal, identified behavioral changes and services, and progress toward the permanency goal;
- The developmental progress of the child;
- The child's educational, physical health, and emotional and behavioral health status and needs;
- The ability of the child to participate in age and developmentally appropriate extra-curricular, enrichment, cultural, and social activities;
- The child's medical and dental examinations, including the required examinations within the first 30 days of removal and ongoing EPSDT visits, including standard medical tests and immunization updates as appropriate;
- The appropriateness and adequacy of services and supports provided to and for the child; and
- The appropriateness and adequacy of services and supports provided to and for the caregiver to maintain the caregiver's ability to care for the child.

See the Child and Caregiver Visitation Field Guide to guide the visit and provide an active discussion with the child and caregiver. This guide is a resource to aid proper completion of the required Child and Caregiver Visitation Case Note Outline.

If a child is placed by staff other than the assigned Child Safety Specialist then)the assigned Child Safety Specialist must follow-up with telephone contact with the out-of-home caregiver and the child, if verbal, **within 24 hours of placement**. A follow-up face to face contact shall occur in the placement of the child and the out-of-home caregiver **within fifteen (15) calendar days of placement**. Thereafter, **monthly face-to-face contact with the caregiver and child occurs**. See Placing Child in Out-of-Home Care.

While a monthly in-placement contact is preferred, there are occasions when the face-to-face contact with the child may occur outside of the placement setting. Conduct at least half of the monthly contacts with the child and the caregiver in the child's placement. If the child is verbal or able to communicate through other means (such as through writing,

an augmentative communication device, sign language, etc.), spend part of at least one visit per month alone with the child.
More frequent face-to-face contact and/or telephone contact from the Child Safety Specialist between face-to-face contacts may be required based on the case circumstances.
If a child is placed out of the home, review the placement packet regularly for accuracy.
If a child is placed in congregate care (group home, residential treatment facility, etc.),-monthly contact is required in additional to a review of treatment goals, appropriateness of placement, the need for continuation of the placement, and discharge planning a minimum of **once every three (3) months.**

Required Contact with Children Remaining in the Home When a Sibling is Placed Out of the Home:

When the permanency goal for the child in out-of-home care is **Family Reunification**, conduct ongoing monthly contact for the children remaining in the home even when these children are assessed as safe. Include these child(ren) in the initial Child Safety and Risk Assessment (CSRA) as well as any subsequent Continuous Child Safety and Risk Assessment (C-CSRA).

If there is another permanency goal other than Family Reunification for the child(ren) in out-of-home care, monthly contact with the child(ren) who remains in the home and assessed as safe is not required. Once the initial assessment of risk and safety is complete, document the child to be safe in the CSRA, end-date the safe child's participant role, and add the safe child as a “sibling”.

If during the course of providing services to the child in out-of-home placement and his/her family, there is reason to believe that a child remaining in the home may be unsafe and/or at risk of harm in the home, additional contact and actions may be needed to ensure safety. See Assessment of Child Safety and Risk for more information.

Required Contact for a Child Placed Out-of–Region:

If the child is placed out of the region under a courtesy supervision agreement, the courtesy supervision Child Safety Specialist may make the monthly face-to-face contact with the child and caregiver instead of the assigned Child Safety Specialist.

Required Contact for a Child Placed Out-of-State:

If the child is placed out-of-state through an Interstate Compact on the Placement of Children (ICPC), the assigned ICPC Case Manager in the receiving state makes monthly face-to-face contact with the child and caregiver.

If the child is placed out-of-state for therapeutic purposes without supervision being provided through an ICPC agreement, the assigned behavioral health staff is responsible for providing monthly updates to the Child Safety Specialist. Maintain monthly tele-

phone contact with the child. This includes placement in a residential treatment center, inpatient psychiatric facility, rehabilitation program, etc.

Required Contact with Parents

If the case plan goal is **Remain with the Family or Family Reunification**, discuss and assess with the parent during the monthly face-to-face contact the successes or barriers of the parent in meeting the behavioral changes required to address any safety threats and/or risk factors identified in the case plan. Discuss any change in services or supports the parent may need to achieve the case plan goals.

For exceptions to monthly face-to-face contact with the parents when the permanency goal is reunification or remain with family, obtain prior supervisory approval. Ongoing exceptions to monthly face-to-face contact shall be reviewed with the parents, team members and the supervisor at the time the case plan is developed and reassessed. An exception may be when a parent is incarcerated, when a parent is out-of-region or out-of-state. In these instances, maintain quarterly telephone contact or written correspondence with all parents whose whereabouts are known and whose rights have not been terminated.

This telephone contact or written correspondence must provide the parent the following information:

- Name, address, and phone number of the Child Safety Specialist;
- A description of services the parents must complete prior to return of their child;
- Dates, locations, and contact information for any upcoming staffings and hearings;
- Information on the well-being and status of the child, including type of placement, health status, and any significant events, progress, or concerns; and
- The consequences of not participating in reunification services.

If the case plan goal is a goal other than **Remain with Family or Family Reunification**, conduct quarterly contact with the parent until the court has ordered a change in case plan goal. Contact may be face-to-face, written, or by telephone.

Address Confidentiality Program

If a participant notifies the Department of enrollment in the Address Confidentially Program (ACP), the Child Safety Specialist must contact the Secretary of State's ACP office at 602-542-1892 to confirm the participant is currently enrolled. A case participant should show one of the following documents as evidence of enrollment in the ACP:

- An ACP authorization card; or
- A letter from the secretary of State confirming ACP participation.

Whenever possible, the Child Safety Specialist shall request to make a copy of either documentation for the hard file. If not possible, document all information from the card in the case record.

Once a participant has been verified as active in the ACP program, contact the ACP liaison at +dscpolicyunit@azdes.gov and the Policy Unit will ensure the participant's address is removed from CHILDS. Maintain the confidentially of the ACP participant's home address at all times, keeping the address (if needed and obtained) secured separately from CHILDS and the case records.

If a participant is active in the ACP program and the Child Safety Specialist needs the home address, the Child Safety Specialist cannot force the participant to provide the physical address. Contact the ACP liaison and provide a completed Non-Emergency Address Disclosure Request so the liaison can request the address. If the Secretary of State's office releases the address, the ACP liaison will contact the Child Safety Specialist within 24 hours.

Documentation

Use the Child and Caregiver Visitation Note Outline to document all face-to-face visits with the child and caregiver, using the Case Notes window designated as the appropriate type (Child Contact).

1. Select the "In Person" contact type radio button
2. Highlight the names of all parties including the Child Safety Specialist in the "Contact With" list on the Case Notes window; and
3. Select the "In Placement Contact" check box if the child and out-of-home care caregiver were seen together or separately in the caregiver's home.

Document the review of the child's Placement Packet in the Case Notes window.
Update CHILDS to reflect information provided by the out-of-home caregiver on the child's needs and status using the detail windows associated with:
CHILDS Medical Summary report

- Special Needs Detail, Medical/Dental Condition Detail
- Medication Detail
- Immunization detail
- Psych/Behavioral Condition Detail
- Examination Detail, Practitioner Detail
- Participant Education Condition
- Participant Education Detail
- Hospitalization Detail windows

File completed Child Placement Packet forms in the hard copy record.

If an ICPC Case Manager or Courtesy Case Manager is responsible for making the ongoing monthly face-to-face visits, add the case manager with ongoing responsibility for the monthly visits to the case, using the Case Creation window.

Forms

Non-Emergency Address Disclosure Request (CSO-1170)

Related Information

Supervision and Contacts With Children in Out of Home Care
Child Caregiver Visitation Field Guide and Case Note Outline Instructions
Child and Caregiver Visit Note Outline
Child and Caregiver Visit Field Guide

Legal

The Child and Family Services Improvement Act of 2006 (P.L. 109-288)
The Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183
A.R.S. § 41-161 through A.R.S. § 41-168, Address Confidentiality Program

Effective Date: February 11, 2016

Revision History: September 30, 2013, November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 2
Voluntary In-Home Services

Policy

The Department of Child Safety (DCS) will offer voluntary services for those families in which:

- a DCS report has been received;
- steps have been taken to assure, to the greatest extent possible, that all children are currently safe and will remain safe in the home; and
- a DCS Investigation and Family Strengths and Risks Assessment have indicated that one or more children in the home is at risk of abuse and neglect.

Whenever possible, it is best to provide services on a voluntary basis, where the family is willing to access services that can improve the outcomes for the family. While the availability of services may be limited due to resource constraints, it is important to try to gain family support for voluntary involvement with the agency.

Services may be provided directly by DCS staff, by contract or through referral to other organizations or community agencies.

When a decision has been made to provide voluntary services to a family it is important and required that Child Safety Specialists have face-to-face contact with parent(s) residing in the same household and children in the home at least once a month in order to determine:

- whether the children continue to remain safe in the home; and
- the services and supports are being effective in alleviating the risk of abuse and neglect.

Procedures

Decision Making

Determine whether Voluntary Services are appropriate

- Are there community or extended family resources available that can help the parent address these concerns without DCS involvement? Is the parent willing to use

them?
- In conversations with the caregiver, do they acknowledge that there a need for support for their family?
- Based on your conversation with the caregiver, does he/she appear both willing and able to make changes in behavior and/or home environment to reduce the potential for harm to the children?
- Has the parent received services from the department in the past? If so, what was the result?
- Is the parent willing to accept voluntary services from DCS?
- What steps can be taken to ensure that the children will remain safe while voluntary services are provided?

Implementation
Once a case is identified to receive voluntary services, a case plan must be developed within 60 from that date. Convene a case plan staffing to develop the case plan. All members of the service team shall be invited to participate in the case plan staffing. Parents, children age 12 or older, and out-of-home care providers shall be members of the service team. To every extent possible, and when appropriate, extended family members may also participate as members of the service team..

The service team, particularly the family, should be actively involved in all aspects of case planning to include:
- assessment and identification of family strengths, protective capacities, and risks;
- identification of behavioral changes required to address the identified risks;
- identification of services and supports necessary to achieve the identified behavioral changes; and
- assessing the family's progress.

Provide or refer the family for services and supports identified in the case plan to address risk factors that must be resolved in order for the family to care for the child safely. These services may be provided:
- as outlined in your region's operating procedures,
- through referral to other organizations or community agencies, and
- through other sources such as faith-based and family support networks.

For each child with a case plan goal of "remain with family," determine if the child meets the requirements for foster care candidacy as outlined in Determining if a Child Meets the Federal Requirements for Foster Care Candidacy If the child meets the requirements of foster care candidacy ensure that the following question on the case plan permanency goal window is answered as follows:
Potential Candidate for Foster Care? Yes [X]

Request Non-Title XIX Behavioral Health Services using the Request for Services, PS-067 in the Court Document Directory.

Request Title XIX Behavioral Health and Substance Abuse Services for eligible children and adults through the Regional Behavioral Health Authority (RBHA).

At least every six months, reassess the family's ability to safely care for their child in the home. Determine whether the parent(s) is engaged in services and supports, and whether those services and supports identified in the case plan are promoting the desired behavioral changes. This reassessment is completed through the Modification of Services and Supports in the case plan .

It is critical that workers are particularly thorough in documentation of all services provided to the family. If removal of a child later becomes necessary, this documentation is the basis for the federally-required judicial determination that reasonable efforts were made to prevent the child's removal from home. (P.L. 96-272)

Documentation
Document the initial selection of services and supports by completing Child Safety and Risk Assessment and Case Planning .

For each revised case plan, document the selection of services and supports by completing the Case Plan.

Document the case plan reassessment by completing the Case Planning Windows .

Document all contacts with parents and family members using the Case Notes window, designated as the appropriate type. Document face-to-face contacts by selecting the In Person Contact type radio button and highlighting, in the Contact With list, the names of all parties present.

Ensure the Service Authorization Request window and Service Authorization Provider Match windows are completed.

File a copy of the PS-067 in the hard file.

Document the decision to provide voluntary services by completing the Determination of Case Status Window

Forms
Court Document Directory:
Request for Services, PS-067

Related Information
Title XIX Behavioral Health and Substance Abuse Services
Non-Title XIX Behavioral Health Services

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Legal

A.R.S. § 8-801Dependent Children Definitions

A.R.S. § 8-457 Service Coordination Function

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 3
Voluntary Placement

Policy

Voluntary placement with the Department is time-limited placement for a child and may be provided as an alternative for the family to keep their child safe. A case plan shall be developed with the family to resolve safety threats and/or risk factors in order for the child to live safely at home.

Voluntary placement agreement shall be with a licensed out-of-home care provider or a relative (the child's grandparent, great grandparent, brother or sister of whole or half blood, aunt, uncle or first cousin). The Department shall give preference to placement with an adult relative before a licensed out-of-home care provider, provided the adult relative meets all of the Department's requirements.

A parent's, guardian's or custodian's decision to place a child in voluntary placement with the Department does not constitute grounds for abandonment, abuse or dependency nor may it be used in a judicial proceeding as an admission of criminal wrongdoing. [ARS §8-806(G)]

Voluntary Placement Agreements shall not:

- Exceed 90 days, [ARS §8-806C];
- Be consecutive ("back-to-back") placement agreements;
- Be utilized more than twice within 24 consecutive months, [ARS §8-806(C)];
- Be accepted for a child without the written, informed consent of the parent, legal guardian, or legal custodian. [ARS §8-806(E)]
- Be accepted for a child who is age 12 or older and not developmentally disabled without the written informed consent of the child, unless the department determines that voluntary placement is clearly necessary to prevent abuse. [ARS §8-806 (F)

For an American Indian child, the "Indian custodian" (e.g., the parent or guardian) con-

sent must be:

- Executed in writing and recorded before a judge; and
- Accompanied by the judge's certification that the terms and consequences of the consent were fully explained in detail and fully understood by the “Indian custodian” and that the explanation was either understood in English or interpreted into a language that the custodian understood. (25 U.S.C. § 1901, et seq.)

Procedures

The Voluntary Placement Agreement may be used when:

- The parent, guardian, or custodian initiates contact with the Department to request voluntary placement of the child with the Department;
- A Child Safety and Risk Assessment (CSRA) or Continuous Child Safety and Risk Assessment (C-CSRA) identifies circumstances that indicate present or impending danger and require a protective action or safety plan;
- An in-home safety plan with provision of in-home support services will not allow the child to remain safely at home;
- The child can be sufficiently protected while in voluntary placement;
- Based on the Child Safety and Risk Assessment, the identified safety factors that prevent the child from living at home safely can be remedied within 90 days or less;
- The permanency goal is family reunification;
- The parent, guardian or custodian is willing to voluntarily place the child in the custody of the Department, giving the Department the authority to place the child in the home of a licensed out-of-home care provider or an adult relative;
- The parent, guardian or custodian is willing and able to cooperate with a case plan and abide by the terms of the voluntary placement agreement; and
- The child is age 12 years or over and not developmentally disabled, and is willing to consent to voluntary placement, unless placement is clearly necessary to prevent abuse.

Consult with the DCS supervisor to ensure that the case circumstances meet the Department's criteria for voluntary placement.

Implementation

Discuss with the family safety planning and voluntary placement through the team decision making process. Inform the parents, guardians, or custodians:

- About the safety threats that require an out-of-home safety plan and removal from the home;
- That they will have the right to an attorney and a hearing before a juvenile court judge if they do not to agree to a voluntary placement, and the Department chooses to remove the child(ren) from the home and file a dependency petition;
- That by signing the Voluntary Placement Agreement the parent, guardian, or custodian is placing the child in the Department’s custody who will then have the

authority to place the child with a licensed out-of-home care provider or an adult relative;
- That without the Department's approval , the parent, guardian, or custodian may not remove the child from the out-of-home placement while the Voluntary Placement Agreement is in place;
- That a parent, guardian, or custodian may revoke a Voluntary Placement Agreement by providing written notice to the Child Safety Specialist. Upon receipt of the notice, the Child Safety Specialist will, within 72 hours, excluding weekends and holidays:
    - Return the child to the custody of parent, guardian or custodian; or
    - File a dependency petition if there is reason to believe that the child would be unsafe if he or she returns home;
- That the parent, guardian, or custodian retains parental rights and responsibilities under the voluntary placement agreement with the Department, including the:
    - Legal custody of the child;
    - Right to reasonable visitation;
    - Right to consent to medical treatment; and
    - Right to participate in educational decisions and act as the special education parent (See Chapter 3: Section 26 Education for Children in Out-of-Home Care).
- That his/her decision to place a child in voluntary placement does not constitute grounds for abandonment, abuse or dependency nor may it be used in a judicial proceeding as an admission of criminal wrong-doing;
- That after a child has been in out-of-home placement for 60 days, the time in out-of-home care will be included in the amount of time the Court considers when determining whether to terminate a parent's rights if:
    - A dependency petition is filed;
    - The child is made a ward of the court; and
    - The dependency action results in the termination of parental rights based on length of time the child has been in out-of-home placement.
- When the determination is made that voluntary placement with the Department is appropriate:
- Explain the terms of Voluntary Placement Agreement, to the parent, guardian, or custodian and to any child who is over age 12 years and not developmentally disabled.
- Determine, in cooperation with the parent, guardian, or custodian, the length of placement up to 90 days and specify this on the form.

Complete the Voluntary Placement Agreement. Have the parent, guardian or custodian and child, if appropriate, sign the form.

If the child who is age 12 years or older and not developmentally disabled, refuses to sign the Voluntary Placement Agreement, and it has been determined that voluntary

placement is clearly necessary to prevent abuse, document the reasons for proceeding with the placement in the case record using the Case Notes window.

Distribute the Voluntary Placement Agreement as follows:

- Give one copy to the parent, guardian, or custodian.
- Give one copy to the child, if age 12 years or older and not developmentally disabled.
- Keep the original in the child's hard copy record.

Relative Placement

Determine whether to place a child with an adult relative under a Voluntary Placement Agreement using the Decision Making Procedures found in Kinship Care.

Follow the Implementation procedures from in Kinship Care to determine whether the relative meets the requirements for placement; the following are not required for a voluntary placement agreement with a relative:

- References;
- Formal home study; and
- Kinship Placement Notification letter.

Complete the following activities prior to placement with a relative:

- Complete a search of the Central Registry, CHILDS Case Management Information System and other states or jurisdictions (if applicable) for current or prior involvement with Department of Child Safety on all individuals in the home over 18 year of age;
- Complete a criminal history records check with the Department of Public Safety (DPS) for all adults residing in the home;
- Complete a Safety Plan (Page 1) and Protective Action/Safety Plan Signature Page. Provide each caregiver and safety monitor (when applicable) a copy of these completed forms;
- Visit the home to ensure that the home environment has no observable safety hazards using the Home Safety Checklist for Kinship Foster Caregiver Household;
- Determine if there is any information that would preclude the relative from providing a safe, nurturing environment for the child;
- Complete the Kinship Placement Agreement and Notification of Resources. Relative(s) must read and sign the form; and
- Ensure the relative(s) and all individuals in the home over 18 years of age complete the Self-Disclosure Statement for Kinship Foster Caregiver Household.

Place the child in a licensed out-of-home care placement or with a relative that meets the child’s individualized assessed needs. See Selecting an Out-of-Home Care Provider.

Follow the procedures outlined in Voluntary Placement of an Indian Child when the child is or may be American Indian.

Case Management of Voluntary Placement Agreements
Develop an individualized case plan within 10 working days of placing a child in voluntary placement with the Department. The case plan must address the:

- Safety and/or risk factors that prevent the child from living safely at home,
- Provisions for contact and visitation between the child and family, and
- The services necessary to promote the safety of the child on the planned return date to the parent, guardian, custodian, or alternative placement.

For policy and procedures of developing a case plan see Family Centered Case Planning.

Meet with the family within 30 days of taking a child into voluntary placement (and monthly thereafter) to review the case status, progress toward the case plan goal, and continued appropriateness of voluntary placement. If the family is able to address the safety concerns at any time in the 90 days then the child must be returned to their home. Voluntary placement with the Department cannot be prolonged when the safety threats are no longer present.

Monitor the child's out-of-home placement through monthly face-to-face contact with the child and caregiver in the caregiver's home to ensure that the child is safe.

Follow procedures found in Locating Children on Runaway Status if the child runs away from the voluntary placement.

Follow the procedures found in Locating Children on Runaway Status **upon the child's return to out-of-home care**. In addition to these procedures:

- Convene a case conference, within seven days, to include the parent, guardian or custodian and the out-of-home care provider to discuss continuance or termination of the Voluntary Placement Agreement.
- Do not end date the Removal Status or terminate CMDP coverage unless the Voluntary Placement Agreement is terminated.

Expiration of the Voluntary Placement Agreement
Within 10 working days prior to expiration of the Voluntary Placement Agreement:

- Reassess the child's safety using the Continuous Child Safety & Risk Assessment (C-CSRA);
- Convene a case plan staffing to determine whether:
    - The child may be safely returned home; or
    - The parent, guardian, or custodian has arranged an alternate safe placement with a relative, non-custodial parent, or other custodian; or
    - Filing an In-Home Intervention, or In-Home Dependency Petition or Out of Home Dependency Petition is necessary to ensure the child's safety.

Before the child returns home or is placed in an alternate safe placement:

- Ensure that the child is provided an opportunity to talk about his/her feelings about going home or going to an alternate placement.
- Determine the follow-up services needed by the parent, guardian, custodian, or alternate caregiver to meet the child's needs.
- Inform the parent, guardian, custodian, or alternate caregiver about available financial and non-financial services and eligibility requirements.
- Assist the parent, guardian, custodian, or alternate caregiver to complete the necessary applications for services.
- Access needed services through department or community resources.

Documentation

Document the whether voluntary placement is appropriate, the explanation of the terms and conditions of the Voluntary Placement Agreement in the Team Decision Making Summary using the Case Notes window designated Case Conference.

Ensure that the child is enrolled in CMDP by completing the Removal Status window with the date of placement with the licensed out-of-home care provider or relative as the Removal Start Date.

Document the case plan staffing using the Case Notes window designated as Staffing type.

When needed, document the reasons for proceeding with placement when a child who is age 12 or over and not developmentally disabled refuses to sign the Voluntary Placement Agreement using the Case Notes window.

Document the meeting with the parent, guardian, or custodian held 30 days after placement and every 30 days thereafter to review the case status using the Case Notes window designated as Parent/Caretaker Contact type.

Using the Child and Caregiver Visitation Note Outline document all face-to-face visits with the child and caregiver, using the Case Notes window designated as the appropriate type.

- Select the "In Person" contact type radio button.
- Highlight the names of all parties including the Child Safety Specialist in the "Contact With" list on the Case Notes window.
- Select the "In Placement Contact" check box if the child and out-of-home care caregiver were seen together or separately in the caregiver's home.

If the child runs away from Voluntary Placement, document all information related to the runaway of a child including the DR number, notification of all parties and specific attempts to locate the child using the Case Notes window.

Following the child's return to the parent, guardian, or custodian or alternate caregiver, end date the removal on the Removal Status window and update the Legal Status window.

Forms

Home Safety Checklist for Kinship Foster Caregiver Household, CSO-1014
Safety Plan (Page 1), CS0-1034B,
Protective Action / Safety Plan Signature Page, CSO-1034C

Voluntary Placement Agreement, CSO-1043
Voluntary Placement Agreement (Spanish), CSO-1043

Self-Disclosure Statement for Kinship Foster Caregiver Household, CSO-1130
Kinship Placement Agreement and Notification of Resources, CSO-1129

Notice to Providers (Out-of-home, Education, and Medical), CSO-1035

Child's Placement Packet, FC-1200

Related Information

Relative Search Best Practice Guide
Using the Removal Status Window Practice Guide

Legal

A.R.S. § 8-806 Voluntary placement; conditions; notice of placement; time limit; rules

A.R.S. § 8-453 Department of Child Safety Powers and duties

25 U.S.C. Title 25, Chapter 21 Indian Child Welfare

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 4
Terminating Voluntary Services

Policy

Voluntary services shall be terminated when:

- the family is able to care for its children safely without involvement of Department of Child Safety; or
- the family no longer wishes to participate in voluntary services and risk factors are not severe enough to warrant a dependency action; or
- a dependency action must be filed to ensure the safety of the child.

Procedures

A Voluntary case may be closed when:

- The parent recognizes the factors that caused the child to be at risk of harm.
- The parent has taken steps to change the behavior or situation that places the child at risk.
- These steps are sufficient to lead you to believe that the child will be safe at home in the foreseeable future.
- The parent is involved with extended family members, community support networks or service providers who will be able to help the family maintain these changes over time.
- The parent knows how and where to access help if problems arise in the future.
- The child been placed, as arranged by the parent, guardian or custodian, in an alternate, safe, permanent, legal placement with a relative, on-custodian parent, or other custodian.
- The follow-up services needed by the relative, non-custodial parent or alternate caregiver to continue to meet the child's needs have been established.

Prior to case closure:

- Ensure that the parent, guardian, custodian or the caregiver is aware of available financial and non-financial services and eligibility requirements.

- Assist the parent, guardian, custodian or caregiver to complete the necessary applications for services.
- Access needed services through department or community resources.
- Ensure that the parent has extended family members or community support networks that can assist him or her if difficulties arise.
- Ensure that the parent knows how and under what circumstances to seek help in the future.

Terminate voluntary services and file a dependency petition when:

- The child would be unsafe at home or in a placement made by the parent and that no additional supports or interventions can assure the child's safety.
- The parent is unwilling or unable to take concrete actions to change the behavior or situation that led to DCS involvement with the family.
- There is a family member, community support network or service provider who can assist the family in keeping the child safe only through court intervention.

Conduct a case plan staffing to assess the progress made in addressing the risk factors that led to DCS involvement with the family. If the assessment indicates that:

- identified safety and risk factors have been adequately addressed, outcomes have been achieved and the child appears to be safe at home, close the case.
- the family refuses to participate in voluntary services and grounds for a dependency action do not exist, close the case.
- the child appears to be unsafe in his or her current situation, follow the procedures for filing an In-Home Intervention, or In-Home Dependency Petition or Out of Home Dependency Petition to ensure the child's safety.

Documentation
Document the decision to terminate voluntary Department of Child Safety and close the case.

Document the case plan staffing using the Case Notes window designated as Staffing type

Forms
NA

Related Information

Legal
NA

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 5
In-Home Intervention

Policy

The department may recommend the filing of a petition requesting In-Home Intervention when:

- The Child Safety and Risk Assessment (CSRA) indicates that the child is safe or an in-home safety plan is in place.
- The child is at a moderate or higher level of risk of harm and short-term services (up to one year) are required to resolve the identified risk factors.
- There is reason to believe that the parent, guardian or custodian will only follow through with services with court oversight.
- Child has not been taken into temporary custody.

Procedures

Decision making

If voluntary services are not an option there are three paths the case can take:

1. petitioning for in-home intervention,
2. filing an in-home dependency petition,
3. filing an out of home dependency petition.

The difference in the three paths identified above is depicted in the following chart:

In Home Intervention	In-Home Dependency	Out-of- Home Dependency
The court stays the finding at the initial court hearing.	The court makes a finding of dependency—and the child remains in the home.	The court makes a finding of dependency and the child is removed from the home.
The Child Safety Specialist writes an initial report to the court (the Report to Juvenile	The court sets a hearing at a minimum, every six months.	The court sets a hearing at a minimum, every six

Court for In-Home Intervention)—and unless a party requests a hearing, there is no court hearing for 12 months.		months. A permanency hearing is set by the court: • within 30 days of the disposition hearing if reunification services were not ordered, or • within 12 months of the child's removal from the home, or • for children under three years of age, within six months of the child's removal from the home.
Indicate “In-Home Intervention Requested” on the Dependency Petition Worksheet.	Indicate "In Home Dependency" on the Dependency Petition Worksheet	Indicate "Out-of-Home Dependency" on the Dependency Worksheet
Serve the Notice Requesting In-Home Intervention to the parents (including the non-custodial parent), guardian or custodian.	Serve the In-Home Dependency Notice to the parent (including the non-custodial parent), guardian or custodian	Serve the Temporary Custody Notice (TCN) to the parent (including the non-custodial parent), guardian or custodian

Consider filing a dependency petition requesting In-Home Intervention when all of the following are true:

- The child has not been removed from the home.
- Parents are in agreement with in-home intervention and services
- The Child Safety & Risk Assessment will provide two functions;
  - Indicates the child is safe or an in-home safety plan is in place; and
  - Identifies risk factors that appear likely to be resolved through short term in-home intervention.
- There is reason to believe that the family will follow through with services, due to prior history or other indicators, with minimal court oversight.
- The parent, guardian or custodian agrees to the in home intervention case plan in writing and to full participation in services.
- The child is at risk of harm due to the inability or unwillingness of the parent, guardian or custodian to provide food, clothing, shelter or medical care; or the parent, guardian or custodian is unable to provide proper care, control and supervision of the child.

Do not consider filing a dependency petition requesting In-Home Intervention:

- if the family does not fully agree with the in-home intervention plan;
- if the child's health and safety can not be maintained in the home;
- if protective services are unlikely to remedy the risk factors that place the child at risk of abuse or neglect; or
- if it is necessary to remove one or more children from the home.

Implementation

Review the results of the Child Safety & Risk Assessment . Assess the type and level of intervention and supervision needed to ensure the child's continued safety and to remedy the identified risk factors.

Review and discuss the case circumstances with your supervisor, including the likelihood of resolving the risk factors through In-Home Intervention.

Develop and implement the case plan in accordance with Case Planning.

Legal Issues

Consult with the Office of the Attorney General to determine whether there is sufficient evidence to file a petition for in-home intervention and maintain the child safely in the home. Also, discuss the duration of the petition (up to one year or less).

If so advised by the Attorney General's Office that there is sufficient evidence, prepare the Dependency Petition Worksheet, CT00900, found in the Court Document Detail, and

submit it to the Attorney General's Office, following regions operating procedures . Indicate "In-Home Intervention Requested" on the Dependency Petition Worksheet.

Serve the Notice Requesting In-Home Intervention, CSO-1029, to the parents (including the non-custodial parent), guardian or custodian.

If necessary, conduct an extensive and documented search for missing parents. If you are unable to identify or locate a parent after conducting a diligent search, complete an Affidavit of Unknown Residence, CT00600, found in the Court Document Detail, and submit it to the Attorney General's Office prior to the Initial Dependency Hearing.

Prepare the report to Juvenile Court for the Initial Dependency Hearing (also known as a 21-Day Hearing) using the Report to Juvenile Court for In-Home Intervention, CT05500, found in the Court Document Detail. Provide all verbal and written responses to the allegation and any documentation obtained from the subject of a DCS investigation. Submit the report to the Court and the Attorney General's Office at least five working days prior to the hearing with the following attachments:

- Proposed Case Plan as documented in the Permanency Goals window, Case Plan Tasks window, and the Case Plan Agreement window.
- Foster Care Plan and Progress Report, FC-064, and FC-064-A, Attachment A, found in Court Document Detail.
- Ensure that the child's school name and address are recorded on the FC-064-A.
- Include on the FC-064-A the name and address of any juvenile probation officer of a child and any RBHA case manager of a parent or a child.
- Reports from service team members if applicable and available.

Send the report to the attorneys and/or guardians ad litem representing the parents, guardians and child in the Dependency Petition, with all of the above attachments except Foster Care Plan and Progress Report, FC-064, and FC-064-A, Attachment A.

Send the report to other individuals given "interested party" status by the Court, to the parents, guardians and child, if age 12 or older and not represented by an attorney; to any juvenile probation officer; to any parent's or child's RBHA case manager. Include the Proposed Case Plan as the only attachment.

Successful In-Home Intervention Case Plan

If the parent, guardian or custodian successfully completes the in-home intervention case plan, contact the Attorney General's Office to file a motion to dismiss the Petition. Complete an Addendum Report following the format found in the Court Document Detail, CT00200, and submit the report to the Attorney General's Office. A hearing on the motion to dismiss is not required; although, the Court may set a hearing. Distribute the Addendum Report as described above.

Consult with the Attorney General's Office if there is a reason to extend the In-Home Intervention order . The Attorney General's Office will file a motion to extend the order prior to the In-Home Intervention Review Hearing.

If the petition is not dismissed prior to the In-Home Intervention Review Hearing, complete an Addendum Report, CT00200. Ensure that the report contains the following information:

- the services offered and provided;
- parent's participation and progress in services;
- description of how each identified risk factor has been resolved; and
- need (and reason) for an extension of In-Home Intervention Services.

Submit the report to the Court and the Attorney General's Office at least ten working days prior to the hearing with the following attachments:

- Foster Care Plan and Progress Report, FC-064, and FC-064-A, Attachment A, found in Court Document Detail.
    - Ensure that the child's school name and address are recorded on the FC-064-A.
    - Include on the FC-064-A the name and address of any juvenile probation officer of a child and any RBHA case manager of a parent or a child.
- Reports from service team members if applicable and available.

Send the report to the attorneys and/or guardians ad litem representing the parents, guardians and child in the Dependency Petition with all of the above attachments except Foster Care Plan and Progress Report, FC-064, and FC-064-A, Attachment A.

Send the report to other individuals given "interested party" status by the court, to the parents, guardians and child, if age 12 or older and not represented by an attorney; to any juvenile probation officer; to any parent's or child's RBHA case manager.

Unsuccessful In-Home Intervention Case Plan

If after the Court orders In-Home Intervention, the parent, guardian or custodian does not comply with the case plan including participation in services, reassess the child's safety using the Continuous Child Safety and Risk Assessment (C-CSRA) to determine if the child is safe in the home.

If the child is unsafe and an In-Home Safety Plan *can* ensure the child's safety:

- Complete a Safety Plan.
- Determine whether the level of risk has increased by completing a reassessment of the family's strengths and risks using the Continuous Child Safety and Risk Assessment (C-CSRA) .

- Contact the assigned Assistant Attorney General to file a motion to rescind the In-Home Intervention order and proceed to adjudication.
- Complete an Addendum Report following the format found in the Court Document Detail, CT00200, and submit the report to the Attorney General's Office. Distribute the Addendum Report as described above.

If the child is unsafe and the child's safety can *not* be maintained in the home:

- Complete an Out-of-Home Safety Plan.
- Take temporary custody of the child.
- Serve a Notice of Removal, CSO-1039 to the parent, guardian or custodian.
- Contact the Attorney General's Office to file a motion to rescind the In-Home Intervention order and a motion to Change Physical Custody.
- Notify the child's attorney and/or guardian ad litem.
- Complete an Addendum Report following the format found in the Court Document Detail, CT00200, and submit the report to the Attorney General's Office. Distribute the Addendum Report as described above.

Documentation

Document consultation with the supervisor using the Case Notes window, designated as Supervisory Contact type.

Document consultation with the Attorney General's Office using the Case Notes window, designated as AG Contact type.

File a copy of the Dependency Petition along with any court order for In-Home Intervention in the case record.

Document the child's legal status as In-Home Intervention in the Legal Status window.

Forms

Notice Requesting In-Home Intervention, CSO-1029

Court Document Directory:

Dependency Petition Worksheet, CT00900
Affidavit of Unknown Residence, CT00600
Report to Juvenile Court for In-Home Intervention, CT05500
Foster Care Plan and Progress Report, FC-064
Attachment A,FC-064-A
Addendum Report, CT00200

Related Information

Court Reports
Child Safety Planning

Legal

A.R.S. § 8-201 Juvenile Court Definitions

A.R.S. § 8-891 In-home intervention

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 6
In-Home Dependency: Filing

Policy

The department shall consider providing services through an in-home dependency petition when:

- A child is assessed as safe at the time, but is at high risk of abuse or neglect; and
- There is indication that the child's parent or guardian or custodian will not comply with voluntary protective services needed to establish and maintain the child's safety and well-being; **OR**
- There is rapid escalation in severity of safety or risk factors that indicates the child may be at immediate or serious risk of harm; and
- Safeguards can be established to maintain the child's continued safety and well-being in the home.

The department shall ensure that intervention is provided to remedy the risk factors that prevent the parent from safely caring for his/her child without of court supervision and department intervention.

An in-home dependency petition shall not be considered when the child's safety and well-being can not be maintained in the home or protective services are unlikely to remedy the risk factors that place the child at high risk of abuse or neglect.

Procedures
Decision Making

If the decision is made to open a case and a petition is to be filed, there are three options: petitioning for in-home intervention, filing an in-home dependency petition or filing an out of home dependency petition.

Consider filing an in-home dependency petition when the answer to all of the following questions is *YES*:

- Does the child safety assessment indicate that the child is safe?
- Is the child at high risk of abuse or neglect?

- Does the parent fail to acknowledge the potential for abuse or neglect of the child and/or the need for protective services?
- Have voluntary protective services been offered or provided and the parent refused or failed to follow through with services or a plan to ensure the child's safety?
- Does the risk assessment indicate recurrence or increase in the level and/or types of risk to the child?
- Will department and court supervision assist or ensure that the parent can protect the child and maintain a safe, nurturing environment?

In addition to the above questions, the following questions should be considered:

- Does the parent understand the consequences of non-compliance with in-home protective services?
- Is the parent or another person in the home subject to supervision by another entity (such as a state or tribal court, probation, mental health) and additional monitoring is necessary to ensure the child's safety and well-being

Do not consider an in-home dependency petition when the child's health and safety can not be maintained in the home or protective services are unlikely to remedy the risk factors that place the child at high risk of abuse or neglect.

Consider filing an in-home dependency petition when the child's safety can be maintained in the home and one or more of the following risk factors have been identified:

- Substance abuse;
- Domestic violence;
- Current or prior history of severe or serious injuries to a child in the home;
- Chronic, more severe or additional types of risk to the child, or
- The parent's failure or inability to obtain treatment for a life-threatening medical condition.

Implementation

Review and discuss the case circumstances with your supervisor.

Consult with the Office of the Attorney General to determine whether there is sufficient evidence to support an in-home dependency petition. If so advised by the Attorney General's Office, file the dependency petition in accordance with Filing an Out-of-Home Dependency Petition.

Provide notice of the filing of the in-home dependency petition to the parent (including the non-custodial parent), guardian or custodian by serving the parent, guardian or custodian the In-Home Dependency Notice, CSO-1031. Prepare the report to Juvenile Court for the Preliminary Protective Hearing in accordance with Filing an Out-of-Home Dependency Petition

Assess the type and level of protective services needed to ensure the child's safety and to remedy the identified risk factors. More intensive services such as Arizona Family Preservation Services, Arizona Families FIRST, Parent Aide and DCS Child Care services should be considered.

In consultation with the service team, determine the level of supervision needed to ensure the child's continued safety in the home. If possible, identify extended family member or community resources to assist in monitoring the child's safety and to support the family's participation in services. At a minimum, visit the child and the family in the family's home at least once a month.

Develop and implement the case plan in accordance with Family Centered Case Planning.

Documentation

Document consultation with the supervisor using the Case Notes window, designated as Supervisory Contact type.

Document consultation with the Attorney General's Office using the Case Notes window, designated as AG Contact type.

File a copy of the In-Home Dependency Notice and the Dependency Petition along with any court orders or minute entries resulting from the dependency hearing in the case record.

Document the child's legal status as In-Home Dependency in the Legal Status window.

Ensure child has proper removal status to indicate that child is in the home.

Forms

In-Home Dependency Notice, CSO-1031

Court Document Directory:

Dependency Petition Packet, CT009
Preliminary Protect/ Initial Hearing Report To Juvenile Court, CT012

Related Information

Foster Care Candidacy
Using the Removal Status Window Practice Guide

Legal

A.R.S. § 8-201 Juvenile Court Definitions

A.R.S. § 8-514.02 Placement with parent or relative

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 7
In-Home Dependency: Services

Policy

When the court has granted a dependency petition, the department shall provide services that minimize intrusion into family life to the greatest extent possible while ensuring the health and safety of the child.

With the court's approval, the department may provide in-home services under a dependency if such services can adequately ensure the child's health and safety while the family addresses safety and risk factors that necessitate Department of Child Safety (DCS) involvement.

Case planning and case management requirements described in Case Planning shall apply to families receiving in-home services under a dependency petition.

Child Safety Specialists shall have face-to-face contact with the child and parent(s) in the home at least once a month :

- to ensure that the child remains safe in the home; and
- to work with the family on addressing safety and risk factors that prevent them from caring for the child safely without DCS involvement.

Procedures
Implementation
To provide in-home services to families under a dependency:

- Review court orders carefully to make sure that all requirements of the court are met.
- Develop a proposed case plan jointly with the family. Meet all requirements related to periodic reassessment and revision of case plans.
- Review and update the Continuous Child Safety and Risk Assessment (C-CSRA) if necessary, whenever the case plan is revised.
- Complete the Family Relationships window.
- Visit the child and family in the family home at least monthly .

- Review all service provider reports
- Provide services and/or refer the family to services that will address risk factors that prevent the family from ensuring the child's health and safety without DCS involvement.
- Monitor the family's progress in achieving the outcomes specified in the case plan.

When providing in-home services under a dependency, do not:

- Present the case for review by the Foster Care Review Board;
- Develop an Out-of-Home Care Plan or Visitation Agreement;
- Complete any other tasks associated solely with out-of-home placement.

Documentation

Document all contacts and visitation with the child(ren) and family members using the Case Notes window, designating the appropriate type. Document face-to-face contacts using the Case Notes window and by selecting the In Person Contact Type radio button.

Highlight the names of all parties present using the Contact With list on the Case Notes window. Select the "In Placement Contact" when the child and parent are seen together or separately in the parent's home.

Document the decision to provide in-home services under a dependency petition using the Determination of Case Status window.

Document the Proposed Case Plan by completing the following windows associated with the Case Plan Directory: Permanency Goals, Case Plan Tasks and Case Plan Agreement. Confirm the information on the Notification window.

Document the periodic reassessment of the case and the revised case plan by completing the following windows associated with the Case Plan Directory.

If new safety or risk factors have been identified since the last assessment, use the Continuous Child Safety and Risk Assessment (C-CSRA).

Forms

Court Document Directory:

Request for Services, PS0-67
In-Home Services Referral, PS0-67-13

Related Information

Foster Care Candidacy

Legal

A.R.S. § 8-201 Juvenile Court Definitions

A.R.S. § 8-514.02 Placement with parent or relative

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 8
Family Reunification Services

Policy

The Department shall seek to reunify families when the parent has successfully addressed risk factors that prevented him or her from caring for the child safely without department involvement.

Unless it is not in the child's best interest, the department shall require a trial placement of the child at home prior to petitioning the court to dismiss the dependency order.

The department shall comply with court orders regarding the reunification of families.

Procedures

Determining if Child can return home

To determine whether a child can be returned home safely, consider these questions:

- Has the parent made changes in his or her behavior or environment to address each of the risk factors identified in the Child Safety and Risk Assessment (CSRA) and Continuous Child and Safety Risk Assessment (C-CSRA)?
- Has visitation (including unsupervised overnight visits) been safe and successful?
- Has the parent planned for the child's re-entry into the family and community - for example, by making child care arrangements, by considering school placement, by arranging for ongoing support and assistance?

Implementation

Unless the court has ordered immediate reunification as a result of the Temporary Custody Hearing under ARS §8-861:

- Convene a case plan staffing to determine when family reunification is appropriate.
- Consider returning the child home on a trial basis for three to six months (or longer if necessary) prior to petitioning the court to dismiss the dependency petition.

With the parent, determine arrangements for the child's return home. Assist the parent in arranging for the child's re-entry into the family by ensuring that the parent has considered:

- child care arrangements;
- how they will manage the stress of having the child back in the home (do they have support?)
- school placement; if possible have someone assist the parent in registering the child for school, if the child will be attending a different school. Assist in the transfer of educational records;
- health care; if possible have someone assist the parent in finding a primary care provider for the child;
- physical needs (e.g., bed, formula); and
- community or recreational activities for the child and the family.

Plan the child's transition from placement to home with both the parent and the out-of-home care provider.

If a physical custody order is in effect, request that the Attorney General's Office petition the court for a change of physical custody order. See Laws, Legal Processes and Liability

Provide support and supervision during the trial placement at home. In particular, during this period:

- Monitor the child's continued safety by visiting the child(ren) and parent(s) in the home at least monthly.
- Discuss any adjustment problems with the family.
- Assist the family in securing needed services.
- Encourage the family to use extended family members, places of worship, neighborhood organizations, and community networks as an ongoing source of support and assistance.

Documentation
Document the case plan staffing using the Case Notes window designated as Staffing type.

Document visitation with the family using the Case Notes window.

Forms
Court Document Directory:
Request for Services, PS067-00
Request of In-home Services, PS067-13

Related Information

Legal
ARS §8-861 Return of Child

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 9
Parent & Child Visitation

Policy

The department shall facilitate visitation and ongoing contact between a child in out-of-home care and the child's parents, family members, their relatives and individuals with significant relationships to the child to preserve and enhance relationships with and attachments to the family of origin. Contact may be by telephone, mail and/or in-person visitation.

The department must determine whether there is a court order from a Superior Court criminal case that prohibits contact between the child and his/her parent or guardian before facilitating contact.

If the placement of siblings together is not possible for all or any of the siblings, the department shall make efforts to maintain frequent visitation or other ongoing contact between all siblings unless documented evidence that visitation or ongoing contact would be contrary to the child's or a sibling's safety or well-being.

The department shall facilitate contact by telephone, mail and visitation between a child in out-of-home care and the child's friends and any former foster parent unless such contact is documented as contrary to the child's or a sibling's safety or well-being.

The department may recommend that visitation or contact between a child in out-of-home care and the child's parents, family members, other relatives, friends, and any former foster parents be restricted only when visitation or contact is contrary to the child's safety or well-being.

All case plans for children in out-of-home care shall include a contact and visitation plan which is developed with involvement of family members and the child, if age appropriate, or documentation of why contact and visitation is contrary to the child's safety and well-being.

Frequency, duration, location and structure of contact and visits shall be determined based primarily upon the child's need for safety and for family contact with safety being the paramount concern. Visitation and other contact by telephone and mail shall not be used as a reward or as a punishment for the child or any family member.

Visitation shall take place in the most natural, family-like setting possible and with as little supervision as possible while still ensuring the safety and well-being of the child.

The department shall make every reasonable effort to not remove a child, who is in out-of home care, from school during regular school hours for appointments, visitation or activities not related to school.

Procedures
Decision Making
In determining a contact and visitation plan, consider these factors:

Superior Court criminal case orders:

- Any order from a Superior Court criminal case that prohibits contact between the child and his/her parent or guardian before facilitating contact.

Initial and continuous safety and risk assessments:

- the safety threats and risks currently present in the family;
- when, where, and with whom the safety threats are present;
- whether the child(ren) would be vulnerable to the safety threats during unsupervised visitation;
- whether there are safety actions that can control the safety threats during supervised or unsupervised visitation.

Child-specific factors:

- importance of contact with family and extended family members;
- best interests of the child;
- placement locations of siblings;
- chronological and developmental age;
- requests for and reaction to visits;
- therapeutic needs; and
- school and activity schedules.

Family (parents, family members, and other relatives) factors:

- family's behavior and abilities that are specifically detrimental to the child;
- family's request for and reaction to visits ;
- family's work, school or activity schedule;
- family relationships and interactions; and

- parent's progress toward case plan task that directly relate to the safety and well-being of the child;

Caregiver factors:
- level of involvement in visiting;
- willingness to assist with visitation;
- work, school or activity schedule;
- impact of visitation on other children in the placement.

Significant persons (friends and former foster parent) factors:
- length and quality of relationship with the child;
- person's contribution to the child's positive growth and development;
- person's wishes for visitation and contact with the child;
- person's motivation for visitation and contact with the child;
- person's behavior during visitation and contact with the child;
- person's awareness of the needs of the child; and
- consequences for the child if visitation and contact is not maintained..

Based on these factors, determine the type, frequency, duration, and location of contact and visits. Determine if visits or other contact should be highly structured, moderately structured, or relaxed. For more information, see Visitation Supervision Continuum

Implementation
Before facilitating contact between the child and his/her parent or guardian,
- Ask the parent or guardian is there is any court order from a Superior Court criminal court that prohibits contact between the child and his/her parent or guardian.
- Search the Arizona Supreme Court Public Access to Court Information for any cases involving the parent or guardian. Enter the first and last name of the parent or guardian, his/her month and year of birth, and select "All Searchable Courts". If your county does not post Superior Court criminal case information on the website, contact your county's Superior Court directly to determine whether there is a criminal case court order that prohibits contact between the parent of guardian and the child.
- If any case is identified, determine whether the case is a Superior Court Criminal Court. You may also be able to view minute entries for the case.

Do not facilitate contact between the child and his/her parent or guardian if an order from a Superior Court criminal case prohibits such contact.

Involve family members, the child, if age appropriate, and caregivers in developing the contact and visitation plan. In particular, assist the child and the parents to identify extended family and significant persons as potential placement options or non-placement support persons.

Give parents a copy of Visitation Guidelines for Parents, CSO-1138, and discuss it with them.

Strive for weekly contact and visitation with parents and between siblings not placed together. Adapt the frequency as necessary to meet the child's safety and well-being needs. Make every reasonable effort to schedule and arrange transportation to visitation between the child and his/her family including parents and siblings during non-school hours. Whenever possible, use service providers who are able to transport and facilitate/supervise visitation during non-school hours.

Comply with any court orders regarding contact and visitation.

Ensure that all persons included in the contact and visitation plan are entered as case participants using the most appropriate case role.

Consider information provided by service providers and caregivers concerning the progress of parents towards addressing safety and risk factors as well as the specific needs of the child.

Medical Marijuana

The Arizona Medical Marijuana Act Arizona Medical Marijuana Act) enables a person (a qualifying patient), who is registered with the Arizona Department of Health Services (ADHS), to legally obtain, under Arizona law, an allowable amount of marijuana and possess and use the marijuana for its therapeutic effects in treating and alleviating symptoms associated with a debilitating medical condition. However, the possession, sale or transportation of marijuana is still a crime under Federal law.

The Child Safety Specialist and his/her supervisor may not restrict or deny contact or visitation between the child and a parent who is a qualifying patient because the parent uses and/or cultivates marijuana for his/her medical use.

In order to recommend against contact or visitation with a child by a parent, who is a qualifying patient, the Child Safety Specialist and his/her supervisor must assess the parent’s behavior and determine whether that behavior creates an unreasonable danger to the child's safety or well-being.

If contact and visitation are determined to be contrary to the child's safety or well-being and the child cannot be protected through a supervised or structured visit, contact the Attorney General's Office to request that a motion be filed to restrict or prohibit contact. Restriction or denial of contact or visitation between the child and the child’s siblings, parents, relatives, friends, former foster parents may occur only by court order.

Increase the frequency and duration of contact and visits as progress toward case plan tasks that directly relate to safety and well-being of the child are achieved. Provide maximum opportunity for parent-child contact responsibility during reunification phase visits.

If a child objects to contact and visitation, consult your supervisor.

If conflicts arise around contact and visitation:

- Consider the child's safety and well-being as the paramount concern in conflict resolution.
- Assure the family members and siblings' rights to contact and visitation over the needs or preferences of out-of-home care providers.
- Give weight to the contact and visitation plan that best supports the case plan, even if the plan is less convenient or requires additional agency resources.
- If conflicts are unresolved, explore other avenues for seeking resolution, such as mediation or the court system

Documentation
Document the contact and visitation plan in the Visitation window.

If the siblings are unable to be placed together, document frequent contact or visitation between siblings in the Visitation section in the Case Plan.

When a decision is made that contact and visitation is contrary to the child's safety and well-being, document the reasons in a Case Note in CHILDS.

Document the need for contact and visitation restrictions in the Visitation section of the Case Plan.

Document contact between the child and the child’s siblings, family members, other relatives, friends, and any former foster parents using the Case Notes windows.

Document the supervision of contact and visitation using the Summary of Supervised Visitation, CSO-1091. File the form in the hard copy record

Forms

Visitation Guidelines for Parents, CSO-1138
Visitation Guidelines for Parents(Spanish), CSO-1138S
Summary of Supervised Visitation, CSO-1091

Related Information

Visitation Supervision Continuum
Parental Visiting and Family Reunification: How Inclusive Practice Make a Difference
MAKING THE MOST OF VISITATION BETWEEN CHILDREN AND THEIR FAMILIES

Legal

A.R.S. § 8-513 Participation in activities; contact with relatives; placement with siblings

A.R.S. § 8-527 Children in out-of-home care; noninterference with regular school activities

A.R.S. § 8-813 Preplacement investigation; medical examination; disposition.

A.R.S. § 8-824 Preliminary protective hearing; probable cause; appointment of counsel

A.A.C. R6-5-5829 Daily Care and Treatment of a Foster Child; Foster Child Rights

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 10
Parent Aide Services

Policy

To the extent that resources allow, the department shall utilize the services of parent aides to provide a range of supportive services aimed at preserving, stabilizing and reuniting families.

Parent aide services shall be provided at the discretion of the department in conjunction with needs identified in the family's case plan.

Parent aide services may be provided by Department of Child Safety (DCS) staff or by a contract provider.

Parent aides shall not manage family finances or administer medication.

Parent aides shall not serve Temporary Custody Notices to parents or other caretakers.

A family shall not receive parent aide services for more than 180 days unless there is a review of the continued need for

Procedures

Considering Parent Aide Services

Consider using parent aide services when a family assessment indicates that a family needs assistance in the areas of:

- parenting skills;
- home management, including budgeting, nutrition, time management and personal care skills related to the case plan ;
- transportation; or
- supporting the visitation process.

Implementation

Meet with the assigned parent aide to discuss the case. Be specific about the permanency goals and services identified in the case plan. Provide the parent aide a copy of the case plan.

Introduce the parent aide to the family and be sure that the family understands what services will be provided.

Review the parent aide's monthly report to assess case progress and determine if a case plan revision may be necessary. Consult with the parent aide, as necessary. Include the parent aide as a member of the service team.

In an emergency, make a verbal request for a parent aide from the parent aide supervisor. Complete the Service Authorization and Provider Match Process within two working days.

Consult with your supervisor if it appears that services may need to be extended beyond 180 days.

Notify the parent aide of termination of parent aide services or case closure.

Notify the family verbally or in writing of the discontinuation of parent aide services. Meet with the family and parent aide at least five working days prior to discontinuation of services to review progress and identify areas in which further assistance is needed.

DOCUMENTATION

Complete PS-067, Request for Services and route according to region procedures. Make certain to outline clearly with whom parent aide is to work and the tasks to be accomplished.

Ensure authorization for the service is completing according to region operating procedures.

Keep a copy of the PS-067 in hard copy record.

Maintain the parent aide's monthly reports in the hard copy record.

Document approval for an additional service authorization from your supervisor using the Case Notes window, Supervisory type.

Forms

Court Document Directory:

Request for Services, PS-067
Parent Aide Referral Addendum, PS-067-14

Related Information

Legal

A.R.S. § 8-457. Service coordination function.

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 11
Housing Services

Policy

The Department of Child Safety (DCS) may provide housing assistance to families in which lack of safe and adequate housing is a significant barrier to family preservation, family reunification or achievement of the permanency plan for at least one child involved in an open case.

Housing assistance may be provided by the department only after other sources of housing assistance have been explored and exhausted. Efforts to obtain housing assistance through all other means possible shall be documented in the record.

Housing assistance may only be used to assist a relative or significant other in cases in which return to the parent has been ruled out and the case plan reflects that the relative or significant other is seeking permanent placement of the child through adoption or legal guardianship.

Housing assistance may only be used for the following:

- rent;
- rent arrears;
- rental or utility deposits;
- utility installation and payments; and
- utility arrears.

The Housing Assistance program shall not be used to make mortgage payments.

Each household that receives housing assistance may not receive more than $1,800. If the household needs additional assistance and they did not previously exceed the $1,800 limit, the household may be considered for the remaining amount.

Housing assistance is based on family need and determined by the Child Safety Spe-

cialist by reviewing the household expenses and income as provided on the Housing Assistance Referral form (CSO-1098).

Once the individual applying for assistance has met the foregoing criteria, the housing assistance payment may only be made on behalf of U.S. citizens or those otherwise lawfully present in the U.S. who are able to submit to DCS documentation demonstrating lawful presence.

A family receiving benefits from this program must receive case planning and case management services including monitoring the family's financial situation throughout the duration of the benefits. Housing Assistance shall not be continued after the DCS case is closed.

Procedures

Family Eligibility

To determine if a family is eligible for this program, confirm all the following are true:

- at least one child in the home is a participant in an open DCS case;
- the assistance will expedite permanency placement for the child;
- lack of safe and adequate housing is a significant barrier to family preservation, family reunification or achievement of the permanency plan for at least one child participant in the home;
- all other sources of assistance have been fully explored and utilized before considering this program;
- the individual(s) has indicated that he/she is a U.S. citizen or otherwise lawfully present in the U.S. and is able to submit to DCS documentation demonstrating lawful presence;
- family income, including entitlements, is insufficient to cover housing expenses; and
- the family is willing to develop and participate in a time oriented plan which will enable housing obtained through this program to be maintained after the benefit period ends.

Implementation

The Child Safety Specialist is to assess the identified family’s housing need by completing the Child Safety and Risk Assessment (CSRA) and Continuous- Child Safety and Risk Assessment (C-CSRA).

If lack of adequate housing is identified as a need for the family, one program to consider referring the family to is the Short Term Crisis Services program (STCS) administered by the Community Services Administration of the Department of Economic Security.

Department of Economic Security, Division of Aging and Community Services, Community Action Programs, Short Term Crisis Services (STCS) Program:

The following are eligibility criteria for the STCS program:

- the child is a U.S. citizen or legal resident; and
- the household family income must not exceed 125% of the Federal Poverty Guidelines; or not exceed 150% of the Federal Poverty Guidelines with an elderly household member or household member with a disability; and
- the need for housing assistance was caused by a crisis or emergency situation such as:
    - separation of the family due to domestic violence;
    - loss of income due to theft, abandonment, death, divorce, incarceration or incapacitation of the wage earner, illness, reduction of workforce, loss of employment due to layoff or involuntary termination, or due to voluntary quitting employment with good cause;
    - unforeseen circumstances or increased expenditures making it difficult to meet the following month's budgeted household expenses;
    - the physical condition of the home presents a health and safety hazard to a child;
    - special needs are necessary to secure or maintain employment, such as assistance in obtaining tools, car repair, dental assistance or eye glasses.

If the family's situation meets or appears to meet the eligibility criteria for the STCS program, have the family schedule an appointment with the local community action agency by calling Community Action Programs at 602-604-0640 or the website. The receptionist will refer the caller to his/her local Community Action Program office. If the family is not approved for services through the STCS program, obtain a copy of the denied STCS application from the family to maintain in the case record.

If the family is not eligible for the STCS program, assist the family in identifying, contacting, and applying for housing assistance from other available resources by completing the following tasks:

- identify resources that have the potential to meet some or all of the family's housing needs;
- provide thorough referral information about the identified resources to the family; and
- if needed, assist the family to contact the resources and complete any application processes.

If all efforts to locate housing assistance within the family and community have been exhausted and assistance remains unavailable, the Child Safety Specialist should determine the family's eligibility for the Housing Assistance Program. Eligibility for the Housing Assistance Program is determined as follows:

1. The Child Safety Specialist must determine that the child(ren) is in an open DCS case and that either

    1. the child(ren) would be removed or unable to return to the care of their parents, guardians or caregivers without housing assistance; or
    2. the child(ren) would be unable to go to or remain in the home of an unlicensed relative or significant other for a permanent placement without housing assistance.
2. The family and DCS have explored and utilized all other sources of housing assistance, (identify what services were sought and the results of the inquiries or applications).
3. The family is willing to create a time-oriented plan with DCS to maintain their housing after the housing assistance has ended.
4. The family is willing and able to create a plan with DCS to maintain economic self-sufficiency.
5. If this is a case where children are NOT wards of the court, DCS has determined that a dependency petition would be filed without housing assistance and the number of children who would be included in the petition.
6. It has been verified that the identified household has not previously received housing assistance totaling more than $1,800.

Document the determination of eligibility by completing the Housing Assistance Referral, CSO-198 form with the individual(s) applying for assistance, obtaining the necessary information.

Verification of legal status must occur for the individual(s) who is/are responsible for the lease or utility bill.

- If applying for rental assistance, verify the legal status of the lessee(s); if applying for utility assistance, verify the legal status of the individual(s) listed on the bill.
- Obtain documentation demonstrating that the individual(s) is a U.S. citizen or otherwise lawfully present in the U.S and document as directed on the DCYF Verification of Identify and Citizenship Form (FC-119A).
- If the individual applying for assistance provides documentation which would support that he or she has qualified alien status, obtain a copy of the documentation (front and back) and maintain the original in the case record. Send the DCYF Verification of Identity and Citizenship Form (FC-119A) to +Child Abuse Hotline. Hotline staff will complete verification of the individual's qualified alien status and notify the Child Safety Specialist if the individual is eligible.

Identify behaviors that support obtaining and maintaining adequate housing in the case plan. Identify services, including Housing Assistance funds, to assist in the achievement of the behavioral change.

Obtain from the vendor the first billing with a statement that specifies:

- name;
- address;

- federal employer identification or social security number;
- type of service;
- amount; and
- date payment is due.

Obtain from the vendor the original completed and signed Request for Taxpayer Identification Number and Certification, W-9. Housing Assistance payments will not be made without receipt of the W-9.

Send the above information, including the original W-9, to the appropriate region staff. region staff will enter the vendor as a CHILDS provider. Once the provider is established in CHILDS, region staff will forward the W-9 within one week to Central Office Contracts for finalization of the provider information in CHILDS. The original W-9 document is retained in Central Office files.

Documentation

- Lack of housing has been identified as a need in the Child Safety and Risk Assessment (CSRA) or the Continuous Child Safety and Risk Assessment (C-CSRA) and the Investigation Detail (LCH 489).
- Document the following in a case note, Key Issues type:
    - a statement that the child(ren) would be removed or unable to return to the care of their parent, guardian or caregiver without housing assistance; or
    - a statement that the child(ren) would be unable to go to or remain in the home of an unlicensed relative or significant other as a permanent placement without housing assistance; and
    - a statement that the family and DCS has explored and utilized all other sources of housing assistance, identifying what services were sought and the results of the inquiries or applications;
    - the family's specific, time-oriented plan for maintaining housing after housing assistance through this program ends;
    - actions taken by the family to achieve economic self-sufficiency; and
    - if this is a case where children are not wards of the court, a statement that a dependency petition would be filed without this housing assistance, and information as to the number of children who would be included in the petition.

Complete the Housing Assistance Referral Form (CSO-1098) with the individual(s) applying for assistance.

Complete the CHILDS case plan, identifying behaviors and services to support the family in obtaining and maintaining adequate housing.

To authorize housing assistance, complete the Service Authorization Request window.

When housing assistance is approved, have clients provide you with a bill from the provider each month. Rental billings must be received 21 days prior to the first day of the month; utility bills should be presented when received.

Use the Find Provider in Registry window to identify the provider. Select the provider from the Provider Registry window. Use the Service Authorization Provider Match window to make the final selection. When services end with the provider prior to the authorized end date or the selected provider refuses to provide the approved services, end date the service authorization using the Provider Service Authorization window.

If the provider changes, complete the above described processes. Do not complete the Service Authorization Request window and Service Authorization Approval window. If the amount changes, end date the previous service authorization and complete a new service authorization using the Service Authorization Request window. The supervisor and Assistant Program Manager will complete the Service Authorization Approval window.

Supervisors, Assistant Program Managers, and Program Managers or designee:

The DCS Unit Supervisor is to review the application and case record information to determine if all requirements have been met prior to approval. Once approved the Assistant Program Manager will review and complete the Service Authorization Approval window.

Make certain that the Child Safety Specialist is providing case planning and case management services including monitoring the family's financial situation throughout the duration of the benefits.

DCS Central Office:

The Housing Assistance Coordinator is to review and determine the feasibility of all referrals submitted for families that are in need of additional housing assistance.

Review the total aggregate data on a quarterly basis to determine trends and compliance with statute and policy.

Forms

Housing Assistance Referral,CSO-1098

Related Information

Arizona Community Action Associations

Legal

A.R.S. § 8-462. Housing assistance

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 12
Transportation Services

Policy

The department will transport children safely.

The department will share responsibility for routine transportation of children in out-of-home care with providers as specified in the child's case plan or Child's Placement Summary Agreement.

The department will take adequate steps to assure the safety of children who require non-routine travel

To the extent that resources allow, the department may provide bus passes to assist in meeting the transportation needs of older youth, parents, guardians and custodians to complete services and supports identified in the family's case plan, and in the youth's Independent Living Plan.

Bus passes for transportation shall be provided at the discretion of the department.

If bus passes are unavailable to complete the services and supports identified in the case plan or in the youth's Independent Living Plan, the department shall work with the youth, parent, guardian, or custodian and other community providers to obtain alternative transportation to complete the services and support identified in the case plan or Independent Living Plan.

Procedures

When a Child Needs Routine Transportation

Use a child passenger restraint system for any child under five years of age or who is under eight years of age and who is not more than four feet nine inches tall, or the vehicle restraint system, which includes both the lap and shoulder belt if the vehicle is equipped with shoulder belts, for any child over four and under 16 years of age.

Clarify expectations related to transportation with foster care providers, using the Child Placement Summary/Agreement, CSO-1046.

Arrange for the foster care providers to provide transportation for routine health care and activities.

Contact CMDP to arrange non-emergency transportation for medical services when foster care providers cannot transport the child.

Contact the Regional Behavioral Health Authority for transportation if it is medically necessary for non-emergency mental health or substance abuse treatment services.

When a child requires non-routine travel
Determine if the child will travel alone, with the Child Safety Specialist, or with a non-agency escort, based upon the age, development and special needs of the child.

Confer with the receiving agency and/or caregiver.

Obtain approval of the Program Manager or designee according to region procedures.

Obtain a court order, if the child will:
- travel out of state for more than 30 days, or
- travel out of the country.

When the child is traveling alone
Make arrangements with the state-contracted travel agency or commercial transportation company.

Prepare a Payment Voucher, using the Find Invoice window, according to regional procedures.

Provide the transportation company with an affidavit specifying:
- the child's identification;
- the names and phone numbers of the Child Safety Specialist and supervisor;
- the legal status of the child and court order;
- the travel arrangements and destination;
- the name of the person to meet the child;
- the responsibility for the child's medical care; and
- the emergency contact name and phone number.

When the child is traveling with the Child Safety Specialist

Create a transportation plan, specifying transportation arrangements, a placement plan and a description of the Child Safety Specialist's role and responsibility. If applicable, prepare a justification to accompany the child out of state.

Following regional procedures, submit the transportation plan to the DCS Program Administrator for approval at least ten working days prior to departure.

When the child is traveling with a non-agency escort
Use an adult who has a positive relationship with the child and has references to verify his or her reliability.

Create a travel plan for supervisor approval, including the following affidavit information:

- the child's identification;
- the names and phone numbers of the Child Safety Specialist and supervisor;
- the legal status of the child and court order;
- the travel arrangements and destination;
- the escort's name and contact information;
- the responsibility for the child's medical care; and
- the emergency contact name and phone number.

Prepare relevant information regarding the child's special needs (general health, medical needs, prescription drugs, and special diet) for the escort, and maintain this information in a separate, sealed envelope.

Send the travel plan to the destination prior to departure.

Arrange for payment of transportation costs of child and escort as well as per diem expenses, according to regional procedures.

Bus Pass Retention and Distribution
The following procedures are to be used for the retention and distribution of bus passes for older youth, parent, guardian or custodian related travel :

- The Regional Contract Manager will retain the Bus Pass Log – RO (CSO-1095) used to record bus passes distributed to the Assistant Program Manager (APM).
- The APM obtains bus passes from the Regional Contract Manager. The APM signs the Bus Pass Log – RO (CSO-1095) specifying the number of bus passes received the sequence of the unique identifiers for the bus passes, and the date of receipt.
- The APM will retain bus passes that have not been distributed to the DCS Unit Supervisors (DCSUS) in a locked secure location (such as a locked desk or filing cabinet) and retain the keys.
- The APM will determine the number of bus passes distributed to the DCSUS.

- The DCSUS will sign the Bus Pass Log – APM (CSO-1094) specifying the number of bus passes received unique identifiers for the bus passes, and the date of receipt.
- The APM will retain the logs used to record the number of bus passes distributed to each DCSUS and the date of the distribution.

The DCSUS is responsible for distributing the bus passes to the Child Safety Specialists. The Child Safety Specialist should adhere to the following procedures for documenting bus pass distribution:

- The Child Safety Specialist obtains bus passes from the DCSUS or designee. In the absence of the immediate supervisor, the Child Safety Specialist may obtain bus passes from an alternate supervisor, the APM or their designees.
- The Child Safety Specialist completes the Bus Pass Log – DCSUS (FSC – 1039C FORFF) retained by the DCSUS. The log is to include the unique identifier for the bus passes, CHILDS case number, number of bus passes distributed, the Child Safety Specialist's signature, and the date of distribution. The log and the bus passes are retained in a locked secure location (such as a locked desk or filing cabinet) and the DCSUS retains the key.
- The Child Safety Specialist will distribute the bus passes to the client.
- The client will sign and date the Bus Pass Affidavit (CSO-1092) which specifies the CHILDS case number and the unique identifier for each bus pass received.
- The Child Safety Specialist will give the signed Bus Pass Affidavit (CSO-1092) to the DCSUS or designee from whom the passes were received.
- The Affidavits will be kept with the corresponding DCSUS (CSO-1094) log until the quarterly review has been completed.
- After the quarterly review, the affidavits should be filed in the client hard copy record.

DOCUMENTATION

File the Bus Pass Affidavit (CSO-1092) in the hard copy record after the Quarterly review is complete.

DCS Performance Improvement and Accountability

Quarterly reviews will be conducted by the DCS Performance Improvement and Accountability unit. The review will consist of the following:

- Security – seeing where the bus passes and logs are stored
- Reconciliation – reviewing the logs, affidavits and passes to ensure that all passes are accounted for
- Policy and procedures – reviewing affidavits and logs to ensure that they are completed accurately and thoroughly

Additional Transportation Services

To the extent financial resources allow, additional transportation services may be available through regional operating procedures in order to complete the goals of the case

plan, or Independent Living Plan for a youth, parent, guardian, or custodian. Consult your local regional operating procedures for more information.

Additionally, if a parent, guardian, or custodian is enrolled with other Department of Economic Security programs, the local Regional Behavioral Health Authority (RBHA), or the Arizona Health Care Cost Containment System (AHCCCS), transportation services may be available through those programs. Discuss options with the parent, guardian, and custodian.

Transportation services may also be available through community resources as well. For more information see www.cir.org under Transportation.

Forms

Bus Pass Affidavit (CSO-1092)
Buss Pass Affidavit, Spanish (CSO-1092)
Bus Pass Log CSSUS) (CSO-1094)
Bus Pass Log (APM) (CSO-1093)
Bus Pass Log (Regional) (CS0-1095)

Child Placement Summary/Agreement, CSO-1046

Related Information

Legal

A.R.S. § 28-907. Child restraint system; civil penalty; exemptions; notice; child restraint fund; definitions

A.R.S. § 28-909. Vehicle restraints required; exceptions; civil penalty

A.A.C. R6-5-5832 Transportation

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 13
Medical Services for Children in OOH Care

Policy

The department shall assure that both dependent children and children in voluntary out-of-home care receive medical and dental services to allow them to achieve and maintain physical and mental health.

Meeting the health care needs of both dependent children and children in voluntary out-of-home care is a responsibility shared among parents, Child Safety Specialists, out-of-home care providers and medical providers under the Comprehensive Medical and Dental Care Program (CMDP).

The department shall restrict the placement of children from birth to age five (5) in homes where the foster parents have not immunized their own children.

The department shall obtain written consent of the parent or a certified copy of a court order authorizing treatment for non-routine surgery, general anesthesia, blood transfusion, abortion or abortion related treatment, an unusual medical procedure, or if required by the service provider.

Procedures
Implementation
A child is eligible for CMDP services if he or she is:

- a foster child placed through court order or Voluntary Placement Agreement with a relative or a licensed out-of-home;
- a child in the home of a court approved relative or significant person. (The parent may reside in the home of the relative, but the child may not be placed with that parent);
- a child in an adoptive home prior to the finalization of the adoption;
- a child in an independent living program, as defined by ARS §8-521; and
- a child who is a runaway, when the department retains custody. (ARS §8-512)

To obtain information about any insurance coverage on the child:

- Request information about the parent's insurance coverage for the child from the parents. Enter this information on the Health Coverage Detail window.
- Request court assistance if parents are uncooperative in providing the required information for children who have dependent insurance coverage.

Utilize the Authorization to Disclose Child's Health Information, CSO-1037, to gather available information and clinical and medical reports on the child from previous medical and behavioral health care providers.

At the time of or within five days of placement, ensure the foster care provider receives a completed Notice to Providers (Out-of-home, Educational, and Medical), CSO-1035, and a current Medical Summary Report. Confirm that the foster care provider has a copy of the CMDP Member Handbook, HMP-394.

Arrange for the child to have a complete medical examination that meets Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements prior to the initial placement, if possible (utilizing the parent's resources) or, within 30 days after initial placement in out-of-home care. (An examination for injuries conducted at a shelter care facility does not substitute for a complete medical examination.) The EPSDT will include immunizations as necessary.

Immunizations

The Child Safety Specialist will review and verify that the child is current on his/her immunizations including immunizations which the child has received and/or has not received. **Document** that immunization information was reviewed in a CHILDS case note. If the child is not current on his/her immunizations, contact the child's out-of-home care provider and/or primary care physician (PCP) and arrange for the child to received delayed or missing immunization within 30 days of placement.

Provide any available medical records and/or information to the person who accompanies the child to the child's initial medical examination that meets EPSDT requirements.

Ensure that recommended follow-up care and referrals from the medical provider are provided.

If the parent objects to immunization of his/her child, determine the basis of the objection. If the parent objects on any grounds other than religious grounds, the child may be immunized unless medically contraindicated. If the parent objects to immunization based upon religious grounds, consult with the CMDP Medical Director to determine if this child’s specific need for immunization is greater than that of the average child. Consult with the assigned Assistant Attorney General before proceeding with the immunization. If it is determined, after consultation with the CMDP Medical Director and the assigned Assistant Attorney General, that the child can not be immunized,

- ensure that the out-of-home care provider is informed that he/she can not proceed with immunization, and
- document the parent’s objection and the determination in Case Notes using the Key Issues type.

Ensure that the child receives a medical examination annually. [ARS §8-813(D)]
For children, ages 1 and older at the time of out-of-home care placement, coordinate with the out-of-home care provider to arrange a dental assessment within 30 days of placement, or obtain the results of a dental assessment that occurred within 30 days prior to the child's placement. Coordinate with the out-of-home care provider to ensure the child receives a dental examination semi-annually thereafter.

Facilitate referrals for mental health and substance abuse needs, according to region operating procedures. Facilitate referral to Children's Rehabilitative Services, if applicable.

Obtain written consent of parents or a certified copy of a court order authorizing treatment:
- if required by the service provider; or
- in any case requiring non-routine surgery, general anesthesia, blood transfusion, or unusual medical procedures including abortion and abortion related surgery.

For authorization/approval process for a child to participate in a clinical trial or for testing for the presence of the Human Immunodeficiency Virus (HIV) see Children who are HIV Positive or Have AIDS

Ensure that out-of-home providers know that they are authorized to consent to:
- evaluation and treatment for emergency conditions that are not life-threatening; and,
- routine medical and dental treatment and procedures including Early Periodic Screening Diagnosis and Treatment (EPSDT) wellness services including immunizations, and services by health care providers to relieve pain or treat symptoms of common childhood illness or conditions. If it is determined, after consultation with the CMDP Medical Director and the assigned Assistant Attorney General, that the child can not be immunized, ensure that the out-of-home care provider is informed that he/she can not proceed with immunization.

Ensure that out-of-home providers understand that they are prohibited from consenting to general anesthesia, any non-routine surgery, testing for the presence of the human immunodeficiency virus, a clinical trial for HIV/AIDS treatment, blood transfusions, and abortions or abortion related treatments.

Ensure that out-of-home providers understand that they may give emergency consent if the emergency room physician or medical provider advises that immediate treatment is

necessary and further delay of treatment in order to notify the department is potentially harmful to the child.

Ensure that out-of-home providers understand and carry out their responsibilities regarding medical services for children in their care. These include:

- arranging for routine medical care, such as an initial and annual comprehensive medical examinations, additional EPSDT examinations, immunization, standard medical tests and routine dental care according to the age of the child;
- maintaining a current record of their foster child's medical care on the Child's Health and Medical Record, in the child's Placement Packet; and
- contacting the Child Safety Specialist regarding:
    - any injury and any illness that exceeds three days and recurs regularly;
    - any service for which the medical service provider requires written consent from the legal guardian or legal custodian, or prior authorization;
    - any recommended service or treatment, if there is a question about coverage under CMDP;
    - any service that requires prior authorization, according to Fostering a Medical Home: CMDP Handbook for Foster Care Providers, HMP-114;
    - any service which would ordinarily require prior authorization but was provided in an emergency;
    - all visits to health care providers for other than routine services; and
    - inability to transport child to medical appointments or to arrange other alternative transportation

Medical Marijuana

The Arizona Medical Marijuana Act enables a person (a qualifying patient), who is registered with the Arizona Department of Health Services (ADHS), to legally obtain, under Arizona law, an allowable amount of marijuana and possess and use the marijuana for its therapeutic effects in treating and alleviating symptoms associated with a debilitating medical condition. However, the possession, sale or transportation of marijuana is still a crime under Federal law.

In order for a child (under the age of 18) to be a qualifying patient, the child's custodial parent or legal guardian responsible for the child's health care decisions must submit an application on behalf of the child to ADHS for approval. The designated caregiver must agree:

- to the child's medical use of marijuana,
- to assist the child with medical use of marijuana, and
- pledge not to divert marijuana to any individual or entity who is not allowed to possess marijuana.

The medical use of marijuana by a child, who is also a qualifying patient, who enters out-of-home placement will not be supported and will be discontinued upon entering care.

If a child enters care as a qualifying patient, immediately:

- have the child medically evaluated by a CMDP provider to assess the child's underlying "debilitating medical condition" and to determine the appropriate medical treatment; and
- refer the child for a behavioral health assessment to identify any behavioral health needs, treatment recommendations, and any other substance use.

Organ Donation

In the event of a child's death, if a request for organ donation is received, the department shall defer to the parent's or legal guardian's decision, unless:

- the parents or guardians are deceased;
- the parents rights have been terminated by voluntary relinquishment or by order of the court; or
- the court has rescinded the appointment of the legal guardian of the child.

DCS staff may not consent to the donation of a child's organ(s) on behalf of a parent or legal guardian. If the parent or legal guardian wishes to donate the child's organ(s), the department shall obtain the written consent of the parent or legal guardian authorizing the donation of a child's organ(s).

When a request for organ donation is received and the rights of the parents or legal guardian have been terminated by death, voluntary relinquishment or court order, consult with the Assistant Attorney General regarding a court order authorizing the donation of the child's organ. Consider the following when making a decision to file a motion authorizing an organ donation:

- possible need for an autopsy of the child;
- concerns of any involved extended family; and
- statement on the child's driver's license or any other declaration made by the child regarding organ donation, if any.

When a child is no longer eligible for CMDP coverage send the child's medical identification card to CMDP at Site Code 942C.

Documentation

Document the child's health information on the following appropriate medical windows: Medical/Dental Condition Detail, Medication Detail, Psych/Behavioral Condition Detail, Practitioner Detail, Examination Detail, Special Needs Detail and Hospitalization Detail.

Document that immunization information was reviewed in a CHILDS case note.

File all reports and evaluations received from medical providers, including EPSDT examination reports and recommendations and completed Child's Health and Medical Record, FC01400 (FC-014), in the hard copy record.

Document the parent's objection to immunizations based on religious grounds and the determination in Case Notes using Key Issues type.

Forms

CMDP Member Handbook, HMP-394-PD
CMDP Member Handbook (Spanish), HMP-394-PDS

Notice to Providers (Out-of-home, Education, and Medical), CSO-1035

Authorization to Disclose Child's Health Information, CSO-1037

Court Document Directory:
Child Placement Packet, FC-12000
Parental Assessment Financial Statement, FC-009

Related Information

CMDP Website

CMDP Member Handbook, HMP-394

Court Reports

Sexual Development Education and Family Planning Services

Children Who are HIV Positive or Have AIDS

Legal

Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191)

ARS §8-509 Licensing of foster homes; renewal of license; provisional license; exemption from licensure; immunization requirements

ARS §8-813 directs the department to provide medical care and dental care for dependent children.

ARS §8-514.05 Foster care provider access to child health information; consent to treatment

ARS § 36-2801 et seq (also known as Arizona Medical Marijuana Act)

ARS §44-133Emergency consent for hospital care, medical attention or surgery by person in loco parentis

Rules concerning medical services provided through AHCCCS are found in Section R9-22-101 of the Arizona Administrative Code.

A.A.CR6-5-6000 et. seq. Comprehensive Medical/Dental Program for Foster Children

A.A.C R6-5-5830 Medical and Dental

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 14
Title XIX Behavioral Health & Substance Abuse Services

Policy

The Department of Child Safety (DCS) shall seek to ensure that all children and families served by DCS receive appropriate behavioral health and substance abuse services.

The department shall utilize the Department of Health Services, Department of Behavioral Health Services (DBHS), Regional Behavioral Health Authority (RBHA) system to obtain Title XIX covered services to address behavioral health and substance abuse service needs for eligible individuals.

All requests for behavioral health services for Title XIX eligible individuals must be made to the RBHA.

The Child Safety Specialist is responsible for providing the DCS Eligibility Unit with information necessary to make a prompt determination for Title XIX eligibility for children in out-of-home placement.

Upon filing the dependency petition or accepting a Voluntary Placement Agreement, the Child Safety Specialist shall refer all individuals (adults and children) to the appropriate RBHA provider for an assessment.

The Child Safety Specialist shall participate (and the caregiver is encouraged to participate) in the assessment process in person and provide information pertinent to an effective assessment.

The Child Safety Specialist shall monitor the appropriateness and timeliness of services being provided by the RBHA provider to all individuals (adults and children) and advocate for client service needs.

Procedures

Title XIX Eligibility Determination

The Regional Behavioral Health Authority (RBHA) is federally funded to provide behavioral health services to children who are Title XIX eligible. DCSis not funded to provide behavioral health services for Title XIX eligible children. It is essential that Title XIX eligible children receive behavioral health services through the RBHA.

Ensure that eligibility information in CHILDS is accurate and current. The DCS Eligibility Unit uses this information to determining Title XIX eligibility, on a case-by-case basis, for children in out-of-home care.

Most children in out-of-home placement are Title XIX eligible; however, Title XIX requires a case-by-case eligibility determination.

All children determined eligible under Title IV-E or SSI (Supplemental Security Income) are automatically eligible for Title XIX. In addition, children in out-of-home care who are U.S. citizens or qualified non-citizens are eligible for Title XIX if the child does not have substantial income.

To determine if a child in out-of-home placement is Title XIX eligible, refer to the Eligibility Directory window in CHILDS, or contact the DCS Eligibility Unit at 602-235-9358.

The Eligibility Directory window will reflect the child's Title XIX status as following:

- A indicates that Title XIX eligibility has been approved as of the date indicated;
- D indicates that the child's Title XIX eligibility has been denied;
- R indicates that the child's Title XIX eligibility is being reviewed for continued eligibility; treat as approved; or
- N indicates that there is no current Title XIX eligibility determination; contact the DCS Eligibility Unit at 602-235-9358.

Selecting the Appropriate RBHA

Determine which RBHA to contact as follows:

- If the child is a court ward in out-of-home placement, contact the RBHA serving the location of the child's court jurisdiction.
- If the child is not a court ward, contact the RBHA serving the current residence of the child's parent or legal guardian.
- In a crisis situation involving a child who is not enrolled for Title XIX services, contact the RBHA serving the area where the child is at the time of the crisis for emergency services.

Refer all children in out-of-home placement to the local Regional Behavioral Health Authority (RBHA) for a behavioral health assessment within 24 hours of removal.

If the child is a ward of the court on an in-home petition, call the DCS Eligibility Unit to determine the child's Title XIX eligibility status. If the child is eligible, contact the RBHA serving the current residence of the child.

Accompany the child and the parent to the intake and assessment appointments, provide information and pertinent records, and sign the consent to treatment document.

The Child Safety Specialist shall monitor and ensure that the Title XIX enrolled eligible child is obtaining services in a timely manner. The RBHA has to provide timely access to services. See Standards for Timeliness of Behavioral Health Services.

Include the RBHA provider on the FC-064-A, Attachment A, for reports to the Juvenile Court. Provide copies of reports to the court and DCS case plan to RBHA provider.

Notify the RBHA provider of all case plan staffing's.

Individual Service Plan (ISP)

Every client receiving Title XIX services will have an Individualized Service Plan (ISP) developed by the RBHA provider for behavioral health services. The Child Safety Specialist should participate in the development of the ISP See Twelve Principles to Develop the Individualized Behavioral Health Plan. Ensure that the ISP identifies:

- measurable goals and objectives;
- dates by when achievement of those goals and objectives is expected;
- specific services and activities intended to assist the client in achieving those goals; and
- name of providers involved in the delivery of services.

The Child Safety Specialist should ensure that services are based on the family strengths and culture, and be directly related to the family plan and the behavioral health safety/crisis plan. See Title XIX Covered Services.

Questions that will assist in developing good ISP are:

- What are the specific services being provided to meet the child and family's individual behavioral health needs?
- Why will these services meet the child and family's behavioral health needs?
- When will the services begin?
- What is the behavioral health safety/crisis plan if child behavior worsens, disrupts or becomes a danger to self or others?

For children, the following documents and assessment information will be considered in the development of the ISP:

- Individual Education Plan (IEP);
- DCS case plan;
- Juvenile probation or parole plan;
- Medical plan from the primary care physician;
- DD individual service program plan; and
- Any other plans of care designed to meet the needs of the child.

The Child Safety Specialist or case coordinator must ensure that the RBHA provider develops the ISP within specific time frames. For persons who receive Title XIX covered services, time frames are:

- non-acute service needs, within two weeks of completion of the initial evaluation and assessment; and
- acute service needs, the interim service plan within twenty-four hours of the screening and/or evaluation.

Child Enrolled For Title XIX Services Moves Out-of-Region

When a child enrolled for Title XIX services moves out-of-region and the child's case and court venue are not transferred between regions, the current RBHA will continue to provide services.

When a child enrolled for Title XIX services moves out-of-region and the child's case and court venue are transferred between regions, facilitate transfer of Title XIX services by:

- contacting the current RBHA within two work days of confirming the child's case and court venue will be transferring between regions to notify of the change and request a transfer of services;
- providing a copy of the court order indicating the change of court venue to the current RBHA;
- continue to coordinate with the referring RBHA for case management and provision of service until the client is enrolled in the receiving RBHA; and
- participating in RBHA discussion regarding transfer of services, if requested.

Monitoring Appropriateness and Timeliness of Behavioral Health Services

Ensure that a copy of the assessment and other pertinent information on services and progress reports from the RBHA are filed in the hard copy case record.

Monitor the appropriateness and timeliness of the all behavioral health services provided to the child.

Level I, II and III Service

Level I, II, and III services are higher levels of care. They are covered by Title XIX and include acute hospitalization, RTC and behavioral health therapeutic group home. These are costly levels of care and should be paid through Title XIX, in order to maximize the use of Title XIX behavioral health services for the child and the child's family.

When a child requires a Level I, II or III service and is denied the service by the RBHA provider, the Child Safety Specialist shall follow the procedure outlined below:

- Make sure that the child is enrolled with the appropriate RBHA.
- If the child needs acute hospitalization, RTC and therapeutic group home (Level I, II, or III behavioral health services), request the service in writing from the RBHA provider.
- If the RBHA provider denies your request for service, obtain a written denial.
- In order for DCS to pay the cost of Level I, II, or III placement, advise the Regional Mental Health Specialist or designee of the denial of service. The Child Safety Specialist shall follow your Region Operating Procedures to place the child.

Regional Mental Health Specialist

The Regional Mental Health Specialist or designee must take one of two actions (after deciding which is the most appropriate for the case):

- Complete an Issue Resolution and submit it to DBHS.
- File an Appeal.

Behavioral Health Services that are Changed, Denied and/or Terminated by the RBHA/Provider

There are two processes available to resolve problems with the behavioral health services children are receiving--the Issue Resolution Process and the Appeal Process. These processes provide mechanisms for DCS staff to advocate for client behavioral needs and appropriate services. Consult with your Mental Health Specialist on which to use.

Issue Resolution Process

Issue Resolution (also known as Problem Resolution) is a mechanism established for DBHS to resolve and track problems reported by enrolled persons, their families, other agencies, and the public. It is an informal process that can be used to assist in resolving

problems with the RBHA. DBHS will work with the RBHA to resolve problems reported to the DBHS.

If a RBHA/provider has reduced, terminated, suspended, denied services, and/or lacks timeliness in providing services, the Child Safety Supervisor or Mental Health Specialist can use the Issue Resolution Process.

Appeal Process
If a RBHA provider has reduced, terminated, suspended, denied services, and/or lacks timeliness in providing services, the DCS Mental Health Specialist can use the Appeal Process. (see the Appeal Compliant form). To continue RBHA funding services, the Appeal must be filed within ten days of termination notice. For reimbursement, the Appeal must be filed within 60 days.

The appeals process is used to ensure that disputes concerning behavioral health services are handled competently, expeditiously and equitably for all participants. It is a legal process that requires both RBHA and DCS staff to participate in a hearing.

If you have questions about the Issue Resolution Process or the Appeals Process as it applies to your case, call you Region Mental Health Specialist. If you have a general question about the Issue Resolution Process, contact the Behavioral Health Coordinator. If your general question is about the Appeals Process, contact the Appeals Process Consultant at 602 542-1946.

Forms
Are you ready for You Child's Psychiatric Evaluation, CSO-1096
Are you ready for You Child's Psychiatric Evaluation (spanish), CSO-1096

Court Document Directory:
Attachment A, FC-064-A

Related Information
Title XIX Covered Services
Psychotropic Medication: What Child Safety Specialists Should Know

Legal
Title XIX of the Social Security Act .

ARS §8-514.05 Placement in foster homes
.

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 15
CMDP Behavioral Health Services

Policy

The Department of Child Safety (DCS) shall seek to ensure that all children and families served by DCS receive appropriate behavioral health services.

The department may utilize CMDP funded behavioral health services for CMDP eligible children who are not eligible for Title XIX services and for 18-20 year olds in extended foster care.

The department shall utilize the following behavioral health services available through CMDP for eligible clients when indicated:

- inpatient hospitalization;
- psychiatric evaluation and diagnosis;
- laboratory and radiology services for medication regulation and diagnosis;
- psychotropic medication;
- psychological evaluations for eligible children in an inpatient hospital setting; and
- psychological evaluations and therapy for eligible children residing outside of Arizona.

Procedures
Implementation
To access behavioral health services through CMDP for Non-Title XIX eligible children:

- Obtain prior authorization by contacting the CMDP Behavioral Health Coordinator.
- Monitor provision of services and program toward goals.
- Make DCS case records available to CMDP and the service provider, as necessary.
- Notify the CMDP Behavioral Health Coordinator upon termination of behavioral health services.
- Notify CMDP of any changes that may affect the child's eligibility status.
- Notify the CMDP Behavioral Health Coordinator of the decision for a child to participate in extended foster care, prior to the child's 18th birthday.

Hospitalization for Title XIX Eligible children

CMDP may provide hospitalization for a Title XIX eligible child that has been referred to the RBHA for hospitalization and been denied this service. To access hospitalization through CMDP for Title XIX children:

- Obtain the written denial of hospitalization from the RBHA.
- Email CMDP and the Mental Health Specialist with the name of the child hospitalized, the date of the hospitalization and the date of the denial of the service by the RBHA.
- Request assistance with the process of hospitalization from CMDP.
- Continue all case management duties and responsibilities.

During the hospitalization, CMDP will:

- Pay the cost of hospitalization for up to 72 hours per admission and 12 days per year.
- Assist the Child Safety Specialist by answering questions about the process of hospitalization when necessary.
- Conduct a Review of Hospitalization concurrently with RBHA.
- Share information with the Child Safety Specialist and Mental Health Specialist.
- Send documents of verbal and written communication to the Mental Health Specialist.
- Assist and support the Child Safety Specialist's request for clear discharge plans from the RBHA and hospital.
- Support the Expedited Appeal process including attending the Administrative Hearing if necessary.

CMDP will compile a daily list of all DCS children that have been hospitalization and email the list to each Program Manager and Mental Health Specialist.

DCS Mental Health Specialist:

- Initiate the filing of an Expedited Appeal to dispute the RBHA denial of the hospitalization which is necessary in order for CMDP to pay the cost of hospitalization.
- Fax the completed Appeal Compliant to the RBHA, DCS Appeals Consultant and Assistant Attorney General.
- Request clear discharge plan from RBHA and hospital.
- Notify CMDP, Child Safety Specialist, Appeals Consultant and Assistant Attorney General of Notice of Hearing.
- Maintain the documentation in the Appeal hard copy record.
- Send documents to the DCS Appeals Consultant including current report, progress report within the last 90 days and hospital records.

- Consult with the DCS Appeals Consultant and Assistant Attorney General during the hospitalization and Expedited Appeal processes.
- Participate in all conferences and Administrative Hearings scheduled for the Expedited Appeal.

Forms

Related Information

Legal
ARS §8-514.05Placement in foster homes

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 16
Non-Title XIX Behavioral Health Services

Policy

The Department of Child Safety (DCS) shall seek to ensure that all children and families served by DCS receive appropriate behavioral health and substance abuse services.

The department may utilize DCS-funded services for clients who are not eligible for Title XIX behavioral health and substance abuse services.

In some cases, DCS may cover specific services for individuals that are Title XIX eligible, but have been denied that specific service by the Regional Behavioral Health Authority (RBHA) provider.

DCS shall utilize the following contracted behavioral health services for clients when indicated:

- individual therapy/counseling,
- group/family therapy/counseling,
- evaluation and diagnosis,
- in-home moderate services,
- in-home intensive services,
- substance abuse assessment, and
- substance abuse treatment.

Regions may also contract with individuals or agencies for professional consultation, including:

- developing and monitoring treatment plans,
- screening children and families to determine their needs,
- conducting assessments or clinical interviews,
- staff training,
- participation in case staffings, and
- providing technical assistance to providers of counseling and assessment services.

Procedures

Implementation
If a psychological evaluation (assessment) is requested, specify the appropriate level.

Access services according to the documentation procedure described below.

Monitor the provision of services and provide information to the service provider.

Contact the provider if:

- The provider does not provide the required initial treatment plan within 30 days of the initial counseling session.
- The treatment plan does not reflect the case plan goal and objectives.
- The provider does not provide the required monthly treatment report.

Consult the Regional Mental Health Specialist or designee if there are concerns regarding the provision of services or reports.

Continue to request all other services through the Title XIX RBHA provider.

Documentation
To access DCS funded Behavioral Health Services for clients who are not eligible for Title XIX behavioral health and substance abuse services complete the Request for Services PS-067 and route according to Regional procedures .

File a copy of the PS-067 in the hard copy record.

Forms
Court Document Directory:
Request for Services, PS-067

Related Information
Psychotropic Medication: What Child Safety Specialists Should Know

Legal
ARS §8-514.05Licensing of foster homes; renewal of license; provisional license; exemption from licensure; immunization requirements

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 17
Adult Behavioral Health & Substance Abuse Services

Policy

The Department of Child Safety (DCS) shall seek to ensure that all adults served by DCS receive appropriate substance abuse treatment services. Substance abuse treatment services are coordinated and provided through a statewide continuum of substance abuse services including:

- referral;
- screening;
- assessment;
- substance abuse treatment, i.e., education, outpatient, intensive outpatient and residential;
- service coordination;
- aftercare; and
- additional supportive services to support the family in recovery from substance abuse.

The department shall seek to ensure that all families served by DCS receive appropriate behavioral health services. The Child Safety Specialist shall refer adults to the appropriate RBHA provider for an assessment.

The department shall utilize the Department of Health Service, Division of Behavioral Health Services, Regional Behavioral Health Authority (RBHA) system to obtain Title XIX covered services in order to address behavioral health and substance abuse service needs for eligible individuals.

All requests for behavioral health services for Title XIX eligible individuals must be made to the RBHA.

The Child Safety Specialist shall monitor the appropriateness and timeliness of services being provided by the RBHA provider services to all individuals (adults and children) and advocate for client service needs.

Procedures
Substance Abuse Services
When meeting with a family where substance abuse may be a concern, utilize Substance Abuse Behavioral Indicator Checklist and Guide and Instructions to Assessing Risk Factors for Substance Exposed Newborns. Utilize the information gathered to complete the strengths and risks assessment tool. If the tool indicates that parental substance abuse is a barrier to maintaining or reunifying the family, initiate a referral for substance abuse assessment or treatment from Arizona Families F.I.R.S.T., or another substance abuse resource. Refer to Arizona Families F.I.R.S.T. for a description of services and expected time frames for outreach, assessment and treatment available through Arizona Families F.I.R.S.T.

Refer the parent, guardian or custodian directly to the contracted provider for the continuum of services by sending to the provider a completed Request for Services (PS-067), and any other supporting documents, or relevant corroborating information to assist in the treatment planning process.

The Arizona Families F.I.R.S.T. contract provider will coordinate the receipt of services through Title XIX and Arizona Families F.I.R.S.T.

Ensure that the parent, guardian or custodian signs the Authorization to Disclose Health Information, CSO-1038, so that substance abuse assessment and treatment information can be shared among interested persons. See What Child Safety Specialists Should Know About Substance Abuse Confidentiality for more information on confidentiality related to substance abuse assessment, treatment and client records.

Participate in ongoing case conferences, service planning activities and Individual Service Plan (ISP) development facilitated by the provider or RBHA. These ongoing coordination activities will help to maximize successful client interventions. Participation may be telephonic if unable to attend in person.

Monitor progress to ensure timely services.

Include the contracted substance abuse provider, or Arizona Families F.I.R.S.T. provider or RBHA provider on the FC-064-A, Attachment A, for reports to the Juvenile Court. Provide copies of the Child Safety Specialist's written report to the court to RBHA provider and/or Arizona Families F.I.R.S.T. provider. Do not include the FC-064 (Foster Care Plan and Progress Report), FC-064-A (Attachment A) or other provider reports.

Review the provider's monthly reports to assess case progress and determine if a case plan revision is necessary.

Consult with the service provider or other treatment team members as necessary.

Documentation for Substance Abuse Services
File a copy of the completed Authorization to Disclose Health Information, CSO-1038 in the hard copy case record.

When parental substance abuse is a barrier to maintaining or reunifying the family, document the occurrence of substance abuse as a risk factor in the Family Strengths and Risks Assessment window.

File a copy of the Request for Services (PS-067) in the hard copy case record.

Maintain the referral, assessment, provider's monthly report, service planning documents, or other information received in the hard copy case record.

Document the progress made toward achieving outcomes specified in the case plan using the Case Notes window.

Behavioral Health Services
To access Title XIX services for adults, ages 18 and older including young adults in extended foster care:

- Assist the client in applying for general mental health or SMI services through his or her local RBHA.
- Accompany the client to the intake appointment, when requested. Ensure that the parent, guardian or custodian signs a consent for release of assessment and treatment information so that information can be shared among interested persons.

While clients are receiving Title XIX Behavioral Health Services:
- Maintain primary case management responsibility and make DCS records available to the behavioral health provider, complying with confidentiality requirements;
- Participate in all RBHA treatment staffings and Individual Service Plan (ISP) development.
- Participation may be telephonic if unable to attend in person.
- Follow the Case Management Hierarchy.
- Monitor progress to ensure timely services.

The Child Safety Specialist shall ensure that a copy of the assessment and other pertinent information on services and progress reports from the RBHA or behavioral health provider are filed in the hard copy case record.

Include the RBHA provider on the FC-064-A, Attachment A, for reports to the Juvenile Court. Provide copies of the Child Safety Specialist's written report to the court to RBHA provider and/or Arizona Families F.I.R.S.T. provider. Do not include the FC-064 (Foster Care Plan and Progress Report), FC-064-A (Attachment A) or other provider reports.

Notify the RBHA provider of all case plan staffings

Forms

Authorization to Disclose Health Information, CSO-1038

Arizona Families F.I.R.S.T. (ACY-1061A)
Arizona Families F.I.R.S.T. (ACY-1061A-S) (Spanish)

Court Document Directory:
Request for Services, PS0-67
Arizona Families FIRST, PS0-671

Related Information

Substance Abuse Behavioral Indicator Checklist
Guide and Instructions to Assessing Risk Factors for Substance Exposed Newborns
What Child Safety Specialists Should Know About Substance Abuse Confidentiality
Case Management Hierarchy

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Legal

ARS §8-881Coordination of substance abuse treatment; contracting for services; joint substance abuse treatment fund

ARS §8-812 Child safety expedited substance abuse treatment fund

Title XIX of the Social Security Act

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191)

42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 18
Children Who Are HIV Positive or have AIDS

Policy

The department shall ensure that all HIV/AIDS positive children under its care shall receive appropriate medical care and treatment and that their rights shall not be abridged.

Services shall not be denied to any child on the basis of HIV/AIDS status.

The department shall not remove a child from his or her home solely because he or she is high risk for HIV/AIDS infection, HIV/AIDS positive, or has caregivers who are HIV/AIDS positive.

Children who are HIV/AIDS positive and are in need of out-of-home care shall receive services in the least restrictive setting that meets the assessed needs of the child.

Caregivers shall be fully informed of a child's HIV/AIDS status and high risk behaviors. The department shall provide access to information and support to caregivers to facilitate their ability to safely provide care for HIV/AIDS positive children.

Testing a child for HIV/AIDS status must be recommended by a physician and performed to identify the child's medical needs. Testing of infants and children shall take place only when one of the following exists:

- upon recommendation of a physician, when the child displays symptoms or the child or parent presents high risk factors;
- a child is born to a mother who is known to be HIV/AIDS positive during pregnancy; or
- a child has been involved in sexual activity where an exchange of bodily fluids has likely occurred.

If available, the department shall seek the parent's consent for testing if the child is 12 or

under.

The department shall share information regarding the HIV/AIDS status of children in out-of-home care and other related medical information only on a need-to-know basis.

The department shall confirm that prior to a child participating in a clinical trial all consents are obtained and an independent advocate is appointed for the child by the health institute conducting the research

Procedures

Decision Making

To determine the most appropriate out-of-home placement for a child who is HIV/AIDS positive, consider:

- the best interests of the child;
- the provider's ability to provide specialized care;
- the provider's ability to respect the child's right to confidentiality;
- the impact of the child's placement on other children in the home; and
- the least restrictive, most family-like environment that will meet the needs of the child.

In particular, when considering placement in a group care facility, consider these factors:

- the level of risk of transmission of HIV/AIDS to other residents through sexual contact or exchange of bodily fluids;
- the ability of the HIV/AIDS positive child to manage his or her aggressive and/or sexual behaviors;
- the maturity and ability of other residents to protect themselves and to manage their own behaviors;
- the ability of the setting to protect the HIV/AIDS positive child from opportunistic infections; and
- the facility's capacity to provide or to arrange for intensive medical services as medical needs increase.

Implementation

Provide all case planning and case management services for HIV/AIDS positive children as described in Family Centered Case Plan , with the following additions:

- Convene a case plan staffing to discuss the case:
  - before the child is placed into care, or within seven working days of an emergency placement, or
  - within the first 30 calendar days of opening an in-home services case.
- Visit the placement at least twice during the first month after the initial placement of the child.

To arrange for HIV/AIDS testing of a child:

- Personally communicate to the child's physician any factors that would place the child at risk for HIV/AIDS exposure, including intravenous drug use, sexual abuse, and voluntary risk behavior of either the mother or the child.
- Obtain the physician's order for testing.
- Obtain approval from your supervisor.
- Contact the child's parent(s) or legal guardian about the request for HIV/AIDS testing and ask them to sign a consent for testing if the child is age 12 or younger. If a parent refuses to sign the consent, consult with your supervisor and/or region HIV/AIDS representative and the Assistant Attorney General to obtain court authorization.
- • Refer the matter to the juvenile court if there is disagreement among the parties .

When testing a child age 13 and older, follow these additional steps:

- Obtain counseling for the child from the local health department or another Professional.
- Allow a child age 13 or older to consent to his or her own HIV/AIDS testing if the youth meets the criteria for testing.
- Allow a child age 13 or older to consent to testing if he or she requests testing but does not meet the criteria. Encourage the youth to receive counseling on the procedure.
- Request court approval for a child age 13 or older, who meets the testing criteria, when parental or guardian consent cannot be obtained and when the child refuses to give consent for testing and for whom it is determined testing is appropriate.

When obtaining medical treatment for a child:

- Support HIV/AIDS treatments ordered by a physician for dependent children.
- Obtain court approval for participation.

When a request for a child to participate in a clinical trial for HIV/AIDS treatment is received:

- Immediately notify the supervisor, APM, and the Assistant Attorney General (AAG). (Persons making the request may include the Child Safety Specialist, a child’s parent, foster parent, group home staff, GAL, CASA, child, child’s attorney or physician).
- Obtain court approval for participation in clinical trials or protocols when it is the physician's opinion that the proposed protocol is beyond what is accepted as standard in the medical community.

- Obtain prior authorization from the APM or designee and written consent from the parent or guardian, GAL, and child, if the child can give informed consent.
- Obtain the following information and forward to the AAG:
    - the child’s medical records;
    - information about the proposed treatment;

    - the name, address and phone number of the sponsoring health institution conducting the research; and
    - the child's treating physician and medical personnel responsible for or supervising the proposed clinical trial.
- Contact the health institute conducting the research for the assignment of an independent advocate for the child.

When an HIV/AIDS positive child is placed in a relative, significant person or family foster home:

- Allow a family with other children to determine whether they will consider an HIV/AIDS positive child for placement or for continued placement.
- Coordinate supportive services for the family and child.
- Develop agreements with the foster family regarding payment rates and other issues arising from the special care needs of the HIV/AIDS positive child, if necessary.
- Ensure that care providers receive training on working with a child in their care who has HIV/AIDS.
- Closely monitor the child's care and the caregiver's ability to be responsive to the child's medical and psychosocial needs.

When a child who is HIV/AIDS positive is to be placed in a group care facility:

- Consult the child's physician prior to placing a child in a group care facility.

When a child who is HIV/AIDS positive needs child care services:

- Assist in a referral to the Child Care Administration (CCA) for eligible caregivers with HIV/AIDS positive children; See Child Care Services .
- Advise caregivers of available homes and center placement options.
- Advise the child care provider of the child's HIV/AIDS status only if this status impacts the child's daily care needs, the safety and well being of the child or the safety of other children and/or adults in the facility. Any disclosure of medical information is limited to a clear need to know basis.
- Consider a setting which minimizes exposure of the child's blood fluids to others if a child exhibits high risk behaviors such as lack of control of body secretions or biting, or who has any type of draining lesion.
- Place a foster child who is HIV/AIDS positive and does not exhibit symptoms or high risk behaviors in any child care setting.

For HIV/AIDS positive children whose permanency plan is adoption, follow procedures specified in Presenting the Child's Information to the Prospective Adoptive Parents, with the following exceptions:

- For the purposes of recruitment, identify the child as "medically at risk."
- Consider the following when assessing the family's ability to meet the needs of the child:
    - the family's ability to deal with loss;
    - the family's expectations regarding terminally ill children;
    - the flexibility of the family's schedule to accommodate medical and/or counseling appointments;
    - the family's ability to accept the limitations on their lifestyle that a terminally ill child would present.
- Fully inform prospective adoptive parents who have been determined to be appropriate for placement of an HIV/AIDS positive child of the child's medical condition and needs. Provide information contained in the physician's report detailing medical condition, prognosis and care.
- Provide specialized training to families expressing a willingness to consider HIV/AIDS positive children for adoption.
- Give adoptive parents a written list of HIV/AIDS related resources and support services

Documentation
Document that a caregiver has been informed of a child's positive HIV/AIDS status in the Case Notes window designated Out of Home Care Provider and by filing the

Document parental consent or court approval for HIV/AIDS testing and treatment and participation in a clinical trial using the Case Notes window designated as Parent/Caretaker Contact.

Document any consultation with physicians regarding the child's condition as well as the physician's approval for testing using the Case Notes window designated as Collateral Contact type and, if applicable, in the Examination Detail window and the Practitioner Detail window. Use the Explain to document HIV/AIDS test results.

Document diagnosis of HIV/AIDS on the Medical/Dental Condition Detail window.

Document supervisory approval of testing and notification of request for child’s participation in a clinical trial using the Case Notes window designated Supervisory Contact type.

Document AAG notification of requests for a child’s participation in a clinical trial using the Case Notes window designated AG Contact type

Document APM approval and notification of requests for a child’s participation in a clinical trial using the Case Notes window designated as Management Contact type.

Document staffings using the Case Notes window designated as Staffing type

Forms

Related Information

Legal

45 CFR § 46.404 Research not involving greater than minimal risk.

45 CFR § 46.405 Research involving greater than minimal risk but presenting the prospect of direct benefit to the individual subjects.

45 CFR §46.409 Wards.

ARS § 8-512 Comprehensive medical and dental care; guidelines

ARS §8-514Placement in foster homes

ARS § 8-813 Preplacement investigation; medical examination; disposition

ARS §8-514.05 Foster care provider access to child health information; consent to treatment

ARS §13-3620 Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

A.A.C R6-5-5837 Confidentiality

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 19
Sexual Development Education and Family Planning Services

Policy

Child Safety Specialists and out-of-home caregivers share with the schools the responsibility of educating and preparing children in out-of-home care to function as self-sufficient, competent adults.

Child Safety Specialists and caregivers, in collaboration with the child's own parents, schools, public health and community agencies, provide education and training concerning sexual development and sexuality to children in out-of-home care.

Sexual development and sexuality learning programs for children must be appropriate to the age and development level of the children. The programs should include:

- Personal and family values regarding sexuality;
- Religious and cultural issues regarding sexuality;
- Self-respect and its relationship to sexual behaviors and character development;
- Physiological information;
- Personal hygiene related to sexuality;
- Long-term and permanent relationships with partners, spouses and friends;
- Family planning information including abstinence;
- Sexually transmitted diseases (STDs), including HIV/AIDS; and
- Recognizing, preventing and avoiding sexual abuse and the impact of sexual abuse and other sexual victimization on sexual development.

Child Safety Specialists will facilitate the provision of appropriate medical, counseling, psychological or psychiatric services, including human sexuality and family planning information emphasizing abstinence, to children who are wards of the court, committed to the care, custody and control of the department.

The department shall assure that appropriate medical, counseling, psychological and/or

psychiatric services, including human sexuality and family planning information emphasizing abstinence, are provided to children who are wards of the court, committed to the care, custody and control of the department.

Tasks related to human sexuality, sexual development, and family planning, emphasizing abstinence, will be included in the case plans of children receiving independent living skills preparation services.

The department supports the promotion of abstinence.

Procedures

Sexual Development Education

Ensure children are provided comprehensive sexual development and sexuality education, emphasizing abstinence, through the child's school, by a community agency, or by the child's out-of-home care-provider.

Assist the caregiver in finding child development information appropriate for the children in their care. Some agencies with resources to provide children with appropriate medical, educational, and mental health services related to sexuality can be located by contacting CMDP, Department of Health Services (DHS) - Women and Children's Health, DHS Behavioral Health Services, RBHA's, schools, and community organizations.

Assist the caregiver in recognizing the difference between normal sexual developmental issues and sexual developmental issues of children who have been sexually abused.

Ensure the caregiver of teens receiving independent living skills preparation services are aware of the tasks included in the foster child's case plan that concern human sexuality, sexual development, and family planning emphasizing abstinence.

Family Planning

Decision Making

To determine whether involvement of the child's parents in family planning decisions is appropriate, consider these questions:

- Are the whereabouts of the parents known?
- Are the parents involved in the case?
- Does the child oppose the involvement of the parents?
- What is the nature of the parent-child relationship?
- Are the parents supportive of the child?
- Would involvement of the parents endanger the child's safety or welfare?
- What is their legal relationship to the child? Has there been a Termination of Parental Rights (TPR) on either parent?

Implementation

Encourage the caregiver to participate in discussions on family planning, including abstinence, with foster children age 12 and over. In their role of primary caregivers of foster children, caregivers should be involved in the provision of family planning information emphasizing abstinence to their foster children. Caregivers are encouraged to seek community, public education, and health information programs available to all parents.

Caregivers are expected to participate with the Child Safety Specialist in the review and discussion of CMDP's written family planning information to foster children, ages 12 and older.

If a caregiver is opposed to the provision of family planning information to a child age 12 or older, the caregiver should inform their licensing specialist/agency and the Child Safety Specialist before they agree to the placement of a child age 12 or over in their home.

Ensure information and services are provided by using the Checklists for Child Safety Specialists: Providing Family Planning Service as a guide.

Provide, arrange or confirm that the child receives information on abstinence from the Department of Health Services, school based education programs, or other community resources.

Provide CMDP's written family planning information to all children in out-of-home care, ages 12 and older, within ten days of initial placement and annually thereafter. Review the services presented in CMDP's Family Planning Services with the child and the out-of-home care provider during face-to-face contacts.

For a child age 12 or older requesting family planning services:

- Discuss with the child who the child wants to know about the request and who the child wants to participate in the child's decision making on family planning services;
- Arrange an appointment with, or refer the child to, a CMDP-registered health care provider;
- If needed, consult with the CMDP Maternal/Child nurse to obtain a list of CMDP-registered health care providers.

Assure that services are provided:

- In a manner free from coercion or mental pressure and in a manner which assures continuity of care and confidentiality;
- With reasonable promptness by a qualified health professional;

- By providers that inform the child about a variety of family planning methods to enable the child to make an informed decision.

Documentation

When a parent's rights have not been terminated and his or her whereabouts is known, document a decision not to involve the parent in family planning decisions, and the reason for the decision using the Case Notes window, designated as Key Issues type.

Document the review of CMDP family planning services information using the Case Notes window, designated as Child Contact type.

Document the referral and arrangement for family planning services using the Case Notes window.

Forms

CMDP Family Planning Services, CSO-1204
CMDP Family Planning Services (Spanish), CSO-1204S

Related Information

Checklists for Child Safety Specialists: Providing Family Planning Service

Legal

42 U.S.C. § 1396d Definitions

A.R.S. §15-716 Instruction on acquired immune deficiency syndrome; department assistance

A.R.S. §8-512 Comprehensive medical and dental care; guidelines

A.R.S. §36-2904Prepaid capitation coverage; requirements; long-term care; dispute resolution; award of contracts; notification; report

A.R.S. §36-2907 Covered health and medical services; modifications; related delivery of service requirements; definition

A.A.C. R6-5-5801 et. al. Family Foster Parent Licensing Requirements

A.A.C. R6-5-7401 et. al. Operating Residential Group care Facilities and Outdoor Experience Programs

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 20
Pregnancy Care Services

Policy

Meeting the health needs of children is a responsibility shared among parents, Child Safety Specialists, out-of-home care providers and medical providers under the Comprehensive Medical and Dental Care Program (CMDP).

Assessments or counseling provided to a pregnant child will be non-directive, neutral and will include the options of parenting the infant, planning for adoption or legal guardianship, temporary alternative care of the infant, or termination of the pregnancy.

The department shall include the parents of the pregnant child in the provision of services and consideration of options in relation to the confirmed pregnancy when agreed upon by the child and determined to be in the child's best interests.

The alleged father of the infant should be involved in decision-making and counseling, when appropriate.

Procedures

Services to a Child Who Believes She is Pregnant

To determine whether involvement of the child's parents in pregnancy care decisions is appropriate, consider these questions:

- Are the whereabouts of the parents known?
- Are the parents involved in the case?
- Does the child oppose the involvement of the parents?
- What is the nature of the parent-child relationship?
- Are the parents supportive of the child?
- Would involvement of the parents endanger the child's safety or welfare?
- What is their legal relationship to the child? Has there been a Termination of Parental Rights (TPR) on either parent?

Ensure information and services are provided by using the Providing Pregnancy Care Services section of the Checklists for Child Safety Specialists: Providing Family Planning Services.

Prior to arranging a medical examination to confirm the pregnancy, discuss with the child:

- Does the out-of-home care provider know that the child believes she is pregnant?
  - If not, assist the child to inform the out-of-home care provider of her possible pregnancy.
  - If yes, does the child feel comfortable with the out-of-home care provider's involvement in arrangements for services?
- Involvement of the child's parents in pregnancy care decisions.
- Does the child have a support person, such as a CASA, Special Friend, or a religious or spiritual advisor with whom she would like to speak?
- Who should be informed about the potential pregnancy?
- Who would she like to accompany her to the medical appointment?
- Which medical provider will be used?
- Who will make the appointment with the medical provider?
- What transportation arrangements are needed to get to the appointment?

Refer or arrange for a medical examination to confirm the pregnancy using a CMDP-registered health care provider or a provider registered with the child's AHCCCS health plan. Arrange the medical examination to occur no more than five work days from notification of the possible pregnancy.

If the child is not pregnant, refer or arrange for her to receive family planning information and consultation using:

- Information on abstinence from the Department of Health Services, school based education programs, or other community resources; and
- A CMDP-registered health care provider; or
- A provider registered with her AHCCCS health plan.

Discuss with the child:

- Does she agree with the out-of-home care provider's involvement in the arrangements for the medical appointment?
- Does she want someone to go to the family planning appointment with her and if so, who?
- What transportation arrangements are needed to get to the appointment?

If the relationship with the alleged father is against the law or if the pregnancy is or may be due to rape or incest, confirm with the out-of-home care provider that law enforcement has been notified. It is acceptable, and may be preferable, for the out-of-home care provider to notify law enforcement if the out-of-home care provider has first hand knowledge

of the child's relationship with the alleged father. If a report has been filed, obtain the report number. If law enforcement declines to take a report, document the date and time law enforcement was notified. If a report has not been filed, notify law enforcement or ensure the out-of-home care provider does so within 24 hours of being notified of the possible pregnancy.

Services to a Child Whose Pregnancy Is Confirmed

To determine whether involvement of the alleged father in planning for the unborn infant is appropriate, consider these questions:

- What is the nature of the relationship between the alleged father and the pregnant child?
- Did the relationship violate state law due to differences in ages or other factors?
- Is the pregnant child willing and able to identify and contact the alleged father?
- Would involvement of the alleged father endanger the pregnant child's safety or welfare?

Ensure information and services are provided by using the Services to a Child Whose Pregnancy Is Confirmed section of the Checklist for Child Safety Specialists: Providing Family Planning Services.

The Caregiver Must:

If the examination confirms that the foster child is pregnant, and the caregiver is aware of the results of the examination, it is the responsibility of the caregiver, notify the Child Safety Specialist within one work day, unless the Child Safety Specialist is already aware of the results.

Caregivers must decide whether their foster child's pregnancy and the decisions she will make regarding her pregnancy will impact their willingness and ability to continue caring for her. Regardless of her decision, the out-of-home care provider must not verbally abuse, threaten or make humiliating comments, unreasonably deny privileges, contact and visitation, or isolate the child. These are Discipline Policy infractions.

The Child Safety Specialist Must:

Within one work day of the pregnancy confirmation, notify the CMDP Maternal/Child nurse.

Hold a case consultation with the supervisor within five work days to discuss who should participate in planning services needed by the child.

Following the case consultation between the Child Safety Specialist and the supervisor, discuss with the child who are the individuals she believes must be made aware of her

pregnancy. Also discuss other potential service team members (such as a CASA, Special Friend, or religious or spiritual advisor) whom the child wants to be made aware of her pregnancy and who should be asked to participate in a case conference.

Hold a case conference **within 10 days** of the pregnancy confirmation to determine the roles and responsibilities of the participating service team members as to what, by whom and how medical, counseling and any other needed services will be provided to the child to assist her in making decisions. The case conference will include the Child Safety Specialist and supervisor, the child's guardian ad litem (GAL), attorney and the caregiver. Include other service team members and parties, such as the child's parents, as appropriate and after considering the wishes of the child. In most instances, unless it is clearly not appropriate, include the child in the case conference.

At least two work days prior to the case conference, contact the assigned Assistant Attorney General to notify of the confirmed pregnancy and other significant information.

No more than five work days after the case conference, arrange non-directive, neutral assessment or counseling for the child through the RBHA or with an DCS contracted counselor, if she is not already seeing a counselor. The purpose of the counseling is to provide information on the options, which include parenting the infant, planning for adoption or legal guardianship, temporary care of the infant by family or non-relatives, or termination of the pregnancy.

Assist the child in scheduling counseling and arranging transportation to this appointment.

Determine whether the out-of-home care provider or another support person will participate in the counseling when agreed upon by the child.

Inform the child that medical assistance and other benefits and services may be available for her and her child through the Department of Economic Security and other organizations.

These may include TANF, child support, child care, and WIC.

Obtain all known identifying information on any alleged father and assist the child to confirm the identity of the biological father. Inform the child of the father's financial liability for the infant.

Keep out-of-home care providers fully informed of the services being offered to the child.

Involve the child's parents and the alleged father of the infant in the counseling sessions when agreed upon by the child and determined to be in the child's best interest.

Services Provided When the Child Will Carry the Pregnancy to Term
The Caregiver Should:

Review with the Child Safety Specialist and medical providers the child's medical and health condition, any other prenatal medical, nutritional and emotional needs, and any health or safety issues, such as substance abuse concerns. Each party shares the responsibility of assuring that the child receives early and consistent medical care.

Take the child or arrange transportation for her to medical and other appointments.

Encourage and assist the child to participate in parenting instruction if she plans to parent her infant.

The Child Safety Specialist Must:

Ensure information and services are provided by using the Services Provided When the Child Will Carry the Pregnancy to Term section of the Checklists for Child Safety Specialists: Providing Family Planning Services as a guide.

Within five work days, update the CMDP Maternal/Child nurse regarding the child's decision.

Within ten work days of learning the child's decision, hold a case conference to further assist the child in understanding the options available; to identify needs such as medical, social, emotional, and educational; and to identify current and future living arrangements. Develop a preliminary plan to address the child's needs. At minimum, the case conference will include the Child Safety Specialist, the supervisor, the out-of-home care provider, and the child's GAL and attorney. Include other team members and parties, such as the child's parents and significant support persons, such as a Special Friend, or a religious or spiritual advisor, as appropriate and after considering the wishes of the child. When appropriate, include the child in the case conference. The alleged father of the infant may be a participant in this conference when appropriate.

At least two work days prior to the case conference, contact the assigned Assistant Attorney General to notify of the child's decision to carry the pregnancy to term and other significant information.

Ensure the provision of early and consistent medical care through communication with the child's physician and/or out-of-home care provider on medical appointment scheduling and results of all appointments.

Ensure that potential health risks to the unborn child or the pregnant child, such as substance abuse and known health concerns including high risk behaviors and HIV positive or diagnosed AIDS, are fully shared with the child's physician.

Ensure that the out-of-home care provider is fully informed and aware of the medical, health, nutrition, and other prenatal medical and emotional needs of the child and is willing and able to meet her needs.

Assure that transportation to medical and other appointments is arranged.

Encourage participation in parenting instruction for a child who plans to parent her infant, and make arrangements as indicated.

Encourage the pregnant child and the out-of-home care provider to plan for the child's continuing educational needs.

Assist the child to obtain information on medical and other benefits that may be available to her and her child through the Department of Economic Security, Family Assistance Administration. Assist the child to apply for any benefits for which she may be eligible.

Arrange for assessment or counseling related to the pregnancy, as needed.

Discuss with the child the identity of the father of the unborn infant, determine his role in planning for the unborn infant, and his financial responsibility for the child. In all cases where possible, obtain an affidavit of paternity from the father. If the alleged father denies paternity, discuss with the child and the alleged father that a paternity test is needed.

Discuss with the child the role of her parents in planning for the unborn infant.

Fully inform the child of services available from the department and the community to support her ability to parent her child, including temporary care options such as care of the infant by family, in foster care, or through other arrangements.

With the current out-of-home care provider and region designated staff, review placement options available for the placement of the minor parent and her infant together.

Services Provided When the Child Decides on a Plan of Adoption For Her Infant

The Caregiver Should:

Fully support the child in the decision that she has made for herself and her unborn child. The caregiver should transport or arrange transportation for the foster child to adoption planning services, and if she is comfortable with their involvement, participate in the services with her.

The Child Safety Specialist Must:

Ensure information and services are provided by using the Services Provided When the Child Decides on a Plan of Adoption section of the Checklists for Child Safety Specialists: Providing Family Planning Services as a guide.

Assist the child to arrange adoption planning services provided by department adoption staff or a private adoption agency.

Consult with an adoption unit supervisor, or a supervisor with adoption experience, to obtain the names of private adoption agencies in the child's local area and information on adoption services provided by department staff.

Assist the child to obtain any additional information needed for the child to make an informed choice between the available resources.

Assist the child to obtain information on medical and other benefits that may be available to her and her child through the Department of Economic Security, Family Assistance Administration. Assist the child to apply for any benefits for which she may be eligible.

Involve the child's parents and the alleged father of the infant in the planning when appropriate and in the pregnant child's best interest.

Facilitate involvement of the child's GAL and attorney throughout this process.

Services Provided When the Child Decides on a Plan of Legal Guardianship for Her Infant

Legal Basis

A.R.S. §14-5209 provides for the appointment of a guardian for a child through Probate Court

The Caregiver Should:

Ensure that the child feels supported in the decision that she has made. These are very emotionally charged times for an adolescent girl and it is critical that the caregiver supports her in achieve her goal. It is also important that the child know that the foster care is available to her and that she can continue to process her decision until the point that it is final.

The Child Safety Specialist Must:

Ensure information and services are provided by using the Services Provided When the Child Decides on a Plan of Legal Guardianship section of the Checklists for Child Safety Specialists: Providing Family Planning Services

Assist the child to consider the ability of the proposed guardian(s) to provide custodial care.

Inform the child and the proposed guardian(s) of the process for obtaining a legal guardianship for non-dependent children. If needed, consult with an Assistant Attorney General to learn this process.

Consult with a supervisor to determine what steps should be taken to protect the infant, if after the child's birth the mother pursues legal guardianship with a proposed guardian who may be unable to meet the health and safety needs of the infant.

Involve the child's parents and the alleged father of the infant in the planning when agreed upon by the child and determined to be in the child's best interest.

Facilitate involvement of the child's GAL and attorney throughout this process.

Documentation

Document the pregnancy of the child in the Medical/Dental Condition Detail window using either the condition of "pregnant" or "pregnant teen".

Document all medical examinations of the child in the Examination Detail window.

Document medical information in the Examination Detail, Practitioner Detail, Medical/Dental Condition Detail windows. If needed, document any hospitalization in the Hospitalization Detail window.

Document the pregnancy of the child, the contact with the CMDP nurse, the report to law enforcement, if applicable, and the provision of assessment or counseling using the Pregnancy Care/Family Planning window.

Document if the pregnancy resulted from consensual intercourse, rape, or incest using the Pregnancy Care/Family Planning window.

Document information on all alleged fathers and the confirmed father of the infant, using the Pregnancy Care/Family Planning window. Add the confirmed father as a case participant with a case role type of Father P. Update the Family Relationship window to show the confirmed father's relationship to other participants.

Document the outcome of case conferences using the Case Notes window.

As applicable, document the child's decision to carry the pregnancy to term, the plan for the newborn, the outcome of the pregnancy, the date of the outcome, and the provision of assessment or counseling using the Pregnancy Care/Family Planning window.

As applicable, document the outcome of the pregnancy and the date of the outcome using the Pregnancy Care/Family Planning Window.

If a child refuses medical or assessment services or counseling, document the types of services offered and the child's response to the offers using the Case Notes window designated as the appropriate type.

Forms

Related Information

Checklists for Child Safety Specialists: Providing Family Planning Services

Legal

42 U.S.C. § 1396d Definitions

A.R.S. §8-512 Comprehensive medical and dental care; guidelines

A.R.S. §13-1405 Sexual conduct with a minor; classification; definition

A.A.CR6-5-6000 et al Comprehensive Medical/Dentral Program for Foster Children .

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 21
Pregnancy Care Services and Abortion

Policy

Funding for an abortion is allowable under federal and state law when it is medically necessary to save the life of the pregnant child and under federal law when it is necessary due to rape or incest.

Licensed and unlicensed out-of-home care providers may not consent to an abortion for a foster child.

Procedures

Decision Making

To determine whether an abortion is in the child's best interest, all service team members and involved parties should consider these questions:

- Has a medical doctor advised that the child is physically able to carry the baby to term?
- Has a medical doctor advised that the child is physically able to have an abortion without major medical risk?
- Does the child have any medical conditions that could affect the success of a pregnancy or birth?
- What is the developmental functioning of the child?
- How emotionally stable is the child?
- Is the child able to understand information regarding pregnancy, birth, parenting, and abortion?
- What are the recommendations of the child's parents, therapist, and significant support persons?
- Does the child want to have an abortion?

To determine whether involvement of the child's parents is required, consider these questions:

- Are the whereabouts of the parents known?
- Are the parents involved in the case?

- Would involvement of the parents endanger the child's safety or welfare?
- Was the child's pregnancy the results of sexual conduct with the parent, step-parent, adoptive parent, sibling or grandparent?
- What is their legal relationship to the child? Has there been a Termination of Parental Rights (TPR) on either parent?
- Does the child want the parents to be notified and involved?

Implementation
Follow all applicable policy and procedures required in Pregnancy Care Services

The Caregiver Should:
If their foster child's physician determines that an abortion is necessary to save her life or is medically necessary due to rape or incest, out-of-home care providers should:

- Notify the Child Safety Specialist immediately or by the next work day, and follow the instructions of the physician.
- Take or arrange transportation for their foster child to post-termination counseling, if arranged by the Child Safety Specialist; participate in the counseling sessions if their foster child agrees.

If the child wants an abortion that is not medically necessary to save her life or necessary due to rape or incest, out-of-home care providers must:

- **Immediately or by the next work day** notify the Child Safety Specialist of her decision unless the Child Safety Specialist is already aware of her decision.
- Be informed by the Child Safety Specialist that it is against the law to use public funds to pay for the abortion and for licensed out-of-home care provider to consent to an abortion for a foster child.

The Child Safety Specialist Should:
Ensure information and services are provided by using the Providing Abortion Services section of the Checklists for Child Safety Specialists: Providing Family Planning Services as a guide.

When a pregnant child's physician determines that an abortion is medically necessary to save her life:

- As needed, assist the child's physician to arrange the medical procedure and obtain prior authorization from CMDP.
- Upon learning of the medical necessity, immediately inform the child's parents of this medical condition and the arrangements for the medical appointment, unless, in consultation with the supervisor at minimum, it is determined that informing the parent is detrimental to the safety and welfare or best interest of the child, or the child requests her parents not be informed. If a parent is willing and able to consent to the procedure, facilitate the consenting parent's signature of the medical facility's forms.

- If the child has requested her parents not be informed or involved or no available parent is willing and able to consent to the medical procedure, obtain a court order before the procedure is performed, unless an emergency exists. Complete the motion for medical/surgical treatment no more than one work day from learning of the need for the medical procedure.
- Arrange for post-termination counseling for the child, family members and other significant persons.

When a child states a desire to terminate her pregnancy and an abortion is not necessary to save her life, call the DCS eligibility unit **within two work days** to verify the child's Title XIX eligibility status, confirming that the eligibility specialist or supervisor has the most recent and accurate eligibility related information.

Follow procedures for high profile cases as described in Family Centered Case Planning.

If the pregnancy is due to rape or incest or necessary to prevent harm to bodily function of the pregnant child, and the child is Title XIX eligible:

- Arrange a case conference to be held **no later than five days** from the date of notification of the child's decision. Obtain recommendations from the involved service team members regarding supportive services for the child, and determine the roles and responsibilities of the participating service team members as to the medical procedure, assessment or counseling and any other needed services.
- At minimum, the case conference will include the Child Safety Specialist, the supervisor, the out-of-home care provider, and the child's GAL and attorney. Include other team members and parties, such as the child's parents and significant support persons, such as a Special Friend, or a religious or spiritual advisor, as appropriate and after considering the wishes of the child. When appropriate, include the pregnant child and the alleged father of the infant.
- Prior to the case conference, obtain recommendations from an independent child welfare professional, such as a psychologist on contract with the department, to provide consultation regarding the child's choice to terminate the pregnancy, the child's best interest relative to the pregnancy, and supportive services. Present the recommendations of the independent child welfare professional if he/she does not present in the case conference.
- **No less than two days prior** to the case conference, notify the assigned Assistant Attorney General that the child is requesting an abortion and share other significant information.
- If the child has consented to the involvement of her parents and it has been determined that their involvement is not detrimental to her safety and welfare, inform the parent, at the case conference or no more than **two work days** following the case conference, of the child's decision and the arrangements for the medical

appointment, unless they have previously been informed. If a parent is willing and able to consent to the procedure, facilitate the consenting parents' signature of the medical facility's forms.

- If the child has requested her parents not be informed or involved or no parent is available or willing to consent to the medical procedure, obtain a court order before the procedure is performed, unless an emergency exists. File the motion for medical/surgical treatment no more than **one work day** from learning of the planned medical procedure.
- To assist with prior authorization, provide documentation to CMDP that the incident of rape or incest was reported to a law enforcement agency. Documentation should include the name of the law enforcement agency, report number, if available, and date the report was filed.
- Arrange for post-termination counseling for the child, family members and other significant persons.

When no state or federal funds are available for abortion services because:

- the abortion is not necessary to save the life of, or prevent bodily harm to, the pregnant child, nor due to rape or incest; or
- the pregnancy is due to rape or incest or necessary to prevent harm to bodily function of the child, but the child is not Title XIX eligible; complete these tasks in addition to those listed above:
- Inform and explain to the child, the out-of-home care provider, other participating service team members, and the child's parents if they have been involved in the decision making process, that there are no federal or state funds available to pay for an abortion.
- Hold a case conference **no later than 10 work days** from the date of notification of the child's decision, inviting parties as described in the previous section. The Assistant Attorney General should attend the conference to address funding and potential legal issues.
- At the case conference or no more than **two work days** following, inform the involved service team members of the department's position relative to the medical procedure, based on the child's best interest, relevant law, and the recommendations received. Determine the roles and responsibilities of the participating service team members in timely arrangement of the medical procedure, obtaining parental consent or a court order for medical or surgical treatment, and supporting the child.
- If a court order is required for the medical procedure because the child has requested her parents not be informed or involved or no available parent is willing and able to consent, provide to the court any service team member's and the independent child welfare professional's recommendations.

- If the child's GAL or another party files a motion for an order allowing the child to have an abortion, support or oppose the motion according to the child's best interest, unless the fetus is viable in the judgment of the attending physician.
- Oppose all motions for an order allowing a child to have an abortion of a fetus that is viable in the judgment of the attending physician.
- Consult an Assistant Attorney General if the department is ordered to pay for the abortion.
- Arrange for post-termination counseling for the child, family members and other significant persons.

If notified after the procedure that a child has obtained an abortion, ensure that appropriate medical services are provided to the child, and arrange post-termination counseling for the child, family members and other significant persons. If the child refuses medical services or counseling, continue to offer appropriate services.

Documentation
Document the pregnancy of the child and other medical information in the Medical/Dental Condition Detail window using either the condition of "pregnant" or "pregnant teen", Examination Detail and Practitioner Detail windows.

Document all medical examinations of the child in the Examination Detail window.

Document the contact with the CMDP nurse and the provision of assessment or counseling using the Pregnancy Care/Family Planning window.

Document the outcome of case conferences using the Case Notes window.

Document the child's decision to terminate the pregnancy, outcome of the pregnancy and the date of the outcome using the Pregnancy Care/Family Planning Window.

If a child refuses medical or assessment services or counseling, document the types of services offered and the child's response to the offers using the Case Notes window designated as the appropriate type.

Forms

Related Information
Checklists for Child Safety Specialists: Providing Family Planning Services

Pregnancy Care Services
Family Centered Case Planning

Legal

42 U.S.C. § 1396d Definitions

A.R.S. §13-3603.01 Partial-birth abortions; classification; civil action; definitions.

A.R.S. §35-196.02 Use of public funds or insurance for abortion prohibited; exception

A.R.S. §36-2301 Duty to promote life of fetus or embryo delivered alive.

A.R.S. §36-2301.01 Abortion of viable fetus; requirements; definitions

A.R.S. §36-2152 Parental consent; exception; hearings; time limits; violations; classification; civil relief; statute of limitations

A.A.C. R9-22-205Attending Physician, Practitioner, and Primary Care Provider Services

A.A.C. R6-5-6006 Exceptions, Limitations, and Exclusion

A.A.C. R6-5-6007 Prior Authorizations

A.A.C. R6-5-6012 Consent to Treatment

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 22
Services for Expectant Fathers

Policy

The department shall advise and assist any male child who is a ward of the court committed to the care, custody and control of the department, and who believes he may be an expectant father, on appropriate parental rights and responsibilities.

Procedures
Implementation
Ensure information and services are provided by using the "Services Provided When the Child Is the Alleged or Confirmed Father of an Unborn Infant" section of the Checklists for Child Safety Specialists: Providing Family Planning Services.

When a foster child is the alleged father of an unborn infant, advise and assist him to:

- Determine what his role and responsibility will be in planning for and meeting the needs of the unborn infant.
- Establish his parental rights.
- File notice of a claim of paternity with the Putative Father's Registry, when applicable, by contacting the Department of Health Services, Vital Records, 1818 W Adams Street, Phoenix, 85005.

Request assistance from the alleged father's caregiver in completing the above tasks.

Documentation
File a copy of the notice of claim of paternity in the child's case record.

Forms

Related Information
Checklists for Child Safety Specialists: Providing Family Planning Services.

Legal

A.R.S. §8-106.01 Putative fathers registry; claim of paternity; adoptive interest

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 23
Child Care Services

Policy

DCS child care services shall be made available at the discretion of the department to families with children ages 12 or younger.

Services may be provided to maintain and strengthen families:

- whose cases are opened for investigation and closed at investigation;
- who are receiving voluntary services; or
- whose children are dependent wards of the court but remain in the parent's physical custody.

DCS child care services may also be provided as a support service for out-of-home care providers. Birth and/or adopted children of foster parents are not eligible for DCS child care .

Birth and/or adopted children of family foster care providers are not eligible for DCS child care.

DCS child care may be provided to children in out-of-home care for the following purposes:

- to enable an out-of-home care provider to work;
- to enable an out-of-home care provider to participate in educational activities;
- to enable an out-of-home care provider to attend medical, dental or behavioral health appointments, case plan staffings, administrative case reviews, court and FCRB hearings or participate in activities associated with visitation with another foster child;
- to enable the out-of-home care provider to handle an emergency situation such as death, medical emergency, or family or personal crisis, or
- to enable the child to participate in socialization and/or specific skills development in cognitive, social or psycho-motor areas.

DCS child care services may be requested up to maximum of 23 days per month per

child, through the Child Care Administration (CCA). CCA staff will contact the identified child care provider to authorize payment.

There is no financial eligibility requirement for DCS child care. DES reimburses child care providers up to a maximum reimbursement rate negotiated by each provider. Families/foster parents are responsible for paying child care providers the difference between the child care provider's rate and the DES reimbursement.

DCS child care may be provided to prevent abuse or neglect. The objectives of these services are:

- to relieve stress of the caretaker (respite);
- to provide monitoring of a child by child care personnel; or
- to provide a child with opportunities for socialization/structure when such opportunities do not exist in the home. This is a clinical or case management decision which must be documented in the case plan.

DCS child care may not be requested for the sole purpose of documenting that a service has been offered/accepted or if it is determined that the caregiver is not in need.

Procedures

Child Care for Families

Either the parent or caretaker should consult with the Child Care Resources and Referral (CCR&R), 1-800-308-9000 to identify a child care provider. Verify that an identified provider has a current DES registration agreement and has a vacancy for the child.

Submit all requests for DCS child care services to the DES Child Care Administration for authorization.

To request DCS child care for a case which has been opened and closed at investigation:

- Obtain supervisor approval to request DCS child care services up to a maximum of six months, using the DCS Child Care Referral, CC-224.
- The Child Care Administration will contact the child care providers to authorize payment. Please do not contact child care providers to authorize payment for child care.

For voluntary services cases, in-home dependency cases, or in-home intervention and out-of-home care cases:

- Identify the need for child care in the case plan using the Case Plan Task window.
- Obtain supervisor approval to request DCS child care services up to a **maximum of six months** using the DCS Child Care Referral, CC-224.

- Review the continued need for child care at least **every six months** and/or at the case plan staffing.
- Obtain supervisor approval prior to requesting a second six month period of child care services.
- If requesting a third referral for child care services within a 24 month period, in addition to the above two steps, send an E-Mail of explanation to the Program Manager or designee if you are requesting a third referral within a 24 month period. Include this E-Mail approval with the CC-224.

In emergency situations, contact the local child care office to arrange for child care. Send a completed DCS Child Care Referral, CC-224, to the office within two working days.

A new DCS Child Care Referral, CC-224 must be submitted to:

- Indicate any changes in providers.
- Indicate any change in hours to be authorized.
- Request that child care services be reauthorized.
- Documentation
- Document the need for and use of child care services in the child's case record using the Case Notes window and the foster care licensing record, if applicable.
- Specify use of child care services in the child's case plan using the Case Plan Tasks window.

File a copy of the CC-224 in the hard copy record.

Document request for Program Manager or designee approval of a third referral within a 24 month period using the Case Notes window designated as Management Contact type.

Program Manager or designee:

Document approval of a third referral within a 24 month period using E-mail notification to the assigned Child Safety Specialist.

Child Care for Out-of-home Providers

To determine whether to offer DCS child care services to out-of-home family foster care providers, consider these questions:

- Are the providers employed or participating in educational services?
- Are the providers attending medical appointments, case plan staffings, court and FCRB hearings, administrative case reviews, or participating in activities associated with visitation with another foster child?
- Does the foster child have documented needs that require socialization and/or specific skills development in cognitive, social or psycho-motor areas?

- Do the providers require emergency services to cope with situations such as a death, medical emergency, family crisis or personal crisis?

Have the out-of-home family foster care provider consult with Child Care Resource and Referral (CCR&R), 1-800-308-9000 to identify a child care provider and verify that an identified provider has a current DES registration agreement and has a vacancy for the child.

Have the family foster care provider determine whether the child care provider is able to meet the identified social, medical or behavioral needs of the child.

Obtain supervisory approval to request DCS child care services using the DCS Child Care Referral, CC-224, and submit the request to the local office of the DES Child Care Administration for authorization. Request DCS child care for a period not to exceed six months. In an emergency, contact the local Child Care Administration (CCA) office, indicate immediate need, and send the completed form within two working days of the contact.

Do not contact the child care providers to authorize payment for child care; the CCA will contact the child care providers to authorize payment.

Review the need for continued DCS child care services at least every six months during the case plan staffing.

Obtain supervisor approval prior to requesting a second six month period of child care services.

When requesting a third referral for child care services within a 24 month period, in addition to the above two steps, obtain approval of the Program Manager or designee. Send an E-Mail of explanation to the Program Manager or designee. Include this E-mail approval with the DCS Child Care Referral, CC-224.

A new DCS Child Care Referral, CC-224 must be submitted to:
- initiate a change in provider;
- indicate any change in hours to be authorized; and
- request that child care services be reauthorized.

Notify and update the licensing agency when a foster parent is using DCS child care services.
Document the request for child care services, changes in the provider, and the end date of those services on the DCS Child Care Referral, CC-224. File a copy in the child's hard copy record.

Document the need for and use of child care services in the child's case record using the Case Notes window designated as Collateral Contact type.

Specify use of child care services in the child's case plan using the Case Plan Tasks window.

Document request for program manager or designee approval of a third referral within a 24 month period using the Case Notes window designated as Management Contact type.

Program Manager or designee:

Document approval of a third referral within a 24 month period using the Case Note Comment window.

Forms

Court Document Directory:
DCS Child Care Referral, CC-224

Related Information

Respite Care for Children in Out-of-Home Care

Legal

A.A.C. R6-5-4901-4925 Child Care Assistance

Effective Date :November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 24
Arizona Early Intervention Program (AzEIP)

Policy

The department shall refer all children under the age of three who are the subject of a substantiated report or who have been removed and in DCS custody for early intervention services. A substantiated report includes the following findings: proposed substantiated, proposed substantiated-perpetrator deceased and proposed substantiated-perpetrator unknown.

The department shall refer all children under the age of three:

- who have been removed and in DCS custody, to the Regional Behavioral Health Authority (RBHA) for a developmental screening and a behavioral health assessment;
- children who are not in DCS custody, to the AzEIP for early intervention services.

Procedures
Implementation

Gather available information including clinical and medical reports on the child from previous medical and behavioral health care providers.

Obtain health insurance information (i.e., AHCCCS, etc.) from the parent, guardian or custodian.

Within 24 hours of the removal, refer all children under the age of three to the RBHA for a developmental screening and behavioral health assessment. Fax or mail any reports from previous medical, clinical or behavioral health assessments or evaluations to the RBHA.

If the child's primary care provider (PCP) has completed the EPSDT examination and identifies a developmental concern, provide this information to the RBHA.

Ensure that the parent and/or out-of-home caregiver is aware of the referral for early intervention services.

If the RBHA screening or assessment indicates that the child has a developmental concern, the RBHA will:

- Make the referral to AzEIP for early intervention services.
- Notify the Child Safety Specialist and the child's primary care physician (PCP) of the results and of the AzEIP referral.
- Include AzEIP in the Child and Family Team.

Ensure that the out-of-home care provider is aware of the developmental concern and AzEIP referral.

If the RBHA screening or assessment indicates that the child does not have a developmental concern, the RBHA will notify the case manager of the results. The RBHA will provide necessary behavioral health services to the child, the child's family and out-of-home provider.

If the child is not eligible for Title XIX services, complete and fax the DCS Referral to Arizona Early Intervention Program (AzEIP), found in the Forms Registry, to the designated AzEIP regional contractor. The referral to AzEIP may also be completed on the DES website. Ensure that the concerns and/or reasons for the referral are documented in the Reason for Referral/Concerns Section of the referral. It is not necessary to make a referral if the referral has already been made by another source, or the child is receiving AzEIP services.

- Ensure that the child's legal status and eligibility for AHCCCS or CMDP is recorded on the DCS Referral to Arizona Early Intervention Program (AzEIP) or in the Concerns Section of the internet referral.
- Fax or mail any reports from previous medical, clinical or behavioral health assessments or evaluations to the AzEIP regional contractor.
- List all services the family is receiving or has been referred to on the DCS Referral to Arizona Early Intervention Program (AzEIP) or in the Concerns Section of the internet referral. AzEIP will ensure that services are not duplicated.

If the child is in out-of-home care and changes placement during the referral process, ensure that the AzEIP regional contractor is aware of the change in placement. Provide the name, address and telephone number of the new caregiver to the AzEIP contractor.

Identification of a Surrogate Parent:

A surrogate parent must be appointed to represent the child's special educational interests under IDEA, Part C if the parent, guardian, step-parent or relative with whom the child resides is not available, willing and able to perform this function. If the child is a

ward of the court and a surrogate parent is required to represent the child's special educational needs [see page 2 of the DCS Referral to Arizona Early Intervention Program (AzEIP)], contact the Assistant Attorney General to file a motion to appoint the identified person as the child's surrogate parent.

Documentation
Document the outcome of any previous assessments or medical examinations including a diagnosis of a developmental delay or established condition in the Participant Education Condition Detail window.

Document the referral to the AzEIP by filing a copy of the DCS Referral to Arizona Early Intervention Program (AzEIP) or a printed copy of the AzEIP internet referral in the hard copy record. To obtain a copy of the internet referral, you must print the screen prior to submitting the referral. If the referral was made by another source, document the referral by obtaining and filing a copy of the referral in the child's case record, or by documenting verbal confirmation of the referral using the Case Notes window, designated as Collateral Contact type. If the child is receiving AzEIP services, document this in the case notes.

Forms

Related Information
AZEIP Website

Legal
The Child Abuse Prevention and Treatment Act (P.L. 104-235), as amended by the Keeping Children and Families Safe Act (P.L. 108-36)

ARS §41-2022 Infants and toddlers with developmental delays; lead agency; interagency agreements

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 25
Division of Developmental Disabilities (DDD) Services

Policy

The Department of Child Safety (DCS) shall work collaboratively with DDD for foster children who meet the eligibility for DDD services.

Any child with developmental disabilities who appears to meet DDD eligibility criteria shall be referred to the DDD Program.

Procedures

Eligibility

Any child with a developmental delay or disability who appears to meet DDD eligibility criteria shall be referred to DDD.

Birth to Three (3) Years

Any child age birth to three (3) years who has been removed or is a subject of a substantiated report shall be referred to the Arizona Early Intervention Program (AzEIP) for early intervention services Referring a Child to the Arizona Early Intervention Program).

AzEIP will refer to DDD all children birth to age three (3) who appear to meet the AzEIP eligibility criteria.

Age Three (3) through Six (6)

DCS shall refer children age three (3) through six (6) based on the following criteria:

- Have a diagnosis of cerebral palsy, epilepsy, autism, or cognitive/intellectual disability.
- Demonstrate a strong potential the child is or will have a developmental disability. Children diagnosed with the following conditions may be considered at risk for a developmental disability:

    - Spina bifida with Arnold Chiari malformation
    - Periventricular leukomalacia
    - Chromosomal abnormalities with high risk for cognitive disability such as Downs Syndrome
    - Autism Spectrum Disorders
    - Post natal traumatic brain injury such as “shaken baby syndrome” or near drowning
    - Hydrocephaly
    - Microcephaly
    - Alcohol or drug related birth defects such as Fetal Alcohol Syndrome
    - Birth weight under 1000 grams with evidence of neurological impairment

- Demonstrate a significant developmental delay and a strong potential the child will have a developmental disability, indicated by a 50% delay in one of the following five developmental domains or that the child has 25% delay in two or more of the following five domains:
    - Physical (fine and/gross motor, vision, or hearing)
    - Cognitive
    - Communication
    - Social Emotional
    - Self Help

Acceptable documentation that a child from birth to age six (6) is or the potential to have a developmental disability includes:

- Medical records indicating an at-risk condition,
- Results of an acceptable developmental assessment, or
- A signed statement from a licensed physician, licensed psychologist, or other professional trained in early childhood development specifying their clinical opinion as to the child's disability or delay.

Age Six (6) and Older

DCS shall refer to DDD a child over the age of six (6) who meets the following criteria:

- autism, as diagnosed by a licensed psychiatrist, psychologist, or developmental pediatrician with appropriate expertise, as determined by DDD;
- cerebral palsy, as diagnosed by a licensed physician;
- epilepsy, as diagnosed by a licensed neurologist or physician; or
- cognitive/intellectual disability, as determined by an individual qualified to provide psychological documentation utilizing culturally appropriate and valid tests.

A child age six (6)or older must also demonstrate functional limitations in at least three of the seven major life activities:

- Receptive and Expressive Language
- Learning
- Self-Direction

- Economic Self-Sufficiency
- Self-Care
- Mobility
- Capacity for Independent Living

Referral to DDD Program
Any child with a developmental disability who appears to meet DDD eligibility criteria shall be referred by emailing the child's name, date of birth, Child Safety Specialist's name and contact information to DDDreferco@azdes.gov.

DDD Out-of-Home Placement
For all children in foster care and at the time of initial placement for new foster children, follow the procedures outlined in Providing Emergency Intervention and Placing Children in Out-of-Home Care.

FOR PIMA REGION, SOUTHWESTERN REGION AND EASTERN MARICOPA COUNTY:
Emergency Placement:

- The Child Safety Specialist will contact his/her respective placement resource unit and request placement.
- The DCS Regional Placement Unit will contact the DDD Placement Resource Coordinator to request a placement and provide information regarding the child.
- When the DDD Placement Resource Coordinator obtains placement options, they will email the list to DCS Regional Placement Unit.
- The DCS Regional Placement Unit will inform the Child Safety Specialist of placement being secured. The child may be placed by the Child Safety Specialist.
- The Child Safety Specialist will select the placement, make arrangements and place the child.
- Within 24 hours, the DCS Regional Placement Unit will email the DDD support coordinator and the DDD Placement Resource Coordinator informing them of the placement including the date of placement.
- Upon request, the DDD support coordinator will assist the Child Safety Specialist with referral and placement for the child.

Non-Emergency Placement:

- The Child Safety Specialist will invite the DDD support coordinator to the Team Decision Making or Child and Family Team (CFT) Meeting (Refer to Team Decision Making).
- If following the TDM Meeting or CFT Meeting a placement is needed, the Child Safety Specialist will follow steps listed above under Emergency Placement.

FOR ALL OTHER REGIONS/LOCATIONS:
Emergency Placement:

- The Child Safety Specialist will contact the DDD Placement Resource Coordinator to request a placement and provide information regarding the child.
- Once the DDD Placement Resource Coordinator obtains placement options, they will email the list to Child Safety Specialist.
- The Child Safety Specialist will select a placement and place the child.
- Within 24 hours, the DCS Regional Placement Unit will email the DDD support coordinator and the DDD Placement Resource Coordinator informing them of the placement including the date of placement.

Non-Emergency Placement:

- The Child Safety Specialist will invite the DDD support coordinator to the Team Decision Making or Child and Family Team (CFT) Meeting (Refer to Chapter 2, Section 8 – Team Decision Making).

If following the TDM Meeting or CFT Meeting a placement is needed, the Child Safety Specialist will follow steps listed above under Emergency Placement

AFTER HOURS UNITS AND ON-CALL SPECIALISTS:
Follow the placement procedures as outlined by your regional protocol. If a Child Developmental Home is used, the Placement Unit or Child Safety Specialist will email the DDD Placement Resource Coordinator within 1 business day. The DDD Placement Resource Coordinator will then notify the DDD Support Coordinator.

Non-ALTCS eligible child
When DCS places a non-ALTCS eligible child into a DDD placement, the regional placement notification protocol will be followed.

When a child is placed into a DDD placement, the Child Safety Specialist will email the DDD Placement Resource Coordinator to provide the name, location, and date of placement.

Transition Planning
Within 6 months of the youth turning 18, the Child Safety Specialist must contact the DDD Coordinator to initiate and discuss the tasks identified as follows:

- Placement
- Legal Options (e.g., Adult Guardianship, Power of Attorney, etc.) – see Legal Options Manual
- Adult Behavioral Health transition/Seriously Mentally Ill (SMI) status
- ALTCS eligibility
- Social Security
- Continued Education
- Employment Services
- Voluntary Foster Care

In accordance with Team Decision Making procedures, an Age of Majority/Program Disruption/Discharge Team Decision Making (TDM) meeting should be held under the following circumstances:

- when a youth in care is within six (6) months of a youth turning 18
- when a youth is in Voluntary Foster Care for Independent Living and wants to exit the program or is in non-compliance
- when a youth is in Voluntary Foster Care for Independent Living is turning 21.

The items identified in the Checklist for DDD Foster Children Turning 18 should also be discussed at the Age of Majority/Program Disruption/Discharge Team Decision Making (TDM) meeting.

Follow the procedures outlined in Preparing Youth for Age of Majority – Voluntary Foster Care and Discharge Planning.

Collaboration with DDD
See DCS/DDD Roles & Responsibilities for information about collaboration

Forms

Related Information

Arizona Early Intervention Program (AZEIP)
Providing Emergency Intervention
Placing Children in Out-of-Home Care.
Team Decision Making
Preparing Youth for Age of Majority – Voluntary Foster Care and Discharge Planning

Intranet
DCS/DDD Roles & Responsibilities
DDD Eligibility Criteria Desk Reference

Legal Options Manual
Legal Options Manual (Spanish)
"Coordinating DCS/DDD Case Management" computer based training for disability definitions and characteristics.

Legal

ARS § 36-551Definitions

ARS § 8-514.01Placement of children with developmental disabilities

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 26
Education for Children In Out-of-Home Care

Policy

In collaboration with out-of-home care providers and schools, the department shall ensure that children in out-of-home care are:

- provided educational stability at the time of the initial placement and each subsequent change in placement;
- provided services to help them achieve their educational potential;
- registered in a timely manner; and
- referred to a local school district [aka Local Education Agency (LEA)] to be assessed for special education (when indicated) and other educational needs. LEA includes school districts, charter holders and secure care public schools.

The department shall make every reasonable effort to not remove a child, who is in out-of home care, from school during regular school hours for appointments, visitation or activities not related to school.

If a child three or older in out-of-home care requires special education evaluation and/or services, it is the responsibility of the LEA under federal and state law to determine who shall act as the special education parent. The Child Safety Specialist should cooperate with and assist the LEA in meeting this obligation.

If a child under three in out-of-home care requires special education evaluation and/or services for early intervention services (AzEIP), it is the responsibility of AzEIP to determine who shall act as the special education parent. The Child Safety Specialist should cooperate with and assist AzEIP in meeting this obligation.

When the identity and whereabouts of the biological or adoptive parent are known, the LEA must make reasonable efforts to contact the parent to ensure the parent's consent for special education evaluation and/or services. The LEA may contact the Child Safety

Specialist or supervisor to obtain information as to the parent(s). The Child Safety Specialist should provide this information to the LEA staff. The biological or adoptive parent has parental decision making authority for special education evaluation and/or services for a child in out-of-home care, except when:

- parental rights have been terminated;
- a parent cannot be identified or located;
- a court has suspended the parent's education rights or appointed a legal guardian/issued an order permitting others to serve if certain events occur.

When a known and located parent does not attempt to serve as the special education parent for a child in out-of-home care, the Child Safety Specialist is to ensure that the LEA obtains a special education parent for the child. The department's preference order for whom should serve as the special education parent in this situation is:

- a court appointed legal guardian authorized to act as the child's parent (but not the State or an employee of a contractor of the State, if the child is a ward of the State);
- kinship caregiver or licensed foster parent with whom the child resides;
- surrogate parent.

When the identity and/or whereabouts of the biological or adoptive parent is unknown, the kinship foster caregiver or foster parent with whom the child resides or the court appointed legal guardian may serve as the special education parent without court appointment. If a surrogate parent is needed for a child age 3 or over, the surrogate parent must be appointed by the Arizona Department of Education (ADE) or the court.

When a known and located parent is willing to make special education decisions for a child, but the LEA or Child Safety Specialist does not believe it is in the best interest of the child, the department may petition the court for termination of the parent's rights to make special education decisions. If the petition is granted, another special education parent must be appointed. This person could be the kinship foster caregiver, the foster parent or a surrogate parent. ADE does not have authority to determine the fitness of a parent to make special educational decisions.

Only AzEIP or the court may appoint a surrogate for children with a disability under age 3. See Arizona Early Intervention Program

Every child in out-of-home care shall have an individualized Out-of-Home Care Plan that specifies:

- the child's educational status, i.e., last school attended, last grade completed, current school attending, grade level performance, whether evaluated for or receiving special education services;
- services already provided and to be provided to the child or out-of-home caregiver to address the child's educational needs; and
- whether the child is attending their home school or district.

The department shall:

- Provide sexuality developmental education to children in out-of-home care in collaboration with the out-of-home care providers, schools, public health and community agencies.
- Work with early intervention, schools, ADE or the court to ensure that children who are wards of the court and require special educational evaluation and/or services have a special education parent represent their special education needs.
- Work cooperatively with the Residential Treatment Center (RTC) to ensure that children requiring residential treatment receive appropriate educational services including special education services; provide the RTC with necessary information on the child and parent so that the RTC can submit the Initial Education Voucher Application to appropriate educational authorities.

Procedures
Decision Making

Decision: Where will the child attend school?

Children in out-of-home care may have the option to remain in their home school or district at the time of the initial removal from their home and each subsequent placement. Work with the out-of-home caregiver, the LEA, and the parent, if appropriate, to determine if it is in the child's best interest to remain in his/her current school or district or to attend the local school where the child is placed. In making this decision, consider the following:

- the safety of the child;
- the wishes of the parent, caregiver and child;
- the distance and time for the child to travel to and from the school he/she is attending at the time of placement;
- the child's academic, developmental, and socialization needs;
- the effect a school change will have on the child's learning; and
- for high school students, any potential for loss of credits which may occur due to changing schools in the middle of a term or semester.

Decision: Does the parent serve as the IDEA Parent (aka special education parent)?

If any of the following circumstances exist, the parent will not serve as the special education parent:

- The identity of a parent (biological or adoptive) is unknown.
- The whereabouts of a parent is unknown.
- Parental rights have been terminated.
- The court has suspended a parent's special educational rights.

If the biological or adoptive parent attempts to serve as the special education parent but the Child Safety Specialist or LEA representative does not believe it is in the child's best interest, the Child Safety Specialist shall request that the assigned Assistant Attorney General file a motion to suspend the parent's special education rights and authorize another individual to serve in this role. ADE does not have authority to determine the fitness of a parent to make special educational decisions.

If the parent does not attempt to serve, refuses to participate following a request by the LEA or has a no contact order, the Child Safety Specialist should review the initial court orders to see if those circumstances are addressed. NOTE: This language should be in all initial orders after March 2007.

If the parent is incarcerated or residing in a residential mental health or drug treatment facility and the parent wishes to serve as the special education parent, arrangements can be made to obtain necessary signatures and a parent may participate in IEP meetings through telephone conferencing. The Child Safety Specialist may be asked for information as to the parent's whereabouts, but the LEA has responsibility for getting the parent's participation.

Decision: Does the kinship foster caregiver or foster parent serve as the IDEA parent (aka special education parent)?

To determine if the child's kinship foster caregiver or foster parent will act as the special education parent when:

- the parent's special education rights have been suspended by the court; or
- the identity or whereabouts of the parent are unknown; or
- parental rights have been terminated:
- answer the following questions:
    - Is the kinship foster caregiver or foster parent willing and able to act as the special education parent?
    - Does the Child Safety Specialist anticipate that the child will reside with the kinship foster caregiver or foster parent for the duration of the school year?
    - If the Child Safety Specialist anticipates that the child will be moving to another placement, is the kinship foster caregiver or foster parent willing to attend surrogate parent training and be appointed by ADE or the court as the surrogate parent for the child (in order to be the IDEA parent when the child no longer lives with him/her)?

Decision: Does a surrogate parent need to be appointed to serve as the IDEA parent (aka special education parent)?

To determine if a surrogate parent is needed to serve as the child's special education parent, answer the following questions:

- Is the identity or whereabouts of a parent unknown?
- Have the parental rights been terminated?
- Has the court suspended the parent's educational rights or appointed a legal guardian?
- Does the child currently reside in a shelter, group care or residential placement and the parent is not attempting to serve as the special education parent?
- Is the kinship foster caregiver or foster parent unwilling to be the special education parent?
- If the Child Safety Specialist anticipates that the child will be moving or has moved to another placement (such as a shelter, group or residential placement), is the kinship foster caregiver or foster parent willing to attend surrogate parent training and be appointed by ADE or the court as the surrogate parent for the child?

Implementation

Enrollment in School

Any time a child enters an out-of-home placement, or is moved to a new out-of-home placement, the Child Safety Specialist should ensure that the child is enrolled in school as soon as possible. School age children placed in kinship care, foster care or group care should be enrolled in school within 5 days of the date of placement. School age children placed in an emergency shelter or an emergency receiving foster home should be enrolled in school within 5 days from the date of placement or the date the department determines that the child will remain in the shelter facility. Schools should make every effort to enroll foster children, even if the foster child's records (including a birth certificate and those dealing with immunizations) or clothing normally required for school enrollment are not available. The Child Safety Specialist should contact the LEA liaison if he/she learns of problems in this area.

When a child requires an out-of-home placement or a subsequent change in placement, and the placement is outside the boundaries of the child's home school (or the school currently attending) or district, the Child Safety Specialist, in coordination with the LEA, should determine if it is in the best interest of the child to remain in his/her home (or current) school or district (aka HSD or home school) or to attend the local school where the child is in placement. In making this determination, the Child Safety Specialist will need to consider:

- the safety of the child;
- the wishes of the parent, caregiver and child;
- the distance and time for the child to travel to and from the school he/she is attending at the time of placement;;
- projected duration of out-of-home placement;
- the child's academic, developmental, and socialization needs;
- the effect a school change will have on the child's learning; and

- for high school students, any potential for loss of credits which may occur due to changing schools in the middle of a term or semester.

The Local Educational Agency Homeless Liaison (LEAHL) determines a student's eligibility for services and supports under the McKinney-Vento Act (program), which may include transportation to the home school (if feasible and in the child's best interests).

If the LEAHL determines the child ineligible under the McKinney-Vento Act or agrees that the child is eligible, but does not agree that it is in the child's best interest to remain in his/her home school or district, the Child Safety Specialist should contact the Arizona State Coordinator for Homeless Education to initiate the appeals process. Information on the appeals process can be found by visiting AZ Department of Education Homeless Initiative Website . NOTE: Click on the "dispute resolution & state-level appeals" tab for process information and the State-Level Notice of Appeals Form. The State-Level Notice of Appeals and the written decision must be submitted to ADE as indicated on the form, within 7 days of receipt of the written decision. The student should be admitted to the school of choice, with transportation provided, if needed, until the dispute is resolved. If, as a result of the appeal process, the child is determined ineligible for continued enrollment in the home (or most recent) school, and the Child Safety Specialist, child and caregiver agree that the child should remain in the current school, the Child Safety Specialist shall contact the LEA to initiate the local boundary exception process. If the child is accepted for continued enrollment, the Child Safety Specialist shall work with the caregiver to provide or make arrangements for transportation.

If the Child Safety Specialist determines it is in the child's best interest to be enrolled in the local school where the foster parent resides, the Child Safety Specialist should give the out-of-home caregiver the Notice of Provider (Educational) FC-069 and request that the out-of-home caregiver enroll the child immediately.

OBTAINING SCHOOL RECORDS

When a child, age three or older, requires an out-of-home placement, it is the responsibility of the Child Safety Specialist to obtain the child's educational records. In order to obtain the educational records, the initial court documents filed by the Assistant Attorney General will include a proposed Order to Release Education Records for each child in the case age three or older.

The Child Safety Specialist should provide a copy of the signed order and a letter requesting educational records to the school the child currently attends or will be attending or the previous early intervention (AzEIP) provider.

To expedite this process the Child Safety Specialist should:

- Locate the name of the school/principal, phone number, facsimile number and address of any public school by utilizing Arizona Department of Education Website

.

- Address the letter to: Principal/school registrar at (name and address of school) if the principal's name is still unknown.
- Fax the Order and letter or deliver the Order and letter in person to the school office.
- Contact the school office to see when the records will be available.

When the Child Safety Specialist receives the education records, review the records to determine:

- if the child was evaluated for special education services; and
- if special education services were recommended or rendered (look for documentation that would indicate Individual Education Program (IEP), Individualized Family Service Plan (IFSP), Adapted Physical Education (PE), Low Vision, Orientation and Mobility or Functional Behavioral Assessment).
- The child's previous grades, attendance, special interests/talents, extracurricular activities, educational and discipline issues.

Within 5 days of receipt, provide education records or relevant information to the out-of-home caregiver and, upon request, provide copies of the records to the CASA, Guardian ad litem (GAL), FCRB, attorneys in the case and others specified in the Order relating to release of education records.

To obtain early intervention records for children under three, contact the AzEIP Service Coordinator to coordinate the release of records. The special education parent must consent to sharing records with the Child Safety Specialist as there is no applicable court order. The AzEIP Service Coordinator and the Child Safety Specialist should collaborate to obtain consent. When consent can not be obtained, a court order is required.

ENSURING EDUCATIONAL SUCCESS OF THE CHILD IN OUT-OF HOME-CARE

The Child Safety Specialist should:

- Cooperate with the out-of-home caregiver to ensure adequate communication with the child's school.
- Make every reasonable effort to ensure that appointments, visits and other non-school related activities are scheduled during non-school hours whenever possible. Examples of reasonable efforts include but are not limited to:
    - schedule (and arrange transportation to) visitation between the child and his/her family including parents and siblings during non-school hours;
    - identify health care providers and other service providers who have extended office hours (see CMDP website);
    - requesting any provider to make appointments prior to or after school hours;
    - for a child(ren) who wishes to attend a court hearing (particularly older youth), consult with the child's attorney and/or the assigned Assistant Attorney Gen-

eral to make a request that the court schedule the hearing after the child's school hours.

- When a child requires special education evaluation and/or services, collaborate with AzEIP (for children under three) or the LEA (for children three and older) to ensure that a special education parent is determined and advocate that the special education parent makes a referral to AzEIP (for children birth to three) or to the child's LEA (for children three and older) to evaluate and/or meet the child's special education needs.
- Maintain contact with the kinship foster caregiver or foster parent, school staff, and special parent to obtain school information.
- After being invited, attend IEP/IFSP meetings as an interested party.
- Attend meetings or conferences related to the child's education.
- Encourage the out-of-home caregiver to take the lead role in monitoring and advocating for services to meet the child's educational needs. Assist the out-of-home caregiver in this role if needed.
- At the end of each academic year, the Child Safety Specialist shall obtain the child's school records to ensure the education record remains current.
- Commend the child who is doing well in school.
- Ensure that parents, whose rights have not been terminated (and where safety is not an issue and it is in the child's best interest), are informed of and involved in their child's educational services to the greatest extent possible.
- Monitor the child's educational status by requesting updates from the out-of-home caregiver and the child (if verbal) during monthly contacts and at the time of case plan staffings. Request that the out-of-home caregiver supply a copy of awards earned, the child's report card and any other significant records when received, i.e., IEP, IFSP and discipline records.
- Prior to and during the case plan staffings, provide family and service team members comprehensive information on the educational status of the child and the service and support needs of the out-of-home caregiver in relation to the child's education. Elicit the comments and recommendations of the family and service team members, and reach consensus, whenever possible, on the outcomes, tasks and services required to meet the child's educational needs. Ensure that all team members know their roles with regard to the child's educational issues. See Family Centered Case Plan .
- Notify the child's LEA if a child will no longer attend the school or is expected to be absent from school more than ten days due to change in residence, emergency shelter, hospitalization or run away status.

NEED FOR SPECIAL EDUCATION EVALUATION AND/OR SERVICES

The Child Safety Specialist should work co-operatively with the LEA to ensure a parent as defined by the Individuals with Disabilities Education Act, IDEA, (also known as special education parent) participates in all decision-making regarding special education evaluation and/or special education services.

The Child Safety Specialist should provide input to the LEA or charter school. A special education parent should be identified using the department's preference order:

- biological or adoptive parent of a child;
- a court appointed guardian (but not the State or an employee of a contractor of the State);
- a foster parent or kinship foster caregiver;
- a surrogate parent appointed by the ADE or the court.

A request for an initial evaluation can come from the special education parent of the child, state education agency, other state agency or local education agency. Consent by the special education is required to gather additional data in the evaluation process and for the initial provision of special education services.

To ensure the timely appointment of a special education parent, the Child Safety Specialist must:

- Work collaboratively with the LEA.
- Provide necessary identifying information about the parent (name, address, phone number) to the LEA.
- Inform the LEA whether the parent's identity or whereabouts are unknown.
- Inform and discuss with the parent their right to be the special education parent unless:
    - Parental rights are terminated.
    - The whereabouts of the parents are unknown.
    - A judge suspends the parent's educational rights.
    - The department has an order addressing non-cooperation or refusal to be involved on the part of the parent, or a no contact order.
    - The department or LEA files a motion with the court to suspend a parent's special education rights and to authorize the appointment of another individual to serve as the special education parent. (NOTE: This language should be in all initial orders after March 2007 for the following examples.)
        - Termination of parental rights is planned.
        - The parent's participation as the special education parent would be detrimental to the health and safety of the child.
        - The parent or the parent's attorney has informed the LEA or the department that the parent will not serve as the special education parent.

If the parent is not eligible to act as the special education parent, determine if the kinship foster caregiver or foster parent is willing and able to act as the special education parent. In making this determination, the Child Safety Specialist must anticipate whether the child is likely to remain in or move from the current placement during the current school year. If the child will be moving to another placement during the current school year, the kinship foster caregiver or foster parent should be willing and able to remain the child's special education parent as an approved surrogate parent appointed by ADE or the

court. The kinship foster caregiver or foster parent must have the willingness and ability to:

- *review all of the child's relevant records and reports;*
- *participate in developing the child's IEP or IFSP and attend other education-related meetings;*
- *represent the child in any mediation or appeal proceedings;*
- *monitor the child's progress; and*
- *adhere to confidentiality requirements.*

If, after considering the factors delineated above, it is determined that the kinship foster caregiver or foster parent, with whom the child resides, should serve as the special education parent, the Child Safety Specialist should:

- Make this recommendation to the LEA.
- If the LEA agrees with this recommendation, and the identity and whereabouts of the parent is known, contact the Assistant Attorney General to determine if a court order has already been entered to address the situation or to obtain a court order approving the kinship foster caregiver or foster parent as the special education parent. No court order is needed if the identity and/or whereabouts of the parent or guardian are unknown.
- If the child changes placements and the kinship foster caregiver or foster parent wishes to remain the special education parent, he/she must be approved by ADE as eligible to be a surrogate parent and be appointed by ADE or the court as the child's surrogate parent in order to continue serving as the child's special education parent.

Kinship foster caregivers or foster parents who are interested in attending voluntary training in their role as the special education parent, should contact the Arizona Department of Education's (ADE) Exceptional Student Services, Parent Information Network (PIN) at 602-542-3852. Contact information for the PIN Specialists (by county) may also be found at the website

A surrogate parent must be appointed when a biological or adoptive parent, kinship foster caregiver or foster parent, or a court appointed legal guardian (but not the State) is not available to act as the special education parent and a child in out-of-home care requires evaluation for or special education services.

- When a surrogate parent is required, the LEA must contact ADE to obtain a list of approved surrogate parents. To obtain the list or to obtain a copy of the ADE policies on surrogate parent appointment, contact ADE/Exceptional Student Services (ESS) at 602-542-4013. The department prefers that the surrogate parent be someone who knows the child well: for example, a relative, a person who has a significant relationship with the child, a previous kinship foster caregiver or foster parent, or a CASA. An employee of a shelter or another emergency placement may temporarily serve as a surrogate parent. However, in this event, the LEA must immediately begin the process of appointing a surrogate parent.

- When sending interested adults to ADE to be certified as a surrogate parent, refer an individual who has the ability to:
    - Review all of the child's relevant records and reports.
    - Participate in developing the child's IEP or IFSP and attend other education meetings.
    - Represent the child in any mediation or appeal proceedings.
    - Monitor the child's progress.
    - Adhere to confidentiality requirements.
- All approved surrogate parents must:
    - Be available, capable and willing to act as a surrogate parent for a particular child:
    - Have a fingerprint clearance card.
    - Have surrogate parent training.
    - Be appointed by the Court or ADE to act as the surrogate parent.
    - Have no personal or professional conflict of interest with the child.
- Once the LEA has selected a possible surrogate, the LEA representative must seek appointment of a surrogate parent with the ADE or the court.

When a biological or adoptive parent is willing to serve as the special education parent but the LEA Representative or the Child Safety Specialist determines it is not in the best interest of the child (i.e. termination of parental rights is planned, the parent's participation as the special education parent would be detrimental to the health and safety of the child), the Child Safety Specialist should:

- obtain the name, address and telephone number of the possible surrogate parent and the LEA Representative;
- contact the Assistant Attorney General and request that a motion and order for appointment of a special education parent be filed with the court using the form Motion for the Appointment of IDEA/Surrogate Parent (CT01500); and
- provide the necessary name and address of the possible surrogate parent, LEA Representative and out-of-home caregiver to the Assistant Attorney General.
    - The Assistant Attorney General will ensure that a copy of this motion and any proposed order is provided to all parties in the dependency proceeding, to the possible surrogate parent, the out-of-home caregiver and the LEA Representative.
        - The names and addresses of the LEA Representative, the out-of-home caregiver and the surrogate parent shall only be omitted from the motion (or any other filings) if there is a "no-contact" order issued by a court or, in the opinion of the Assistant Attorney General, after consultation with the Child Safety Specialist and/or the LEA representative, there is a need to protect this information.
        - If this information is not provided in the court filings, the Child Safety Specialist has the responsibility to ensure that all filings (including orders) as to this issue are copied to the LEA Representative, the out-of-home caregiver and the possible or appointed surrogate parent.

When a child moves from one out-of-home placement to another placement, including a move to or from foster care to RTC, the Child Safety Specialist should notify the surrogate parent and the LEA about the child's move and provide the surrogate parent with the name, address and phone number of the new out-of-home caregiver, group home or RTC.

Termination of Surrogate Parent Appointment

If the surrogate parent was appointed by a court, after consulting with the LEA, consider requesting that the court terminate the appointment of the surrogate parent if there is not already a court order addressing the following issues:

- The child is returned to a parent;
- Special education services are no longer necessary;
- The biological parent, adoptive parent or legal guardian becomes available and is willing to serve;
- The child turns 18 years of age;
- The child is no longer a ward of the court; or
- The surrogate parent is not adequately representing the interests of the child.

Consult with your Assistant Attorney General to determine if a surrogate parent order exists that provides for the termination to occur upon one of the above listed changes in circumstances.

For ADE surrogate appointments, refer to ADE polices and procedures. To obtain the ADE policies and procedures, contact ADE/Exceptional Student Services (ESS) at 602-542-4013

EARLY INTERVENTION SERVICES (AzEIP) FOR CHILDREN UNDER THREE

See Referring a Child to the Arizona Early Intervention Program (AzEIP),

- for information on referring a child with a suspected disability or delay;
- when support and services are indicated for eligible children (with disabilities and developmental delays) and their families;
- regarding procedures for identifying an IDEA parent (also known as special education parent) for eligible children.

HEAD START

ll children, ages zero to three, who are placed in out-of-home care, are eligible for Early Head Start. All children, ages four to five, who are placed in out-of-home care, are eligible for Head Start.

- Eligibility does not ensure enrollment. Space in Head Start programs is limited.
- Enrollment is based on:
  - availability of the service; and
  - a first come first served basis. To maximize a child's probability of service, make an application as early as possible.
- For a list of contact information for Early Head Start and Head Start Programs, visit the website and refer to the Arizona Head Start Association's annual report.

RESIDENTIAL TREATMENT CENTER PLACEMENT

When a child is placed in a residential treatment center (RTC) with an on-site school, the:

- Child Safety Specialist or Behavioral Health Specialist must provide the RTC with child and parent information including the child's DOB, grade, last school attended, SAIS number (if known) and the parent's name, address and phone number. This information will assist in determining the child's home school or district(HSD).
- RTC will complete the Initial Education Voucher and submit the voucher to the child's LEA within 5 days of placement.
- The HSD shall conduct an evaluation to determine if the child is eligible for special education services. For students who have previously been determined eligible for special education services, a review of the student's IEP must be conducted. Either procedure must be completed within the first 60 days of placement.
- The LEA will complete an evaluation, or for students who have previously been determined eligible for special education services, a review of educational placement, within 60 days of placement.
- The LEA will submit a Home School District Voucher Application packet to the Arizona Department of Education.
- If the child's RTC placement is expected to continue into the next school year, the RTC will initiate the Continuing Education Voucher Application.

If a child is eligible for special education services and an LEA through the IEP process determines that a child in out-of-home care may need to be placed in an RTC on-ground school for educational purposes, the LEA must determine if the child is currently receiving behavioral health services through a RBHA. If the child is not currently enrolled with a RBHA, the school will make a referral for a comprehensive behavioral health evaluation. In both situations, an IEP meeting will be convened and include a RBHA representative.

When a child requires continued or ongoing educational placement in an RTC setting the Child Safety Specialist should:

- Participate in all education staffings.
- Work with the home school district and RTC prior to child's discharge from RTC to plan as smooth a transition as possible into the public school and to collaborate regarding the appropriate discharge date.

- Terminate RTC placements made for educational purposes only after an IEP team is convened and a review determines that termination of residential placement is appropriate.

Documentation

Enter the child's educational status and any significant educational history or needs into the Participant Education Detail and Participant Special Education Condition windows. Update the Participant Education Detail and Participant Special Education Condition windows whenever the child changes schools, or is diagnosed with a special education condition. Prior to each case plan staffing, request updated information on the child's educational status and needs, and update the Participant Education Detail and Participant Special Education Condition windows.

Document the outcomes, tasks, services, and supports identified prior to and during the case plan staffing to meet the child's educational needs in the Case Plan under Child's Needs, Supports, and Services. Provide explanations associated with any of the outcomes, tasks, services, or supports to serve as the child's education plans.

In the Case Plan under Child's Needs, Supports, and Services, specify whether the child is attending the home school or district, and if not, provide an explanation.

File copies of the child's educational records in the hard copy case record.

File a copy of the child’s Medical Summary Report in the hard copy file to document that the form was provided and reviewed with the out-of-home caregiver

Document the discussion of the child's educational status and needs with the out-of-home caregiver using the Case Notes window.

Document the plan for collaborating to ensure the child is provided services to help the child achieve his or her educational potential in the Case Plan under Child's Needs, Supports, and Services.

When a child must change schools due to entry into out-of-home care, or to a subsequent placement change, document the following information using the Key Issues case note type:

- agency efforts made to keep the child in the same school;
- the reason it was not in the child's best interests to remain in the same school; and
- any delay in enrolling the child in or transferring the child's educational records to the new school.

Keep copies of all Individual Education Plans and other educational reports in the hard copy record.

Document notification to the school that a child is withdrawn or expected to be absent from school using the Case Notes window designated as Collateral Contact type.

Forms

Request for Release of Education Records (Wards of the Court), CSO-1050

Notice to Providers (Out-of-home, Education, and Medical), CSO-1035

Related Information

CMDP Website
Arizona Department of Education Website
AZ Department of Education Homeless Initiative Website
Arizona Department of Education's (ADE) Exceptional Student Services, Parent Information Network (PIN) Website
Arizona Head Start

Legal

The McKinney-Vento Homeless Assistance Act, 42 USC § 11431, et seq.

20 USC §§ 1400-1445 and 34 CFR Parts 300 and 303. Provisions of the Individuals with Disabilities Education Act (IDEA)

20 USC §§ 1431, et. seq. Provisions of the Individuals with Disabilities Education Act (IDEA)

42 U.S.C. 671(a)(30) STATE PLAN FOR FOSTER CARE AND ADOPTION ASSISTANCE

The Fostering Connections to Success and Increasing Adoptions Act (P.L.110-351)

The Child and Family Services Improvement and Innovation Act (P.L.112-34)

ARS §8-527 Children in out-of-home care; noninterference with regular school activities

ARS §41-2022 Infants and toddlers with developmental delays; lead agency; interagency agreements

ARS §15-802 School instruction; exceptions; violations; classification; definitions

ARS § 15-828 Birth certificate; school records; exception

ARS § 15-872 Proof of immunization; noncompliance; notice to parents; civil immunity

ARS § 15-763 Plan for providing special education; definition

ARS §15-763.01 Surrogate parent; notification; appointment

ARS§15-761(38) Definitions

Effective Date:: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 27
Aftercare Services

Policy

Prior to closing a case, the department shall complete an assessment with the family to determine if there are any unmet needs that may improve family functioning. The department will assist the family to develop an aftercare plan to address these identified needs.

Procedures
Implementation
Gather information during contacts with family and service team members to assess whether the safety and risk factors necessitating department involvement have been adequately addressed.

Complete a reassessment of the child's safety and risk of harm using the Continuous Child Safety and Risk (C-CSRA).

Hold a clinical supervision conference with the supervisor to determine whether case closure is appropriate.

At least 30 days, but no more than six months prior to case closure, meet with the child, the child's caregiver, and other service team members as appropriate, to determine whether aftercare services are needed, and whether the child and caregiver desire aftercare services.

If the reassessment identifies an unmet need that may improve family functioning, or if the child or caregiver wishes to participate in aftercare services:

- Develop a plan to meet the identified needs, considering the comments, recommendations, and requests of the child, the caregiver, and other service team members.
- Include specific plans for obtaining any identified services.

- When appropriate, and with the permission of the child and caregiver, explore suitable resources and make contact with the service providers.
- Ensure the child and caregiver are provided sufficient information to enable them to contact the service provider and initiate services.

Documentation

Document the aftercare plan using the Case Closure window. Ensure detailed information is included, identifying the child's or caregiver's aftercare needs and services or referrals provided to address those needs.

Document information gathered during contacts with family and service team members to assess whether the risk factors necessitating department involvement have been adequately addressed using the Case Notes window.

File written reports and evaluations in the hard copy case record.

Document the clinical supervision conference with the supervisor using the Case Notes window, Supervisory type.

Document the meeting with the child and the child's birth parent, adoptive parent, or guardian and other service team members as appropriate to determine whether aftercare services are needed, and whether the child and caregiver desire aftercare services using the Case Notes window. Include documentation of the outcome of the meeting.

Ensure that the case information is current as of the date of case closure. Ensure completion of the Determination of Case Status and Case Closure windows.

Forms

Related Information

Closing Case Records in CHILDS

Legal

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 28
Aging & Adult Services

Policy

Department of Child Safety (DCS) shall refer to Adult Protective Services (APS):

- reports involving adults, 18 years or older, who are in danger of abuse, neglect or exploitation;
- reports of spousal abuse, when there are no children in the home;
- young adults who are in need of protection and who are no longer eligible for foster care due to graduation from high school or age; and
- parents of dependent children who are consented to the adoption of a child or upon whom a termination of parental rights petition has been filed, if the parents themselves are in danger of abuse, neglect or exploitation.

Central Intake Unit: All information regarding adults in need of protective services, 24-hours, are referred to the Adult Protective Services Hotline @ 1-877-767-2385 (SOS-ADULT). If information is provided to Hotline staff that the reported individual is in imminent harm, the caller will be advised to call 9-1-1, or Hotline staff will place the call to ensure law enforcement receives the information.

Procedures
Implementation

Refer young adults who are preparing to leave foster care and require continued protection to Adult Protective Services at least six months before the termination of foster care services.

Provide APS with necessary documentation and participate in case conferences to plan for the transition of case management responsibilities.

If disagreements arise regarding case management responsibilities, conduct a case conference that includes:

- the Child Safety Specialist and Aging and Adult Administration (AAA) intake worker;
- their supervisors; and
- the DCS Program Manager and AAA Program Supervisor, or designees, as necessary.

The case conference may be conducted in person or by telephone.

If consensus is not reached, refer the situation to the DCS and AAA Program Administrators for resolution within one working day.

Documentation
Document the case conference using the Case Notes window designated as Case Conference type.

Related Information

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 29
Services for Incarcerated Parents

Policy

Reunification services shall be provided to a parent who is incarcerated and a party to a dependency case unless the court relieves the department of the responsibility to provide services based on a finding of aggravating circumstances.

The Department of Child Safety shall communicate with incarcerated parents and appropriate correctional service staff to inform them of case plan, service needs, and to determine what reunification services may be provided at the correctional facility. If available, reunification services may be provided by the correctional facility if the inmate is eligible and allowed by Arizona Department of Corrections (ADC) regulations. Otherwise, the department must provide reunification services if allowed by ADC regulations.

The parent, to the extent possible, shall participate in case plan staffings, visitation, and services.

Procedures

Determining appropriate reunification services

If the court has ordered reunification services, consider the following questions:

- What services are necessary to achieve a permanency goal of family reunification and which of those services can the parent receive while incarcerated?
- What tasks need to be completed to facilitate the parent's participation in case plan staffings, court and Foster Care Review Board hearings and other activities associated with the case?
    - Can the planning meetings and visitation between the parent and child be held in the correctional facility?
    - What arrangements need to be made with the correctional facility in order to ensure parent/child visits occur?
    - Is the caregiver willing to transport the child to the facility for visitation with the parent? Can the Child Safety Specialist help alleviate any anxieties they may have?

- Does the location of the correctional facility substantially hinder visitation between the child and parent? If so, how can the team address this barrier?
- Does the security status of the parent prevent visitation between the parent and child? If so, is there any opportunity for flexibility at the correctional facility? If not, can phone calls and mail be used as a means to ensure child-parent interaction?
- Has the parent or any other team member requested or has the court ordered contact with the child?
- Will lack of contact between the child and parent compromise achievement of the case plan goal?
- Has a mental health professional indicated that visitation between the parent and child would be detrimental to the child?
- If contact between the parent and child is not appropriate or feasible, can the parent-child relationship be maintained in other ways?
- What/who can assist the parent to maintain or establish a parental relationship?

Provide the parent with the name and addresses for the court and their assigned attorney handling the dependency proceedings.

Notify the parent of court and Foster Care Review Board hearings and case plan staffings, and make certain his/her voice and perspective are represented during these hearings and staffings.

Invite the parent and, whenever possible, facilitate the parent's participation in case plan staffings.

Contact the correctional service facility staff to arrange for the parent to participate in case plan staffings and Foster Care Review Board hearings telephonically or in person.

Develop a family intervention and a contact and visitation plan with the parent. Consider the following factors when developing the visitation plan: age of the child, distance to the prison, the potential impact of in-person prison visits on the child, and appropriateness of the parent/child during previous visits.

Include in plan the frequency of contact between the parent and the Child Safety Specialist. See Planning Services and Supports to Achieve the Permanency Goal to determine when an exception to monthly face-to-face contact with the parent is appropriate.

Ensure the parent is fully aware of the case plan tasks that must be completed to maintain the parent-child relationship, to facilitate family reunification and the consequences if the parent fails to complete the tasks. Provide a copy of the case plan to the parent.
To obtain services for a parent who is incarcerated at the ADC, contact with the parent's Correctional Officer III. Coordinate contact between the parent and the Correctional Officer III. For those parents detained in county jail facilities, contact the program coordinator.

Make a written request for available services in the prison facility. If services are not available, request permission for the department to provide on-site reunification services to the parent. Request any assessments, evaluations, or other information to further explore service needs as appropriate.

Request the parent complete a release of information with ADC to share the results of any assessments or evaluations.

Complete the Consent/Authorization to Release Substance Abuse Assessment and/or Treatment Information (ACY-1125FORNAZ) to allow the agencies to share information regarding mental health and/or substance abuse treatment for a parent participating in these services.

Request from the parent and/or Correctional Officer III confirmation of the parent's participation in services.

In carrying out the visitation plan, consult your supervisor if restrictions or concerns regarding in-person prison visitations arise. If the child is being negatively impacted by in-person prison visits, consult with a psychologist to assist in determining the appropriateness of continuing the visits. If it is determined the visitation is detrimental to the child and not in the child's best interests, facilitate the parent/child relationships through other means such as letters, phone calls, gifts, etc.

If reunification services are not required

Discuss with the assigned Assistant Attorney General whether the parent's criminal history and length of incarceration might justify pursuing an order waiving reunification services and/or pursuing a permanency goal other than reunification with the incarcerated parent.

While seeking an order waiving reunification services based on aggravating circumstances, will the lack of or discontinuation of services compromise implementation of another permanent plan for the child, especially adoption?

If reunification services will not enable the parent to adequately address the risk factors within a timeframe that meets the permanency needs of the child, consult with your supervisor and the assigned Attorney General regarding filing a motion with the court requesting a judicial finding that reunification services not be provided. This consultation may occur as early as the filing of the dependency petition. Continue to provide reunification services until the court relieves the department of this responsibility.

If a decision is made to file such a motion, the report to the court should specifically address:

- the aggravating circumstance you believe exists, justifying why services should be discontinued;
- specific supportive facts regarding your conclusion;
- a discussion of:
  - the age of the child and the relationship between the child's age and the likelihood that incarceration will deprive the child of a permanent living arrangement;
  - the relationship of the child and parent prior to incarceration;
  - the degree to which the parent-child relationship can be continued and nurtured during incarceration;
  - the effect of deprivation of parental presence on the child;
  - the nature of the felony;
  - the length of the sentence;
  - the availability of another parent or caregiver to provide a normal home life.

If the court enters an order the department is not required to provide reunification services, implement another permanent plan for the child .

Pima County Adult Detention Clearance
To request clearance to visit inmates at the Pima County Adult Detention Center (PCADC), complete the following:

- Cover letter addressed to Sgt. Binnion and signed by your supervisor.
- Pima County Adult Detention Center, Cleared Corrections Visitor (CCV) Request Form
- Review the Professional Visitation Guidelines Sheet

Upon completion, deliver the signed cover letter and CCV Request Form to the front desk at PCADC. Expect to be cleared to visit inmates within 2-3 days.

Once cleared, that clearance will elapse at the end of one year unless a request is resubmitted.

Forms

Authorization to Disclose Health Information (CSO-1038)
Authorization to Disclose Health Information (Spanish), CSO-1038S

Related Information

Planning Services and Supports to Achieve the Permanency Goal
Out of Home Care Planning, Health Care Planning, and Contact/ Visitation Plan

Legal

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

The Adoptions and Safe Families Act of 1997 (P.L. 105-89)

ARS 8-824Preliminary protective hearing; probable cause; appointment of counsel

ARS 8-845 Disposition hearing

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 30
Dually Adjudicated Youth Services

Policy

The department shall work in cooperation with the Arizona Department of Juvenile Corrections (ADJC) and County Juvenile Probation (JPO) when a youth has been dually adjudicated.

The department shall participate in staffings jointly with ADJC, including the transition staffing conducted prior to the youth's discharge from a secured facility if the child is in the custody of the Department of Child Safety (DCS) or if filing a dependency petition.

Cases that include youth who are in the care, custody and control of DSC and are either detained or incarcerated must remain open.

Procedures

Case Management Coordination

Notify ADJC in writing prior to filing a dependency petition. Notify the Assistant Program Manager or designee of the dependency petition.

In addition to the case management activities as described in Family Centered Case Planning, complete the following:

- Participate in any ADJC transition staffing or other meeting concerning the youth (this includes a youth who is incarcerated in juvenile detention, in a community placement or placed with the parent or legal guardian).
- When participating in the ADJC transition staffing or any other meetings, discuss placement, education, therapeutic and medical needs and the transition plan. If a dependency is to be filed, the Child Safety Specialist must attend the staffing.
- Include the ADJC representative and/or parole/probation officer in all case plan staffings.
- In conjunction with the ADJC staff, develop a case plan for the youth's care in the community prior to his/her discharge from a secured facility. Ensure each agency's responsibilities are identified in the case plan.

- Monitor progress made towards the case plan permanency goal through regular communication with the assigned ADJC representative and/or parole/probation officer.

For children incarcerated or detained:

- Coordinate with ADJC or the detention facility to ensure the youth's medical needs are met (medical appointments completed/conditions treated).
- If applicable, coordinate with ADJC or the detention facility for medication when a youth is detained.
- Ensure the ADJC representative or parole officer and/or juvenile detention receives a copy of the youth's Medical Summary Report.
- Coordinate and communicate with ADJC, the detention facility, and/or the parole or probation officer the mental health needs and the assigned RBHA provider for the youth.
- Notify the ADJC representative and/or parole or juvenile detention of youth's medical condition and any need for medication.
- Sign for receipt of any medications for the youth upon release from secure care.

Notify ADJC staff of any surrogate parent.

When appropriate, attend all review of placement hearings including those related to the delinquency petition.

Attend IEP and other school meetings and appointments when necessary. Complete and send educational vouchers. Ensure IEP's are current, particularly during transition to a new placement. Ensure ADJC staff receives copy of the IEP.

Maintain contact with the child and provider according to Planning for Services and Supports to Achieve Permanency Goal.

When communicating with the ADJC representative and/or parole/probation officer, include any observations regarding:

- the child and child's family;
- school attendance including progress or suspension;
- placement change recommendations;
- case plan progress, and;
- authorized contacts with child including sibling visitation.

Ensure the ADJC representative (parole) or probation officer receives copies of provider reports.

Assist in locating a community placement for the youth when appropriate and provide that placement with required information. If the child is released to DCS, assess the

child's placement needs and make a placement according to Out-of-Home Care Under a Dependency .

Engage the parent and all other pertinent family members in services in an effort to enable the family to care for the child without DCS involvement.

If the Dually Adjudicated Youth is 16 years of age or older, determine if it is appropriate to provide Independent Living Services as described in Independent Living Services and Supports .

Transition Planning
For children on probation:

- Coordinate and communicate with juvenile probation to ensure the youth's medical needs, including behavioral health care, are met.
- Ensure the juvenile probation officer receives a copy of the youth's Medical Summary report.
- Contact a Mental Health Specialist to discuss the mental health needs and the assigned RBHA provider for the youth. The Mental Health Specialist will coordinate a MDCT staffing .
- Contact the Mental Health Specialist to arrange an MDCT staffing .
- Invite representatives from ADJC to participate in a transition planning meeting.
- Encourage external mental health providers to participate once youth is discharged from a secure facility.

Documentation
File a copy of the written notification to ADJC regarding the filing of a petition in the hard copy record.

Forms

Related Information

Independent Living Services and Supports
Planning for Services and Supports to Achieve Permanency Goal.
Family Centered Case Planning

DCS & ADJC Collaborative Protocol

Legal

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 3: Section 31
PAAR Funds and DCS Donation Fund

Policy

Public Assistance and Administration Revolving Fund (PAAR)

Department of Child Safety (DCS) staff shall use the PAAR Fund in emergency situations only, when neither CHILDS nor the Financial Management Control System (FMCS) payment processes are sufficient. DCS shall use the PAAR Fund as a last resort only, and not for convenience.

Emergencies are defined as situations that require a service be provided and paid for within two working days.

If a PAAR Fund request for a service is not located in the following list, or if the amount exceeds the maximum amount indicated in the list, the PAAR Fund request must be first reviewed by the Regional Program Manager (or designee) and then approved by the Finance and Business Operations Administration (FBOA) Budget Unit Manager (or designee).

In an emergency, services which may be paid through the PAAR Fund include:

- out-of-state birth or death certificates (maximum $25);
- bus transportation (maximum $300);
- emergency clothing allowance (maximum $150 per child) (Note: For emergency clothing funds, complete a clothing inventory before submitting the PAAR Fund request.);
- special diaper allowance (maximum $75 per child) (Note: For a special diaper allowance, obtain documentation of the condition necessitating the allowance before submitting the PAAR Fund request.);
- books and education allowance (maximum $85 per child);
- first month's Housing Assistance for rent or utilities (maximum $1800);
- first month's Independent Living Subsidy (for startup) and maintenance (maximum $558);
- DCS meal reimbursement;

- work uniforms for children in the Independent Living Program;
- state identification for clients issued through the Department of Transportation, Motor Vehicle Division; and
- DCS Donation Fund .

In regions where the PAAR Fund is administered by DCS, designated DCS staff shall be authorized to issue checks using the PAAR Fund. To authorize a DCS staff person to issue PAAR checks, the regional Program Manager (or designee) shall submit the PAAR Fund Signature Authorization, AS-150, to the DCS Assistant Director. The regional Program Manager must also submit the AS-150 when there is a change in personnel authorized to sign PAAR Fund checks. PAAR Fund check signers shall be different employees than those who prepare the checks.

In regions where the PAAR Fund is administered by the Division of Benefits and Medical Eligibility/Family Assistance Administration (FAA), DCS shall designate staff who are authorized to approve use of the PAAR Fund and sign the PAAR Payment Authorization, FA-417. The regional Program Manager or designee shall provide the names of the designated staff to the regions or local FAA staff responsible for the PAAR Fund.

The individual approving the PAAR Payment Authorization shall not be the payee of the PAAR check. Clients shall not be the payee of a PAAR check without approval of designated region staff. Employees shall not be the payee of a PAAR check without approval of designated region staff, except when the PAAR check is for purchase of a child client's meal.

DCS staff who request a PAAR Fund check shall retain receipts for all expenditures.

DCS regional Program Managers (or designees) shall ensure that all client service PAAR expenditures are entered into CHILDS. The FBOA Budget Unit shall monitor the PAAR Fund expenditures.

Procedures

To request a PAAR check

When the Child Safety Specialist has an emergent need that meets criteria for a PAAR Fund request, the Child Safety Specialist should review the above list of pre-approved PAAR Fund expenditures and their maximum limits. If the PAAR check is needed for an expense that is not pre-approved according to the list, the Child Safety Specialist should obtain approval for the request from the regional Program Manager (or designee) and the FBOA Budget Unit Manager (or designee).

To request a PAAR check, the Child Safety Specialist should complete the PAAR Payment Authorization, ACT-1003A, obtain required approval signatures, and attach any required documents. The following data fields must be completed on the FA-417:

- payee's name (name of the person or organization to whom the check will be issued);
- case number (CHILDS case number);
- Social Security Number (Social Security Number for the client);
- case name (name of primary client in the case);
- disposition of check (Specify method of delivery. Mailing address may be site code, P.O. box, rural route, or street);
- PAAR amount requested;
- reason for request/comments (The Child Safety Specialist should describe the emergency requiring issuance of a PAAR check. Include the client's name, CHILDS participant ID, birth date and Social Security number);
- Child Safety Specialist's signature, title, and site code; and
- authorization (Signature of authorized individual, including their title, the amount authorized and the date)

In Central and Southwest Regions:
Assistant Program Manager approval is required on all PAAR requests. When an APM is the requestor, Deputy Program Manager or Program Manager approval is required.

The Child Safety Specialist should forward the completed ACT-1003A and attachments to the staff authorized to issue PAAR Fund checks.

Ensure the regional DCSstaff responsible for tracking use of the PAAR Fund receives the original PAAR Payment Authorization form, and the original receipts of expenditures. Reimbursement will not be made for items submitted without a receipt.

In Central and Southwest Regions:
The CHILDS system will produce checks on Tuesday, Wednesday, or Thursday of each week. Requests shall be made through the CHILDS system for all non-emergency situations. All requests entered into the CHILDS system prior to 5:00pm on Tuesday, Wednesday, or Thursday will be included in the checks run for that day. Before requesting PAAR funds, ensure the payment cannot be made through the CHILDS system.

PAAR checks are issued daily between 8:00am and 5:00pm at 3221 N. 16th Street, Suite 400, Phoenix (SC 133A-4). The completed ACT-1003A may be faxed or mailed to this office. All PAAR checks must be picked up, unless the ACT-1003A provides clear instructions as to disposition, ie. interoffice, mail to address listed for payee, etc. When payment staff receive the request, an email will be sent to the requestor asking for timeframes for the request.

Requests for checks with incomplete documentation will be returned to the requestor for completion.

When use of the PAAR Fund is case related, the Child Safety Specialist should:

- Document the emergency necessitating use of the PAAR Fund using the Case Notes window.
- Document the provision of the PAAR check to the payee using the Case Notes window.
- Document the case name, the client's name, and the client's participant ID number on expenditure receipts.
- File a copy of the completed and signed ACT-1003A, PAAR Payment Authorization, the PAAR check, and receipts, in the hard copy case record.
- Ensure the region DCS staff responsible for tracking use of the PAAR Fund receives the original PAAR Payment Authorization form, and the original receipts of expenditures.

Using The DCS Donation Fund

To use money from aDCS Donation Fund, the Child Safety Specialist should do the following:

- Request the donation check be made payable to DCS and mailed to the regional office.
- From the regional office, forward the donation check to the FBOA Budget Unit Manager for deposit in the region's account set up for this purpose.
- Submit an ACT-1003A, PAAR Fund Authorization when requesting funds from this account.

At the region or each local office, the Child Safety Specialist should document each check written using the donated funds and the amount of each check deposited to the region's account.

Program Manager and FBOA Budget Unit Manager or designees:
Approval or denial of any PAAR request that is not included in the list of pre-approved services or that exceeds the maximum for a particular service should be documented in the Case Notes window, Management Contact type.

See DES 1-47-01 for more information on the PAAR Fund.

Forms

PAAR Payment Authorization, ACT-1003A

Related Information

DES 1-47-01
Federal Funding to Support Case Management

Legal

ARS §46-138.01Public assistance and administration revolving fund

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 1
Out-of-Home Dependency

Policy

The department shall complete an individual assessment of the placement needs for every child who requires out-of-home care prior to placement in out-of-home care.

The department shall make reasonable efforts to place a child, who has been removed from his/her home and placed in out-of-home placement, guardianship or adoptive placement, with the child's sibling or, if that is not possible, to maintain frequent visitation or other ongoing contact between the child and the child's siblings unless a court determines that the placement or the visitation or contact would be contrary to the child's or a sibling's safety or well-being.

When the court has granted a dependency petition, the department shall provide out-of-home care for a child if no services or interventions can adequately ensure the child's health and safety in the family's home, either:

- while the parent(s) address(es) the safety factors that prevent them from caring for the child safely at home; or
- while another permanency plan is implemented.

The department shall make every effort to minimize the length of time that a child resides in out-of-home care:

- by working closely with parents, extended family, and community support networks to facilitate the child's safe return to the home; and
- by actively pursuing a concurrent permanent plan for the child.

Procedures
Decision Making
To determine whether out-of-home care is appropriate, consider these questions:

- Does the parent lack extended family members, friends or community support networks that can provide sufficient support for the parent and protection for the child to enable the child to stay safely at home at this time?
- Are there no available community services that can ensure the child's health and safety in the home at this time?
- Are the parent(s) unwilling or unable to participate in services or interventions that will enable the child to stay safely at home at this time?
- Does the child's risk of maltreatment at home outweigh the traumatic effects of removal from home?

To decide whether to recommend filing an out of home dependency petition, consider these questions:

- Does the Child Safety and Risk Assessment (CSRA)indicate that there are significant risk factors that prevent the family from ensuring the child's health and safety at the present time?
- Does the severity or chronicity of the maltreatment or the vulnerability of the child (due to age, health or special needs) increase the level of concern about the child's safety?
- Are there any extended family members who could assure the health and safety of the child without necessitating court involvement?
- Has the use of voluntary, community-based services or interventions, an in-home intervention or an in-home dependency petition been ruled out or attempted unsuccessfully?
- Is the family likely to endanger the child by fleeing to avoid further intervention?

Implementation
Consult with your supervisor prior to contacting the Attorney General's Office regarding filing a dependency petition.

If you have questions concerning whether there are legal grounds for dependency on a specific case, consult your supervisor or an Assistant Attorney General.

Before calling the Attorney General's Office, have the answers to the following questions available:

- Is there an open case on the family?
- Does the petition contain allegations against all parents?
- Is there a divorce? If so, who has legal custody?
- Are all persons who provided information named?
- Will people who provided information be available to testify?
- Are there medical records, photographs, police reports or other relevant documents?

- Are there other children in the home not included in the petition? What is their status?
- Are there any prior DCS reports on this family?
- Are there other parties who should be included on the petition?
- Is the child subject to the Indian Child Welfare Act (ICWA)?

If so advised by the Attorney General's Office, prepare the dependency petition worksheet, CT00900, found in the Court Document Directory and submit it to the Attorney General's Office following region procedures.

If necessary, conduct an extensive and documented search for missing parents and extended family members or other significant persons as placement resources for the child. If you are unable to identify or locate a parent after conducting a diligent search, complete an Affidavit of Unknown Residence, CT00600, found in the Court Document Directory, and submit it to the Attorney General's Office along with the petition worksheet.

If a parent cannot be identified or located, arrange for service by publication in the newspaper at least five days prior to the dependency hearing. See Locating Missing Parents and Family for Notifications . This Section also provides information about locating relatives and persons who have a significant relationship with the child.

Amend the petition if you learn new, substantive information about the parents after the petition has been filed.

Prepare a Report to the Juvenile Court for the Preliminary Protective Hearing and/or Initial Dependency Hearing, found in Court Document Directory, CT01200. Submit the report to the court not later than the day before the Preliminary Protective Hearing. If the report is prepared for the Initial Dependency Hearing (also known as a 21-Day Hearing), submit it to the court, the Attorney General's office and the Foster Care Review Board at least three working days prior to the hearing. See Court Reports for further instructions on attachments and routing of the report.

For the Preliminary Protective Hearing and the Initial Dependency Hearing, the Child Safety Specialist must document in the report to the Juvenile Court and be prepared to communicate to the Court, the department’s efforts to identify and assess placement of the child with the child’s grandparents, great-grandparents, siblings of whole or half-blood, aunts, uncles, first cousins and persons having a significant relationship with the child.

Complete and route the Parental Assessment Financial Statement, FC-009, found in the Forms Registry, as described in Assessing Parent’s Financial Responsibility for Children in Care . Include your recommendation for financial assessment with the Report to the Juvenile Court for Preliminary Protective Hearing and/or Initial Dependency Hearing.

Route a copy of any Court Order or Minute Entry addressing parental assessment to the Parental Assessment Specialist, Site Code 940A. For more Information see Determining Parental Assessment

Route the Report to the Juvenile Court for Preliminary Protective Hearing and/or Initial Dependency Hearing as specified in Preparing Court Reports for DCS Cases

Documentation
Document consultation with your supervisor using the Case Notes window designated as Supervisory Contact type.

Document consultation with the Attorney General's Office using the Case Notes window designated as AG Contact type.

File a copy of the Dependency Petition, along with any Court Orders or Minute Entries resulting from the dependency hearing, in the legal section of the hard copy record.

Document the decision to provide out-of-home care under a dependency by completing the following windows:

- Legal Status
- Removal Status
- Removal Settings for Eligibility
- Household of Removal
- Deprivation Factors
- Family Relationship

Forms

Court Document Directory:
Affidavit of Unknown Residence, CT00600
Dependency Petition worksheet, CT00900
Protective Hearing and/or Initial Dependency Hearing, CT12000
Parental Assessment Financial Statement, FC-009
.

Related Information
Using the Removal Status Window Practice Guide

Legal
A.R.S. § 8-503. Powers and duties

A.R.S. § 8-842. Initial dependency and dependency adjudication hearings; deadlines

A.R.S. § 8-514. Placement in foster homes

A.R.S. § 8-802. Child safety worker; fingerprint clearance cards

Effective Date: November 12, 2013

Revision History: November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 2
Locating Missing Parents & Family for Notification

Policy

The department shall conduct an extensive and documented search for absent parents and guardians in order to facilitate service of process and placement resources for children in out-of-home care.

An extensive and documented search for absent parents shall occur prior to key decision points in the life of a case and **no less than once every six months**.

Within 30 days of the child's removal from the custody of the parent, guardian or custodian, the department shall exercise due diligence to identify and provide notice to all adult relatives of the child including the child's grandparents, great-grandparents, adult siblings, parents who has custody of any siblings, aunts, uncles and first cousins, and persons who have a significant relationship with the child of the option to become a placement resource for the child(ren). This notice is not required when the relative or person having a significant relationship with the child has a history of family or domestic violence.

The department shall continue to search for extended family members including the child's grandparents, great-grandparents, adult siblings, parent who has custody of any sibling, aunts, uncles and first cousins, and persons who have a significant relationship with the child as placement resources for children in out-of-home care. **This search must be completed prior to key decision points of case and no less than once every six months**

Procedures
Implementation
Obtain personally identifying information and any information on the whereabouts of the absent or missing parent, guardian, custodian, and extended family members including

the grandparents, great-grandparents, adult siblings, parents who maintain custody of any sibling , aunts, uncles, first cousins and persons who have a significant relationship with the child from any source who may have this knowledge.

Make diligent efforts to identify and locate the absent or missing parent, guardian, or custodian. Diligent efforts include comprehensive activities to gather contact information such as:

- providing written notice,
- mailing certified letters,
- making visits to last known addresses,
- telephone calls to last known phone numbers,
- continuing to ask the relatives including the parents, guardians, child and or others who have contact information,
- following up on “leads”,
- making contact with the parent’s and/or Indian child’s tribe or the Indian custodian,
- holding a Team Decision Making meeting .

If these efforts are unsuccessful, follow procedures to make a missing parent, guardian or custodian search request by making referrals to the DCS Family Locate service. Provide all available identifying information. The minimum information necessary to make a search request is the full name and any aliases of the missing parent, guardian or custodian.

In those instances, where a child is expected to remain in out-of-home care under a dependency petition, the Child Safety Specialist must:

- ask the parent or guardian to identify the names, type of relationship, and contact information for the child’s adult relatives including the grandparents, great-grandparents, adult siblings, parents who have custody of any sibling, aunts, uncles and first cousins, and persons who have a significant relationship to the child.
- If the parent or guardian does not have sufficient information available to locate a relative or person who has a significant relationship with the child, he/she must provide the information as soon as it is available.
- The parent or guardian must be prepared to provide to the Juvenile Court at the Preliminary Protective Hearing the names, type of relationship and all available information necessary to locate persons related to the child and who have a significant relationship with the child.
- ask the parent or guardian if he/she is aware of any family or domestic violence by the relative or person who has a significant relationship with the child.
- send the Notice to Relative or Person Having a Significant Relationship with the Child (CSO-1103) and Response by Relative or Person Having a Significant Relationship with the Child (CSO-1104) to all relatives and persons who have a significant relationship with the child within 30 days of the child’s placement in out-of-home care.

- Do not send the letter to any relative or person who has a history of family or domestic violence. Family or domestic violence includes a protective or restraining order, physical or sexual abuse in the home, or convictions for family or domestic violence.

Diligent efforts include comprehensive activities to gather contact information and notify all adult relatives and persons having a significant relationship with the child as described above.

If these efforts are unsuccessful A Child Safety Specialist or designee should complete and email the "Family Locate Referral ". The mailbox name is “Family Locate”. For DCS employees, you will find the address in Outlook under “+Family Locate".

The form must include the type of action that the request is related to (Investigation, Dependency, Severance…) as these indicators are utilized to prioritize the incoming request. In addition, the Requestors Information section must be completed to serve as a contact mechanism should additional facts and/or clarification be needed to appropriately conduct the search. Other mandatory fields include:

- CHILDS case name,
- Missing person name,
- Participant # (*),
- Child Safety Specialist name,
- Site Code,
- Telephone number, and
- Fax number.

*Please note that the Participant ID number is crucial. Documentation of results and the ability to refer to external vendors is dependent upon this data.

Information such as Date of Birth (DOB),Social Security Number (SSN), physical description, Last Known Address (LKA), etc. should be included, if known. Although completion of the entire document is not required, the Child Safety Specialist should provide as much data as possible in order to increase the likelihood of a successful and timely locate outcome.

Complete searches for the absent or missing parent, guardian, custodian, prior to key decision points during the case and **no less than once every six month**s. When a child in out-of-home care is not placed with a grandparent, great-grandparent, adult sibling of whole or half-blood, aunt, uncle, first cousin or person who has a significant relationship with the child, or is placed with an extended family member or significant person who is unable or unwilling to provide a permanent placement for the child, initiate searches for extended family members (including the grandparents, great-grandparents, adult siblings of whole or half-blood, aunts, uncles and first cousins) or persons having a sig-

nificant relationship with the child prior to key decision points during the case and **no less than once every six months**.

Key decision points include:

- prior to the filing of the dependency petition;
- prior to the Preliminary Protective Hearing,
- disposition Hearing, and Permanency Hearing;
- prior to the Hearing on the Motion for Guardianship or Termination of Parental Rights;
- prior to case plan staffings; and
- When additional information that will assist in the search is discovered.
- prior to pre-adoptive placement.

Family Locate Unit

1. Based on the information provided, complete a search of the Arizona Tracking and Locating Automation System (ATLAS) for addresses of parents. If the search is successful, route the results of the search to the assigned Child Safety Specialist .
2. If the address of the parent is not found, submit a search request to the Arizona Parent Locator Service, Division of Child Support Services .
3. If the address of a guardian, custodian, relatives or persons having a significant relationship with the child is unknown, submit the search request to the contracted agency for a professional search. This search includes a search of automated databases such as national credit bureaus, driver's license bureaus, birth and death records, criminal records, and other appropriate resources .
4. Indicate a 24 hour or a 5 day search. Designate a 5 day search unless there is an urgent need for the information .
5. The Arizona Parent Locator Service will search databases including ATLAS, Arizona Technical Eligibility Computer System (AZTECS), BG01, Motor Vehicle Division, and credit bureaus.
6. If the contract agency's search is unsuccessful, ensure that the contract agency completes an Affidavit of Diligent Search if the search is needed for service of process purposes. Forward a copy of the Affidavit to the Office of the Attorney General and assigned Child Safety Specialist .
7. If the parent, guardian, custodian, relative or person having a significant relationship with the child is located, the contracted agency will follow-up to confirm the address and forward the address to the region staff .
8. Route the results of a successful search to the assigned Child Safety Specialist , and the Office of the Attorney General when the search is needed for service of process purposes.

Documentation
Document diligent efforts to locate an absent parent, guardian, custodian, extended family member or other significant person including the request for search using the Case Notes window and by filing copies of forms requesting a search in the hard copy file .

Document the address of the parent and guardian on the FC-064-A, Attachment A, and process according to directions found in Court Reports

Also, document the address of the parent and guardian using the Address and Phone Numbers window .

File a copy of the Affidavit of Diligent Search in the hard copy record .

File a copy of the Relative or Person Having a Significant Relationship with the Child (CSO-1103) and Response by Relative or Person Having a Significant Relationship with the Child (CSO-1104) for each relative or person that you sent the notice to.

Forms

Notice to Relative or Person Having a Significant Relationship with the Child, CSO-1103

Response by Relative or Person Having a Significant Relationship with the Child, CSO-1104
Response by Relative or Person Having a Significant Relationship with the Child (Spanish), CSO-1104

Family Locate Referral

Court Document Directory:
Attachment A, FC-064A

Related Information

Court Reports
Locating Child and Family for Investigations

Legal

The Adoption and Safe Families Act of 1997 (P. L. 105-89)

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)

Preventing Sex Trafficking and Strengthening Families Act 2014 (P.L. 113-183)

Rule 15 of the Rules of Procedures of the Juvenile Court specify legal requirements for service of process to parents, guardians and custodians.

Effective Date: April 4, 2015

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 3
Kinship Care

Policy

For a child who is in the custody of the department and requires out-of-home care, the department shall establish kinship foster care services that promote the placement of a child with the child's relative.

The department shall identify and assess relatives and persons who have a significant relationship with the child for the placement of a child in out-of-home care.

A kinship caregiver means an adult relative or person who has a significant relationship with the child and who is caring for the child under the care, custody and control of the department. A kinship caregiver shall be evaluated and approved by the department based upon an assessment of the family and home.

A kinship caregiver shall be at least 18 years of age, be fingerprinted and cleared by a criminal history records check, be cleared by a Department of Child Safety records check of child abuse and neglect reports and history, and able to meet the child's placement needs including health and safety.

All persons age 18 and older residing in the kinship caregiver's household shall be fingerprinted and cleared by a criminal history records check and be cleared by a Department of Child Safety records check of child abuse and neglect reports and history.

The department shall initiate the assessment of the kinship caregiver as a potential placement for the child **within ten working day**s of the request.

The department shall provide written notification to a kinship caregiver **within 15 working days** when the department determines that it will not recommend the kinship placement to the Juvenile Court. The notification shall include specific reason(s) for the denial of approval, the right to appeal the recommendation and the process to request

review of this recommendation through the Department's formal Client Grievance process.

The department shall provide information to all kinship caregivers about the following financial benefits:

- TANF/Nutrition Assistance (formerly food stamps) through the DES Family Assistance Administration
- foster care reimbursement only if they become licensed as family foster parents;
- monthly personal and clothing allowance on behalf of the child; and
- special payments that may be available to the child;

The department shall encourage and support kinship caregivers to become licensed foster parents.

The department shall obtain a signed statement from a kinship caregiver who elects not to apply for financial services after being informed of the services. The department shall provide the kinship caregiver a copy of the signed statement.

A kinship caregiver may apply for financial services at any time regardless of whether or not a statement declining financial services has previously been signed by the kinship caregiver.

The department shall provide non-financial services to all kinship caregivers. The department may provide through existing means or referral, the following non-financial services:

- child care;
- parent aide;
- respite care;
- case management;
- family assessment;
- transportation;
- housing search and relocation;
- parenting skills training;
- supportive intervention and guidance counseling;
- emergency services; and
- additional services that the department determines are necessary to meet the needs of the child and family.

The department shall share with the kinship caregiver all information about the child to ensure that the caregiver meets the needs of the child and to assist the caregiver in carrying out the case plan.

Procedures

Decision Making
To determine whether to place a child with a kinship caregiver, consider the questions in the Decision Making Guide in Selecting an Out-of-Home Provider and the following questions:

- Are there prior reports of child abuse or neglect or risk of child abuse or neglect by the potential caregiver? If there are prior reports, what were the outcomes?
- Does any member of the potential caregiver household have a criminal history that indicates the child would be at risk of harm if placed in the home?
- Is there any information which would preclude the potential caregiver from providing a safe, nurturing environment for the child?
- Does the potential caregiver have the capacity to meet the child's developmental, emotional, social, health and safety needs? If not, would they with support?
- What are the relationships between the child, the child's parents and the potential caregiver family?
- Is the potential caregiver committed to caring for the child until permanency is achieved?
- If the child is an American Indian child and subject to the Indian Child Welfare Act (ICWA), what is the relationship between the kinship caregiver and the child's Indian tribe?

Implementation
A kinship caregiver means an adult relative or person who has a significant relationship with the child and who is caring for a child under the care, custody and control of the department.

Identify relatives and persons who have a significant relationship with the child who have an interest in providing care for the child. See Relative Search Best Practice Guide .

Inform potential kinship caregivers of the following requirements:

- Kinship caregivers must be at least 18 years of age.
- Kinship caregivers and adult household members must be fingerprinted for and cleared by a criminal history record check.
- Kinship caregivers and adult household members must be checked and cleared for prior and current child abuse and neglect history on the Central Registry and the CHILDS Case Management Information System, and any other state or jurisdiction, if applicable.
- Kinship caregivers must provide at least two references.
- Kinship caregivers must agree to personal interviews and at least one home visit.
- Kinship caregivers and household members must participate in the family assessment process.

Inform all potential kinship caregivers of the financial services available to them including family foster care licensure and personal and clothing allowances.

Inform potential kinship caregivers of Temporary Assistance to Needy Families (TANF) Cash Assistance (CA).

Inform all kinship caregivers of the non-financial services available to meet the needs of the child:

- child care;
- parent aide;
- respite care;
- case management;
- family assessment;
- transportation;
- housing search and relocation;
- parenting skills training;
- supportive intervention and guidance counseling;
- emergency services; and
- additional services that the department determines are necessary to meet the needs of the child and family.

Kinship Caregiver Assessment

The kinship caregiver assessment starts with a discussion with the potential kinship caregiver, followed by:

- a determination of the potential caregivers interest now and in the future;
- a preliminary determination that the potential caregiver has the ability to meet the child's placement needs and support the achievement of the permanency goal including the ability and willingness to care for a sibling group (if applicable); if the caregiver is not willing to care for all or part of the child's siblings, a determination that the caregiver is willing to maintain frequent visitation or other ongoing contact between the child and the child's siblings;
- preliminary determination that the potential caregiver meets the requirements for placement consideration based on information obtained from a DPS criminal history record, the DCS Central Registry, CHILDS Case Management Information System, other states or jurisdictions (if applicable), and information disclosed by family members and/or other sources; and
- completion of a formal home study.

The Child Safety Specialist must:

- engage the potential caregiver in a discussion about his/her capacity and motivation to be a placement resource for the child; and
- provide the potential caregiver with information about:
    - need for DCS intervention (safety threats to child, and how they may be addressed);
    - child's need for safety, connections to family and culture, and continuity of care;
    - child's current placement and permanency goal;
    - requirement for kinship care placement including the assessment and planning for the child's placement;
    - expectations that the potential kinship caregiver may have of the department including available supports and services;
    - expectations the department will have of the potential kinship caregiver;
    - placement preferences;
    - placement options for kinship caregivers including licensed and unlicensed foster care;
    - parents rights and responsibilities in continuing to plan for the care of his/her child;
    - need for parents and family members to be involved in planning, visiting and decision-making now and in the future; and
    - options to resolve disagreements.

After confirming the interest of the potential caregiver to be a placement resource for the child now, and a preliminary determination has been made that the potential caregiver has the ability to meet the child's placement needs and support achievement of the case plan, continue with the assessment:

- within ten working days if the potential caregiver resides in Arizona,
- within ten working days if a potential caregiver resides out-of-state, following the procedures to request a home study in Referring a Child for Placement through the ICPC .

Prior to placement of the child, the Child Safety Specialist shall:

- complete a search of the Central Registry, CHILDS Case Management Information System and other states or jurisdictions (if known) for current or prior involvement with Child Protective Services on all adults residing in the home;
- complete a criminal history records check with the Department of Public Safety (DPS) for all adults residing in the home;
- have the potential caregiver and all adults in the home complete the Self-Disclosure Statement for Kinship Foster Caregiver Household, CSO-1130; and
- make at least one visit to the home of the potential caregiver family and complete the Home Safety Checklist for Kinship Foster Caregiver Household, CSO-1014.

Child Protective Services Records Checks

Review the results of the child protective services records checks. When a potential kinship caregiver or adult household member has a child abuse and neglect history indicating that the child would not be safe if placed in the home:

- Inform the potential caregiver that one or more adult household members did not clear the child protective services records checks.
- If the potential caregiver or individual wishes to correct or clarify child abuse or neglect history information, offer the individual an opportunity to provide the information.
- If the additional information provided does not sufficiently remedy the safety concerns, placement can not be recommended.
- Complete and send the Kinship Placement Notification CSO-1013 to the potential caregiver **within 15 working days** of the decision not to recommend placement.

Criminal Records Checks

Review and verify the criminal records checks and the information disclosed on the Self-Disclosure Statement for Kinship Foster Caregiver Household.

Determine whether the potential caregiver or any adult household member has been convicted of, or is awaiting trial for, or under pending indictment for committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more the specific criminal offenses identified in Section 2 of the Self-Disclosure Statement for Kinship Foster Caregiver Household, CSO-1130. If yes,

- Inform the potential caregiver that one or more adult household members did not clear the background checks.
- If the potential caregiver or individual wishes to provide additional information about the criminal history, offer the individual an opportunity to provide the information.
- If the potential caregiver or individual wishes to review and/or challenge the results of the criminal records check from the DPS, refer him/her to the Criminal History Section at 602-223-2222. Note: the person may request a "review and challenge packet" for an arrest, conviction or indictment by a law enforcement jurisdiction in Arizona. If the criminal record concerns an arrest, conviction or indictment outside Arizona, the individual must contact the applicable law enforcement jurisdiction in that state.

If the potential caregiver or adult household member has a criminal history of one or more of the offense in Section 2 of the Self-Disclosure Statement for Kinship Foster Caregiver Household, the placement can not be recommended.

- Complete and send the Kinship Placement Notification, CSO-1013 to the potential caregiver within **15 working days** of the decision not to recommend placement.

If a criminal records checks or self-disclosure statements reveal an arrest, conviction or indictment for any other criminal offense, the decision to recommend placement of the

child with the potential kinship caregiver will be based upon the safety threat presented by that offense. In assessing the safety threat, the Child Safety Specialist , in consultation with the DCS Supervisor, to the fullest extent possible, should verify and must consider the following:

- the vulnerability of the child needing placement including the child"s age and special needs;
- the extent of the persons criminal record including whether the criminal offense was an isolated incident or indicative of a pattern of criminal activity;
- the length of time that has elapsed since the offense was committed;
- the nature of the offense;
- any applicable mitigating circumstances including whether the victim was a child or a vulnerable adult;
- the degree to which the person participated in the offense;
- the extent of the person's rehabilitation, including:
    - completion of probation, parole or community supervision,
    - evidence of positive action to change criminal behavior, such as completing a drug treatment program or counseling, and
    - personal references attesting to the persons rehabilitation.

When the potential kinship caregiver or household member has a criminal and child abuse or neglect clearance, continue the family and home assessment by:

- personally interviewing the potential caregiver and household members;
- completing an assessment of the family and home on the potential caregiver family, using the Assessment for Kinship Foster Care or Significant Person Placement, CT01100, found in the Court Document Directory (see the CT01101 for guidance on completing the CT01100);
    - ensure that the assessment includes at least two reference checks by telephone or letter using the Evaluation of Potential Caretaker(s), CSO-1106, for each potential caregiver. For a potential relative kinship foster caregiver, at least one reference should be a relative who is not the parent of the child being considered for placement. An adult child of the potential caregiver should be used as a reference whenever possible;
- assessing the ability of the potential caregiver to meet the child's safety, well-being and placement needs and the needs of the child's siblings, if applicable.
- making a preliminary determination that the potential kinship caregiver meets the requirements for placement.

Provide the potential kinship caregiver and all adult household members with the Application for a Fingerprint Clearance Card (DPS802-06857). Check the box, "Dept. of Economic Security Foster Home Licensure (ARS § 509)" and write **"Kinship Caregiver"** on the line. Provide instructions for completion and submission to the caregiver and all adult household members.

Medical Marijuana

The Arizona Medical Marijuana Act enables a person (a qualifying patient), who is registered with the Arizona Department of Health Services (ADHS), to legally obtain, under Arizona law, an allowable amount of marijuana and possess and use the marijuana for its therapeutic effects in treating and alleviating symptoms associated with a debilitating medical condition. However, the possession, sale or transportation of marijuana is still a crime under Federal law.

If a potential kinship caregiver is a qualifying patient, designated caregiver or cultivator of medical marijuana, the following factors should be addressed in the evaluation of the caregiver's ability to meet the child's placement needs including child safety and to support achievement of the permanency goal for the child:

- any action taken by the caregiver to ensure that any child in the home does not have access to the marijuana, such as:
    - the marijuana is clearly labeled, out-of-sight and not accessible to the child,
    - if the potential caregiver is authorized to cultivate marijuana plants for the patient's medical use, whether the plants are secured in an enclosed, locked facility,
    - if the potential caregiver cooks with marijuana, whether any "resultant" food products are clearly labeled, out-of-sight and not accessible to the child;
- any action taken by the potential caregiver to ensure that any child in the home is not adversely affected by the patient's medical use of marijuana such as,
    - plans to consume (smoking, vaporization, infused edible food products, etc.) when the child is not present,
    - if the marijuana is smoked or vaporized, plans to ensure that the child is not exposed to "second hand" smoke or vapor;
- whether there is another responsible un-medicated caregiver in the home when consumption occurs,
    - if more than one potential caregiver is a qualifying patient, plans to ensure that one caregiver is un-medicated (established routine where one caregiver is un-medicated at all times);
- the effects of the "debilitating medical condition" and the medical use of marijuana on the caregiver's ability to provide a safe home environment for the child, and meet the child's placement needs, including
    - transportation to/from appointments, visitation, and other routine activities,
    - any concerns by the caregiver's (qualifying patient) physician about the caregiver's ability to provide for the child's safety and well-being.

When One or More Potential Kinship Caregivers Have a Positive Assessment:

On a case-by-case basis, consistent with the child's best interests and the current stage of the case, convene a family meeting to attempt to gain consensus regarding the child's

placement and a plan to maintain family contact. Reconsider all of the following if the family can not come to consensus:

- ability and willingness of each caregiver to meet the child's short-term and long-term placement needs including child safety, sibling placement, proximity to the parent's home, ability to remain in the home school district and community, ability to communicate in the child's language, and ability to support cultural connections,
- established relationship of the child to each caregiver,
- ability of each caregiver to support the achievement of the case plan, and
- ability of each caregiver to finalize a permanency or concurrent case plan of guardianship or adoption.

If one kinship foster caregiver **cannot** care for all the siblings, consider the kinship caregiver who:

- can best meet the needs of the child;
- will permit and actively maintain frequent visitation or facilitate other ongoing contact between siblings who are not placed together; and
- will permit and actively facilitate contact by telephone, mail or visits with the child's parents, family members, other relatives, friend, and any former foster parents, unless the court determines the contact is not in the child's best interest.

If a potential kinship caregiver is not selected, complete and send the Kinship Placement Notification, CSO-11013 to the potential caregiver within 15 working days of the decision not to recommend placement.

If the kinship care placement selected disrupts, the Child Safety Specialist must re-contact, reconsider and, if necessary, reassess all relatives and persons having a significant relationship with the child who expressed an interest in being a placement option for the child

Once the kinship foster caregiver is selected:

- Provide a copy of the Kinship Foster Care pamphlet, CSO-1047, to the caregiver and review the pamphlet with the potential caregiver.
- Have the kinship caregiver complete and sign the Kinship Placement Agreement and Notification of Resources, CSO-1129. Give a copy of the form to the caregiver. This form informs the caregiver of the following:•
    - a monthly personal and clothing allowance will be issued on behalf of the child; and
    - the benefits of applying for foster home licensure or Temporary Assistance to Needy Families/Child Only Cash Assistance and the option to decline these financial services.
- Complete the Motion for Change of Physical Custody, CT01700, found in the Court Document Directory, and submit the CT01700 and the Assessment for Kinship

Foster Care or Significant Person Placement, CT01100, to the Juvenile Court for approval of the placement.
- Advise kinship caregiver about CMDP.
- Advise the kinship caregiver about Behavioral Health Services available through the Regional Behavioral Health Authority (RBHA).
- Provide DCS child care services to the kinship caregiver according to the procedures in Child Care Services or assist the kinship caregiver in completing applications for child care and other available services, as needed
- Prepare and place a child in kinship foster care, following the Implementation and Procedures Placing Children in Out-of-Home Care
- Inform the kinship caregiver about special payments available to the child. See Foster Care Rate Assessment & Payment

If the kinship caregiver wishes to apply for foster home licensure, the Child Safety Specialist should fax the completed Kinship Placement Agreement and Notification of Resources, CSO-1129 to the Home Recruitment Response Specialist at 602-542-3330, and refer the kinship caregiver to the Home Recruitment Response Specialist at 1-877-543-7633 or http://www.azkidsneedu.gov to initiate the process. Note: while this begins the process for foster home licensure, it does not obligate the caregiver to complete the licensure process, nor does it guarantee that the caregiver will qualify for licensure.

The kinship caregiver should check the applicable box on the Kinship Placement Agreement and Notification of Resources, CSO-1129 and complete the FA-001, Application for Cash Assistance (CA) Temporary Assistance for Needy Families (TANF) according to the following procedure:
- Indicate that he/she is applying for Temporary Assistance to Needy Families/Cash Assistance (TANF/CA) for only the child placed in his/her care by the department.
- Complete all application items pertaining to the TANF/CA Program with information relevant to the child being placed.
- Sign the application.

The Child Safety Specialist should:

- Write Kinship Foster Care on the top right corner of the FA-001 application.
- Fax the application and court order to the department's Family Assistance Administration Office (FAA) that services the zip code of the kinship caregiver's residence.
- Send the hard copy application and the court order to the FAA office. www.azdes.gov/FAA/contact.asp
- Inform the kinship caregiver that an FAA worker will either contact him/her by phone or schedule an interview, according to the caregiver's preference, to:
    - Complete the application process.
    - Determine whether the child eligible for TANF/CA..

- Inform the caregiver to notify FAA when the kinship caregiver family is licensed and approved for foster care reimbursement so that FAA can terminate the TANF/CA.
- Confirm that the kinship caregiver has signed the Kinship Placement Agreement and Notification of Resources, CSO-1129, declining financial benefits when the kinship caregiver does not wish to apply for:
    - monthly personal and clothing allowances;
    - foster home licensure, or
    - TANF/CA.
- Ensure that the kinship caregiver has a copy of the Kinship Placement Agreement and Notification of Resources, CSO-1129 and inform the caregiver that he or she may apply at a later

Documentation
Document the following about potential kinship caregivers using the Relative Information case note type:

- legal name, DOB, SS#,
- address and telephone number,
- citizenship status,
- efforts made to identify and search for relatives and persons who have a significant relationship with the child,
- date and to whom the Notice of Relative or Person Having a Significant Relationship to the Child was sent,
- discussions with the person regarding his/her ability and willingness to care for the child,
- date of the criminal records request and the results of the search,
- date the search for prior Child Protective Services history (including the Central Registry, CHILDS Case Management Information System and other states or jurisdictions) and the results of this search,
- date and to whom the Kinship Placement Notification, CSO-1013 was mailed, and
- the kinship caregiver selected and reasons for the selection of the specific family.

Ensure all placement data is entered in CHILDS as soon as the child is placed, or **within two working days**, according to region procedures.

- Complete a service authorization for unlicensed relative kinship foster caregivers using URAD (Unlicensed Relative Application Pending) for relative kinship caregivers who wish to initiate the foster home licensing process.
- Complete a service authorization for unlicensed relative kinship foster caregivers using URED (Unlicensed Relative) for relative kinship caregivers who do not wish to initiate the foster home licensing process.
- Complete a service authorization for an unlicensed non-relative using URND (Unlicensed Non-relative Providers).

When placement with the kinship caregiver is approved, ensure that the kinship caregiver is entered into the CHILDS Provider Management, according to region procedures, through completion of the following windows: Provider Maintenance Detail, Provider Maintenance Facility Detail, Person Detail, Facility Contacts, Provider Maintenance Household, and Provider Maintenance Service Detail.
If siblings are not placed together, document the reason(s) in the Out-of-Home Characteristics window using the Explain window.

File the Information for Kinship Foster Care Placement Consideration in the hard copy case record.

File a copy of the Self-Disclosure Statement for Kinship Foster Caregiver Household, the Home Safety Checklist for Kinship Foster Caregiver Household and the Kinship Placement Notification in the hard copy case record.

Forms

Self-Disclosure Statement for Kinship Foster Caregiver Household, CSO-1130
Self-Disclosure Statement for Kinship Foster Caregiver Household (Spanish), CSO-1130S

Kinship Foster Care for Relatives Caring for Children in CPS Custody, CSO-1047

Kinship Placement Notification, CSO-1013
Kinship Placement Notification (Spanish), CSO-1013S

Home Safety Checklist for Kinship Foster Caregiver Household, CSO-1014

Evaluation of Potential Caretaker(s), CSO-1106
Evaluation of Potential Caretaker(s)(Spanish), CSO-1106S

Kinship Placement Agreement and Notification of Resources, CSO-1129
Kinship Placement Agreement and Notification of Resources (Spanish), CSO-1129S

Court Document Directory:
Assessment for Kinship Foster Care or Significant Person Placement, CT01100
Complete the Motion for Change of Physical Custody, CT01700

Related Information

Relative Search Best Practice Guide
Foster Care Rate Assessment & Payment
DCS Discipline Guidelines

Family Financial Assistance
Home Recruitment Specialist

Legal

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)

A.R.S. § 8-514.02 Placement with parent or relative

A.R.S. § 8-514.03 Kinship foster care; requirements; investigation; report

A.R.S. § 36-2801 et seq (also known as Arizona Medical Marijuana Act)

Effective Date: February 14, 2014

Revision History :July 1st, 2013, November 30. 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 4
Placement Needs of Children In Out-of-Home Care

Policy

The department shall complete an individual assessment of the placement needs for every child who requires out-of-home care prior to placement in out-of-home care.

The department shall make reasonable efforts to place a child, who has been removed from his/her home and placed in out-of-home placement, guardianship or adoptive placement, with the child's sibling or, if that is not possible, to maintain frequent visitation or other ongoing contact between the child and the child's siblings unless a court determines that the placement or the visitation or contact would be contrary to the child's or a sibling's safety or well-being

Procedures

Decision Making

The department shall restrict the placement of children from birth to age (5) in homes where the foster parents have not immunized their own children. The department shall place children in foster care settings most appropriate to each individual child's clinical and medical reports from previous medial, mental or behavioral health care providers.

The Arizona State Immunization Information System (ASIIS) notification record is available for DCS Specialists to review a child's immunization history. To obtain ASIIS record access, go to https://asiis.azdhs.gov/

The DCS Comprehensive Medical and Dental program (CMDP) can also research the child's immunization record in ASIIS for the Child Safety Specialist . Send an email to +CMDPNurse

To assess the child's placement needs, gather information from:

- personal observations;
- clinical and medical reports from previous medical, mental or behavioral health care providers;

- the child's parents or caregivers;
- school reports;
- medical, mental health or behavioral health case records;
- immunization records;
- DCS electronic and hard copy case records;
- previous out-of-home care providers;
- the child;
- current receiving foster home and shelter care providers; and
- relatives.

Gather or initiate a request for any of the above information that is not available at the time of placement **within five working days** of identifying a potential source of information.

Include in the assessment, a thorough consideration of:

- the child's relationships and attachments with: parents, grandparents, adult siblings of whole or half-blood, aunts, uncles, first cousins or another member of the child's extended family including persons who have a significant relationship with the child, current foster parents, and former foster parents, if applicable;
- the child's relationship, attachment and visitation and/or contact with siblings who are placed in out-of-home placement, guardianship or adoptive placement;
- the characteristics of the child: age, gender, religion, primary language, perceived or identified sexual orientation and gender identity;
- the child's health and developmental needs: physical, medical, emotional, educational, social and behavioral;
- the child's traditions, values, religious or spiritual needs;
- the mental and behavioral history of the child as potential safety concerns for other children that may have contact with the child;
- daily routine; and
- the permanency goal for the child.

Implementation

The race, color or national origin of the child may be considered in the placement decision only when the individualized assessment of the child's needs requires such consideration. The parents' placement preference regarding race, color or national origin shall not be considered. This reflects the legal requirements of the Multi-Ethnic Placement Act and Interethnic Placement Act.

Consult with the regional mental health specialist when the child has chronic behavioral health needs.

Refer all children in out-of-home placement to the local Regional Behavioral Health Authority (RBHA) for a behavioral health assessment within 24 hours of removal. See

Title XIX-Behavioral Health and Substance Abuse Services and Title XIX Covered Services.

Discuss the assessment of the child's needs with your supervisor and other service team members, as applicable.

Documentation
Document the assessment of placement needs by completing the following windows:

- Child Assessment and Special Rate Evaluation;
- Special Needs Detail;
- Medical/Dental Condition Detail;
- Medication Detail;
- Psych/Behavioral Condition Detail;
- Practitioner Detail;
- Examination Detail;
- Participant Education Condition;
- Participant Education Detail; and
- Hospitalization Detail.

Note: The Medical Summary Report contains information entered on the above windows.Once the child is in out-of-home care, all medical and dental information will be transmitted from CMDP into these windows in CHILDS, there is no further need for manual data entry.

Any medical, dental or vision service requests must be made through CMDP. Behavioral health service requests need to go through the assigned Regional Behavioral Health Authority (RBHA).

Document that a request has been made through CMDP and/or the RBHA in case notes.

Forms
NA

Related Information
Foster Care Candidacy

Multi-Ethnic Placement Act and Interethnic Placement Act.

Legal
The Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996

(P.L. 104-188)

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191)

ARS §8-509 Licensing of foster homes; renewal of license; provisional license; exemption from licensure; immunization requirements

ARS §8-513 Participation in activities; contact with relatives; placement with siblings

ARS §8-514 Placement in foster homes

ARS §8-514.03 Kinship foster care; requirements; investigation; report

ARS §8-514.05 Foster care provider access to child health information; consent to treatment

ARS §8-813 Preplacement investigation; medical examination; disposition

Effective Date:: September 30, 2013

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 5
Selecting Out-of-Home Care Provider

Policy

The department shall seek to provide every child who requires out-of-home care with a placement that addresses his or her unique needs. No single factor shall be the sole determining factor in the selection of a placement.

The department shall ensure that a child is placed in the least restrictive type of placement available, consistent with the placement needs of the child.

The department shall not deny or delay a foster or adoptive placement of a child on the basis of race, color or national origin of the foster or adoptive parent or the child involved.

The department shall seek adult relatives or adults with whom the child has a significant relationship to meet the placement needs of the child in out-of-home care.

The department shall make reasonable efforts to place a child with all or any of the child's siblings unless there is documented evidence that placement together is contrary to the child's or a sibling's safety or well-being.

If the placement of siblings together is not possible for all or any of the siblings, the department shall make efforts to maintain frequent visitation or other ongoing contact between all siblings unless there is documented evidence that visitation or ongoing contact would be contrary to the child's or a sibling's safety or well-being.

The department may place a child in excess of the number of children allowed and identified in the foster parent's license, if the department reasonably believes the foster home has the ability to safely handle additional children and if there are no outstanding concerns, deficiencies, reports, or investigations regarding the foster home and if the child meets one of the following criteria:

- The child is part of a sibling group that currently resides in the foster home;
- The child is part of a sibling group that is being considered for placement in the

foster home but because of the maximum child limit, would otherwise have to be separated;
- The child previously resided in the foster home; or
- The child is a kinship placement for the foster home.

Within the constraints of available resources and when consistent with the needs of the child, the department shall seek to place a child who requires out-of-home care:
- in close proximity to the parents home; (P.L. 96-272)
- with members of the child's extended family and adult siblings; (P.L.104-193)
- with minor siblings who are in out-of-home care;
- in the least restrictive placement that will meet his/her needs; (P.L. 96-272)
- within the child's own school district; and
- with caregivers who can communicate in the child's language.

A DCS employee may be licensed as a foster parent or certified to adopt or be considered for kinship placement.

A DCS employee may be licensed as a foster parent or be certified to adopt or approved for kinship care placement for children who are placed in the care, custody and control of the department. The employee must provide advance written notification to his/her immediate Supervisor and Region Program Manager of this intent.

The Region Program Manager approval is required for placement of any child placed in the care, custody and control of the department when the placement is with an employee of the same region within DCS. The RPM has discretion to approve or deny a placement in each case based upon the case specific set of circumstances.

If an employee of the DCS wishes to be considered for placement of a child who is placed in the care, custody and control of the department, the child’s case shall be assigned to an Assistant Program Manager area which does not have direct supervision of the employee in order to avoid any conflict of interests.

For children who are not Native American, the order of placement preference, unless otherwise dictated by child need is:
- parent;
- grandparent;
- a member of the child's extended family, including a person who has a significant relationship with the child;
- licensed family foster home;
- therapeutic foster care;
- group home;
- therapeutic group home;
- residential treatment facility;

For Native American children, the order for placement preference shall be determined in accordance with the requirements of the Indian Child Welfare Act, as follows:

- a member of the child's extended family;
- a foster home licensed, approved or specified by the child's tribe;
- an Indian foster home licensed or approved by an authorized non-Indian licensing authority;
- an institution approved by the Indian tribe, or operated by an Indian organization which has a program suitable to meet the Indian child's needs. (25 U.S.C.§1901 et seq.)

This order of placement preference for Native American children must be followed except under the following circumstances:

- the child's parents have relinquished their parental rights and requested anonymity. In this case, preference shall be for placement with other Native American families;
- the child's tribe sets a different order of preference; or
- the tribe chooses not to intervene in the case and the state court finds that there is good cause to change the order of placement preference. (25 U.S.C.§1901 et seq.)

For more information see Placement Preferences for an Indian Child

Procedures

Implementation

Make reasonable efforts to place a child with all or any of the child's siblings unless there is documented evidence that placement together is contrary to the child's or a sibling's safety or well-being.

Documented reason for siblings to not being placed together should be directly related to safety, permanency and well-being of the child or siblings.

If the placement of siblings together is not possible for all or any of the siblings, make efforts to maintain frequent visitation or other ongoing contact between all siblings unless there is documented evidence that visitation or ongoing contact would be contrary to the child's or a sibling's safety or well-being.

To select a placement for a Native American child: See Native American Child Placements and Placement Preferences. Confirm the child's membership or eligibility for membership in a tribe by forwarding all pertinent information to the tribe with a letter requesting confirmation of membership status. Inform the child's tribe of the pending placement. Legal notice to the tribe is required even when parents relinquish their parental rights. Consult an Assistant Attorney General if there is any question about the child's status as Native American or about the requirements of the Indian Child Welfare Act.

To select a placement with a kinship foster caregiver, follow the implementation procedures found in Providing Kinship Care Services.

Determine Kinship Placement.

To determine whether to place a child with a kinship foster caregiver, the following should be considered:

- the results of the individualized assessment of the child's placement needs. This includes an assessment of the child's relationships and attachments with parents, grandparents, great-grandparents, adult siblings of whole or half-blood, aunts, uncles, first cousins and persons who have a significant relationship with the child, and siblings in out-of-home placement, guardian or adoptive placement; behavioral and mental health needs; health and developmental needs; educational needs; child's unique needs related to age, gender, religion, and language; daily routine; traditions, values, and social and cultural needs; and the child's permanency goal. Assessing the Placement Needs of Children Who Require Out-of-Home Care.
- the results of any kinship foster care assessment. Note: The department must make diligent efforts to identify prospective kinship care providers (including the child's grandparents, great-grandparents, adult siblings of whole or half-blood, aunts, uncles, and first cousins and persons who have a significant relationship with the child) Finding Missing Parents, Relatives and Other Significant Persons for more information.
    - Is the potential caregiver willing and able to ensure the health and safety of the child?
- Can any available relative or person who has a significant relationship with the child meet the placement needs of the child and the child's siblings?
- Can any available relative or person who has a significant relationship with the child meet the placement needs of the children separately?
- Are the strengths and parenting style of the potential caregiver appropriate to meet the placement needs of the child?
- If the child has chronic behavioral health needs, would the child's behavior place other children in the home at risk?
- If the child has chronic behavioral health needs, is the potential kinship caregiver able to provide the necessary level of supervision to prevent harm to self or others by the child?
- Is the potential kinship caregiver willing and able to work with the department whether the caregiver agrees or disagrees with the decision to place the child in out-of-home care?
- How will placement of the child affect other children in the home?
- Is the placement consistent with the wishes of the birth parent and child, if applicable?
- Is the potential caregiver able and willing to accept placement of the child and all or any of the child's siblings, or, if this is not possible, provide or assist in

maintaining frequent visitation or other ongoing contact between child and the child's sibling?

Medical Marijuana

The Arizona Medical Marijuana Act enables a person (a qualifying patient), who is registered with the Arizona Department of Health Services (ADHS), to legally obtain, under Arizona law, an allowable amount of marijuana and possess and use the marijuana for its therapeutic effects in treating and alleviating symptoms associated with a debilitating medical condition. However, the possession, sale or transportation of marijuana is still a crime under Federal law.

If a potential kinship caregiver is a qualifying patient, designated caregiver or cultivator of medical marijuana, the following factors should be addressed in the evaluation of the caregiver's ability to meet the child's placement needs including child safety and to support achievement of the permanency goal for the child:

- any action taken by the caregiver to ensure that any child in the home does not have access to the marijuana, such as:
    - the marijuana is clearly labeled, out-of-sight and not accessible to the child,
    - if the potential caregiver is authorized to cultivate marijuana plants for the patient's medical use, whether the plants are secured in an enclosed, locked facility,
    - if the potential caregiver cooks with marijuana, whether any "resultant" food products are clearly labeled, out-of-sight and not accessible to the child;
- any action taken by the potential caregiver to ensure that any child in the home is not adversely affected by the patient's medical use of marijuana such as,
    - plans to consume (smoking, vaporization, infused edible food products, etc.) when the child is not present,
    - if the marijuana is smoked or vaporized, plans to ensure that the child is not exposed to "second hand" smoke or vapor;
- whether there is another responsible un-medicated caregiver in the home when consumption occurs,
    - if more than one potential caregiver is a qualifying patient, plans to ensure that one caregiver is un-medicated (established routine where one caregiver is un-medicated at all times);
- the effects of the "debilitating medical condition" and the medical use of marijuana on the caregiver's ability to provide a safe home environment for the child, and meet the child's placement needs, including
    - transportation to/from appointments, visitation, and other routine activities,
    - any concerns by the caregiver's (qualifying patient) physician about the caregiver's ability to provide for the child's safety and well-being.

Determine Non-Relative licensed foster care

- Are there no available parents, grandparents, great-grandparents, adult siblings of whole or half-blood, aunts, uncles, first cousins or persons who have a significant relationship with the child who can meet the placement needs of the child?
- Is the placement consistent with the wishes of the birth parent and child, if applicable? (The parent's preference regarding race, color or national origin shall not be considered.)
- Are the strengths and parenting style of the caregiver appropriate to meet the placement needs of the child?
- Is the caregiver willing to work with the birth family to support visitation and the reunification process?
- Is the potential caregiver able and willing to accept placement of the child and all or any of the child's siblings, or, if this is not possible, provide or assist in maintaining frequent visitation or other ongoing contact between child and the child's sibling?
- How will the child fit into the existing family with regard to age, gender, sibling relationships?
- If the child has chronic behavioral health needs, will the child's behavior place other children in the home at risk?
- If the child has chronic behavioral health needs, is the caregiver able to provide the necessary level of supervision to prevent harm to self or others by the child?
- Is the placement in compliance with the Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996?
- Is the placement in compliance with the placement preferences of the Indian Child Welfare Act, if applicable?

Prior to placement with a licensed non-relative foster family (who has no prior relationship with the child):

- **Within two working days**, identify available foster homes according to region procedures by:
    - contacting appropriate region designee and completing regional placement request forms;
    - working with the licensing agencies.
- Review information on available foster homes to match the child's placement needs with family factors, using the licensing agency specialist and other resources such as home studies.
- Determine whether any available foster home will accept all or any of the siblings needing placement.
- Determine whether any available foster parent will permit and facilitate visitation and ongoing contact between siblings not placed together.
- Determine whether any available foster home is located in the child's current school or school district.
- After identifying prospective foster homes, Child Safety Specialist s or designated region staff:

    - Consult with the Regional Mental Health Specialist regarding placement of the child if the child has chronic behavioral health needs.
    - Contact prospective foster families and discuss the child's needs, the permanency goal for the child, expectations of the foster parents, contact and visitation plan, and their willingness to consider the child and the child's siblings, if applicable.
- Make pre-placement visits with the child to the prospective foster family homes, whenever possible.
- Select the home that is best able to meet the placement needs of the child and the child's siblings, if applicable.
- Select the home that is best able to meet the placement needs of the child and will permit and facilitate visitation and ongoing contact between siblings not placed together, if one foster home cannot care for all of the siblings.
- Select the home that supports the maintenance of connections with the child's parents.
- If necessary, convene a case conference to discuss placement selection.
- Determine the reimbursement rate to be recommended by reviewing the documented placement needs of the child:
    - medical and any special care requirements;
    - transportation;
    - level of supervision;
    - educational; and
    - mental and behavioral health.

Overcapacity of a Licensed Foster Home
The Child Safety Specialist or Licensing Worker may request approval for a foster home that is not licensed for the number of children required to accept an additional child in their home.

The Child Safety Specialist and the Licensing Worker must determine that the foster home has the ability to safely handle additional children and if there are no outstanding concerns, deficiencies, reports or investigations regarding the foster home and if the child meets one of the following criteria:

- The child is part of a sibling group that currently resides in the foster home;
- The child is part of a sibling group that is being considered for placement in the foster home but because of the maximum child limit, would otherwise have to be separated;
- The child previously resided in the foster home; or
- The child is a kinship placement for the foster home.

The Child Safety Specialist or Placement Coordinator must contact the Home Recruitment, Study and Supervision (HRSS) Liaison who will obtain approval for the overcapacity placement prior to placing the child in the home.

The Child Safety Specialist will email the answers to the following "16 Questions" to the HRSS Liaison:

- Case Name;
- Case ID Number;
- Number of children to be placed in overcapacity;
- Name of child placed in overcapacity;
- Participant ID Number;
- Foster Parent's Name
- Foster Parent's ID;
- Foster Parent's city/community;
- Current number of children in this home, including the family's own children;
- Special needs of this child and other in the home;
- Date of placement;
- Reason for overcapacity;
- If child is not in home community, why not;
- Estimated length of stay in this placement;
- Attempts made to locate other placement, including kin; and
- Name of licensing worker and agency.

The HRSS Liaison will contact the Licensing Worker of the family to confirm that:

- The Licensing Agency approved the over capacity placement; and
- The process for the amendment of the foster parent's license has been initiated with the Office of Licensing, Certification, and Regulation (OLCR).

The HRSS Liaison will email the Child Welfare Administrator, the Regional Program Manager, the Assistant Program Manager, the Contracts Manager, the Financial Manager, the Contract Management Analyst and the Licensing Worker the "16 Questions"including a brief explanation about:

- The criteria that has been met for the overcapacity to be considered; and
- Confirmation that the licensing worker has submitted the amendment of the foster parent's license to OLCR.

The Child Welfare Administrator will replay to all in the email with approval.

The Contract Manager Analyst will work with the Placement Coordinator or designee to the CHILDS Service Authorization can be generated.

The ability to place a child in an overcapacity home is not authorized for after-hours, weekends, or holidays.

Determine if Group Home is Needed

- Are there no available parents, grandparents, great-grandparents, adult siblings of whole or half-blood, aunts, uncles, first cousins or persons who have a significant relationship with the child or non-relative family licensed foster homes that can

meet the child's needs?
- Does the child have a history of unsuccessful placements in family settings?
- Does the child present supervision or behavior management requirements that can not be met in a family environment? Could the child's needs be met in a family environment if the family had more intensive support?

To select placement in a group care setting

If there are no options for family care and the decision is to place the child in a group care setting, follow the procedures below:

Develop a tentative placement plan and obtain supervisory approval. After receiving approval:

- Contact approved providers.
- Review the child's needs with providers.
- Forward to the approved provider pertinent background information on the child including previous mental and behavioral health records.
- Arrange pre-placement interviews with the placement facilities.
- Determine the most suitable placement for the child.
- Notify the Regional Mental Health Specialist following the placement of the child or to seek alternative resources if none of the providers were chosen.
- Ensure that group home staff will facilitate visitation and ongoing contact between siblings not placed together.

Determine if therapeutic group home or residential treatment center is needed

- Does the child have a serious mental health diagnosis?
- Does the child have a documented need for a therapeutic environment?
- Does the child have special education requirements that can only be met in a highly structured setting?
- Does the child demonstrate a need for structure and supervision beyond that which is possible in a group home setting?

To select placement in a therapeutic group home:
Determine if the child is enrolled with a Regional Behavioral Health Authority (RBHA) through review of case documentation, discussion with the child's parent(s) or guardian (s) or contact with a CMDP Behavioral Health Coordinator.

If the child is not currently enrolled with a RBHA:
- Follow procedures in Accessing Services: Title XIX Behavioral Health and Substance Abuse Services to determine Title XIX Eligibility and refer eligible children for behavioral health services or therapeutic placement.

- Participate in the RBHA Child and Family Team (CFT), provide information on the child's behavior and pertinent documentation, and request Title XIX funding of a therapeutic placement.

If the child is enrolled with a RBHA:

- Work with the Child and Family Team or treatment coordinator to request a staffing for determination of therapeutic placement needs.
- Participate in the RBHA Child and Family Team, provide information on the child's behavior and pertinent documentation, and request Title XIX funding of a therapeutic placement.
- Develop a tentative placement plan and obtain supervisory approval.

If placement is approved or denied

If the RBHA approves therapeutic placement for the child:

- Participate in the placement selection by consulting with the RBHA Child and Family Team regarding preferred providers and options available to the RBHA.
- If you do not agree with the provider chosen by the RBHA, contact the Regional Mental Health Specialist to determine if a dispute resolution process is necessary.

If the RBHA denies therapeutic placement for the child:

- Contact the Regional Mental Health Specialist to discuss initiation of an appeal of the RBHA decision.
- Follow the steps outlined below for selection of placement in a therapeutic group home for children who are not Title XIX eligible.

If the child is not Title XIX eligible:

- Contact the Regional Mental Health Specialist for approval.
- Submit required documents to the Regional Mental Health Specialist for approval. Include current psychological/psychiatric reports, significant medical information, and provider reports.

After receiving approval from the Regional Mental Health Specialist or designee:

- Contact approved providers;
- Review the child's needs with providers;
- Forward pertinent background information on the child including previous mental and behavioral health records;
- Arrange pre-placement interviews with the placement facilities;
- Determine the most suitable placement for the child;
- Notify the Regional Mental Health Specialist following the placement of the child or to seek alternative resources if none of the providers were chosen; and
- Ensure that therapeutic group home staff will facilitate visitation and ongoing contact between siblings not placed together.

- Contact the Regional Mental Health Specialist or designee to determine additional requirements for exceptional therapeutic group home placements, including:
  - out-of-state placements;
  - in-state placements in facilities without a department contract; or
  - placements in facilities identified as requiring special approval.

For placement in a residential treatment center, contact the Region Mental Health Specialist, see Arranging for Residential Treatment Services for a Dependent Child.

If group care placement is court ordered:

- Contact Mental Health Specialist to co-ordinate placement services and funding.
- After making contact with the potential placement, prepare an Addendum
- Report to the Court, CT00200, advising the court of the status of the order, the provider's name, the funding source, and date the service will begin.
- Forward the report to the court according to region procedures.
- If the RBHA refuses to provide court-ordered services, contact the Regional Mental Health Specialist to initiate an appeal.

DCS Employees as Out-of-Home Care Providers
An employee who decides to submit an application for foster parent licensure, adoption certification or kinship care shall provide written notification of this decision to his/her immediate Supervisor and Region Program Manager.

The assessment of a child's placement needs and the placement of the child shall be made in accordance with the placement procedures found in Providing Out-of-Home Services Under a Dependency and Adoption: Assessing child's Needs and Preparing for Placement.

The Region Program Manager of the region in which the child will be placed shall approve the placement of the child, and approve arrangements for supervision of any placement prior to the child's placement with the employee. Supervision of the child's placement shall be provided by a unit outside the employee's Assistant Program Manager area.

The employee is entitled to the same benefits and supports as any other licensed foster parent or certified adoptive parent or approved kinship caregiver.

The employee must use approved leave to attend to the needs of the child placed in his/her care.

An employee who has a child placed in his/her care as a licensed foster parent or an adoptive parent or as a kinship caregiver shall not:

- conduct or be responsible in any manner for the investigation of a report concerning the child while in the employee's care;
- be responsible for the case management of the child's case or the case involving the child's family;
- conduct or be responsible for the evaluation of his/her home as a placement option for the child; or
- access the child's or the child's family case information in CHILDS or request information regarding the child's case from anyone other than the assigned Child Safety Specialist , Supervisor or Assistant Program Manager.

Any report of child abuse or neglect of the child, management of the child's case or complaints filed concerning the care of a child while in the employee's home shall be investigated and/or handled by an Assistant Program Manager area that does not have direct supervision of the employee.

Forms

Court Document Directory:
Placement Packet
Addendum Report to the Court, CT00200

Related Information

Arranging for Residential Treatment Services for a Dependent Child.
Kinship Care Services.
Native American Child Placements and Placement Preferences
Providing Out-of-Home Services Under a Dependency
Adoption: Assessing child's Needs and Preparing for Placement.

Legal

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

The Indian Child Welfare Act (ICWA), 25 U.S.C.§1901 et seq.,

The Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (P.L. 104-188)

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)

ARS §8-513Participation in activities; contact with relatives; placement with siblings

ARS §8-514 Placement in foster homes

ARS §8-514.03 Kinship foster care; requirements; investigation; report

ARS §8-813 Preplacement investigation; medical examination; disposition

ARS § 8-824 Preliminary protective hearing; probable cause; appointment of counsel

ARS § 36-2801 et seq (also known as Arizona Medical Marijuana Act)

Effective Date:: September 30, 2013

Revision History:November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 6
Placing Children in Out-of-Home Care

Policy

The Department shall share with out-of-home care providers, at the time of placement, a written summary of known, unprivileged information regarding the child, including but not limited to:

- Demographic information;
- Type of custody and previous placement;
- Pertinent family information including but not limited to the names of family members who, by court order, may not visit the child;
- • Known or available medical history including but not limited to:
  - Allergies;
  - Immunizations;
  - Childhood diseases;
  - Physical disabilities;
  - Other idiosyncrasies; and
  - The child's last doctor, if known.
- A summary of the child's history of adjudication on acts of delinquency, as may be public record and available in the file of the clerk of the superior court.

The Department shall provide children in out-of-home care, age six years of age and older, contact information for his/her Child Safety Specialist, attorney, or advocate and tell these children that they can speak with these individuals in private if necessary.

The Department shall consider a child's immunization records, according to the Arizona State Immunization Information System (ASIIS), when deciding on placement. The Department shall restrict placing children from birth to five years of age in homes where children who have not been immunized live.

The Department places children in out-of-home care settings most appropriate to each individual child.

The Department shall ensure out-of-home care providers understand their responsibility

to follow the "reasonable and prudent parent" standard and to provide the child with regular opportunities to engage in age or developmentally appropriate activities. See Reasonable and Prudent Parent Standard.

Procedures

At the time of initial placement, complete the following activities regarding the child's rights:

- Review Notice of Rights for Children and Youth in Foster Care, with the child (as developmentally appropriate) and care provider together and answer any questions the child or care provider may have;
- Sign confirming that the rights have been explained in an age-appropriate way and provided;
- Request the child, age 12 years of age and older (and as developmentally appropriate), sign to confirm receipt of the Notice of Rights;
- Complete Part B (Contact Information) of the form; asking for the child's input on the "Other Important People in My Life" portion; and
- Provide the child with his/her copy of the Notice of Rights and A.R.S. § 8-529.

Provide the out-of-home care provider the following "Placement Packet" documents at the time of placement:

- Child's (temporary or permanent) CMDP I.D. card, when available;
- Copy of available immunization record for the child as well as a copy of the Arizona State Immunization Information System (ASIIS) notification record. To obtain ASIIS record access go to https://www.asiis.state.az.gov;
- • Placement Packet Checklist and Required Forms (from CHILDS):
    - Notice to Providers (Out-of-Home, Educational, and Medical)
    - Child Information;
    - Child's Health and Medical Record;
    - Allowance Purchase Ledger;
    - Child's Contact Record;
    - Basic Wardrobe and Property Inventory;
    - Child Information Guide (completed when child leaves placement);
    - Notice of Rights for a Child in Out-of-Home Care;
    - Out-of-Home Care Provider Acknowledgement;
    - Notice to Caregivers about Medical/Dental Services; and
    - Behavioral Health Services for Children in Out-of-Home Care Contact Information.
- Comprehensive Medical and Dental Program (CMDP) New Member Packet;
- Medical Summary Report (found in CHILDS). Ensure that the Medical Summary Report includes the most recent information available regarding the child’s health and education. Have the out-of-home care provider sign the Medical Summary Report acknowledging the recommended reimbursement level;
- Copy of any minute entry setting a future dependency or delinquency hearing involving the child, if available;

- Case Plan, if available;
- Copy of the most recent Foster Care Review Board report, if the initial review has been held.

If the child has been in a prior placement, provide the current out-of-home care provider with the above Placement Packet.

Remind the out-of-home care provider of the Department's transportation requirements for the out-of-home care provider and the need to transport the children safely, more information can be found in Transportation Services.

Share all information to care for the child at the time of placement or as soon as possible after placement, including:

- Planned appointments and other agency involvement;
- Cultural practices, traditions, values, and religious involvement;
- Sexual orientation;
- Daily routine;
- Food and activity preferences; and
- History of abuse or neglect that may affect the child's behavior or needs.

Inform the out-of-home caregiver of the following information:

- Department contact during and after business hours;
- Regional Behavioral Health Agency (RBHA) contact information and the ability of the caregiver to access routine behavioral health services directly from the RBHA;
- Contact and visitation arrangements between the child, child's parents, siblings, relatives, friends, and any former foster parents within the last six months;
- Services available through the CMDP;
- The Department's policy on Discipline in Out-of-Home Care, if applicable provide a copy of the Discipline Guidelines;
- The daily personal allowance provided for the child, as applicable; and
- Availability of emergency clothing allowances and special payments.

Discuss whether the out-of-home care provider's information should be kept confidential to protect the care provider and members of the care provider's family.

Inform the out-of-home care provider that s/he must arrange for medical examinations and treatment, as well as immunizations, as specified in Medical Services for Children in Out-of-Home Care. Remind the provider they are able to give consent for evaluation and treatment for emergency conditions, routine medical and dental treatment, but are unable to consent to general anesthesia, surgery, testing for HIV, blood transfusion or abortions.

Share with the out-of-home care provider the Department's policy to (1) support educational stability for children in out-of-home care by maintaining the same school for the child, whenever possible; and (2) if the child has special education needs, to work

collaboratively to determine the special education parent for the child. Work with the out-of-home provider to enroll the child in school within 5 days of placement. For more information see Educational for Children in Out of Home Care.

Inform the out-of-home care provider, that s/he cannot significantly alter the child's appearance without approval from the biological parent, which includes cutting the child's hair. Inform the out-of-home care provider when the biological parent has approved a haircut that significantly alters the child's appearance.

For children placed with a licensed care provider, discuss the rate to be paid as outlined in Foster Care Assessment and Payment.

For children placed with an unlicensed kinship care provider, inform the care provider that he/she will not receive foster care maintenance payments and encourage and assist the unlicensed care provider to apply for foster parent licensing as outlined in Kinship Care.

When placing a child in a group care setting, additionally undertake the following:
• Arrange a pre-placement interview for the child at the facility;
• Complete and maintain a copy of the group care agency's registration packet and ensure that the care provider updates the Placement Packet; and
• Ensure that the care provider is aware of the visitation plan and ongoing contact between the child, the child's parents and siblings, family members, other relatives, friends and former foster parents.

When placing a child in a residential treatment center, follow the policy and procedures in Arranging for Residential Treatment Services.

For children who will be placed out-of-state, follow the policies and procedures in ICPC Placements.

Documentation
Ensure all placement data is entered in CHILDS as soon as the child is placed or within two working days, including the following data fields: Update the Provider Service Authorization, Placement/ Location Directory, Removal Status.

Complete the Child Assessment and Special Rate Evaluation window when placing a child in a family foster home.

Update the Provider Service Authorization window.

File a copy of the Medical Summary Report, immunization record, Child's Placement Packet contents and Out-of-Home Care Provider Acknowledgement forms with care pro-

vider signatures and any other forms signed by the care provider in the hard copy case record.

Document the sharing of all information in the Case Notes window designated as Out-of-Home Care Provider type.

Document in Case Notes that the out-of-home care provider has been given the Out-of-Home Care Provider Acknowledgement; document the steps taken to ensure that the out-of-home care provider is following the "reasonable and prudent parent" standard and whether the child has regular opportunities to engage in age or developmentally appropriate activities.

Document that the Notice of Rights for a Child in Out-of-Home Care was reviewed and discussed with the child by obtaining the child's signature (if age and developmentally appropriate) and file a copy of the signed form in the case record. Update the Provider Service Authorization, Placement/ Location Directory, Removal Status.

Forms

Notice of Rights for Children and Youth in Foster Care, CSO-1141

Notice to Providers (Out-of-home, Education, and Medical), CSO-1035

Court Document Directory:
Child's Placement Packet Contents,

Related Information

DCS Discipline Guidelines

Arizona State Immunization Information System

Legal

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183).

ARS §8-509 Licensing of foster homes; renewal of license; provisional license; exemption from licensure; immunization requirements

ARS §8-514 Placement in foster homes

ARS §8-514.05 Foster care provider access to child health information; consent to treatment

ARS §8-529 Children in foster care; rights

ARS §8-530 Foster parents; rights

A.A.C. Title 21, Chapter 6, Articles 3-4. Family Foster Parent Licensing Requirements.

Effective Date: April 9, 20916

Revision History: November 30, 2012, September 30, 2013

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 7
Arranging Residential Treatment

Policy

The department shall seek residential treatment services for a child who is assessed as needing a structured treatment setting with 24 hours a day supervision and an intensive treatment program or detoxification services.

The department shall obtain court approval for residential treatment services for a dependent child.

When a dependent child requires residential treatment services, the department shall participate in planning and decision making involving the child's treatment and discharge.

If the child is dually adjudicated, the department shall notify the other agency provider of all notices, motions, hearings or other proceedings related to the provision of residential treatment services

Procedures

Decision Making

To determine whether to pursue residential treatment services for a dependent child, consider the following questions:

- Has an outpatient assessment, inpatient psychiatric assessment or inpatient psychiatric acute care services (hospitalization) recommended residential treatment services?
- Does the child have a mental health diagnosis?
- Does the team believe (and have data to support) that residential care is an effective intervention for this diagnosis?
- Does the child demonstrate a need for structure and supervision beyond that which is possible in a group home setting?

- Does the child have a documented need for a therapeutic environment? If so, is residential care the optimal level? Can a less restrictive level with additional supports meet the needs of the child as effectively?
- Does the child have special education requirements that can only be met in a highly structured setting? Is it possible that the child's existing school setting can meet the child's needs if additional support is provided for the child and/or educators?

Implementation
If the child is dually adjudicated, notify the other agency provider of all notices, motions, hearings or other proceedings related to the provision of residential treatment services.

Attend all hearings regarding the placement in and provision of residential treatment services.

If an outpatient assessment, inpatient psychiatric assessment or inpatient psychiatric acute care services recommends residential treatment services and the child is Title XIX eligible, obtain RBHA authorization for the service.

If the child is not Title XIX eligible or the RBHA has denied authorization, submit required documents to the district Mental Health Specialist for approval. Include current psychological/psychiatric reports, significant medical information, and provider reports.

Consult with the RBHA or district Mental Health Specialist, as appropriate, to determine the appropriate residential treatment facility.

Contact the assigned Assistant Attorney General to discuss filing a motion for residential treatment services.

Contact all parties including the child's attorney, and determine each party's position on the motion for residential treatment services. A hearing on the motion is not required if all parties agree with the motion.

Complete and fax the Motion for Placement, CT03300, found in Court Document Director, including the Addendum to the Juvenile Court. The motion must include the following:

- A Written Statement From The Medical Or Clinical Director/Designee Of The Residential Treatment Service Facility or the director's designee that the facility's services are appropriate to meet the child's needs.
- Fax the Motion for Placement, Addendum Report and all of the following documents to the assigned Assistant Attorney General:
    - A written psychological, psychiatric or medical assessment recommending residential treatment services. The court on a finding of good cause, may

waive the written assessment. If the court does not waive the written assessment, the assessment shall include at least the following:
    - The reason why residential treatment services are in the child's best interests.
    - The reason why residential treatment services are the least restrictive treatment available.
    - The reason why the child's behavioral, psychological, social or mental health needs require residential treatment services.
    - The estimated length of time that the child will require residential treatment services.
- A Written Statement From The Medical Or Clinical Director/Designee Of The Residential Treatment Service Facility or the director's designee that the facility's services are appropriate to meet the child's needs.
- Fax the Motion for Placement, Addendum Report and all of the following documents to the assigned Assistant Attorney General:
    - A written psychological, psychiatric or medical assessment recommending residential treatment services. The court on a finding of good cause, may waive the written assessment. If the court does not waive the written assessment, the assessment shall include at least the following:
- The reason why residential treatment services are in the child's best interests.
- The reason why residential treatment services are the least restrictive treatment available.
- The reason why the child's behavioral, psychological, social or mental health needs require residential treatment services.
- The estimated length of time that the child will require residential treatment services.

Personally admit or arrange for another DCS representative familiar with the case to admit the child to the residential treatment facility, completing all necessary paper work including authorization for treatment, and providing information on the child’s background, legal status, and reasons for the admission.

Ensure that the residential treatment facility is aware of department policies and procedures regarding contact between the child, the child’s parents and siblings, family members, other relatives, friends and any former foster parents.

Provide the residential treatment facility with the names and addresses of all parties including the child's attorney and guardian at litem.

If the child remains placed in a residential treatment facility for at least 60 days or longer, the court will review the child’s continuing need for residential treatment services every 60 days from the date of the treatment order. See 60 Day Review of Residential Treatment. The residential treatment facility must submit a written progress report to the court

at least five days before the review and to all parties including the child's attorney and guardian ad litem.

The progress report shall include recommendations and all of the following:

- the nature of the treatment provided, including any medications and the child's current diagnosis;
- the child's need for continued residential treatment services, including the estimated length of the services;
- a projected discharge date;
- the level of care required by the child and the potential placement options that are available to the child on discharge; and
- a statement from the medical or clinical director of the residential treatment services facility or the director's designee as to whether residential treatment services are necessary to meet the child's needs and whether the facility that is providing the residential treatment services to the child is the least restrictive available alternative.

To transfer from one residential treatment facility to another residential treatment facility:

- Participate fully in discharge planning for transfer.
- Do not complete a new inpatient assessment or outpatient assessment.
- Contact the assigned Assistant Attorney General to discuss the notice of transfer, unless the court orders otherwise due to an emergency.
- Complete the Motion for Placement CT03300, found in the Court Document Detail, including the attached Addendum Report to Juvenile Court to file a notice of transfer with the juvenile court. The notice must include the following:
    - the name and address of the facility to which the child is being transferred;
    - the date of transfer; and
    - a statement from the medical or clinical director of the receiving residential treatment facility or the director's designee that the receiving is an appropriate facility to meet the child's mental health needs and that the facility is the least restrictive available alternative.
- Fax the Motion for Placement, Addendum Report and statement from the medical or clinical director or designee to the assigned Assistant Attorney General.
- Participate fully in discharge planning for transfer.
- Do not complete a new inpatient assessment or outpatient assessment.
- Contact the assigned Assistant Attorney General to discuss the notice of transfer, unless the court orders otherwise due to an emergency.
- Complete the Motion for Placement CT03300, found in the Court Document Detail, including the attached Addendum Report to Juvenile Court to file a notice of transfer with the juvenile court. The notice must include the following:
    - the name and address of the facility to which the child is being transferred;
    - the date of transfer; and
    - a statement from the medical or clinical director of the receiving residential treatment facility or the director's designee that the receiving is an

appropriate facility to meet the child's mental health needs and that the facility is the least restrictive available alternative.
- Fax the Motion for Placement, Addendum Report and statement from the medical or clinical director or designee to the assigned Assistant Attorney General.

To notify the court of the child's discharge from the residential facility:
- Obtain or request a copy of the discharge summary including a statement of services being provided to the child and the child's family from the residential treatment facility.
- Contact the assigned Assistant Attorney General to discuss the child's discharge to a group care facility, an unlicensed provider, or to the parent or guardian, and complete the following:
- the Motion for Placement, CT03300, found in the Court Document Detail, including the attached Addendum Report to Juvenile Court; and
- obtain the parties' position on the motion for change of physical custody.
- Fax the Motion of Placement, Addendum Report and the discharge summary to the assigned Assistant Attorney General

Documentation
Document all court hearings using the Hearing Documentation window.

Document participation in treatment staffings using the Case Notes window designated as Case Conference type.

Update CHILDS to reflect the change in the placement needs of the child in the Special Needs Detail, Medical/Dental Condition Detail, Medication Detail, Psych/Behavioral Condition Detail, Practitioner Detail, Examination Detail, Participant Education Condition, Participation Education Detail, Hospitalization Detail, and Child Assessment and Special Rate Evaluation windows.

Document the child’s placement in a residential treatment facility using the Placement/Location Detail window, or completion of the Service Authorization Request, Service Authorization Approval and Service Authorization Provider Match windows.

Update the Address and Phone Number window to reflect any change in placement of the child.

Document Assistant Attorney General approval of all motions using the Case Notes window designated as AG Contact type.

Forms
Court Document Directory:
Motion for Placement, CT03300

Related Information

60 Day Review of Residential Treatment
Written Statement From The Medical Or Clinical Director/Designee Of The Residential Treatment Service Facility

Legal

ARS §8-271 Definitions

ARS §8-273 Residential treatment services; definition.

ARS §8-513 Participation in activities; contact with relatives; placement with siblings

ARS §8-813Preplacement investigation; medical examination; disposition

Effective Date:November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 8
Psychiatric Assessment or Inpatient Psychiatric Acute Services

Policy

The department shall seek inpatient psychiatric acute care services (hospitalization) for a child who is a danger to self or others or may suffer from a mental disorder.

The department shall obtain court approval for an inpatient psychiatric assessment or acute care services (hospitalization) of a dependent child.

When a dependent child requires inpatient psychiatric acute care services (hospitalization), the department shall participate in planning and decision making involving the child's treatment and discharge.

When a dependent child requires inpatient psychiatric acute care services (hospitalization), the department shall engage the child's family and if appropriate temporary caregiver in the planning process.

If the child is dually adjudicated, the department shall notify the other agency provider of all notices, motions, hearings or other proceedings related to the provision of inpatient psychiatric acute care services.

Procedures

Considering Inpatient Psychiatric Assessment

To determine if an inpatient psychiatric assessment is needed, consider the following:

Does the child display risk of harm to self or others or is there an emergent or continuance of recent, recurring or intermittent episodes of risk of danger to self or others as evidenced by:

- suicidal ideation, behavior or intent, or
- homicidal or significant assaultive ideation, behavior or intent, or
- physiologic jeopardy, or
- self injurious behaviors.

Has a psychiatrist, psychologist or physician determined the child requires an inpatient assessment due to a mental disorder or other personality disorder or emotional condition?

Has the local RBHA crisis team recommended an inpatient assessment?

Providing Inpatient Assessment

If the child is dually adjudicated, notify the other agency provider of all notices, motions, hearings or other proceedings related to the provision of inpatient psychiatric acute care services.

If an outpatient assessment recommends an inpatient assessment or psychiatric acute care services and the child is Title XIX eligible, obtain RBHA authorization.

If the child is not Title XIX eligible or the RBHA has denied authorization admission, obtain CMDP Behavioral Health Unit authorization.

Consult with the RBHA or CMDP, as appropriate, to determine the hospital and the arrangements for transportation of the child and any further instructions.

Personally admit the child to the hospital, completing all necessary paperwork and providing information on the child's background, legal status, and reason(s) for the admission.

Contact the Attorney General's Office to discuss the motion for psychiatric inpatient assessment.

Complete the Motion for Placement, CT03300 found in the Court Document Detail including the attached Addendum Report to the Juvenile Court within 24 hours of the child's admission excluding weekends and holidays. The Addendum Report must include all of the following information for inclusion in the motion:

- name and address of the inpatient assessment facility;
- name of the psychiatrist, psychologist or physician who will perform the inpatient assessment;
- the date and time the child was admitted to the inpatient facility; and
- a short statement explaining why the child needs an inpatient assessment. (A written report from a psychiatrist, psychologist, or physician is not required for this motion).

Obtain the written report of the inpatient psychiatric assessment from the psychiatrist, psychologist or physician within 72 hours of admission, excluding weekends and holidays. Determine what services, if any are recommended.

Fax the Motion for Placement and the Addendum Report to the assigned Assistant Attorney General.

If the inpatient psychiatric assessment does not recommend inpatient acute services:

- Immediately pursue the level of care recommended by the psychiatrist, psychologist or physician.
- Immediately arrange to discharge the child from the hospital.

To admit a child for acute care services
If the inpatient assessment recommends inpatient acute care services:

- Obtain RBHA or CMDP authorization, and determine the hospital and arrangements for transportation of the child, if not already hospitalized.
- Contact the Attorney General's Office to discuss the motion for psychiatric acute care services.
- Complete the Motion for Placement, CT03300, found in the Court Document Detail including the attached Addendum Report to the Juvenile Court. The motion must be filed within 24 hours of completion of the inpatient psychiatric assessment or the child will be discharged from the facility. The motion shall include all of the following:
    - a copy of the written report of the results of the Inpatient Assessment Report or Outpatient Assessment Report which addresses:
        - the reason why inpatient psychiatric acute care services are in the child's best interests;
        - the reason inpatient psychiatric acute care services are the least restrictive available treatment;
        - a diagnosis of the child's condition that requires inpatient psychiatric acute care services and list of medications; and
        - the estimated length of time the child will require inpatient psychiatric acute care services (hospitalization).
    - A Written Statement from the Medical Director/ Designee of the Proposed Inpatient Psychiatric Acute Care Facility that the facility's services are appropriate to meet the child's mental health needs.

Fax the Motion for Inpatient Psychiatric Acute Care Services, written report of the results of the inpatient assessment or outpatient assessment, and the written statement from the medical director or designee to the assigned Assistant Attorney General.

Attend the hearing on the motion for inpatient psychiatric acute care services which will be held within 72 hours of the filing of the motion.

- Pending the hearing on the motion for inpatient psychiatric acute care services, the child may remain at the inpatient assessment facility, if already hospitalized.

Upon admission of a child to an inpatient psychiatric acute care facility for inpatient treatment:

- Participate in weekly hospital staffings including discharge planning in person, by telephone, or through a substitute DCS representative familiar with the case.
- Notify the Regional Mental Health Specialist or designee of any disagreements among professionals regarding the need for continued treatment or discharge planning.

If the child is expected to remain hospitalized for 60 or longer days, the court will review the child's continuing need for inpatient psychiatric case services at least every 60 days after the date of the treatment order. See 60 Day Review of Inpatient Psychiatric Treatment. The facility will submit a written progress report to the court at least five days before the review and to all parties including the child's attorney and guardian ad litem. The progress report shall make recommendations and include the following:

- a description of the treatment provided, including any medications and the child's current diagnosis;
- the child's need for continued inpatient psychiatric acute care services, including the estimated length of the services;
- a projected discharge date;
- the level of care required by the child and the potential placement options available to the child on discharge; and
- a statement from the medical director of the inpatient psychiatric acute care facility or the director's designee as to whether inpatient psychiatric acute care services are necessary to meet the child's mental health needs and whether the facility that is providing the inpatient psychiatric acute care services to the child is the least restrictive available alternative.

Provide the facility the names and addresses of all parties including the child's attorney and guardian ad litem.

If you have not received a copy of the written progress report five days prior to the hearing to review the child's continued need for inpatient psychiatric acute care services, contact the facility and notify the assigned Assistant Attorney General.

To transfer from one inpatient psychiatric acute care facility to another
Participate fully in discharge planning for transfer.

Do not complete a new inpatient assessment or outpatient assessment.

Contact the assigned Assistant Attorney General to discuss the notice of transfer, unless the court orders otherwise due to an emergency.

Complete the Motion for Placement, CT03300, found in the Court Document Detail including the attached Addendum Report to the Juvenile Court to file a notice of transfer

with the juvenile court. The notice, which must be filed with court at least five days before the transfer of the child, shall include all of the following:

- the name and address of the facility to which the child is being transferred;
- the date of the transfer;
- a statement from the medical director of the receiving psychiatric acute care facility or the medical director's designee that the receiving facility is an appropriate facility to meet the child's mental health needs and that it is the least restrictive available alternative; and
- a statement that the department has contacted the child's attorney or guardian ad litem and whether the child or the child's attorney or guardian ad litem opposes the transfer.

Fax the Notice for Transfer, Addendum Report and statement from the medical director or designee to the assigned Assistant Attorney General.

To arrange for discharge from an inpatient psychiatric acute care facility
Within 15 days after the child is discharged, obtain a copy of the discharge summary. Ensure the summary includes recommendations for placement and services.

Contact the assigned Assistant Attorney General:

- to file a notice of discharge with the Juvenile Court. The notice, which must be filed with the court within 20 days after discharge of the child, shall include the following:
  - a statement of the child’s current placement;
  - a statement of the mental health services that are being provided to the child and child’s family; and
  - a copy of the discharge summary prepared by the mental health professional.
- to file a motion for change of physical custody, if necessary. If the child is being discharged to a placement that is different from the placement prior to the hospitalization, or a group care facility, an unlicensed provider, or a parent or guardian, complete the following:
  - the Motion for Placement, CT03300 found in the Court Document Detail, including the attached Addendum Report to the Juvenile Court, and
  - obtain the parties' position on the motion.

Fax the applicable documents to the assigned Assistant Attorney General.

Documentation
Document all court hearings using the Hearing Documentation window.

Document participation in hospital staffings using the Case Notes window designated as Case Conference type.

Update CHILDS to reflect the change in the placement needs of the child in the Special Needs Detail, Medical/Dental Condition Detail, Medication Detail, Psych/Behavioral Condition Detail, Practitioner Detail, Examination Detail, Participant Education Condition, and Hospitalization Detail, and Child Assessment and Special Rate Evaluation windows.

Document the child's hospitalization using the Placement/Location Detail window.

Update the Address and Phone Number window to reflect any change in placement of the child.

Document Assistant Attorney General approval of all motions using the Case Notes window designated as AG Contact type.

Forms

Court Document Directory :
Motion for Placement, CT03300

Related Information

Inpatient Assessment Report
Outpatient Assessment Report
Statement from Medical Director
60 Day Review

Legal

ARS §8-271 Definitions

ARS §8-273 Residential treatment services; definition

Effective Date:November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 9
Placement Stability for Children in Out-of-Home Care

Policy

The department will promote stability for children in out-of-home care by minimizing placement moves and, when moves are necessary, by providing services to make placement changes successful for the child.

Children in out-of-home care shall be provided current information about matters affecting the child, and provide children and out-of-home care providers an opportunity to share their thoughts and feelings regarding those matters.

The Child Safety Specialist shall provide caregivers with up to date information about all matters affecting the child and ensure that caregivers are given adequate notice to attend hearings, staffings and case conferences.

For children in out-of home placement, a change in placement shall be made only after the Child Safety Specialist and supervisor have a case conference with the out-of-home provider and the child (if appropriate) unless an emergency situation exists. Whenever possible, the case conference shall be held **at least 14 days** prior to the date of the child's move and in person.

When the licensed foster parent, excluding a shelter care provider or receiving foster home provider, disagrees with the plan to move the child, the Child Safety Specialist shall inform the foster parent that they have 24 hours to request a Foster Home Transition Conference to review the reasons for the change of placement. Inform the foster parent that the foster parent is not entitled to a Foster Home Transition Conference when the change of placement is for one of the following reasons:

- protect the child from harm or risk of harm;
- place the child in a permanent placement;
- reunite the child with siblings;
- place the child in a least restrictive setting or in a therapeutic setting; or
- place the child in accordance with Indian Child Welfare Act (ICWA).

The change of placement shall be made only after completion of the Foster Home Transition process unless removal is necessary to protect the child from harm or risk of harm.

The Child Safety Specialist , the Child Safety Specialist 's supervisor, the licensed foster parent, and two members of the FCRB, at minimum, shall participate in the Foster Home Transition Conference.

The department shall hold the Foster Home Transition Conference **within 72 hours**, excluding weekends and holidays, of being informed of the licensed foster parent's disagreement with the change of placement.

The child shall remain in the foster home if the majority of the Foster Home Transition Conference participants disagree with the plan to move the child.

If the child is *not in the court ordered physical custody* of the licensed foster parent and if, as a result of the Foster Home Transition Conference, the majority of the participants agree with the plan to move the child and the foster parent continues to disagree with the plan, the department shall advise the foster parent of the conflict resolution process. The child shall remain in the foster home pending a final decision from the conflict resolution process.

Any time a child *is in the court ordered physical custody* of the licensed foster parent, the department shall initiate a change in physical custody when moving a child. The child shall remain in the foster home pending a court order for change of physical custody.

If the out-of-home caregiver is the child's *prospective permanent placement* and the placement *disagrees* with the removal, the department shall file a motion for removal and/or change of permanency goal (case plan) from adoption to another permanency goal. The child shall remain in the foster home pending a court order for removal.

The department shall expedite the conflict resolution process to make the final decision when a licensed foster parent continues to *disagree* with the plan to remove a foster child from a licensed foster home and to place the child in another licensed foster care placement following the Foster Home Transition Conference.

Parents and all interested parties shall be notified if a change in placement is considered.

For a Native American child, the child's tribe shall be notified and the order of placement preference shall be followed, in accordance with the requirements of the Indian Child Welfare Act, whatever a change in placement is considered. (25 U.S.C.§1901 et seq.)

Procedures
Decision Making
With support services, can this placement?

- ensure the child's safety,
- offer permanency,
- care for the child and siblings if appropriate?

Is the current placement?

- a kinship foster care provider,
- the least restrictive placement the child needs,
- in accordance with the Indian Child Welfare Act (ICWA.)

To determine whether a child should be moved from an out-of-home placement to another placement, consider the following questions:

- Did the out-of-home provider request the placement change? If so, explore with the caregiver why this placement change is being requested; what is the caregiver experiencing that has led him/her to conclude that he/she should no longer care for the child?
- Is the caregiver willing and able to continue caring for the child with additional support services?
- Is the out-of-home caregiver aware of and completing the tasks in the OOH Support section of the Child(ren) Needs tab of the case plan assigned to the caregiver? If not, why not? Does the caregiver agree with the plan? Are they unable to carry out their responsibilities?
- If the out-of-home caregiver disagrees with the permanency goal (case plan), is the caregiver able and willing to support the goal?

When determining whether emergency intervention requiring removal is necessary to protect the child from imminent harm or risk of harm, refer to Emergency Intervention

Is the purpose of the removal to place the child in a permanent placement?

- In this instance the new caregiver is committed to caring for the child permanently.

Is the purpose of the removal to reunite the child with siblings?

- The new foster care provider can meet the needs of the siblings.
- The placement of the siblings together is not harmful to the health and safety of any of the siblings.

Is the purpose of the removal to place the child in a kinship foster home?

- The prospective kinship caregiver meets the department's criteria for approval as a kinship foster parent.

- The assessment of the kinship foster parent indicates that the kinship foster parent can meet the health, safety and all other placement needs of the child.
- The court has approved the child's placement with the kinship foster parent.

Is the purpose of the removal to place the child in a less restrictive setting?

- The child is able to function in a regular foster home which is the most family-like setting and the planned move is from a professional, therapeutic/special foster home to a regular foster home.

Is the purpose of the removal to place the child in a therapeutic setting?

- The child requires a higher level of care than is being provided by current foster parents and the child's assessed needs require placement in a therapeutic or professional foster home, or in a group home, or therapeutic group care placement, or in a residential treatment center.

Is the purpose of the removal to place the child in accordance with the Indian Child Welfare Act (ICWA)? The order of placement preferences is:

- with a member of the child's extended family (including members of the child's tribe);
- in a foster home licensed, approved or specified by the child's tribe;
- in an Indian foster home licensed or approved by an authorized non-Indian licensing authority;
- in an institution approved by the Indian tribe, or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

If the removal is not for any of the above circumstances, what services can be provided to the child or out-of-home care provider to prevent the move and stabilize the placement?

To support placement stability, during face-to-face and telephone contacts, provide children in out-of-home care and out-of-home care providers current information about matters affecting the child, and provide children and out-of-home care providers an opportunity to share their thoughts and feelings regarding those matters.

Ensure that all orders for services and supports for the child and the out-of-home caregivers are met.

Ensure that the services and supports identified in the OOH Support section of the Child (ren) Needs tab of the case plan have been or are being provided to the out-of-home care provider. These services and supports should assist the provider to meet the child’s placement needs including safety and well-being, and promote placement stability. Review the services and supports with the provider regularly, at a minimum every six months during the case plan staffing, and modify the services and supports as needed.

Use the Removal From Licensed Foster Placement Flow Chart when a child needs to be moved from one placement to another. Note: This process may be impacted by an action filed with Juvenile Court for change of custody or removal or change of permanency goal (case plan).

Case Conference

Unless an emergency situation exists, convene a Case Conference at least 14 days prior to the intent to move the child and place the child in another placement. The Case Conference should include the Child Safety Specialist , DCS Supervisor, out-of-home provider and the child (if appropriate). Whenever possible, this Case Conference should be held in-person, but may also be conducted by telephone. During the Conference:

- inform the out-of-home care provider of the intent to move the child, if the provider did not request the placement change;(If possible inform the provider prior to the Case Conference, so the/she has a chance to prepare.)
- discuss the reason a placement change is being considered;
- for unplanned placement changes, discuss options to prevent the necessity of the placement change, including provision of:
    - DCS child care services;
    - respite care; and
    - other supports and/or services or specialized training.

This Case Conference is not necessary if a case plan staffing was conducted that included the out-of-home provider and the planned placement change was agreed to and documented in the case plan.

When the licensed foster parent, excluding a shelter care provider or receiving foster home provider disagrees with the plan to move the child, proceed with the Foster Home Transition Conference. If the licensed foster parent is unsure of the plan to move the child, inform the foster parent that he/she has 24 hours to notify the department of his/her disagreement. If the licensed foster parent notifies the department that he/she disagrees with the plan to move the child, proceed to the Foster Home Transition Conference to review the reasons for the change of placement.

Inform the foster parent that the foster parent is not entitled to a Foster Home Transition Conference when the change of placement is necessary to:

- protect the child from harm or risk of harm;
- place the child in a permanent placement;
- reunite the child with siblings;
- place the child in a kinship foster home;
- place the child in a least restrictive setting or in a therapeutic setting; or
- place the child in accordance with Indian Child Welfare Act (ICWA).

If the licensed foster parent disagrees with the plan to move the child, do not start transition planning. Inform the new foster care provider that the placement of the child is on hold until the Foster Home Transition Conference occurs.

Immediately inform the Foster Care Review Board (FCRB) Program Specialist of the foster parent's disagreement. Provide the foster parent's name, the child's name (case name), and the physical custody status of the child to the FCRB Program Specialist.

Schedule the Foster Home Transition Conference to occur within 72 hours, excluding weekends and holidays, of the foster parent's notification of disagreement with the change in placement. Set a date, time, and place agreeable to the Child Safety Specialist , the foster parent and the two FCRB volunteers to review the removal.

If the FCRB volunteers request to participate in the Conference by telephone, obtain the name and phone number of the volunteers from the FCRB Program Specialist.

Inform the foster parent and the FCRB volunteers of the date, time and place of the Foster Home Transition Conference.

Foster Home Transition Conference

Convene the Foster Home Transition Conference **within 72 hours**, excluding weekends and holidays, of the licensed foster parent's notification of disagreement.

- The DCS Supervisor should be available or, in the Supervisor's absences, make arrangements for another professional staff person to be available for contact by the licensed foster parent.
- Include, at minimum, the Child Safety Specialist , DCS Supervisor, the licensed foster parent, and two members of the FCRB and foster child age 12 and older, if appropriate.
- Other qualified professionals/persons may participate during all or part of the Foster Home Transition Conference.
- Discuss the reason for the planned move to another placement and review the circumstances that resulted in the decision to move the child.

Proceed with the Foster Home Transition Conference even if the FCRB can not provide two members to participate.

At the conclusion of the Foster Home Transition Conference, determine whether the majority of the participants agree that the change in placement is necessary. If the majority of the participants disagree that the change in placement is necessary, the child can not be removed from the placement until final resolution on the child's placement has occurred.

If, as a result of the Foster Home Transition Conference, the department still intends to move the child and the licensed foster parent continues to disagree and:

- the child is in the court ordered physical custody of the licensed foster parent, initiate a change in physical custody using the CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan). The child shall remain in the current placement pending a court order for removal. A FCRB member will provide a recommendation to the court regarding the removal of the child before the change of physical custody.
- the child is not in the court ordered physical custody of the licensed foster parent, inform the licensed foster parent of and expedite the department's Conflict Resolution Conference process. The child shall remain in the current placement pending the outcome of the expedited Conflict Resolution Conference.

Conflict Resolution Conference
The Conflict Resolution Conference:

- occurs within **three working days** of the Foster Home Transition Conference;
- includes, at a minimum, the licensed foster parent, Child Safety Specialist , DCS Supervisor, the Region Program Manager or a management level designee; (Note: The Conflict Resolution Conference is not required if the Foster Home Transition Conference included the members required to participate in the Conflict Resolution Conference.)
- should be held in-person, but may also be conducted by telephone at a mutually agreed upon time and place;
- may include other individuals if they agree to maintain confidentiality and sign a Confidentiality Agreement, CSO-1105; and
- includes a discussion of the reason for the planned removal and the outcome of the Foster Home Transition Conference including the recommendations of the Foster Home Transition Conference participants.

If, at the conclusion of the expedited Conflict Resolution Conference, the department still intends to remove the child and the licensed foster parent continues to disagree, immediately provide and assist the licensed foster parent with the completion of the Client Grievance, CSO-1016 and expedite the formal Client Grievance process.

The DCS Supervisor should notify the FCRB Specialist of the final outcome of the expedited Conflict Resolution Conference.

Prospective Permanent Placements

Out-of-home caregiver as prospective permanent placement
An out-of-home caregiver (licensed or unlicensed) may also be the child's prospective permanent placement.

If the child's permanency goal (case plan) is adoption and the current caregiver is the child's prospective permanent placement, a change in the permanency goal (case plan)

or change in placement from the prospective permanent placement can not occur without a court order, unless

- the removal is required protect the child from harm or risk of harm, or
- the prospective permanent placement requests the child's removal, or
- the action is required by federal or state law or regulation, or
- to comply with the requirements of the Indian Child Welfare Act (25 U.S.C. § 1903).

Prospective permanent placement includes:

- a grandparent or another member of the child's extended family including a person who has a significant relationship with the child;
- a person or persons with an expressed interest in being the permanent placement for the child in a certified adoptive home where the child resides;
- a home that is a permanent placement for a sibling of the child; or\
- a licensed family foster home where the child resides.

The *prospective permanent placement* has a right to be heard in any court proceeding regarding a change in the child's permanency goal (case plan) of adoption or the removal of the child from the placement.

- A copy of the motion to change the permanency goal (case plan) of adoption to another permanency goal or for change in placement of the child must be provided to the prospective permanent placement at least 15 days before a hearing on the motion.
- If the prospective permanent placement does not appear at the hearing, the court may not take any action on the motion unless the court finds that good faith efforts were made to provide a copy of the motion to the prospective permanent placement.

If the out-of-home caregiver is the prospective permanent placement but does not have court ordered physical custody of the child and disagrees with the child's removal, initiate a motion for removal using the CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan) before moving the child.

If the out-of-home caregiver is the prospective permanent placement and has court ordered physical custody of the child and disagrees with the child's removal, initiate a motion for change of physical custody and removal using the CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan) before moving a child.

If the department determine that a change in the permanency goal (case plan) from adoption to another goal is in the child's best interests and the prospective permanent placement disagrees with the decision, initiate a motion for change of permanency goal (case plan) using the CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan).

Ensure that the name(s) and address of the current caregiver are current and accurate on the CT01700 and the FC-064-A, Attachment A. The Attorney General's Office will provide a copy of the motion for removal and/or change of permanency goal (case plan) to the prospective permanent placement only if the prospective permanent placement's name(s) and address are included on the CT01700. Otherwise, the Child Safety Specialist must provide a copy of the motion for removal and/or change of permanency goal (case plan) to the prospective permanent placement.

- Good faith efforts must be made to provide a copy of the motion(s) to the prospective permanent placement at least 15 days before the hearing on the motion.
- Good faith efforts may include hand delivery, mailing, faxing or emailing the motion to the prospective permanent placement.

For a Native American child, whenever a change of placement is considered, notify the child's tribe and follow the order of placement preference in accordance with the requirements of the Indian Child Welfare Act. (25 U.S.C. § 1901 et seq.)

Transition Planning

A Transition Plan is required for all children who change placements. If the current out-of-home care provider disagrees with the recommendation to move the child, do not start transition planning until final resolution on the child's placement has occurred; otherwise proceed with transition planning.

If, at the conclusion of the expedited Conflict Resolution process including the formal Client Grievance process, or hearing on the motion for change of physical custody, removal and/or permanency goal (case plan), the decision is to remove the child from the current caregiver, include the existing and the new caregivers in developing the Transition Plan, when possible. When developing the Transition Plan, address the following:

- notification to the parent, if applicable, and all interested parties that a change in placement is planned;
- communication between the current and new caregivers before, during and after the placement change;
- pre-placement contact and visitation between the child and new caregivers;
- contact and/or visitation between the child and the current caregivers after the placement change, if appropriate;
- supports and services to the child, current caregivers, and/or new caregivers during the transition period;
- establishing transition period timeframes;
- preparing the child and current caregiver using available supports and services and strategies to reduce trauma to the child and the caregiver; and
- transfer of the child's belongings to protect the child from additional losses.

Unless there are extenuating circumstances, meet the child and the current caregiver within three working days to:

- obtain the child's complete Placement Packet; CMDP card; and clothing and other personal items;
- request the current caregiver to complete the Foster Parent Wrap-Up, FC12900 (FC-129) from the child's Placement Packet;
- review the Child Placement Summary/Agreement, FC01100, Agreement Section, to determine whether the current caregiver wishes to maintain contact with the child.

Consult with schools regarding education and special education services and needs prior to moving the child.

Update special education vouchers for a child placed in a group care/residential facility.

Prepare reports to the Juvenile Court, as required.

Documentation

Using the appropriate case note, document the following:

- discussions with the supervisor regarding the decision to move the child to another placement;
- the reason for intended removal of the child from the current caregiver;
- contact, if any made with the licensed foster parent regarding the foster parent agreement or disagreement with the plan to move the child or change of permanency goal (case plan);
- the date, time and method used to inform the licensed foster parent of the plan to move the child (include the time frame by which the licensed foster parent must inform the department of the foster parent's disagreement with the plan);
- the foster parent's agreement or disagreement with the plan to move the child or change of permanency goal (case plan);
- notification of the FCRB Program Specialist;
- date, time and place of the Foster Home Transition Conference; and
- date, time and place of the expedited Conflict Resolution Conference (if applicable).

Document the outcome of the Case Conference, the Foster Home Transition Conference, the Conflict Resolution Conference and the Client Grievance process in the Key Issues case note type.

If the Transition Plan was developed during the case plan staffing, document the Transition Plan in the Child(ren) Needs tab of the case plan. Otherwise, document the Transition Plan using the Case Notes window, designated as Case Conference Type.

Complete the Addendum Report to the Juvenile Court for the Motion for Change of Physical Custody, Removal and/or Case Plan if applicable.

Document participation in court hearings using the Case Notes window, Court Hearing type. Update the review date information using the Hearing Documentation window.

When a child is moved from one placement to another, complete the following within two days:

- If the child is moved from a paid placement to another paid placement, update the Service Stop Date and enter the Termination Reason on the Provider Service Authorization window for the current provider, according to Regional Operating Procedures.
- Update the Service Authorization Provider Match window for the new provider.
- If the child is removed from an unlicensed kinship foster care home or significant person and there are no other children placed in the home, end date the Provider Service of URE in Provider Management.
- Update all placement related windows including the Placement/Location Detail window if the child is placed in an unpaid placement such as hospitalization, runaway, or detention.

Update information in the following windows: Special Needs Detail, Medical/Dental Condition, Medication Detail, Psych/Behavioral Condition Detail, Practitioner Detail, Examination Detail, Participant Education Condition, Participant Education Detail, Hospitalization Detail, and Child Assessment and Special Rate Evaluation and print a new Medical Summary Report. Provide the Medical Summary Report to the new caregiver.

Update the child's Placement Packet in CHILDS and print a new Placement Packet. Provide the updated child's Placement Packet to the new caregiver.

If the child is moved to the home of a parent:

- Enter the Removal End Date and the Removal End Reason of Reunification on the Removal Status window.
- Update the Placement/Location Detail window.
- Obtain income and resource information from the parent and enter it on the Income Detail window.
- Inform the parent that he or she will either receive notification from AHCCCS to enroll the eligible child into an AHCCCS Health Plan or that he or she will receive notification of discontinued eligibility from the DCS Eligibility Unit.
- Provide significant information and copies of the child's medical and education records to the parent.

Document the services provided to support the child in out-of-home care and the out-of-home care provider's ability to meet the child's needs in Case Notes.

File a copy of the Client Grievance, CSO-1016, if applicable, in the case record.

File forms from the previous caregiver in the hard copy record.

Forms

Client Grievance, CSO-1016
Client Grievance (Spanish), CSO-1016S
Confidentiality Agreement, CSO-1105

Court Document Directory:
Addendum Report to Juvenile Court, CT00200
Motion for Change of Physical Custody, CT01700
Child Placement Packet Contents, FC12000

Related Information

Removal From Licensed Foster Placement Flow Chart
Using the Removal Status Window Practice Guide

Legal

ARS §8-515.05 Removal of child from foster parent's home; requirements; notification; review

ARS §8-862 Permanency hearing

ARS § 8-813 Preplacement investigation; medical examination; disposition.

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 10
Locating Runaway Children

Policy

The Department shall make reasonable efforts to locate a child who is a ward of the court, placed in the care, custody and control of the Department and who has run away from an out-of-home placement.

Upon receiving information that a child has left an out-of-home placement, and is determined to be on runaway status, the Department ensures immediate notification to the child's parents, attorney, guardian ad litem, and caregiver of the child's disappearance. The Department shall report immediately (within 24 hours), after receiving, information on missing or abducted children or youth to law enforcement authorities for entry into the National Crime Information Center (NCIC) database.

Procedures

Implementation

Upon notification that a child/youth has runaway, inform the out-of-home placement to make a report to local law enforcement.

The Child Safety Specialist (or other staff as approved by the supervisor) completes the following:

- Immediately notify the child's parents, attorney, and/or guardian ad litem, and caregiver of the child's disappearance.
- Contact the out-of-home provider by the next working day to assure that a report to local law enforcement has been filed. Obtain the DR number of the law enforcement report.
- Make or attempt to make a home visit to any identified parent, relative, or other significant person the child may have contacted.

- Contact the duty Assistant Attorney General within 24 hours of the child's disappearance and initiate a motion for an order to pick up the child. (A pick up order is still required in situations where a warrant has already been or may be issued.)
- Contact the child's school and obtain any pertinent information regarding the child's disappearance.
- Contact the child's friends.
- Contact any prior placements the child may have contacted and determine if they have any current information about the child.
- Report immediately (no later than 24 hours) to law enforcement any child who is identified as a sex trafficking victim for entry into the National Crime Information Center (NCIC) database.

With approval of the supervisor, submit a referral to +DCS At-Risk Runaways for assistance in locating a runaway child when one or more of the following circumstances exist:

- The child is suicidal.
- The child has been diagnosed with a serious mental illness and is on medication which, if not available or administered properly, could place the child at risk of serious physical harm.
- The child suffers from a serious physical illness and is on medication, which if not available or administered properly, could place the child at risk of serious physical harm.
- The child is pregnant.
- Other specific child safety concerns exist (i.e., child 13 or younger, child is a risk to the community, child is with a known perpetrator, child is significantly developmentally delayed, etc.).
- The child is known to be, or is at risk of becoming, a victim of sex trafficking. Risk factors include but are not limited to: age (over 13), substance abuse, gang affiliation, delinquency, previous victimization.

Email the pick-up order and/or warrant along with the completed Request To Locate At-Risk Runaway Child, found in the Court Document Directory to +DCS At-Risk Runaways.

If the child remains on runaway status and is not able to be located for a period of 90 days or longer

The Child Safety Specialist (or other staff as approved by the supervisor) must complete the following:

- Re-contact the child's previous out-of-home care providers to obtain any pertinent information in locating the child.
- Re-contact the child's previous school (if enrolled prior to running away) and obtain any pertinent information in locating the child.
- Re-contact the child's parents, relatives or other significant persons to obtain any pertinent information in locating the child.

If the child remains on runaway status for a period of six months or longer and documented diligent efforts have been made to locate the child, the Child Safety Specialist may consult with the child's Service Team to determine the appropriateness of filing a motion to dismiss the dependency petition, or other course of action.

Before recommending that the dependency petition be dismissed, consider the following:

- Has the child been in contact with any Service Team member?
- Has the child expressed any interest in participating in services including placement by the department?
- Is the child fully informed of the benefits and services that he/she will forfeit if the dependency petition is dismissed before the child's 18th birthday?
- Is the child in need of proper and effective parental care and control?

It is not appropriate to recommend dismissal of the dependency petition if:

- The child is suicidal.
- The child has been diagnosed with a serious mental illness and is on medication which, if not available or administered properly, could place the child at risk of serious physical harm.
- The child suffers from a serious physical illness and is on medication, which if not available or administered properly, could place the child at risk of serious physical harm.
- The child is pregnant.
- Other specific child safety concerns exist (e.g. child of a young age, child is with a know perpetrator, child is significantly developmental delay, etc.).

If the Service Team recommends filing a motion to dismiss the dependency petition, consult with the assigned Assistant Attorney General regarding this recommendation.

Upon the child's return to out-of-home care

- Make a face-to-face contact with the child **within 24 hours** and determine the need for additional services.
- Obtain a medical exam for any child where there is indication of high risk behaviors, i.e. sexual activity, drug use, etc., while on runaway status.
- Notify the appropriate local law enforcement agency and +DCS At-Risk Runaways that the child has returned.
- Assess the appropriateness of the child returning to the same out-of-home placement. Terminate the placement if a decision is made that the child will not return to the same out-of-home care provider.
- Contact the duty Assistant Attorney General and initiate a motion to vacate the pick-up order once the child has returned to out-of-home care.

- If the child remains on runaway status for seven days, terminate all service and payment authorizations. Do not terminate CMDP.

Documentation

Document in CHILDS under "Key Issues" all information including the law enforcement number, notification of all parties, and specific attempts to locate the child.

End service authorizations by updating the Provider Service Authorization window with Stop Date and Termination Reason after seven days for a child on runaway status, unless an earlier decision was made that the child will not return to the same provider. If this decision was made, terminate service authorization as of the date of the decision.

Update the Placement/Location Detail window with the child's current (runaway) status and end date this status when the child returns.

File a copy of the Request to Locate At-Risk Runaway Child form in the hard copy case record.
After the child returns to out-of-home care, document in "Key Issues" the factors that contributed to the child running away and the experiences of the child during the runaway episode.

Document that a screening was completed to determine if the child is a possible sex trafficking victim.

Forms

Court Document Directory:
Request To Locate At-Risk Runaway Child

Related Information

Legal

Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183).

Effective Date: February 11, 2016

Revision History: November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 11
Foster Care Rate Assessment & Payment

Policy

The department shall provide maintenance payments to licensed resource families for the care of children in out-of-home placement.

All children in licensed out-of-home placements receive a monthly clothing allowance and monthly personal allowance. With supervisory approval, monthly allowance payments may be authorized for children in unlicensed kinship and unlicensed non-relative placements.

At times, special payments may be made to meet the special needs of children in care.

Child Safety Specialist s are responsible for updating CHILDS with accurate and timely information to facilitate the prompt payment of foster care providers.

Procedures

Implementation

To initiate payment to resource families, ensure the Service Authorization Request and Approval windows are completed, following region procedures, within two working days of placement.

Use the following information to assure accurate entry into CHILDS:

- The basic payment for a licensed resource family is FAM FHM-DAY.
- For children approved for special rates, the applicable rate is added to the basic rate.
- The basic payment automatically generates the monthly clothing allowance and monthly personal allowance.
- If a child is placed with an agency (congregate care), the child's agency based placement rate includes the child's clothing and personal allowance as part of the overall payment rate.

- Kinship Foster Care Parents and unlicensed non-relatives are automatically authorized for daily clothing, daily personal and special payment allowances when the child is matched to the kinship foster care parent.
- Payment cannot be made beyond the service authorization end date. To extend a service authorization use the Service Authorization Request and Approval windows.

To determine the child's eligibility for a Special II or Special III foster care rate:

- Complete the Child Assessment and Special Rate Evaluation window using the following windows, as applicable, to document the child's needs: Special Needs Detail, Medical/Dental Condition Detail, Medication Detail, Psych/Behavioral Condition Detail, Practitioner Detail, Examination Detail, Hospitalization Detail, and Participant Education Condition, and Participant Education Detail.
- Obtain licensed resource family's signature on the Medical Summary Report. Obtain required approvals using Service Authorization Request and Approval windows according to Region Operating Procedures. Document resource family sign-off by filing the signed Medical Summary Report in hard copy record and by using the Case Notes window designated Out-of-Home Care Provider type.
- Complete the Service Authorization Request and Service Authorization Approval windows according to Region Operating Procedures.

Request special payments allowances as indicated by the child's and provider's needs. Special payment categories for a child in out-of-home placement are as follows:

- Emergency/Special Clothing: Payment up to a maximum of $150 per child, per state fiscal year. Youth in the Independent Living Subsidy Program are not eligible for this allowance.
- Emergency Special Clothing-Extra: With Supervisor and **Assistant Program Manager** approval, payment can be up to a maximum of $100 per child, per state fiscal year for children whose clothes are lost or destroyed due to circumstances beyond the child’s control (for example: fire, theft, or flood). Youth in the Independent Living Subsidy Program youth are not eligible for this allowance.
- Special Needs Allowance: With Supervisor approval, payment up to a maximum of $22.50, per child, per state fiscal year to assist resource families. This money is not to be given to the foster child. It may be provided in a lump sum or in smaller payments to foster care providers for holiday, birthday, special occasion or other expenses. Independent Living Subsidy program are not eligible for this allowance.
- Books and Education: Payment up to a maximum of $82.50 per child, per school year. Use of this allowance for special pre-school programs must be based upon the developmental and educational needs of the child. This payment may also be used for college level, technical and vocational classes for students who have not yet graduated from high school or obtained a G.E.D.
- Graduation Expenses: Payment up to a maximum of $220 for high school graduation only.

- Supplemental School Tuition and Fees: With Supervisor approval, payments up to a maximum of $165 per child, per summer session or interim session at year round schools.
- Camp and Vacation Allowance: This allowance is suspended as of March 1, 2009. When available, this allowance is for a foster child to attend camp or for foster parents to take the child with them on family vacations.
- Passport allowance: With supervisor approval, payment for fees associated with obtaining a passport or passport card for a foster child are reimbursable (receipts required).
- **For a child age birth to three (3)** diapers and/or formula are included in the foster family daily rate.

    - Medically Necessary Diapers/Briefs for a child ages birth to three (3): Diapers/briefs may be provided through the Comprehensive Medical and Dental Program (CMDP). To obtain diapers/briefs, the out-of-home care provider will request documentation from a physician which must include a medical diagnosis/disability. The diagnosis/disability may include, but is not limited to:
        - inability to participate in social, therapeutic and education activities,
        - Spina Bifida,
        - malabsorption causing chronic diarrhea states,
        - urinary tract abnormalities causing chronic incontinence; or
        - rectal abnormalities causing chronic incontinence of urine and/or stool.
    - The physician is then requested to fax the documentation to CMDP for authorization. The request for diapers/briefs will be processed by CMDP. If approved by CMDP, the diapers/briefs will be delivered to the out-of-home care provider by the approved CMDP vendor.
    -
    - For a child under three (3) with documented special medical needs, the Child Safety Specialist , with DCS Supervisor approval, may authorize an initial diaper allowance pending the outcome of the CMDP authorization or denial. Payment can be up to $62.50 per month and requires a monthly authorization. If diapers/briefs are approved by CMDP, end the service authorization.

- Medically Necessary Diapers/Briefs for a child ages three (3) and older: With an approved medical diagnosis/disability, diapers/briefs may be provided through Comprehensive Medical and Dental Program (CMDP). To obtain briefs/diapers, the out-of-home care provider will request documentation from the physician, which must include a medical diagnosis. The diagnosis/disability may include, but

is not limited to:
    - inability to participate in social, therapeutic and education activities,
    - Spina Bifida,
    - malabsorption causing chronic diarrhea states,
    - urinary tract abnormalities causing chronic incontinence; or
    - rectal abnormalities causing chronic incontinence of urine and/or stool.
- The physician is then requested to fax the documentation to CMDP for authorization. The request for diapers/briefs will be processed by CMDP.

Note: Medically necessary formula is covered by CMDP

Keep in mind the following special payment requirements:
Special diapers payments not covered through CMDP:

- Obtain documentation from the child's doctor that identifies the medical situation that causes the need for frequent diapering and the frequency of diaper changes.
- Determine the reimbursement necessary to cover the cost of diapers. (If the resource family is already receiving a regular diaper allowance for a child under 3, subtract it from the cost of the special diapers to determine the special diaper allowance needed.). Payment can be up to $62.50 per month and requires a monthly authorization.
- Complete the Service Authorization Request window. Use the Explain to include the justification, the cost, the recommended amount, and the time period for reimbursement. Submit the doctor's statement to the Assistant Program Manager according to region procedures.
- Receive approval from the Supervisor for a specified time period and obtain approval if continuation is necessary. Review the need for continued special diaper allowances every three (3) months.

Monthly Personal and Clothing Allowance payments

- Discuss the monthly personal allowance with care providers. Ensure that providers understand:
    - the amount of the allowance,
    - that personal allowance belongs to the child and cannot be withheld or used as a payment for chores,
    - that small payments for reimbursement of damages or loss may be established in consultation with the Child Safety Specialist , the provider and the child.

To correct any errors in payment to providers:
Notify the Payment Processing Unit (PPU) by E-Mail alerting them of the payment error. Provide the following information:

For Overpayments:

- provider's name and ID
- child's name and ID
- service for which overpayment was made
- service month
- number of units or specific dates of erroneous payment
- Child Safety Specialist name and phone number
- whether provider has submitted check/money order to Child Safety Specialist or mailed to PPU (if Child Safety Specialist has received check-/money order, this shall be forwarded immediately to PPU with explanatory memo containing all the above data)
- check/money order must be made payable only to the Department of Economic Security.

Do not accept cash as reimbursement for overpayment from providers.

If necessary, appear as the department representative at a hearing with the Office of Appeals if a provider disagrees that a payment error has been made or with the amount of the error.

For Underpayments:

- if error caused by provider, advise provider to resubmit statement/billing document;
- if error caused by Child Safety Specialist , correct appropriate CHILDS windows, consult with PPU;
- determine if the copy of billing document needs to be re-submitted. If so, advise provider.

End service authorization to by updating the Provider Service Authorization window with Stop Date and Termination Reason:

- **within two days** after removal of a child from an out-of-home placement;
- effective the day of the child's **18th birthday**, unless the youth meets the criteria outlined for voluntary foster care for a young adult;
- **after seven days** for youth on runaway status, unless it has been decided sooner that the youth will not return to the same facility. If this determination has been made, service authorization is terminated as of the date of the decision;
- **after seven days or up to fourteen days, with Region Program Manager approval**, for youth placed in detention, unless it has been decided sooner that the youth will not return to the same facility or it is likely the youth will remain in detention beyond seven days. If the youth will not return to the same facility, service authorization is terminated as of the date of the decision; and

- **after seven days or up to fourteen days, with Region Program Manager approval**, if the youth is hospitalized or is out of the placement for an extended period of time, including visits to the parent's home unless it is decided that the youth will not return to the same facility. If the youth will not return to the same facility, service authorization is terminated as of the date of the decision

Documentation
Document all information necessary to generate payment on CHILDS, as described above.

Document the circumstances of the overpayment and underpayments using the Case Notes window designated as Collateral Contact type.

Update CHILDS using the Placement/Location Detail window to reflect any unpaid placements, such as runaway, hospitalization, or detention.

Document the need for special diapers by maintaining a copy of the physician's statement or prescription in the child's hard copy record and using the Practitioner Detail and Examination Detail windows.

Document any reimbursement or restricted access plan for the child's monthly personal allowance using the Case Notes window designated as Out-of-Home Care Provider type. The out-of-home care provider maintains documentation that the child received his or her personal allowance in the Allowance Signoff Ledger, included in the Child's Placement Packet.

Document the circumstances necessitating the use of the Emergency Special Clothing-Extra allowance using the Case Notes window, designated as the appropriate type, and using the Explain on the Service Authorization Request window.

Supervisor:
Document approval using the service authorization window for:
- Emergency Special Clothing- Extra;
- Special Needs payments;
- Supplemental School Tuition and Fees;
- Diapers; and Camp and Vacation Allowances.

Assistant Program Manager:
Document approval using the service authorization window for:
- Emergency Special Clothing- Extra; and
- Camp and Vacation Allowances.

Program Manager:

Document approval using case notes or e-mail to authorize the provision of written approval to the licensed foster parent for the following “bed hold” payments to licensed foster homes:

- for youth placed in detention payment for an additional seven days;
- for hospitalized youth payment for an additional seven days; and
- if the child is out of the placement for an extended period of time, including visits to the parent's home, payment for an additional seven days.

Forms

Allowance Signoff Ledger, found in the Placement Packet

Related Information

Family Foster Home and Fees Schedule, CSO-1109

Legal

ARS §8-514.03 Kinship foster care; requirements; investigation; report

ARS §46-134 Powers and duties; expenditure; limitation

A.A.C. R6-5-5829 Daily Care and Treatment of a Foster Child; Foster Child Rights

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 12
Discipline in Foster Care

Policy

The department shall provide discipline guidelines for out-of-home care providers to ensure the health and safety of children, to encourage consistency, to facilitate communication and training, to support a problem-solving perspective regarding difficult care issues, and to provide a supportive atmosphere that allows care providers to identify problems and ask for assistance.

Use of unacceptable modes of discipline upon children in the department's care shall not be tolerated under any circumstances

Procedures

Discuss discipline with all out-of-home care providers openly to facilitate a problem-solving approach, particularly when they are caring for children with difficult behavior patterns.

Reinforce that the department considers the following to be acceptable discipline methods:

- natural and logical consequences;
- encouragement and praise;
- positive communication, active listening;
- "I" messages;
- incentives/rewards/motivation;
- contracting;
- redirection;
- role modeling;
- time-out; and
- removal of privileges.

Underscore that the following are unacceptable discipline methods;

- verbal abuse;
- food, water and sleep deprivation;
- cruel, severe or corporal punishment;

- deprivation of contacts from family members;
- locking up a child;
- locking a child out of a home or care facility; and
- deprivation of personal allowance.

Consult a supervisor immediately if you have reason to believe that a care provider may be using unacceptable methods of discipline.

Forms

Related Information

DCS Discipline Guidelines

Legal

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 4: Section 13
Respite Care for Children in Out-of-Home Care

Policy

Within the constraints of available resources, the department shall provide temporary, short-term respite care for licensed resource families and for unlicensed out-of-home care providers:

- to provide relief to the caregiver, or to assist the family in coping with the daily demands of providing care to children with significant needs;
- to provide care during a family crisis, such as illness or death;
- to provide care when the caregivers are away from home and the foster child cannot accompany the caregivers due to school, parental visits, case plan requirements; or
- to enable the caregivers to participate in department approved/sponsored training when child care services are unavailable or unworkable.

Procedures
Follow region procedures for obtaining respite care placements and services from contracted foster home licensing agencies.

For licensed resource families

- Refer the licensed resource family to their licensing agency to request respite care;
- Continue the approved foster care rate while the child is with the respite provider;
- Be aware that a licensed resource family receiving foster care reimbursement is eligible for a minimum of 144 hours or six days of respite care with a licensed foster parent, per fiscal year, provided through the licensed resource family's DCS contracted foster home agency.

For kinship caregivers and unlicensed providers
According to region procedures, arrange for and approve respite care placement with a licensed foster parent through a referral to a contracted foster home licensing agency;

- Approve up to 144 hours or 6 days of respite foster care.

Do not count against the maximum allowable hours respite care provided:

- when extraordinary documented needs of a foster child prevents the caregivers from temporarily caring for the other foster children in the home;
- when the caregivers are away and the child cannot accompany them due to school or case plan requirements; or
- when the caregivers are participating in training exceeding 24 consecutive hours.

If necessary, obtain approval from the Program Manager or designee for up to five days additional respite care in emergency situations.

Documentation
For respite care used by kinship foster caregivers and unlicensed providers, document all information necessary to generate payment to the respite foster care parent, according to region procedures.

Document the purpose and approval of respite care not counted against the allowable hours of a licensed resource family using the Case Notes window designated as Out-of-Home Care Provider type.

Forms

Related Information

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Legal

ARS §8-514.03 Kinship foster care; requirements; investigation; report

A.A.C R6-5-5801 et seq. Family Foster Parent Licensing Requirements

Effective Date::November 30, 2012

Revision History:

Chapter 4: Section 14
Reasonable and Prudent Parent Standard

Policies

The Department shall ensure to the greatest extent possible that children in out-of-home care have the opportunity to participate in experiences similar to those of their peers who are not in out-of-home care.

The Department supports out-of-home caregivers to use normalcy standards and, specifically, apply a Reasonable and Prudent Parent Standard (RPPS) to determine whether to allow a child to participate in extracurricular, enrichment, cultural, and social activities. Out-of-home caregivers of children in the Department's care and custody include licensed individuals and entities and unlicensed individuals.

The RPPS is defined as the careful and sensible decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth, which an out-of-home caregiver shall use when determining whether to allow a child in the Department's care and custody to participate in extracurricular, enrichment, cultural, and social activities.

Age or developmentally appropriate activities are those that:

- Are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and
- In the case of a specific child, are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

Group homes, shelters, and other congregate care facilities licensed by, or contracted with, the Department shall designate an on-site individual to apply the RPPS to children in the care and custody of the Department who reside at the facility.

Foster parents and kinship caregivers may leave a foster child in the care of another person and shall:

- Use reasonable judgment in the foster parent's choice of an adult to provide the care;
- Notify the Department before the care exceeds twenty-four hours, in a non-emergency situation; and
- Notify the Department before the care exceeds seventy-two hours, in an emergency situation.

A foster parent who is certified to provide care to a child with developmental disabilities,

a medically fragile child or a child receiving treatment foster care shall implement the alternate care plan that is approved by the Department, if the foster parent must leave the foster child in the care of another person.

Procedures

Discuss with out-of-home caregivers the RPPS and the expectation that children in out-of-home care are permitted the experiences of a typical childhood and adolescent activities. Such age and developmentally appropriate activities may include participating in sports teams, field trips, social outings with friends, academic or social clubs, and other endeavors.

In applying the RPPS, inform the out-of-home caregiver to:

- Gather adequate information about the activity;
- Assess the appropriateness of an activity for the child's age, maturity and developmental level (cognitive, emotional, physical, and behavioral capacity and propensities at that point in time);
- Assess foreseeable risks and potential hazards and what safety factors and level of supervision may be involved in the activity;
- Consider where the activity will be held, with whom the child will be going, and when they will return;
- Determine if the activity maintains or promotes the child's health, safety, best interests, and well-being; and
- Contact the Child Safety Specialist when unsure of the appropriateness of a decision, or when support for a particular decision is needed.

Decisions made under the RPPS shall not conflict with any existing court orders, including but not limited to, visitation and therapy orders, unless specifically approved by the Child Safety Specialist and the court.

When possible, and especially when reunification is the case plan goal, out-of-home caregivers should consult with the biological parents and/or the child's extended family to take into consideration religious and cultural beliefs that may impact or influence any decisions made by the caregivers.

Encourage the child to discuss desired activities during case plan staffings.

Ensure that the child knows who in the group home, shelter, or other congregate care facility is designated as the on-site official to make decisions using the reasonable and prudent parent standard.

Inform out-of-home caregivers that the State may indemnify and hold harmless the caregiver for liability that may be incurred or alleged as a result of giving permission for the

child in out-of-home care to participate in activities and functions generally accepted as usual and normal for a child of the child's age group if it is reasonably and prudently given. The state also provides the defense of actions alleging such liability.

Documentation

Document opportunities in the case plan for a child to participate in age or developmentally appropriate activities. See Family Centered Case Planning and Reassessment & Revision of Case Plan.

Forms

Related Information

Notice of Rights for a Child in Out-of-Home Care (CSO-1141A)

Legal

Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183
A.R.S. § 8-511 Short-term Caregiver
A.R.S. § 8-529 Children in foster care; rights
A.R.S. § 8-513 Participation in activities; contact with relatives; placement with siblings

Effective Date: February 8, 2016
Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 1
Family Reunification

Policy

The department shall seek to reunify families when the parent has successfully addressed risk factors that prevented him or her from caring for the child safely without DCS involvement.

Unless it is not in the child's best interest, the department shall require a trial placement of the child at home prior to petitioning the court to dismiss the dependency order.

The department shall comply with court orders regarding the reunification of families..

The department shall petition the court to dismiss a dependency order when a child has been reunified with his or her family and it appears that DCS involvement is no longer necessary to ensure the child's health and safety at home.

Prior to closing the case, the department will meet with the family to determine what services are necessary in the development of the aftercare plan.

The department shall recommend that the court change a child's permanency goal from family reunification to another option if it is determined, as a result of a case plan staffing, that the child's parent(s) are unable or unwilling to address the safety and/or risk factors that prevent them from caring for the child safely at home within a period of time that meets the needs of the child.

The department shall comply with court orders regarding the change of permanency goals.

The department shall not change the permanency goal or discontinue reunification services unless ordered by the court. Pending court approval of a change in the permanency goal, the department shall increase efforts to implement the concurrent plan.

The department shall consider other permanency goals in the following order of pref-

erence:

- Adoption;
- Legal guardianship;
- Independent living as Another Planned Permanent Living Arrangement (APPLA).
- Long term foster care as Another Planned Permanent Living Arrangement (APPLA).

Procedures

Considering Return to Home

To determine whether a child can be returned home safely, consider these questions:

- Has the parent made changes in his or her behavior or environment to address each of the risk factors identified in the Child Safety and Risk Assessment (CSRA) and the Continuous Child Safety and Risk Assessment (C-CSRA)?
- Has visitation (including unsupervised overnight visits) been safe and successful?
- Has the parent planned for the child's re-entry into the family and community - for example, by making child care arrangements, by considering school placement, by arranging for ongoing support and assistance?

Reunifying the Family

Unless the court has ordered immediate reunification as a result of the Temporary Custody Hearing under A.R.S. §8-861:

- Convene a case plan staffing to determine when family reunification is appropriate.
- Consider returning the child home on a trial basis for three to six months (or longer if necessary) prior to petitioning the court to dismiss the dependency petition.

With the parent, determine arrangements for the child's return home. Assist the parent in arranging for the child's re-entry into the family by ensuring the parent has considered:

- child care arrangements;
- how they will manage the stress of having the child back in the home (do they have support?)
- school placement; if possible have someone assist the parent in registering the child for school, if the child will be attending a different school. Assist in the transfer of educational records;
- health care; if possible have someone assist the parent in finding a primary care provider for the child;
- physical needs (e.g., bed, formula); and
- community or recreational activities for the child and the family.

Plan the child's transition from placement to home with both the parent and the out-of-home care provider.

If a physical custody order is in effect, request that the Attorney General's Office petition the court for a change of physical custody order. See Laws and Rules in Child Welfare.

Provide support and supervision during the trial placement at home. In particular, during this period:

- Monitor the child's continued safety by visiting the child(ren) and parent(s) in the home at least monthly.
- Discuss any adjustment problems with the family.
- Assist the family in securing needed services.
- Encourage the family to use extended family members, places of worship, neighborhood organizations, and community networks as an ongoing source of support and assistance.

Closing the Case After Family Reunifcation

To determine whether it is appropriate to petition the court to dismiss a dependency order following family reunification, consider these questions:

- Have the risk factors that necessitated department involvement been adequately addressed?
- Have the child and any siblings remained safe in the home during the trial placement?
- Does the parent have extended family members or community support networks that can assist him or her if difficulties arise?
- Does the parent know how and under what circumstances to seek help in the future?
- Is there an aftercare plan in place?

Gather information during contacts with family and service team members, and through written reports and evaluations, assess whether the risk factors necessitating department involvement have been adequately addressed.

Hold a clinical supervision conference with the supervisor to determine whether case closure is appropriate.

At least 30 days, but no more than six months prior to case closure, meet with the child and the child's parent, or guardian and other service team members as appropriate to determine whether aftercare services are needed. Complete an updated Continuous Child Safety and Risk Assessment (C-CSRA).

Develop and document an aftercare plan following the procedures found in After Care Services. Provide the family with a printed copy of the aftercare plan.

Visit the home within one month prior to case closure. Be sure to see all children involved in the case. Inform family members of the case closure and ensure that they have all necessary referrals to community resources.

Contact the Attorney General's Office to arrange to petition the court to dismiss the dependency.

Following the procedures found in Closing Case Records and After Care Services to ensure that the case record is complete and that all documentation is in place, including an Order of Dismissal signed by the court.

Changing Case Plan from Family Reunification
To decide whether to recommend that the court change the permanency goal from family reunification to another goal, consider these questions:

- Have the parents taken any concrete steps towards addressing the safety and/or risk factors that prevent them from caring for the child safely at home?
- To what extent have they been willing and able to utilize recommended services to make changes in their behavior or in the home environment that will enhance the safety of the child at home?
- Have the parents expressed ambivalence about parenting their children? Have you explored this ambivalence with them?
- Does it appear that enough progress will be made to ensure that the child can be cared for safely at home within a period of time that meets the needs of the child?
- Has there been further maltreatment of this child or other children in the home?
- Have parents followed through on visitation plans? If so, has it been possible to reduce supervision of visits?
- How long has the child been in care, relative to his or her age?
- Does the child's need for a permanent home outweigh the likelihood that return home can be achieved within a reasonable time frame?
- Is continuation of reunification services contrary to the best interests of the child?
- Is there an extenuating circumstance that precludes continuation of reunification services?
- Does any of the four federal requirements for initiating termination of parental rights actions apply?

Convene a case plan staffing to discuss recommending a change in the permanency goal. Attempt to secure the parents active involvement in this meeting. If parents are not present at the staffing, notify them immediately of any change in goal.

To determine whether another permanency goal may be appropriate, see:

Consent and Termination for Adoption

Guardianship

Long Term Foster Care as a Planned Living Arrangement

Documentation
Document the case plan staffing using the Case Notes window designated as Staffing type.

Document families efforts or lack of efforts in achieving outcomes that will allow the child to be care for safely at home in the case notes. If new risk factors have been identified since the last assessment, complete the Continuous Child Safety and Risk Assessment (C-CSRA).

Document visitation with the family using the Case Notes window.

If case plan changes, document the change of goal in the Permanency Goal window

Closing a Case after Family Reunification
Document information gathered during contacts with family and service team members to assess whether the risk factors necessitating agency involvement have been adequately addressed using the Case Notes window.

File written reports and evaluations in the hard copy case record.

Document the clinical supervision conference with the supervisor using the Case Notes window, Supervisory type.

Document the meeting with the child and the child's parent or guardian and other service team members as appropriate to determine whether aftercare services are needed, and whether the child and caregiver desire aftercare services using the Case Notes window. Include documentation of the outcome of the meetings.

Document the aftercare plan using the Case Closure window. Ensure detailed information is included identifying the child's or caregiver's aftercare needs and services or referrals provided to address those needs.

End all service authorizations using the Provider Services Authorization window.

Related Information
After Care Services
Closing Case Records
Consent and Termination for Adoption
Guardianship
Long Term Foster Care as a Planned Living Arrangement

Legal
ARS §8-861Return of child

Effective Date:: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 2
Adoption Consent

Policy

A consent to place a child for adoption may be accepted from any mentally competent parent of a child who is in the care, custody and control of the department.

A consent to place a child for adoption is irrevocable, unless obtained by fraud, duress or undue influence. (ARS §8-106)

A consent to place a child for adoption shall not be accepted prior to 72 hours after the child's birth and will be invalid if given before 72 hours. (ARS §8-107)

A consent to place a child for adoption is required from the father married to the child's mother at the time of conception or any time between conception and the child's birth unless his paternity is excluded or another man's paternity is established pursuant to ARS §25-801 et seq. [ARS §8-106(A)(2)(a)]

The department shall provide verbal and written information to ensure parents understand the meaning of consent, its implications for the child and parents, and information regarding access to non-identifying information in adoption records.

A parent may choose to consent only for specific person(s) to adopt his or her child. However, if the specified individual(s) do not adopt the child, the consent may be deemed void and a new consent (or a severance procedure) may be necessary to allow for adoption of the child. Use of a direct consent shall be approved by a supervisor.

A dependency petition shall be filed on every child for whom a consent for adoption is accepted.

Prior to accepting a consent or completing a termination action, the department shall provide the birth parents with accurate information regarding the release of identifying information.

The department whenever possible will obtain from a birth parent whose parental rights have been terminated, a statement that grants or withholds consent for the child who is subject of the action to review adoption records when the child reaches the age of 21 or older.

Birth parents shall be informed that the department cannot assure that the adoptive parents will agree to share specific identifying information.

See policies for Adoption Consent for an Indian Child.

Procedures

Considering Adoption Consent

To decide whether to seek or accept a voluntary consent for adoption, consider these factors:

- the availability of the parent;
- the willingness of the parent to consent to the adoption; and
- the mental competence of the parent.

When considering mental competence, ask these questions:

- Does the parent appear to have or alleged to have limited intellectual or verbal capacity?
- Is the parent known to have, appear to have or alleged to have a substance abuse problem?
- Is there any indication or allegation of significant emotional, psychological or behavioral problems?
- Does the parent appear to be confused or disoriented?

If there is any question of mental competency, consult with your supervisor before accepting consent.

Prior to discussing consent with a parent, notify the parent's attorney. Invite the parent's attorney to any meetings involving this matter. If a parent's attorney or GAL objects, do not proceed with discussing consent. Seek to resolve the objection concerns by coordinating with the AAG and parent's attorney, as appropriate.

Obtaining Consent

If, after providing written and verbal information, a mentally competent parent wishes to consent to the adoption of the child, gather all the necessary information by using the following forms:

- Consent to Place a Child for Adoption, CSO-1040;
- Birth Parent's Release of Identifying Information, CSO-1042; and
- Affidavit of Potential Fathers, CSO-1145.

Inform a mother consenting to adoption that:

- being untruthful, incomplete or inaccurate on the Affidavit of Potential Fathers, CSO-1145, is a class 6 felony (ARS §8-128);
- all legal and potential fathers named will be served, informed of their rights and responsibilities, and will have 30 days to initiate paternity proceedings (ARS §8-106);
- she may write a letter to the court asking her address be omitted from the affidavit if there is concern for her safety,
- state law permits communication among the child, birth parents and adoptive parents after finalization of the adoption. See Communication Agreements.

As appropriate, follow procedures for obtaining Adoption Consent for an Indian Child.

For a parent who lives in another state or county:

- Send a letter to the appropriate DES office or state social service agency requesting they provide verbal and written information on consents to the relinquishing parent and accept the consent.
- Send a packet with the following forms and instructions:
    - Consent to Place a Child for Adoption, CSO-1040;
    - Birth Parent's Release of Identifying Information, CSO-1042; and
    - Affidavit of Potential Fathers, CSO--1145;

Documentation

- Consent to Place a Child for Adoption - Have the parent sign two originals. Each must be witnessed by two people over age 18 and notarized.
    - Use one original to accompany a severance petition to court, if needed and use one original to accompany an adoption petition to court.
- Make four copies of the Consent to Place a Child for Adoption. Keep two copies in the child's record and give one to the parent(s). If the child is in another county or state, send one copy for their record.
- Birth Parent's Release of Identifying Information, CSO-1043. Place the form in the child's record until the agency consents are processed or it is determined the adoptive placement will be finalized; then forward the form to the supervising adoptions Child Safety Specialist or contract agency case manager to place in the child's adoptive case record.
- Affidavit of Potential Fathers, CSO-1145 - For children born after July 17, 1994, the parent(s) must sign three originals and have them notarized. Make four copies and distribute the originals and copies as follows:
    - Send one original to the Attorney General's Office with the letter requesting omission of the mother's address, if applicable.
    - Send one original to the Putative Father's Registry (c/o Department of Health Services, Vital Records, P.O. Box 3887, Phoenix, AZ 85030.

- Keep one original in the child's record to accompany a termination of parental rights petition or motion to court, if requested by the Assistant Attorney General.
- Keep one copy in the child's record to accompany the adoption petition to court.
- If the child is placed in another county or state, send one copy to the supervising Child Safety Specialist , contract agency case manager or other state's case manager.
- Keep one copy permanently in the child's case record.
- Give one copy to the birth mother.

- For children born before July 17, 1994, obtain only the original Affidavit of Potential Fathers, CSO-1145, and place it in the child's record.

Forms

Consent to Place a Child for Adoption, CSO-1040;
Consent to Place a Child for Adoption, Spanish (CSO-1040S)

Birth Parent's Release of Identifying Information, CSO-1042
Birth Parent's Release of Identifying Information (Spanish), CSO-1042S

Affidavit of Potential Fathers(English/Spanish), CSO-1145

Related Information

Adoption Consent for an Indian Child
Communication Agreements.

Legal

ARS §8-106 Consent to adoption; waiver; consent to the release of information; notification to potential fathers

A.A.C. R6-5-6611 Pre-consent Conferences with Birth Parents
A.A.C R6-5-6612 Consent to Adopt; Unknown Birth Parent

Effective Date:: December 10, 2015

Revision History:November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 3
Terminating Parental Rights

Policy

Termination of parental rights either by consent or by court order is necessary for every child in the care, custody and control of the department who has a permanency goal of adoption.

In unusual cases, termination of parental rights may be necessary for a child with another permanency goal if a continued legal relationship between the child and parent would be harmful to the child.

The department shall initiate a petition for termination of parental rights for any child with a permanency goal of adoption, if the child's parent is unwilling to consent to adoption in a timely manner.

The department shall file a motion for termination of parental rights when ordered by the court pursuant to ARS §8-862(D) for children entering out-of-home care after July 1, 1998.

The department shall include any time beyond the first 60 days of an initial voluntary placement in out-of-home care when calculating the cumulative total time in out-of-home placement for termination of parental rights purposes.

Termination of parental rights shall not be initiated when it has been determined that such action is not in the child's best interests.

The Regional Program Manager or designee must approve a recommendation that termination of parental rights is not in the child's best interests.

The petition for termination of parental rights must account for any parent who has not relinquished or whose death is not verified.
This includes:

- any man married to the mother at the time of conception, during the pregnancy or

at birth of the child; unless his paternity has been excluded or another man's paternity is established pursuant to ARS §25-801 et seq.
- any parent named on the child's birth certificate;
- any man named by the mother or other person as the biological father;
- any man named by the mother as possibly being the biological father;
- any man claiming to be the biological father;
- anyone who has legally adopted the child;
- any man who has filed a notice of claim of paternity for this child with the Putative Father Registry; and
- "John Doe," when no father is identified on the birth certificate or by the mother, when the mother is unsure of or does not know the name of the father; and/or when multiple fathers are identified and there is the possibility of unknown potential fathers.

If a court order of paternity or adoption has been issued, only the person named in this order needs to be included in the termination petition.

If all parents have signed a valid Consent to Place Child for Adoption, CSO-1040, a petition to terminate parental rights need not be filed, unless any parent has attempted to revoke the consent. If a petition to terminate parental rights is to be filed on any parent, the parent who has signed a consent may also be included in the severance action.

The department shall inform the parent(s) of the termination proceedings, the consequences of the proceeding and actions that the parent(s) must take after being served with the petition to terminate the parental rights.

The department will provide the birth parent(s) the opportunity to complete the Birth Parents Release of Identifying Information, CSO-1042, to be placed in the child's adoption record indicating the parent's willingness to share information with the adoptive child and/or parent.

When termination of parental rights is completed, and the case plan goal for a child is adoption, the department shall establish a new case record that includes all information pertaining to the adoptive child.

No confidential information relating to the adoption will remain in the parent's case record.

Procedures

Considering Termination of Parental Rights

To determine that termination of parental rights is in the child's best interest, consider all of the following factors:

- the child's permanency goal;
- the parent's successful interaction with the development and completion of the case plan and likelihood of imminent family reunification;
- the parent's ambivalence to parenting;
- the child's age and willingness to consent to adoption (a child who is 12 years of age or older must consent to the adoption in open court);
- the child's need for a permanent parent-child relationship;
- if reunification services were ordered, but not provided;
- if the services that were provided were culturally sensitive and if the provider was successful in engaging the family in the services;
- the availability of relatives or other significant persons to provide a safe, permanent home for the child;
- the effects of removal from the current placement on the child's long term emotional well-being and the caregiver's willingness to adopt;
- compliance with Indian Child Welfare Act requirements relating to provision of active reunification services, placement and standard of evidence; and
- applicability of the grounds for termination and supporting evidence.

Convene a case conference to determine whether termination of the parental rights is in the child's best interest, and if it appears there may be sufficient grounds for a petition. Include the Attorney General's Office, child's attorney, Child Safety Specialist and supervisor and others considered necessary.

Termination of parental rights is necessary when:

- The permanent plan for the child is adoption and the parent is not available or willing to consent to place the child for adoption.
- The permanent plan for the child is something other than adoption and a continued legal relationship between parent and child would be harmful for the child.

If the child is or may be an Indian child, consult with the Attorney General's Office regarding requirements of the Indian Child Welfare Act (ICWA) before planning to pursue termination of the parent-child relationship.

Proceeding with Termination of Parental Rights

When the recommendation is made to proceed with termination of parental rights, ensure completion of the following:

- an extensive and documented search for relatives; consider convening a family meeting to identify relatives or other significant persons who can provide a safe, permanent home for the child;
- a request for Family Locate Referral and search for missing parents or family members.

Meet with the Attorney General to discuss the case and prepare for its presentation in court.

Inform the parent(s) of the pending court proceeding to terminate the parent-child relationship; the consequences of the proceedings and actions that the parent(s) must take including responding to the petition through the parent's attorney or requesting the court appoint an attorney; if not already appointed.

When Termination of Parental rights is Completed
Create a new Adoption case record for each child whose parental rights have been terminated and the case plan goal for the child is adoption even if the order terminating parental rights is on appeal. The parent's case record may be maintained for ongoing services to other family members or, if no services are planned, the case record is closed.

Documentation
Document the compelling reason that termination of parental rights is not in the child's best interests in Section I Permanency Goal of the Case Plan.

Document the grounds for Termination of Parental Rights in Case Notes, Case Conference type.

The type of documentation needed for Termination of Parental Rights depends on the grounds upon which termination will be sought such as the following:

Abandonment: Requires documentation of diligent efforts to locate the parent, to remain in contact with the parent, and to rehabilitate the parent. Document the parent was informed of the child's out-of-home placement and how the parent could provide reasonable support and maintain regular contact with the child. This requires documentation by foster parents of all contacts between the parent and child and the parent and foster parents.

Documentation if an alleged parent who is not the child's legal parent failed to take a test requested by the department or ordered by the court to determine if the person was the child's natural parent unless good cause is shown by the alleged parent for that failure.

Abuse and neglect: Requires timely documentation of all incidents of abuse and neglect, including medical reports, police reports, and written professional opinions; availability of eyewitnesses for testimony in court.

Mental deficiency, mental illness or substance abuse: Requires reports that address the nature and severity of the condition, how it interferes with parenting, its likely duration and the possibility of effective treatment; also requires a psychological or psychiatric evaluation of the parent that is less than one year old.

Incarceration-nature of the felony: Nature of felony conviction requires documentation of conviction of murder or voluntary manslaughter of another child of the parent; conviction of a felony assault that resulted in serious bodily injury to the child or another child of the parent; and aiding, attempting, conspiring or soliciting to commit murder or involuntary manslaughter of another child of the parent are grounds for severance regardless of the length of sentence.

Incarceration- length of sentence: Length of sentence requires documentation of sentence expiration and the length and strength of parent-child relationship at the time of incarceration; the degree to which the parent-child relationship was continued and nurtured during incarceration; the age of the child and likelihood that incarceration will deprive the child of a normal home; the availability of another parent to provide a normal home life; and the effect of the deprivation of a parental presence on the child.

Length of time in care: Requires documentation of contacts with the parent as well as of services offered and provided; documentation that the parent was informed of the plan and the department's expectations; and documentation of the parent's progress or lack of progress in addressing the risk factors that prevent the parent from caring for the child safely at home.

Length of time in care for a child under age 3: Requires documentation of contacts with the parent(s) and the services offered and provided within the first 6 months; documentation that the parent(s) was informed of the case plan and the department’s expectations; documentation that the parent(s) substantially neglected or willfully refused to remedy the circumstances that caused the child to be in out-of-home placement including refusal to participate in reunification services offered by the department; and documentation of the parents’ progress or lack of progress of addressing the safety threats and risk factors that prevent the parent(s) from caring for the child safely at home.

Relinquishment: If including a parent who has relinquished in a petition to terminate the other parent's rights, requires submission of the original, signed relinquishment forms to the court.

Paternity action: If termination is sought due to a potential father's failure to file a paternity action with 30 days of notice, then proof of legal notice, is required.

Notice of Claim of Paternity: If termination is sought due to the putative father's failure to file a notice of claim of paternity, then proof from the Putative Father Registry of failure to file notice is required.

Unknown Parent Abandonment: Requires documentation of efforts to identify and locate the unknown absent parent. Document contacts (letters, telephone calls, personal inter-

views) with the mother, relatives, friends, neighbors, etc. who may know the identity and whereabouts of the unknown absent parent of the child.

Prior Termination: Requires documentation of the prior termination including a certified copy of the Order of Termination, a copy of petition, and a copy of the social study or report that was filed with the petition. Copies of current medical records, police records and psychological evaluations should also be obtained. A psychological assessment that the parent is currently unable to discharge parental responsibilities due to the same cause cited in the previous determination may be necessary.

Return, Subsequent Removal: Requires documentation that the department previously made diligent efforts to provide appropriate reunification services through: contacts with the parent; services offered and provided; evidence that the parent was informed of the plan and the department's expectations; and documentation of the parent's progress toward addressing the risk factors that caused the previous removal. A copy of previous and current dependency petitions; a copy of the court order that previously returned the child to the parent's legal custody; and the current order removing the child are also required. Copies of current medical records, police records and psychological evaluations should be obtained. A psychological assessment that the parent is currently unable to discharge parental responsibilities should also be provided.

When Termination of Parental Rights is Completed
Create the new CHILDS electronic Adoption case record by following the CHILDS Users Guide for Field users, Creating an adoption case in DCS Public Folders.

Create the new hard copy Adoption case record and include the following documents from the DCS case record:

- certified copy of the child’s birth certificate;
- severance social study, if applicable;
- termination of parental rights order;
- certified copy of the parent’s death certificate, if applicable;
- agency consents;
- parent's consent to place child for adoption;
- waivers of notice of appearance;
- affidavit of potential father;
- birth parent release of information;
- non-identifying information;
- most recent court report and attachments;
- most recent FCRB report;
- any standing court orders;
- psychological and medical information on the child and parent, if applicable;
- provider reports about the child; and
- case notes pertaining to the child.

Forms

Birth Parents Release of Identifying Information, CSO-1042
Birth Parents Release of Identifying Information (Spanish), CSO-1042S

Consent to Place Child for Adoption, CSO-1040
Consent to Place Child for Adoption (Spanish), CSO-1040S

Related Information

Legal

The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89)

ARS §8-862Permanency hearing

ARS §8-533 Petition; who may file; grounds

ARS §8-531 through 8-544Termination of Parental-Child Relationship.

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 4
Adoption: Assessing Child's Needs and Preparing for Placement

Policy

The department shall ensure that a child's placement needs are fully assessed prior to selecting a family and placing the child for adoption.

The race, color or national origin of the child may not be considered in the placement decision unless the individualized assessment of the child's needs requires such consideration.

Children shall be prepared for adoptive placement in a manner that is age appropriate and sensitive to their individual needs.

The CHILDS Adoption Registry shall identify children whose permanency goal indicates they will be available for adoption.

Procedures

Assessing Placement Needs of Child

When assessing the placement needs of a child, consider the following factors:

- characteristics of the child: age, gender, religion, primary language, physical, emotional, social and educational needs,
- child's history: past placements, ties to current or past caregivers, experience with bonding and attachment,
- child's relationships: relatives, siblings, foster parents or other significant adults,
- parent's preferences regarding placement (The parent's placement preference regarding race, color or national origin shall not be considered); and
- child's preference regarding placement.

To assess the child's placement needs, gather information by:

- completing and reviewing the Child Information (CSO-1045)
- completing and reviewing the Family History, CSO- 1067 (Non-Identifying Information);

- reviewing the recommendations of other professionals who have worked with the child;
- interviewing the child and his/her caretakers; and
- determining the child's need for adoption subsidy. See procedures in Adoption Subsidy: Eligibility .

If the child has or is at risk of the following conditions, obtain an evaluation from one or more professionals regarding the impact of the condition on the child's placement needs:

- developmental disability;
- emotional disturbance;
- physical disease or disability; and
- mental disease or disability.

If the child is or may be Indian, follow the procedures in Removal and Temporary Custody of an Indian Child and Placement Preferences for an Indian Child. Consult your supervisor and, if necessary, an Assistant Attorney General if there is any question about child's status as Indian or the requirements of the Indian Child Welfare Act.

Documentation

Document the child's assessed placement needs by completing the following windows:

- Child Assessment and Special Rate Evaluation
- Special Needs Detail
- Medical/Dental Condition Detail
- Medication Detail, Psych/Behavioral Condition Detail
- Practitioner Detail, Examination Detail
- Participant Education Condition
- Hospitalization Detail.

Preparing for Adoptive Placement

For a child to be identified in the CHILDS Adoption Registry, ensure that the child's active case plan goal is adoption.

Allocate ample time to see the child frequently and regularly.

Develop preparation activities individually for each child, appropriate to the child's age and condition.
Retain a flexible personal attitude toward the child, to provide trust without excessive attachment or over-protection.

Activities which may be used for preparation of the child include, but are not limited to:

1. Case manager and child:
   - Individual interviews with child concerning identity, as appropriate to the child's age and condition.

- Excursions to parks, stores, restaurants, libraries, museums, and other public places help develop a comfortable and trusting relationship, while providing the case manager with valuable observations and insight as to how the child behaves in a variety of social situations.
- Preparation of a scrapbook containing pictures, mementos, and stories of the child's history - should be done privately, in an atmosphere that will encourage the child to discuss feelings and ask questions. Visits to people or places significant in the child's past may help the child fit together family history.
- Visits to the department offices, and to the Juvenile Court, to familiarize the child with the people and organizations involved in planning the child's future.
- For the very young child, holding and/or playing with the child on foster home visits may be the only one-to-one contact necessary. For the suspicious toddler or older child, a period of such contact in the security of the foster home may be necessary before the child is able to venture out with the case manager alone. Since the understanding of the young child is limited, trust in the worker takes on added significance at the time of placement.

2. Child and Others:
- Foster parents' daily support of the child, ability to answer questions and discuss casually, as the need arises, the child's hopes and fears.
- Group sessions with other children entering adoption.
- Continue or initiate therapy as needed.
- Any other services identified as necessary.

3. Child Safety Specialist and Others:
- Support from the foster family is an invaluable asset to a child entering adoption. To enable the family to provide this support the case manager must take the responsibility to keep the family informed of plans for the child and progress toward adoption; help them understand the adoptive process and their importance in preparing the child; recognize their feelings of providing information to the case manager on the child's day-to-day attitudes and behavior; develop their strengths in assisting the child in transition.
- Provide specific information and requests to therapist, medical doctor or other professionals working with the child, so that their activities and reports are consistent with and complementary to other preparation activities.

Documentation
Update CHILDS within five days of a change in the child's legal status, placement, adoption finalization, or when there is the death of a child.

To prepare for adoptive placement, be sure the child's record includes the following updated windows:
- Child Assessment and Special Rate Evaluation;
- Special Needs Detail;

- Medical/Dental Condition Detail;
- Medication Detail;
- Psych/Behavioral Condition Detail;
- Practitioner Detail;
- Examination Detail; and
- Participant Education Condition Detail and Hospitalization Detail.

Be sure the hard copy record includes:

- Family History, CSO-1067(Non-Identifying Information) ;
- one of the following for each parent:
  - death certificate; or
  - documents verifying relinquishment: Consent to Place Child for Adoption or ICWA consents and certification; and; Consent to Place Child for Adoption, CSO-1040, ; Affidavit of Potential Fathers(English/Spanish), CSO-1145 (if applicable); or
  - termination of parental rights order
- certified copy of the child's birth certificate;
- current medical and psychological information on the child and birth parent, if applicable; and
- current picture of the child

Forms

Consent to Place a Child for Adoption, (CSO-1040);
Consent to Place a Child for Adoption, Spanish (CSO-1040S)

Affidavit of Potential Fathers, CSO-1145;

Family History, CSO-1067

Child Information Form, CSO-1045

Related Information

Removal and Temporary Custody of an Indian Child
Placement Preferences for an Indian Child
Adoption Subsidy: Eligibility

Legal

The Indian Child Welfare Act, 25 U.S.C.§1901 et seq.

Interethnic Provisions of the Small Business Job Protection Act of 1996 (P.L. 104-188)

Adoption and Safe Families Act of 1997 (P.L. 105-89)

ARS §8-845 Disposition hearing.

ARS §8-105 Preadoption certification; investigation; central adoption registry

A.A.C. R6-5-6502 Central Adoption Registry; Information Maintained; Confidentiality

A.A.C. R6-5-6613 Adoptable Child: Assessment and Service Plan

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 5
Adoption: Central Adoption Registry

Policy

Children shall be prepared for adoptive placement in a manner that is age appropriate and sensitive to their individual needs.

The CHILDS Adoption Registry shall identify children whose permanency goal indicates they will be available for adoption.

Procedures

For a child to be identified in the CHILDS Adoption Registry, ensure that the child's active case plan goal is adoption. For more information see Selecting an Adoptive Family

Documentation

Update CHILDS within five days of a change in the child's legal status, placement, adoption finalization, or when there is the death of a child.

The DCS Central Office Adoption Specialist or designee is responsible for entering children in the custody of the Division of Developmental Disabilities into the CHILDS Adoption Registry and updating the status of these children in the Registry.

To prepare for adoptive placement, be sure the child's record includes the following updated windows:

- Child Assessment and Special Rate Evaluation;
- Special Needs Detail;
- Medical/Dental Condition Detail;
- Medication Detail;
- Psych/Behavioral Condition Detail;
- Practitioner Detail;
- Examination Detail; and
- Participant Education Condition Detail and Hospitalization Detail.

Be sure the hard copy record includes:

- AN-036, Family History (Non-Identifying Information);
- one of the following for each parent:
  - death certificate; or
  - documents verifying relinquishment: Consent to Place Child for Adoption or ICWA consents and certification; CSO-1040; Affidavit of Potential Fathers, CSO-1145 (if applicable); or
  - termination of parental rights order
- certified copy of the child's birth certificate;
- current medical and psychological information on the child and birth parent, if applicable; and
- current picture of the child

Forms

Family History (Non-Identifying Information), CSO-1067

Consent to Place Child, CSO-1040

Affidavit of Potential Fathers, CSO-1145

Related Information

Guidelines for Preparing a Child for Adoptive Placement
Selecting an Adoptive Family

Legal

ARS §8-105 Preadoption certification; investigation; central adoption registry

A.A.C. R6-5-6502 Central Adoption Registry; Information Maintained; Confidentiality

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 6
Adoption: Selecting an Adoptive Family

Policy

The department shall place a child in an adoptive home that best meets the safety, social, emotional, physical and mental health needs of the child. No single factor shall be the sole determining factor in the selection of a family.

Factors to consider in selecting an adoptive home, in no order of preference, shall include, but are not limited to:

- The prospective adoptive family's ability to meet the child's safety, social, emotional, physical and mental health needs and the ability to financially provide for the child.
- Placement with the child's siblings.
- Established relationship between the child and the prospective adoptive family including placement with a grandparent or another member of the child's extended family which includes a person or foster parent who has a significant relationship with the child.
- The marital status, length and stability of the marital relationship of the prospective adoptive parents.
- The wishes of the child.
- The wishes of the child's birth parents unless the rights of the parent have been terminated or the court has established a case plan of severance and adoption.
- The availability of relatives, the child's current or former foster parents or other significant persons to provide support to the prospective adoptive family and child.

If all relevant factors are equal and the choice is between a married man and woman certified to adopt and a single adult certified to adopt, placement preference shall be with a married man and woman.

The department shall make reasonable efforts to place a child with the child's siblings or, if that is not possible, to select a family who will maintain visitation or other ongoing contact between the child and the child's siblings unless a court determines that either the placement or the visitation or contact would be contrary to the child's or a sibling's

safety or well-being.

The department shall make efforts to identify and approve an adoptive family for a child upon filing a petition or motion to terminate parental rights or when a concurrent permanency goal of adoption has been identified.

The department shall not remove a child from the current caregiver if the caregiver is the child's *prospective permanent placement* without a court order unless:

- the removal is required protect the child from harm or risk of harm, or
- the prospective permanent placement requests the child's removal, or
- the action is required by federal or state law or regulation, or
- to comply with the requirements of the Indian Child Welfare Act (25 U.S.C. § 1903). [ARS §8-862]

The department shall not deny or delay a placement based on the race, color or national origin of the adoptive parent or the child (ARS §8-105.01)

The department shall not remove the child from the child's foster parents for the sole reason that the foster parents have applied to adopt the child.(ARS §8-105.02).

The department shall not deny or delay the placement of a child for adoption when an approved out-of-state adoptive family is available for placement.

The department shall grant an opportunity for a fair hearing to an approved out-of-state adoptive family who alleges that the department denied or delayed the placement of a child solely because the family resides out-of-state.

A child is eligible for foster-adoptive placement if his or her concurrent goal is adoption, or his or her permanent plan is adoption, and the child's grandparent or other members of the child's extended family including a person or foster parent who has a significant relationship with the child cannot meet his/her needs for an adoptive placement.

Reasonable efforts shall be made to place the child for adoption without adoption subsidy unless such efforts are contrary to the welfare of the child due to significant emotional ties to the prospective adoptive parents while in their care as foster parents or relatives.

An individual residing in Arizona, who wishes to adopt, shall be certified to adopt by the juvenile court (ARS §8-105), except the spouse of the natural or legal parent of a child or an adult sibling, aunt, uncle, grandparent or great-grandparent of a child by the whole or half blood or by marriage or adoption.

An out-of-state family wishing to adopt shall be approved for adoption by an entity authorized by the state in which the family resides to approve families for adoption.

For the adoption of an Indian child, see Termination of Parental Rights and Adoption of an Indian Child and Placement Preferences for an Indian Child .

Procedures

Considering the Adoptive Family

When selecting the adoptive family, consider the following:

- Does the child have siblings with whom he/she can be placed?
- Is there an established relationship between the child and the child's grandparent or other members of the child's extended family including a person or foster parent who has a significant relationship with the child or the family of the child's sibling?
- Does the child's grandparent or other members of the child's extended family including a person or foster parent who has a significant relationship with the child or the family of the child's sibling want to adopt the child?
- Can the child's grandparent or other members of the child's extended family including a person or foster parent who has a significant relationship with the child or the family of the child's sibling meet the safety, social, emotional, physical and mental health needs of the child?
- What families have expressed interest in adopting the child?

For grandparent, kin or significant relationship adoption

If the child's grandparent or other members of the child's extended family or the family of the child's sibling can meet the child's needs and no other prospective adoptive families are being considered, follow the procedures in Making and Supervising Adoptive Placements.

Consider the following questions:

- Will the family offer the child a positive connection to his/her heritage and to extended family members?
- What kind of relationship does the family have with the child's biological parent(s) and how will this relationship impact the placement?
- To what extent can this family meet the child's physical, social and emotional needs?
- Is there any background information which would adversely affect the person's ability to provide a safe, nurturing environment for the child?
- How long has the child had a relationship with the family?
- What is the nature of the attachment between the child and family?
- To what extent might removing the child from this family cause emotional harm?
- Does the family have the capacity to claim the child and view the relationship as permanent?
- If applicable, to what extent will the family cooperate with future sibling and/or relative contact?

If a grandparent or other members of the child's extended family or the family of the child's sibling cannot meet the child's needs as an adoptive placement, consider placement with a person who has a significant relationship with the child and may include the child's foster parent. Next, consider placement with a family that has no relationship with the child.

Use the following procedures when considering placement with a grandparent or extended family member including a person who has a significant relationship with the child or the family of the child's sibling or a family identified as a prospective permanent placement:

- Complete an extensive and documented search for grandparents or extended family members including a person who has a significant relationship with the child or the family of the child's sibling or a family identified as a prospective permanent placement. Re-contact any grandparent or extended family members whose circumstances may have changed and determine if he/she is available as an adoptive placement;
- Ensure that the families being considered and all adults permanently living in the household are fingerprinted and have a state and federal criminal history records clearance within the last year and a current DCS records clearance of child abuse and neglect reports and history.
- Provide information to the families being considered on arranging for fingerprint and criminal history records check, if not current within the last year. Have the families and all adults permanently living in the household complete:
    - Request for licensing/employment information, J-709
    - FBI Fingerprint Card, FD-258
    - Adoptive Families Central Registry Records Clearance, CSO-1058

Schedule a case conference if the fingerprinting has not been initiated **within 30 days**. The conference should include the child's Child Safety/Adoption Specialist, his/her supervisor, and the grandparent or extended family member including a person who has a significant relationship with the child. It should focus on resolving any barriers to completion of the fingerprinting and certification process and if necessary, on planning for selection of another family.

If the grandparent or extended family member including a person who has a significant relationship with the child and all adults permanently living in the household have a criminal history records and Department of Child Safety (DCS) records clearance of child abuse and neglect reports and history, use the Guidelines for Selecting An Adoptive Family and the Child Information (CSO-1045) to determine whether the family can meet the safety, emotional, physical and mental health needs of the child.

If there are questions concerning the ability of the grandparent or extended family member including a person who has a significant relationship with the child or the family of

the child's sibling to meet the needs of the child, conduct a case conference including the Child Safety/Adoption Specialist and his/her supervisor, the child's attorney and other professionals as appropriate. A supervisor must approve a decision not to recommend placement of a child with a grandparent or extended family member including a person who has a significant relationship with the child or the family of the child's sibling.

Documentation
Document the review and analysis of the DCS and criminal history information in Relative Information Case Note window. Specifically, summarize the criminal history information received from DPS.

If the grandparent or extended family member including a person who has a significant relationship with the child is approved and selected as an appropriate adoptive parent for the child, enter the approved family into the CHILDS Provider (Adoption) Registry according to the procedures found in Assessing Child's Needs and Preparing for Placement . Document the reasons for selection of the family in the Adoptive Family Evaluation window.

For licensed foster parent adoption
Use the following procedures when considering placement with licensed foster parents:

- Verify with the Office of Licensing, Certification and Registration (OLCR) that the foster home meets all licensing requirements and is currently licensed as a foster home.
- Verify that a Significant Person Placement checklist has been completed on all household members and is current within the last year.
- Review case files to evaluate the provider's success in meeting the child's safety, health and other identified special needs.
- Determine the foster parents' willingness to proceed with certification and adoption.
- If there are questions concerning the foster parent's ability to meet the needs of the child, conduct a case conference including the licensing specialist, Child Safety/Adoption Specialist, Supervisor, psychologist and/or therapists, medical doctor, teacher and other appropriate professionals such as the child's attorney and GAL. A supervisor must approve a decision not to recommend placement of a child with a foster parent.
- Is the family going to continue with foster parenting after the adoption is final, and what is the potential impact for the adopted child?

For no prior relationship adoption
To select a family with no prior relationship to the child, use the procedures in the Adoption Selection Process above.

- If no homes are available on the CHILDS Provider (Adoption) Registry, begin child specific recruitment efforts within five days. Follow the procedures in Child Specific Recruitment ..

- Return the files received for the Adoption Family Selection Meeting within ten working days.
- If no home is selected at the Adoption Family Selection Meeting, begin special recruitment efforts within five days. See Child Specific Recruitment.
- If an approved out-of-state adoptive family was considered at the Adoption Family Selection Meeting and the child was not placed or a placement was not identified, notify the out-of-state family of:
    - the review of their home study at the case conference;
    - the fact that no placement was identified or made; and
    - the right to a fair hearing if they feel the department denied placement of the child with them solely because they reside out-of-state.

If an approved out-of-state adoptive family was considered at the Adoptive Family Selection Meeting and the child was placed with another family or another placement was identified, notify the family of the review of their home and that another placement was selected.

Documentation
Document steps taken, including child specific efforts, to identify and place the child into a permanent adoptive home and to finalize the adoption in the OOH Support section of the Child(ren) Needs tab of the case plan.

Document when a placement for the child has been identified by entering the Identified date in the Adoption Characteristics window.

Document the number of homes reviewed for placement, names of the homes selected for the Adoptive Family Selection Meeting, who was selected for placement and why on the Family Selection Meeting Cover and in the Case Notes window.

Document efforts to contact grandparents and extended family members including a person who has a significant relationship with the child as well as the assessment of grandparents and extended family members including a person who has a significant relationship with the child using the Relative Information Case Note window.

Document efforts to contact families with no prior relationship with the child in Case Notes window

Filing for Physical Custody Changes
If the child's caregiver is the prospective permanent placement but does not have court ordered physical custody of the child and disagrees with the child's removal, initiate a motion for removal using the CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan) before moving the child.

If the child's caregiver is the prospective permanent placement and has court ordered physical custody of the child and disagrees with the child's removal, initiate a motion for change of physical custody and removal using the CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan) before moving a child.

Ensure that the name(s) and address of the current caregiver are current and accurate on the CT01700 and the FC-064-A, Attachment A. The Attorney General's Office will provide a copy of the motion for removal and/or change of permanency goal (case plan) to the prospective permanent placement **only** if the prospective permanent placement's name(s) and address are included on the CT01700. Otherwise, the Child Safety/Adoption Specialist must provide a copy of the motion for removal and/or change of permanency goal (case plan) to the prospective permanent placement.

- Good faith efforts must be made to provide a copy of the motion to the prospective permanent placement **at least 15 days** before the hearing on the motion.
- Good faith efforts may include hand delivery, mailing, faxing or emailing the motion to the prospective permanent placement.

Forms

Child Information (CSO-1045)
Adoptive Families Child Protective Services Records Clearance, CSO-1058
Family Selection Meeting Cover (CSO-1045A)
Family Selection Meeting Worksheet (CSO-1045B)

Court Document Directory:
CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan)
FC-064-A (Attachment A)

Related Information

Guidelines for Selecting An Adoptive Family.
Termination of Parental Rights and Adoption of an Indian Child
Placement Preferences for an Indian Child
Selecting The Adoptive Family

Legal

The Indian Child Welfare Act, 25 U.S.C. §1901 et seq.

The Interethnic Provisions of the Small Business Job Protection Act of 1996 (P.L. 104-188)

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)

The Adoption and Safe Families Act of 1997 (P.L. 105-89):

ARS §8-103 Who may adopt

ARS §8-105 Pre-adoption certification; investigation; central adoption registry

ARS §8-105.01 Adoption; racial preferences; prohibition; exception

ARS §8-105.02 Adoption by foster parents; removal of child

ARS §8-112 Social studies; requirements

ARS §8-513 Participation in activities; contact with relatives; placement with siblings

ARS §8-514 Placement in foster homes

ARS §8-862 Permanency hearing

A.A.C. R6-5-6613 Adoptable Child: Assessment and Service Plan
A.A.C. R6-5-6614 Placement Determination

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 7
Supervising Adoptive Placements

Policy

The department shall explore and exhaust all efforts to place legally free children whose case plan goal is adoption in an adoptive placement.

After the child is legally free and the family is certified or approved as acceptable to adopt, the date of the adoptive placement is the date the family signs the Adoptive Placement Agreement. CSO-1055 .

The department shall place a legally free child in the identified adoptive home following the transition plan.

The department may place a child whose case plan goal is adoption and who is not legally free for adoption in an identified foster-adoptive placement when the family is certified to adopt and licensed by the department as a foster home.

The department shall not guarantee to the foster-adoptive family that the child placed in a foster-adoptive placement will be freed for adoption.

The department shall ensure the foster-adoptive family understands the legal consequences of accepting placement of a child whose parental rights have not been terminated.

The department shall ensure an adoptive family understands the legal consequences of accepting placement of a child where the order terminating parental rights is or may be appealed.

At the time of placement the adoptive family shall become responsible for any expenses for the child beyond the payments currently provided by the department.

The department shall inform prospective adoptive parents of a child placed in their care for purposes of adoption that they have the following rights and responsibilities with

respect to the child:

- Physical custody of the child unless the child is removed by order of the Juvenile Court, after notice and hearing.
- To give consent for routine necessary medical procedures.
- To give consent for participation in social and athletic activities.
- To provide proper care and support for the child in addition to that already provided by the placing agency or DCS.
- The right to refuse visitation between the child and a birth parent if that parent's rights have been terminated pending appeal unless the juvenile court orders visitation.
- On request, the right to be notified by the agency or the Department of and to participate in all meetings in which the Department is making decisions relating to the child in the prospective adoptive home. Meetings do not include informal meetings such as a case conference between the Child Safety Specialist and the Supervisor when a decision is not being made about the child and his/her placement.
- On request, the right to notification from the agency or the Department of an appeal of the termination of the birth parent's parental rights.

Procedures

Making the Adoptive Placement

Follow these steps when making an adoptive placement:

Follow the previously prepared transition plan visitation schedule.

Work with out-of-home placement providers to ensure the child is prepared emotionally and physically for the move prior to his or her placement date. See Adoption: Transition Planning.

At the time of adoptive placement, give the adoptive parents any information or documents they need to assume responsibility for the child including:

- Family History (Non-Identifying Information)(CSO-1067); have them sign and copy the medical form; file the copy of the form in the child's record;
- medical information, documents, a list of scheduled appointments and names and addresses of practitioners who have worked with the child;
- school information and documents;
- Adoption Subsidy, A Program for Children with Special Needs (PAP-194); and the completed Adoptive Placement Agreement (CSO-1055); and
- the application for Adoptive Family Subsidy Application (CSO-1079), if applicable.

Have the adoptive parents read and sign the Adoptive Placement Agreement, CSO-1055 to acknowledge they received:

- notice of their rights and responsibilities,
- information about Adoption Subsidy,
- information related to an appeal of the termination of parental rights, if applicable,

- notice of their right, upon request, to be informed if a parent appealed the termination of their parental rights,
- notice of their right to refuse visitation between the child and a birth parent if that parent's rights have been terminated pending appeal unless the Juvenile Court orders visitation, and
- notice of their right, upon request, to participate in formal meetings regarding the child placed in their care for adoption.

Ensure the adoptive parent(s) initial items F through J on the Adoptive Placement Agreement, CSO-1055. Give the original to the family; give one copy to the certification specialist, if applicable, and file a copy in the family's record.

Supervising the Adoptive Placement
Make the initial supervisory visit within five days of the child's placement. Make additional visits at least once a month until finalization.

The post-placement period is a crucial time in solidifying the adoption so the supervising case manager shall:

- Interview all members of the adoptive family's household and be readily accessible to the family and child to discuss and address events, behaviors and feelings of all family members.
- Meet on a one-to-one basis with the parents and discuss:
    - How the presence of the child has changed family relationships;
    - How the child and extended family view each other;
    - The role each family member has assumed regarding child care and discipline;
    - How the parent is coping with the needs and demands of the placed child;
    - How the child challenges or tests the placement and how the family reacts to these episodes;
    - How the family perceives the child's sense of identity and the need to fill in the gaps in the child's history; and,
    - How the child has adjusted to the school and the environment.
- If developmentally appropriate, privately interview the child during each supervisory visit about the child's feelings about the adoption and other issues discussed in the above bullets.
- Provide non-judgmental emotional assistance and support to family in dealing with the child's problems. Provide perspective for interpretation of child's behavior based on adjustment to adoption and feelings of separation and loss.
- Assist the adoptive family in building a support system to deal with the child's and family's needs.
- Encourage and facilitate open communication within the adoptive family regarding the adoption experience.
- Work to develop resources within the agency for education or casework oriented groups for parents and children.

- As the adoptive parents are increasingly able to provide for the child's emotional needs, gradually phase out the one-to-one nature of the case manager/child relationship.
- Assist the adoptive parents in their efforts to obtain the most appropriate ongoing services to meet the child's previously defined medical, dental, educational and social needs.
- Consult with the supervisor to evaluate adjustment progress and problems.
- Consult with the (family or child's) case manage who is not directly supervising the adoptive placement to report progress, problems and adjustment and gain insight through that case manager
- As the adjustment proceeds satisfactorily, encourage the family to file the Petition to Adopt .
- Continue home visits as needed to the date of the final Adoption court hearing to enhance stabilization of the placement and capacity for independent functioning after the adoption is finalized.
- If major adjustment problems are preventing movement toward independent family functioning:
    - Define and assess contributing factors, possible causes and solutions with the family and child.
    - With your supervisor and the (family's or child's) case manager who is not supervising the placement, jointly formulate a plan toward resolution of placement problems, including but not limited to:
        - Provision of additional supportive services, such as counseling, therapy, group meetings, intensified remedial services, adoption subsidy, referral to community resources.
        - If the adoption petition has been filed, counsel with the family regarding possible time extension or withdrawal of the petition.
        - Discuss the feasibility of alternative solutions with the family and child:
            - Changes in family's expectations of the child and themselves
            - Changes in contributing external factors (i.e. neighbors/extended family's reactions to placement)
            - Possible adjustments to unanticipated personal reactions to placement (e.g. jealousy of one parent or siblings, feelings of loss of privacy)
            - If the family continues to have serious questions about ultimate success of placement, the supervising case manager shall assist them in reaching a decision, based on consultation with the case manager and other involved professionals.

For Supervisors:
Regularly review the case with the case manager to ascertain how adoption is progressing.

Provide consultation to the case manager in dealing with casework problems engendered in the adoptive placement.

Assist the case manager in assessing whether community resources are indicated or whether group programs might be developed for adoptive families.
Review case with the case manager prior to the filing of the Petition to Adopt.

Assist the family in determining their desires around sharing identifying information with the birth parents.

Give the original to the adoptive parents and place a copy in the child's case record.

If applicable, determine which type of subsidy is most appropriate to meet the child's needs: medical coverage, special services subsidy, maintenance payments, and/or non-recurring adoption expenses. Assist the family in applying for Adoption Subsidy within 30 days of placement. Subsidy is based upon the child's assessed needs at the time of application.

Inform the adoptive parents that they should apply for a new social security number upon finalization for the child and that use of the old number could result in a loss of confidentiality.

Inform the adoptive parents that state law permits communication among the child, birth parents and adoptive parents after finalization of the adoption.

Documentation
File a copy of the signed Adoptive Placement Agreement (CSO-1055) or Foster Adoption Agreement (CSO-1090)in the family's record.

Document the placement in CHILDS following the CHILDS users guide for field users in DCS public folders under Adoption Characteristics .

Document the date of the pre-adoptive or foster-adoptive placement by entering the placement date in the Adoption characteristics window. For foster-adoptive placements this is the date the Foster-Adoption Agreement (CSO-1090)is signed. For other types of placements it is the date the child was placed in the home after the family decided to adopt. In some cases the Identified and Placement date will be the same date such as when a relative or foster parent who already has the child in the home decides to adopt.

To complete the documentation of the adoptive placement:
Enter the Adoptive Agreement signed date on the Adoption Characteristics window.

Add the adoptive parents to the family relationship by updating the Family Relationships window and complete the Service Authorization Request, Service Authorization Approval and Service Authorization Provider Match windows within five days of placement.

Update the legal status, goal, case plan, Child Safety Specialist or contract agency case manager, and other changes as necessary in CHILDS within five days of the change.

Complete the Adoptive Parent(s) Release of Identifying Information, CSO-1041 with the family.

Foster-Adoptive Home Placement and Status Change
When placing a child in a foster-adoptive home:

Follow the procedures for placing children in family foster homes as outlined in Placing Children in Out-of-Home Care.

Ensure the family has read and understands the legal consequences of accepting a child who is not legally free for adoption as described in the Foster-Adoption Agreement (CSO-1090).

Have the foster-adoptive parents sign the Foster-Adoption Agreement (CSO-1090). Give the original to the family; give one copy to the licensing and certification specialists, and file one copy in the family's record.

Documentation
Document the date of the pre-adoptive or foster-adoptive placement by entering the placement date in the Adoption characteristics window. For foster-adoptive placements this is the date the Foster-Adoption Agreement (CSO-1090) is signed.

Document discussion of the provision of the Foster-Adoption Agreement, (CSO-1090); with the foster-adoptive parents using the Case Notes window designated as Out of Home Care Provider Contact type.

- Document discussion of the provisions of the Adoptive Placement Agreement, CSO-1055, with the adoptive parents using the Case Notes window designated as Out of Home Care Provider Contact type.
- If another Child Safety Specialist or contract agency case manager will be supervising the placement, provide the new Child Safety Specialist or contract agency case manager with:
    - a copy of the Family History (Non-Identifying Information) (CSO-1067), and
    - other documents relevant to the placement.

When changing a child from foster-adoptive status to adoptive placement status:

Ensure the child is legally free. A placement is permissible even when the order terminating parent-child relationship is on appeal.

Have the adoptive parent(s) sign the completed Adoptive Placement Agreement, CSO-1055. Ensure the adoptive parent(s) initial items F through J on the Adoptive Placement Agreement, CSO-1055. Give the original to the family; give one copy to the certification specialist, if applicable, and file a copy in the family's record.

If not previously done provide to the adoptive parents the completed Family History (non-identifying information) (CSO-1067); have them sign and copy the forms; provide the original to the adoptive parents and file a copy in the child's case record.

If applicable, give the adoptive parents Adoption Subsidy, A Program for Children with Special Needs (PAP -194) and the application for adoption subsidy, Adoptive Family Subsidy Application (CSO-1079).

Forms

Adoptive Placement Agreement, CSO-1055
Adoptive Placement Agreement (Spanish), CSO-1055S

Adoptive Family Subsidy Application, CSO-1079
Adoptive Family Subsidy Application (Spanish), CSO-1079

Family History (non-identifying information), CSO-1067

Adoptive Parent(s) Release of Identifying Information, CSO-1041

Foster-Adoption Agreement, CSO-1090

Related Information

Adoption Subsidy Types
Adoption Subsidy Application
Petitioning and Finalization Adoption

Legal

ARS §8-113 Participation in activities; contact with relatives; placement with siblings

A.A.C. R6-5-6619 Post-placement Supervision: Non-foster Parent Placements
A.A.C. R6-5-6620 Post-placement Supervision: Foster Parent Placements

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 8
Out-of County/Out-of-State Adoptions

Policy

When a child is placed for adoption out of his or her home county, the department office in the county in which the adoptive parents reside shall designate a courtesy supervision Child Safety Specialist or contract agency case manager. The child's Child Safety Specialist or contract agency case manager and the courtesy supervision case manager shall work cooperatively to ensure the child and family receive the services they need to facilitate the adoption.

When a child is to be placed out-of-state, the department shall facilitate the adoption, following procedures outlined in Interstate Compact for the Placement of Children .

When ordered to do so by the court, the department shall perform functions for independent adoptions. The department shall notify the Attorney General's Office of such court orders.

The department shall notify an approved out-of-state adoptive family who was considered as an adoptive placement for a child when a placement is not made or identified as a result of an adoptive family selection meeting.

The department shall grant an opportunity for a fair hearing to an approved out-of-state adoptive family who was considered as adoptive placement for a child who alleges the department denied or delayed the placement of a child solely because the family resides out-of-state.

Procedures

Out of County Adoptions

Child's Child Safety Specialist or contract agency case manager will:

- Conduct staffings, and write reports to the court and Foster Care Review Board.
- Complete and sign the Adoptive Placement Agreement, CSO-1055, or the Foster Adoption Agreement, CSO-1090 .

- Provide the courtesy supervision Child Safety Specialist or contract agency case manager with background information, from the hard copy record including: documents for filing the adoption petition, medical coverage information, and documentation needed to apply for adoption subsidy, if applicable.
- Request dismissal of the dependency petition when the adoption is finalized.
- File the certified copy of the adoption order and other documents in the child's hard copy record.

Courtesy supervision Child Safety Specialist or contract agency case manager will:

- Make home visits to ensure the child is safe and the placement is going well.
- Help the family complete and sign the Adoptive Family Application for Subsidy, CSO-1079, if applicable.
- Help the family to petition to adopt and complete the final adoption report if required.
- Send the child's Child Safety Specialist or contract agency case manager a certified copy of the final adoption order.

Documentation

The Child Safety Specialist must ensure the supervisor designates the courtesy supervision case manager as the support case manager using the Case Assignment window.

The out of county courtesy supervising Child Safety Specialist or the contract agency case manager must document progress using the Case Notes window and report crises to the child's case manager as they occur.

Out of State Adoptions

For out-of-state placements:
The child’s Child Safety Specialist or contract agency case manager shall:
Follow the procedures on Interstate Compact for the Placement of Children . In addition:

- Ensure the child's active case plan goal is adoption.
- Request court approval of out-of-state placement.
- Obtain reports from the supervising agency and/or court regarding the progress toward adoption.
- Supply documentation required by the state in which the adoption will take place.
- If adoption subsidy is applicable, ensure that the family completes the Adoption Subsidy application and submits it to Arizona Adoption Subsidy Program with the necessary documentation.

Out of State Adoption Appeals

To decide whether a family shall be notified of the denial of placement and be granted an opportunity for a fair hearing, consider these questions:

- Is the family an approved out-of-state adoptive family who was considered for placement at an adoptive family selection meeting?

- Was the child, for whom placement was considered at the adoptive family selection meeting, not placed with any adoptive family or a placement was not identified?

If the family appeals, forward a copy of the appeal letter to the DCS Adoption Specialist at Site Code 940A.

The DCS Adoption Specialist shall coordinate appeals in accordance with the requirements of DES 5-24, Appeals and Hearings .

Forms

Adoptive Family Subsidy Application, CSO-1079

Foster Adoption Agreement, CSO-1090

Adoptive Placement Agreement, CSO-1055
Adoptive Placement Agreement (Spanish), CSO-1055S

Related Information

Interstate Compact for the Placement of Children
Adoption Subsidy application

Legal

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

A.A.C. R6-5-6510 International Adoptions

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 9
Child Specific Recruitment for Adoption

Policy

All appropriate recruitment resources shall be explored and/or utilized within three months of the referral for child specific recruitment.

Child specific recruitment shall be conducted to find adoptive families for legally and non-legally free children for whom no homes are found on the CHILDS Provider (Adoption) Registry, including children with special needs.

For children who are legally free with no identified adoptive placement, child specific recruitment shall be initiated by sending a completed Special Recruitment Plan for Adoptive Placement, CSO-1144, to the DCS Adoption Registry Specialist at 940A.

- Within five days of conducting a CHILDS Provider (Adoption) Registry search resulting in no available homes; or
- Within five days of concluding an adoptive Family and Home Evaluation (home study) case conference that resulted in no identified placement.

For children who are not legally free, child specific recruitment shall be initiated on a selective basis, determined by the child's particular circumstances.

Child specific recruitment includes registering the child with ADOPTUSKIDS, Wednesday's Child and other cross-jurisdictional resources, such as regional exchanges, to facilitate timely and permanent placement for children awaiting adoption.

Media presentations personally identifying a child require a court order.

If more than one appropriate family who can meet the needs of the child responds to a child specific recruitment effort, priority shall be given to families who are already certified or approved to adopt

Procedures
Exploring Recruitment Resources

To conduct child specific recruitment/family identification:

Forward a referral packet for special recruitment to the DCS Adoption Registry Specialist at Site Code 940A within **45 days** of no placement being identified through the CHILDS Provider (Adoption) Registry search or Family and Home Evaluation (home study) case conference.

Include in the referral packet:

- a copy of the previously completed Special Recruitment Plan for Adoptive Placement, CSO-1144,
- court order for recruitment through all media sources; if a court order for recruitment through all media sources is not available, contact the Assistant Attorney General about obtaining a court order,
- photos of the child or sibling group,
    - Digital photograph - 1 copy,
    - Standard photograph - 3 copies, and
- narrative about the child which may include:
    - an attention-getting phrase as an opening statement;
    - colorful details on the child's unique character (hobbies, interests, strengths);
    - highlights of the child's progress and ways to manage challenges;
    - identification of clinical diagnoses;
    - description of how the child relates to adults and other children;
    - quotation from the child or adults important to the child; and
    - suggestions of what the child needs from a family.

The Adoption Registry Specialist will route child specific information to recruitment resources and/or search for prospective families listed with various adoption exchanges.

Evaluate all Family and Home Evaluation (home studies) resulting from a search of adoption exchanges within ten days of receipt.

Respond to all inquires within ten days of receipt. Contact appropriate families personally; send all responses (whether or not they are appropriate for the particular child) to the office that serves the area in which the family lives.

Conduct an individual or group meeting with interested, appropriate families.
Refer all interested, appropriate families for Family and Home Evaluation (home studies).

Make and document your selection through the Family and Home Evaluation (home study) case conference as previously described in Selecting an Adoptive Family .

In the Central and Southwest Region:

The Child Safety Specialist will contact their assigned adoptions supervisor who will assign an adoptions specialist to assist with searching for available adoptive resources.

The adoptions specialist will complete a search for potential adoptive families on the CHILDS adoption registry by contacting the Regional Adoption Registry Liaison. If no matches are found, the Child Safety Specialist will be directed to begin special recruitment efforts .

The referral packet should be sent to the Regional Designee for assignment to a contract agency. Assignments to agencies will occur on a rotating basis, based on the number of contract units held by each agency. An agency may choose to pass one time if the most recent referral received was of a sibling group of three or larger.

The contract agency will develop the child specific recruitment plan and present it to the APM of Adoptions within 30 days of the referral. The APM of Adoptions or designee will review each plan and return it to the contract agency as approved or denied within 10 days of receipt.

Under no circumstance should a non-adoptions case manager choose a family as an adoptive family for a child without the assistance of an adoptions supervisor or adoptions specialist.

Forms

Special Recruitment Plan for Adoptive Placement, CSO-1144

Court Document Directory :
Family and home Evaluation, CT-05300

Related Information

Selecting an Adoptive Family

Legal

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

45 CFR 1356.40 Adoption assistance program: Administrative requirements to implement section 473 of the Act.

A.A.C. R6-5-6507 Department Recruitment Efforts

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 10
Presenting the Child's Information to the Prospective Adoptive Family

Policy

The department shall ensure that a meeting to share non-identifying information is held with the prospective adoptive family prior to the first visit with the child.

The department shall ensure that all non-identifying information including health and genetic history on the child and non-identifying information on the birth parents and members of the birth family is presented to the prospective adoptive parent in a written format.

Families who are considering adopting a child with whom they have no prior relationship shall receive non-identifying information before deciding whether they want to meet the child. This information shall include: the child's history, his or her physical, emotional, social and educational needs, and the birth parents' wishes regarding sharing of identifying information.

The department shall assist the prospective adoptive family in consulting with other professionals who have worked with the child. The department shall also assist the family in identifying community resources to provide support for the child and family

Procedures

Information to be gathered

The Child Safety Specialist or contract agency case manager:

Review information to be provided to the prospective adoptive family and ensure all identifying information is removed from the documents that will be shared. In particular compile the following items:

- Child Information Form (CSO-1045)
- CHILDS medical summary report (includes Medical/Dental Condition Detail, Medication Detail, Psych/Behavioral Condition Detail, Practitioner Detail, Examination Detail, Participant Education Condition Detail and Hospitalization Detail);
- pictures of the child and when possible video tapes;

- Family History, (CSO-1067);
- psychiatric and psychological evaluations on the child and birth parents;
- child's birth and medical records;
- birth parents' and other family members' medical records and/or history;
- child's school records, evaluations, report cards and IEP; and
- any other documents related to the child or birth parents social, behavioral or mental health history.

Presenting the Information to the Adoptive Family

Meeting with the Family about the Child

1) The following persons should be invited to the meeting about the child, however, it is only necessary for the current Adoption/Child Safety Specialist , agency certification worker and the family to be present:

- The selected family;
- Certification worker;
- Guardian Ad Litem;
- Adoption/Child Safety Specialist and Supervisor;
- Resource parent/out-of-home care provider;
- CASA;
- Tribal representative, if applicable;
- Therapist and/or CFT facilitator;
- Previous Child Safety Specialist , if applicable; and
- Previous supervisor, if applicable.

Note: The youth is not included in this meeting for therapeutic reasons.

2) Bring the following documentation to the meeting.

- Child Information;
- The Family History form;
- Copy of the child's medical records;
- Copy of the child's psychological evaluations;
- Copy of the child's Individualized Education Plan (IEP);
- Therapy and/or CFT notes;
- Information about the birth parents; and
- Picture of the child and videotape if available.

Note: The parent's information and placement's information must be redacted.

3) Review all of the child's information with the family.

- Help the family see the child as a whole person, discuss the child's likes and dislikes, hobbies and ways that the child passes his/her time, the verbal skills of the child, if the child expresses emotions easily, the child's fears and hopes. The child is more than their "special needs" and they need to be introduced to the prospective adoptive parents accordingly.
- Using the Child Information (CSO-1045) and Family History (Non-identifying Information)(CSO-1067), as a basis for the initial discussion of the child with the family, discuss the child's special needs with prospective adoptive parents.

- Identify professionals who have a history of the child's identified conditions and who would be available for consultation or to answer questions.
- Facilitate consultations with professionals and/or obtain from professionals in writing answers to questions related to reports, evaluations etc.

4) Discuss the child's history and how the child is currently doing.
- The resource parent/out-of-home care provider, if present, can give an update on this.
- If the resource parent/out-of-home care provider is not present, set up a meeting with the new family to review daily routines and needs.

5) Discuss the child/children's legal status at this time. If the child is not legally free for adoption, discuss the legal risk and the projected course with the family.
- Status of the termination of parental rights.
- Are the parents contesting the severance?
- How have the parents been involved?
- Does the child have visits with the parent(s)?
- What is the projected time-frame for completing the severance?
- If there are any kinship relationships to be maintained, who are they and what is the expectation?
    - Is this required or requested?

6) Have a question and answer time.

7) Discuss Adoption Subsidy.
- Discuss whether the child may be eligible for Adoption Subsidy.
- Is the family expecting Adoption Subsidy?
- Ask if the family can adopt without Adoption Subsidy.
- Does the family need Adoption Subsidy maintenance?
- Does the family expect a specific rate or amount?
- Explain what is included and what is not. If this is a licensed foster home, it is important to explain the difference between foster care reimbursement and Adoption Subsidy.
- Does the family have specific questions?
- Provide prospective parents with the Adoption Subsidy pamphlet - A Program for Children with Special Needs, PAP-194

8) Discuss whether there are any reasons the adoptive family should become licensed as foster parents.

9) Discuss the transition process. Follow the procedures in Adoption: Transition Planning. Note: The Adoptive Placement Transition Plan will be influenced by the child's relationship with the identified adoptive family. A child who has an established relationship with the identified adoptive family will most likely have a less intensive Transition Plan.

- Advise the family that an initial meeting with the child in the foster home will be arranged and that any move toward placement will only occur upon completion of a series of transition visits
- Plan a meeting to develop the transition plan.
- Discuss how to introduce the new family to the child.
- Discuss expectations about how the transition between homes should occur.
- The transition plan should be child focused and based on the needs of the child as identified in the preparation section.

10) Discuss transfer of services.
- Note who is responsible for each service.
- When can the transition take place after services are transferred?
- Transfer of services between counties or states may take longer, but need to be carefully coordinated to prevent a delay in transitioning the child.
- Determine if there is a preference for where the adoption will finalize so steps can be taken for preparing this after the transition.

11) Allow the family at least 24 hours following the meeting to make a decision about placement of the child. Recommend the family review all the documents provided and contact the placement and/or other parties, before making a decision. Note: If the family does not accept placement, the family must return all of the information regarding the child.

Documentation
Document discussion regarding placement without adoption subsidy in the Case Notes window.

Document names of documents and type of non-identifying information shared with the prospective adoptive family in the Case Notes window.

Document the identified placement in the adoption characteristics window.

Forms
Child Information Form (CSO-1045)

Family History (Non-identifying Information), CSO-1067

A Program for Children with Special Needs, PAP-194
A Program for Children with Special Needs (Spanish), PAP-194S

Related Information
Adoption: Selecting Adoptive Placement
Adoption: Transition Planning

Legal

ARS §8-129 Health and genetic history; compilation; availability; costs

A.A.C. R6-5-6615 Provision of Information on Placed Child

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 11
Adoption: Transitioning Planning

Policy

The department shall ensure that each child whose placement in an adoptive home is planned shall have a transition plan developed.

The transition plan shall be developed in consultation with the prospective adoptive parents, foster parents, child (if appropriate), Child Safety Specialist or contract agency case manager, therapists and other interested parties as appropriate.

The transition plan shall be developed after the initial visit with the prospective adoptive parents and child and prior to any subsequent visits.

Visits shall be planned to allow the child and family ample time to get to know each other. Timing and number of visits shall be determined with consideration of the child's and family's needs as well as consideration of factors such as distance and expense.

Procedures

Developing the transition plan

Consider the following when developing a transition plan:

- the age and identified special needs of the child;
- the physical location of the child to the prospective adoptive parents home;
- the expressed concerns of the child if the child is of an age/ability to appropriately express his desires;
- any therapeutic recommendations/ suggestions regarding visitation; and
- the child's developmental level, schedule, likes and interests, fears and anxieties.

Discuss the following during the formulation of the transition plan:

- The goal of pre-placement planning is to decrease anxiety and limit the child's perception of loss.
- The value of a cooperative relationship between the prospective adoptive parents and the foster parents and how this relationship can facilitate the attachment process.

- Allowing the child to keep familiar belongings, maintaining the child's schedule and familiar child care practices and maintaining cultural continuity.

Transition

1) Develop a Transition Plan.

- Plan is developed by the Adoption/Child Safety Specialist , adoptive family, current family/provider and others as needed.
- Transition will vary on a case-by-case basis.
- The transition plan should be child focused and based on the needs of the child as identified in the preparation section.
- Include when and where the first visit will occur.
- Identify when and where visits will occur and activities during visits
- Discuss how many visits are anticipated.
- Discuss overnight visits and how to decide when the child is ready.
- Discuss what will determine when the child is ready to move to the new home.
- Provide written copies of transition plan to the adoptive family and foster family or current caregiver.

2) Prepare the child for the upcoming move. (Follow procedures in Assessing Child Needs)

- How the child is prepared will depend on the age and circumstances of the child.
- The appropriate person to prepare the child will depend on the individual child and may be presented by the child's Adoption/Child Safety Specialist , resource parent or current placement, therapist, or someone else close to the child.
- It is important that all team members know the plan and communicate the same information to the child.
- Present pictures of the new family to the child prior to the child meeting the adoptive parents.
- Provide a copy of the plan for the transition including a written schedule of the visits and activities to the child.

3) Schedule the first visit between the adoptive parents and the child.

- The first visit should occur at the child's residence.
- The Adoption/Child Safety Specialist must be present during the first visit. The previous Child Safety Specialist may also be invited to the first visit if he/she has a more significant relationship with the child.
- During the first visit, schedule the next two to three visits between the child and the adoptive parents.

4) During the transition period:

- The Adoption/Child Safety Specialist must communicate frequently with the current out-of-home care provider and the adoptive parents to gauge how the child is doing.

- Discuss with the current out-of-home care provider and the adoptive parents how the child is adapting and ways to help the child.
- Discuss future visits and the anticipated date the child will be moved.

5) Arrange services (therapist, psychiatrist, speech, therapist, etc.) for the child during the transition.

- Ensure services are coordinated and arrangements are made for the child to attend appointments.
- Determine who will be taking the child to appointments during each step of the transition.
- Maintain services with the same providers, if possible, but at least until the child is settled in the new home and new services are arranged as necessary.
- If it is not possible to keep the same providers, ensure all services are transferred prior to a final move date for the child.

6) Have a case conference when child is ready to move to the new home.

- Include the adoptive family, current out-of-home caregiver and all service providers.
- Discuss all of the people involved with the child such as the CASA, GAL, doctors, dentists, therapists and any family.
- Discuss the child's services and appointments.
- Confirm all services are in place.
- Discuss final details.

7) Arrange for the child to move to the new home.

- If a child is **legally free for adoption**, the child can be placed with the certified adoptive family without completing any additional paperwork.
- If a child is **not legally free for adoption** and being placed in a certified adoptive home, a Motion for Change of Physical Custody (CPC) must be filed by the Adoption/Child Safety Specialist .
    - The CPC should be filed while the child is having visits with the prospective adoptive family.
    - The Adoption/Child Safety Specialist does not need to complete a home study since the prospective adoptive parents have already been certified to adopt.
- If the child is **not legally free for adoption** and the adoptive parents are also licensed to provide foster care, a CPC **does not** have to be filed.

8) Ensure the previous out-of-home care provider gives the new family a complete placement packet including all of the forms and documents listed on the Placement Packet Checklist Information for Out-of-Home Caregivers, FC-120 .

9) Review the information with the adoptive family.

- Discuss the child's services and appointments.
- Explain foster care billing, if applicable.
- Answer the family's questions.

10) Have the adoptive parents sign the Adoptive Placement Agreement, CSO-1055 once the child is placed for adoption in their home. The Adoptive Placement Agreement, CSO-1055 should be sent to the adoption agency within two working days of placement of the child.

Documentation

Document in the Case Notes window the transition plan meeting and the steps to be included in the transition plan. Indicate if the child received a copy of the transition plan.

Document the placement and the date in the CHILDS adoption characteristics window.

Forms

Adoptive Placement Agreement, CSO-1055
Adoptive Placement Agreement (Spanish), CSO-1055S

Court Document Directory:
Motion for Change of Physical Custody, CT001700
Placement Packet Checklist Information for Out-of-Home caregivers, FC-1200, Child Placement Packet

Related Information

Team Decision Making
Assessing Child Needs

Legal

A.A.C. R6-5-6618 Placement Services

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 12
Unsuccessful Placements

Policy

A family may withdraw from consideration for placement of a specific child at any time prior to placement by notifying their certification specialist or the child's Child Safety/Adoption Specialist. A family that withdraws may remain on the CHILDS Provider (Adoption) Registry as a placement resource for other children.

During the supervision period, a family may request removal of a child placed in their home by submitting the request in writing to the child's Child Safety/Adoption Specialist.

If a request for removal of the child by the prospective adoptive family is made after the filing of the Petition to Adopt, the family must withdraw the petition from court.

If at any time the Child Safety Specialist /Adoption and his or her supervisor believe the certified adoptive parent is not meeting the child's needs, the Child Safety/Adoption Specialist will meet with the family and offer supports and services. If the Child Safety Specialist and his or her supervisor determine the child should be removed, the department shall request a hearing on removal of the child if the family does not agree with the removal and does not withdraw the petition to adopt.

If removal of the child is necessary, the department will provide counseling for both the child and the family.

Procedures

Considering Removal

Provide counseling for families who wish to withdraw from consideration for a particular child or who have requested that a child be removed from their home. Help the family to determine whether they want:

- to remain on the CHILDS Provider (Adoption) Registry with their current listing;
- to change their "child desired" specifications;
- to be placed "on hold" for a period of time; or
- to withdraw from the Registry.

Documentation
To reflect any change in a family's child preferences and special capabilities, update the Provider Maintenance Special Capabilities and Provider Maintenance Preference Detail windows.

If removal of a child is necessary prior to filing the Petition to Adopt, update the CHILDS Adoption Registry within five days of the child's removal by completing the Service Authorization Request and Provider Service Authorization windows.

Removal After Petition has been filed
Notify the family and the assigned Assistant Attorney General, county attorney or the family's attorney of the need to withdraw the petition.

Instruct the family that they may remain on the CHILDS Provider (Adoption) Registry as long as their certification to adopt remains in effect.

Documentation
Document the removal and the reasons in the child's and family's case record by completing the Legal Status, Service Authorization Request, Provider Service Authorization, and Case Notes windows.

If applicable, close the family's adoption certification record by updating the Provider Maintenance Status List Detail and Provider Maintenance Service Detail window.

Document disruption of the pre-adoptive/foster-adoptive placement or an adoptive placement by entering the Disruption date and Disruption Reason in the Adoption Characteristics window.

If Adoptive Parent Disagrees with Removal
If the certified adoptive parent (who is also the child’s prospective permanent placement) disagrees with the child’s removal, a change in placement cannot occur without a court order, unless:

- the removal is required to protect the child from harm or risk of harm, or
- the action is required by federal or state law or regulation, or
- to comply with the requirements of the Indian Child Welfare Act (25 U.S.C. § 1903).

If the certified adoptive parent has court ordered physical custody of the child and disagrees with the child’s removal, initiate a motion for change of physical custody and removal using the CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan) before moving a child. The assigned AAG will file a motion for change of physical custody and removal and request a hearing on the motions.

If the certified adoptive parent does not have court ordered physical custody of the child and disagrees with the child's removal, initiate a motion for removal using the CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan) before moving the child. The assigned AAG will file a motion for removal and request a hearing on the motion.

If Adoptive Parent Disagrees with Change in Goal
If the department determines that a change in the permanency goal (case plan) from adoption to another goal is in the child's best interests and the certified adoptive parent (who is also the child's prospective permanent placement) disagrees with the decision, initiate a motion for change of permanency goal (case plan) using the CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan). The assigned AAG will file the motion for change of permanency goal (case plan) and request a hearing on the motion.

Providing a Copy of the Motion to Adoptive Parent
Ensure that the name(s) and address of the certified adoptive parent(s) are current and accurate on the CT01700 and the FC-064-A, Attachment A. The Attorney General's Office will provide a copy of the motion for removal and/or change of permanency goal (case plan) to the certified adoptive parent only if the certified adoptive parent's name(s) and address are included on the CT01700. Otherwise, the Child Safety/Adoption Specialist must provide a copy of the motion for removal and/or change of permanency goal (case plan) to the certified adoptive parent.

- Good faith efforts must be made to provide a copy of the motion for removal to the certified adoptive parent at least 15 days before the hearing on the motion.
- Good faith efforts may include hand delivery, mailing, faxing or emailing the motion to the certified adoptive parent.

Forms
Court Document Directory:
CT01700 (Motion for Change of Physical Custody, Removal and/or Case Plan)
FC-064A, Attachment A

Related Information

Legal
ARS §8-113 Removal from home; expedited hearings; probationary period; rights and responsibilities; visitation limitations

ARS §8-862 Permanency hearing

A.A.C. R6-5-6623 Placement Disruption

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 13
Petitioning & Finalization

Policy

The Petition to Adopt shall be filed within six months of adoptive placement unless there are extenuating circumstances.

The department shall ensure an adoptive family understands the legal consequences of proceeding to file the Petition to Adopt a child where the order terminating parental rights is or may be appealed.

The prospective adoptive parent may file the Petition to Adopt, through the Office of the Attorney General, the County Attorney or a private attorney and the department shall provide all necessary documentation to the attorney.

The family, in consultation with the attorney and Child Safety Specialist or contract agency case manager, will decide whether the Petition to Adopt for a child being adopted in Arizona is filed in the county where the adoptive family resides or in the county where the child is a ward.

A certified adoptive family may file more than one Petition to Adopt during a certification period.

Adoptions may be finalized six months after the petition is filed or sooner if the child meets the timeframe criteria or reasons to expedite.

Expedited adoption may be requested under any of the following circumstances:

- he child is diagnosed as having a chronically debilitating, progressive or fatal disease.
- The prospective adoptive parent or the natural parent or legal parent is diagnosed as being terminally ill.
- The court determines that other compelling reasons exist, based on the special needs and welfare of the child.

The adoptive family shall make the final decision on whether to file for an expedited adoption proceeding. The department may either support or oppose this decision, based on consideration of the needs of the child.

When the prospective adoptive parent is the child's step-parent who has been legally married to the child's birth or legal parent for at least one year and the child has resided with the step-parent and parent for at least six months; or, is the adult sibling by whole or half-blood, aunt, uncle, grandparent or great-grandparent and the child has resided with the prospective adoptive parent for at least six months, the social study will consist of the results of:

- the state and federal criminal history records check; and
- Central Registry records check, on all adults permanently living in the household [ARS §8-112(D)].

When the prospective adoptive parent has adopted a child in this state, or was appointed permanent guardian of the child in the preceding three years or is a foster parent licensed by this state, and the child has resided with the prospective adoptive parent for at least six months, the social study will consist of:

- the results of the Central Registry records check on all adults permanently living in the household; and
- a review of any material changes in circumstances since the previous adoption, permanent guardianship or license renewal that affect the parent's ability to adopt. [ARS §8-112(E)]

For all other prospective adoptive parents, the department shall complete a social study. [ARS §8-112(B)]

Procedures

Considering a Petition to Adopt

To decide when to recommend a petition for adoption, consider these questions:

- Is the child working through normal issues of adjustment to adoptive placement, including separation and loss, power and control, attachment and bonding?
- Does the family appear able to cope with the child's mechanisms for working out these issues? Does the family appear committed to addressing and resolving these issues with the child?
- Does the family have a support system to help them with future challenges related to the adoption?
- Does the child or the adoptive family's circumstances require expediting the adoption?

Preparing documents for Filing of Petition to Adopt

In some regions the Child Safety Specialist or contract agency case manager is responsible for all of these procedures; in others they are divided between the Child Safety

Specialist or contract agency case manager and the courtesy supervision case manager. **Consult your supervisor to determine region procedures and responsibility for completion of the activities listed below** .

To obtain the agency's consent for adoption, request, in writing, a signed, witnessed and notarized Consent of Department to Adoption, from the Program Manager or designee. Send the original and one copy to the courtesy supervision case manager, if applicable.

To prepare for the filing of the Petition to Adopt complete or have the adoptive parents complete the documents required by the attorney filing the petition which may include but not be limited to:

- The Affidavit of Expedited Adoption Procedures, AN-004, if requested to do so by the family and if the department concurs with the decision. Give one copy to the family; send one copy to the attorney.
- The Application for Adoption or Adoption Certification Application window.
- The Department of Health Services form, VS-5, Certificate of Adoption, parts I and II.
- The original Consent of Department to Adoption.

Ensure the family, who is adopting a child where the order terminating the parent-child relationship is or may be appealed, has read and understands the legal consequences should the appeal, be granted and the adoption decree overturned as described in the Adoptive Placement Agreement, CSO-1055 . If not previously signed have the adoptive parent(s) sign the completed Adoptive Placement Agreement, CSO-1055. Ensure the adoptive parent(s) initials Items F through J on the Adoptive Placement Agreement, CSO-1055.

Compile and forward to the attorney representing the prospective adoptive parents other documentation as required by the attorney or the court.
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In situations where the agency has been requested to consent to an adoption and the Child Safety Specialist and/or contract agency case manager assess that adoption by the family is not in the child's best interests, the Child Safety Specialist and/or contract agency case manager shall document their specific reasons for this assessment. The Child Safety Specialist and/or contract agency case manager shall consult with their Regional Program Manager or designee regarding whether the agency should consent to the adoption. If the decision is made not to consent, the Child Safety Specialist and/or contract agency shall immediately notify the Assistant Attorney General. NOTE: The court may waive the department's consent if the court determines, after a hearing on actual notice to all persons who may be adversely affected, that waiving the requirement is clearly in the child's best interest.

Preparing Finalization Documentation
To prepare for the finalization of the adoption petition:

For step-parent and specified relatives, ensure the state and federal criminal history records and Central Registry records clearance of child abuse and neglect reports and history on all adults permanently living in the household are current within the last year. Do not complete a state and federal criminal records check on a birth or legal parent who has custody of the child to be adopted.

For former Arizona adoptive parents, Arizona licensed foster parents and permanent guardians complete a review of any material changes in circumstances that affect the prospective adoptive parent's ability to adopt since the parent's adoption certification or foster parent license renewal or permanent guardianship, using the Social Study - Part 2, CT 05200 found in the Court Document Detail. Also ensure that a current Central Registry records check of child abuse and neglect reports and history has been completed on all adults permanently living in the household.

For all other prospective adoptive parents, complete the social study using the Social Study, CT04500 found in the Court Document Detail.

Unless directed by the court to complete a comprehensive social study report, submit the following documents to the court and the Office of the Attorney General, ten days prior to the hearing on the Petition to Adopt.

When the prospective adoptive parent is the child's step-parent who has been married to the child's natural or legal parent for at least one year and the child has resided with the step-parent and parent for at least six months; or is the adult sibling by the whole or half-blood, aunt, uncle, grandparent or great-grandparent and the child has resided with the prospective adoptive parent for at least six months submit:

- results of the state and federal criminal history records check (within the last year);
- results of the current Central Registry records check;
- Arizona State Department of Health Services form VS-5, Certificate of Adoption;
- communication agreement, if applicable; and
- Addendum Report to Juvenile Court, CT00200, if applicable.

When the prospective adoptive parent has adopted a child in this state, or was appointed permanent guardian of the child in the preceding three years or is a foster parent licensed by this state, and the child has resided with the prospective adoptive parent for at least six months, submit:

- Social Study-Part 2, CT05200;
- results of the current Central Registry records check;
- Arizona State Department of Health Services form VS-5, Certificate of Adoption;
- Communication agreement, if applicable; and
- Addendum Report to Juvenile Court, CT00200, if applicable.

For all other prospective adoptive parents, submit the following:

- the Social Study report, CT04500;
- communication agreement, if applicable;
- Arizona State Department of Health Services form VS-5, Certificate of Adoption; and
- Addendum Report to Juvenile Court, CT00200, if applicable

If the prospective adoptive parent retained an attorney to file the Petition to Adopt, send the above documents as applicable, excluding the results of the state and federal criminal history records check and the Central Registry records check, to the attorney.

After the Petition to Adopt has been filed, provide written notification of the date, time and location of the hearing on the petition to the adoptive parents.

If the adoptive family has applied for Adoption Subsidy ensure that the application has been reviewed by the Adoption Subsidy Review Committee . If Adoption Subsidy has been approved ensure that there is a signed Adoption Subsidy agreement prior to finalization of the adoption.

Attend the final hearing and testify, as required.

If necessary, facilitate the sharing of identifying information between the adoptive and birth parents. See Safeguarding Case Records .

If a child has been in adoptive placement for six months and a Petition to Adopt has not been filed, convene a case conference to discuss reasons for the delay. Participants should include the supervisor, Program Manager or designee and others who are involved with the case.

Submit a report on findings and recommendations of the case conference to the DCS Adoption Specialist at 940A **within 30 days**. If no consensus was reached, the report will be referred to the Program Administrator for disposition.

Documentation
Document sending the packet to the Office of the Attorney General, the county attorney or the attorney representing the prospective adoptive parent using Case Notes window. Keep a copy of the packet documents in the child's hard copy record.

Document sending of the notification of the hearing date, time and location using the Case Notes window. File a copy of the notification letter in the child’s hard copy case record.

Finalization
Terminate CMDP coverage and other DCS services such as child care.

Ensure the dependency is dismissed.

Notify the Assistant Attorney General and FCRB that the adoption is final.

If applicable, send a copy of the Order of Adoption showing the finalization date to the Adoption Subsidy Unit and DCS Eligibility Unit.

For Indian children subject to the Indian Child Welfare Act, follow procedures in Adoption of an Indian Child .

Documentation
After the final Order of Adoption and the dismissal of dependency is received, close the child's record by updating the child's legal status on the Legal Status window, end dating open service authorizations, and completing the Case Closure window **within five days**. Route the hard copy records to closed records.

If the adoptive parent elects to remain on the CHILDS Provider (Adoption) Registry, add the adopted child to the Provider Maintenance Household window.
If the adoptive parent elects not to remain on the CHILDS Provider (Adoption) Registry, update the Provider Maintenance Status List Detail and Provider Maintenance Service Detail windows to close the adoption certification record and services. Send a letter to the family notifying them that their case record has been closed.

Forms
Adoptive Placement Agreement, CSO-1055
Adoptive Placement Agreement (Spanish), CSO-1055S

Consent of Department to Adoption, CSO-1052

Court Document Directory:
Addendum Report to Juvenile Court, CT00200
Social Study report, CT04500
Social Study-Part 2, CT05200

Related Information
Adoption of an Indian Child

Legal
ARS §8-102 Who may be adopted

ARS §8-103 Who may adopt

ARS §8-104 Venue

ARS §8-106 Consent to adoption; waiver; consent to the release of information; notification to potential fathers

ARS §8-109 Petition to adopt; contents

ARS §8-112 Social studies; requirements

ARS §8-113 Removal from home; expedited hearings; probationary period; rights and responsibilities; visitation limitations

A.A.C R6-5-6622 Finalizing the Placement

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 14
Communication Agreements

Policy

The department shall support communication among the child, the birth parent and adoptive parents when communication is in the child's best interest.

The department shall inform birth parents and adoptive parents that state law permits communication among the child, birth parent and adoptive parent after finalization of an adoption.

The department shall provide to the birth parent and the adoptive parent information about communication agreements.

Prior to the finalization of the adoption, if requested, the department may participate in the development of a communication agreement. The department will not participate in negotiating communication agreements between birth parents and adoptive parents or facilitating communication after finalization of an adoption.

The department must approve an agreement involving a child who is a ward of the court placed in the custody of the department.

Procedures

Considering Communication Agreements

To determine whether a communication agreement is in the best interest of the child consider these question:

- Has the child adjusted to the adoptive placement?
- Has the child worked through issues of separation and loss?
- Has the child indicated a desire to maintain contact with the birth parent?
- What type of future contact is appropriate given the history of the parent-child relationship?
- Is communication between the birth parent and child likely to cause harm to the child's health, safety and welfare?

Characteristics of Communication Agreement
Discuss with the birth parent, adoptive parent and child, if age 12 or older, the following characteristics of a communication agreement:

- A communication agreement is not enforceable unless it is in writing and approved by the court.
- A communication agreement must contain a statement that the adoptive parent may terminate contact between the birth parent and child at any time that the adoptive parent believes the communication is not in the child's best interest.
- A communication agreement is enforceable even if it does not disclose the identity of the parties to the agreement.
- A communication agreement must be approved by the adoptive parent, the birth parent with whom the agreement is being made and the department if the agreement involves a child who is a ward of the court, placed in the custody of the department.
- The court cannot approve a communication agreement unless the court finds that the agreement is in the child's best interest. The court may consider the wishes of a child age 12 and older.
- Failure to comply with an agreement is not grounds for setting aside an adoption decree, revocation of written consents to an adoption decree or relinquishment of parental rights.
- The court retains jurisdiction to hear motions to enforce or modify a communication agreement.
- The court will not enforce or modify a communication agreement unless the person filing the motion makes a good faith attempt to mediate the dispute. The court may consider the wishes of a child age 12 and older in determining whether to modify a communication agreement.

Provide birth parents and adoptive parents who express a desire to enter into a communication agreement a list of Arizona licensed adoption agencies and Confidential Intermediaries who may be willing to assist the parties in negotiating a communication agreement. There may be a fee for this service.

Request the assigned Assistant Attorney General review the agreement prior to approving a communication agreement involving children who are wards of the court, placed in the custody of the department.

Before the department representative declines to approve a communication agreement, efforts must be made to resolve areas of disagreement.

Obtain supervisory approval when declining to approve a communication agreement that the birth parent and adoptive parents have approved.

Documentation

Document discussion with the birth parent and adoptive parents of the characteristics of a communication agreement using the Case Notes window.

Document supervisory approval of a decision not to approve a communication agreement using the Case Notes window designated as supervisory contact type.

Document the reason a communication agreement is not in the child's best interest using the Case Notes window.

Forms

Related Information

Legal

ARS §8-116.01 Agreements regarding communications

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 15
Relative Adoptions

Policy

The department shall complete an extensive and documented search for relatives who can provide safe and permanent adoptive homes for children needing adoptive placement.

The department shall accept an application for adoption from a relative who is not required to be certified and who intends to adopt a related child who is a court ward.

The department shall make available a minimum of thirty hours of Arizona PS-MAPP training to relatives wanting to adopt a relative child who is a court ward

The department shall approve for adoption placement the home of an adult relative who is the spouse of the natural or legal parent of the child to be adopted or is the adult sibling, aunt, uncle, grandparent or great-grandparent of the child by the whole or half-blood or by marriage or adoption when the relative is assessed as acceptable to adopt.

Approved relative adoptive families shall be entered into the CHILDS Provider (Adoption) registry.

Procedures

Considering Relatives

- Does the relative offer the child a positive connection to his/her heritage and to extended family members, specifically siblings not placed together?
- How will the relative's relationship with the child's parents impact upon the child's needs for a safe and nurturing home?
- Can the relative family meet the child's identified physical, social and emotional needs?
- Is there any background information about the relative family that would adversely affect the family's ability to provide a safe and nurturing environment?
- Does the family appear to understand and accept the dynamics of adoption, including the child's knowledge of his or her birth parents?

- Do all family members - and the family unit collectively - appear stable enough to accept the changes that the addition of an adopted child will bring to the family?

Assessment of the Relative Family
View relevant birth certificates and/or marriage license/registration to confirm the interested relative is the spouse of the natural or legal parent of the child to be adopted or is the adult sibling, aunt, uncle, grandparent or great-grandparent of the child by the whole or half-blood or by marriage or adoption.

Provide to the relative who is not required to be certified and who intends to adopt a related child who is a court ward an application for adopt.

Provide to the relative who wants to adopt a related child who is a court ward the opportunity to attend all or part of Arizona PS-MAPP training.

Ensure the relative and all adults permanently living in the household have:
- completed fingerprinting and have a state and federal criminal history records clearance within the last year; and
- a current DCS records clearance.

If the fingerprint and criminal history records check are not current within the last year, provide information to the relative on arranging for the relative and all adults permanently living in the household to complete:
- Request for Licensing/Employment Information, J-709;
- FBI Fingerprint Card, FD-258; and
- Adoptive Families CPS Records Clearance (CSO-1058).

Schedule a case conference if the fingerprinting has not been initiated within 30 days. The conference should include the child's Child Safety Specialist , his/her supervisor, and the relative. It should focus on resolving any barriers to completion of the fingerprinting and home approval process or, if necessary, on planning for selection of another family.

If the DCS records clearance was not previously completed or is not current, complete a search of the DCS Central Registry and CHILDS Case Management Information System for current or prior child abuse and neglect reports and history. Confirm the outcome of any child abuse or neglect reports.

When the relative and all adults permanently living in the household have a criminal history records clearance and DCS records clearance, assess the relative’s ability to parent the child by:
- reviewing and/or updating the Assessment for Kinship Foster Care or Significant Person Placement report;
- reviewing the child's assessed placement needs in CHILDS and/or the child’s hard copy record; and

- reviewing any other relevant documentation in determining the relative's ability to meet the child's assessed needs.

If not already completed, conduct an assessment of the relative family using the Assessment for Kinship Foster Care or Significant Person Placement, CT01100, found in the Court Document Detail.

If the relative is assessed as capable of meeting the child's placement needs and is determined to be the most appropriate placement, obtain supervisory approval of the relative as an adoptive home for the child.

If the relative is assessed as not capable of meeting the child's placement needs, follow procedures in Selecting a Adoptive Family for other placement options.

Documentation

Enter the approved relative adoptive family into the CHILDS Provider (Adoption) Registry

- Complete a person search in CHILDS using the Find Person window.
- Confirm and update the Address and Phone Number window when the relative is identified in CHILDS.
- Confirm that the relative who is identified in CHILDS has a High Level Client Index Number in the Participant Detail window.
- Complete the Person Detail, Address and Phone Number, Participant Detail and High Level Client Index Directory windows when the relative is not identified in CHILDS.
- Confirm, update or complete name, address, non-profit status and phone and fax numbers in the Provider Maintenance Detail window.
- Confirm, update or complete facility ID, operating hours, secure facility and mail warrants here fields in the Provider Maintenance Facility Detail window.
- Confirm, update or complete contact person and role fields in the Provider Maintenance Contact window.
- Select the ADOPTION service group and ADREL-NONCERT service type on the Provider Maintenance Service Detail window. Use the date of supervisory approval as the effective date the home was approved for adoption.
- Confirm, update or complete household member and role fields in the Provider Maintenance Household window.
- Confirm, update or complete address and phone number fields in the Provider Address and Phone Numbers window.
- Complete the Adoptive Family Evaluation window once the child is placed in the relative adoption provider home.
- Do not complete Provider Maintenance Preference Detail, Provider Maintenance Special Capabilities, Provider Maintenance Certification List, Provider Maintenance Status List, and Provider Maintenance Home study.
- Document supervisory approval of the relative as an approved relative adoptive family using the Case Notes window designated as Supervisory Contact type.

For More Information on completing the service authorization and approval process, see Creating an Adoption Case.

Forms

Adoptive Families CPS Records Clearance, CSO-1058

Court Document Directory:
Assessment for Kinship Foster Care or Significant Person Placement, CT01100

Related Information

Relative Search Best Practice Guide

Legal

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)

ARS §8-105 Preadoption certification; investigation; central adoption registry

Effective Date:November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 16
Secondary Adoptions and Adoptions by Foster Parents

Policy

A family may apply to adopt an additional child or children at any time. A new Family and Home Evaluation (home study) shall be required, unless the family is certified to adopt, or has previously adopted a child in Arizona or is a resource family licensed by this state.

The department shall complete an update report on any changes in circumstances that have occurred since the previous certification when the applicant is not certified and has previously adopted a child in Arizona. The department shall complete an update report on any changes in circumstances since the most recent licensing report when the applicant is foster parent licensed by this state.

Procedures

Completing the Update Report

For a prospective adoptive parent who is not certified to adopt or, who has not completed an adoption in Arizona or who is not a resource family licensed by this state, complete the certification process as specified in Family and Home Evaluation and Certification.

If the original Foster Home Licensing or Certification Evaluation (home study) was not completed by the department, request a copy from the agency that completed it.

Use the Family and Home Reevaluation to update changes in circumstances since the previous report for:

- a family who is not certified, but has previously adopted a child in Arizona, and is applying to adopt another child; or
- a foster family licensed by this state.

Write and submit the Family and Home Reevaluation report to the court with the following attachments:

- for applicants who have previously adopted a child in Arizona, the initial adoptive home study and all extension reports;
- for applicants who are foster parents licensed by this state, the initial licensing home study and all re-licensing evaluations; and
- other documents or information as required by the court.

Documentation
Enter the prospective adoptive parent as an applicant in CHILDS.

For applicants who have previously adopted and are identified in the CHILDS Provider (Adoption) Registry, update the following windows using the same High Level Client Index Number.

- Person Detail,
- Address and Phone Numbers,
- Provider Maintenance Detail,
- Provider Maintenance Certificate List Detail

For resource family applicants, update the Provider Maintenance Certificate List Detail window. Update CHILDS Provider Maintenance Home study and Provider Maintenance Status List Detail windows to indicate that the Family and Home Reevaluation has been completed.

After receiving the order of certification, enter or update the family in the CHILDS Provider (Adoption) Registry by completing the following windows:

- Provider Maintenance Home study Approval,
- Provider Maintenance Facility Detail,
- Provider Maintenance Contacts,
- Provider Maintenance Service Detail,
- Provider Maintenance Household,
- Provider Addresses and Phone Numbers,
- Provider Maintenance Special Capabilities,
- Provider Maintenance Preference Detail.

Forms

Court Document Directory:
Famly and Home Evaluation, CT05300

Related Information

Family and Home Evaluation and Certification

Legal

ARS §8-105 Preadoption certification; investigation; central adoption registry

A.A.C. R6-5-6607 Renewal of Certification

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 17
Adoption: Application Process

Policy

The department welcomes applications for adoption of eligible children in its care, custody and control and shall consider requests from any individual who meets the criteria specified by Arizona law.

The department's priorities for accepting and processing certification applications and for providing services shall be:

- applicants seeking to adopt a particular adoptable child with special needs;
- applicants who wish to adopt a child with special needs;
- applicants who have indicated they would consider adopting a child with special needs;
- applicants for whom the court has ordered the department to do a certification investigation and report; and
- all other applicants.

Before accepting applications, the department shall provide prospective adoptive families with the information necessary to make an informed decision about adoption.

Prior to accepting a formal application to adopt from a person contemplating adoption of a special needs child, the department shall provide a minimum of 30 hours of Arizona PS-MAPP Training.

To be considered as a potential adoptive parent - whether for a specific child or for a child unknown to the applicant - an individual must complete and submit a formal application for adoption, along with a certification fee (unless it has been waived or deferred). The application process includes submission of:

- a completed Foster Home License, Adult Developmental Home License or Adoption Certification Application, LCR-1032, which includes a financial statement;
- a Fingerprint Clearance Card Application, DPS 802-06857, for each adult member of the household; and FBI Fingerprint Card, FD-258;

- a Physician's Statement, LCR-1040, for each parent; and
- a Criminal Records Self-Disclosure, LCR-1034A.

Requests for waivers or deferments of certification investigation and report fees must occur prior to the filing of the formal application to adopt, by completing Application for Deferment of Adoption Certification Fee, CSO-1066.

Procedures

For the Certification Specialist:

Before accepting applications, conduct a group or individual meeting with prospective adoptive parents. Ensure they understand:

- the characteristics of children available for adoption through the department;
- the dynamics of the adoption process, including the child's knowledge of and/or relationship to his or her birth family;
- the application and approval processes, including the $800 certification investigation and report fee and provisions for waiver or deferment; (R6-5-6509)
- the selection, placement and post-placement supervision processes;
- the adoption subsidy program;
- the foster-adoptive program; and
- provide the name of agencies that place children for adoption.

Provide interested individuals with application forms and application for waiver or deferment of fee, if applicable. Arrange additional meetings to help families clarify their feelings about adoption, if necessary.

Help to arrange for fingerprint clearance of prospective adoptive parents and all adults permanently living in the household using the following forms:

- Fingerprint Clearance Card Application, DPS 802-06857;
- FBI Fingerprint Card, FD-258; and
- Criminal Records Self-Disclosure, LCR-1034A

To accept a completed application, follow R6-5-6505.

Documentation

Enter a prospective adoptive family into CHILDS as an applicant by completing the Person Detail, Address and Phone Numbers, Provider Maintenance Detail and Provider Maintenance Certificate List Detail windows.

Complete determination section of Application for Deferment of Adoption Certification Fee, CSO-1066.

If applicable, collect $800 certification investigation and report fee and forward to DCS Budget Unit, Site Code 940A.

Forms

Application for Deferment of Adoption Certification Fee, CSO-1066
Health Self-Disclosure/ Physician's Statement, LCR-1040
Health Self-Disclosure/ Physician's Statement (Spanish), LCR-1040S
Criminal Records Self-Disclosure, LCR-1034A

Legal

ARS §8-105 Pre-adoption certification; investigation; central adoption registry

ARS §8-105 Pre-adoption certification; investigation; central adoption registry

The Inter-ethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (P.L. 104-188)

A.A.C R6-5-6505 Department Procedures for Processing Certification Applications

A.A.C. R6-5-6506 Department Priorities for Receipt of Services

A.A.C R6-5-6509 Fees

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 18
Family and Home Evaluation and Certification

Policy

The department shall conduct a Family and Home Evaluation (home study) for all individuals who submit a completed application for adoption.

The Family and Foster Home Evaluation (home study) shall be completed within 90 days after the application to adopt is submitted. [ARS §8-105(G)] If the study is not completed within 90 days, the department shall request an extension from the court.

The department encourages families to realistically appraise their potential to parent children in the department's care, custody and control during the Family and Foster Home Evaluation (home study) process.

The department shall contact at least three references who have known the family for two years or more years and no more than two references shall be related to the applicant by blood or marriage.

At the conclusion of the Family and Home Evaluation (home study) process, the department shall recommend to the court either the applicant is acceptable or not acceptable to adopt.

The department will not conduct a family and home evaluation for a spouse of the natural or legal parent of a child to be adopted, or an adult sibling, aunt, uncle, grandparent or great-grandparent by whole or half-blood, or by marriage or adoption unless ordered by the court.

If the department recommends that an applicant is not acceptable to adopt, the family shall be informed:

- of the specific reasons for the recommendation;
- of their right to appeal the decision [ARS §8-105(J)]; and
- that if they are certified as non-acceptable to adopt, they may not reapply for one year. [ARS §8-105(K)]

Families wishing to participate in the Foster-Adoptive Program shall be provided thorough information regarding their role as foster-adoptive parents as well as the risks and benefits involved. The Foster-Adoptive Family will undergo the same Family and Foster Home Evaluation (home study) and certification process as other adoptive families.

At the court's order, the department shall perform adoptive Family and Home Evaluations (home studies) for private adoptive placements. The Child Abuse Hotline shall perform Department of Child Safety (DCS) Central Registry clearance checks for private and contracted adoption agencies.

The DCS Central Registry clearance check shall include only substantiated reports of child abuse and neglect [ARS §804] [ARS §8-807(C)(14)].

The department charges a fee of $800 to complete a certification investigation and report. The department may grant a waiver or deferment to an applicant who is planning to adopt a child with special needs.

Procedures

Considering an Adoptive Family

In deciding whether a family is acceptable to adopt, consider these questions:

- Will the family be able to meet a child's basic physical needs?
- Will the family be able to meet a child's basic needs for safety, nurturance and guidance?
- Does the family appear to understand and accept the dynamics of adoption, including the child's knowledge of his or her birth parents?
- Do all family members - and the family unit collectively - appear stable enough to accept the changes that the addition of an adopted child will bring to the family?

Certifying a Family to Adopt

Adoption Certification Specialist:

Use the Arizona PS-MAPP Family Profile both to gather information for the Family and Home Evaluation (home study) as well as to help the prospective adoptive family clarify their wishes and expectations for an adoptive child and explore issues relating to their parenting.

For a couple, conduct a minimum of two joint interviews and one individual interview with each spouse. For a single applicant, conduct a minimum of three interviews. In both cases, also conduct one individual interview with every household member over the age of five.

Use Family and Foster Home Evaluation as a guide for writing the evaluation report, unless the court has prescribed a different format.

Contact at least three references who have known the family for two years or more years. At least two of the references must be contacted personally or by phone and not more than two references shall be related to the applicant by blood or marriage.

Check the Foster Home license, Adult Developmental Home License or Adoption Certification Application for Court/Agency Actions involving:

- allegations of abuse or neglect of a child;
- a dependency action on a child; or
- a termination of parental rights.

If so, gather additional information:

- If the case was within the department, review the department's record to obtain the information necessary to answer the questions in the Court Action section of the Family and Home Evaluation (home study).
- If the department was not involved in the case, contact the Attorney General's Office for help in making an application to review the court file. Obtain the following information from the court file and include it in the Family and Home Evaluation (home study):
    - the year, title, case number and county of the court action;
    - the name, birthdate, and birthplace of the child involved in the action;
    - the name of the Child Safety Specialist , attorney and judge involved in the action;
    - the outcome of the action;
    - whether the applicant was a party to the action; and
    - other information that appears relevant to the application to adopt.

If the Family and Home Evaluation is being completed by department staff, conduct a search of the Department of Child Safety (DCS) Central Registry for substantiated reports of child abuse and neglect.

If the family appears inappropriate to adopt, consult with your supervisor. If your supervisor concurs, meet with the family to discuss:

- specific changes the family must make in order to be considered as a potential adoptive family;
- any additional information that may affect the assessment;
- voluntary withdrawal by the family; and/or
- the consequences of a recommendation that the family is not acceptable to adopt and the family's right to appeal.

If the family appears appropriate to adopt, request the family provide the following documentation:

- medical information on each adult in the home, provided by a licensed medical practitioner on the Physician's Statement, LCR-1040;
- medical information on each child in the home, provided by a licensed medical practitioner;
- a recent picture of the family members and their home;
- proof of marriage(s);
- proof of divorce(s);
- military discharge papers;
- pay stubs, to verify earnings of each employed family member;
- bankruptcy filed in the past seven years (if applicable);
- written statement from the family's health insurance company, if any, regarding coverage available to the adoptive child upon placement in the home and after the adoption is finalized; and
- verification of legal alien status for non-citizens.

At the conclusion of the family and home evaluation (home study) process, submit the Family and Home Evaluation report (home study) and results of the application for a fingerprint clearance card or proof of application for the fingerprint clearance card, Child Protective Service Central Registry records check, along with the recommendation that the family is "acceptable" or "not acceptable" to adopt--to the court for action. The report (home study) must be signed by both the Adoption Certification Specialist and supervisor.

Documentation
Complete and/or update the CHILDS Provider Maintenance Homestudy and Provider Maintenance Status List Detail windows to show that the Family and Home Evaluation (home study) has been completed.

If the family withdraws from consideration prior to certification, update CHILDS by completing the Provider Maintenance Certification List Detail, Provider Maintenance Homestudy and Provider Maintenance Status List Detail windows to indicate the case is closed.

Forms

Court Document Directory:
Family and Foster Home Evaluation, CT-05300
Family and Foster Home Reevaluation, CT-05400

Health Self-Disclosure/ Physician's Statement, LCR-1040
Health Self-Disclosure/ Physician's Statement (Spanish), LCR-1040S

Related Information

Legal

ARS § 8-105 Preadoption certification; investigation; central adoption registry

A.A.C. R6-5-6605 Certification Investigation

A.A.C R6-5-6606 Certification Report and Recommendation

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 19
Adoption:Services After Certification

Policy

After a prospective adoptive family has been certified by the court, the department shall work actively to match the family with a waiting child whose needs the family can successfully meet.

The department shall initially help families to consider adoption of children listed on the CHILDS Adoption Registry. If no appropriate children are available, the department shall help families identify children listed on the National Adoption Exchange (NAE) or other state or regional exchanges.

Families may want to register with the AdoptUSKids if:

- They wish to adopt a child over age six.
- They wish to adopt a child with a moderate to severe disability.
- They are of minority ethnic status.

If a family seeks to adopt a child from another country, the department shall cooperate with the international agency to provide necessary pre-placement information and may provide assistance and services to the family if resources are available to do so.

When the department receives adoptive home studies with court certification from private agencies, the court or out-of-state authorized entities, these families will be considered for placement in the same manner as families that applied for adoption through the department.

Court certification remains in effect for 18 months and can be extended for additional one year periods. [ARS §8-105(H)]

A certified adoptive family may petition to adopt more than one child during a certification period. [ARS §8-105(H)]

A family may remain on the CHILDS Provider (Adoption) Registry as long as they are

certified to adopt.

Adoptive families certified by the court in a specific county and relocating to another county in the state may remain available for placement on the CHILDS Provider (Adoption) Registry until the certification expires.

Procedures
Services After Certification
Certification Specialist

Establish a review file that will be used to present the prospective family to Child Safety Specialist s of children awaiting adoption. It should include:

- a copy of the completed Foster Home license, Adult Developmental Home License, or Adoption Certification application, LCR-1032;
- a copy of the Court Certification;
- a copy of the initial Family and Home Evaluation Report; and
- if possible, a picture of the prospective adoptive family and their home.

Upon request, send the review file to Child Safety Specialist s who have identified the family as a possible match for a waiting child.

If a family has not received a child within a 18 months, extend the certification by completing the Family and Home Reevaluation CT05400, found in the Court Document Detail or Resource Family and Home Reevaluation and submit the report to the court for extension of certification no later than 30 days prior to certification expiration.

National Adoption Exchange
If a family chooses to be registered on the, the Adoption Specialist can provide information on registering families on AdoptUSKids.

If a family is interested in a child listed on a state or regional exchange, obtain a release from the adoptive parents before sending their home study or other confidential materials to that state.

Documentation
Certification Specialist:
After receiving the order of certification, ensure the family is entered into the CHILDS Provider (Adoption) Registry by completing the following windows:

- Provider Maintenance Homestudy Approval
- Provider Maintenance Facility Detail
- Provider Maintenance Contacts
- Provider Maintenance Service Detail
- Provider Maintenance Household
- Provider Addresses and Phone Numbers

- Provider Maintenance Special Capabilities
- Provider Maintenance Preference Detail

If an extension of certification has been approved by the court update the following windows:

- Provider Maintenance Certificate List Detail,
- Provider Maintenance Homestudy
- Provider Maintenance Status List Detail
- Provider Maintenance Homestudy Approval

For families referred by the Division of Developmental Disabilities, private agencies, the court or out-of-state authorized entities, the Central Office Adoption Specialist will enter the family on the CHILDS Provider (Adoption) Registry and establish two files: a permanent Registry file and a duplicate file available for field office review.

For approved out-of-state and private agency adoptive families referred directly by the agency and not already entered in CHILDS: enter the families into the CHILDS Provider (Adoption) Registry by completing the following windows:

- Person Detail, Address and Phone Numbers
- Provider Maintenance Detail
- Provider Maintenance Certificate List Detail
- Provider Maintenance Homestudy
- Provider Maintenance Status List Detail
- Provider Maintenance Home Study Approval
- Provider Maintenance Facility Detail, Provider Maintenance Contacts
- Provider Maintenance Service Detail
- Provider Maintenance Household
- Provider Addresses and Phone Numbers
- Provider Maintenance Special Capabilities
- Provider Maintenance Preference Detail

Update the appropriate fields of the CHILDS Provider (Adoption) Registry at the following points:

- whenever there is a change in the family's circumstances (for example, changes in address, family composition, income, preferences and special capabilities of child desired, etc);
- after the family's certification has been extended; or
- if the family chooses to withdraw from consideration.

Forms

Foster Home license, Adult Developmental Home License, or Adoption Certification application, LCR-1032

Court Document Directory:

Family and Home Reevaluation CT05400

Related Information
AdoptUSKids

Legal
A.A.C.R6-5-6507 Department Recruitment Efforts
A.A.C R6-5-6508 Referrals to Other Sources

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 20
Sharing Information in an Adoption

Policy

Sharing Non Identifying Information in an Adoption
The following individuals may receive non-identifying information:

- Adoptive parents or, if the adoptive parents have died, the adoptee's guardian;
- The adoptee, if he or she is 18 years of age or older. If the adoptee has died, the adoptee's spouse, if he or she is the legal parent or guardian of the adoptee's child;
- If the adoptee has died, any child of the adoptee who is 18 years of age or older;
- The birth parent of the adoptee or other biological children of the birth parent. [ARS §8-129(B)(3)]

Non-identifying information includes, but is not limited to, health and genetic history, social history and developmental history. It does not include information that specifies an individual, such as names or addresses.

Sharing Identifying Information
Upon request the department shall facilitate the release of identifying information to birth parents, adoptive parents and/or adoptees to the extent allowable by law.

The department shall allow certified Confidential Intermediaries to review the following documents:

- Report to the Court on Placement of Child;
- Family History (Non-Identifying Information) (CSO-1067);
- Pre-placement Summary;
- Family and Home Evaluation and/or Family and Home Reevaluation;
- Adoptive Home Study;
- Court Reports on Petition to Adopt;
- Consent to Place Child for Adoption, CSO-1040, or ICWA Consent and Certification;
- Religious Waivers;
- Termination of Parental Rights Order;
- Adoptee's Birth Certificate;
- Parent's Death Certificate; and
- Communication Agreements.

A Confidential Intermediary may not remove or photocopy any documents inspected.

The department shall not allow certified Confidential Intermediaries to inspect documents related to:

- DCS;
- foster care;
- dependency;
- termination of parent-child relationships;
- case notes;
- face sheets; and
- other documents not specified by law

Procedures

Sharing Non-Identifying Information in an Adoption

The DCS region responsible for the adoption of the child will be responsible for providing non-identifying information to the requesting individuals following the procedures below.

To request non-identifying information, any of the individuals identified in policy as eligible to receive non-identifying information, must submit a signed, notarized DCS Records Request (CSO-1036).

When non-identifying information is requested, the regional coordinator will:

- Complete the Family History (Non-Identifying Information) (CSO-1067), if it is not already in the record.
- Supplement the form with a narrative addendum, if information is incomplete.

Documentation regarding Sharing of Non-Identifying information in an Adoption

Document all requests for non-identifying information in CHILDS using the Case Notes Window, designated as Collateral Contact type.

If information is provided in response to a written request, record who asked for the information, the type of information provided, who provided the information, and the date on which the information was provided.

Note in the case record the person who requested information, his or her relationship to the adoptee, and the date the information was provided

Sharing Identifying Information in an Adoption
To manage identifying information about an adoptive parent, request that adoptive parents complete and sign an Adoptive Parent Release of Identifying Information, CSO-1041A specifying what information, if any, they agree to share with the birth parents.

Discuss what information may be shared.

Adoptive parents may be reluctant to allow the exchange of information with the birth families. While they are allowed to decide what they want to share –or if they want to share—Child Safety Specialist s or contract agency case managers should explore with the adoptive family the benefit for the child when there is some kind of interaction and information sharing between the child and their family. Children being adopted, especially children who had a relationship with their birth families may need to know that their family is going to be okay, before they are able to adjust to their new setting.

Additionally, if adoptive families are willing to keep the birth parents involved in the life of their adopted child, it has the potential to enrich both the life of the child and the adoptive family.

If adoptive parents are concerned with the safety of the child or their family, then the adoptive parents no not have to involve the birth parent. If they do not wish to share any identifying information about themselves, keep the signed Adoptive Parent Release of Identifying Information, CSO-1041, in the child's adoption record.

If the adoptive parents agree to share information about themselves and the birth parents wish to receive it, mail the birth parent the Adoptive Parent Release of Identifying Information, CSO-1041. It should be sent, certified mail restricted delivery, to the birth parent's address as recorded on the Birth Parent's Release of Identifying Information, CSO-1042, after the finalization of the adoption.

If the adoptive parents wish to receive information the birth parents have agreed to share:

- After finalization, provide the adoptive parents with the Birth Parent's Release of Identifying Information, CSO-1042.

- Have the adoptive parents sign the form, acknowledging receipt.

Refer requests from a Confidential Intermediary to the region's Confidential Intermediary contact person.

Documentation regarding Sharing of Identifying information in an Adoption
Document the sharing of identifying information about the birth parent with the adoptive parent by scanning a copy of the signed Birth Parent's Release of Identifying Information, CSO-1042, into CHILDS and maintaining a copy in the family's hard copy record..

Document the sharing of identifying information about the adoptive parent with the birth parent by maintaining the certified mail receipt in the family's hard copy record.

Document the provision of information to Confidential Intermediaries in the case record. Identify the information that was provided, and date and sign the entry.

Forms
Family History, CSO-1067

DCS Records Request, CSO-1036
DCS Records Request (Spanish), CSO-1036S

Adoptive Parent Release of Identifying Information, CSO-1041

Birth Parents Release of Identifying Information, CSO-1042
Birth Parents Release of Identifying Information (Spanish), CSO-1042S

Related Information

Legal
ARS §8-807

ARS §41-1959 Confidential information; permissible disclosure; rules; violation; classification

ARS §8-106, Consent to adoption; waiver; consent to the release of information; notification to potential fathers

ARS §8-120 Records; inspection; exception; destruction of certain records

ARS §8-534 Contents of petition

ARS §8-121 Confidentiality of information; exceptions

ARS §8-134 Confidential intermediary

ARS §8-129 Health and genetic history; compilation; availability; costs

A.A.C R6-5-6615 Provision of Information on Placed Child

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 21
Adoption Subsidy: Eligibility

Policy

The adoption subsidy program supports the department's efforts to provide permanent adoptive placements for children who cannot be cared for by their birth parents to ensure that no foster child is considered unadoptable solely because of his or her specials needs.

DCS shall maximize utilization of federal funds by establishing eligibility for all qualifying children through Title IV-E Adoption Assistance and Title XIX (to provide health care services to children with adoption assistance agreements). As provided for in federal law, DCS will utilize Title IV-E funds to assist with the cost of adoption subsidy payments, administrative expenditures and training expenses.

A child is eligible for adoption subsidy if he or she:

- is in the care and custody of the department or of a licensed private child placing agency in Arizona;
- the child cannot or should not be returned to the care of the birth parents;
- a reasonable, but unsuccessful, effort has been made to place the child with appropriate parents without providing adoption assistance unless it would not be in the best interest of the child because of such factors as the existence of significant emotional ties with prospective adoptive parents while their care as a foster child or relative;
- the State has determined that one of the following special needs exists because of which it is reasonable to conclude the child cannot be placed with adoptive parents without providing adoption assistance:
    - physical, mental or developmental disability;
    - emotional disturbance;
    - high risk of physical or mental disease that may result in a debilitating condition;
    - high risk
    - of developmental disability that may result in a debilitating condition;
    - age six or older at the time of application for adoption subsidy;

- sibling relationship when such factor impedes the child's adoptive placement;
- racial or ethnic factors when such factor(s) impede the child's adoptive placement; and
- high risk of severe emotional disturbance if removed from the care of the child's foster parent or relative as diagnosed by a psychiatrist or psychologist.

The department may provide the following types of adoption subsidy for the eligible child, as determined by the needs of the child:

- medical coverage through Title XIX eligibility;
- maintenance payments;
- special services subsidy; and
- reimbursement of nonrecurring adoption expenses.

The adoption subsidy will continue until the child's 18th birthday if the adoptive parents remain legally and financially responsible for the child. The adoption subsidy may continue through the age of 21 if the child is residing with the adoptive parent and is enrolled in and regularly attending school, unless the child has received a high school diploma or certificate of equivalency (GED).

The adoption subsidy may be terminated if the Adoption Subsidy Program determines the adoptive parents are no longer legally responsible for the support of the child or the adoptive parents are no longer providing any support to the child.

The Department shall terminate an adoption subsidy when any of the following occurs:

- The child turns 18 years old and is not enrolled in and attending high school or a program leading to a high school diploma or general equivalency degree (GED);
- The child is aged 18 through 21, has been continuously enrolled in school, and either drops out of school, graduates from high school, or obtains a general equivalency degree (GED);
- The child's 22nd birthday;
- The adoptive parent is no longer legally responsible for the child;
- The adoptive parent is no longer providing support to the child;
- The child marries;
- The child joins the military;
- The special needs conditions of the child no longer exist; or
- The adoptive parent requests termination.

A child who is eligible for Title IV-E Adoption Assistance retains eligibility for Title IV-E Adoption Assistance in subsequent adoptions, if the initial adoption dissolves, or if the child becomes eligible for adoption again due to the death of the adoptive parents and the child meets the definition of a child with "special needs" (as defined in federal law).

Procedures
Eligibility for Adoption Subsidy is determined by the Adoption Subsidy Review Committee. See Adoption Subsidy: Application for procedures.

Eligibility for Title IV-E funding of adoption assistance is determined by the Adoption Subsidy Title IV-E Eligibility Unit. See Adoption Subsidy: Application for procedures.

See Adoption Subsidy: Case Management for procedures for terminating adoption subsidy.

Forms

Related Information

Legal
The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986 (P.L. 99-272)

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

The Social Security Act (Section 473)

Fostering Connections for Success and Increasing Adoption Act of 2008 (P.L. 110-351)

ARS §§8-141 through 8-145 Adoption Subsidies

ARS §§8-161 through 8-166 Nonrecurring Adoption Expenses

ARS §§8-171 through 8-173 Interstate Adoption Assistance Compacts

A.A.C. R6-5-6701 through R6-5-6711 Adoption Subsidy
.

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 22
Adoption Subsidy: Application

Policy

An application for adoption subsidy may be filed on behalf of any Arizona child under the care of the department or of a licensed adoption agency at any time prior to the finalization of the adoption.

An application for adoption subsidy can be processed after the child is legally free and the child is placed for adoption with a certified adoptive family or an approved relative, as evidenced by an adoptive placement agreement. If the application is approved, the adoption subsidy agreement can be signed after the Petition to Adopt has been filed.

The adoption subsidy agreement must be signed by the adoptive parents and the Adoption Subsidy Supervisor or designee prior to finalization of the adoption.

For children in the care and custody of private agencies, the department's Adoption Subsidy Supervisor shall provide information and forms necessary to enable the agency to assist families in applying for subsidy on behalf of children in their care and custody.

An application for a new or increased subsidy may be filed after finalization only upon submission of documentation of an undiagnosed condition which existed before the finalization of the adoption. The condition, if diagnosed prior to the adoption, would have meant the child was eligible for adoption subsidy (ARS §8-144(D).

Procedures

Completing the application

The child's Child Safety Specialist , private or contract agency adoption case manager will:

Assure the adoptive family reads and signs page 1 of the Adoptive Family Subsidy Application, CSO-1079

Assist the adoptive family in completing the Adoptive Family Subsidy Application, AN-018-A, pages 2 and 3.

Assist the family in obtaining documentation that demonstrates the child meets the criteria of a special needs child.

• Physical, mental or developmental disability, emotional disturbance, high risk of physical or mental disease and high risk of developmental disability conditions require documentation from a qualified professional with a diagnosis that meets the definitions described in the application and in ARS 8-141.

• Racial or ethnic factor requires documentation which specifies why the child's race or ethnicity is a barrier to adoptive placement.

• Six (6) or more years old can be documented by a birth certificate.

• Sibling relationship can be documented by court orders.

• High risk of severe emotional disturbance if removed from the care of foster parents or relatives requires documentation that the condition has been diagnosed by a psychiatrist or psychologist and it is not a special need unless the foster care relationship existed before the foster adoption placement was made.

o Documentation from the psychiatrist or psychologist can be provided by signing the application, by writing a letter or completing a form.

o Unit consultants in Maricopa County use a specific form.

Assist the family in obtaining documentation of each of the conditions to be covered by subsidy. Include reports and evaluations that identify diagnosis and prognosis. If treatment is in progress or imminent, include a treatment plan specifying number of sessions and participants. All documentation must be current within one year of the application.

Follow these requirements for documenting the child's diagnosed conditions or high risk of developing specific condition(s):

- Medical conditions must be diagnosed by one or more certified health service professionals approved by the department.
- Dental conditions must be diagnosed by a dentist or an orthodontist.
- Mental/behavioral health conditions must be diagnosed by one or more psychiatrists, psychologists or certified mental health professional with at least a

Master's degree approved by the department.

If a request for maintenance is applicable, assist the family in identifying and listing on the application (CSO-1079) the child's conditions, behaviors, services and family circumstances that support the maintenance payment request.

Have the family complete the Adoption Subsidy Rate Evaluation.

If a request for non-recurring adoption expenses is applicable, assist the family in identifying and specifying the expenses subject to reimbursement. Actual or estimated costs must be specified in the application.

Assist the family in identifying community and other available resources and child benefits.

Have the family read page 4 of the application, statements of understanding, answer any questions and ensure the family signs this page.

Read and complete the following:

- Page 5 instruction of the Adoption Subsidy and Title IV-E section of the AN-018-A, Adoptive Family Subsidy Application, and
- Adoption Subsidy and Title IV-E Application section of the Adoptive Family Subsidy Application (CSO-1079), pages 6 and 7.

Based on documentation from professionals or the child's circumstances (sibling relationship, racial or ethnic factors, etc.), determine the child's special needs that qualify him/her for Adoption Subsidy and provide that information on the application.

If the child's special needs criteria is only met because of "high risk of severe emotional disturbance if removed from the care of the foster parents or relatives", documentation must include a diagnosis by a psychiatrist or psychologist and documentation by the Child Safety Specialist , private or contract agency adoption case manager which must include the following information:

• child's identification as a member of the family of the foster parent or relative;

• the foster parent or relative identification of the child as a member of the family; and

• child's inability to establish significant emotional ties to another family if permanent placement with the foster parent or relative is denied.

Determine what efforts were made to place the child without subsidy.
If a reasonable but unsuccessful attempt was made to place the child without subsidy, check the appropriate box on the CSO-079, indicate the number of homes reviewed and complete the information about how the family was selected. For Department adoptions, include in the adoption file the family selection meeting notes or case notes that document efforts to place without adoption subsidy.

If reasonable efforts to place the child without subsidy were not made due to significant emotional ties between the child and the foster parents or relatives (prospective adoptive parent), check the appropriate box, fill in the appropriate relationship to the child on the AN-018-A and prepare an assessment of significant emotional ties to include the following information in the case notes in the adoption file:

- age of the child;
- length of placement in the home;
- number of previous placements and disruptions;
- any history of bonding and attachment problems;
- any regression in development or medical condition which would likely occur if the child is removed from the home;
- and a statement that the adoptive parents are unable to adopt without adoption subsidy.

For private agency adoptions, include with the application a copy of the Assessment Service Plan, Documentation of Placement Decision, CSO-1081, and the Documentation of Placement Decision: Private Agency, CSO-1083A.

Enter current daily foster care rate on the adoption subsidy application and the date established.

Obtain your supervisor's signature on the Adoptive Family Subsidy Application, CSO-1079.

Route the forms, along with all supporting documentation and documentation required on the Adoption Subsidy Checklist, CSO-1075, to the Adoption Subsidy Unit having jurisdiction for the area in which the family resides.

If the Adoption Subsidy Unit sends notice that the application is incomplete, provide the missing information or documentation within 30 days of the date of the notice.

Reviewing the application
The Adoption Subsidy Specialist or Supervisor will:

Review the Adoption Subsidy application and supporting documentation and create a hard copy adoption subsidy file.

If the application is incomplete, call or send notice to the local office child's Child Safety Specialist , private or contract agency adoption case manager specifying what information or documentation is missing. If the missing information or documentation has not been provided within 30 days of the date of the notice, close the record. An applicant whose record has been closed may apply later but the applicant must apply before the adoption is final.

Forward the Title IV-E eligibility documentation to the Adoption Subsidy Title IVE Eligibility Unit for determination of the child's Title IV-E and Title XIX eligibility status. The Adoption Subsidy Title IVE Eligibility Unit only determines the child's Title IVE status and is responsible only to the Adoption Subsidy program.

Forward the complete Adoption Subsidy application and supporting documentation to the Adoption Subsidy Review Committee for determination of eligibility.

If the Adoption Subsidy Review Committee (ASRC) approves eligibility for Adoption Subsidy (authorized by signing the Review Committee Checklist, CSO-1075), prepare the Arizona Adoption Assistance Agreement, CSO-1074. This forms are completed by Adoption Subsidy staff only.

Route the agreement to the child's local office Child Safety Specialist , private or contract agency adoption case manager to obtain the family's signatures. After the signed agreement is received from the family, forward the signed agreement to the Adoption Subsidy supervisor for signature.

If subsidy is denied, send a denial letter to the adoptive parent(s), including:

- the reason for denial;
- their right to appeal;
- the time frames for appeal; and
- how to initiate an appeal.

Documenting the adoption subsidy decision
The Adoption Subsidy Specialist will:

Ensure that the primary adoptive parent is entered on the CHILDS Provider Registry.

Enter the case in CHILDS.

- Create the case under the adoptive mother's name or adoptive father if requested by the adoptive parents.
- Create a new identity for the adoptive child by using the adoptive surname, pseudo social security number, new HLCI number and new participant ID.

If subsidy was approved, enter the date the agreement was signed by the Adoption Subsidy Supervisor as the agreement date on the Adoption Subsidy Application window. Complete the Maintenance Detail and Pre-Existing Conditions Detail windows.

If subsidy was denied, keep a copy of the denial letter in the file.

File the original Arizona Adoption Assistance Agreement, CSO-1074, in the adoption subsidy case record.
Send copies to:

- the statewide Adoption Subsidy Title IVE Eligibility Unit; and
- the child's Child Safety Specialist , private or contract agency adoption case manager

Send the child's adoptive parent(s) a copy of the agreement, along with a new parent packet including a letter of introduction and information about the Adoption Subsidy program.

Instruct the family to submit a copy of the final Order of Adoption as soon as it is received.

Instruct the family to submit a request for reimbursement of non-recurring expenses along with the documentation of expenses within nine months of finalization.

Forms

Adoptive Family Subsidy Application, CSO-1079
Adoption Family Subsidy Application (Spanish), CSO-1079S

Documentation of Placement Decision, CSO-1081

Documentation of Placement Decision: Private Agency, CSO-1083

Review Committee Checklist, CSO-1075

Adoption Subsidy Rate Evaluation, CSO-1057
Adoption Subsidy Rate Evaluation(Spanish), CSO-1057

Arizona Adoption Assistance Agreement, CSO-1074
Arizona Adoption Assistance Agreement (Spanish), CSO-1074S

Related Information

Legal

ARS §8-143 Eligibility; limitation

ARS §8-144 Subsidy agreement; duration; amount; periodic review; confidentiality

A.A.C.R6-5-6705 Medical, Dental, and Mental Health Subsidy
A.A.C R6-5-6707 Special Services Subsidy
A.A.C.R6-5-6709 Annual Review; Reporting Change

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 23
Adoption Subsidy Case Management

Policy

Case management services are aimed at supporting the integration and stability of the child within the adoptive family.

To ensure continuity of care, the child's local office case manager shall remain the primary case manager until the adoption is final. The Adoption Subsidy Specialist shall become the primary case manager after the adoption is final.

The department shall ensure the case of every child receiving adoption subsidy is reviewed annually.

Procedures

Case Management Prior to Adoption Finalization

The child's local office Child Safety Specialist , contract or private agency adoption case manager:

Assists families with the process of adopting children in the care and custody of the department or of a licensed private child placing agency in Arizona including informing the adoptive parents about the Adoption Subsidy program. See procedures in Supervising Adoptive Placements .

Assists the adoptive family with completing the application for adoption subsidy including obtaining the necessary documentation detailed in Adoption Subsidy: Application .

Assures the Adoption Subsidy agreement (if approved) is signed by the adoptive family and the Adoption Subsidy supervisor prior to the finalization of the adoption.

Closes the case after the adoption finalization per the procedures in Closing Case Records.

Case management after the adoption is final

The Adoption Subsidy Specialist:

Is responsible for the case after finalization of the adoption, when the local office case manager closes the case.

Ensures that after the final Order of Adoption is received, the Adoption Subsidy Title IV-E Eligibility Unit records the eligibility determination in CHILDS and transmits the medical eligibility to AHCCCS.

Contacts the family and encourages them to obtain a new social security number for the adopted child. When the new number is received, do not update CHILDS. Record the Social Security Number in the hard copy case record.

Assists families in locating and utilizing supportive and preventive services in their communities. Ensures families are aware of Title XIX benefits and assists in accessing services for which they are eligible.

Attends staffings as part of the treatment team when possible and requested by the family.

When residential treatment or other out-of-home placement is requested, refers the family to public, private and/or community resources and explores and advocates for alternative services that will maintain the child in the home. Informs the family that if out-of-home placement is authorized, the maintenance payment may be renegotiated.

When applicable, encourages the adoptive parents to make a written request to the child's school for an evaluation to determine if the child is eligible for special education and/or related services. Encourages parents of children receiving special education or related services, who believe the child’s needs are not being met, to request a review of the child's Individual Educational Plan (IEP).

Refers requests for special services to the Adoption Subsidy Supervisor and/or Adoption Subsidy Review Committee (ASRC) for prior authorization.

Conducts an annual review of all children in cooperation with the adoptive parents. To conduct the review:

- Send the adoptive parents the Adoption Subsidy Annual Review, AN-028 using CHILDS
- Review the returned forms to determine the appropriateness of continued adoption assistance.
- Contact the family if questions or concerns arise.
- Request a review of the case by the ASRC if needed.

When notified that a child is not living in the home, asks the family for documentation that they remain legally responsible for the child, the family is providing support and there are

plans for the child to return to the family. Sends the case to the ASRC for determination of whether the Adoption Subsidy will be renegotiated or terminated.

If notified by DCS that an adoption subsidy child has been removed from the home, after verifying that contact will not interfere in the DCS investigation, contacts the adoptive family and informs them that the subsidy may be renegotiated when the child is in the care and custody of a state agency.

If the Adoption Subsidy program determines the adoptive parents are no longer legally responsible for the support of the child or the adoptive parents are no longer providing any support to the child, the Adoption Subsidy may be terminated. Send the case to the ASRC for determination of whether the Adoption Subsidy will be terminated.

Prior to the child's 18th birthday, determine if the family is requesting the subsidy be extended. Request documentation that the child is enrolled in and attending school and has not graduated or received a GED or documentation from a qualified professional that the child has a physical or mental condition that warrants continuation of the subsidy. Review the case with the Adoption Subsidy Supervisor and if needed, send the case to the ASRC for determination of whether the Adoption Subsidy will be extended.

Documentation for an adoption subsidy child in DCS custody
When an adopted child with an open Adoption Subsidy case is taken into the custody of DCS the Adoption Subsidy Specialist will:

Update CHILDS to reflect any changes in maintenance and special service authorizations. Do not end-date the agreement on the Adoption Subsidy Application window.

Ensure the Child Safety Specialist opens a separate case and uses that case number when authorizing services. See procedures in Creating Case Records .

When the adoptive child in DCS custody returns to the adoptive home, send an Adoption Adoption Subsidy Rate Evaluation, CSO-1057. and Adoption Subsidy Annual Review, CSO-1062 and renegotiate the adoption subsidy.

Forms

Adoption Subsidy Annual Review, CSO-1062
Adoption Subsidy Rate Evaluation, CSO-1057.

Related Information

Legal

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

ARS §8-144 Subsidy agreement; duration; amount; periodic review; confidentiality

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 24
Adoption Subsidy Review Committee

Policy

The Adoption Subsidy Review Committee (ASRC) is responsible for ensuring compliance with federal and state statutes, rules and regulations for adoption subsidy. The ASRC is responsible for reviewing applications and determining eligibility for adoption subsidy and for reviewing requests for special services.

The ASRC consists of employees of the State of Arizona who have expertise in adoption subsidy policy and procedures. Whenever possible, there will be representation from the Department's Division of Developmental Disabilities.

The ASRC or the Adoption Subsidy Supervisor may request that an objective professional review any case to determine the appropriateness of treatment plans, the necessity for testing or evaluation, or the appropriateness of placement.

If the ASRC cannot reach consensus, the DCS Adoption Manager shall make the final decision.

Procedures

The Adoption Subsidy Specialist or Supervisor Role

Refer all initial adoption subsidy applications to the ASRC with a Review Committee Checklist, CSO-1075

Refer requests for Supplemental Adoption Subsidy to the ASRC for review and approval. An application for a new or increased subsidy may be filed after finalization only upon submission of documentation of an undiagnosed pre-existing condition.

Refer special services requests to the ASRC with an Adoption Subsidy Review Committee Service Authorization, AN-049.

The Adoption Subsidy Review Committee Role

Review all initial adoption subsidy applications and

- Approve eligibility if the child meets all criteria established in federal and state statutes, rules and regulations
- Approve the adoption subsidy maintenance rate based on federal and state statutes and established guidelines
- Approve pre-existing conditions to be listed on the agreement if properly documented.

Review requests for special services and approve if requests meet the criteria established in state statutes, rules and regulations.

Review any request for adoption subsidy maintenance, special services or non-recurring expenses at the request of the Adoption Subsidy supervisor.

Review requests for continuing adoption subsidy or renegotiating adoption subsidy maintenance when an adoptive child is taken into temporary custody.

Review requests for continuing adoption subsidy if it is determined that adoptive parents may no longer be legally responsible for the support of the child or the adoptive parents may no longer be providing any support to the child.

Forms

Review Committee Checklist, CSO-1075

Related Information

Legal

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 25
Adoption Subsidy:Types of Subsidy

Policy

The department may provide the following types of adoption subsidy, as determined by the needs of the child:
• medical coverage through Title XIX eligibility;
• maintenance payments;
• special services subsidy; and
• reimbursement of nonrecurring adoption expenses.

Medical Coverage for Arizona children:
Adoption subsidy provides medical, dental, and behavioral/mental health through Title XIX Medicaid coverage to an eligible child in the Adoption Subsidy Program. Eligibility is determined based on the criteria established by the child's state of residency.

The department shall enroll eligible children who are U.S. citizens in the Title XIX AHCCCS or Medicaid program in their resident state upon finalization of the adoption. In Arizona, the parents may select a health plan or one will be assigned by the Arizona Health Care Cost Containment System (AHCCCS).

Maintenance subsidy:
Maintenance subsidy is the monthly payment paid to the custodial adoptive parent to assist with the costs directly related to meeting the adopted child's needs. The adoptive family is responsible for payment of all expenses incurred on behalf of the child; the maintenance payment can assist the family, but it is not intended to cover all expenses involved in the care of the child.

The Department and the adoptive parent shall negotiate the amount of maintenance subsidy based on a child's current special needs and the family's circumstances. The amount of the maintenance subsidy shall not exceed the rate of family foster home care for which the child is eligible and does not include special allowances. The maximum maintenance payment rate shall not exceed the Special III rate of foster care or the professional/therapeutic rate, if applicable.

The Department shall deduct public or private monetary benefits paid to the child from the monthly maintenance subsidy, as allowed under state or federal law. Such benefits include but are not limited to Social Security (SSA) and Veteran's (VA) benefits. The adoptive parents shall report the receipt of any monetary benefits for the child to the Adoption

Special services subsidy*:*
Special services subsidy is provided for extraordinary, infrequent or uncommon needs related to the pre-existing special needs conditions of the child on the Adoption Subsidy agreement.

The Adoption Subsidy Program is the payer of last resort. The adoptive family must exhaust all other resources, including private insurance, Arizona Health Care Cost Containment System (AHCCCS)/Medicaid, Regional Behavioral Health Authorities (RBHAs), Arizona Long Term Care System (ALTCS) and the public school district services before applying to the Adoption Subsidy Program for special services payment.

Special services must be:

- Related to a special needs condition listed on the adoption subsidy agreement;
- Necessary to improve or maintain the adopted child's functioning as documented by an appropriate qualified professional.
- Documented as effective at least annually;
- Provided by a qualified professional approved by the Department;
- Provided in the least restrictive environment and as close as possible to the family's residence;
- In accordance with the "Standard of Care," and
- Not otherwise covered by or provided through maintenance subsidy, medical, dental or mental health subsidy, or other resources for which the adopted child is eligible.

All special services must be authorized by the Adoption Subsidy program prior to receipt of the service.

The family is expected to participate to the extent possible in providing special services.

Special services subsidy shall not include:

- Payment for services to meet needs other than the pre-existing special needs conditions specifically listed in the adoption subsidy agreement;
- Payment for medical or dental services usually considered to be routine, such as well-child checkups, immunizations, and other services not related to the child's special needs conditions on the adoption subsidy agreement;
- Payment for health-related services that are not medically necessary, as determined by a health service professional;

- Payment for social or recreational services such as child care, dance lessons, sports fees, camps, and similar services (all children who are eligible for Title IV-E are also eligible for Title XX social services in their community (P.L. 96-272), except Title XX child care services. Applicants must meet standard child care eligibility criteria);
- Payment for personal or clothing allowance; and
- Payment for educational services that is not necessary to meet the special needs conditions specifically listed in the adoption subsidy agreement, or the services for which the school district is responsible.

Nonrecurring adoption expenses subsidy*:*
A one-time payment, up to $2,000, is available to reimburse parents for reasonable and necessary nonrecurring adoption expenses incurred in the legal process of adopting a child with special needs.

To be eligible for reimbursement, the child must meet the federal definition of special needs but the department does not need to have responsibility for placement and care.

When the adoption of the child involves interstate placement, the state that enters into an Adoption Subsidy agreement shall be responsible for paying the nonrecurring adoption expenses of the child.

In cases where there is interstate placement but no adoption subsidy agreement, the state in which the final adoption decree is issued shall be responsible for reimbursement of eligible nonrecurring expenses.

Reimbursable nonrecurring adoption expenses may include:
- adoption fees, court costs, and attorney fees;
- expenses directly related to the legal process of adoption (such as fingerprint costs, home study costs, psychological and physical examination expenses, and costs for supervision of the placement before finalization); and
- transportation costs and reasonable cost of food and lodging for the child or adoptive parents incurred to complete the adoption.

Reimbursement is limited to the actual costs incurred for reasonable and necessary expenses. Any single expense is subject to review by the department. If the expense is found to be over the prevailing rate for such services, the department may reimburse at a lesser rate. Claims for non-recurring adoption expenses must be submitted no later than nine months after the adoption is final.

The adoption subsidy agreement, including nonrecurring expenses, must be signed by the adoptive parents and the Adoption Subsidy Supervisor prior to the final decree of adoption.

Reimbursable expenses shall not include:

- family counseling prior to the decree of adoption;
- costs of remodeling or renovating the adoptive parents' home; and
- other costs not directly related to the legal process of adoption.

Procedures

Providing Medical Coverage

The Adoption Subsidy Title IV-E eligibility unit will enroll the child in AHCCCS/Medicaid once the final adoption is verified.

The child's local office Child Safety Specialist , contract or private agency adoption case manager will forward the final order of adoption or a letter verifying that the adoption is final to the Adoption Subsidy Program. The Adoption Subsidy Specialist will forward the documentation to the Adoption Subsidy Title IV-E eligibility unit. The Adoption Subsidy Title IV-E eligibility unit supervisor will enroll the child in AHCCCS utilizing the AHCCCS system as soon as the documentation is received.

Providing maintenance payments

The amount of maintenance subsidy is determined by the ASRC and based on a child's current special needs and the family's circumstances. The amount of the maintenance subsidy shall not exceed the rate the child is eligible to receive in foster care. See procedures in Adoption Subsidy: Application and Adoption Subsidy: ASRC for additional information.

The Adoption Subsidy Specialist will initiate monthly maintenance payments by entering the Adoption Subsidy Agreement date on the Service Authorization and Service Authorization Provider Match windows in CHILDS as the begin date.

When a child is or may be eligible for direct benefits, such as SSI, SSA, or VA benefits before the adoption is final:

- The department continues to be the representative payee .
- When the adoptive parent is not the foster parent, the department may pay the adoptive parents the amount of the maintenance payment for which the child has been determined eligible.
- When a private agency or an adopting parent is payee, the amount of the benefit must be deducted from the adoption subsidy maintenance payment. In no case shall a combination of adoption subsidy and direct benefits exceed the amount of the maintenance payment for which the child was approved.
- When a child is or may be eligible for direct benefits, such as SSI, SSA, or VA benefits after the adoption is final:
- The adoptive parent(s) must apply as representative payee for the benefits for which the child is eligible.
- If the adoptive parent(s) become representative payee, the amount of the benefits received other than SSI shall be deducted from the maintenance payment. Benefits

are deducted from the maintenance payment using the Co-Pay window in CHILDS.
- The adoptive parent is responsible for notifying the Social Security Administration of the dollar amount of the adoption subsidy maintenance payment when the child is eligible for SSI benefits.

If a child is placed in a hospital, residential treatment facility or other out-of-home placement, the Adoption Subsidy Specialist will contact the parents and request that they submit documentation that they continue to be legally responsible for the child and are providing support to the child. The Adoption Subsidy Specialist will submit the documentation to the ASRC to determine if the monthly maintenance payment should be renegotiated.

If an adoptive child is in DCS custody and placed in an out-of-home placement, the Adoption Subsidy Specialist will contact the parents and request that they submit documentation about how they continue to provide support to the child. The Adoption Subsidy Specialist will submit the documentation to the ASRC to determine if the monthly maintenance payment should be renegotiated. The Child Safety Specialist may request the Court assess the adoptive family the amount of the adoption subsidy maintenance payment.

If adoptive parents report that they have not received a maintenance payment, the Adoption Subsidy Specialist will:
- Determine whether the check was issued on CHILDS window LCH209, Claim Directory
- Determine whether the whether the address was correct on CHILDS address windows
- Contact the payment processing unit (PPU) to see if the check has been returned to PPU.
- Inform the parents that there is a ten day waiting period to determine if the check is returned to DCS.
- After the ten day period has passed, if the parent calls to request further action, contact the payment processing unit and if the check has not been returned request a bond of indemnity be issued to the parents, along with instructions on completing it and obtaining a new check.
- If the check is found by the family, contact PPU to stop the replacement process. After the stop is placed on the check, it is too late to cash it. If the check is returned to PPU, it will be mailed to parents.
- Advise the parents that the timeframe for replacing a check is about six weeks to complete.

Providing special service subsidy

The adoptive parent will request special services from the Adoption Subsidy Specialist and receive approval from the Adoption Subsidy Program prior to the adoptive parent incurring the specified expense. The request shall include:

- Documentation that the service is related to a condition listed on the Adoption Subsidy agreement;
- Documentation from a qualified professional that the service is necessary; and
- Documentation that the adoptive parent has requested the service and the service has been denied or documentation that the service is not available from other potential funding sources, such as AHCCCS/MEDICAID, private insurance, school district, or other community resources.

If the request is approved:
The Adoption Subsidy Specialist will:

- advise the family of the specifics of the approval and the rate;
- advise the family to submit a claim for reimbursement after the service has been provided, but no later than nine months from the date of service; and
- enter the service authorization on the Service Authorization and Service Authorization Provider Match windows in CHILDS.

The Adoption Subsidy Claims Specialist will:

- Verify with the Adoption Subsidy Specialist that the service was approved;
- Check payment requests for completeness and necessary prior authorizations;
- Coordinate with third party payers to ensure that primary payments have occurred;
- Review previous claim forms to avoid duplicate payments; and
- Make payment(s) according to AHCCCS, DCS or Adoption Subsidy fee schedule and procedures.

If the request is denied, the Adoption Subsidy Specialist will notify the family in writing of the denial reason, their right to appeal the denial within 15 calendar days of the postmark of the decision letter, and the procedures to initiate an appeal.

Reimbursement for the prior authorized service will be made directly to the parent who will pay the provider. If requested by the adoptive parent due to the adoptive parent's inability to pay, the Department may pay the service provider directly.

Adoption Subsidy Respite is a supportive service of temporary relief to assist parents in coping with the daily demands of parenting children with special needs. The Adoption Subsidy Specialist may approve requests for the amount of respite needed, not to exceed 288 hours (12 days) per year.

- The need for respite must be related to the child's special needs conditions on the adoption subsidy agreement.
- Respite that is available from other sources such as the Regional Behavioral Health Authority (RBHA) or the Division of Developmental Disabilities (DDD) must be exhausted prior to approval of respite from adoption subsidy.

- Respite may not substitute for child care, baby sitting, transportation or other services.
- Respite must be reauthorized every year and unused hours do not carry over to the next year.
- Additional respite requires authorization by the Adoption Subsidy Review Committee (ASRC). If additional respite is necessary, the request must include documentation of the special circumstances or conditions that make it necessary. Assessment of need should be provided by a professional who has a relationship with the family or by the Adoption Subsidy Specialist if no other professional is involved.
- Respite will be paid according to the Adoption Subsidy fee schedule. Over ten (10) hours will be considered a full day and the maximum rate for a day is the hourly rate times 10. (No more than 10 hours will be reimbursed per day.)
- If more than one child is cared for at the same time by the same provider, the first child will be paid at the full rate and the second and subsequent children will be paid at half the rate of the first child (not to exceed the child's normal rate).
- Respite may not be provided by members of the child's household.

An amount up to $5,000 may be negotiated with the family for necessary funeral expenses for a child's death that is the result of conditions on the adoption subsidy agreement.

Modifications or repairs to structures, vehicles or equipment are limited to modifications or repairs related to the special needs conditions of the child as listed on the Adoption Subsidy agreement. Requests must include documentation of necessity by a professional, indication of attempts to finance the modification or repairs using other resources, and three estimates from qualified vendors as to cost of the proposed modification or repair. Adoption Subsidy does not cover additions to structures.

Reimbursement of nonrecurring adoption expenses
When the final Order of Adoption and documentation of expenses is received from the parent, the Adoption Subsidy Specialist will determine which expenses are to be paid and for what amount and authorize the payment in CHILDS (not to exceed $2000).

If there are questions about whether an expense is appropriate for reimbursement or if it is reasonable and necessary, the Adoption Subsidy Specialist will submit the request for non-recurring expenses to the Adoption Subsidy Supervisor for a decision.

If requested, the Adoption Subsidy Supervisor will review the requested expenses and determine if they are reasonable and necessary.

The Adoption Subsidy Specialist will initiate non-recurring payments by entering the authorization on the Service Authorization and Service Authorization Provider Match windows in CHILDS.

Reimbursement for non-recurring expenses will be made directly by the Department to the parent who will pay the providers. If requested by the adoptive parent and documented on the form, "Reimbursement of Non-Recurring Adoption Expenses" provided by Adoption Subsidy, the Department may pay an attorney directly.

Forms

Related Information

Legal

Social Security Act of 1965 (Section 473)
The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986 (P.L. 99-272)

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

ARS §36-2901 Definitions

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 26
Adoption Subsidy:Out of State Subsidy

Policy

To protect the interests of adoption subsidy children who move across state lines, the department will follow all rules and procedures required by the Interstate Compact on Adoption and Medical Assistance (ICAMA). The adoption subsidy agreement remains in effect regardless of the state of residence of the child and adoptive parents.

The Arizona Adoption Subsidy Specialist is responsible for providing information necessary to initiate Medicaid coverage for Arizona adoption subsidy children who move to another state, as well as notifying the receiving state if the child becomes ineligible for adoption subsidy. The ICAMA Administrator is responsible to ensure that all rules and procedures required by the ICAMA are followed.

For Arizona adoption subsidy children residing in another state:
If the child has a Arizona Adoption Assistance Agreement, CSO-1074 and the child resides in a state that offers Medicaid reciprocity, the department shall submit eligibility information and initiate enrollment in the Title XIX Medicaid program in the child's state of residence.

If the child has a Arizona Adoption Assistance Agreement, CSO-1074 and resides in a state that does not offer Medicaid reciprocity, the department will continue to be responsible for special services related to the pre-existing conditions on the Adoption Subsidy agreement if the services are prior authorized by the Arizona Adoption Subsidy program. Routine medical and dental services shall not be covered.

The department shall provide the same level of Title XIX services for a child receiving Title XIX services residing in another state as the child would have received if he or she resided in Arizona.

The department will continue to be responsible for agreed-upon special services related to the pre-existing conditions on the Adoption Subsidy agreement that are not covered under the resident state's Title XIX Medicaid program if the services are prior authorized

by the Arizona Adoption Subsidy program.

To receive medical coverage, families of adoption subsidy children who move to another state must notify their Arizona Adoption Subsidy Specialist of the family's state of residence and provide the information required by the ICAMA. If that state's Medicaid does not cover any service that is typically covered by Arizona Health Care Cost Containment System (AHCCCS), Arizona's Adoption Subsidy Program will cover the service if it is related to conditions on the Arizona Adoption Assistance Agreement, CSO-1074.

For adoption subsidy children from other states residing in Arizona:
The ICAMA Administrator is responsible for initiating and maintaining coverage under the AHCCCS for adoption subsidy children who move to Arizona from another state.

Procedures
Complying With ICAMA
When notified that an adoption subsidy child is moving out of Arizona, or moving from one state to another, the Adoption Subsidy Specialist will:

- Change the address in CHILDS in the address windows
- Notify the ICAMA Administrator and the Adoption Subsidy Title IV-E Eligibility Supervisor of the anticipated move
- Complete the necessary ICAMA forms.
- Send the ICAMA forms to the ICAMA contact in the receiving state (state of child's residence)
- ICAMA contact is found on the ICAMA website

Forms
Arizona Adoption Assistance Agreement, CSO-1074

Related Information
ICAMA website

Legal

The Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

ARS §8-171 through 8-173 Interstate Adoption Assistance Compacts

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 27
Adoption Subsidy:Appeal Decision

Policy

An applicant may appeal the department's decision to deny, reduce or terminate adoption subsidy.

A request for an appeal must be made in writing no later than 15 calendar days from the postmark of the written notice of the action. The request for appeal shall specify the action being appealed, the reasons for the appeal, and a brief summary of why the department's action was erroneous, unlawful or improper.

The DCS Adoption Subsidy Policy Specialist or Adoption Subsidy Supervisor shall coordinate appeals in accordance with the requirements of Arizona Administrative Code Title 6, Chapter 5, Article 24, Appeals and Hearings.

Procedures

Providing Notice of Appeal Rights

When the Department denies, reduces or terminates an adoption subsidy, the Adoption Subsidy Specialist sends the adoptive parent written notice of the action and the parent's right to appeal.

The notice shall contain:

- An explanation of the action taken and the reason for the action,
- A statement of the adoptive parent’s right to appeal the action, and
- The timeframe for filing an appeal.
- If a request for an appeal is received, the Adoption Subsidy Specialist or Supervisor will contact the DCS Adoption Subsidy Policy Specialist or Adoption Manager to notify them of the request.

The DCS Adoption Subsidy Policy Specialist or Adoption Manager will:

- Forward the case to the ASRC for review; or
- Send the case directly to the Office of Appeals

- As instructed by the Adoption Subsidy Policy Specialist or Adoption Manager, the Adoption Subsidy Specialist or Supervisor will:
- Forward the request for appeal to the Office of Appeals
- Include:
    - a letter identifying the appellant and reason for the request for appeal
    - copy of the adoption subsidy agreement
    - written notice of the action that was sent to the appellant from Adoption Subsidy
- Forward a copy of the request and the letters to the Assistant Attorney General (AAG) assigned to Adoption Subsidy.

The Adoption Subsidy Specialist or Supervisor will provide all documents requested by the AAG and be available to testify if requested.

Forms

Related Information

Legal

ARS §8-145 Appeals

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 28
Permanent Guardianship

Policy

The department shall establish a permanency plan of guardianship when guardianship is in the child's best interest, family reunification is not possible, and:

- the potential for adoption is not optimistic at this time; or
- termination of parental rights is not in the child's best interests

The department shall give priority to guardianship by relatives, rather than non-relatives, unless this is contrary to the best interest of the child.

Procedures

Considering Guardianship

To decide whether a permanency plan of guardianship is appropriate, consider these questions:

- Did the court order reunification services not be provided or a permanency plan other than family reunification?
- If reunification services were ordered, have reasonable efforts been made to reunite the family?
- Would further efforts be counterproductive?
- Is a guardianship the best permanency plan for a younger child?
- Is the guardianship likely to remain intact as the child gets older, particularly in adolescence?
- Is the potential for adoption not optimistic at this time?
- Is termination of parental rights not in the child's best interests?
- Has a family or individual who wants to provide for the child's needs been identified?
- Can the child be maintained without the support services currently provided through the department?
- Is supervision of the placement by DCS or juvenile court unnecessary?

Before pursuing permanent guardianship, be aware of the following characteristics of guardianship and ensure that the prospective guardian knows them as well:

The court makes the appointment of a guardian in the best interests of the child.

The guardian has the power and responsibilities of a parent to:

- Authorize medical or other professional care, treatment or advice.
- Enroll the child in school.
- Determine where the child will reside.
- Consent to marriage or adoption (in some instances, parental consent may also be necessary).
- Consent to social or recreational activities.

A guardian is not:

- legally obligated to be financially responsible for the child if the child has an estate or is due funds; or
- liable to third persons for acts of the minor child solely by reason of guardianship.

The appointment of a guardian does not terminate the parents' rights or affect the child's inheritance rights or affect the parent's obligation to contribute to the support of the child.

The court will appoint a person nominated by the child if the child is 12 years of age or older, unless the court finds that the appointment is not in the child's best interests.

A guardian may petition the court for permission to resign.

Any person interested in the welfare of the child may petition the court for removal of a guardian on the grounds that removal would be in the child's best interests.

Any party, including the child, parent of the child or any party to the dependency petition, may request that guardianship be rescinded if there is a significant change of circumstances including:

- the child's parent is able and willing to properly care for the child; or
- the child's guardian is not able to properly care for the child.

Documentation

Document the selection of Guardianship as a permanency goal in the Permanency Goal window.

Forms

Adoption and Title 8 Guardianship Information, CSO-1060
Adoption and Title 8 Guardianship Information (Spanish), CSO-1060S

Related Information

Legal

ARS §8-871 Permanent guardianship of a child

42 U.S.C. § 675(7) Definitions

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 29
Guardianship: Permanency Planning

Policy

The department shall consider recommending a permanency plan of guardianship when:

- The child is adjudicated dependent.
- The child has been in the custody of the prospective permanent guardian for a least nine months as a dependent child. The court may waive this provision for good cause.
- Reasonable efforts have been made to reunite the parent and child and further efforts would be unproductive. The court may waive this provision if the court finds that reunification efforts are not required by law.
- Reunification of the parent and child is not in the child's best interests because the parent is unwilling or unable to care for the child.
- The likelihood that the child would be adopted is remote or termination of parental rights would not be in the child's best interests.
- The prospective permanent guardian has made a commitment to provide care and support to the child.
- Guardianship is in the child's best interests. (ARS §8-871)

The Attorney General's Office is responsible for assisting the Child Safety Specialist in determining whether requirements for permanent guardianship have been met.

Procedures
Implementation

Obtain supervisory approval of a case plan of guardianship and request that the supervisor sign the Referral for Guardianship, FC-116, found in the Court Document Directory .

Discuss the characteristics of guardianship with the prospective permanent guardian, ensuring that the guardian understands the legal, and parental responsibilities being undertaken.

If a parent's whereabouts are unknown, conduct an extensive and documented search using the Parent Locator Service. Complete the request for Parent Locator Service and process according to region operating procedures.

Refer children and prospective permanent guardians to the Attorney General's Office for legal services using theReferral for Guardianship, CSO-1065.

Inform prospective permanent guardians of the requirements to complete a home study including fingerprinting and a Department of Child Safety (DCS) records search.
If not already completed, ensure that the prospective permanent guardian and all persons 18 and older permanently living in the household:

- are fingerprinted;
- have a state and federal criminal history records clearance within the past year; and
- have a current DCS records check.
- Conduct a home study of the prospective permanent guardians to ascertain the appropriateness of the home using the Report to Juvenile Court for Permanent Guardianship, CT04900, found in the Court Document Detail. Submit the report of the home study to the juvenile court and all parties prior to the hearing.
- If the prospective permanent guardian lives out-of-state, take these additional steps:
- Inform prospective permanent guardians that the motion for guardianship may be filed where the child resides or in the county where the child is a ward. The laws of the state in which the guardianship is granted apply to the child and the family.
- Inform the prospective permanent guardian, who resides out-of-state, that guardianship subsidy is available only for permanent guardians appointed through juvenile court in Arizona.
- Make referrals for guardianship for children who are Arizona court wards placed in another state through the Interstate Compact on the Placement of Children (ICPC).
- Receive ICPC approval of the prospective permanent guardian's home, prior to submitting the FC-116, .state and federal criminal history records clearance
- Assure that fingerprints and the home study requirements are completed prior to a referral for legal services to the Attorney General's Office.

Provide the following information to the Attorney General's Office for incorporation into the petition:

- the name, sex, residence, date and place of birth of the child;
- the facts and circumstances supporting the grounds for permanent guardianship;
- the name and address of the prospective permanent guardian;
- date of placement with the prospective permanent guardian;
- a statement that the prospective permanent guardian agrees to accept the duties and responsibilities of guardianship;
- the relationship of the child to the prospective permanent guardian;
- the basis for juvenile court's jurisdiction;

- the names, addresses, marital status and dates of birth of the birth parents, if known; and
- whether the child is subject to the Indian Child Welfare Act (ICWA) of 1978 [ARS §8-872].

If the child is an Indian child as defined by the ICWA, provide the following additional information:

- the tribal affiliation of the child's parents;
- the actions taken to notify the parents' tribe(s) of the plan of permanent guardianship and the result of those contacts (including names, addresses, titles, telephone numbers of persons contacted and copies of any correspondence with the tribe); and
- the efforts made to comply with the placement preferences under ICWA. [ARS §8-872]

The department will provide the Attorney General's Office with sufficient information to enable them to notify the following individuals of the filing of the guardianship petition:

- the parents of the child (excluding a parent who relinquished parental rights or whose parental rights are terminated);
- the foster parents with whom the child is currently residing;
- the child's current physical custodian;
- any foster parents with whom the child has resided within six months before the date of the hearing;
- the prospective permanent guardian if the guardian is not the current physical custodian;
- any person appointed to represent a party (including the child's attorney and guardian ad litem);
- any parent, Indian custodian and tribe of an Indian child as defined by the Indian Child Welfare Act of 1978; and
- any other person that the juvenile court orders. [ARS §8-872]

Forward the completed Referral for Guardianship, CSO-1065 to the Attorney General's Office with the following:

- Report to Juvenile Court for permanent guardianship including Attachment;
- Acceptance of the Duties and Responsibilities of Guardianship;
- Results of criminal history records check, state and federal;
- child's Birth Certificate;
- parent's death certificate, if applicable; and
- written correspondences to and from the tribes regarding the plan of permanent guardianship

If the guardianship involves a child placed out-of-state, forward a copy of the home study with the cover memo.

Keep one copy in the child's record.
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Forms

Referral for Guardianship, CSO-1065

Court Document Directory:
Report to Juvenile Court for Permanent Guardianship, CT04900
.

Related Information

Legal

ARS §8-871 Permanent guardianship of a child

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 30
DCS Involvement after Permanent Guardianship

Policy

The department shall petition the court to dismiss its dependency order following the granting of a guardianship by the court.

Procedures
Implementation
Assist the permanent guardian in applying for representative payee for children receiving SSI, SSA, VA or child support.

Recommend that the dependency petition be dismissed after the guardianship has been granted.

Refer any cases that are not dismissed to the Attorney General's Office for appeal.

If the juvenile court does not dismiss the dependency petition, continued supervision of the placement should include:

- services to the child;
- visits with the child and caregiver together in the caregiver's home at least once every three months;
- monthly telephone contact with the child and the caregiver; and
- compliance with orders of the juvenile court.

If ordered by the court, complete an investigation of the facts and circumstances surrounding the welfare and best interests of the child using the Addendum Report to Juvenile Court format found in the Court Document Directory, CT00200. Submit the report to the court prior to the Report and Review Hearing.

Participate in the report and review of the guardianship.

DOCUMENTATION

When the juvenile court dismisses the dependency petition, or the court does not order the department to provide continued case management services, document case closure in the Case Closure window. See Closing Case Records

Update the Legal Status window to reflect the change in the child's legal status, then terminate all DCS funded services
.

Forms

Court Document Directory:
Addendum Report to Juvenile Court, CT00200

Related Information

Federal Funding to Support Case Management

Legal

ARS § 8-872 Permanent guardianship; procedured.

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 31
Guardianship Subsidy: Eligibility, Application, and Appeal

Policy

Guardianship Subsidy: Eligibility

The Title 8 guardianship subsidy program shall support permanent placements for children who cannot return home and for whom adoption is not an option. Guardianship subsidy is intended to be only a partial reimbursement for expenses involved in the care of the child. Please note that Title 14 guardianship appointments (Probate Court) are not eligible for this guardianship subsidy.

A permanent guardian is eligible for guardianship subsidy if he or she:

- has a permanent guardianship granted pursuant to ARS §8-871, on or after August 6, 1999; and
- has applied for other state and federal benefits on behalf of the child.

Guardianship subsidy maintenance payment shall not exceed the current adoption subsidy maintenance payment as established by the department.

Guardianship subsidy maintenance payments shall be offset by monthly amounts received from state and federal program benefits, child support, trust funds, and any other financial assets available for the child's care

Guardianship Subsidy Application:

An application for Title 8 guardianship subsidy may be filed by a person appointed permanent guardian of a child in the care, custody, and control of the department pursuant to ARS §8-871. Please note that Title 14 guardianship appointments through probate court will not be eligible for this subsidy program. (This is the most commonly requested appeal by guardians.)

An application is complete when a copy of the signed Letter of Appointment or a copy of the order appointing the permanent guardian is received by the department.

The start date for payment shall be the date the guardianship was finalized.

For permanent guardians appointed by the court who apply after appointment, the start date for payment shall be the date of approval of the application.

An application for guardianship subsidy will be closed if the Letter of Appointing or order appointing the permanent guardian is not received by the department within 90 days after the appointment. The permanent guardian may reapply for guardianship subsidy.

Guardianship Susbidy Appeals:
An applicant may appeal the department's decision to deny, reduce, suspend or terminate Title 8 guardianship subsidy.

The department shall notify the permanent guardian when a decision has been made to deny, reduce, suspend or terminate guardianship subsidy.

The department shall grant an opportunity for a fair hearing to a permanent guardian who has applied for guardianship subsidy and alleges that the department unfairly denied, reduced, suspended, or terminated guardianship subsidy.

The Guardianship Subsidy Program Specialist shall coordinate appeals in accordance with the requirements of DES 5-24, Appeals and Hearings.

Procedures
Implementation
The Guardianship Subsidy Program is managed by DCS Central Office. Overall responsibility for assisting families with the guardianship subsidy process is shared by:

- the child's local office Child Safety Specialist who assists the family with completing the application for guardianship subsidy and state and federal benefits; and
- the guardianship subsidy program specialist who assists those families after the guardianship is finalized and who reviews applications for program eligibility.

A permanent guardian receiving a guardianship subsidy maintenance payment shall:

- Notify the department in writing within two weeks of the following:
    - termination of the guardianship;
    - death of the child;
    - child no longer resides with the permanent guardian;
    - change in state and federal program benefits to which the child is entitled and other financial assets available to the child; and
    - change in address.

- Cooperate with the department in the annual review process.

Child's Local Office Child Safety Specialist

Assist the family in completing the Guardianship Subsidy Application found in the Forms Registry.

Ensure the prospective permanent guardian signs the Guardianship Subsidy Application.

Inform the prospective permanent guardian that the Guardianship Subsidy Application may be submitted on or after the motion for permanent guardianship has been filed with the court. Include a copy of the stamped motion for permanent guardianship with the application.

Inform the prospective permanent guardian, who resides out-of-state, that guardianship subsidy is available only for permanent guardians appointed through juvenile court in Arizona.

Inform the prospective permanent guardian that, even though he/she may be eligible for guardianship subsidy, funds may not be available to the department for all eligible applicants.

Provide the application for guardianship subsidy to the prospective permanent guardian who resides out-of-state and who wishes to pursue guardianship in Arizona.

Notify the Guardianship Subsidy Specialist when the new guardianship subsidy case is created and subsidy authorization completed.

Close the DCS case when the dependency petition is dismissed if the child is the only child in the case. End date the child's case role in the DCS case if the case is not closed.

Guardianship Subsidy Program Specialist

Review all applications for guardianship subsidy within ten working days of receipt.

If the application is missing the stamped copy of the filed motion for guardianship, send notice to the Child Safety Specialist advising that the stamped copy must be received within 30 days from the date of the notice.

Send a Notice Letter to the prospective permanent guardian indicating the receipt of the application.

Upon receipt of the Letter of Appointment or court order and verification that the guardian has applied for Financial Assistance Administration (FAA) assistance an Approval Letter will be sent to the guardian indicating the amount of subsidy and effective start date.

If the Guardianship Subsidy Application is approved but funds are not available, send a Waiting Notice to the prospective permanent guardian indicating that his/her name will be placed on a waiting list. File the original application and supporting documentation in the guardianship subsidy hard copy file.

When funds become available, send a Confirmation Notice to the permanent guardian.

If the Guardianship Subsidy Application is denied, send a Letter of Denial to the permanent guardian to include:

- the reason for denial;
- the right to appeal;
- the timeframes for appeal; and
- appeal initiation procedures.

Documentation
The local office Child Safety Specialist should ensure the primary permanent guardian is entered in the CHILDS Provider Registry, according to district procedures, through completion of the following windows:

- Provider Maintenance Detail
- Provider Maintenance Facility Detail
- Facility Contacts
- Provider Maintenance Household
- Provider Maintenance Service Detail

When notified by the Guardianship Subsidy Program Specialist that the application for guardianship subsidy has been approved, create a guardianship subsidy case in the name of the permanent guardian.

When notified of the guardianship subsidy amount, complete the service authorization and provider match process by completing the following windows: Service Authorization Request, Service Authorization Approval and Service Authorization Provider Match.

File copies of all written correspondences to the prospective permanent guardian in the hard copy guardianship subsidy case record.

File the Guardianship Subsidy Application in the hard copy guardianship subsidy case record

Forms

Guardianship Subsidy Application, (CSO-1028)
Guardianship Subsidy Application (Spanish),(CSO-1028S)

Related Information

Guardianship Subsidy-What Child Safety Specialist Should Know, CSO-1172

Legal

ARS §8-814 Permanent guardianship subsidy; offsets; discontinuation; annual review; appeals; definition

A.A.C. R6-5-2401 through R6-5-2405 APPEALS AND HEARINGS

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 32
Guardianship Subsidy: Understanding Roles

Policy

The department shall review each guardianship subsidy case annually.

A permanent guardian, who receives guardianship subsidy and relocates to another state, must provide verification of application for state program benefits in the new state of residence within 90 days of relocation in order to maintain eligibility for guardianship subsidy.

Procedures
Guardianship Subsidy Program Specialist

Send the permanent guardian the Guardianship Subsidy Annual Review within 30 days of the anniversary date.

Review the returned Guardianship Subsidy Annual Review, (page 2) to determine continued eligibility for guardianship subsidy and appropriateness of the subsidy amount within ten days of receipt.

Send the Annual Review Notification to the permanent guardian within 30 days of the annual review.

If the permanent guardian fails to return the Guardianship Subsidy Annual Review, (page 2), within 30 days, suspend the guardianship subsidy.

Notify the permanent guardian of suspension of subsidy by completing and mailing the Suspension Notice.

If the permanent guardian relocates to another state, inform the guardian that he/she must apply for and provide verification of application for state program benefits in the new state of residence within 90 days of relocation.

Local Office Child Safety Specialist :

When notified of continued eligibility and subsidy amount, update and extend the service authorization.

Upon notification from the Guardianship Subsidy Program Specialist, suspension of guardianship subsidy payments will be entered by the Program Specialist.

Documentation
If necessary, update the Provider Maintenance Service Detail window.

File copies of all written correspondences with the permanent guardian in the guardianship subsidy hard copy case record.

Forms
Guardianship Subsidy Annual Review Cover Letter, CSO-1070

Guardianship Subsidy Annual Review, CSO-1071

Related Information

Legal
ARS §8-814 Permanent guardianship subsidy; offsets; discontinuation; annual review; appeals; definition

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 33
Guardianship Subsidy: Termination

Policy

The department shall terminate guardianship subsidy when any one of the following occurs:

- The permanent guardianship terminates.
- The child dies or does not reside with the permanent guardian.
- Child reaches 18 years of age except that the department may continue the subsidy until the child's twenty-second birthday if the child is enrolled in and regularly attending school and has not received a high school diploma or certificate of equivalency.
- The applicant fails to comply with requirements for guardianship subsidy.

Procedures
Guardianship Subsidy Program Specialist

- Terminate guardianship subsidy when any of the above circumstances occur.
- Send the Termination Notice to the permanent guardian notifying them of the decision to terminate guardianship subsidy and the reasons for this action.

If a child receiving guardianship subsidy is placed in out-of-home care by DCS:

- Suspend guardianship subsidy maintenance payment.
- Instruct the Child Safety Specialist to create a separate DCS case in the name of the permanent guardian.
- Coordinate with DCS to resume guardianship subsidy maintenance payment when the child returns home and foster care payments terminate.

Documentation

Close the Guardianship Subsidy case.

Upon notification from the Guardianship Subsidy Program Specialist, suspend or terminate guardianship subsidy payments by end-dating the Provider Service Authorization window.

File copies of written correspondences with the guardian in the guardianship subsidy hard copy case record.

Forms

Related Information

Legal

ARS §8-814Permanent guardianship subsidy; offsets; discontinuation; annual review; appeals; definition.

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 34
Successor Permanent Guardianship

Policy

When the department receives an order from the court entered in proceedings to appoint a successor permanent guardian, the department will comply with the court's order.

When the department responds to a report or a communication from the Hotline that a permanent guardian is unable or unwilling to care for a child, the department will assess and determine whether the child may be maintained safely in the home with services, whether an appropriate person is available to serve as a successor permanent guardian, or whether a dependency petition should be filed.

Procedures
Implementation
If a Hotline communication does not meet the criteria for investigation.

The Hotline will take the communication as an Action request and will be assigned to the field based on the original permanent guardian's zip code.

When a motion to appoint a successor guardian is filed with the court, the department may be required to complete the following:

- Conduct a criminal records check and home study to determine the suitability of the proposed successor guardian to serve as the child's permanent guardian,
- Conduct an investigation whether a dependency petition should be filed,
- Place the child in temporary custody if so ordered by the Court, and/or
- Monitor a child placed with a provisionally appointed successor permanent guardian and provide support services including assistance with application for guardianship subsidy and other available benefits.

Inform the prospective successor permanent guardian of the requirement to complete a home study including a DCS record search and a criminal background check on all adults in the home.

Conduct a home study on the prospective successor permanent guardian to ascertain the suitability of the home using the Report to the Juvenile Court for Successor Permanent Guardianship found in the court document directory.

- If the child is in the home and there are concerns about the safety of the child, contact the Hotline immediately and file a report.
- If the proposed placement is not suitable, provide information supporting the recommendation not to appoint the proposed successor permanent guardian and include a recommendation whether a dependency petition should be filed, or if an alternative placement would serve the needs of the child.
- If the proposed placement is suitable and is in the best interests of the child, include a recommendation that the motion be granted.
- If there is an existing order in the current permanent guardianship for visitation and contact between the child and extended family including parents and siblings, include a recommendation whether continuation of the order remains in the child's best interests.
- If there is not an existing order or if the department does not agree with the existing for visitation and contact between the child and extended family including parents and siblings, include a recommendation regarding future visitation and contact that is in the child's best interests.
- If the proposed placement is suitable, include any recommendation by the successor permanent guardian regarding the identity and contact information for a future successor permanent guardian.
- Include a statement whether the proposed successor permanent guardian is familiar with and agrees to accept the duties and responsibilities of a permanent guardian.
- If the child is at least twelve years of age, include in the home study a statement whether the child agrees or disagrees with appointment of the proposed successor guardian, and the basis for the child's objection if known.
- If the child is an Indian child as defined by the ICWA, provide the following additional information:
    - the tribal affiliation of the child and the child's parents;
    - the efforts, if any, by the person filing the motion to notify the child's tribe(s) of the plan of successor guardianship; and
    - whether the proposed placement satisfies the placement preferences under ICWA.

If during face to face contact with the family, the Child Safety Specialist becomes aware of or has reason to believe the child is unsafe or at risk of imminent harm, the Child Safety Specialist must file a report with the Hotline to initiate an investigation.

Submit the report of the home study to the court prior to the hearing. Provide a copy to other individuals if ordered by the Court.

If the child is in the home of a proposed successor permanent guardian who resides on an Indian Reservation within Arizona, contact the Indian Child Welfare Specialist at (602) 542-3981.

If the child is in the home of a proposed successor permanent guardian who lives out-of-state, contact the Central Office Guardianship Specialist at (602) 542-3981 .

If the court enters an order placing the child in temporary custody of the department, arrange for pick up of the child. When a child is taken into temporary custody pursuant to a court order, and pending appointment of a successor permanent guardian, it is not necessary to serve a Temporary Custody Notice (TCN).

If the court enters an order appointing the proposed successor permanent guardian as a provisional permanent guardian and directs the department to monitor the placement and provide support services, open the case for in-home services. The department may provide necessary services to the provisional permanent guardian to support the placement, including referral to community services and assistance in applying for available benefits.

A successor permanent guardian, including a provisionally appointed permanent guardian, is eligible to apply for guardianship subsidy. Payment may initiate on the date of the provisional or successor permanent appointment.

If an incoming communication meets the criteria for a report for field investigation

The Hotline will use the procedures in Initial Response to assign the report for field investigation based on the original permanent guardian's zip code.

The Child Safety Specialist will follow the procedures in Child Safety & Risk Assessment to complete a child safety assessment. The Child Safety Specialist may determine that:

- The child can be maintained in the home with support services;
- The child cannot be maintained in the home but an identified successor guardian is willing to assume immediate responsibility;
- The assessment indicates that the current permanent guardian is unable or unwilling to continue to serve as permanent guardian, the child cannot be maintained in the home with support services, and there is no identified available caregiver who is suitable to assume temporary responsibility as a proposed successor permanent guardian. In this circumstance, the Child Safety Specialist shall take the child into temporary custody (see Emergency Intervention). Serve the permanent guardian with a Temporary Custody Notice (TCN). It is not necessary to serve a TCN to the parents in this circumstance.

Documentation

Document a home study and background checking using the Report to the Juvenile Court for Successor Permanent Guardianship, found in the court document directory.

Document the activities undertaken to complete the home study and background checks in the Case Notes windows in CHILDS.

Document in the Case Notes windows in CHILDS that a copy of the Permanent Guardian's Duties and Responsibilities Fact Sheet was given to the proposed successor permanent guardian.

If a dependency petition is filed and the child is placed in the department's custody, update the Legal Status window and, if necessary, update the Provider Maintenance Service windows in CHILDS

Forms

Court Document Directory:
Report to the Juvenile Court for Successor Permanent Guardianship, CT-08000

Related Information

Legal

ARS §8-874 Appointment of successor permanent guardian

ARS §8-814 Permanent guardianship subsidy; offsets; discontinuation; annual review; appeals; definition

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 35
Independent Living Services and Supports

Policy

The Department shall employ the principles of Positive Youth Development to develop case plans which are youth centered and youth driven, provide services and opportunities to support all youth to make sound life decisions, and develop a sense of competence, usefulness, belonging, and empowerment.

All youth who are working toward living autonomously shall be referred for Independent Living Services and Supports to develop the skills necessary to prepare for a successful transition to adulthood.

The Department shall make every effort to ensure parenting teens are provided with appropriate services which support healthy parent-child bonds and may include parenting skills training, peer support, or other services.

The Department shall make every effort to ensure a diverse array of services and resources are identified to assist teens to address their needs, including any special needs or concerns related to their sexual orientation and/or gender identity

The Department shall ensure youth in care are aware of their rights including the right to utilize established complaint/grievance processes to assist in conflict resolution and that all youth in out-of-home care, age 16 and older are provided a copy of the Notice of Rights for Children in Out-of-Home Care.

The Department shall make every effort to coordinate services available through the Independent Living Program with other federal and state programs for youth including abstinence education programs, local housing programs,

programs for youth with disabilities, and school-to-work programs offered by high schools or local workforce agencies.

The Department shall assist youth to plan and establish a safe, stable, long term living arrangement and set of relationships with persons committed to long term support and nurturance of the youth.

The Department shall make every effort to assist the youth to maintain contact with parents, siblings, extended family, friends, and community through phone contact, written communication, and visitation, as appropriate to the safety and well-being of the youth.

The Department shall assist undocumented youth to initiate and complete all processes necessary to establish legal residency.

The Department shall not sign for a driver's instruction permit or a driver's license.

Procedures

To be eligible for Independent Living Services, a youth must be:

- At least 16 years of age but less than 21 years of age;
- In the custody of the Department or a tribal child welfare agency (for youth 16 – 18 years of age);
- In out-of-home care;
- Referred by the youth's assigned Child Safety Specialist, other Department staff, or a tribal social services representative, and
- A resident of Arizona if 18, 19, or 20 years of age.

Services are denied if a youth does not meet these eligibility requirements.

Identifying the Need for Independent Living Services and Supports
Provide or otherwise arranges services and supports based on needs identified by the youth, service team members, the findings of a life skills assessment, or as documented in the individualized case plan, which may include:

- Specialized case management (where available);
- Program incentives;
- Information and assistance to create and maintain a network of natural supports;

- Information and assistance in life care and health care planning, includingenrollment in a health plan;
- Independent living skills training;
- Planning and support of educational and employment goals;
- Counseling and other therapeutic services;
- Supporting community and family connections;
- Educational and employment training opportunities (including the Education and Training Voucher (ETV) Program);
- Independent Living Subsidy;
- Voluntary continued out-of-home care for young adults 18 through 20 years;
- Other activities such as local youth advisory boards, youth conferences, etc.;
- Discharge planning; and,
- Other transitional support services including re-entering case management and services.

Provide and review with the youth the:

- Questions and Answers About Youth Rights in Foster Care,
- Notice of Rights for Children and Youth in Foster Care, including completion of Part B (Contact Information) of the form; and any additional program material available.

Describe services and aftercare support available including:

- Transitional living and support services (through the Transitional Independent Living Program-TILP);
- Education and employment training opportunities (including the Education and Training Voucher (ETV) which is available to age 23 years);
- Re-entry into DCS supervised services after exiting care at age 18 years or older; and
- Health insurance (for eligible youth through AHCCCS).

(Note: Eligibility of minor youth placed out of state via ICPC ends upon the 18th birthday unless the youth re-establishes residency in Arizona.)

Ensure the youth maintains contact with the child's parents or extended family, whenever possible, to:

- Inform and involve the family in decisions about their child;
- Stay informed of changes in the family situation that might indicate a need to re-evaluate the permanency goal of independent living, unless such contact would compromise the safety of the child; and
- Support and strengthen healthy connections with parents and extended family.

To determine if contact/communication between the youth and family, friends or home community (where the youth resided prior to coming into care) is appropriate, consider whether:

- The youth desires contact and, if so, the type of contact (e.g., in person, via phone, mail or other method);
- The youth desires contact but has concerns about safety or well-being.Identify supports or assistance to alleviate these concerns (e.g., therapeutic intervention, supervised contact);
- The service team has concerns for the youth's safety or well-being. If so, determine the supports or assistance to alleviate these concerns (e.g., therapeutic intervention, supervised contact);
- The youth or other service team members identified any other barriers to contact with family, friends, or involvement with the home community (e.g., transportation, scheduling conflicts).Identify the support or assistance available to address these issues.

To determine if a youth has been or may be the subject to harm, discrimination, or any adverse act because of their perceived gender identity, gender expression, ethnicity, religious beliefs and/or sexual orientation, consider whether:

- The youth actually or is perceived to be a member of a minority group;
- The youth expressed concern for his/her safety or well-being;
- The caregiver or other person reported concerns for the youth's safety and well-being; and
- The youth has been a target of any adverse act with reference to his/her perceived gender identity, gender expression, ethnicity, religious beliefs, and/or sexual orientation.

Implementing Independent Living Services and Supports

Advise the youth of the following financial incentives and support:

- Post-secondary related and secondary graduation incentives (as outlined in Independent Living Program Request for Education Incentive Payment to Youth);
- Training incentive: $50 with a certificate of completion of Independent Living Skills Training;
- Independent Living Savings Match: Two dollars for every one dollar accumulated in an approved savings account (up to a maximum match of $1,000). A minimum of three months of consecutive contributions to the savings account must be documented to receive the match. The savings account is payable at the time the youth exits care and the DCS case is closed (payment may be initiated up to 45 days prior to the youth's last day of care);
- Education and Training Voucher (ETV) and other funding for post-secondary educational/vocational pursuits; and

- After care services available through the Transitional Independent Living Program (TILP).

Provide case planning and case management services, as described in Family Centered Case Planning and Team Decision Making with the followin additions:

- Identify outcomes that will help the youth to build, strengthen or maintain positive, healthy relationships;
- Identify relative and non-relative persons with whom the youth desires to establish a long-term connection and provide assistance and services to support the relationships;
- Identify outcomes that will help the youth develop independent living skills (daily living, interpersonal, education planning, employment and community living skills) and provide services that will facilitate achievement of these outcomes;
- Identify and address any special needs or concerns the youth may have including concerns related to the quality of services including out-of-home placement;
- Using a valid assessment tool such as the Ansell-Casey Life Skills Assessment complete or arrange for an assessment of the youth's preparedness for adulthood in such areas as:
  - Daily living skills (e.g., personal hygiene, health, housekeeping and food management, emergency and safety skills);
  - Interpersonal skills;
  - Educational planning;
  - Employment skills (e.g., job seeking, job maintenance); and
  - Community living skills (e.g., legal, transportation, resource and housing skills).

Complete the YAP/ILS Program Enrollment window with the following information:

- Program start date;
- Assessment date; and
- Other applicable fields.

Encourage the youth to actively participate in his or her case planning by:

- Communicating their life vision, post foster care (after discharge);
- Identifying personal goals related to education, employment, self-esteem, relationship skills and other areas;
- Identifying adults (including relatives, friends, teachers, clergy, etc.) who may provide assistance and support during the transition to adulthood;
- Attending and participating in the case plan staffing;
- Reviewing and discussing service needs;
- Identifying resources to meet needs; and
- Accepting personal responsibility for their participation in services and signing the case plan agreement.

Explain to the youth that s/he will receive annually a copy of the annual credit report and assistance fixing any inaccuracies in the annual credit report.Central Office/Title IV-E

Specialist sends the annual credit report to the youth with a copy to the Specialist and assists with fixing inaccuracies.

Provide or arrange for services and activities to help the youth prepare for discharge from foster care, or to enhance his or her:

- Emotional preparation for adulthood;
- Interpersonal relationships and lifelong connections;
- Success in education, job and career;
- Daily living skills;
- Health and family planning, recreational and vocational activities;
- Understanding of his or her legal rights and responsibilities;
- Use of community systems and services; and
- Use of a community advisor or mentor.

Arrange to meet the youth during the 90 day period prior to his/her 18th birthday to develop a transition plan (aka case plan) utilizing the Foster Club Transition Toolkit, that is personalized to the youth's needs, as detailed as the youth elects, and includes specific options for and information on:

- Housing;
- Health insurance;
- Education;
- Local opportunities for mentors;
- Continuous support services;
- Work force supports;
- Employment services;
- The importance of designating another person to make health care treatment decisions on his/her behalf if he/she is (or become) unable to do so, and does not have or does not want a relative who would otherwise be authorized by state law to make such decisions; and
- The option to execute a health care power of attorney, health care proxy, or other similar document. (For more information, see Advance Directives and Health Care Directives at Life Care Planning).

For youth who remain in care until 21 years of age, review and revise, as needed, the transition plan during the 90 day period prior to the youth's 21st birthday, or at the time the youth exits care, whichever occurs first.

Advise the youth of the following financial incentives and support for youth leaving the child welfare system without a legal permanent family:

- Post-secondary related and secondary graduation incentives incentive (as outlined in Independent Living Program request for Education Incentive Payments to Youth, CSO-1065);
- Training incentive: $50 with a certificate of completion of Independent Living Skills Training;

- Independent Living Savings Match: Two dollars for every one dollar accumulated in an approved savings account (up to a maximum match of $1,000). A minimum of three months of consecutive contributions to the savings account must be documented to receive the match. The savings account is payable at the time the youth exits care and the DCS case is closed (payment may be initiated up to 45 days prior to the youth's last day of care);
- Education and Training Voucher (ETV) and other funding for post-secondary educational/vocational pursuits; and
- After care services available through the Transitional Independent Living Program (TILP).

Whenever it is determined that a youth has been or may be subject to harm, discrimination or any adverse act because of their gender identity, gender expression, ethnicity, religious beliefs and/or sexual orientation, meet with the youth and caregiver (if appropriate) to discuss the concern, assisting the youth to:

- Identify any service, support (including community-based advocates or organizations) or strategy which will ensure their safety or decrease their risk or harm;
- Contact local law enforcement and file a report in any instance where a suspected crime may have occurred;
- Provide an immediate change in the living arrangement if there is a threat to the youth's physical, mental and/or emotional safety and well-being.

At minimum, maintain quarterly telephone contact or written correspondence with all parents whose whereabouts are known and whose rights have not been terminated. See Family Centered Case Planning

Ensure all youth are assisted to maintain contact with parents, sibling, extended family, friends and community, as appropriate to the safety and well-being of the youth.

Provide all youth with a copy of their health record including the Medical Summary Report at each six month case plan staffing and within 30 days of their eighteenth birthday. The youth's health record may include but is not limited to notes and records of medical and dental professionals including:

- Name and address of the child's health and dental care providers;
- Immunization records;
- Hospitalization(s);
- Known medical problems including specific illness or diagnosis;
- Surgeries;
- Medications;
- Consultations with specialists; and
- Any other relevant health information.

Provide the youth with a copy of their educational record within 30 days of their eighteenth birthday. The youth's educational record may include but is not limited to:

- The names and addresses of the child's educational providers;
- State and Federal assessment score transcripts (e.g., AIMS, Stanford 9, etc.);
- Transcripts (report cards) including elementary, secondary or GED;
- Relevant discipline or health records;
- Referrals and program information for related purposes, i.e. Vocational Rehabilitation, and Youth Transition Program, etc.;
- Special education evaluation (including psycho-educational assessments and evaluations) and related Individualized Education Program (IEP) andSection 504 plans;
- Original diplomas, certificates or degrees earned; and
- Any other relevant education information.

Provide or make arrangements for youth to receive a certified copy of their birth certificate, Social Security card and state identification card (unless ineligible to receive).

Assist youth who are not documented citizens to establish legal residency by initiating and completing requirements of the local office of immigration and naturalization.

Assist youth to apply for post-secondary education and training funds through the ETV application or other financial resource application process (e.g., Free Application for Student Financial Aid-FASFA).

Assist all youth in out-of-home care to pre-enroll in an AHCCCS plan by completing and submitting the Young Adult Transitional Insurance (YATI) Referral during the month in which the youth turns 18 years of age.

Obtaining A Driver's License for a Youth
The Department shall not sign for a driver's instruction permit or a driver's license.

When the youth is a ward of the court, the Department cannot sign for a driver's instruction permit or a driver's license. The Department of Motor Vehicles sets out the requirements for parent/guardian signature for a minor's driver's instruction permit or license as follows:

- A person who is at least fifteen years of age, who is attending school and who is not living or residing with the person's parent or guardian may apply for a restricted instruction permit issued pursuant to A.R.S. § 28-3155. An approved instructor of the drivers training program for which the permit is issued may sign the application in lieu of the requirements of A.R.S. § 28-3160.
- The permit is valid only when the instructor who signed the application is in the vehicle with the permittee.
- If the person is under eighteen years of age, an approved instructor assumes the obligations imposed on a person signing the application of a minor only when the instructor who signed the application is in the vehicle with the permittee.

- The application for a restricted instruction permit shall include a statement that the instructor who signs the application understands that the instructor is liable for damage caused by negligence or willful misconduct of the permittee while operating a motor vehicle when the instructor is in the vehicle.

The following person or persons shall sign and verify, before a person authorized to administer oaths, the application of a person under eighteen years of age for an instruction permit, a class G or M driver license or an endorsement to a class G or M driver license:

- If neither parent of the applicant is living, the person or guardian who has custody of the applicant or an employer of the applicant;
- If the applicant resides with a foster parent, the foster parent; and.
- If there is no guardian or employer of the applicant, a responsible person who is willing to assume the obligation imposed by this chapter on a person who signs the application of a minor.

The person who signs the application of the minor accepts all responsibility for the actions of the minor when driving a motor vehicle. The Department does not accept responsibility for the actions of the minor when driving a motor vehicle.

If Independent Living Supports and Services are denied to an eligible youth, the youth may:

- File a grievance;
- Choose not to file a grievance and appeal the adverse action (termination) under A.A.C. R21-5-109 by filing a notice of appeal within 20 days after receipt of the adverse action decision reducing, terminating, or denying services; or
- File a grievance, and if the youth is dissatisfied with the results of the grievance process, appeal under A.A.C. R21-5-209, by filing a notice of appeal within 20 days after receipt of the grievance response letter.

When a youth desires to file a grievance, the Child Safety Specialist:

- Explains the formal grievance process to the youth, including how to file a grievance and the time frames for filing the grievance;
- Provides the youth with the Department's grievance form and directions for submittal to the designated Department staff; and
- Offers to assist the youth to complete and submit the form, or refers the youth to the Department’s Ombudsman for assistance in completing and submitting the form.

Upon receipt of the grievance form, the Ombudsman's Office:

- Schedules a face-to-face meeting with the youth who filed the grievance within seven work days from the date the grievance was received by the Department, or schedules a teleconference if a face-to-face meeting is not possible;

- Evaluates the grievance to determine if the grievance can be resolved by the Department to the satisfaction of the person;
- Mails a grievance response letter to the person within three work days of the meeting; and
- Includes an appeal form with the grievance response letter so the person may appeal the adverse action.

Retain documentation of all grievances in the case file according to the Department's retention schedule.

Documentation

Document tasks related to the delivery of Independent Living Services and Supports in the Foster Club Transition Plan. Reference the completion of the Foster Club Transition Plan in Case Plan Tasks window, Independent Living type.

Document that the Notice of Rights for Children in Out-of-Home Care (CSO-1141) was reviewed and discussed with the child by obtaining the child's signature (if age and developmentally appropriate). File a copy of the signed form in the hard copy file. Document that it was reviewed at a case plan staffing every six months.

Document the youth's life vision in the Permanency Goal window Explain box.

Document independent living anticipated outcomes and tasks in Case Plan Tasks window Independent Living plan type. Ensure the youth's preparation for foster care discharge is reflected in the Independent Living plan.

Document the case plan/ transition plan in the Foster Club Transition Plan and scan into the CHILDS case notes window designated as Key Issues.

Document the assistance to be provided to the youth to maintain contact with parents, siblings, extended family and friends.

Document all efforts made to determine if a youth has been or may be subject to harm, discrimination or any adverse act because of their gender identity, gender expression, ethnicity, religious beliefs and/or sexual orientation, and those strategies, supports or services provided to ensure the youth's physical, mental and/or emotional safety and well-being. (Documentation including related case notes shall be noted as confidential and not for dissemination unless necessary to the safety and well-being of the youth. The youth should be made aware of the dissemination of these case notes.)

Document the tasks and activities which will support the youth's connectedness to their community.

Document any factors which may adversely affect the youth's safety or well-being, as well as strategies to assure the youth's safety and well-being while engaged in family contact and/or community activities.

Document the youth's eligibility for financial incentives by maintaining a copy of the youth's GED certificate, high school diploma, post-secondary educational credits, certification, license, or degrees, certificate verifying completion of Independent Living Skills training, or verification of savings account balance, as applicable, in the hard copy files.

Document the provision of the Education Incentive payments on the Independent Living Program Request for Education Incentive Payments to Youth (CSO-1064) and scan into the CHILDS case notes window designated as Key Issues.

Document the incentive request on the Independent Living Program Request for Incentive Payment to Youth (CSO-1061) and scan into the CHILDS case notes window designated as Key Issues.

Document the savings incentive match on the Independent Living Program Savings Match Agreement (CSO-1032) and scan into the CHILDS case notes window designated as Key Issues.

Document provision of the youth's health and educational records including a copy of the scanned record in the Case Notes window designated as Child Contact type.

Document any inaccuracies in the annual credit report, and the assistance provided to interpret the results and resolve inaccuracies in the report, in the Case Notes window designated as Key Issues type.

Forms

Notice of Rights for Children in Out-of-Home Care, CSO-1141
Young Adult Transitional Insurance (YATI) Referral FAA-1097
Independent Living Program request for Incentive Payments to Youth, CSO-1061
Independent Living Program Savings Match Agreement, CSO-1032
Independent Living Program Request for Education Incentive Payments to Youth, CSO-1064

Related Information

Permanency Planning: Creating Life Long Connections: What Does it Mean for Adolescents?
For support and services for lesbian, gay, bisexual, transgender and questioning youth, go to www.lambdalegal.org (youth and schools) or www.cwla.org (culture/diversity)
Advance Directives and Health Care Directives at Life Care Planning

Ansell-Casey Life Skills Assessment
ETV Program
FAFSA
Foster Club Transition Toolkit
Foster Club Transition Worksheets

Legal

A.R.S. § 8-529
The Fostering Connections to Success and Increasing Adoption Act (P.L. 110-351)
The Patient Protection and Affordable Care Act (P.L. 111-148)
A.R.S. § 28-3160 Applications of minors; liability and A.R.S. § 28-3161 Application of student minor; instructor liability
A.A.C. Title 21, Chapter 5, Article 2Independent and Transitional Independent Living Programs (page 3259)

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 36
Preparing Youth for Age of Majority
Voluntary Foster Care and Discharge Planning

Policy

Young adults may remain in foster care after their 18th birthday only if they, are a Resident of Arizona and have signed their case plan (recognized as the Voluntary Foster Care Agreement) which complements their own efforts to achieve self-sufficiency and which assures acceptance of personal responsibility for preparing for and transitioning from adolescence to adulthood.

All young adults who are in the custody of the department, in an approved out-of- home placement (i.e., ILSP, group care, foster home, relative placement, unlicensed relative or non-relative placement) when they turn 18 are eligible to remain in continued out-of-home care under the supervision of the department during the period of the agreement. This includes youth who are dually adjudicated (dependent and delinquent) and released from a secure setting prior to or on their 18th birthday.

Participation in the Independent Living Program or in voluntary continued out-of-home care may be concluded when the young adult has:

- reached the age of 18 and does not desire continued services; or
- reached the age of 21; or
- made a voluntary decision to withdraw from the program; or
- generally demonstrated non-compliance with or refusal to meet the requirements of the case plan.

The department shall **not** terminate voluntary foster care services until all requirements are satisfied, including the case plan staffing, grievance/complaint process and development and implementation of an appropriate discharge plan.

The department shall not transition a young adult to a state of homelessness.

A case plan staffing shall be held when a decision to remove a young adult from continued placement is under consideration. The appropriateness of ending the department's care and supervision of the young adult will be discussed and include a review of the existing discharge plan.

The department shall ensure an appropriate discharge plan is developed for all youth served which includes:

- the plan to meet the identified needs as gathered from the comments, recommendations, and requests of the youth, caregiver and other service team members; and
- specific plans for obtaining any identified services.

The department shall explore suitable resources and ensure the child and caregivers are provided sufficient information to enable them to contact the service provider and initiate services identified in the discharge plan. When appropriate and with the permission of the youth, the department may make contact with the service providers.

Procedures

Voluntary Foster Care Requirements: Young Adult's Rights and Responsibilities

The young adult will demonstrate personal responsibility for preparing for and transitioning from adolescence to adulthood by working cooperatively with the Child Safety Specialist to develop an individualized agreement for continued care (case plan) that outlines activities to prepare for self-sufficiency by:

- participating in educational, vocational, employment or employment readiness activities of their choice, which may include paid employment, volunteer work or other activities defined in the case plan that will assist the youth to strengthen their employability;
- identifying their physical and mental health needs and participating in health services, including mental health services of their choice (Youth who choose to not participate in health services recommended by a physician, psychiatrist, psychologist or other qualified physical or behavioral health professional, must identify other strategies they will implement to address their behavioral and/or physical health needs.);
- identifying and maintaining a safe living arrangement of their choice which will allow for continuous daily living skill development and practice;
- participating in activities or services to build, strengthen or maintain positive, healthy relationships with relative and non-relative persons including supportive adults with who the youth desires to establish a long-term connection; and
- maintaining contact with the assigned Child Safety Specialist , immediately reporting any actual or anticipated changes to their living arrangement, education, training or employment or health status.

Voluntary Foster Care Requirements: Child Safety Specialist Responsibilities
The Child Safety Specialist is responsible for:

- working cooperatively with the young adult and providing the young adult and care-giver with information on any services, support and other opportunities which will support the young adult's desired living arrangement, education, training, employment and counseling needs;
- facilitating the development of an agreement for continued care (case plan) which reflects the young adult's personal goals and clearly documents those services and supports necessary to assist the young adult to achieve positive outcomes including permanent connections with supportive adults;
- ensuring all authorizations for payment of the cost of care and other services are in place prior to the young adults 18th birthday;
- ensuring the young adult has an original birth certificate, social security card, and state identification card; and,
- providing the young adult with adequate family history, including medical history information, including any photos, letters or other family history available in the case record. If the Child Safety Specialist believes a portion of the information may be harmful to the young adult, therapeutic intervention/assistance will be requested, as appropriate to meet each young adult's needs.

Prior to the youth's 18th birthday:

- Assist the youth to pre-enroll in an AHCCCS program through completion of the DCYF/FAA YATI Referral and Turn Around Document (TAD) FAA-1097, and submit to FAA Internal Operations at Site Code 759C for processing the month of the youth's 18th birthday.
- Involve the youth and out-of-home care provider in a discussion about the possibility of continued care. Identify any issues or concerns (related to program compliance) which must be remedied in order for the youth to continue in care past the age of 18, including any contract, licensing, certification or other issues related to the current or proposed living arrangement.
- For youth continuing in care past 18, submit a memo to CMDP to continue health insurance coverage beyond the youth's 18th birthday if the youth is residing out-of-state, does not meet the basic eligibility requirements under Medicaid (including legal resident status) or there is some extenuating circumstance why CMDP services continue to be necessary (i.e., orthodontia treatment is incomplete).

Hold an Age of Majority TDM meeting within six (6) months of the youth's 18th birthday to revise the current plan to reflect the youth's goals in relation to housing, education, employment, health and wellness (including physical, emotional, mental health or other therapeutic needs) (seeTeam Decision Making).

If the youth does not desire to continue foster care services, proceed with the established discharge plan and provide information on aftercare services, including the opportunity to return to DCS supervised services until the age of 21. Youth who desire to return to

DCS may pursue services such as the Transitional Independent Living Program (Reentry Independent Living).

The DCS Supervisors will review and approve or disapprove the case plan for continued care. DCS Supervisor may recommend changes in the plan in order for approval to be given.

If the case plan for continued care is not approved, the Assistant Program Manager or designee will meet with the DCS Specialist, DCS Supervisor, and young adult to review and remediate concerns with the plan.

Upon approval of the case plan for continued care, provide services which include, but are not limited to:

- cost of care (includes Independent Living Subsidy for youth who qualify);
- allowances;
- medical and dental services, (through AHCCCS unless the youth is otherwise ineligible);
- transportation;
- counseling;
- independent living skills training, and
- other transitional support services.

The department shall maintain the young adult's current living arrangement. No changes to the living arrangement may occur without the approval of the young adult, unless the living arrangement cannot be maintained due to contract, licensing, certification, safety or other reasons.

The young adult should maintain satisfactory progress as defined in the case plan.

Discharge and Conclusion of the Voluntary Foster Care Program
Review the youth's discharge plan during each case plan staffing and additionally, at least 60 days prior to case closure to determine what aftercare services are needed. Prior to discharge, hold a case plan staffing which includes the following participants:

- the youth;
- the Child Safety Specialist ;
- other service team members currently providing services; and
- the aftercare service provider.

If the youth does not desire to continue in foster care, proceed with the discharge plan and provide information on aftercare services available through the Transitional Independent Living Program.

If the youth desires to continue services, review the current plan and discuss the areas where the youth has not met the obligations of the plan. Assist the youth to identify any barriers to meeting the plan's obligations and if those barriers may be remedied, revise the case plan to include any additional tasks or services needed to assist the youth to meet case plan goals. If the barriers cannot be remedied (i.e., youth is using illegal drugs or alcohol and refuses to participate in treatment or discontinue use) request approval for case closure. The Assistant Program Manager or designee will review the recommendation of the Child Safety Specialist and approve/disapprove the case closure.

If the Assistant Program Manager or designee approves the recommendation for case closure, the young adult will be notified by phone and in writing. If the young adult agrees with termination of foster care services, the Child Safety Specialist will proceed with case closure. The Child Safety Specialist shall contact the youth in person to:

- Review the discharge plan with the youth and refer the youth to available aftercare services.
- Provide the youth with their original birth certificate, state identification card, Annual Credit Report and social security card.
- Follow up by sending a closure letter to the youth confirming the date of closure, right to appeal and statement of aftercare services available through the Transitional Independent Living (including the opportunity to re-enter DCS supervised services) and Young Adult Transitional Insurance program as well as other resources available in their community.

If the young adult does not agree with termination of services, the Assistant Program Manager or designee shall advise the youth and their caregiver, and community advisor or advocate, of the youth's right to file an appeal/grievance of the termination of services and provide the Client Grievance, CSO-1016.

All services including out-of-home care will remain intact until such time that the complaint/grievance process is complete.
For all youth leaving foster care:

- Notify the young adult of the requirement to complete an annual review through Financial Assistance Administration (FAA) to continue health services and to contact FAA to update their current residential address.

Documentation
Document the plan for continued care in the Independent Living Case Plan, obtain the young adult's signature on the case plan and provide a copy to the young adult.

Document any changes in the current living arrangement in the Independent Living Case Plan. Use the explain box to provide information which supports the change in the current living arrangement, including the young adults approval of the new living arrangement.

Update CHILDS to reflect the youth's change in legal status or living arrangement and to extend any purchased services.

Complete form DCYF/FAA YATI Referral and Turn Around Document (TAD) FAA-1097, and submit to FAA Internal Operations staff at Site Code 759C. (Retain a copy in the case record.)

Assistant Program Manager

Document review and approval of case plan for continued care.

Upon discharge,

Document the youth's voluntary termination of services (including the reason for termination) in the Case Notes window designated as Child Contact.

Document approval, using the Case Notes window designated as Supervisory type.

Document assistance provided to youth to complete and submit the Client Complaint/Grievance, form the Client Grievance, CSO-1016.

Update CHILDS to end all authorized and pending Independent Living Subsidy Program purchased services, if applicable.
Update the YAP/ILS Enrollment window.

Forms

DCYF/FAA YATI Referral and Turn Around Document (TAD) FAA-1097
Client Grievance, CSO-1016

Related Information

Reentry Into the Independent Living
Team Decision Making

Legal

ARS §46-134 Powers and duties; expenditure; limitation

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Revision History: November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 37
Independent Living Subsidy Program

Policy

The Independent Living Subsidy is available to eligible youth in foster care and to young adults who are residents of Arizona and have signed a voluntary agreement for continued care after age 18, but may not extend past the youth's 21st birthday.

The Independent Living Subsidy Program is not a requirement, but encouraged as an option for youth who qualify preparing for the transition to adulthood.

The department, in determining eligibility for Independent Living Subsidy, shall not discriminate based on the youth's race, national origin, ethnicity, religious or spiritual beliefs, gender or perceived gender identity, gender expression, sexual orientation, child-bearing or parenting status, or for youth age 18 and older, marital status

The department may provide a youth the opportunity to participate in the Independent Living Subsidy Program if they meet the minimum requirements which are:

- adjudicated dependent, the subject of a dependency petition, or age 18 or older and in extended care through their case plan (recognized as the Voluntary Foster Care Agreement) for Young Adults 18 Through 20;
- in out-of-home care and in the custody of the department;
- at least 17 years of age;
- youth age 17 must have court approval to participate in this program (court approval is not required for youth age 18 and older).
- participating in an approved schedule of activities specific to the individual youth's educational, employment, vocational,and therapeutic goals as outlined in the youths's case plan.

The Independent Living Subsidy Program provides youth with the experience of community living while receiving support and services from the department. This program is an out-of-home care placement option, with the monthly stipend provided to the youth in lieu of any other foster care payment. This program permits youth to reside in unli-

censed settings, including apartment living (alone or with roommates), dormitories and boarding with family, friends or others. All proposed living arrangements and roommates must be approved by the Child Safety Specialist .

Procedures

Establishing Independent Living Subsidy

The Independent Living Subsidy amount approved for any youth is to be determined by the individual youth's budget as documented in the Independent Living Subsidy Agreement and Approval Form (CSO-1033) .The approved subsidy may not exceed the maximum amount allowable by DCS and is subject to availability of funds. For youth who share their living expenses with a roommate(s), the agreement must reflect an equal contribution by all roommates towards the expenses of the household.

To determine the youth's readiness to participate in the Independent Living Subsidy Program, consider the following:

- Does the youth meet the minimum qualifications for the Independent Living Subsidy Program?
- Has the youth identified a potential living arrangement which will provide supervision and support appropriate to his or her level of readiness?
- Has an adult (Community Advisor) been identified to provide support to the youth during the time he/she is participating in the Independent Living Subsidy Program.
- Does the youth demonstrate the ability to assume responsibility and work toward self-sufficiency, as reflected in mastery of the following areas:
    - task completion;
    - goal setting;
    - decision making;
    - job readiness;
    - knowledge of basic living skills;
    - money management (including establishment of a savings account);
    - willingness to follow program requirements; and
    - willingness to complete Independent Living Skills Training, if not previously accomplished.

Assist the youth in identifying a proposed living arrangement that:

- is close to schools, places of employment, training and services;
- complies with applicable state and local zoning, fire, sanitary and safety regulations; and
- is supportive of their current level of readiness.

Assist youth who are potential candidates for the program to develop an initial monthly outline of expected living expenses, expected income, and start-up costs, including a savings plan, utilizing current subsidy allowances.

The monthly stipend approved shall be in accordance with the current schedule as reflected in the Independent Living Subsidy Agreement (CSO-1033) . Costs shared with a roommate(s) must demonstrate equal contributions by all parties. Funds provided through the Independent Living Subsidy Program may only be used by the youth for their own living expenses and may not be used for the expenses of household members or others.

Arrange for youth to be supervised by a community advisor who is at least 21 years of age. Encourage the youth to identify potential community advisors. The community advisor provides supervision at least three times per month week for the first month and at least once a month thereafter. In situations where a community advisor cannot be identified in a timely manner (prior to the projected start date of the agreement), proceed with completion and approval of the agreement and continue active efforts to assist the youth to identify a community advisor. If an advisor has not been idenfitied within 60 days of the start of the agreement, hold a case conference with team members to review potential sources for this support.

For youth under 18, assist the community advisor (if non-relative) to complete finger printing and enroll in an approved DES Volunteer Program (where available).

Complete the Independent Living Subsidy Program Agreement and Approval Form - ADS 1021A [CHILDS Court Documents & Forms] with the youth and in consultation with the community advisor. Submit the ADS-1021 to the State Independent Living Program at +DCYFPermanencyYouthServicesUnit@azdes.gov or fax to the Independent Living Program at 602-542-3330 for approval.

The above information shall be available in the case record for review with a copy provided to the youth and community advisor.

For youth under age 18, request a court order placing the youth in the physical custody of the Arizona Independent Living Program.

Maintaining Independent Living Subsidy
Continue to provide case planning and case management services, as described in Family Centered Case Planning with the following additions:

- meet with youth at least twice a month for the first three months, and monthly thereafter;
- have at least one of the meetings in the youth's residence; and
- for youth under age 18, provide quarterly reports to the court and to the Foster Care Review Board (ARS §8-521).

Terminating Independent Living Subsidy
Youth may continue participation in the Independent Living Subsidy Program past the age of 18 until the age of 21 while pursuing secondary or post-secondary education,

vocation or employment training programs both in-state and out-of-state, unless the youth:

- has violated the terms of the Independent Living Subsidy Program Agreement and the violation (s) cannot be remedied in a time frame that will ensure the youth's safety and well-being; or
- has made a voluntary decision to withdraw from the Independent Living Subsidy Program.
- has decided to gain residenceny outside of Arizona

If the youth is under the age of 18, and is unable to fulfill the responsibilities and expectations of the Independent Living Subsidy program Agreement, arrange for a return to a supervised out-of-home placement and obtain juvenile court approval for the change in placement status. Assist the youth to identify barriers/issues which impacted their ability to comply with the Independent Living Subsidy Program and provide services to remedy issues.

If the youth age 18 or older is unable to fulfill the responsibilities and expectations of the Independent Living Subsidy Program Agreement, and is willing to participate in services to remediate concerns, assist the youth to arrange to return to an age-appropriate placement. Assist the youth to identify barriers/issues which impacted their ability to comply with the Independent Living Subsidy Program and provide services to remedy issues.

If the youth is age 18 or older is unable to fulfill the responsibilities and expectations of the Independent Living Subsidy Program Agreement, and does not wish to return to a supervised out-of-home placement, the Child Safety Specialist will proceed with case closure including implementation of the transition plan. See Preparing Youth for Age of Majority – Voluntary Foster Care and Discharge Planning

Documentation
Upon approval of the CSO-1033 by the State Independent Living Program, complete the request for Independent Living Subsidy using the Service Authorization Request window. The Assistant Program Manager or designee will complete the Service Authorization Approval window. Complete the Service Authorization Provider Match window.

Document the case plan staffing using the Case Notes window designated as Staffing type.

Document Barriers/issues which impact the youth's ability to comply with the Independent Living Subsidy program, and services provided to remedy issues, in the case plan.

Keep a copy of all memos and reports in the youth's case record.

Update CHILDS to reflect the youth's change in status or living arrangement and to end any purchased services.

Forms

Independent Living Subsidy Agreement Form and Approval Form, CSO-1033
Independent Living Program Savings Match Agreement, CSO-1032

Related Information

DES Volunteer Program

Legal

ARS §8-521 Independent living program; conditions; eligibility; rules; case management unit; reports

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Revision History: November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 38
Re-Entry into the Independent Living Program

Policy

Young adults who were in out-of-home placement in the custody of the department or a licensed child welfare or tribal child welfare agency while age 16, 17 or 18, but have not reached the age of 21, and are residents of Arizona may receive transitional living support services through an individualized, written agreement which complements their own efforts to achieve self-sufficiency and which assures acceptance of personal responsibility for preparing for and transitioning from adolescence to adulthood.

Young adults who were in out-of-home care in the custody of the department, a licensed child welfare agency or tribal child welfare agency on their 18th birthday, but have not reached the age of 21, may additionally receive assistance with room and board costs. Funds may not be used for room and board payments for youth who left their out-of-home placement and were no longer in the custody of the department prior to their 18th birthday.

The department will provide young adults who exited foster care at age 18 or older the opportunity to re-enter services under the supervision of the Department of Child Safety at any time until the young adult reaches age 21.

The young adult must have a service plan which includes independent living objectives and tasks related to these objectives.

Child Safety Specialists, Supervisors, Assistant Program Managers, Region Program Managers and Administrative Staff will be knowledgeable of and share information with youth, caregivers, FCRB, Juvenile Court, Court Appointed Special Advocates and others on current contract agencies providing aftercare services through the Transitional Independent Living Program.

The department shall facilitate a meeting with the youth and contract provider prior to

the termination of case management services, if the youth is willing to accept a referral for aftercare services.

Procedures

Re-Entry into the Independent Living Program - Process

Young Adults who desire to re-enter services under the supervision of the DCS may do so by contacting the local Transitional Independent Living Program (TILP) contract provider. The TILP contract provider will:

- Provide services and support (including available financial assistance through the TILP) that will assist the Young Adult to resolve current housing, mental health, employment or other crises.
- Confirm the Young Adult's desire to receive long term case management and other services; (Youth who do not desire to return to DCS for services may continue to receive aftercare services through the TILP.).
- Assist the Young Adult to develop an individualized plan which includes goals, objectives and tasks which will lay the foundation for the Young Adult's eventual self-sufficiency in the areas of housing, employment, education, physical and mental health, etc.
- Notify the local DCS Independent Living (IL) Coordinator of the potential case transfer.
- Monitor the Young Adult's compliance with the individualized plan for a period of up to 90 days.

Re-Entry into the Independent Living Program – 90 Day Staffing

If the Young Adult maintains satisfactory progress toward meeting their case plan goals for a period of up to 90 days, the TILP contract provider will schedule a staffing with the local DCS Independent Living (IL) Coordinator for the purpose of facilitating transfer of services to DCS. DCS may accept the case earlier than 90 days.

The local DCS IL Coordinator will meet with the Young Adult and the TILP contract provider to coordinate the transfer of services. The local DCS IL Coordinator will:

- Affirm the Young Adult's desire to resume supervision and services through the DCS.
- Identify the assigned DCS Child Safety Specialist.
- Review the requirements and responsibilities of Young Adults in continued services.
- Review the current individualized plan, services provided and the Young Adult's progress in services.
- Facilitate any service or other revisions needed to the plan.
- Arrange for cost of care to support the current or anticipated living arrangement through the use of the Independent Living Subsidy stipend or other resources.

Young Adults participating in services and supervision through the DCS must cooperate with the assigned Specialist in developing an agreement which identifies how they will increase their skills to become self-sufficient. The agreement must document the young adult's acceptance of personal responsibility to:

- Maintain enrollment in, or enroll in an education, training or employment program of their choice.
- Participate in the education or training program of their choice by attending classes and earning related credits/certificate/license/degree.
- Prepare for financial self-sufficiency by participating in employment or employment readiness activities of their choice, which may include paid employment, volunteer work or other activities defined in the case plan that will assist the youth to strengthen their employability.
- Identify personal physical and mental health needs and participate in health services, including mental health services of their choice.
- Identify and maintain a safe living arrangement.

The assigned Child Safety Specialist will be responsible for evaluating the need for continued case management and other services, including financial assistance for room and board related costs, every six months, or more often if needed. Services may only be discontinued as described in Preparing Youth for Age of Majority – Voluntary Foster Care and Discharge Planning.

Forms

Related Information

Preparing Youth for Age of Majority – Voluntary Foster Care and Discharge Planning

Legal

ARS §8-521.01 Transitional independent living program

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 39
Overview of ICPC

Policy

The State of Arizona will comply with the terms and procedures specified in the Interstate Compact on the Placement of Children (ICPC). These procedures include:

- how referrals for interstate placements are to be made;
- which state or agency is responsible for support of the child and for supervision of the placement; and
- how information regarding the status of the child is to be shared.

The ICPC Administrator is a designated individual within the Department of Child Safety who manages the Arizona ICPC process.

Any person, court, or public or private agency wishing to place an Arizona child for care in another state must proceed through the ICPC. Similarly, any person, court, public or private agency in another state wishing to place a child for care in Arizona must proceed through the ICPC.

The local agency of the sending state is responsible for initiating referrals for placement through the ICPC by providing required information to their Deputy Compact Administrator. Their Deputy Compact Administrator is responsible for initiating contact with the receiving state.

If the child is under the age of four (4) or is in a shelter placement, or has spent a substantial amount of time with the proposed placement provider in another state, the court may order a priority, or Regulation 7 ICPC request. A court order with the specified reason for the expedited request is required and must be included with the referral packet within five business days of the Judge's signature and sent to the Arizona ICPC Office. Regulation 7 requests cannot be requested or approved for placements with licensed foster care or adoptive homes, or in situations where the child is already in the receiving state in violation of the ICPC.

The ICPC applies when:

- a child in agency custody is to be placed in another state with a parent or relative, or in a foster home or group care facility;
- a child in foster care is to move to another state with his or her foster parents;
- a child is to be placed on a pre-adoptive basis in a home in another state;
- a child in a pre-adoptive home is to move to another state with his or her prospective adoptive parents;
- an individual with custody of a child wishes to arrange for that child to live in another state. (Please note the following exception: ICPC does NOT apply when the custodian is the child's parent, step-parent, grandparent, guardian, adult aunt or uncle, or adult sibling, and it is intended for the child to live out of state with the custodian, a different relative or a non-agency guardian.)

The ICPC does not apply when:

- a child is placed in a hospital or any other medical facility;
- a child is placed in an institution that is primarily educational;
- a child is placed in an institution for the mentally ill, mentally defective or epileptic;
- a child is sent to another state for a visit of less than 30 days with no expectation of interstate placement, request for home study, or request for supervision;
- a child is placed in another state under the provisions of the Interstate Compact on Placement of Juveniles or any other agreement between states which has the force of law; or
- an individual, agency or institution makes a routine inquiry, which is not expected to result in interstate placement.

Placement of Adjudicated Delinquents

For adjudicated delinquents, the ICPC only addresses placement in privately-operated institutions, such as residential treatment centers. The Interstate Compact on Juveniles provides for the placement of adjudicated delinquent children with a parent or in foster care in other states.

The ICPC provides for the placement of adjudicated delinquent children in an institution in another compact jurisdiction if:

- The child is given a court hearing.
- The child's parent or guardian is given an opportunity to be heard.
- The court finds that equivalent facilities for the child are not available in the sending agency's jurisdiction.
- The court finds that institutional care in the other jurisdiction is in the best interest of the child and will not produce undue hardship.

Jurisdiction and Financial Responsibility for ICPC Placements

The sending person or entity shall retain jurisdiction over the child as it would have if

the child had remained in state. The sending person or entity shall determine all matters in relation to the custody, supervision, care, treatment and disposition of the child.

Jurisdiction ends when the child is adopted, deceased or discharged, or when the child reaches the age of majority. (Please note: Discharge may only occur with the concurrence of the Compact Administrator in the receiving state.)

When a compact placement is terminated for any reason, the Compact Administrators of both states shall be notified.

If the child is in the custody of the Arizona Department of Economic Security, the department is responsible for the financial support and planning for the child, and for the cost of sending the child to another state. If it becomes necessary to return the child to Arizona, the department is responsible for the cost of returning the child.

If the child is in the custody of another person, agency or court, that individual or entity is responsible for the activities and costs mentioned above.

Procedures

Prior to a child's placement in another state, the Child Safety Specialist and the potential placement should discuss the child's ongoing medical and dental care. For further information, refer to Medical Coverage for Children through the ICPC.

The Child Safety Specialist must complete a referral packet to refer a child for out-of-state placement through the ICPC which includes the following:

- Interstate Compact Application Request to Place a Child," ICPC-100-A;
- a cover letter to the receiving state's Compact Administrator; the letter should include all of the following information:
    - the reason for the proposed out-of-state placement;
    - a request for home evaluation or facility placement approval;
    - information available on the family or group care facility with whom the child is to be placed;
    - any special needs of the child (this may be summarized, if stated elsewhere);

After completing the referral packet, the Child Safety Specialist must do the following:

- Make three (3) copies of the packet and retain one (1) copy in the hard copy of the case file;
- Forward the original and two (2) copies of the packet to the Arizona ICPC Administrator, Site Code 030C-1.

After sending the referral packet, the Child Safety Specialist may be notified of additional state-specific requirements. The Child Safety Specialist should send any necessary information to satisfy these additional requirements.

Documentation
Keep a copy of the ICPC referral packet in the hard copy case file.

Forms

ICPC-100-A
ICPC-100-B
ICPC Referral Checklist

Related Information

ICPC Process

Legal

ARS §8-548 Enactment of compact; terms

A.A.C R6-5-8001- R6-5-8010 INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 40
Referral to ICPC

Policy

The Arizona ICPC Administrator is responsible for reviewing ICPC referrals and sending them to the Compact Administrator in the receiving state. The Arizona ICPC Administrator is also responsible for referring requests for placement in Arizona to a local receiving agency. The local receiving agency is responsible for overseeing the evaluation of the referral and notifying the sending state's Compact Administrator of the placement approval or denial.

Placement of a child may not be made until the sending state's Compact Administrator has been notified in writing by the receiving state that the placement does not appear to be contrary to the interest of the child and does not violate any applicable laws in the receiving state. (ARS §8-548)

Once a requested placement is approved, the sending and receiving agencies shall negotiate placement and supervision arrangements.

Placement of a child in violation of the terms in the ICPC is a violation of the laws of both states and may be punished or subject to penalty in either jurisdiction. In addition, any such violation shall be grounds for the suspension or revocation of any license, permit or other legal authorization held by the sending agency. (ARS §8-548)

Procedures

When an Arizona child is being placed in another state through ICPC

The process is completed as follows:

- After receiving the original and two copies of the referral packet, the Arizona ICPC Administrator reviews the packet, signs the "Interstate Compact Placement Request," ICPC-100-A, and sends two copies of the referral packet to the receiving state's ICPC Administrator and retains a copy of the referral in the office of the Arizona ICPC Administrator's file.

- The receiving state's Compact Administrator receives the two copies of the referral packet and arranges for an evaluation of the potential placement. After the evaluation is completed, the receiving state's Compact Administrator reviews the evaluation, signs the Interstate Compact Placement Request, ICPC-100-A, and forwards both the evaluation and the signed ICPC-100-A to the Arizona ICPC Administrator.
- After receiving the ICPC-100-A and evaluation from the receiving state, the Arizona ICPC Administrator retains the originals and sends one copy each of the form and the evaluation to the individual or agency that initiated the referral.
- If the placement is approved, the Child Safety Specialist may at that time place the child in the receiving state. After the placement, the Child Safety Specialist should complete the Interstate Compact Report on Child's Placement Status, ICPC-100-B. One copy should be retained in the hard copy record; the original and two copies should be sent to the Arizona ICPC Administrator.

When a child comes from another state and is being placed in Arizona
The process is completed as follows:

- The Arizona ICPC Administrator receives the referral packet from the sending state and forwards a copy of the packet to the local receiving agency.
- The local receiving agency completes an evaluation. The evaluation shall include a(n):
    - description of the family's relationship with the child and their prior knowledge of the child;
    - evaluation of the family's capacities to meet the needs of the child as described in the referral packet;
    - description of the health and education needs of the child;
    - identification of any community resources needed by the child; and
    - recommendation to approve or deny placement.
- The local receiving agency sends three copies of the evaluation to the Arizona ICPC Administrator within 60 working days of when the request was received in the local office.
- The Arizona ICPC Administrator reviews the evaluation and signs the Interstate Compact Placement Request, ICPC-100-A, indicating whether placement is approved or denied. The Arizona ICPC Administrator sends the evaluation and two copies of the ICPC-100-A to the Compact Administrator in the sending state.
- If an Arizona local agency receives a referral directly from another state, the agency shall forward a copy of the referral immediately to the Arizona ICPC Administrator. The agency may proceed with the evaluation, sending all responses in triplicate to the Arizona ICPC Administrator, or may choose to wait for a referral from the Arizona ICPC Administrator.
- When an out-of-state child is placed in Arizona, the local receiving agency should create a case record containing the following information: the approved "Interstate

Compact Placement Request, ICPC-100-A," the placement evaluation, and the "Interstate Compact Report on Child's Placement Status," ICPC-100-B.

Documentation

Keep a copy of the completed ICPC-100B in the hard copy case file.

Forms

ICPC-100-A
ICPC-100-B

Related Information

Legal

ARS §8-548 Enactment of compact; terms

A.A.C R6-5-8008 Placement Approval

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 41
ICPC Placements

Policy

The local receiving agency is responsible for supervision of the placement, and shall provide:

- services to the child as indicated in the referral;
- visits with the child and caregiver in their home (placement) at least once every month;
- other services which are agreed to in writing with the sending agency; and
- written supervisory reports to the local sending agency.

Both the sending and receiving agencies are responsible for informing the other state of any changes in the status of the interstate placement.

The Child Safety Specialist should communicate directly with sending or receiving agencies in other states, as appropriate. All significant verbal information should be documented and forwarded to the ICPC Administrator, as described below.

Procedures

Written Supervisory Reports (ICPC-100-A)

When a child from another state is placed in Arizona through the ICPC, the receiving agency representative should write a supervisory report at least once every month. The original report should be retained in the hard copy of the case file. Three copies of supervisory reports should be sent to the Arizona ICPC Administrator

Interstate Compact Report on Child's Placement Status (ICPC-100-B)

Any significant changes regarding any child placed through the ICPC should be documented using the Interstate Compact Report on Child's Placement Status, ICPC-100-B. Such changes include:

- cancellation of the referral;
- change of placement/address;
- discharge from care; or
- change of legal status or custody.

The original ICPC-100-B is retained in the originating state's case record. Three copies are forwarded to the originating state's Deputy Compact Administrator.

Other Communication
For any children placed through ICPC, any significant verbal communication with agencies in other states should be documented using the Case Notes window designated as Collateral Contact Type.

Copies of all written interstate correspondence should be forwarded to the Arizona ICPC Administrator, Site Code 030C-1.

Forms

ICPC-100-A
ICPC-100-B

Related Information

Legal

ARS §8-548 Enactment of compact; terms

A.A.C. R6-5-8009 Case Management

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 42
Medical Services for ICPC Children

Policy

To protect the interests of foster children who move across state lines, the department will follow all rules and procedures required by the Interstate Compact on the Placement of Children (ICPC).

When an Arizona child is being placed in another state through the ICPC:
If the child has special health care needs, contact CMDP Medical Services Unit prior to placing the child to coordinate the child's health care needs.

Out-of-state foster parents of a Title IV-E eligible child who is a dependent ward of Arizona must enroll that child in Medicaid in the state of residence.

If the receiving state's Medicaid does not pay for any service that is normally covered by Arizona's Comprehensive Medical and Dental Program (CMDP); CMDP will prior authorize and cover that service.

Foster children who are ineligible for Title IV-E will retain their CMDP coverage when they move to another state. (ARS §8-512)

Every 12 months, the DCS Eligibility Unit is responsible for re-determining IV-E eligibility (for Arizona foster children who are placed out of state through ICPC).

When a child from another state is placed in Arizona through the ICPC:
The DCSEligibility Unit is responsible for verification of Title XIX eligibility, transmitting initial eligibility information to the Arizona Health Care Cost Containment System (AHCCCS), and transmitting eligibility redetermination information to AHCCCS every 12 months.

Procedures
When an Arizona child is being placed in another state through the ICPC

Prior to the child's placement in another state, the Child Safety Specialist will verify Title IV-E Eligibility by reviewing the Eligibility IV-E Window (LCH126) in CHILDS (Title IV-E)

If the child uses regular prescribed medication, ensure they have two (2) to three (3) months of medication(s) to take with them to the receiving state in case of delays in becoming Medicaid eligible in that state, or delays in identifying an out-of-state pharmacy. The local Arizona pharmacy may need to contact Arizona's Comprehensive Medical and Dental Program (CMDP) to authorize the extra medications.

Immediately notify CMDP of arrangements to provide medical, dental, or behavioral health services, especially if foster children require specialist appointments, equipment or supplies, or special arrangements for transition of services.

Children Who Qualify for Medicaid or Other Medical Insurance in Receiving State
For IV-E eligible children in the receiving state, or other children who might be eligible for Medicaid, other forms of medical assistance, or general assistance programs that provide medical insurance, the Child Safety Specialist will:

- Ensure the ICPC placement begins the process to apply for Medicaid in the receiving state, prior to placement. NOTE: Medicaid is the “CMDP” health plan in other states. They are able to provide medical services to eligible children, thus eligibility needs to be established as quickly as possible.
- Provide information to the receiving state Medicaid, as requested.
- Coordinate with the ICPC placement to obtain an appointment within one (1) or two (2) days from the date the foster child is placed in the other state, if Medicaid will not provide an appointment and process an application until the foster child is actually placed. NOTE: The ICPC placement must apply for Medicaid for the foster child within one (1) week of placement. Delays could result in foster children not having medical, dental, or behavioral health coverage to meet their medical needs.

For Title XIX eligible children, who require behavioral health services, utilize the Medicaid providers in the receiving state.

If foster children are found ineligible for Medicaid, or other assistance which provides medical care, in the receiving state, a copy of the denial letter must be submitted to CMDP.

Children Who do not Qualify for Medicaid or Other Medical Insurance in Receiving State
For foster children who do not qualify for Medicaid or other medical insurance in the receiving state, prior to placement in the receiving state, the Child Safety Specialist will:

- Ensure the ICPC placement identifies service providers who are willing to become out-of-state providers for CMDP.
- Contact CMDP Provider Services (602-351-2245 or 1-800-201-1795) once the providers have been identified, and inform them of the plan to move the foster child to

another state and provide information on who will be the providers, including the names and addresses for all medical and dental services in the receiving state.

CMDP will send registration packets to identified out-of-state providers. NOTE: CMDP cannot pay for any medical/dental/specialized/behavioral health services until the provider is registered with CMDP and AHCCCS.

For children who are not Title XIX eligible, and require behavioral health services, contact your Regional Mental Health Specialist to assist in coordinating contracted behavioral health services.

Related Information

ICPC Funding for Child Moving Out-of-State

Legal

The Consolidated Omnibus Budget Reconciliation Act (COBRA)

A.R.S. §8-512 Comprehensive medical and dental care; guidelines

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 5: Section 43
Special Immigrant Juvenile Status

Policy

The Department will gather sufficient information to make an informed decision in matters concerning citizenship status for children who are undocumented. Referring a child for Special Immigrant Juvenile Status (SIJS) should only occur when it has been determined that reunification or repatriation is not in the child's best interests, the child is eligible, and a change in the child's legal status is necessary to finalize the child's permanency plan of adoption, permanent guardianship, or Another Planned Permanent Living Arrangement (APPLA).

Procedures

Considering SIJS

All children who come to the attention of DCS, including those who are undocumented are to be served dignity and respect.

In some situations, returning an undocumented child to his or her parents or country of origin may not be possible or may be contrary to the child's best interests. In these cases, Special Immigrant Juvenile Status (SIJS) is one option to consider for an undocumented child to assist in achieving permanency.

There are several requirements that must be carefully reviewed and considered prior to initiating SIJS for a child. To assist in determining if a child should be referred to SIJS, the Child Safety Specialist in consultation with his or her supervisor should complete the Special Immigrant Juvenile Status Worksheet (ACY-1230A). If it has been determined the child should be referred to SIJS send the completed Special Immigrant Juvenile Status Worksheet (ACY-1230A) to +DCYF SIJS. Upon receipt, a Central Office staff member will be assigned to guide the Child Safety Specialist with the other details associated with SIJS.

If the child is officially identified as having refugee status or is in the custody of Immigrations and Customs Enforcement (ICE), discuss next steps with your supervisor.

Documentation

Verify the determination to refer the child to SIJS using the Special Immigrant Juvenile Status Worksheet (ACY-1230A) form. Keep a copy of the form in the case file.

Forms

Special Immigrant Juvenile Status Worksheet (ACY-1230A)

Legal

Under the Special Immigrant Juvenile Status (SIJS) law, an undocumented child who is under the jurisdiction of a juvenile court and who will not be returned to his or her parent (s) due to abuse, neglect or abandonment may become a lawful permanent resident. “Special Immigrant Juvenile Status” is defined in INS §101(a)(27)(J), 8 U.S.C. §1101 (a)(27)(J).

rev (07/2012)

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 6: Section 1
Identification of an Indian Child and Notification to Tribe

Policy

The department shall make diligent efforts to identify children who are subject to the Indian Child Welfare Act (ICWA) within five days of a case opening for investigation.

The department shall provide services that ensure the health and safety of Indian children while protecting their cultural heritage to the greatest extent possible.

Within 48 hours of the child being taken into custody, the department shall make active efforts to contact the social services program of the Indian child's tribe (if known) to:

- Notify the tribe the child is in DCS custody.
- Explore available services of the tribe that may address the safety needs of the child.
- Assist the parent to retain custody of the child.

The department shall explore with the tribe whether the tribe will accept responsibility of the child.

Procedures

Identifying a child as an Indian child

To determine whether a child is subject to the ICWA, consider these questions:

- Is the child a member of a federally recognized Indian tribe?
- Is the child eligible for membership in a federally recognized Indian tribe?
- Is the child the biological child of a member of a federally recognized Indian tribe?

In order to obtain this information the Child Safety Specialist should ask the child (if age appropriate), caretaker and any other person with knowledge of the child or parent whether the child or parent has any American Indian ancestry.

If the child or the child's parent has American Indian ancestry, gather the following information:

- the name of the tribe that the child or parent is a member of or eligible for membership;
- the tribal enrollment or identification numbers of the parents and child;
- name of the child's:
  - birth mother's maiden name;
  - maternal and paternal grandparents;
  - alleged and/or legal father;
- birth dates and birth places of the child and parents;
- Social Security Numbers for the child and parents;
- degree of Indian Blood and/or Certificate of Indian Blood (CIB) of the child and parents;
- if birth mother was adopted, obtain the name of the mother's birth mother (if available);
- other information about extended family members including the names, clan affiliation, date of births, and addresses of grandparents, aunts, uncles, cousins, great grandparents, step-parents, first and second cousins.

Contact your supervisor or the Assistant Attorney General if there are questions about the child's status as an Indian child or any of the following are true:

- There is reason to believe the child may be an Indian child based on the removal from a location that is within close proximity to an Indian reservation or community.
- The child's surname or appearance indicates the child may be of Indian ancestry.
- Identity or location of the parents, Indian custodians or tribe cannot be determined.

When the whereabouts of the child's parent or Indian custodian are unknown, complete a diligent search using the Parent Locator Service and contact tribal social services.

Documentation
Complete the American Indian Detail Window in CHILDS.

File a photo copy of the child's and parent's tribal enrollment or identification numbers in the hard copy record and document the numbers using the Case Notes window.

In Case Notes, document all inquiries and contacts made to investigate whether a child is an Indian child.

In Case Notes, document all contact with child's parents, Indian custodian and tribal social services. File copies of all written correspondences in the hard copy case record.

Notification to the Tribe
Confirm the tribe's status as a federally recognized tribe by reviewing the most current Federal Register .
If the tribe is a federally recognized tribe, identify:

- the geographic location and Bureau of Indian Affairs Area Office of the tribe using the Federal Register; and
- the name and address of the Indian Child Welfare Designated Agent for the tribe as provided in the Federal Register.

Contact the Indian Child Welfare Designated Agent and identify the name and address of the local tribal social service program and/or ICWA representative of the tribe.

Contact the tribal social service and/or ICWA representative and request the tribe confirm the child's membership in or eligibility for membership in the tribe. Provide the social service and/or ICWA representative all identifying information listed above to assist in the confirmation or determination of membership.

> If necessary, inform the tribe of the child's removal, the Team Decision Making process, and that a dependency petition may be filed in state court concerning a child that may be a member or eligible for membership. Contact may be made through the Regional ICWA liaison, if appropriate .

Prior to filing a dependency petition, inform the Assistant Attorney General if there is reason to believe the child is an Indian child and subject to the requirements of the ICWA.

Documentation
Add the child's tribe as a Case Associate using the Case Creation window.

In Case Notes, document all contact with child's parents, Indian custodian and tribal social services. File copies of all written correspondences in the hard copy case record.

Exploring if the Tribe will take responsibility for the child
(Transfer of the case, as necessary)
In order to determine if the tribe may accept responsibility for the child(ren) the Child Safety Specialist should:

- Contact the tribal social service and/or ICWA representative and inform the tribe of the child's removal and that a dependency petition may be filed in state court concerning a child that may be an enrolled member or eligible for membership. As appropriate, inform the tribe of the Team Decision Making process.
- Ask the tribe's designated social service and/or ICWA representative if the tribe can assume custodial responsibility for the child within 72 hours. If so:
    - If available, obtain the parent's, guardian's, caretaker's or Indian custodian's agreement with the child's transfer to the tribe (if the parent objects to transfer to the tribe, contact the Attorney General's office).
    - Obtain the date, time and name of the tribal representative who will take

physical custody of the child.

- Provide the following information to the tribe:
    - why temporary custody is necessary;
    - recommendations concerning continued custody of the child;
    - identifying information about the child and parent;
    - any other available information the tribe may request;
    - a copy of the Temporary Custody Notice ; and
    - any other available information the tribe may request.

If the tribe does not assume responsibility for the child within 72 hours, follow procedures in Out of Home Care Under a Dependency .

If a dependency petition is filed, tribal officials may notify the Arizona Juvenile Courtt of the tribe's intention to intervene as a party and/or request transfer of jurisdiction of the case. Request dismissal of the dependency petition if the Arizona Juvenile Court transfers jurisdiction of the case to the tribe.

Assist the Indian child's tribe to determine the tribe's ability to assume custodial care, offer services, or placement assistance for the child by providing the following information:

- information about any relative or other significant person who is willing and able to care for the child, at least on a short term basis;
- any special needs the Indian child may have;
- resources needed to meet the needs of the child;
- legal status of the child, alternatives to filing a dependency petition and time frame for filing a dependency petition; and
- services available to the parents.
- Coordinate with tribal social services and/or an ICWA representative regarding transfer of the case. Provide protective services to the child until responsibility for the case is resolved.

Documentation
In Case Notes, document acceptance by the tribe to assume physical custody of the child, designated as Collateral Contact type.

In Case Notes, document the transfer of physical custody of the child, designated as Collateral Contact type.

Terminate all open service authorizations.

Forms
Temporary Custody Notice, CSO-1000A

Related Information

Team Decision Making
Locating Missing Parents & Families

Federally Recognized Tribes

Legal Basis

The Indian Child Welfare Act of 1978 (25 USCA §1901 et seq.)

ARS §8-815 Indian child welfare act; inquiry

Guidance for interpretation of the Act in state court proceedings may be found in the Guidelines for State Courts; Indian Child Custody Proceedings (Federal Register, April 23, 1979).

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 6: Section 2
Removal and Temporary Custody of an Indian Child

Policy

If an Indian child, regardless of his or her residence or domicile, is in danger of imminent abuse or neglect, the department shall provide emergency intervention to ensure the child's safety.

The department shall engage the child's family and Indian tribe to the greatest extent possible in planning for voluntary interventions that minimize department intrusion while ensuring the safety of the Indian child.

Alternatives that may be considered include:

- providing additional safeguards or resources so the Indian child can remain in the home;
- assisting the child's parent(s), guardian or Indian custodian in identifying a relative or friend who can care for the Indian child temporarily during the investigation;
- assisting the child's parent, guardian or Indian custodian and child to leave the home and go to a safe situation; or
- placing the child with a Voluntary Placement Agreement upon written consent before a judge of competent jurisdiction.

Procedures

Determining Jurisdiction

To determine if the department has jurisdiction to complete the investigation, consider the following:

- If the child is an Indian child and resides and is currently located on the reservation, the department does not have jurisdiction and the case must be referred back to tribal social services. Contact the hotline to inform them of the lack of jurisdiction.
- If the child is not an Indian child or does not reside/is not domiciled on the reservation but is currently located on the reservation, contact the tribe to allow access to the child to complete the investigation. If the tribe disagrees with the

investigation, contact the Assistant Attorney General. Follow the procedures for notifying the tribe in Identification of an Indian Child & Notification of Tribe

- If the child resides or is domiciled on the reservation but is currently located off the reservation, the department may have jurisdiction. Continue with the steps below in assessing the immediate health and safety of the child and notify the tribe following the procedures in Identification of an Indian Child & Notification of Tribe . Ask the tribe if they will assume jurisdiction within 72 hours of opening the investigation.

If there is uncertainty about where the incident occurred or the current location of the child is unknown, consult with the Assistant Attorney General.

Considering Emergency Intervention
Assess the health and safety of each child in the home.

If any child appears to be at risk of imminent harm, work with the family to identify and implement any emergency interventions that can ensure the child's safety.

To determine what kind of emergency intervention is most appropriate consider all alternatives. Follow the procedures in Emergency Interventions and Removals.

Documentation
Document the need for emergency intervention and specific intervention taken on the Emergency Intervention and Legal Status windows in CHILDS.
In Case Notes, document:

- Pre-placement preventive efforts and alternatives to placement that were discussed with the parent, guardian or Indian custodian;
- Recommendations concerning continued custody of the child; and
- Dates and results of any medical or psychological examinations of the child.

Making a Relative (Kin) Placement
If a relative or kin is identified, prior to making the emergency out-of-home placement with a relative: See Kinship Care.

Prior to placement with a relative or kin, notify the tribe of the potential placement. The tribe can provide prior tribal child protective services or criminal reports that may be a factor in considering the placement.

If the parent, guardian or Indian custodian places the child with a relative or non-relative, document the placement on the Placement/Location Detail Window.

As appropriate, document the placement of siblings in separate placements due to ICWA's placement preferences and the efforts to maintain sibling contact

Voluntary Placement
If the parent, guardian or Indian custodian agrees to place the child in a voluntary placement, consult with the Office of the Attorney General and follow the procedures described in Voluntary Placement of an Indian Child, regarding written consent for a voluntary placement and placement preferences.

Removal and Temporary Custody
If no voluntary emergency intervention can ensure the Indian child's safety, the department shall:

- Take temporary custody of the child to provide emergency out-of-home placement, following the ICWA placement preferences, if possible; or
- Take temporary custody of the child for a medical or psychological examination.

Follow the procedures outlined in Emergency Interventions and Removals including documentation instructions.

An Indian child who is a resident or domiciled on an Indian reservation and taken into temporary custody because he or she is suffering or will imminently suffer abuse or neglect (imminent physical damage or harm) must be returned to a parent or custodian, or transferred to the jurisdiction of the Indian child's tribe, when the reason for removal is no longer necessary.

If the Indian child is not a resident or domiciled on an Indian reservation and is taken into temporary custody because he or she is suffering or will imminently suffer abuse or neglect (imminent physical damage or harm), the child must be returned to a parent or custodian within 72 hours, excluding weekends and holidays, unless a dependency petition is filed or a voluntary foster care agreement is executed before a judge.

An Indian child who is taken into temporary custody for medical or psychological diagnosis must be returned within 12 hours, excluding weekends and holidays, unless the examination reveals abuse or neglect.

If the child's Indian tribe is unwilling to assume responsibility for the child within 72 hours, follow procedures in Out of Home Care Under a Dependency.

Documentation Instructions
Ensure that the child's tribe has been added to the case as a Case Associate using the Case Creation window.

Follow all other documentation instructions outlined in Emergency Interventions and Removals.

Related Information

Emergency Interventions and Removals
Voluntary Foster Care of an Indian Child
Kinship Care

Legal

The Indian Child Welfare Act of 1978 (25 USC §1901 et seq.)

ARS §8-821 Taking into temporary custody; medical examination; placement; interference; classification

ARS §8-823 Notice of taking into temporary custody

ARS §8-824 Preliminary protective hearing; probable cause; appointment of counseld holidays.

A.A.C. R6-5-5512 Procedures for Substantiated Reports; Removal;Imminent Harm
A.A.C. R6-5-5513 Alternatives to Involuntary Removal; Voluntary Placement; Removal

Federal rules and guidance are contained in the "Department of the Interior Bureau of Indian Affairs Guidelines for State Courts; Indian Child Custody Proceedings" (44 Federal Register 67584-95) and the Code of Federal Regulations.

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 6: Section 3
Voluntary Placement of an Indian Child

Policy

The department shall consult with the Assistant Attorney General in making the necessary arrangements to have a parent sign a consent to voluntary placement in the presence of a judge. A full explanation shall be given in the language the parent understands to ensure the parent fully understands the consequences of his/her consent.

Upon request at any time, the department shall return the child immediately to the custody of the parent that gave the consent unless the child cannot live safely at home.

The department shall give preference to placement of an Indian child with:

- a member of the Indian child's extended family;
- a foster home licensed, approved, or specified by the Indian child's tribe;
- an Indian foster home licensed or approved by an non-Indian licensing authority; or
- an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

Procedures

Considering Voluntary Placement

To determine whether voluntary placement is appropriate for an Indian child, consider the following questions, in addition to following the procedures in Voluntary Placement.

- Is this child a resident and/or domiciled on an Indian reservation? (If yes, a voluntary placement agreement is not appropriate.)
- Is this child a ward of the tribal court? (If yes, a voluntary placement agreement is not appropriate.)
- If the parent does not object to contact with the child's Indian tribe, is the tribe able and willing to provide available services, including placement, that may address the safety needs of the child and address the problems that led to the decision to

place the child in foster care? (If yes, a voluntary placement agreement may not be necessary.)
- Is there a Native American cultural and/or services center that may have human resources available to assist the child and the family that would eliminate the need for a voluntary placement?
- Have efforts been made to explore alternatives to foster care placement, including the other parent? If the non-custodial parent is appropriate and able to care for the child, every effort should be made to locate and notify that parent of the possible foster home placement prior to accepting a voluntary consent.

Inform the parent of placement preferences and that, unless the parent objects, efforts will be made to notify the child's tribe and extended family members.

Consult with your supervisor regarding the appropriateness of a voluntary placement. If necessary, convene a case conference to discuss the placement with your supervisor, the parent, the child (if age appropriate), designated ICWA liaison and the Assistant Program Manager or designee.

Consult with the Assistant Attorney General to make the necessary arrangements to have the parent sign a consent to voluntary placement agreement in the presence of a judge.

Explain the terms and consequences of the parent's consent in a manner to ensure the parent understands what he or she is doing, including providing an interpreter if necessary.

Documentation
Ensure the child's tribe has been added to the case as a Case Associate using the Case Creation window in CHILDS.

In Case Notes, document all contacts with the Indian child's and/or the parent's tribe including the name, address, title, telephone number of the person contacted and the results of these contacts, designated as Collateral Contact type.

File copies of all correspondences with tribal staff in the hard copy case record.

File a copy of signed consent documents and the judge's certification in the hard case record.

Closing a Voluntary Placement
To determine whether a child can safely return home at the end of the voluntary placement or to recommend the filing of a dependency action, follow procedures in Opening a Case for Services .

To determine when to close the case, follow Terminating Voluntary Services . A Voluntary Placement Agreement under the Indian Child Welfare Act may be revoked without a written revocation.

Forms

Voluntary Placement Agreement, CSO-1043
Voluntary Placement Agreement (Spanish), CSO-1043S

Related Information

Terminating Voluntary Services
Opening a Case for Services
Voluntary Placement

Legal

The Indian Child Welfare Act of 1978 (25 USC §1901 et seq.)

The federal Family Preservation and Support Act of 1994 (P.L. 103-66)

ARS §8-806 Voluntary placement; conditions; notice of placement; time limit; rules

A.A.C. R6-5-5512 Procedures for Substantiated Reports; Removal; Imminent Harm
A.A.C. R6-6-5513 Alternatives to Involuntary Removal; Voluntary Placement; Removal

Guidance for interpretation of the Act in state court proceedings may be found in the Guidelines for State Courts; Indian Child Custody Proceedings (Federal. Register, April 23, 1979; 44 Federal Register 67584-95).

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 6: Section 4
Family Reunification of an Indian Child

Policy

The Indian child's health and safety shall be the paramount concern when making permanency planning decisions and providing services.

The department shall provide reunification services to the family of an Indian child when the child is placed in out-of-home placement. Reunification of Indian children with their families shall occur as soon as the circumstances which created the risk of serious physical or emotional damage to the child have been alleviated.

In all cases involving an Indian child, active efforts to reunify the family must be made.

From the beginning of the case, the department shall involve parents, other family members and, to the greatest extent possible, the Indian child's tribe in developing a case plan aimed at assisting the family to care for the Indian child safely at home. If it appears that, even with active efforts, it is unlikely the child will be returned to the parent(s) within 12 months after removal, the department, in collaboration (if possible) with the Indian child's tribe, the parents, and extended family members, will develop a concurrent case plan aimed at identifying a permanent placement for the child. In such a case, the department will strongly and regularly encourage the tribe to assist in the early identification of an appropriate permanent placement for the child.

To facilitate family reunification, the department shall provide services which support families in developing their strengths and address the risk factors that necessitate the Indian child's out-of-home placement. Services may be delivered directly by department staff or through referral to community resources, tribal social services or organizations which provide remedial services and rehabilitative programs to Indian children and families.

Remedial services and rehabilitative programs shall be provided in a culturally competent manner consistent with the child's and parents' wishes and delivered in a manner that incorporates, when appropriate, Indian ceremonial and religious practices,

talking circle, and tribally operated programs which reflect Indian values and the beliefs of the family.

Procedures

Determining which Family Reunification Services

In determining the type of services that are appropriate, consider these questions in addition to the questions found in Family Reunification.

- Are the Indian child's or Indian parent's cultural values, beliefs and religious practices tied to the child's Indian tribe?
- Does the Indian child or Indian parent maintain cultural ties to an Indian tribe?
- Is the Indian child or parent willing to accept services provided by the Indian child's and/or Indian parent's tribe or an organization such as a Native American cultural and/or service center?
- Is there an organization such as a Native American cultural and/or service center that can offer culturally appropriate services to Indian children and families in close proximity to the Indian child or parent? Are these services designed to prevent removal or reunify Indian families?
- Is the Indian child's tribe able and willing to provide services that eliminate the risk factors that prevent the child from living safely at home?
- Is there a contract provider who has access to culturally competent Native American programs and/or resources?

Working with Indian Families

In a family-systems approach, the welfare of any single child or family member is inseparable from the psychological and social functioning of other members of the family. When a family needs assistance, intervene not only with the individual child but also with the systems to which the child belongs. To successfully make changes in the family system you must

1. listen to the voice of the family and understand their perspectives, values and decision making processes,
2. believe in and respect the expertise of families in understanding their own needs and identifying their own solutions and
3. honor the culture, race and ethnicity of the family you are serving.

Providing Family Reunification Services

Develop and implement the case plan for family reunification as described in Family Centered Case Planning .

Make active efforts to ensure the Indian child's tribe and/or Indian parent's tribe participates in the development of the case plan. The tribe's participation may be in person, by telephone or another effective means of communication.

Contact the tribal social services and/or ICWA representative and ask the tribe to assist with the identification and provision of culturally appropriate services and programs avail-

able through the tribe and/or an organization such as a Native American cultural and/or service center that may assist the child and parent.

Ask the tribe to provide the following information:

- the name, address, telephone number and a contact person of a tribal program or an organization that provides services to Native American families;
- when appropriate, information about any known person recognized by the Indian community as medicine men or other traditional tribal leaders, such as elders, whose skill can be used to keep the family together.

Contact the Phoenix and/or Tucson Indian Center, the Bureau of Indian Affairs Regional Office, and the local Indian Health Services medical facility social services and ask about available services and programs that may assist the child and the parent.

Documentation

Ensure the child's tribe has been added to the case as a Case Associate using the Case Creation window.

In Case Notes, document all contacts with the Indian child's and/or the parent's tribe including the name, address, title, telephone number of the person contacted and the results of these contacts, designated as Collateral Contact type.

File copies of all correspondences with tribal staff in the hard copy case record.

Returning the Child Home

In addition to the procedures in Family Reunification, consider these questions to determine whether a child can be returned home safely:

- Has the parent, guardian or Indian custodian made changes in his or her behavior or environment to address each of the identified risk factors that caused or created the risk of serious physical or emotional damage?
- Has the parent, guardian or Indian custodian planned for the child's re-entry into the family and community for example, by making child care arrangements, by considering school placement, by arranging for ongoing support and assistance?
- Has the parent, guardian or Indian custodian been successful in accessing and implementing resources through extended family, community, and/or tribal resources and agencies, including health care resources, which are necessary to support a safe and stable placement?

Make active efforts to assist the parent, guardian or Indian custodian in arranging for the child's re-entry into the family by ensuring the following have been considered and implemented where appropriate:

- Housing assistance;
- Child care arrangements;
- School placement;

- Health care and mental health services;
- Physical needs (e.g., bed, formula, etc.);
- Community or recreational activities for the child; and
- Other services as needed to ensure reunification.

Transition the child from placement to home with the parent, guardian or Indian custodian utilizing support from the current placement and tribal resources if available and appropriate. See Other DES Basic Supports and Indian Transition Resources .

Request the Attorney General's Office file a motion with the court to change physical custody. See Court Reports for more information.

Upon the child's return home, provide support and supervision following procedures for in-home services specified in Family Reunification. In particular, during this period:

- Monitor the child's continued safety by visiting the child and parent in the home at least monthly.
- Discuss any adjustment problems with the family and tribal caseworkers.
- Assist the family in securing needed services.
- Encourage the family to utilize extended family members, churches, neighborhood organizations, and community and tribal networks as an ongoing source of support and assistance.

Documentation
Ensure the child's tribe has been added to the case as a Case Associate using the Case Creation window.

In Case Notes, document all contacts with the Indian child's and/or the parent's tribe including the name, address, title, telephone number of the person contacted and the results of these contacts, designated as Collateral Contact type.

File copies of all correspondences with tribal staff in the hard copy case record.

Forms

Related Information

Family Reunification
Family Centered Case Planning
Court Reports

Legal

The Indian Child Welfare Act of 1978 (25 USC §1901 et seq.)

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

ARS §8-514.02Placement with parent or relative

ARS §8-845 Disposition hearing

ARS §8-861 Return of child

ARS §8-862 Permanency hearing

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 6: Section 5
Placement Preferences of an Indian Child

Policy

Unless the Indian child's tribe has established a different order of placement preference, prior to placing a child in a non-Indian foster home, the department shall give preference to foster care placement of an Indian child as follows:

- with a member of the child's extended family;
- with a foster home licensed, approved, or specified by the Indian child's tribe;
- with an Indian foster home licensed or approved by an authorized non-Indian licensing authority; and
- with an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

Unless the Indian child's tribe has established a different order of placement preference, the department shall give preference to adoptive placement of an Indian child as follows:

- with a member of the child's extended family;
- with other members of the Indian child's tribe; or
- with other Indian families.

If the state court finds there is good cause to deviate from the order of placement preference, the department may place the child outside the prescribed order of preference.

If the parent or Indian child age 12 and over has requested a placement outside these preferences, the request shall be considered and reviewed with the supervisor, the Assistant Attorney General and the child's tribe.

Procedures

Determining the Appropriate Placement

To determine the appropriate placement for the Indian child, consider the following questions:

- Is the setting the least restrictive placement which most closely approximates a family?

- Will the setting facilitate frequent contact with parents, siblings, and extended family and is the placement within reasonable proximity to the child's home?
- Does the setting support the Indian child's ties to social and cultural resources and traditions?
- Will the setting meet the child's special needs, if any?
- Do the parents, and the child, if age appropriate, support the placement?
- Do the extended family and tribe, if involved, support the placement?

Inform the parent, legal guardian, or Indian custodian of:
- placement preference requirements; and
- contact to the tribe to develop placement resources.

Consult with the parents and any known extended family regarding the availability of relatives and family friends as placement resources. Notify potential placements of the need for an assessment of the family and the availability of kinship care resources.

Contact the tribal social services and/or ICWA representative to identify placement resources such as tribally licensed foster homes and relative placements. Consider foster homes licensed by the tribe for placement. Consult with a regional ICWA liaison regarding tribally licensed foster homes. The department pays the same rates to tribally licensed foster homes as homes licensed by the Office of Licensing, Certification and Regulation (OLCR).

Contact the tribe to see if they have established a different order of placement preference.

For the Pascua Yaqui tribe placement preferences:
Yaqui children shall be placed, in order of preference, with:
1. A local Yaqui extended family member. Extended family member is defined as: Relative to the child, a brother, sister, aunt, uncle, grandparent, 1st cousin, 2nd cousin, or godparent.
2. A local non-Yaqui extended family member.
3. A local non-related Yaqui family.
4. A local Indian family.
5. A non-local Yaqui extended family member.
6. A non-local, non-Yaqui extended family.
7. A non-local Yaqui family.
8. A non-local Indian family.
9. A non-local non-Indian family.

If Yaqui children are placed with a non-Yaqui family, the following placement conditions, when reasonable, should be imposed:
- Yaqui child/children should have reasonable access to Yaqui family members, including, but not limited to: visitation, phone calls, and correspondence;

- If the Yaqui child/children wish to observe or participate in the Tribe's cultural and religious ceremonies - especially Cuaresma (Easter) - the Tribe's Social Services department must be notified so that appropriate arrangements can be made;
- Yaqui child's/children's name(s) cannot be changed;
- All correspondence from the Tribe (such as the Yaqui Times, special mailings, etc.) must be accepted;
- The Tribe must be kept informed of all address changes;
- The Tribe's Social Services department must be allowed to conduct reviews at least two times per year, upon adequate advance notice from the Tribe;
- If the non-Yaqui family placement or parental rights are at risk, the Tribe's Social Services department must be notified immediately.

These placements preferences are effective for temporary and permanent placements, including foster care, permanent guardianship, and adoption placements.

The placement preferences do not apply to court-ordered institutional care.

If potential placements are located on the reservation, request tribal social services to conduct family assessments of potential placements.

Documentation
Ensure the child's tribe has been added to the case as a Case Associate using the Case Creation window.

In Case Notes, document all contacts with the Indian child's and/or the parent's tribe including the name, address, title, telephone number of the person contacted and the results of these contacts, designated as Collateral Contact type.

In Case Notes, all contacts with extended family to develop placement resources should be thoroughly documented . See Locating Missing Parents & Families

File copies of all correspondences with tribal staff in the hard copy case record.

Related Information
Locating Missing Parents & Families

Legal
The Indian Child Welfare Act of 1978 [25 USC §1915(b)] sets forth standards that govern where Indian children accepted for foster care may be placed. These standards are as

follows:

- The child must be placed in the least restrictive setting which most approximates a family and in which his or her special needs, if any, may be met.
- The child shall also be placed within reasonable proximity to his or her home, taking into account any special needs of the child.
- In any foster care placement, a preference shall be given, in the absence of good cause to the contrary, to a placement with:
    - a member of the Indian child's extended family;
    - a foster home, licensed, approved, or specified by the Indian child's tribe;
    - an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
    - an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

The Indian Child Welfare Act of 1978 [25 USC §1915(a)] sets forth standards that govern where Indian children accepted for adoption may be placed. Absent good cause to the contrary, preference for adoptive placements for Indian children are with:

- A member of the child's extended family
- Other members of the Indian child's tribe
- Other Indian families

The Indian Child Welfare Act of 1978 [25 USC §1915(c) requires the Department to follow a different order of placement if such placement has been adopted by the child's tribe by resolution and is the least restrictive setting appropriate to the particular needs of the child. (Note: Of the Arizona tribes, only the Pascua Yaqui has adopted a tribal resolution adopting a different order of placement preferences, which can be found here.

Guideline F.3 of the Bureau of Indian Affairs Guidelines, 44 Fed. Reg. 67584, notes that considerations for determining whether good cause exists to deviate from the ICWA placement preferences should include:

- The request of the biological parents or the child when the child is of sufficient age
- The extraordinary physical or emotional needs of the child as established by the testimony of a qualified expert witness
- The unavailability of suitable families for placement after a diligent search has been completed (a diligent search should include at a minimum contact with the child's tribal social service program, a search of all county or state listings of available Indian homes, and contact with nationally known Indian programs with available placement resources).

ARS §8-514.02 authorizes placement of a child with a relative, subject to specified limitations.

ARS §8-514.03(a) establishes a kinship foster care program to promote the placement of a child with relatives.

ARS §8-824(G)(7) requires the department to report to the court any efforts made to place siblings together, and if they are not placed together, the reason why.

ARS §8-824(G)(8) requires the department to report to the court any efforts made to facilitate communications among siblings.

Guidance and interpretation for the Act is contained in the BIA Guidelines for State Courts; Indian Child Custody Proceedings (44 Federal Register 67584-95, published November 8, 1979).

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 6: Section 6
Permanency Planning for an Indian Child

Policy

In selecting the permanency goal for the child, the department shall seek to maintain and support the child's relationship to his or her biological parents, extended family members, the child's tribe and other individuals with whom the child has an attachment.

For Indian children receiving in-home services, the initial permanency goal is remain with family.

For all Indian children receiving out-of-home care services, the initial permanency goal shall be family reunification. In rare circumstances, family reunification may not be possible, such as in the case where a parent is deceased, or the whereabouts of the parent is unknown.

If it appears that, even with active efforts, it is unlikely the child will be returned to the parent(s) within 12 months after removal, the department, in collaboration if possible with the Indian child's tribe, the parents, and extended family members, will develop a concurrent case plan aimed at identifying a permanent placement for the child. In such a case, the department will strongly and regularly encourage the tribe to assist in the early identification of an appropriate permanent placement for the child.

Procedures

Choosing a Permanency Goal

Consult the Assistant Attorney General and the tribe when considering an initial permanency goal other than remain with family or family reunification.

As appropriate, follow the procedures in Long Term Foster Care as a Planned Permanent Living Arrangement .

As appropriate, follow the procedures in Independent Living Services and Supports (ILS) . Consult with the child's tribe and family, if available, in determining the needs and services for independent living.

Develop and implement the case plan as described in Family Centered Case Planning. Continue to involve the tribe in case planning and service provision efforts.

Documentation
Document the selection of the proposed permanency goal using the Permanency Goals window. Follow the procedures in Selecting the Permanency Goal .

Document the revised permanency goal using the Permanency Goals window.

Document justification for selection of the permanency goal or revised permanency goal using the Case Notes window, Staffing type; and in the next Progress Report to the Juvenile Court or Permanency Hearing Report to the Juvenile Court following the case plan staffing.

Document the concurrent permanency goal using the Permanency Goals window. Follow the procedures in Concurrent Planning.

Document the compelling reason that termination of parental rights is not in the child's best interests by checking the Compelling Reason check box located on the Permanency Goals window. Document the justification using the Explain window. The compelling reason is based on the individual circumstances of the child and family on a case by case basis. Some examples of compelling reasons for not filing a termination of parental rights might include:

- Adoption is not the appropriate permanency goal for the child
- An older child does not consent to the adoption
- There are no legal grounds to file a petition to terminate parental rights
- The parent is terminally ill and does not want parent rights terminated
- The tribe does not agree with the termination and has proposed an alternative permanency plan

Using Case Notes, document the request for Program Manager or designee to review and approve long term foster care as an Another Planned Permanent Living Arrangement, designated as Management Contact type. Follow the procedures in Long Term Foster Care as a Planned Permanent Living Arrangement.

Program Manager or designee
Document your approval of a long term foster care as an Another Planned Permanent Living Arrangement using the Case Note Comment window.

Selecting Services and Supports to Achieve Permanency Plan
Follow the procedures in Planning for Service and Supports to Achieve Permanency Goal.

Services provided to the family should involve and use the available resources of the extended family, the tribe, Indian social service agencies, and individual Indian care givers (including medicine men or tribal members who have developed special skills that can be used to help the child's family succeed).

Active efforts to provide appropriate reunification services should include efforts to take into account the prevailing social and cultural conditions and way of life of the Indian child's tribe. Services should be:

- Timely;
- Tailored toward the specific issues that brought the child(ren) into care or cause them to remain in care;
- Provided in a culturally sensitive manner;
- "active" rather than "passive" (such as identifying specific services, paying for services, assisting with access by making appointments and arranging transportation, providing necessary translation services, etc);
- If at all possible, coordinated with the tribe (if the tribe cannot provide necessary services, they should be consulted for resources or to ensure the adequacy of the services provided)

Forms

Referral for Guardianship (FC-116)

Related Information

Legal

The Indian Child Welfare Act of 1978 (25 USC §1912)

The Bureau of Indian Affairs Guidelines, 44 Fed. Reg. 67584

The Adoption and Safe Families Act of 1997 (P.L. 105-89)

ARS §8-862 Permanency hearing

ARS §8-521 Independent living program; conditions; eligibility; rules; case management unit; reports

ARS §46-134 Powers and duties; expenditure; limitation

ARS §8-521.01 Transitional independent living program

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 6: Section 7
Permanent Guardianship for an Indian Child

Policy

The department shall establish a permanency plan of guardianship when guardianship is in the child's best interest, family reunification is not possible, and:

- adoption is remote; or
- termination of parental rights is not in the child's best interests.

Selection of a guardian shall be consistent with the placement preferences of the Indian Child Welfare Act, absent good cause to the contrary.

Even though a parent may not object to the appointment of a permanent guardian, a hearing under ARS §8-872 is required which must include expert testimony.

Procedures

Considering Permanent Guardianship as the Permanency Goal

To decide whether a permanency plan of guardianship is appropriate, consider these questions in addition to the questions in Permanent Guardianship:

- Does the relative placement, the child's tribe or other Indian tribes have a preference for guardianship over adoption?
- Have active efforts been made to reunite the family and would further efforts be counterproductive?

Implementing Permanent Guardianship as Permanency Plan

Obtain supervisory approval of a case plan of guardianship and request that the supervisor sign the Referral for Guardianship, FC-116 .

In implementing permanent guardianship as the permanency plan, follow the procedures outlined in Guardianship: Permanency Planning. In addition, provide the Attorney General with the following information for incorporation into the guardianship petition:

- the tribal affiliation of the child's parents;
- the actions taken to notify the parents' tribe(s) of the plan of permanent guardianship and the result of those contacts (including names, addresses, titles, telephone numbers of persons contacted and copies of any correspondence with the tribe); and
- the efforts made to comply with the placement preferences under ICWA. [ARS §8-872]

Documentation
Ensure the child's tribe has been added to the case as a Case Associate using the Case Creation window.

Document the selection of guardianship as a permanency goal in the Permanency Goal window.

Document child, parent and grandparent information and affiliated tribal information using the Person Detail and American Indian Detail windows.

In Case Notes, document all contact with child's parents, Indian custodian and tribal social services. File copies of all written correspondences in the hard copy case record.

Forms
Referral for Guardianship, FC-116

Related Information
Permanency Planning
Guardianship: Permanency Planning

Legal
The Indian Child Welfare Act of 1978 (25 USC §1901 et seq.)

ARS §8-871 Permanent guardianship of a child

ARS §8-872Permanent guardianship; procedure

ARS §8-873 Revocation of permanent guardianship

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 6: Section 8
Termination of Parental Rights and Adoption of an Indian Child

Policy

The cultural and social values of the Indian child's tribe regarding termination of parental rights and adoption shall be considered. If the child's tribe opposes termination of parental rights based on cultural and social values, a case plan staffing which specifically includes tribal representatives shall be held to identify potential permanent placement alternatives to termination and adoption.

If adoption is selected as the permanency plan, unless the Indian child's tribe has established a different order of placement preference, the department shall give preference to adoptive placement of an Indian child with:

- a member of the child's extended family;
- other members of the Indian child's tribe; or
- other Indian families, including single parent families.

The department shall consider any placement preferences expressed by the parents. Before considering placement outside the placement preference order, the department shall conduct and document a diligent search to identify a placement within the preference categories by contacting extended family, members of the child's tribe, and through local registries, Indian and Tribal organizations, and regional and national adoption exchanges. See Child Placement Preferences for an Indian Child.

The department shall provide a copy of the final adoption decree to the Department of the Interior, Bureau of Indian Affairs, Division of Social Services, 1849 C Street, NW, MS-4603-MIB, Washington, D.C. 20240, and to the child's tribe within 30 days of the adoption finalization.

A copy of the final adoption decree shall also be provided to the Bureau of Indian Affairs, Western Regional Office, P. O. Box 10, Phoenix, AZ 85001, Attention: Regional Social Worker. The copy to the child's tribe shall also be sent to the tribe's social worker

or if none is available to the tribal enrollment office.

Procedures

Terminating Parental Rights

Obtaining a consent to place a child for adoption is preferable to initiating an involuntary termination of parental rights proceeding.

Follow procedures in Terminating Parental Rights. Contact the Attorney General to discuss whether the child's tribe has been notified, what efforts have been made to locate a permanent placement that complies with ICWA's placement preferences, what active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family, and possible qualified expert witnesses to testify regarding the risk of serious emotional or physical damage to the child if left in the custody of the parent or Indian custodian.

When the decision to proceed with termination of parental rights is recommended, ensure the following has occurred:

- an extensive and documented search for relatives or other significant persons who can provide a safe, permanent home for the child;
- a request for Arizona Parent Locator Service(see Procedures for Parent Locate);
- active efforts are met to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and documentation that those efforts have proven unsuccessful.

Meet with the Attorney General to discuss the case and prepare for its presentation in court.

Inform the parent(s) of the pending court proceeding to terminate the parent-child relationship; the consequences of the proceedings and actions that the parent(s) must take including responding to the petition through the parent's attorney or requesting the court appoint an attorney; if not already appointed.

Assessing Child's Placement Needs

Follow the procedures in Adoption: Assessing Child's Needs.

To assess the child's placement needs:

- interview the child and his/her caregivers;
- review the recommendations of the child's immediate and extended family;
- review the recommendations of medical and behavioral health providers and other professionals who have worked with the child, including tribal representatives and service providers;
- review the recommendations of representatives of the child's tribe(s), including recommendations to maintain and develop the child's essential cultural and tribal identity;
- review the recommendations of other professionals who work with the child;

- complete the AN-036, Family History (Social History);
- determine the child's need for Adoption Subsidy: Eligibility.

If the child is at risk of, or has one or more of, the following conditions, obtain an evaluation from one or more professionals regarding the impact of the condition on the child's placement needs:

- developmental disability;
- emotional disturbances;
- physical disease or disability; or
- mental disease or disability.

If adoption is selected as the permanency plan, consider the following factors when assessing the placement needs of a child:

- characteristics of the child: age, gender, religion, tribal affiliation, primary and secondary (if any) language, physical, emotional, social and educational needs;
- child's cultural and tribal identity: past participation in tribal religious and cultural practices, knowledge of tribal language, current or past ties with his/her tribal community, clanship if any, child's expressed cultural and tribal identity, and child's non-Indian identity and family ties, if any;
- child's history: past placements, ties to current or past caregivers, experience with bonding and attachment;
- child's relationships: extended family, relatives, siblings, foster parents or other significant adults;
- parent's preferences regarding placement including tribal affiliation, race, color or national origin; and
- the child's preferences regarding placement

Documentation

Document the child's assessed placement needs by completing the following windows: Child Assessment and Special Rate Evaluation, Special Needs Detail, Medical/Dental Condition Detail, Medication Detail, Psychological/Behavioral Condition Detail, Practitioner Detail, Examination Detail, Participant Education Condition, and Hospitalization Detail.

Considering Adoption as the Permanency Plan

When considering whether adoption is the most appropriate permanency plan, consider the following factors:

- Does the child's tribe have long-standing social and cultural objections to termination of parental rights, and is adoption recognized by the tribe?
- If termination and adoption is opposed by the tribe, is there an alternative permanent placement with extended family or other tribal member which will provide comparable stability for the child?
- What efforts have been made to identify extended family or a member of the Indian child's tribe who will provide a permanent placement for the child?

- If a placement within the Indian child's tribe cannot be identified, what efforts have been made to identify an adoptive placement not belonging to the tribe, including a non-Indian family?
- If a placement within the Indian child's tribe cannot be identified, have efforts been made to obtain the tribe's support for an alternative adoptive placement within the placement preference order?
- Has the child expressed an objection to termination and adoption?
- If the Indian child's parents expressed a placement preference, what efforts have been made to choose a placement which accommodates their wishes?

Conduct a search through available resources to identify and locate a Native American adoptive family. Resources may include tribal social services, the National Indian Child Welfare Association, Indian communities and organizations, the Arizona Adoption Exchange Book, Arizona Statewide Newsletter, Wednesday's Child, National Adoption Exchange, Communities for Children, prior to considering a non-Native American adoptive family.

Documentation
Using the Case Notes window, document all contacts relating to placement efforts, including but not limited to the Indian child's tribe(s), extended family, and all alternative resources.

Providing the Final Adoption Decree
When providing the final adoption decree to the Bureau of Indian Affairs and the child's tribe(s), include the following information:

- the name and tribal affiliation of the child;
- the child's enrollment number and certificate of Indian blood, if available;
- the child's social security number;
- the names, addresses and social security numbers of the birth parents;
- the names and addresses of the adoptive parents; and
- the identity of any agency having files or information relating to the adoption.

Submit a copy of the final adoption decree to:
Department of the Interior
Bureau of Indian Affairs
Division of Social Services
1849 C Street, NW, MS-4603-MIB
Washington, D.C. 20240

Bureau of Indian Affairs
Western Regional Office
Attention: Regional Social Worker
P.O. Box 10
Phoenix, AZ 85001

and to the child's tribe (to tribe's social worker or tribal enrollment office) within 30 days of the adoption finalization.

Forms
Family History (Social History), CSO-1067

Related Information
Terminating Parental Rights
Adoption Subsidy: Eligibility
Adoption: Assessing Child's Needs
Procedures for Parent Locate

Legal
The Indian Child Welfare Act of 1978 (25 USC §1912)

ARS §8-531 through 8-544 Termination of Parent-Child Relationship.

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 6: Section 9
Adoption Consent of an Indian Child

Policy

A consent to place an Indian child for adoption may be accepted from a mentally competent parent of a child who is in the care, custody and control of the department.

The department shall consult with the Assistant Attorney General in making the necessary arrangements to have the parent sign a consent to adoption or voluntary termination of parental rights in the presence of a judge of competent jurisdiction. If the child's tribe has intervened or is involved, the appropriate tribal representative shall be notified of the parent's decision and of any court hearing.

The consent must be in writing and signed before a judge and accompanied by the judge's certificate that the terms and consequences of the consent were fully explained in detail and understood by the parent or Indian custodian.

A consent to place an Indian child for adoption may be withdrawn, for any reason and at any time, before entry of the final order of termination or decree of adoption.

A consent to place an Indian child for adoption may be withdrawn up to two years after entry of the final order of adoption upon a finding by the court that the consent was obtained through fraud or duress.

Parents of an Indian child who wish to consent to the adoption of a newborn should be encouraged to contact an appropriate tribal social services agency provided that a dependency petition has not been filed and there is no valid issue of abuse or neglect. If the parent releases the child to the department in lieu of contacting a tribal social services agency, the department will file a dependency petition.

Obtaining a consent to place a child for adoption is preferable to initiating an involuntary termination of parental rights proceeding.

The parent of an Indian child may give consent for a specific person to adopt his or her

child. However, if the specified individual(s) do not adopt the child, the consent likely will be deemed void and a new consent (or in the alternative, a proceeding to terminate parental rights) may be necessary to allow for adoption of the child. Use of such a "direct consent" must be approved by a supervisor, in consultation with the Assistant Attorney General.

Unless the Indian child's tribe has established a different placement preference order, the department shall give preference to placement of an Indian child with:

- a member of the Indian child's extended family;
- other members of the Indian child's tribe; or
- other Indian families.

If the parent or Indian child age 12 and over has requested a placement outside these preferences, the request shall be considered and reviewed with the supervisor, the Assistant Attorney General and the child's tribe.

For Indian children, a consent to place a child for adoption is invalid if taken prior to, or within ten days after the birth of the Indian child. [25USC §1913(a)]

Procedures

Initiating Voluntary Termination of Parental Rights

To determine whether voluntary termination is appropriate for the parent of an Indian child, follow the procedures listed in Adoption Consent. In addition,

- Inform the parent of the placement preferences.
- Inform the parent that in order to find an appropriate adoptive placement, the department will notify the Indian child's tribe. Unless the consenting parent has requested anonymity, the department also will notify extended family members.
- Consult with the tribal social services and/or ICWA representative and the parent's attorney if any, and inform the tribe of the parent's desire to place his or her child for adoption, and of the parent's request for anonymity, if applicable.

Provide counseling to ensure the parent understands the meaning of consent, its implications for the child and parents, and information regarding access to non-identifying information in adoption records.

Request the Attorney General's Office to file a motion for a hearing on the ICWA consent. Inform the Assistant Attorney General if an interpreter is needed. Arrange for the parent to be at the hearing.

At the hearing, obtain the original and a certified copy of the ICWA consent and certification order. Provide a copy to the parent, parent's attorney and to the child's tribe.

Documentation

Ensure the child's tribe has been added to the case as a Case Associate using the Case Creation window.

Using Case Notes, document all contacts with the Indian child's and/or Indian parent's tribe including the name, address, title, telephone number of the person contacted and the results of these contacts; designated as Collateral Contact type.

File copies of all correspondences with tribal staff in the hard copy case record.

File the original and certified copies of the Adoption Consent and Judge's certification in the hard copy case record.

Accepting a Consent for Adoption
If the child is or may be Indian, consult with your supervisor and with an Assistant Attorney General regarding the requirements of the Indian Child Welfare Act before accepting a consent.

For an Indian child, inform the consenting parent(s) that the consent must be signed before a judge. (25 U.S.C.§1913 et seq.) The judge must sign a certificate stating the terms and consequences of the consent were fully explained in detail and understood by the parent or Indian custodian.

For a parent wishing to consent to the adoption of a child who is subject to the Indian Child Welfare Act (ICWA):

- Request the Attorney General's Office file a motion for hearing on ICWA consent and order; and
- Obtain the original and a certified copy of the ICWA consent and certification order from the Attorney General's office.

Ensure a copy of the final adoption decree is forwarded to the child's tribe and the:
Secretary of the Department of the Interior
Bureau of Indian Affairs
Division of Human Services
1849 C Street, NW
Mail Stop - 4513- MIB
Washington, D.C. 20240

Provide a copy of the final adoption decree and the child's original birth certificate to the adoptive parents and the child.

Legal
The Indian Child Welfare Act of 1978 (25 USC §1913 et seq.)

ARS §8-106 Consent to adoption; waiver; consent to the release of information; notification to potential fathers

ARS §8-116.01 Putative fathers registry; claim of paternity; adoptive interest

Guidance for interpretation of the Act in state court proceedings may be found in the Guidelines for State Courts; Indian Child Custody Proceedings (Federal Register, April 23, 1979; 44 Federal Register 67584-95).

Effective Date: November 30, 2012

Revision History:

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 1
Creating and Organizing DCS Case Records

Policy

To ensure thorough and orderly documentation of information regarding children and families, DCS shall establish the following types of case records:

- Child Safety;
- Adoption;
- Independent Living;
- Family Foster Home Licensing;
- Adoptive Home Certification;
- Adoption Subsidy;
- Guardianship Subsidy; and
- Interstate Compact on the Placement of Children (ICPC).

Case records include an electronic and hard copy record. The electronic record is maintained in CHILDS and includes windows data and electronically created documents. The hard copy record is maintained in the local office. The hard copy includes:

- Documents generated outside of DCS;
- Documents that require signatures from individuals outside DCS; and
- Hard copy forms not maintained electronically.

Procedures

Creating DCS Records

Establish DCS case records by family units. Include in the DCS case record information relating to DCS involvement of all members of the family unit, except:

- Children who have been legally freed for adoption; and
- Young adults whose cases have been transferred to an Independent Living program.

In each of the above cases, establish a new case record by child. If other children who are receiving department services remain in the family, keep the family's child safety record open; if not, close the family record.

Establish Family Foster Care Licensing records by family unit for each family that applies for licensure or is licensed as a foster family.

Establish Adoptive Home Certification records by family unit for each family that applies for certification or is certified as an adoptive family. Include relatives and step-parents who are adopting in this record.

Establish Adoption Subsidy records for each child whose adoption is subsidized.

Establish case records by name of the permanent guardian when the guardianship is established and the guardianship subsidy application has been approved.

Establish case records by child for each out-of-state child placed in Arizona under the Interstate Compact on the Placement of Children, or by sibling group if the siblings are placed together. (Information on Arizona children who are placed out-of-state under the Compact remains in the family DCS record, unless the child/ren are legally free for adoption.)

Organizing DCS Records

All DCS case records shall be complete, accurate and current.

All DCS case records shall be updated no more than ten days from the date of the event being documented.

Documentation shall be recorded using the Case Notes window unless otherwise specified.

Regions are responsible for organizing and maintaining all hard copy records, except child welfare agency licensing records and adoption subsidy case records.

Central Office is responsible for establishing and maintaining organizational guidelines for hard copy records, child welfare agency licensing case records and adoption subsidy case records. For hard copy organization guidelines please see, Hard File Organization Guidelines

All public or private child welfare agencies that provide care for foster children or place children in foster homes shall keep case records in a manner that the department prescribes. (ARS §8-519)

Forms
Hard File Organization Guidelines

Related Information
Case Note Types

Legal
ARS §8-519 Records and reports

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 2
Safeguarding Case Records

Policy

DCS information is confidential and shall not be released, except as specified by law. (ARS §8-807)

The department is not required to release DCS information if the disclosure would cause a specific material harm to a Department of Child Safety or criminal investigation.

Confidential DCS information may be released:

- To confirm, clarify or correct information concerning an allegation or actual instance of child abuse or neglect that has been made public by sources outside the department.
- To a person conducting bona fide research which may be beneficial in improving Department of Child Safety.
- To a reporting source when the information is a summary of the outcome of a Department of Child Safety investigation.
- To a parent, guardian or custodian of the child if the information is reasonably necessary to promote the safety, permanency and well-being of the child.

A person who appeals a finding of abuse or neglect pursuant to ARS §8-811 may obtain a copy of records that are sent to the Office of Administrative Hearings in connection with the appeal.

Before DCS information is released, the department shall take whatever precautions are reasonably necessary to protect the identity and safety of the reporting source and to protect any other person the department believes would be endangered or harmed by the disclosure. These precautions include the redaction of personally identifiable information related to the reporting source and the identity of any person whose life may be endangered by the disclosure. The department is not required to release DCS information if the department can demonstrate that disclosure would cause a specific, material harm to DCS investigation.

The department is not required to release DCS information if, after consultation with the County Attorney, the County Attorney demonstrates that disclosure would cause a specific material harm to a criminal investigation

Any information pertaining to a request or provided advice from the Attorney General's Office is protected by attorney-client privilege and shall not be released.

A person who releases confidential DCS information in violation of ARS §8-807 is guilty of a class 2 misdemeanor.

Confirm, Clarify, Correct
In accordance with A.R.S. 8-807, the Department may provide DCS information to confirm, clarify or correct information concerning an allegation or actual instance of child abuse or neglect that has been made public by sources outside the department.

The Department may only disclose information that is not contrary to the best interests of the child to whom the information relates, the child's siblings or other children living in the household.

The public disclosure of information shall promote the public trust and shall not harm the child or violate the child's or any victim's confidentiality and privacy rights as determined by the Department.

In order to invoke confirm, clarify or correct, the Department must have documentation from the requestor of the public disclosure, either in a news media article, or a copy of the law enforcement documents.

Release of Information in a Fatality or Near Fatality:
In accordance with the Child Abuse Prevention and Treatment Act (CAPTA) and A.R.S. 8-807, the Department is required to provide DCS information to the public regarding a case of child abuse, abandonment or neglect that has resulted in a fatality or near fatality.

When a child fatality or near fatality has been reported publicly by a media outlet and no causation has been established to connect the child fatality or near fatality to abuse or neglect by a parent, guardian or custodian, preliminary notification of the fatality or near fatality will be published by DCS. At the time the public is notified about an incident, maltreatment of a child is suspected, not confirmed. The initial notification only informs the public that the Department has been notified about a child fatality or near fatality.

When causation has been established, additional information is publicly posted in accordance with A.R.S. 8-807 on child fatalities or near fatalities due to abuse, abandonment or neglect by the child's parent, guardian or custodian at: www.azdes.gov-

/DCSinfo. This information is posted when the information comes to DCS' attention and a final determination of the fatality or near fatality due to abuse, abandonment or neglect has been made by either a substantiated finding; or specific criminal charges filed against a parent, guardian or custodian for causing the fatality or near fatality; or a determination by a medical professional or a medical examiner that the child fatality or near fatality was caused by abuse, abandonment or neglect.

When an allegation of abuse or neglect has been proposed substantiated by DCS, the Protective Services Review Team (PSRT) will identify requests for substantiation that contain the tracking characteristics associated with a child fatality or near fatality. Upon completion of the appeal process, the PSRT will notify the Crisis Response Unit with the final result of the substantiation action.

If the Crisis Response Unit disagrees or has questions regarding findings, the Crisis Response Unit will contact the assigned Supervisor to discuss any issues or concerns regarding the findings. At times, this may result in the Supervisor making a change to the Tracking Characteristic (i.e. – add Near Fatality) or finding statement.

Upon completion of a dependency hearing involving a child fatality or near fatality that is tied to the proposed substantiation pending depending adjudication, DCS staff will notify the PSRT of the outcome of the hearing via email and provide PSRT with the hearing detail information and/or a copy of the court order (required for Counties outside of Maricopa and Pima). PSRT will notify the Crisis Response Unit with the final result of the substantiation action.

When a child fatality or near fatality is co-investigated by the DCS Office of Child Welfare Investigations, the OCWI Manager shall provide the DCS Crisis Response Unit Manager with information immediately regarding:

- If an arrest has been made: what charges have been filed; what is the DR number and local police department contact information.
- Any information determined by the medical examiner regarding cause of death.

Procedures
Responding to requests for DCS information.
Always confer with your supervisor prior to agreeing to the release of any confidential information.

Release confidential information only if you and your supervisor are certain the request can be filed within the legal requirements . Refer any questions to the Attorney General's Office. Some examples of information that generally **cannot** be released include:

- source information
- original or copies of birth and death certificates;
- original or copies of social security cards and numbers;

- criminal history record information obtained from the Arizona Department of Public Safety (DPS), Federal Bureau of Investigation (FBI), or National Criminal Justice Information System (NCJIS);;
- original or copies of fingerprints; and
- attorney-client privileged communications

When a person is the subject of DCS information, you must release that person's DCS information to the person or his/her agent, unless an exception applies. You may release information to the parent, guardian, or custodian of the child if the information is reasonably necessary to promote the safety, permanency and well-being of the child. After a parent, guardian, or custodian has submitted a completed DCS Records Request, CSO-1036, the information will be redacted according to the DCS Procedures for Redacting and Releasing Confidential DCS Records and Files.

When a subpoena is received on a non-dependency, immediately email the subpoena Public Records Coordinator at +DCSRecordsRequest@azdes.gov; the Child Safety Specialist is not to manage this request on his/her own. The Child Safety Specialist may need to assist further in this process and may need to provide additional information to process the subpoena. and follow the guidance from the Attorney General and your supervisor.

Refer any requests for information from individuals who are appealing a proposed substantiated finding to the Protective Services Review Team.

Refer requests for information from an individual who believes he/she may be the subject of a DCS report, or an individual who is seeking a copy of the DCS report shall submit the DCS Records Request, CSO- 1036 to CRCU at DCSRecordsRequest@azdes.gov.

Responding to Request for DCS Information in a Dependency

When responding to requests for information regarding an open dependency case, the disclosure must occur within **five (5) days** of the receipt of the request. If a hearing is scheduled prior to the expiration of the **five (5) days**, the DCSS shall make the disclosure prior to the hearing. Any new information must be disclosed prior to any hearing thereafter or at least **every six (6) months** a full disclose is to occur for any information that has not been disclosed previously. Upon receipt of a subpoena immediately email or fax the request to the assigned Assistant Attorney General (AAG). The DCSS is not to manage this request on his/her own. Follow guidance from the AAG and Unit supervisor. Child Safety Specialist s are to work with the AAG to ensure all disclosures are being done effectively and appropriately.

Preparing Information through Confirm, Clarify or Correct

The following are parameters under which the Department may invoke confirm, clarify or correct under A.R.S. 8-807:

- The Department shall only disclose information that is not contrary to the best interests of the child to whom the information relates, the child's siblings or other children living in the household.
- The public disclosure of information shall promote the public trust and shall not harm the child or violate the child's confidentiality and privacy rights as determined by the Department.
- In order to invoke confirm, clarify or correct, the Department must have documentation from the requestor of the public disclosure, either in a news media article, or a copy of the law enforcement documents.

The Department may wish to disclose to confirm, clarify or correct information concerning an allegation or actual instance of child abuse or neglect in the following situations, and if all of the above parameters apply:

- Confirmation of a current or past involvement with the family;
- Confirmation of actions taken by DCS in response to an allegation of abuse or neglect;
- Confirmation that a child or children have been taken into custody by DCS, placed in out of home care or with relatives by DCS, or placed voluntarily with relatives or other out of home placement by the parent, guardian or custodian;
- Confirmation that DCS will coordinate or is coordinating its investigation with law enforcement;
- Confirmation that DCS has a current or past open case involving the child and current alleged abusive/neglectful parent, guardian or custodian;
- Confirmation or correction of prior reports of child abuse or neglect involving a child and the current alleged abusive/neglectful parent, guardian or custodian;
- Confirmation or correction of the investigation findings of prior reports of child abuse or neglect involving a child and the current alleged abusive/neglectful parent, guardian or custodian;
- Correction of information about the actions or involvement of DCS with an individual or family;
- Clarification of the circumstances surrounding DCS' involvement with the family;
- Information available about what types of services have been or were being provided to the child, his/her siblings and the alleged abusive/neglectful parent, guardian or custodian.

The disclosure of information may not include any of the following:

- The identity of the child, any member of the child's family, any member of the child's household who is a child, or any caregiver of the child;
- The identity of the person suspected of the abuse or neglect;
- The identity of a reporting source;

- Any information in the disclosure which would not be in the best interests of the child, any member of the child's family, any member of the child's household who is a child, or any caregiver of the child;
- Any disclosure that is not authorized by State or Federal law or regulation.

The decision whether to invoke confirm, clarify or correct is made by the Department's Director's Office, and final responses are provided by the Department's Public Information Office.

Preparing Fatality and Near Fatality Public Information

In accordance with the Critical Incident Procedures and Fatality and Near Fatality Public Information Policy, once a determination has been made that a child fatality or near fatality due to abuse, abandonment or neglect has occurred, the DCS Crisis Response Unit is responsible for preparing a posting for public information in accordance with the Child Abuse Prevention and Treatment Act (CAPTA) and A.R.S. 8-807 to notify the public of the incident.

Notification

In accordance with A.R.S. 8-807, the Department's posting shall include the following information:

- The name, age and city, town or general location of residence of the child who has suffered a near fatality or fatality.
- The fact that a child suffered a near fatality or fatality as the result of abuse, abandonment or neglect.
- The name, age and city, town or general location of residence of the alleged perpetrator, if available.
- Whether there have been reports, or any current or past cases, of abuse, abandonment or neglect involving the child and the current alleged abusive or neglectful parent, guardian or custodian.
- Actions taken by child protective services in response to the fatality or near fatality of the child.

As soon as practicable, but within five (5) business days of receipt of the required information for posting a fatality or near fatality, the Crisis Response Unit will provide a draft posting for review.

The Crisis Response Unit will finalize the posting and send it to the Program Administrator or designee for final approval. The Program Administrator or designee will provide final approval within the same business day of receiving the posting for approval, and the Crisis Response Unit will immediately forward the approved posting to the Public Information Office via email for posting on the DCS website.

Prior Reports

Information regarding whether there have been reports, or any current or past cases of abuse, abandonment neglect involving the child and the current alleged abusive or neglectful parent, guardian or custodian will include a detailed synopsis of prior reports or cases of abuse, abandonment or neglect involving the child and the current alleged perpetrator. The synopsis will include the date the prior abuse or neglect occurred, the allegations of the abuse or neglect, and actions taken or determinations made by DCS in response to the reports, when available.

Documentation
Document all requests for confidential information in CHILDS using the Case Notes Window, designated as Collateral Contact type.

If information is provided in response to a written request, record who asked for the information, the type of information provided, who provided the information, and the date on which the information was provided.

If the request is referred to the department's Legislative Services Office or the Public Information Office or the Public Records coordinator for the release of information, note the referral and date in the record using the Case Notes window designated as Collateral Contact type.

Document all conversations involving request to and advice from and contacts with the Attorney General's Office using the Case Notes window designated as AG Contact type. Do not release this information to anyone as the information is protected by attorney-client privilege.

Forms
DCS Records Request, CSO-1036
DCS Records Request (Spanish), CSO-1036S

Related Information
Redacting Case Records

Legal
TThe Child Abuse Prevention and Treatment Act (P.L. 104-235), as amended by the Keeping Children and Families Safe Act (P.L. 108-36)

Title XX, IV-A and IV-B of the federal Social Security Act (42 U.S.C. §602)

ARS §8-120 Records; inspection; exception; destruction of certain records

ARS §8-519 Records and reports

ARS §8-541 Records; disclosure; exceptions.

ARS §8-804 Central registry; notification

A.R.S. § 8-807 DCS information; public record; use; confidentiality; violation; classification; definitions

ARS §41-1959 Confidential information; permissible disclosure; rules; violation; classification

A.A.C. R6-5-5601 through R6-5-612 CONFIDENTIALITY AND RELEASE OF CPSINFORMATION

Rule 44 of the Rules of Procedure for the Juvenile Court govern disclosure and discovery on open dependency cases.

Effective Date: October 16, 2013

Revision History: November 30, 2012, September 13, 2013

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 3
Case Records Request

Policy

The department shall redact DCS information in accordance with the DCS procedures.

The Centralized Records Coordination Unit (CRCU) within DCS shall be responsible for redacting or coordinating the redaction of DCS information as prescribed by law, and for providing redacted records to the individual who request them.

A person who releases confidential DCS information in violation of ARS §8-807 is guilty of a class 2 misdemeanor.

Procedures

Responding to requests are separated into two different requests: Client Records Requests (CRR) and Public Records Requests (PRR)

Responding to Client Records Requests for Information (non-dependency)

The Centralized Records Coordination Unit (CRCU) is responsible forcreating the Client Records Request (CRR) in OnBase (DCS's management system for client requests for information). The CRCU oversees all requests outside of regular Dependency Action disclosures for all field offices throughout the state.

Upon receiving any request for client information, scan the original request as a PDF file and email the CRCU at the CRCU Case View email

Please note that before records can be released, the DCS Records Request, CSO-1036 must be notarized.

Once the request is received by the CRCU,the CRCU will enter the request into the system and notify appropriate DCS field representative in the office/region. The field representative will request the hard copy case file to make copies.

Upon completion of the response, the CRCU will coordinate the release. For CRRs, the CRCU will provide the response to the requestor.

Responding to Public Records Requests for Information (non-dependency)
The CRCU is also responsible for making the redactions to records in response to court orders, subpoenas and requests in the Public Records Requests system (PRR). The DES Public Records Coordinator oversees the PRR system and handles higher profile requests from the media and the courts.

Upon receiving a court order, subpoena, or request for public records including requests from the media, scan the information, as necessary, and email the request to the DES Public Records Coordinator for processing.

Refer requests for information from a state legislator, standing committee member, legislative staffer or Joint Legislative Council to the Department's Legislative Services Office (602-542-4669).

Requests for information to conduct a bona fide research which may be beneficial in improving child safety(The Public Information Office will coordinate with the Department's Research Committee)

Refer the following requests to the Public Records Coordinator at the +DCSRecordsRequest@azdes.gov.

- Requests for information regarding a child fatality, near fatality, or high profile DCS case;
- Request for information via a subpoena, court order, or minute entry regarding a non-dependency;
- Request for DCS information by a county medical examiner or an alternate medical examiner directing an investigation into the circumstances surrounding a death pursuant to section ARS §11-593; and
- Requests for information from any individual not entitled to access to confidential information under ARS §8-807.

The DCSS shall consult their supervisor and, if necessary, an Assistant Attorney General if questions arise concerning requests for information or requirements for redaction of case records.

The DES Public Records Coordinator is responsible for providing the response to the requester.

Forms

DCS Records Request, CSO-1036

DCS Records Request (Spanish), CSO-1036S

Related Information

Safeguarding Case Records

Legal

The Child Abuse Prevention and Treatment Act (P.L. 104-235), as amended by the Keeping Children and Families Safe Act (P.L. 108-36)

Title XX, IV-A and IV-B of the federal Social Security Act (42 U.S.C. §602)

ARS §8-120 Records; inspection; exception; destruction of certain records

ARS §8-519 Records and reports

ARS §8-541 Records; disclosure; exceptions.

ARS §8-804 Central registry; notification

A.R.S. § 8-807 DCS information; public record; use; confidentiality; violation; classification; definitions

ARS §41-1959 Confidential information; permissible disclosure; rules; violation; classification

A.A.C. R6-5-5601 through R6-5-612 CONFIDENTIALITY AND RELEASE OF CPSINFORMATION

Rule 44 of the Rules of Procedure for the Juvenile Court govern disclosure and discovery on open dependency cases.

Effective Date::January 30, 2013

Revision History: November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 4
Closing Case Records

Policy

Close the case by completing the windows required in the CHILDS system

Procedures

For cases closed at investigation:

- Update case contacts using the Case Notes windows.
- Complete the Determination of Case Status windows.
- End all service authorizations using the Provider Service Authorization window and notify the case participant and provider of the end date and case closure.
- Complete the Case Closure window to indicate the reason for case closure, the reason the case was open, outcome of services offered, the current status of the family and the aftercare plan.

DCS Supervisor - Investigations:

Complete the following:

- the Determination of Case Status Approval window, and
- the Case Closure Approval window.

For cases closed by ongoing:

- Update case contacts using the Case Notes windows.
- End all service authorizations using the Provider Service Authorization window and notify the case participant and provider of the end date and the case closure.
- Update the child's legal status using the Legal Status window.
- For children who were removed, update the child's return home date using the Removal Status window.
- Complete the Case Closure window to indicate the reason for case closure, the reason the case was open, outcome of services offered, the current status of the family and the aftercare plan.

Print the Case Closure report and file the report in the hard copy record.

DCS Supervisor - Ongoing:

For a case closed after on-going services, complete the Case Closure and Case Closure Approval window.

Forms

Related Information

Case Closure Reason
Using the Removal Status Window Practice Guide

Legal

Effective Date:: October 10,2013

Revision History:November 30, 2012

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 5
Retention & Disposition of Case Records

Policy

DCS will retain and dispose of records according to the schedule prescribed by the Records Management Division, Department of Library, Archives and Public Records.

Procedures
Send closed hard copy records to Closed Records, following region procedures.

For More Information: Contact the Record Management Division at (602) 542-3741.

Forms

Related Information

DCS Retention Schedule

Legal

ARS §8-120 Records; inspection; exception; destruction of certain records

ARS §8-804 Central registry; notification.

Effective Date: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 06
Courtesy Supervision Between Regions

Policy

When courtesy supervision is necessary, regions shall share information and work collaboratively to ensure that the needs of the child and family are met.

Courtesy supervision may be provided when a child and/or family member lives in one region and the legal responsibility for the case remains with another region. The decision to provide courtesy supervision shall be based upon the child's needs.

The region with legal jurisdiction remains responsible for case planning, updating of CHILDS, and payment for services.

The Child Safety Specialist from the receiving region shall be considered to be a service team member and shall participate in case plan staffings and case conferences.

Procedures

Requesting Courtesy Supervision

To request courtesy supervision, the Program Manager or designee from the sending region submits an E-Mail to the Program Manager or designee from the receiving region. The request should include:

- case name and case number;
- name, date of birth, of the child;
- the most critical factors concerning the child or family;
- supervision services requested;
- other services the child or family is to receive, along with payment arrangements;
- copies of relevant case information not available through the electronic record, including but not limited to psychological evaluations, provider reports, etc.
- copies of relevant hard copy case information shall be forwarded to the receiving Program Manager or designee. The request is not complete until relevant hard copy case information is received.

The receiving Program Manager or designee completes a review of the electronic record and hard copy information. The Program Manager or designee must approve or deny the request for courtesy supervision by E-Mail within ten working days of receipt of the request.

A case conference must be held within 15 working days after the receiving region accepts a case for courtesy supervision or case transfer. The case conference may be conducted in person or by conference call.

A case conference must be held within ten working days if the sending and receiving regions disagree regarding the case plan. If resolution cannot be reached, the decision shall be made by the DCS Program Administrator.

Documentation

The sending Program Manager or designee is to document the request for courtesy supervision using the Case Notes window designated as Management Contact type.

Document the approval or denial of the request using the Case Note Comment window.

The supervisor from the sending region designates the Child Safety Specialist from the receiving region as a support Child Safety Specialist using the Case Assignment window.

The Child Safety Specialist from the sending region documents the case reference using the Case Notes window designated as Case Conference type specifying the responsibilities of both the sending and receiving Child Safety Specialist s within three (3) days of receipt of approval from the receiving region.

The Child Safety Specialist from the receiving region documents the following using the Case Notes window:

- dates and types of contact;
- progress towards the case goal;
- changes in individual or family functioning; and
- review of the case plan and recommendation for any changes in goals, tasks or services.

Forms

Related Information

Legal

NA

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 07
Courtesy Assessment Between Regions during After-Hours

Policy

The department shall ensure the initial response to a report of child abuse or neglect or other situations needing immediate attention is accomplished in a timely manner, every day of the week, 24 hours a day. To ensure timely response during after-hours (hours outside regular business hours of Monday – Friday, 8:00 a.m. to 5:00 p.m.), the Child Abuse Hotline shall contact the After-Hours units or stand-by staff of any situation needing an immediate response. This includes, but is not limited to, DCS reports where the initial response time would not be met before the next business day or children in the care, custody and control of the department who need immediate assistance.

When DCS reports or other situations needing immediate assistance are received during after-hours and the child(ren) is/are located in a different region, after-hours/stand-by staff may need assistance from staff located in the region where the child(ren) currently is/are located to ensure child safety. After-hours/stand-by staff from each region shall work collaboratively to ensure the initial response time is met and children are currently safe.

Procedures

The Child Abuse Hotline staff will:

- Contact the after-hours unit or stand-by staff in the region (a.k.a home region) responsible for the DCS report and/or case. If the child(ren) is/are located in another region, the Hotline staff will provide the home region staff with the appropriate contact information for the assisting region.

The home region staff will:

- Assess whether the situation needs an immediate response to ensure child safety or if the DCS report can be mitigated. It will also assesswhether courtesy assistance is needed from another region.

- If it is determined that an immediate response is needed to ensure child safety and courtesy assistance is needed, the home region staff will contact the after-hours/stand-by staff in the region where the child(ren) is/are located to request assistance anddevelop a plan of action with the assisting region.
- If a child needs emergency placement, the home region shall contact the assisting region's placement point of contact to arrange for the return of the child to their home region the next business day.

The assisting region staff will:

- Take action to assist the home region staff to resolve the situation needing an immediate response. This may require that both the home region and assisting region take action.
- If an emergency placement is needed but a placement is not available in the region where the child(ren) is/are located, staff from both regions will agree to meet half way to transport the child back to the home region.
- Enter documentation in the CSRA or case notes by the next business morning. The assisting region staff will also email the assigned supervisor and/or specialist to advise them of the outcome of the initial response and placement information, if applicable.

The region/county placement point of contact will do the following:

- Ensure each child is quickly returned to their home region.
- The contact is the person authorized to extend an emergency placement in unusual circumstances. Placement providers do not have authority to extend shelter placements at the request of the home region.
- Ensure the home region pays for the placement. If needed, the contact will involve the Program Manager to resolve payment concerns.

Regional Placement Point of Contacts

- Central Region:
  - Maricopa – Resources Unit
  - Pinal – Casa Grande Assistant Program Manager
- Pima Region: Executive Staff Assistant
- Northern Region: Home Recruitment Support and Supervision Program Specialist
- Southeastern Region: Home Recruitment Support and Supervision Liaison
- Southwestern Region:
  - Maricopa – Resources Unit
  - Yuma and La Paz – Yuma and La Paz Assistant Program Manager

Forms

Related Information

Legal

Effective Date::May 17, 2013

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 07
Transferring Cases Between Regions

Policy

When case transfer is necessary, regions shall share information and work collaboratively to ensure that the needs of the child and family are met.

Case transfer may occur when the child and family have lived in the new region for three months or longer or if the child and family live in different regions and there are plans to reunite the family.

The region requesting a case transfer must receive approval from the receiving region prior to transferring the case or requesting that the court transfer legal jurisdiction.

In most cases, the region with legal jurisdiction remains responsible for payment for services. However, when the case transfer results from a court order to change venue (without the agency's involvement), the Program Managers of the sending and receiving regions may make special payment arrangements by mutual agreement.

Unless special arrangements are made, the receiving region is fully responsible for the case once the transfer is completed.

Procedures

Requesting Case Transfer

To request case transfer, the Program Manager or designee from the sending region must send an E-Mail to the Program Manager or designee from the receiving region. The request should include the information previously listed and the reason for case transfer. Once accepted the requesting case manager will send the hard file to the accepting supervisor. The request is not complete until relevant hard copy case information is received.

The receiving Program Manager or designee completes a review of the electronic record and hard copy information. The Program Manager or designee must approve or deny the request for case transfer by E-Mail within ten working days of receipt of the request.

A case conference must be held within 15 working days after the receiving region accepts a case for case transfer.

If approved by the Program Manager, the supervisor in the receiving region for the identified worker is to assign the worker as the Primary Case Manager in Case Assignment window within three (3) working days of receipt of the hard file. The sending region is responsible for the case up until this time.

Documentation

Document the request for case transfer using the Case Notes window designated as Management Contact type.

Document the receiving Program Manager or designee's approval or denial of the request using the Case Note Comment window.

Document the case conference using the Case Notes window designated as Case Conference type specifying the responsibilities of both the sending and receiving Child Safety Specialist s.

Child Safety Specialist Sending Region:

Document the case conference using the Case Notes window designated as Case Conference type specifying the responsibilities of both the sending and receiving Child Safety Specialist s.

Forms

Related Information

Legal

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 09
Law & Rules over Children's Services

Policy

Children's services are governed by federal and state laws cited throughout this portal. See each individual policy for the legal basis for that policy.

Procedures

Federal Statutes Affecting Child Welfare Services

Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272): This statute amends the Social Security Act to provide federal funding for state child welfare programs that meet specific requirements. The Act provides for federal funding of foster care maintenance payments under Title IV-E for states that provide required protections for children and families.

Required protections include:

- Judicial determinations (A) in the first court ruling sanctioning the child's removal that continuation in the home would be contrary to the welfare, or that placement would be in the best interest, of the child, (B) except in voluntary placement cases, no later than sixty days from the date of removal, that reasonable efforts were made to prevent removal of the child from the home, or reasonable efforts to prevent removal are not required due to aggravated or extenuating circumstances, and (C) within twelve months of the date the child entered foster care and at least once every twelve months thereafter, that the department has made reasonable efforts to finalize the permanency plan in effect at the time of the ruling;
- A case plan for each child in out-of-home care that includes specific information; and;
- The periodic review of the case of each child in out-of-home placement by a court or through an administrative review process.

The Act also provides:

- Federal funding for Adoption Assistance payments to facilitate the adoption of children with special needs; and
- Federal funding for a broad range of child welfare services under Title IV-B.

Family Preservation and Family Support Act of 1994 (P.L. 103-66): The Adoption and Safe Families Act of 1997 amended the Family Preservation and Family Support Act by renaming it, Promoting Safe and Stable Families. Its purpose was expanded to include promoting family strength and stability, enhancing parental functioning and child protection. It provides a capped entitlement to states to provide family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services. It also provides funding for improvements to state courts.

Indian Child Welfare Act (25 U.S.C.§1901 et seq.:) Passed by Congress in 1978, this Act is aimed at preserving Indian families and tribes. The Act:

- establishes legal standards for removal of Indian children from their families,
- represents a placement preference for Indian children who are placed outside their parents' home, giving priority to relatives and members of the child's tribe; and
- requires notification to the parent or Indian custodian and the Indian child's tribe when an Indian child is placed involuntarily into out-of-home care, including foster care or adoption placement.

Title XIX of the Social Security Act: This section of the Social Security Act provides federal funding for an array of medical and behavioral health services for children who meet financial eligibility criteria.

Multiethnic Placement Act of 1994 (P.L. 103-382): Part of the Improving America's Schools Act of 1994, the Multiethnic Placement Act requires states to diligently recruit potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

Interethnic Adoption Provisions of the Small Business Protection Act of 1996 (P.L. 104-188): This Act amends the Multiethnic Placement Act by repealing Section 553. The Act provides that 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 may:

- deny or delay the placement of a child for adoption or foster care, on the basis of race, color, or national origin of the adoptive or foster parent or the child involved; and
- deny to any person the opportunity to become an adoptive or foster parent, on the basis of race, color, or national origin of the person or of the child involved.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L.104-193): This Act requires states to consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant state child protection standards.

Adoption and Safe Families Act of 1997 (P.L. 105-89): This Act significantly amended Titles IV-B and IV-E of the Social Security Act by establishing safety, permanency and well-being as national goals for children in the child welfare system.
The Act provides that:

- the child's health and safety be the paramount concern in determining and making reasonable efforts with respect to a child;
- reasonable efforts shall not be required with respect to a parent of a child if a court determines that the parent:
    - committed murder or manslaughter of another child of the parent, or aided or abetted, attempted, conspired, or solicited to commit such murder or manslaughter;
    - committed a felony assault that resulted in serious bodily injury to the child or another child of the parent;
    - subjected the child to aggravated circumstances, or
    - has had parental rights to a sibling involuntarily terminated.
- a permanency hearing be held within 30 days of a court determination that reasonable efforts with respect to a parent are not to be made;
- reasonable efforts shall be made to place the child in a timely manner in accordance with the permanency plan and to complete necessary steps to finalize the permanent placement of the child when the court determines that reasonable efforts are not to be made or that continuation of such efforts are inconsistent with the permanency plan;
- reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to preserve and reunify families;
- a petition to terminate parent rights be filed while concurrently identifying and approving families for adoption for children under the state's responsibility and in out-of-home care when:
    - the child has been in out-of-home care for cumulative total period of 15 of the most recent 22 months;
    - a court has determined the child to be an abandoned infant;
    - a court has determined that the parent committed murder or manslaughter of another child of the parent, or aided or abetted attempted, conspired, or solicited to commit such murder or manslaughter;
    - committed a felony assault that resulted in serious bodily injury to the child or another child of the parent,
- exceptions to the termination of parental rights requirement when:
    - the child is being cared for by a relative,
    - the state has not complied with court ordered reunification services, or
    - the case plan documents a compelling reason that termination of parental rights is not in the child's best interest.
- documentation of steps taken to find and place the child into an adoptive home or other permanent living arrangement and to finalize the adoption or legal guardianship when the child's permanency plan is adoption or placement in another permanent home;

- for the effective use of cross-jurisdictional resources to facilitate timely and permanent placements for children awaiting adoption;
- prohibits the denial or delay of placement of a child for adoption when an approved family is available outside the state and requires states to grant an opportunity for a fair hearing to an individual who alleges such denial or delay;
- foster and pre-adoptive parents or relatives providing care for the child be provided notice of and given the opportunity to be heard at any review or hearing with respect to the child;
- state child welfare agencies be authorized to use the Federal Parent Locator service to assist in locating absent parents; and
- eligibility for the child's adoption assistance continue in cases of dissolved adoptions.

Foster Care Independence Act of 1999 (P.L. 106-169): This Act amends Title IV-E of the Social Security Act to provide states increased funding and flexibility to implement programs designed to help children transition from foster care to self-sufficiency. The Act amends Sec. 477 of the Social Security Act to read "John H. Chafee Foster Care Independence Program" and requires States to:

- provide assistance and services to children up to age 21 years who have left foster care because they have attained 18 years of age.
- provide appropriate support and services to former foster care recipients between 18 and 21 years of age.
- make benefits and services under the program available to Indian children in the State on the same basis as to other children in the State.
- provide training to help foster parents, adoptive parents, case managers and group home staff understand and address issues confronting adolescents preparing for independent living, and ensure other certifications.

The Act additionally increases the amount of assets allowable to children in foster care and includes a State option of Medicaid coverage for adolescents leaving foster care.
Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191):

- allows for the exchange of Protected Health Information (referred to as PHI) between covered entities for purposes of treatment, payment and health care operations;
- limits the use and disclosure of Protected Health Information;
- establishes an individual's right to control access to and use of their Protected Health Information; and,
- balances health information protection and individual rights against public health and safety needs.

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State Statutes Affecting Child Welfare Services
ARS Title 8 Child Safety

Other state statutes that affect children's services include the following:
ARS §25-801 et seq.: Establishment of paternity

ARS §13-3620: Mandated reporting of child abuse and neglect

ARS §13-3623: Definitions and classification of child abuse

ARS §15-763.01: Surrogate parents

ARS §36-3431 et seq.: Behavioral Health

ARS §36-551 et seq.: Developmental Disabilities

ARS §41-1959: Confidentiality

ARS §41-1991 et seq.: Hearings and appeals

ARS §44-133. Emergency consent for hospital care, medical attention or surgery by person in loco parentis

ARS §46-134: Powers and duties

ARS §46-135: Power to promulgate Rules about confidentiality

ARS §46-141: Criminal history record information checks

Rules Affecting Child Welfare Services
Article 24: Appeals and Hearings

Article 55: Child Protective Services

Article 56: Confidentiality and Release of DCS Records

Article 58: Family Foster Parent Licensing Requirements

Article 59: Group Foster Home Licensing

Article 65: Department Adoption Functions and Procedures for Providing Adoption Services

Article 66: Adoption Services

Article 67: Adoption Subsidy

Article 69: Child Placing Agency Licensing

Article 70: Adoption Agency Licensing

Article 74: Licensing Process and Licensing Requirements for Child Welfare Agencies operating Residential Group Care Facilities and Outdoor Experience Programs

Article 75: Appeal and Hearing Procedures for Adverse Action Against Family Foster Homes, Adoption Agencies, and Child Care Providers.

Article 80: Interstate Compact on the Placement of Children

In addition, the Rules of Procedure of the Juvenile Court specify requirements for hearings that affect children's services cases.

Forms

Related Information

Arizona Revised Statutes
Arizona Administrative Code Title 6 Economic Security- Chapter 5 Social Services
Child Welfare Information Gateway-Laws and Polices

Legal

Effective Date:: November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 10
Hearings & Reviews for DCS

Policy

The department shall comply with state statutes regarding hearings and reviews of DCS cases. All court proceedings relating to dependency, permanent guardianship and termination of parental rights are open to the public. The department may request the court order a proceeding to be closed to the public.

The Attorney General's Office shall represent the department in all contested hearings that affect DCS cases.

Child Safety Specialists shall attend all hearings affecting their cases and submit reports to the court within the required time frames. For termination of parental rights hearings tried before a jury, the DCS Specialist or supervisor must be present throughout the trial.

The Child Safety Specialist and any employee who will be providing testimony should contact the assigned Assistant Attorney General to discuss and prepare for testimony.

Procedures

Closing a DCS proceeding

Consult with the Attorney General's Office to ensure your cases receive timely and necessary legal services. Discuss with the assigned Assistant Attorney General (AAG) any reason a court proceeding should be closed to the public. In determining whether to recommend a proceeding be closed to the public, consider the following:

- whether doing so is in the child's best interests,
- whether an open proceeding would endanger the child's physical or emotional well-being or the safety of any other person,
- the privacy rights of the child, the child's siblings, parents, guardians and caregivers and any other person whose privacy rights the court determines need protection,
- whether all parties have agreed to allow the proceeding to be open, and

- if the child is at least twelve years of age and a party to the proceeding, the child's wishes.

Unless the parent waives his or her right to privacy, the Child Safety Specialist should request that all or part of the hearing be closed to the public if the following will be discussed:

- substance abuse assessment and treatment records;
- behavior health and mental health records
- medical records;
- HIV/AIDS records;
- domestic violence, and
- education records.

Hearings Affecting DCS cases
At any dependency hearing, the court's first priority is the protection of the child from abuse or neglect. Some of the hearings that affect DCS cases are as follows:

Pre-hearing conference:
This is a mandatory meeting of all parties to the dependency action and other interested persons as permitted by the court and is held immediately before the preliminary protective hearing. The purpose of the meeting is to attempt to reach an agreement about temporary custody and placement of the child, services to be provided to the child, parent or guardian, and visitation of the child. The availability of reasonable services to the parent or guardian shall be considered. The child's health and safety shall be a paramount concern.

Preliminary protective hearing:
This hearing is held on each case, **no less than five and not more than seven working days**, excluding Saturdays, Sundays and state holidays, after the child is taken into custody and a dependency petition is filed. The court may grant one continuance not to exceed five days. The purpose of the hearing is to determine whether temporary custody of the child is clearly necessary to prevent abuse or neglect pending the hearing on the dependency petition. The court will receive any agreement reached at the pre-hearing conference. The parent or guardian is advised of his or her rights and will admit or deny the allegations in the petition. The court will determine if reasonable efforts were made to prevent or eliminate the need for removal of the child and if services are available that would eliminate the need for continued removal. The court will enter orders regarding the child's placement and visitation, if the child is not returned to the parent or guardian. The court will order the department to make reasonable efforts to provide reunification services unless the court finds that the provision of such services is contrary to the best interest of the child. The court will inform the parent or guardian that the hearing may result in further proceedings to terminate parental rights. The court will give paramount consideration to the child's health and safety in making determinations.

Initial dependency hearing:
The initial dependency hearing must be held within **21 days** of the date on which the dependency petition was filed as to a parent or guardian not present at the preliminary protective hearing. An initial dependency hearing is not held as to a parent or guardian who denies the allegations at the preliminary protective hearing. At the initial hearing, the parent or guardian is advised of his or her rights and will admit or deny the allegations in the petition. The court will determine if reasonable efforts were made to prevent or eliminate the need for continued removal of the child and if services are available that would eliminate the need for continued removal. Unless the court finds reunification is contrary to the best interests of the child, the court will order the department to make reasonable efforts to provide reunification services, if the child is not returned to the parent or guardian. The court may stay the proceeding and order In-Home Intervention.

Emergency extension hearing:
This hearing is held only if a child must remain in a receiving foster home or shelter facility for a period of **more than three weeks**. The court must review the case at least once a week, beginning from the date of the first order extending the placement.

Status conference or pre-trial conference:
This is an optional hearing that may occur after an initial dependency hearing and prior to a contested dependency adjudication hearing.

Settlement conference or mediation:
The settlement conference or mediation is set when the parent or guardian denies the allegations in the petition and must occur prior to the pre-trial conference or dependency adjudication hearing. All parties to the contested action must participate in the settlement conference or mediation. The purpose of the settlement conference or mediation is to attempt to settle the issues of dependency and disposition in a non-adversarial manner and to avoid a trial. Any agreement reached is reduced to writing and submitted to the court for approval.

Contested dependency adjudication hearing:
This hearing must be completed **within 90 days** of service of the dependency petition on the parent or guardian. If critical circumstances exist, the court may extend this deadline **by 30 days**. At this hearing, the court determines whether the allegations of dependency are sustained by a preponderance of the evidence. If the allegations are sustained, the court may either proceed with a disposition hearing or set the disposition hearing **within 30 days**.

Disposition hearing:
This hearing must be held **at the same time of or within 30 days** of the dependency adjudication hearing. The purpose of this hearing is to obtain specific orders regarding the child's placement, services and appropriateness of the case plan. The court considers the goals of the placement, appropriateness of the case plan, services that have

been offered to reunify the family and the efforts that have been or should be made to evaluate or plan for other permanent placement. If the court does not order reunification of the family, the court shall order a plan of adoption or other permanent plan that is in the child's best interest.

Report and review hearings:
These hearings (also known as periodic review hearings) are held at least once **every six months** after the disposition hearing to review the dispositional orders of the court. They may be either contested or uncontested.

Return of the child hearing:
This hearing is held after the preliminary protective hearing and as ordered by the court upon a motion by a parent or guardian for return of the child. This hearing may be ordered when all parties are not in agreement with the return of the child. The court will order the child be returned to the parent or guardian if the court finds that return of the child would not create a substantial risk of harm to the child's physical, mental or emotional health or safety. Failure of the parent or guardian to comply with the terms of the case plan is considered evidence that return of the child would create a substantial risk of harm to the child.

Permanency hearing:
This hearing is held:

- • **within 30 days** of the disposition hearing if reunification services were not ordered, or
- • **within 12 months** of the child's removal from the home, or
- • for children under three years of age, **within six months** of the child's removal from the home.

The court will determine the permanent plan for the child and order the plan to be accomplished within a specified period of time. If the court finds that termination of parental rights or permanent guardianship is in the child's best interest, the court will order a motion to terminate parental rights or for permanent guardianship be filed **within ten days**.

Initial hearing on motion for permanent guardianship:
This hearing is held **within 30 days** after the permanency hearing. If the permanent guardianship is contested, the court shall set a date for the trial on the motion for permanent guardianship **within 90 days** after the permanency hearing. At this hearing, the court determines whether the prospective guardian is a fit and proper person to become a permanent guardian and whether the best interests of the child would be served by granting the permanent guardianship.

Review hearing after permanency hearing:
This hearing must be held at least once a year if the court determines the child should remain in out-of-home care **more than 18 months** from the date of the permanency

hearing. This hearing provides an opportunity for the court to reconsider and modify the permanent plan for the child. The court may order another permanent plan for the child or reaffirm the prior plan.

Foster Care Review Board hearings:
These hearings are held **within six months** of out-of-home placement and at **least once every six months** thereafter to review the case of every child who is the subject of a dependency action and remains in **out-of-home care at least six months.**

Termination of parental rights hearing:
This hearing applies to termination of parental rights petitions filed on behalf of children entering out-of-home care prior to July 1, 1998. The parent whose rights are sought to be terminated may request this hearing be tried to a jury. At this hearing, the court determines whether there are sufficient grounds to terminate the parent-child relationship. It is also known as a severance hearing. (For children entering out-of-home care on or after July 1, 1998, see initial hearing on motion to terminate parental rights, below.)

Initial hearing on motion to terminate parental rights:
This hearing applies to children entering out-of-home care on or after July 1, 1998. The hearing is held **within 30 days** of the permanency hearing when the court orders the filing of the motion to terminate parental rights. The parent whose rights are sought to be terminated may request this hearing be tried to a jury. If the parent contests the motion, the court must set a date for trial **within 90 days of the permanency hearing**. At this hearing, the court determines whether there are sufficient grounds to terminate the parent-child relationship. It is also known as a severance hearing.

Hearing on a Petition to Adopt:
At this hearing, the court determines whether to grant the adoptive parent(s)' petition to adopt a child.

Removal from a certified adoptive home hearing:
This hearing is necessary to remove a child who is placed in a certified adoptive home prior to finalization of the adoption.

Expedited adoption hearing:
This hearing is held when the court determines, based on a sworn affidavit filed with the court, the hearing is in the best interests of the child and the child is diagnosed as suffering from a debilitating, progressive or fatal disease or the prospective adoptive parent is diagnosed as terminally ill, or the court finds other compelling reasons relating to the special needs and welfare of the child.

Inpatient psychiatric acute care services hearing:
This hearing is required **within 72 hours** of filing a motion for inpatient psychiatric acute care services. This hearing provides the court the opportunity to review the results and

recommendations of an inpatient or outpatient assessment completed by a psychiatrist, psychologist, or physician and approve or deny the admission of the child for inpatient psychiatric acute care services.

Residential treatment services hearing:
This hearing is held only when all parties to the motion for residential treatment services are not in agreement with the motion. The court will consider the written psychological, psychiatric or medical assessment recommending residential treatment and the statement from the medical or clinical director of the residential treatment facility or director's designee that the facility's services are appropriate to meet the child's needs. The court, on a finding of good cause, may waive the written assessment. The court will order residential treatment services if the court finds that residential treatment services are required to address the child's behavioral, psychological, social or mental health needs and available alternatives were considered, but residential treatment services are the least restrictive available alternative.

Residential treatment services review hearing:
This hearing is only held if ordered by the court due to a request by the child, or by another party or the court's own motions. In all other instances, the court conducts a paper review of the child's continuing need for residential treatment services. A paper review or review hearing is required at least **every 60 days** after the date of the treatment order.

Inpatient psychiatric acute care services review hearing:
This hearing is only held if ordered by the court due to a request by the child, or by another party with good cause shown. In all other instances, the court conducts a paper review of the child's continuing need for inpatient psychiatric acute care services. A paper review or review hearing is required at least every sixty days after the date of the treatment order.

In addition to the above, the court may order special hearings or reviews to address specific case-related issues.

Consult your supervisor if you have concerns about whether you will be able to attend a hearing. Notify the Attorney General's Office of any anticipated problems or concerns.

Documentation
Document all juvenile court hearings using the Case Notes window designated as Court Hearing type and the Hearing Documentation window.

Document special or unusual court orders using the Special Order window.

Document contacts with the Attorney General's Office using the Case Notes window designated as AG Contact type.

File court minute entries in the hard copy case record.

Forms

Related Information

Foster Care Review Board
Court Reports

Legal

The following statutes discuss hearings that affect DCS cases.
ARS §8-825: Open court proceedings

ARS §8-823: Pre-hearing conference

ARS §8-824: Preliminary protective hearing

ARS §8-843: Initial dependency hearing

ARS §8-824 and §8-844: Dependency adjudication hearing; settlement conference or mediation

ARS §8-844 and §8-845: Disposition hearing

ARS §8-515: Emergency extension hearing

ARS §8-847: Periodic review hearings (report and review hearing)

ARS §8-861: Return of child hearing

ARS §8-862: Permanency hearing and review hearing after permanency hearing

ARS §8-863: Initial hearing on motion to terminate parental rights

ARS §8-872: Hearing on Motion for Permanent Guardianship

ARS §8-515.03: Foster Care Review Board (FCRB) hearing/review

ARS §8-537: Termination of parental rights hearing

ARS §8-113(A): Removal of adoptive child from certified home hearing

ARS §8-113(C): Hearing on a petition to adopt

ARS §8-113 (D): Expedited adoption hearing

ARS §8-272 (H): Inpatient psychiatric acute care services hearing

ARS §8-272 (K): Inpatient psychiatric acute care services review hearing

ARS §8-273 (A): Residential treatment services hearing

ARS §8-273 (H): Residential treatment services review hearing

Rule 16 of the Rules of Juvenile Court Procedure addresses preliminary protective hearings and pre-hearing conferences. Rules 16.2 through 16.4 address dependency hearings.

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 11
Court Reports

Policy

The department shall provide the court with accurate, thorough and timely reports, as required by law or by judicial order.

All court reports shall be prepared by the assigned Child Safety Specialist and reviewed and signed by the unit supervisor or designee. .

The department shall make recommendations to the court concerning parent's financial responsibility for the care of dependent children, as required by law.

Procedures

Prepare and Distribute Court Reports

All reports (except the Extension Report) to the Juvenile Court must include the following documents:

- A copy of the case plan.
- For children in out-of-home care, include the Medical Summary Report.
- Foster Care Plan and Progress Report, FC-064, and FC-064-A, Attachment A; found in Court Document Detail.
- Ensure that the child's school name and address are recorded on the FC-064-A.
- Include on the FC-064-A the name and address of:
    - the foster parent, pre-adoptive parent, kinship foster parent, or other significant person who is caring for the child or who has cared for the child in the last six months;
    - a relative identified as a possible placement for the child;
    - the shelter care facility and receiving foster parents where the child resides, or where a child resided for 11 days or more within the last six months;
    - any juvenile probation officer of a child; and
    - any RBHA case manager of a parent or a child.
- Parental Assessment Financial Statement, FC-009, documented in the Court Document Directory, and
- Reports from service team members.

Include an updated Foster Care Plan and Progress Report, FC-064, and FC-064-A, Attachment A with any Addendum Report to Juvenile Court. Also include any of the above documents that have been updated since the last report to Juvenile Court.

Distribute report (except the Extension Report) as follows :
Send the report and all of the above documents to the Juvenile Court and the assigned Assistant Attorney General.

Send the report and all of the above documents to the FCRB except In-Home Intervention and In-Home Dependency cases. The FCRB only reviews cases of children in out-of-home placement and who are subject to a dependency petition.

Send the report to the attorneys and/or guardians ad litem representing the parents, guardians and child in the dependency actions and to the Court Appointed Special Advocate (CASA), with all of the above documents except the Foster Care Plan and Progress Report, FC-064, and FC-064-A, Attachment A.

Send the report and the case plan to:

- if not represented by an attorney or guardian ad litem, the parents, guardians and child, age 12 and older;
- the foster parent, pre-adoptive parent, kinship foster parent, or other significant person who is caring for the child or who has cared for the child in the last six months;
- the shelter care facility and receiving foster parents where the child resides, or where a child resided for 11 days or more within the last six months;
- any person who has filed a petition to adopt or a foster-adoptive parent who has physical custody of the child pursuant to court order; and
- any other individual given "interested party" status by the court.

If a foster parent or shelter care facility does not wish to receive copies of the Child Safety Specialist ’s written report, have the foster parent or a shelter facility representative check the box on the FC-011, Child Placement Summary/Agreement found in the Placement Packet.

Determining Parental Assessment
Prior to the Preliminary Protective Hearing or Initial Dependency (21 Day) Hearing, whichever occurs first, request parents provide information required by the Parental Assessment Financial Statement, FC-009, found in the Forms Registry .

Use the schedule on the form to determine the parent's financial responsibility. Request the parent sign the form, agreeing to the assessment.

If the parent will not provide necessary information or refuses to sign the form, submit a request in the court report that the parent be ordered to complete the Parental Assess-

ment Financial Statement, FC-009, within ten days or be assessed the complete cost of care. Ask the Assistant Attorney General to obtain an order for the parental assessment. Update the Parental Assessment Financial Statement, FC-009, prior to the Permanency Hearing, each Report and Review Hearing, and each Review Hearing after Permanency Hearing, or anytime there is a change in the parent's financial status.
For parents who are or will be incarcerated, you may submit a waiver of a parental assessment to the court. When the parent is released, submit a Parental Assessment Financial Statement, FC-009, to the court and to the Parental Assessment Specialist, Site Code 940A.

Attach an original Parental Assessment Financial Statement, FC-009, to the Report to the Juvenile Court for Preliminary Protective Hearing and/or Initial Dependency Hearing, to the Report to the Juvenile Court for the Initial Permanency Hearing and Permanency Hearing, or to the Progress Report to the Juvenile Court, and disseminate copies to all parties, except those persons given "interested party" status by the court.

Send one copy to the Parental Assessment Specialist, Site Code 940A, and file a copy in the hard copy file.

Reports for Specific Hearings
Prepare reports to the court for DCS cases as described below :

Report to the Juvenile Court for Preliminary Protective Hearing and/or Initial Dependency Hearing:
Prepare the report for the preliminary protective hearing and/or the initial dependency (21 Day) hearing, following the format found in Court Document Detail, CT01200 . Provide all verbal and written responses to the allegation and any documentation obtained from the subject of a DCS investigation. If the report is prepared for the preliminary protective hearing, the report must be submitted not later than 24 hours before the preliminary protective hearing. If the report is prepared for the initial dependency hearing, the report must be submitted at least ten working days prior to the hearing.

Report to the Juvenile Court for In-Home Intervention:
Prepare the report to Juvenile Court for the Initial Dependency Hearing (also known as a 21-Day Hearing) using the Report to Juvenile Court for In-Home Intervention, CT05500, found in the Court Document Detail. Provide all verbal and written responses to the allegation and any documentation obtained from the subject of a DCS investigation. The report must be submitted at least ten (10) working days prior to the hearing.

Report to the Juvenile Court for Dependency Adjudication Hearing and Disposition Hearing:
Prepare the report for the dependency adjudication hearing following the format found in the Court Document Detail, CT05100 . If not already provided to the juvenile court, include all verbal and written responses to the allegation and any documentation

obtained from the subject of a DCS investigation. The report must be submitted at least ten (10) working days prior to the hearing.

The court may order the Department to prepare and file a disposition report which shall include dispositional recommendations and the basis for the recommendations made. Provide the report to the court and the parties five (5) days prior to the hearing, unless otherwise ordered by the court.

Report to the Juvenile Court for the Permanency Hearing:
Prepare the report for the permanency hearing following the format found in Court Document Detail, CT 05000 . If not already provided to the juvenile court, include all verbal and written response to the allegation and any documentation obtained from the subject of a DCS investigation. The report must be submitted at least fifteen (15) working days prior to the hearing.

Progress Report to the Juvenile Court:
Prepare this report for report and review hearings, review hearings after permanency hearing, and for Foster Care Review Board hearings, following the format found in the Court Document Detail, CT04400 . If not already provided to the juvenile court and Foster Care Review Board, include all verbal and written responses to the allegation and any documentation obtained from the subject of a DCS investigation. The report must be submitted at least fifteen (15) working days prior to the hearing.

Report to the Juvenile Court for Permanent Guardianship:
Prepare this report for the hearing on the motion for permanent guardianship following the format found in the Court Document Detail, CT04900 . Send the report and the following documents to the assigned Assistant Attorney General in the time frame specified by the Assistant Attorney General to prepare the motion for permanent guardianship:

- Referral for Guardianship, FC-116 ;
- Results of the state and federal criminal history records check;
- Child's birth certificate;
- Parent's death certificate (if applicable), and
- Written correspondence to and from tribes regarding the plan of permanent guardianship.

Extension Report:
Submit the report to the juvenile court whenever a child has remained in a receiving foster home or shelter facility for a period of three weeks or longer. Use the format found in the Court Document Detail, CT01000, Emergency Extension Report to the Juvenile Court.

Addendum Report:
Following the format found in the Court Document Detail, CT00200, submit addendum report:

- to provide new and updated information including efforts to locate parents and provision of services;
- when making a special request to the court (such as a request for a change in physical custody or a request for out-of-state travel).

Special Court Reports/Orders:
Submit an addendum report to the court and request a special court order when a dependent child:

- Plans to travel out-of-state for more than 30 days;
- Plans to travel out of the country.
- within 72 hours of the death of a dependent child; or
- to request a waiver of a parental assessment for parents who are or will be incarcerated.

Complete the Addendum Report attached to the Motion for Placement CT03300 found in the Court Document Detail when a dependent child:

- is on runaway status for 24 hours;
- requires non-emergency surgery, general anesthesia or a blood transfusion and the permission of the parent cannot be obtained;
- is placed in out-of-home care other than a licensed facility;
- has a physical custody order that is currently in effect and is moved to a new placement;
- will be discharged from an inpatient psychiatric or acute care or residential treatment facility ;
- will be transferred from one inpatient psychiatric or acute care or residential facility to another; or
- requires hospitalization for inpatient psychiatric acute care services .

Documentation
File a copy of all court orders in the hard copy record.

Send a copy of any court order or minute entry that orders or changes a parental assessment to the Parental Assessment Specialist, Site Code 940A.

Forms

Court Document Directory:
Forms

- Child Placement Summary/Agreement, FC-011 in Placement Packet, FC1200
- Foster Care Plan and Progress Report, FC-064,
- Attachment A, FC-064-A
- Parental Assessment Financial Statement, FC-009

Court Reports

- Motion for Placement CT03300
- Emergency Extension Report to the Juvenile Court, CT01000
- Addendum Report, CT00200
- Report to the Juvenile Court for Permanent Guardianship. CT049
- Progress Report to the Juvenile Court:, CT04400
- Report to the Juvenile Court for the Permanency Hearing, CT05000
- Report to the Juvenile Court for Dependency Adjudication Hearing and Disposition Hearing, CT05100
- Report to the Juvenile Court for In-Home Intervention, CT05500
- Report to the Juvenile Court for Preliminary Protective Hearing and/or Initial Dependency Hearing, CT01200

Related Information

Psychiatric Assessment and Inpatient acute care services
Arranging Residential treatment
Locating Runaway Children
Services for Incarcerated Parents

Legal

The Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239)

ARS §8-824 Preliminary protective hearing; probable cause; appointment of counsel

ARS §8-516 Supervision of foster homes; reports; review of file; progress report

ARS §8-803 Limitation of authority; duty to inform

ARS §8-536 Social study before disposition; contents

ARS §8-112Social studies; requirements

ARS §8-872Permanent guardianship; procedure

17B A.R.S. Juv.Ct.Rules of Proc., Rule 50 Preliminary Protective Hearing
17B A.R.S. Juv.Ct.Rules of Proc., Rule 56 Disposition Hearing
17B A.R.S. Juv.Ct.Rules of Proc., Rule 58 Review Hearing
17B A.R.S. Juv.Ct.Rules of Proc., Rule 59 Return of the Child

Effective Date: March 3, 2016

Revision History: November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 12
Legal Process:Understanding roles

Policy

DCS staff shall understand and respect the varying roles of all parties to legal actions that affect DCS cases.

Procedures

To participate in the legal process effectively, understand the role of each of the parties described below:

The juvenile court is responsible for hearing all actions that concern issues of dependency, termination of parent-child relationship, adoption and guardianship.
The Attorney General's Office is responsible for representing DCS in actions concerning DCS cases. Assistant Attorneys General within the Protective Services Division of the Attorney General's Office appear in court cases on behalf of DCS.

The guardian ad litem is appointed by the court to represent the child's best interest in a dependency case. Representing the child's best interest is not necessarily the same as representing the child's wishes.

Private counsel represents parents or other parties to an action. The court will appoint private counsel for the parent or guardian if they are unable to afford an attorney. (In many cases, the child will have private counsel to represent his or her wishes in addition to a guardian ad litem to represent his or her best interest.)

All parents or legal guardians of a child are considered to be parties to any action affecting the child, unless their parental rights have been terminated by the court or they have relinquished legal custody of the child.

The child, who is the subject of the dependency, permanent guardianship or termination of parental rights proceeding, is a party to the action. The child, through his/her attorney, has the right to be informed of, to be present at and to be heard in any proceeding involving dependency or termination of parental rights.

Other relatives or individuals may petition the court to be considered interested parties to an action.

Other interested party having a legitimate interest in the welfare of the child may file a petition to adopt. Other interested party may be a person or agency.

Foster parents, pre-adoptive parents and relatives are considered an interested party to an action concerning a child who is in their care or who has been in their care within the l**ast six months**. Shelter care facilities and receiving foster parents where the child currently resides or where a child resided for **11 days** or more **within the last six months** are also entitled to receive notice of and given an opportunity to be heard at any review or hearing concerning the child.

A relative identified as possible placement has the right to be heard in any proceeding with respect to the child.

The Child Safety Specialist appears in court as a representative of the agency in all hearings affecting a child or family about which he or she has relevant information. The Child Safety Specialist is expected to attend all hearings concerning his or her cases.
The Court Appointed Special Advocate (CASA) is a volunteer who is appointed by the court to advocate for a dependent child. The CASA's first priority is to advocate for the child's safety; the CASA must meet with the child. The CASA follows the child's case from the time dependency is established until either the court relieves the advocate of responsibility or the court dismisses the action before it. The CASA may appear in court on behalf of the child. [ARS §8-522(C)]

The Foster Care Review Board (FCRB) is a group of volunteers who, under the auspices of the Arizona Supreme Court, review the case of every child who is the subject of a dependency action and who remains in out-of-home care, at **least every six months.** The Foster Care Review Board fulfills the mandate for periodic review under the federal Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). The FCRB cannot direct the agency to take specific actions concerning a child; however, it may make recommendations to the court regarding plans and services for a child or family. [ARS §8-515.03]

The subject of a DCS investigation may request through juvenile court that a hearing or trial relating to a dependency proceeding be open to the public. Juvenile court shall order the hearing to be open to the public unless the court determines for good cause that all or part of the hearing should be closed.

Forms

Related Information

Foster Care Review Board

Legal

The Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239)

ARS §8-225 provides for the appointment of a guardian ad litem in dependency actions in which the petition alleges the child is abused or neglected.

ARS §8-522 provides for the appointment of a Court Appointed Special Advocate and describes his or her responsibilities.

ARS §8-824 requires the court to notify a relative, who is identified as a possible placement for the child, of the right to be heard in any proceeding regarding the child.

ARS §8-847 requires the court to provide notice of and the right to participate in report and reviews hearings to:

- Foster parents, pre-adoptive parents and relatives concerning a child who in is their care or who has been in their care within the last six months;
- Shelter care facilities and receiving foster parents where the child currently resides, or where a child resided for 11 days or more within the last six months

Rule 22 of the Rules of Juvenile Court Procedure addresses the role of the guardian ad litem.

Rule 22.1 of the Rules of Juvenile Court Procedure addresses the role of the Court Appointed Special Advocate (CASA).

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 13
Subpoenas and Testifying

Policy

DCS employees shall appear in court or before the Office of the Ombudsman-Citizens Aide when required to do so by subpoena.

When called upon to do so, DCS employees shall provide testimony in a professional manner.

Procedures

Responding to Subpoenas

Inform your supervisor when you receive a subpoena to appear in court or before the Office of the Ombudsman-Citizens Aide.

If you anticipate any problem in appearing at the required time, contact the Attorney General's Office immediately.
If you receive a subpoena for your confidential records, contact the Attorney General's Office immediately. Fax or email the subpoena to the Attorney General for review.

No copies of the DCS file should be made unless it is redacted to remove reporting source identity, criminal history information, secondary source records and attorney-client advice.

Testifying in Court

Consult with your supervisor and/or the Attorney General's Office if you have questions about what you will be asked or what information you should be prepared to discuss.

Review the case record prior to appearing in court.

Arrive at court on time.

Dress in a professional manner.

Remind the judge that all DCS information is confidential pursuant to §8-807 .

Answer questions truthfully and directly.

Ask the judge to enter an order permitting you to disclose DCS information if needed to protect the welfare and safety of a child, to prosecute child abuse, or as determined necessary by the court under §8-807(J).

Ask for the courtroom to be closed to the public during your testimony and for any record of your testimony to be sealed.

Provide facts only; don't draw conclusions or give your opinion unless you are specifically asked to do so.

Forms

Related Information

Redacting Case Records

Legal

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 14
Appeals

Policy

The department will appeal appropriate cases in consultation with the Attorney General's Office.

Procedures

Request for Appeals

If you have concerns about the appropriateness of the court's decision or about a specific court order, consult your supervisor immediately. Remember not all cases are appealable, but for those that are, appeals must be filed within **15 calendar days**.

If your supervisor concurs, consult with the Program Manager or designee.

To initiate an appeal, the concern must be raised through the DCS Program Administrator to the DCS Assistant Director. The Assistant Director must submit a written request to appeal to the Attorney General's Office.

Forms

Related Information

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Legal

ARS §8-236 Cooperation

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 15
Foster Care Review Board

Policy

The department shall work collaboratively with the Foster Care Review Board (FCRB) to ensure that all cases of children in out-of-home placement for six months or longer and under supervision of the state are reviewed at least every six months.

Cases that require review include:

- dependent children who are placed in out-of-home care, including relative care; and
- children who were initially in foster care under a Voluntary Placement Agreement.

The Foster Care Review Board is responsible for setting hearing dates, inviting parties, conducting the hearing and formulating findings and recommendations to the court.

The Child Safety Specialist is responsible for providing information and reports required by the Foster Care Review Board.

If the Foster Care Review Board is unable to assure timely review of a case for any reason, the department shall conduct an administrative case review.

The department shall provide written notice of the department's intent to accept or not implement the Board's written recommendations within ten business days of receipt of the recommendations.

Procedures

Provide the Report to the Juvenile Court for Preliminary Protective Hearing and/or Initial Dependency Hearing and the Report to the Juvenile Court for Dependency Adjudication Hearing and Disposition Hearing, found in the Court Detail Document, CT01200 and CT05100, respectively to the FCRB:

- at the time it is submitted to the juvenile court;
- upon their request;

- at the direction of the court; or
- three months following out-of-home placement, if not previously submitted.

Review the monthly listing of hearing dates provided by the FCRB to determine when FCRB hearings are scheduled. Contact the FCRB immediately if it appears that a case is not scheduled for a necessary review.

Update the Foster Care Plan and Progress Report, FC-064, and FC-064-A, Attachment A, found in the Court Document Detail, to include current information on all parties listed on the form. Submit the forms, along with the Report to the Juvenile Court for Initial Permanency Hearing and Permanency Hearing and the Progress Report to the Juvenile Court, found in Court Detail Directory, CT05000 and CT04400, respectively, to the FCRB at least ten working days prior to a scheduled hearing.

Attend the first FCRB hearing in person (or arrange for your supervisor to do so).

Either attend subsequent hearings in person or be available for a telephone conference, if in person attendance is not possible. Notify the FCRB as soon as possible if telephone attendance is necessary.

Notify the FCRB as soon as possible if unusual circumstances make it impossible for either you or your supervisor to attend a scheduled hearing.

If hearings are running late, wait for at least 30 minutes after the scheduled start time. If the FCRB is not ready to begin the hearing and you believe you need to leave, consult with your supervisor.

If the FCRB disagrees with the case plan, review the case with your supervisor to determine if the plan should be modified. Notify the Program Manager or designee of the outcome of the review. The Program Manager or designee may take further action, if necessary.

If you believe that any party should not receive a copy of the FCRB's recommendations, make the request to the FCRB in writing prior to the hearing or verbally at the hearing. (If the recommendations are made after you have left the hearing, you may call the FCRB staff the next working day.) The FCRB will make a recommendation to the juvenile court, which will decide whether or not the party receives the report.

When a case is transferred, the receiving supervisor notifies the FCRB and parties listed on the Foster Care Plan and Progress Report, FC-064, and FC-064-A, Attachment A, found in the Court Document Directory, of the transfer and the name of the new Child Safety Specialist . The receiving supervisor, in consultation with the sending supervisor, determines which Child Safety Specialist can best present the case at the next FCRB hearing.

FCRB Recommendations:
The FCRB will e-mail the Observations/Concerns and Review Board Recommendations section of the FCRB report to the Child Safety Specialist and supervisor.

Upon receipt of the e-mail containing the Observation/Concerns and Review Board Recommendations section of the FCRB report,

- Review each observation and concern.
- Review each recommendation that directs the department to take a specific action.
- Respond to each recommendation directed toward the department; in the e-mail indicate:
- agreement with the recommendation; or
- intent not to implement the recommendation. For those recommendations that the department does not intend to implement, indicate the reasons for the decision.

Forward the e-mail response to the supervisor.

Attach a copy of the response to the next report submitted to the juvenile court.

DCS Supervisor

Review the Child Safety Specialist ’s response to the each FCRB recommendation, and, if appropriate, modify the response.

Print the approved response form and send it to the Foster Care Review Board within ten business days of receipt of the recommendations using one of the following methods:

Fax: FCRB at 602-307-1214,
Mail: FCRB, 1501 W. Washington #128, Phoenix, AZ 85007

E-mail a copy of the response to the Child Safety Specialist and the assigned Assistant Attorney General.

Documentation
Document the FCRB hearing using the Case Notes window designated as Court Hearing type and the Hearing Documentation window.

Document the outcome of the supervisory review of a case plan which the FCRB disagrees with using the Case Notes window designated as Case Conference type.

Document notification of the outcome of the review to the Program Manager or designee using the Case Notes window designated as Management Contact type.

File a copy of the response to the FCRB recommendations in the hard copy case record.

Program Manager or designee:
Document the review of the outcome and any action taken using the Case Note Comment Window

Forms

Court Document Directory:
Preliminary Protective Hearing and/or Initial Dependency Hearing, CT05000
Permanency Hearing Report, CT05000
Progress Report to the Juvenile Court, CT04400
Foster Care Plan and Progress Report, FC-064
Attachment A, FC-064-A

Related Information

Legal

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

ARS §8-515.01 through 515.04 Arizona Foster Care Review Board

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 16
Administrative Case Reviews

Policy

The department shall conduct an administrative case review when the Foster Care Review Board is unable to conduct a review within the time frames mandated by law.

Administrative case reviews shall:

- Be open to the participation of the child's parents.
- Be conducted by a panel of appropriate people, at least one of whom is not responsible for delivery of services or case management for the child or parents who are subject of the review. (P.L. 96-272)

Administrative case reviews shall:

- Determine the safety of the child.
- Consider the continuing necessity for and appropriateness of placement.
- Determine the extent of compliance with the case plan.
- Determine the extent of progress which has been made toward alleviating or mitigating the causes necessitating out-of-home placement.
- Project an anticipated date by which the child may be returned to and safely maintained in the home, placed for adoption, or achieve permanent placement through legal guardianship, long term foster care or independent living. (P.L. 96-272)

Procedures

Implementation

Initiate an administrative case review when:

- The FCRB has received referral of a case from the juvenile court but cannot ensure a review of the case within six months of the child's out-of-home placement.
- A case has not been referred to the FCRB by the court and is due for a six month review.
- It appears that the FCRB, for any other reason, will not be able to review the case within six months of out-of-home placement (including time in voluntary placement)

or six months of the previous review. Out-of-home placement includes placement with non-parent relatives.

Consult your supervisor to determine who should serve on the review panel.

Schedule the review and invite all parties, including the "objective party" required by law, using the Notification window. The administrative review may be conducted as a part of a case plan staffing.

If you are conducting the administrative case review as a part of a case plan staffing, list the Administrative Case Review as an agenda item on the Notification window.

After the administrative case review, assure that the objective party completes the Department-Initiated Administrative Review Minutes, FC-187.

Documentation
If the parent's whereabouts are unknown, document efforts made to notify the parent using the Case Notes window designated as Parent/Caretaker contact type.

Document the case plan staffing and the Administrative Case Review using the Case Notes window designated as Staffing type.

Retain a copy of the Department-Initiated Administrative Review Minutes, FC-187, in the hard copy.

Forms
Department-Initiated Administrative Review Minutes, FC-187.

Related Information
Foster Care Review Board

Legal
The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 17
Children's Services Oversight Entities

Policy

The department shall cooperate with the following children's services oversight entities:.

The Family Advocacy Office: The Family Advocacy Office, within DCS, reviews and responds to complaints regarding individual cases that involve the child welfare system. Some complaints may be reviewed using a multi-disciplinary team of public members who are not department employees or contracted with the department. The Office makes recommendations to the department director and the legislature for improvement of the child welfare system.

The Child Fatality Review Team: The statewide Child Fatality Review Team, within the Department of Health Services, includes representatives from the Attorney General's Office; the Division of Developmental Disabilities; the Division of Children, Youth and Families; various programs from the Department of Health Services; the Governor's Office for Children; the Administrative Office of the Courts; the Parent Assistance Office of the Supreme Court; the Department of Juvenile Corrections; and the Arizona chapter of the American Academy of Pediatrics. Other members, including a medical examiner; a representative of the Arizona Sudden Infant Death Advisory Council; a public member; and representatives from tribal, military, prosecuting attorney, law enforcement, county health, and child advocacy organizations; are appointed for three year terms.

The state Child Fatality Review Team collects data on child fatalities, submits an annual report on the incidence and causes of child fatalities in Arizona, supports the development of local child fatality review teams, develops protocols for child fatality investigations, recommends and implements changes to decrease preventable child fatalities, and increases public awareness regarding the incidence, causes and prevention of child fatalities. Local child fatality teams may be formed and have similar membership, including a representative from a local Department of Child Safety office. The local review teams review the death certificates of all children who die within the team's jurisdiction and call meetings of the team when necessary, collect child fatality data, and submit reports to the state team.

The Office of Administrative Hearings: The Office of Administrative Hearings has the authority to schedule and conduct hearings on appealable state agency decisions, upon the request of an agency or the filing of a notice of appeal. Appealable decisions heard by the Office of Administrative Hearings affecting DCS cases include child welfare agency licensing decisions, Protective Services Review Team (PSRT) decisions, and Regional Behavioral Health Authority (RBHA) decisions denying mental health services for dependent children.

Ombudsman-Citizens Aide: This state agency investigates complaints against other state agencies, such as Department of Child Safety, and offers information and referral services to Arizona citizens. The Ombudsman-Citizens Aide completes impartial investigations and makes recommendations to the agency to resolve both individual complaints as well as systemic issues. The Ombudsman-Citizens Aide has access to all confidential DCS files and makes requests for these records through a department designated liaison. If the Ombudsman-Citizens Aide has requested testimony or evidence and the agency has failed to comply with the request in a reasonable amount of time, the Ombudsman-Citizens Aide may issue a subpoena.

The Human Rights Committee on Children, Youth and Families: This committee, within DCS, promotes the rights of persons who receive services from DCS. The committee consists of seven to fifteen members with expertise in psychology, law, medicine, education, special education, and/or social work; and at least two parents of children who receive services from DCS and who are not the perpetrator in a substantiated report of abuse. The committee provides independent oversight to ensure the rights of children are protected, and reviews incidents of possible abuse, neglect or denial of a client's rights. The committee submits to the department director written objections to specific problems or violations of client rights by department employees or service providers.

The Citizen Review Panels: These panels are required by the federal Child Abuse Prevention and Treatment Act (CAPTA) and consist of volunteers from the community with expertise in the prevention and treatment of child abuse and neglect. Each panel meets at least once every three months to evaluate state and local child protection agencies. The panels examine agency policies, evaluate agency effectiveness in discharging its child protection responsibilities, and assess other child protection related criteria such as compliance with federally mandated child protection provisions and performance in cases of child fatality or near fatality. The Citizen Review Panels have access to all confidential DCS records and make requests for these records through a designated department liaison.

DES Office of Appeals: The DES Office of Appeals holds hearings when requested by an applicant or service recipient because the department did not act with reasonable

promptness on an application, or the application was denied wholly or in part. Appealable decisions heard by the DES Office of Appeals and affecting DCS cases include those related to adoption subsidy, guardianship subsidy, foster parent licensing, and out of state adoptive placements .

Procedures
To reach the Family Advocacy Office, (877) 527-0765 or 602-527-0765.

To reach the Ombudsman-Citizen Aide, 602-277-7292 or (800)-872-2879.

To reach the Human Rights Committee on Children, Youth and Families, contact the DES Legislative Liaison. (602) 542-4669.

To reach the Citizen Review Panel, (602) 496-0047.

To reach the DES Office of Appeals, (602) 347-6344.

Responding to Requests for Information
If contacted by a member of a children's services oversight entity, contact the DCS Central Office Policy Unit to learn the name of the department's liaison to the particular oversight entity . Coordinate with the department's liaison to provide the requested information and records within the time frames requested.

If subpoenaed by the Ombudsman-Citizens Aide to appear at a hearing, provide testimony, or provide records, contact the Attorney General's Office within one work day.

Related Information
Adoption Subsidy
Guardianship Subsidy
Out of State Adoptive Placements

Citizen Review Panel

Legal
The Child Abuse Prevention and Treatment Act (P.L. 93-247), amended by the Child Abuse Prevention and Treatment Act Amendments of 1996 (P.L. 104-235)

ARS §36-3501 Child fatality review team; membership; duties

ARS §§41-1092 et. seq. Uniform Administrative Hearing Procedures

ARS §41-1371 Definitions

ARS §41-3802 Human rights committee on children, youth and families

ARS §46-205 Appeal to state department from denial of application or failure of the local office to act; consideration by state department on own motion

Rules pertaining to the DES Office of Appeals are found in Title 6, Chapter 5, Article 24, Arizona Administrative Code.

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Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 18
Liability

Policy

The Department of Administration's Risk Management Section shall cover DCS employees for liability for acts or omissions of any nature while acting within the course and scope of their employment.

Coverage shall apply only to defense in civil lawsuits, not to defense in criminal actions.

Coverage shall include:

- representation by an Assistant Attorney General, Insurance Defense Section, or appointed private counsel;
- services of the Risk Management Section;
- court costs, including costs of the plaintiff's attorney, if necessary; and
- costs of a judgment or settlement.

Employees involved in a lawsuit shall cooperate in the defense of the case.

If an employee is involved in an auto accident while in the course and scope of his or her employment, personal automobile insurance shall be considered primary.

Employees shall not be considered to be within the course and scope of their employment in a private car while driving:

- from home to their regular work site;
- to and from lunch in the area of employment and not on authorized state business; and
- on other than state-authorized business.

Accidents that occur while an employee is in a state car are covered through Risk Management if he or she is driving:

- on authorized state business,
- outside the area of regular employment on authorized state business, or
- at any other specifically-authorized time outside regular hours.

Procedures
Litigation Expectations
If you are named in a lawsuit, anticipate the following actions:

Claim Letter: This letter is sent to representatives of the state and to all individuals named in the suit. It informs defendants of the claimed liability. Notify your supervisor and Risk Management immediately if you receive a Claim Letter.

Complaint and Summons: This must be delivered personally or sent by mail if two forms of acknowledgment and a prestamped return envelope are included. Notify your supervisor and Risk Management immediately if you are served.

Pre-trial Discovery: You will generally be asked to take part in depositions (testimony under oath), interrogatories (written questions answered under oath) and request for production (an exchange of documents between the parties).

Settlement Decision: The decision to settle may be made by the Attorney General, Risk Management and the Legislature for a variety of reasons. A decision to settle is not necessarily an indication that the employee is at fault.

Trial: You will be required to be present if you are the main defendant.

If you are in a car accident in a state car, follow the policy and procedures in Quality Assurance related to unusual incidents.

Forms

Related Information
Quality Assurance

Legal
ARS §41-621 et seq.Insurance; Uninsured Losses

A.A.C R2-10-107

Effective Date::November 30, 2012

Revision History:

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 19
Clinical and Administrative Supervision
Providing Strength-Based Supervision

Policy

Strength-based supervision shall occur on all DCS reports investigated and closed by the department and all cases which are open for on-going case management. Strength based supervision includes Clinical, Administrative, Educational and Supportive supervision.

This shall be achieved through, monitoring, supporting, case consultation, individual case reviews and formal clinical supervision which focus on ensuring:

- Safety and protection of children
- Quality of family engagement
- A comprehensive family assessment takes place
- Decisions which are made at key decision points in the life of the case embody critical thinking and family centered practice;
- Consistency of policy application
- Evaluations of case progress and services are directly tied to the specific changes needed in each case to contribute to the outcomes; and
- Progress reviews, key case decisions, and outcomes are documented in the case record.

A clinical supervision conference is required between the Child Safety Specialist and DCS Supervisor for the Initial Child Safety and Risk Assessment (CSRA):

- When present danger is identified at initial contact during initial assessment;
- Within 45 days of receiving a DCS report;
- When the Child Safety and Risk Assessment is completed by the Child Safety Specialist ; and
- Case closure if not done so at 45 day review.

A clinical supervision conference is required between the Child Safety Specialist and DCS Supervisor for the Continuous Child Safety and Risk Assessment (C-CSRA), In-Home and Out-of-Home Care Cases.

- When a reassessment (C-CSRA) is completed;
- At least quarterly on all cases open for ongoing case management

A clinical supervision conference is required between the Child Safety Specialist and DCS Supervisor on Adoption and Youth Adult cases on at least a quarterly basis.

Clinical supervision conferences shall be considered or recommended more frequently in the following circumstances:

- When a Child Safety Specialist is on Original Probation;
- When a child/infant who has a permanency goal of adoption and no adoptive placement has been identified;
- When a child is at risk of placement disruption;
- When a child is placed in a residential treatment center or psychiatric hospital;
- When a Child Safety Specialist transfers to a different DCS function (e.g., ongoing to investigations) or different geographical area; or
- When a Child Safety Specialist appears to be struggling with performing tasks or demonstrating lack of skills in working with families or administrative responsibilities.

Procedures
Strength Based Supervision
Strength-based supervision includes 1.) Clinical supervision; 2.) Administrative supervision; 3.) Educational supervision; and 4.) Supportive supervision.

NOTE: Case consultation or "off the cuff" sessions are less formal than structured clinical supervision. Case consultation is sometimes confused with clinical supervision. There are disadvantages to relying too heavily on this unscheduled approach.

Clinical Supervision
Individual Clinical Supervision is a formal process of discussion between the DCS Supervisor and the Child Safety Specialist about actions, responses, and decisions of the Child Safety Specialist in his/her case. The focus of the clinical discussion is to guide and coach the Child Safety Specialist , and promote critical thinking, analyze the processes, patterns, and dynamics that are occurring within the family. This discussion helps the Child Safety Specialist to look at the information gathered on the family and decide what it means in terms of safety, well-being and permanency.

The DCS Supervisor assists the Child Safety Specialist in discovering the causes and meanings of problems within the family, and effectiveness of interventions. Effective clinical supervision is also closely tied with administrative supervision.

A Clinical Supervision Conference is a scheduled meeting between the Child Safety Specialist and the DCS Supervisor. Arrange regular scheduled clinical supervision con-

ferences with the Child Safety Specialist on an ongoing basis or when problems or needs arise.

The Clinical Supervision Guide (Child Safety and Risk Assessment) can be utilized to assist the DCS Supervisor and Child Safety Specialist during the clinical supervision discussion for the Initial Child Safety and Risk Assessment. The questions help guide and direct the clinical supervision discussion to ensure relevant information has been gathered to assess child safety, risks factor, identify family needs, and determine whether interventions is needed.

The Clinical Supervision Guide (In-Home, Ongoing, Adoption, and Young Adult Program) can be utilized to assist the DCS Supervisor and Child Safety Specialist during the Clinical Supervision discussion to ensure relevant information has been gathered to assess child safety, risks factors, identify family needs, and ensure relevant services are in place to address the safety threats and/or risk factors, identify barriers to achieving the permanency goal and ensure well-being of children in out-of-home care.

Administrative Supervision

Administrative Supervision focuses on case work activities which include oversight of federal, state and agency regulations, programs, policies, rules and procedures. The administrative function of the DCS Supervisor is to establish accountability to the public and communicate standards of performance for the Child Safety Specialist . Supervisors are responsible for ensuring work is performed efficiently, timely, and assuring high quality practice is being accomplished at key practice points. Its goal is to ensure adherence to agency policy and procedure by attending to their correct and appropriate implementation.

The administrative function of the DCS Supervisor is to establish accountability and communicate standards of performance for the Child Safety Specialist by completing the following;

- Reviewing all investigation cases **prior** to case closure or transfer to ongoing status;
- Ensuring that a comprehensive review and detailed analysis of prior reports, case history, criminal history, services provided and the outcome of the services in the Department of Child Safety Central Registry (DCSCR) and the CHILDS Case Management Information System, including out-of-state reports and out-of-state placements with a child welfare or private agency, and DCS reports and information from other states is completed;
- Reading all court minute entries and Foster Care Review Board Reports issued for cases assigned to the unit;
- Reading, and signing, if available, within required time frames, all reports to the court; and
- Conducting additional quality assurance reviews of CHILDS data.

Education Supervision

Educational Supervision is case focused and reflective. Educational supervision is vital to reinforce what is covered in formal training as well as to provide guidance to Child Safety Specialist s in gathering assessment information, using it to develop service plans, as well as interpreting ongoing assessment information at key decision points. Its goal is to address the knowledge, attitude, and skills required to do the job effectively.

Data Analysis

The Business Intelligence Dashboard is an online analytical reporting tool that helps regions and units monitor and manage their caseloads by viewing preconfigured data and creating analytical reports related to Key Performance Indicators (KPIs). The Dashboard currently provides data on: timeliness of initial response to reports of child maltreatment; timeliness of investigation completion and recording of investigation findings; frequency of in-person contact with children, parents, and out-of-home care providers; and child entries and exits from out-of-home care.

Supportive Supervision

Supportive Supervision involves helping workers to manage stress associated with child welfare work through development of a respectful supportive supervisor/Child Safety Specialist relationship. Its goal is to provide support for the Child Safety Specialist in order to promote self-awareness, development and growth within the context of their professional environment. It also involves improving morale and job satisfaction by helping with job related discouragement and discontent and giving Child Safety Specialist s a sense of worth as professionals, a sense of belonging in the agency, and a sense of security in their performance.

Roles and Responsibilities

The Child Safety Specialist role and responsibilities:

- Identify practice/professional topics for discussion
- Present work and be prepared to discuss the family during supervision
- Engage in supervisory process
- Receive information and another perspective concerning one’s work
- Prepare to be validated and supported
- Plan and utilize personal and professional resources
- Apply learning from supervision
- Give feedback to self and supervisor

The DCS Supervisor role and responsibilities:

The DCS Supervisor has a vital role in achieving the desired service outcomes of child safety, permanency, well-being and preservation of families. DCS Supervisors have a direct and indirect effect on the outcomes of a case.

The DCS Supervisor is responsible for directly working with the Child Safety Specialist in learning skills, self-awareness, and helping staff learn what they need to know to effectively perform their job. The clinical component of supervision is critical in teaching and assessing how a Child Safety Specialist interacts with the families they work with, identify pertinent needs, provide intervention, implement services, and how they address barriers.

- Interpret key information at key decision points **(Clinical).**
- Review and evaluate client progress **(Clinical).**
- Review and approve the safety and risk assessments documentation and the associated decisions, Safety Plan and/or Case Plan/Case Plan Reassessments **(Clinical/Administrative).**
- Review the ability of the Child Safety Specialist to engage the client **(Educational)**.
- Review and approve Petitions, Motions and Court Reports **(Educational/ Administrative).**
- Review court minute entries and Foster Care Review Board Minutes **(Educational/ Administrative)**.
- Identify/manage/evaluate Child Safety Specialist performance **(Administrative).**
- Manage time, workflow and caseloads for Child Safety Specialist s **(Administrative).**
- Anticipate/address/manage change within the unit and division **(Administrative).**
- Use management information systems (MIS) including CHILDS and the Business Intelligence Dashboard **(Administrative).**
- Interpret and influence the organizational culture within the unit **(Administrative/ Supportive).**
- Foster a work environment which promotes self-motivation, develops critical decision making skills, and enhances work performance **(Supportive).**
- Create experiences and opportunities that support and develop their staff to be family centered in their work **(Supportive).**
- Enhance Child Safety Specialist ' job satisfaction including building and maintaining morale. **(Supportive).**
- Teach and model the characteristics and for Child Safety Specialist s to possess when working with families **(Supportive/Educational).**
- Prevent/address stress/secondary traumatic stress/burnout for Child Safety Specialist **(Supportive/Educational).**

Monitoring Case Activity Between Clinical and Administrative Supervision:

- Provide supervisory consultation as needed to provide guidance around key events and decisions.
- Read all court minute entries and Foster Care Review Board Reports issued for cases assigned to the unit.

- Read all reports, motions, and petitions submitted to the court for all cases assigned to the unit, and approve and sign the reports to the court if available in the required time frame.
- Review the Child Safety and Risk Assessment and Safety Plan, if appropriate, for accuracy and thoroughness.
- Review draft Case Plan and Case Plan Reassessment documents for accuracy and thoroughness, and sign the complete and accurate documents.

Group Supervision:
Group supervision is one format of supervision involving case discussions with a set of peers led by a supervisor. Dialog-driven group supervision can challenge assumptions as team members have the opportunity to observe responses to cases that may vary from their own. Finally, group supervision can increase the range of creative solutions generated when multiple viewpoints come together to problem solve complex situations seen in child welfare.

Group supervision can be used for building self-awareness and education. It may be used to compliment individual supervision and can occur through various methods such as, Supervision Circles, Reunification Clinical Discussions or other such settings.

Supervision Circles:
Supervision Circles provide an avenue to transfer learning to field practice. During Supervision Circles, managers and supervisors model critical thinking, strengths-based and family-centered supervision, and integration of the CSRA, C-CSRA, and Case planning model into supervisory decision-making. A Supervision Circle consists of a group of DCS Supervisors and their Assistant Program Manager, who holds clinical case discussions and discuss new policies, practice tips, resources, local practice or systemic issues, progress and successes.

Role of the Assistant Program Manager (APM) in Supporting Supervisors:
A process must be in place for continual oversight, quality improvement and support of the clinical supervision process. The APM completed a random case record reviews for each DCS Supervisor under his/her authority on a **quarterly basis** to monitor:
- The quality of supervisory case reviews;
- The quality of assessments and intervention being implemented; and
- Frequency and quality of clinical supervision conferences with Child Safety Specialist s.

Case Reviews and Data Analysis are also useful in the process of continual quality improvement.

Documentation

Initial Assessments: The DCS Supervisor will document the clinical supervision conferences in the Comprehensive Child Safety and Risk Assessment (CSRA) Section IV; Clinical Supervision Discussion.

Reassessment or open ongoing cases: The DCS Supervisor will document the clinical supervision conference in the Continuous Child Safety and Risk Assessment (C-CSRA) Section III, Clinical Supervision Discussion.

Document all other clinical supervision conferences using the Case Note window, Supervisor type.

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Forms

The Clinical Supervision Guide (Child Safety and Risk Assessment)
The Clinical Supervision Guide (In-Home, Ongoing, Adoption, and Young Adult Program)

Related Information

Child Safety and Risk Assessment (CSRA) Practice Guide
Continuous Child Safety and Risk Assessment (C-CSRA) Practice Guide

Legal

NA

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Revision History :November 30, 2012

Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 20
Quality Assurance

Policy

Quality Assurance

The department shall maintain quality assurance and continuous quality improvement mechanisms to evaluate services, identify strengths and weaknesses, and, when necessary, ensure corrective actions are taken.

Quality assurance and continuous quality improvement (CQI) are the shared responsibility of supervisors, region administrators, the Reports and Statistics Unit, the Practice Improvement Unit and DCS administrators.

The department shall assure quality and continuous quality improvement through:

- clinical and administrative case supervision,
- practice improvement case reviews, and
- the continuous quality improvement process.

Practice Improvement Units in each region will complete a practice improvement review at least annually.

Critical Incidents

Special procedures for critical incidents are intended to facilitate agency coordination, communication and decision making as well as to provide support for department personnel in situations that generate a high level of public visibility.

Procedures for communication and review of critical incidents shall include child fatalities, near fatalities, or any significant event that would impact the safety or well-being of a child or other person involved with a DCS investigation or case, as determined by the Child Welfare Program Administrator and Crisis Response Unit Manager. Examples of critical incidents include but are not limited to:

- A fatality or near fatality of a child due to alleged abuse, abandonment or neglect;
- A fatality or near fatality of a child with current or prior DCS involvement;

- A fatality of a child as a result of abuse, abandonment or neglect who was in the care, custody and control of the Department;
- The abduction of a child placed in an out-of-home placement;
- A child in an out-of-home placement who commits a serious or unusual criminal act, or who commits suicide;
- Any other situation designated by the Assistant Director, Child Welfare Program Administrator or Crisis Response Manager as a critical incident.

Unusual Incidents

DCS and contracted staff are required to follow the procedures specified in DES 1-07-02A and 1-07-02B to report and record unusual incidents.

DES 1-07-02A defines an unusual incident as any incident that pertains to all department employees while in the performance of official duties.

Unusual incidents may include:

1. death, injury of illness of any employee that is work related;
2. hospitalization of an employee that is work related;
3. damage to a department or State asset;
4. theft of state or personal property where the theft of personal property occurred on state property;
5. vandalism to state or personal property where the vandalism to personal property occurred on state property;
6. physical or verbal threats or acts against employees or state property; and
7. incidents considered newsworthy or incur liability to the department or State of Arizona.
8. Incidents of workplace violence

DES 1-07-02B defines an unusual incident as any incident that pertains to all clients that are in the care, custody, and control of the department and/or are participating in state operated group homes. This policy also applies to those incidents that occur to clients or the general public while on state property (owned or leased). Excluded are clients who receive services from the department and are not in the custody and control of the department.

Unusual incidents may include:

1. death, injury or unexplained illness of a client in the care, custody, and control of the department;
2. unexplained hospitalization of a client n the care, custody, and control of the department;
3. damage to a DCS or State asset;
4. injury to a client or individual of the general public while on state property (owned or leased);
5. theft of client property where the theft of the client property occurred on state prop-

erty (owned or leased);
6. vandalism to client property where the vandalism to client property occurred on state property (owned or leased);
7. theft or vandalism of client property where the client is in the care, custody, and control of the department;
8. physical or verbal threats or acts against clients or by clients; and
9. incidents considered newsworthy or would give rise to a liability claim against the department or the state.

Complaint Management

The Department shall approach complaints from clients, potential kinship care providers, out-of-home care providers, and service providers in a cooperative and professional manner.

A complaint is a written or verbal expression of dissatisfaction about services, actions or lack of actions or manner of treatment by the Department or its staff affecting an individual client.

This policy applies to complaints made by clients, including children age 12 and older, potential kinship care providers, out-of-home care providers and service providers. These individuals have the right to express dissatisfaction with actions of the Department or the services provided.

The Department will work cooperatively with the complainant to try to resolve the issue promptly in an informal manner; however, a formal grievance may be requested at any time during the process.

Some complaints involving certain Department actions will be resolved by the courts or administrative tribunals as provided for by law and are therefore excluded from the grievance process.

Complaints may be addressed in three separate areas:

1. The Department's Family Advocate shall receive and respond to complaints regarding individual cases that involve the child welfare system, including complaints made to the Governor's Office.
2. The Department's Crisis Response Manager or designee shall receive and process Client Grievances.
3. Complaints received by the Director's Office that are assigned for resolutions are referred to as "Actions" and complaints received by the Department's office that are assigned for resolution are referred to as "Suspenses ."

Each complaint must be reviewed and the following information must be documented:

- The origin, source type and concern of the complainant;
- The results of the investigation;

- The resolution; and
- Any concerns with the child welfare system identified by the complaint process.

Procedures
Quality Assurance

Program Managers:
Provide the DCS Program Administrator with quarterly reports identifying:

- innovative performance and/or excellence in service delivery;
- issues and concerns raised by supervisors and other staff;
- corrective actions initiated;
- barriers to improved performance; and
- recommendations regarding corrective actions needed.

Critical Incidents
To communicate and begin review of critical incidents:
Provide notification of a possible critical incident:

- Child Abuse Hotline – Within two (2) hours of identifying a situation as a critical incident, the Hotline Program Manager or designee will notify the Child Welfare Program Administrator, Crisis Response Critical Incident Specialist through the Hotline high Profile email distribution email .
- Local Office Level – Within two (2) hours of identifying a situation as a potential critical incident, the highest level local staff will notify the Region Program Manager or designee of the situation.
- Region Office Level – Within two (2) hours of identifying a situation as a potential critical incident, the Region Program Manager or designee will notify the DCS Child Welfare Program Administratorm, Crisis Response Manager, and Crisis Response Critical Incident Specialist by telephone and electronic mail.
- The DCS Program Administrator or Crisis Response Manager will notify the DCS Assistant Director, the DCS Deputy Assistant Director, and the DCS Media Liaison.

Depending on the urgency of the situation, the first notification may be made via email or verbally in person or by phone.

When a critical incident is co-investigated by the DES Office of Child Welfare Investigations (OCWI), the OCWI Manager shall provide the DCS Crisis Response Unit Manager with information immediately regarding:

- If an arrest has been made: what charges have been filed; what is the DR number and local police department contact information.
- Any information determined by the medical examiner regarding cause of death.

To prepare for a critical incident review:
Using the Critical Incident “10 Questions” below, immediately, but no later than two (2) hours after identifying an incident as a near fatality or fatality, or within twenty-four (24) hours for any other potential critical incident, the Assistant Program Manager responsible for the current case or most recent case will ensure the following information is provided electronically to the Child Welfare Program Administrator, Crisis Response Manager and Crisis Response Critical Incident Specialist:

1. Child’s name and date of birth. Include date of death, if applicable
2. Case name and number.
3. Names of parents, guardians, custodians and other persons significantly involved in the incident.
4. The location of the involved child(ren) at the time of the current incident.
5. Information about prior reports, beginning with the oldest prior report, including, :
    - total number of prior reports;
    - a general summary of the allegations;
    - source;
    - a general summary of the investigation findings;
    - a general summary of services offered or provided; and
    - closure date, if any.
6. Information about whether law enforcement or any other entity is or will be involved in the current report. Any other entity may include but is not limited to the DCS Office of Child Welfare Investigations, County Attorney, Behavioral Health Crisis Services, or Juvenile Justice.
7. Names and ages (or dates of birth) of siblings/other children in the home.
8. Location of siblings/other children in the home.
9. Date of last contact with the child(ren) involved in the current incident (if investigation/case open).
10. Brief summary/status of current investigation of the incident.

The Assistant Program Manager responsible for the current case or most recent case shall:

- Upon request, obtain a copy of the case record for all cases in which the department has an open case or has had prior involvement with the child.
- Immediately locate and request additional records, including electronic records and reports not included in the case record, e.g., Division of Developmental Disabilities (DDD), Office of Licensing, Certification and Regulation (OLCR), Families FIRST, Intensive In-Home Services, Family Preservation, Early Intervention service providers, other in-home service providers, etc.
- In cases of fatality or near fatality, provide documents to the Crisis Response Unit staff designated to prepare the DCS information for release to the public.

The Assistant Program Manager will forward the case record information to the Crisis Response Unit Email address: +DCYFCriticalIncident.

Critical Incident Conference:
If the DCS Child Welfare Program Administrator or designee designates the case as a critical incident, the Crisis Response Manager shall coordinate a critical incident conference, either in person or by conference call. Critical incident conferences are scheduled weekly by the Crisis Response Manager during a set date and time.Participants should participate in person, however, may participate by phone when necessary. Participants may participate by phone. At a minimum, participants must include:

- The Child Welfare Program Administrator or designee;
- The Crisis Response Manager;
- The Crisis Response Critical Incident Specialist;
- The Region Program Manager or designee and any other appropriate Region staff who can provide information about the family;
- The Assistant Program Manager assigned to the current case;
- The Arizona Department of Administration Risk Management Liaison;
- A designated Assistant Attorney General;
- A designated member of the Social Work Assessment Team (SWAT).

Additional participants may include:

- The DCS Assistant Director or designee;
- The DES Deputy Director of Programs; and
- A representative from DDD, OLCR, OCWI, or CMDP - if applicable to the critical incident or case.

At the Critical Incident Conference, the Region Program Manager or designee and Assistant Program Manager will provide a brief summary, based on the Critical Incident “10 Questions” of any prior involvement with the child and family, a review of the current incident and status of the current investigation.

Other areas of discussion, in addition to the "10 Questions" regarding both the prior and current incident, may include:

- Interviews conducted (source, children, others involved, observed home);
- Records obtained (criminal, medical);
- Other contacts made or information reviewed (school, doctors, substance abuse/other providers); and
- How Specialist and Supervisor came to the safety decision.

When applicable, questions may be raised related to the review of prior history, reasoning behind an unsubstantiated finding, and results of any clinical supervision discussions.

In cases involving a fatality or near fatality, the Crisis Response Unit will need information from the Region Program Manager or designee and Assistant Program Manager as to whether the abuse/neglect has been substantiated, or a criminal arrest has been made, or the fatality or near fatality was determined by a medical professional to have been caused by abuse or neglect. Information pertaining to the medical examiner's report and autopsy will also be requested.

Notify the Crisis Response Unit by email at +DCYF Critical Incident when there is any change in the circumstances following a child fatality or near fatality, including:

- A medical professional makes a determination of the causation of the fatality or near fatality due to abuse or neglect; or
- An admission, criminal arrest, indictment, charge or conviction against a parent, guardian or custodian for causing the child injury and the medical professional has answered yes to the above questions.

Following the summary presentation, the DCS Assistant Director, Child Welfare Program Administrator, and Crisis Response Manager will determine what follow-up, if any, is necessary. Follow-up may include an update provided directly to the Crisis Response Manager or a Critical Incident Case Review.

When applicable, the Critical Incident Case Review will be conducted by a designated DCS staff member who will work with the Region Program Manager, Assistant Program Manager, and any designated DCS staff to provide a comprehensive review of the current and prior DCS investigations and case history. A designated staff member from the Policy or Practice Improvement team may be asked to participate, at the request of the Program Administrator or designee.

The Critical Incident Case Review is followed by a quarterly Critical Incident Staffing with DCS management including a DCS Policy Unit designee, a representative from Practice Improvement, and the CHILD Welfare Training Institute Administrator or designated Supervisor.At the Staffing, the designated DCS staff member and Region Program Managers involved in the Critical Incident Case Reviews during the quarter present high level, systemic information from the case reviews. The purpose of the Staffing is to increase the information flow between DCS management, policy, practice improvement, training and the regions, enhance accountability and ensure implementation of policy and practice throughout the agency.

On a bi-annual basis, DCS Management including the Child Welfare Administrator, Child Welfare Deputy Administrator and Crisis Response Manager will convene with selected designees from the Arizona Child Fatality Review Team and Arizona Citizen Review Panel to discuss non-case specific information, and share trends, challenges and opportunities for a successful child safety and protection system.

For additional information on the critical incident and communication review process, see the DCS Critical Incident and Communication Review Procedures .

Documentation
Refer to Chapter 7, Section 2: Safeguarding Case Records

Unusual Incident Reporting
See DES 1-07-02A and DES 1-07-02B for complete department procedures.

Please utilize the Unusual Incidents form.

Documentation
Complete the Fatality Documentation Detail window and Fatality Closure Summary window.

Document the Unusual Incident by following procedures specified in DES 1-07-02A and DES 1-07-02B

If an employee is injured, employee workers' compensation claims require reporting on the IR-050 with copies sent to DES ORM at site code 842C and to ADOA Workers' Compensation at 100 N 15th Avenue, #301, Phoenix, AZ 85007 – fax (602) 542-2021.

Complaint Management
Complaints should be resolved among those most familiar with the situation and with those who have the ability to resolve the complaint. The vast majority of complaints can be addressed through the Family Advocate Office or by the Assistant Crisis Manager. The client always has the ability to file a Formal Client Grievance. The person filing the grievance has the right to appeal through Level III of the Formal Grievance Process.

Whether using the Family Advocate Office, Assistant Crisis Manager or Formal Grievance process, all other policies shall be followed to maintain confidentiality as required by law and obtain needed documentation, such as the Confidentiality Agreement, CSO-1105 . If a complainant refuses to waive his or her right to confidentiality, other persons may not be able to take part in the Grievance process.

Complaints Received by the Family Advocacy Office or the Assistant Crisis Manager

Upon receipt of a complaint, the Family Advocate or the Assistant Crisis Manager or designee shall respond to the person within two (2) working days either by telephone, email, or letter to inform the person their complaint has been received and any issues identified will be addressed.

For each complaint, the Family Advocate or the Assistant Crisis Manager or designee shall determine whether the complaint is: a request for information; or an expression of dissatisfaction requiring action by the Department.

For request for information, the Family Advocate or Crisis Response Manager or designee shall provide the necessary information requested or refer the individual to the appropriate person or agency.

For a written or verbal complaint of dissatisfaction about services, actions, lack of actions or manner of treatment by Department staff, the Family Advocate or Assistant Crisis Response Manager or designee shall:

- explore with the person their specific complaint and provide them with any relevant DCS policies and procedures;
- when necessary, request additional documentation for review to understand the complaint; and
- within **two (2) working day**s of receipt of the complaint, email the appropriate Assistant Program Manager, copying the DCS Supervisor and Child Safety Specialist , requesting either follow-up and/or resolution of the complaint or concern.

Assistant Program Manager, DCS Unit Supervisor or Child Safety Specialist shall:

- Contact the person and provide follow-up or determine what actions need to occur to address the complaint in accordance with the best interests of the family being served by DCS.
- **Within five (5) working days** of receipt of the notification, email a response to the Family Advocate or the Crisis Response Manager, identifying how the specific complaint has been addressed.
- Crisis Response Manager or Designee shall:
- **Within two (2) working days** of the email response from the Assistant Program Manager, DCS Unit Supervisor, or Child Safety Specialist , in consultation with the appropriate Region Program Manager or designee, determines if the complaint requires additional resolution and follow-up.
- **Within the same two (2) working days** mail a response letter to the complainant acknowledging their contact with the Family Advocacy office or Governor’s office and response by region/management. The contents of the letter will encourage them to contact the Family Advocate's office again if they need further assistance.

Client Grievances

Formal Discussion:

Formal discussions are initiated by the Child Safety Specialist in response to an individual who has raised a complaint as part of the Child Safety Specialist ’s day to day case activities. These discussions involve the individual, Child Safety Specialist and DCS Unit Supervisor. If the issues cannot be resolved at this level, the Child Safety Specialist shall inform the individual that he or she may file a grievance and provide them with the Client Grievance Level I, CSO-1016.

Formal Grievance Process:
Level I:
Clients, including children age 12 and older, potential kinship care providers, out-of-home care providers, and service providers may initiate a formal grievance request by completing the Client Grievance, CSO-1016 . If requested, the Child Safety Specialist shall provide the individual requesting the grievance with the Client Grievance, CSO-1016. If requested, the Child Safety Specialist shall assist the individual in completing the form.

After receipt of the completed Client Grievance, CSO-1016, the Crisis Response Unit, in consultation with others if necessary, shall determine if the Level I complaint is eligible for the Formal Grievance process. Some complaints involving certain Department are excluded from the grievance process:

- An appeal of a substantiated allegation of abuse or neglect (ARS §8-811);
- A denial of an allegation of abuse or neglect in a dependency petition (ARS §§8-826; 8-843; 8-844);
- Removal of a child from a parent or guardian's home (ARS §§8-822 and 8-828);
- Court ordered mediation outcomes (ARS §8-844);
- Results of an evaluation such as a psychological, psychiatric, substance abuse, medical, etc. (if these results are introduced as evidence, they may be disputed in the tribunal in which they are introduced);
- Complaints previously reviewed or currently being reviewed by the Office of the Ombudsman-Citizens Aide (ARS §§41-1371 through 41-1383);
- Denial or revocation of a license or certification (ARS §8-506 – foster home; ARS §8-506.01 – child welfare agency; see rules for Appeals and Hearings, R6-5-2401, R6-5-5821 and R6-5-7039);
- Issues concerning contract providers, where the Procurement Code applies (ARS §41-2501, Chapter 23); and
- Any complaint previously grieved when there are no new circumstances.

If the grievance is not eligible for a Formal Grievance, the Crisis Response Unit shall, **within five (5) work days,** provide a written response to the individual explaining why the issues raised do not fall within the grievance guidelines.

If the complaint is eligible for Formal Grievance, within **one (1) working day** of receipt of the Grievance, the Crisis Response Manager or designee shall assign the grievance to the appropriate Assistant Program Manager to address the Formal Grievance.

The Assistant Program Manager or designee shall:

- Schedule a face-to-face meeting with the person who filed the grievance. This meeting is to be held **within ten (10) working days** from the date it was received by Central Office to address the grievance. Schedule a teleconference if a face-to-face meeting is not possible.

- Mail a response letter to the client **within five (5) working day**s of the meeting and include the Level II Client Grievance, CSO-1017 so the client may appeal if desired.
- Email the response letter to all appropriate parties, including the Crisis Response Manager or designee.

The Crisis Response Manager or designee, in consultation with the appropriate Regional Program Manager or Assistant Program Manager, shall determine if a complaint requires additional resolution and if follow-up is needed.

Level II:
If the person filing the grievance is not satisfied with the Level I response, they may appeal to the Program Administrator or designee by completing the Client Grievance-Level II, CSO-1017 within 30 days.

The Crisis Response Unit shall notify all parties by email that a Level II grievance has been received.

The Crisis Response Manager or designee and the Program Administrator or designee shall:
- Schedule a face-to-face meeting with the person who filed the grievance to be held **within seven (7) working days** from the date it was received by Central Office to address issues included in the Level II grievance or schedule a teleconference if a face-to-face meeting is not possible.
- Mail a response letter to the client **within three (3) working days** of the meeting. Include the Client Grievance III, CSO-1018 so the client may appeal if desired.
- Email the response letter to all appropriate parties, including the Regional Program Manager or designee.

Level III:
If the person filing the grievance is not satisfied with the Level II response, they may appeal to the Assistant Director by completing the Client Grievance III, CSO-1018 within 30 days.

The Crisis Response Unit shall notify all parties by email that a Level III grievance has been received.

The Assistant Director or designee shall:
- Review Level I and Level II Grievance documentation and all appropriate case information to address the client issues.
- Mail a response letter to the client within five (5) working days from the date it was received at Central Office.
- E-mail the response letter to all appropriate parties, including the Regional Program Manager or designee.

Potential Kinship Care Providers, Out-of-Home Care Provider and Service Provider Grievances

Complaints by potential kinship care providers, out-of-home care providers and service providers that are not related to a licensing issue shall be addressed according to the client grievance process.

The Crisis Response Unit will determine whom within the department should respond to the complaint based upon who is making the complaint and the nature of the complaint.

The Crisis Response Unit will determine who will be responsible for processing any Level II grievances.

Complaints Received by the Director's or Department's Office

Actions are generated from the Director's Office and Suspenses are generated from the Assistant Director's Office or the Program Administrator's Office.

- The Assistant Director's Executive Staff Assistant shall receive from the Director's Office (Correspondence Control) Actions by email regarding DCS clients, including children age 12 and older, out-of-home care providers, and service providers who have sent a written expression of dissatisfaction to the Director's Office.
- The Assistant Director's Executive Staff Assistant shall receive from the department complaints from DCS clients, including children age 12 and older, out-of-home care providers, and service providers and Suspense these complaints for problem resolution and response.

Actions are emailed to the Assistant Director's Executive Staff Assistant from the Director's office. **Within one (1) working day** of receipt, the Executive Staff Assistant shall assess the Action to make a determination as to which Central Office Manager, Regional Program Manager or designee the Action is to be assigned. The Action is then emailed to the identified Central Office Manager or Regional Program Manager or designee.

Suspenses are generated by the Program Administrator or the Assistant Director's Executive Staff Assistant within **one (1) working day** after receipt of a written expression of dissatisfaction.

Within six (6) working days from the day assigned, the Department staff shall review the Action or Suspense, complete the necessary background information, address the critical issues in the Action or Suspense and draft a written response for the Assistant Director's or designee's signature.

Within three (3) days of receipt of this information, the Assistant Director, Child Welfare Administrator or Executive Staff Assistant designee shall review the background information and written draft responses to ensure critical issues are addressed. The written correspondence is then mailed to the complainant.

The Assistant Director or designee, in consultation with the Program Administrator, and others as determined appropriate, shall determine if the complaint requires additional follow-up or resolution.

Resolution and Follow-up Actions
When a complaint requires additional resolution and follow-up, a corrective action plan for resolution shall be developed by the Assistant Program Manager or designee or appropriate Central Office Manager and shall be approved by the Crisis Response Manager or designee. The plan shall include actions to be completed with due dates for their completion .

Complaint Quality Assurance
The Crisis Response Manager or designee is responsible for ensuring that corrective action plans are completed.

The Crisis Response Manager is responsible for ensuring that Data Management Reports are generated on a semi-annual basis from the complaint tracking database for review by the Department's Management Team. Review shall include identification of any trends, any follow-up action that is to occur as a result of this review, and if any policy revisions are required.

Documentation
For client grievances, document the grievance proceedings as follows:

- Central Office will maintain a copy of any grievance response letters or forms.
- Level I, II and III information will be entered into the tracking database system by the Crisis Response Manager within **one (1) working day** of receipt.
- Actions and Suspenses will be entered into the tracking database system by the Administrative Assistant **within one (1) working day** of receipt.
- Complaints received by the Family Advocate Office or Assistant Crisis Manager will be entered into the database tracking system by the Family Advocate or Assistant Crisis Manager **within two (2) working days** of receipt.

The documentation shall be maintained in the Family Advocacy Office or the Assistant Crisis Manager's Office for **three years.**

Forms

Unusual Incident Report (Confidential Information) (DCS-1125)
Confidentiality Agreement, CSO-1105

Client Grievance Level I, CSO-1016
Client Grievance Level I (Spanish), CSO-1016S

Client Grievance Level II, CSO-1017
Client Grievance Level II (Spanish), CSO-1017S

Client Grievance Level III, CSO-1018
Client Grievance Level III (Spanish), CSO-1018S

Related Information

Quality Improvement System Procedure and Training Manual
DES 1-07-02A
DES 1-07-02B

Effective Date:: September 13, 2013

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Arizona Department of Child Safety: Policy and Procedure Manual

Chapter 7: Section 21
Federal Funding to Support Case Management

Policy

Title IV-E funds basic foster care services and case planning, adoption services for children with special needs, independent living services, Education and Training Vouchers, and other administrative services including case management, eligibility determinations, foster care recruitment, and training for staff and foster and adoptive parents.

The department shall maximize utilization of federal Title IV-E foster care funds by establishing eligibility for all qualifying children. Child Safety Specialists provide the Department of Child Safety (DCS) Eligibility Unit with information necessary to make a determination regarding a child's eligibility. The DCS Eligibility Unit determines a child's initial IV-E eligibility upon receipt of this information and shall redetermine eligibility annually thereafter.

The department shall utilize the Arizona Random Moment Sample Survey (ARMSS) to allocate the labor costs of direct service staff to appropriate federal and state funding sources.

The ARMSS Unit shall be responsible for randomly contacting Child Safety Specialists through e-mail questionnaires. The ARMSS Unit shall allocate the Child Safety Specialist's time to appropriate categories based on the information provided by the Child Safety Specialist regarding their activity at the time the questionnaire was sent.

Procedures

Title IV-E Eligibility

Title IV-E is a major component of funding for the Department. Arizona receives approximately $180 million annually in Title IV-E federal funding. DCS staff will make efforts to receive full funding for eligible children and families.

Foster Care Services and Case Planning:
Eligibility Criteria: A child is eligible to receive Title IV-E funds on the first day of any month in which all of the following criteria are met.

- The child was removed pursuant to:
    - A voluntary placement agreement entered into by a parent or specified relative which leads to a removal of the child from the home; or
    - A judicial order for removal from a parent or specified relative including the following findings:
        - A judicial finding in the first court ruling sanctioning the child's removal, that continuation in the home would be contrary to the welfare, or that placement would be in the best interest of the child, and
        - A judicial finding no later than 60 days from the date of removal that reasonable efforts were made by the department to prevent removal of the child from the home or reasonable efforts to prevent the child's removal are not required due to aggravated or extenuating circumstances.
- Legal custody of the child was removed from a parent or specified relative with whom the child resided at the time of physical removal or within the six months preceding the physical removal.
- The child met the AFDC financial eligibility criteria according to the rules in effect on July 16, 1996 at the time of removal based on composition of the household of removal.
- The child is deprived of parental support (through continued absence, death or disability of a parent), based on the AFDC rules in effect on July 16, 1996.
- The child is a U.S. citizen or qualified alien.

For a child to maintain Title IV-E eligibility during his/her stay in foster care there must be a judicial finding that the department has made reasonable efforts to finalize the permanency plan in effect at the time of the ruling. This should be done within 12 months of the date the child entered foster care, and at least once every 12 months thereafter.

A child who meets all the eligibility criteria is Title IV-E eligible while he/she is placed in a licensed foster home, licensed group home, licensed private residential facility or public group facility licensed for no more than 25 children.

A return to out of home placement following a trial home placement exceeding six months in duration without extension by court order shall be considered a new episode of foster care placement, requiring a new Title IV-E eligibility determination.

Title IV-E eligibility criteria apply whether the child remains placed within Arizona or moves to out of home placement in another state.

DCS and the Division of Child Support Services (DCSS) shall pursue the collection of child support on behalf of Title IV-E eligible children when such a referral will not pose a hindrance to a case plan goal of reunification.

Documentation
For every child who is placed in out of home care (either voluntarily or by court order) and is expected to remain in out of home care for at least 72 hours, the Child Safety Specialist should complete the following CHILDS windows within 72 hours, or as soon as the information becomes known:

- For each of the parent/caretaker(s) in the household of removal, the Person Detail window and the Case Participant Detail Window (including the marital status information);
- For all adults and children residing in the household of removal at the time of removal, Household of Removal window (Note: If parents or siblings were not living in the household of removal at the time of removal, their names are not included in this window. If the child was not living at this home at the time legal custody was removed, the child's name should be included with an end-date for the last date he/she resided in the household.);
- The Family Relationships window, listing each person involved with the family (parent, guardian, step-parent, sibling, and significantly involved extended family member) and their relationships to each other (Note: All involved family members are included in this window, even if they were not living in the household of removal.);
- For each parent and/or guardian involved with the child, and for any additional adults living in the household or removal the Employment History window and the Income Detail window;
- For each parent and/or guardian involved with the child, the Medical/Dental Condition Detail window and the Psych/Behavioral Condition Detail window;
- The Deprivation Factors window, indicating whether any of the following conditions exist: a biological and/or adoptive parent is deceased, absent from the home or incapacitated (physically or mentally), or the family's principal wage earner is unemployed. (Note: This window should be updated any time relevant circumstances change.) and;
- The Reasonable Efforts Findings window.

The completion of these CHILDS windows enables the Eligibility Unit to determine the child's IV-E eligibility. The results of the Title IV-E eligibility determination may be found in the Eligibility Directory window. The results may be interpreted as follows:

- A indicates "approved"
- D indicates "denied"
- R indicates "redetermination" is due
- N indicates "no current Title IV-E eligibility determination"

If a Child Safety Specialist is contacted by the DCSEligibility Unit, she/he should promptly provide any requested information.

Social Security (SSI and OASDI)
To determine if a child is eligible for funding, the Child Safety Specialist must submit information to the Social Security Administration (SSA) using medical and non-medical information provided by the Child Safety Specialist, medical providers, teachers, caregivers and other.

For children who are in out of home care in a licensed placement, DCS will be named the payee for social security benefits. For children who are in out of home care with unlicensed caregivers, the caregiver will be named the payee. For children who are living at home, the custodial parent will be named the payee.

To apply for new Supplemental Security Income (SSI) benefits for a child in licensed out of home placement:

The Child Safety Specialist should contact the Social Security Administration at 1-800-SSA-1213, and provide any information as requested. In addition to identifying information, the Child Safety Specialist should be prepared to provide:

- The child's social security number;
- The nature of the child's disability;
- The DES federal employer identification number 866004791; and
- The funding category for the child (state funding)

If requested, the Child Safety Specialist should participate in an additional in-depth telephone interview. The Child Safety Specialist should also complete and submit forms as required by the Social Security Administration.

If SSI is denied, the Child Safety Specialist should request the Social Security Administration to review the claim.

To apply for Old Age Survivors and Disability Insurance (OASDI) (SSA) benefits for a child in licensed out of home placement:

If a child's parent is deceased or receiving retirement or disability benefits through the Social Security Administration, and the child is in a licensed out of home placement, the Child Safety Specialist should contact the Social Security Administration at 1-800-SSA-1213 and provide any information as requested.

To apply for social security benefits (SSI or OASDI/SSA) for a child still in the home:

The Child Safety Specialist may assist the parent or other caregiver to apply for benefits. If benefits are denied, the Child Safety Specialist may help the parent or caregiver request the Social Security Administration to review the claim.

To apply for a Change of Payee for existing benefits:

When a child is in out of home care, and is expected to remain in care for at least 30 days and the child is receiving social security benefits, the Child Safety Specialist should complete the "Request to be Selected as Payee (SSA-11)" as follows:

If the out of home care provider is licensed, the form should request DCS to be the payee. The Child Safety Specialist should submit this form to the Social Security Administration along with a certified copy of a dependency court order indicating the child is in the care, custody and control of the department. The DCS Specialist should use the following mailing address for the benefits check:

DCS Office of Human Service Collections
SC 833C
P.O. Box 60
Phoenix, AZ 85001
(602) 252-0024

If the out of home care provider is not licensed, the Child Safety Specialist should assist the unlicensed foster caregiver (usually a relative) in completing the SSA-11, provide the caregiver with a certified copy of a court order indicating the child is in the physical custody of the unlicensed caregiver and ask the relative to submit the form and the certified court order to their local Social Security Office.

To communicate changes when DCS is the payee of the social security benefits:
When the child returns home, within 10 days of the change of physical custody, the Child Safety Specialist should request a change of payee, making the parent the payee. The Child Safety Specialist should use the "Request to be Selected as Payee" form.

When the youth turns 18, the Child Safety Specialist should assist the youth in contacting SSA at 1-800-772-1213 to arrange for the youth's continued benefits.

The Child Safety Specialist should file a copy of all forms submitted to the Social Security Administration in the child's hard copy case record.

Responding to the ARMSS Unit
ARMSS calls are necessary to allocate staff activity to specific categories associated with different funding sources.

When a Child Safety Specialist is contacted by the ARMSS Unit through an e-mail questionnaire, (s)he should complete the questionnaire and submit according to the instructions provided. This must be completed in less than 72 hours.

The Child Safety Specialist 's responses to the ARMSS questionnaire will determine the appropriate funding source for the work activity being performed at the time of the questionnaire.

ARMSS categories are based on activity, not on job description or function. If a DCS investigator is performing an on-going case management activity at the time of the call, the activity should fall into one of the case management categories. If an ongoing Child Safety Specialist is assisting in an investigation at the time of the ARMSS survey, the activity should fall into the investigation category.

Additional Child Safety Specialist Requirements
To ensure compliance with federal requirements:

- A case plan must be developed within 60 days of a child coming into care
- A Foster Care Review Board (FCRB) hearing must be held every 6 months and documented
- A court hearing must be held every 12 months and findings must be made that "reasonable efforts have been made to finalize permanency"

Forms

Request to be Selected as Payee

Related Information

Legal

Title IV-E is part of the federal Social Security Act, as amended by the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) and by the Adoption and Safe Families Act of 1997 (P.L. 105-89).

The Arizona Random Moment Sample Survey (ARMSS) is a federally-approved cost allocation procedure.

Effective Date::February 2013

Revision History: November 30th, 2012; July 2006: Chapter 24, Section 1: Responsibility for revenue Generation and Chapter 24: Section 2 Arizona Random Moment Sample Survey (ARMSS)

Arizona Department of Child Safety

Administrative Directives

Active
15-01 Criminal Background Reunification 2-24-2015

15-02 Documenting the Present Danger Assessment of Alleged Child Victims 10-23-2015

16-01 Service Approval 3-25-2016
Service Approval Matrix

Expired
14-01 Investigation Practice Initiative (Pending Closure, Administrative Directive) 11-24-2014 to 3- 2016

Arizona Department of Child Safety

Practice Guides and Additional Information

Practice Guides
Drug Testing 2-26-2016

Additional Information
Hotline
Hotline Report Decision Tool

Investigation
CSRA Practice Guide
Family Centered Strengths and Risk Assessment
Finding Statement Format
Risk Assessment Continuum

Case Planning and Services
Child and Caregiver Visit Field Guide
Child and Caregiver Visit Note Outline
Child and Caregiver Visitation Guide and Case Note Instructions

C-CSRA Practice Guide

Out-of-Home Care

Child Permanency

Indian Child Welfare

Records, Legal, Quality Assurance, and Clinical Supervision