STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

December 16, 2022

GENERAL LETTER NO. 18-C2-6

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 18, Chapter C(2), ***Case Management***, Title Page, Contents 1-3, revised; Contents 4, removed; page 1, 2-15, 16, 17 and 18, 19, 20-22, 23, 24-104, revised; 105 and 106, 107 and 108, removed.

Summary

This chapter is revised to

- Update the definition of foster care.
- Add definition of MDT and putative father.
- Add father engagement information.
- Update Protective/Foster Care Child Care.
- Add Multidisciplinary Team information.
- Add the presumption that it is in the best interest of children age 10+ to attend court,
- Add language regarding recognizing removing a child from the child's family causes harm and that it must be weighed against potential harm in allowing child to remain,
- Clarify language about the court considering placing the child in the custody of the other parent of the child first,
- Add information on the Fostering Connections to Success and Increasing Adoptions Act of 2008 regarding notifying relatives,
- Add parents of child's siblings to the list of possible kin to search for,
- Clarify changes regarding Notice to Relatives to include that the Department may share information as necessary to any adult relative that receives notice,
- Add information on sibling visits every 30 days, as well as 232 definition of sibling,
- Add information on Family Interactions
- Add information on communicating with MCOs and health risk assessments,
- Add reunification practice standards
- Update style and formatting throughout.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 18, Chapter C(2), and destroy them:

Page	Date
Title Page	October 2, 2020
Contents 1-3	December 24, 2021

Contents 4	December 24, 2021
1	January 15, 2021
2-15	December 24, 2021
16	June 11, 2021
17 and 18	October 2, 2020
19	June 11, 2021
20-22	January 15, 2021
23	June 11, 2021
24-106	December 24, 2021
107 and 108	March 11, 2022

Additional Information

Refer questions about this general letter to your area service administrator.

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Employees' Manual
Title 18, Chapter C(2)

Revised December 16, 2022

Service Provision

Case Management

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Overview

This chapter provides the policy, procedure, and practice guidance for the case planning and case management of child welfare service cases under the framework that "family connections are always strengthened and preserved." Children and families who need intervention because of child maltreatment deserve an approach that is collaborative and respectful, and includes interventions most likely to lead to outcomes based on family-identified and programmatic goals. Ongoing strategies need to avoid overburdening families with compulsory services that address problems not directly related to issues that need to change to prevent future maltreatment.

The child welfare system is broad as it includes all service contractors, other providers, partners, and stakeholders who touch the lives of children and families. Child welfare social work case managers (SWCMs) are an invaluable component of the child welfare workforce and the child welfare system. As a SWCM, the following policies, procedures, and practice guidance will assist in managing a case.

Legal Basis

- Iowa Code Chapter 232, "Juvenile Justice," including:
  - Division I, "Construction and Definitions,"
  - Division III, "Child in Need of Assistance Proceedings," and
  - Division IX, "Interstate Compact on the Placement of Children."
- Iowa Code Chapter 232B, "Indian Child Welfare Act," which incorporates federal requirements for services to Native American children into state law.
- Iowa Code Chapter 234, "Child and Family Services," which vests the authority in the Department to use funds for child welfare services.
- Iowa Code Chapter 235, "Child Welfare," which defines Department responsibilities for child welfare services.
- Iowa Code Chapter 235A, "Child Abuse," which authorizes the child abuse prevention program and the central child abuse registry and provides procedures for accessing child abuse information.

Definitions

"Acceptable provision of services" means that the agreed-upon strategies, supports, services, and other intervention activities (including any safety plans) are being delivered in a timely and competent manner, consistent with the identified needs and preferences of the family.

"Age-appropriate or developmentally-appropriate activities" means activities generally accepted as suitable and developmentally appropriate for the children's chronological age or maturity level, based upon the cognitive, emotional, physical, and behavioral capacities of the individual child.

"Aggravated circumstances" means a child is in the custody of the Department and any of the following apply:

- The parent has abandoned the child.
- The court finds the circumstances described in section 232.116, subsection 1, paragraph "i", are applicable to the child. (Iowa Code 232 Juvenile Justice)
- The parent's parental rights have been terminated under section 232.116 or involuntarily terminated by an order of a court of competent jurisdiction in another state with respect to another child who is a member of the same family, and there is clear and convincing evidence to show that the offer or receipt of services would not likely within a reasonable period of time to correct the conditions which led to the child's removal.
- The parent has been convicted of the murder of another child of the parent.
- The parent has been convicted of the voluntary manslaughter of another child of the parent.
- The parent has been convicted of aiding or abetting, attempting, conspiring in, or soliciting the commission of the murder or voluntary manslaughter of another child of the parent.
- The parent has been convicted of a felony assault which resulted in serious bodily injury of the child or of another child of the parent. (Iowa Code section 232.102(14) Juvenile Justice)

"Best interest determination" means the meeting(s) when the Department coordinates with the local education agency to ensure immediate and appropriate school enrollment for the child entering foster care or changing placements.

"Best interest of the child" means factors that courts commonly take into consideration in making best interests determinations that are generally made by considering a number of factors related to the child's circumstances and the parent or caregiver's circumstances and capacity to parent, with the child's ultimate safety and well-being the paramount concern. (Iowa Code section 232.104). Under the Indian Child Welfare Act (Iowa Code 232B) the best interest of the child means:

- The use of practices in accordance with state and federal law that are designed to prevent the Indian child's voluntary or involuntary out-of-home placement, and
- Whenever such placement is necessary or ordered, placing the child, to the greatest extent possible, in a foster home, adoptive placement, or other type of custodial placement that:
    - Reflects the unique values of the child's tribal culture, and
    - Is best able to assist the child in establishing, developing, and maintaining a political, cultural, and social relationship with the Indian child's tribe and tribal community. (Iowa Code section 232B.3(2))

"Case permanency plan" means the plan identifying goals, needs, strengths, services, time frames for meeting goals and for the delivery of services to the child and parents, objectives, desired outcomes, responsibilities for all parties involved and reviewing progress. The case permanency plan is documented on form 470-3453 or 470-3453(S), *Family Case Plan*, and has to meet state and federal legal requirements. (Foster Care Placement and Services 441 IAC 202.1(234), Iowa Code section 232.2(4) delineates the explicit federal requirements for this permanency plan.)

"Child" means:

For family-centered services and foster care, means either a person less than eighteen years of age or a person eighteen or nineteen years of age who meets any of the following conditions:

- Is in full time attendance at an accredited school pursuing a course of study leading to a high school diploma.
- Is attending an instructional program leading to a high school equivalency diploma.
- Has been identified by the director of special education of the area education agency as a child requiring special education as defined in Iowa Code section 256B.2(1))
- A person over 18 years of age who has received a high school diploma or a high school equivalency diploma is not a child within this definition. (Iowa Code section 234.1(2), Child and Family Services)

For the Interstate Compact on the Placement of Children, means a person, by reason of minority, is legally subject to parental, guardianship, or similar control. (Iowa Code section 232.158(2)a)

For adoption subsidy, means a person who has not attained the age of 18, or a person with a physical or mental disability who has not attained age 21. (Adoption Subsidy, 441 IAC 201.2(600))

"Child custody proceeding" for the Indian Child Welfare Act means a voluntary or involuntary proceeding that may result in an Indian child's adoption placement, foster care placement, pre-adoptive placement, or termination of parental rights. (Iowa Code section 232B.3(3)

"Child placing agency" means any agency, whether public, semipublic, or private, which places children permanently or temporarily in private family homes or receives children for placement in private homes, or which actually engages for gain or otherwise in the placement of children in private family homes. Iowa Code section 238.1(3) Child-Placing Agencies)

"Child Welfare Point of Contact" means an identified Department staff person for the Department service area who will take questions and resolve disputes at the local level when a case manager is trying to ensure education stability for a child in foster care. There is also a state level point of contact at the service help desk and in the Division of Adult Children and Family Services.

"Child welfare services" means age-appropriate activities to maintain a child's connections to the child's family and community, to promote reunification or other permanent placement, and to facilitate a child's transition to adulthood.

"Concurrent planning" means an approach that seeks to eliminate delays in attaining permanent families for children and youth in foster care. It involves identifying and working toward a child's primary permanency goal such as reunification with their birth family, while simultaneously identifying and working on a secondary goal such as guardianship with a relative.

"Contractor" means a private organization authorized to do business in Iowa that has entered into a contract with the Department.

"Contract monitor" or **"service contract specialist"** means a Department employee who is assigned to assist in developing, monitoring, and evaluating a contract and to provide related technical assistance. (Foster Care Contracting, 441 IAC 152.1)

"Court Ordered Trial home visit" or **"Court Ordered THV"** means that a child who has been in out-of-home care has returned home to a parent, to the home from which the child was removed, or to another home, when placement in that home is intended to become a permanent home for the child, and custody is/remains with the Department via a court order.

A court ordered trial home visit extends the episode of out-of-home care for up to six months when the trial home visit is considered temporary and a step towards the child's permanent plan. A court ordered trial home visit does not include:

1. Regular interactions between a parent and a child who is in out-of-home care,
2. A return home in which a court order gives conditional custody to the caretaker, or
3. A return home in which a court order either transfers custody to the caretaker or remains silent regarding custody upon the return of the child.

"Danger Indicators" means behaviors or conditions that describe a child being in imminent danger or serious harm (see the SDM Safety Assessment).

"Date the child enters foster care" means the date the child is physically removed from their home.

"District Point of Contact" means the school district point of contact identified by the school district to work with child welfare to ensure the education stability of children in foster care.

"**Episode of out-of-home care**" means the period of time a child spends in temporary placements away from the child's permanent home. An episode of out-of-home care starts when a child is removed from the home of the child's parent or guardian by order of the court or through a voluntary placement agreement. An episode ends when:

- The child is returned to the parent or guardian and custody has been returned; or
- Guardianship is transferred to another person, the child is placed in another home that is intended to be a permanent home for the child, and custody has been placed with the caretaker; or
- Six months have elapsed since the child was returned to the parent, to the home from which the child was removed, or to another home that is intended to be a permanent home under a court ordered trial home visit and there is no court order extending the trial home visit beyond six months.

NOTE: If the child is removed from the home of the parent or guardian during the time the child is on a court ordered trial home visit then the episode of care continues.

"Escrow account" means an interest bearing account in a bank or savings and loan association that is maintained by the Department in the name of a particular child. (441 IAC 156.1; 201.2(600); Iowa Code section 234.37)

"Evaluate" means to periodically assess the appropriateness of services provided under the case permanency plan (including social casework services) and to continue or terminate them as appropriate according to General Provisions, 441 IAC Chapter 130 and the specific service chapters. (Social Casework, 441 IAC 131.1(234))

"Every Student Succeeds Act (ESSA)" is a US law passed in December of 2015 that governs the United States K-12 public education policy. The law holds schools accountable for how students learn and achieve. ESSA aims to provide an equal opportunity for students who get special education services.

"Extended family member" or **"Indian child's family"** means an adult person who is an Indian child's family member or extended family member under the law or custom of the Indian child's tribe or, in absence of such law or custom, an adult person who has any of the following relationships with the Indian child: parent, sibling, grandparent, aunt or uncle, cousin, clan member, band member, brother-in-law, sister-in-law, niece, nephew, stepparent. (Iowa Code section 232B.3(7))

"Family" for the purpose of child welfare service delivery, shall include the following:

- The natural or adoptive parents, stepparents, domestic partner of the natural or adoptive parents, and children who reside in the same household.
- A child who lives with an adult related to the child within the fourth degree of consanguinity and the adult relatives within the fourth degree of consanguinity in the child's household who are responsible for the child's supervision. Relatives within the fourth degree of consanguinity include: full or half siblings, aunts, uncles, great-aunts, great-uncles, nieces, great-nieces, nephews, great-nephews, grandparents, great-grandparents, great-great-grandparents, and first cousins.
- A child who lives alone or who resides with a person or persons not legally responsible for the child's support. (441 IAC 152.1)

"Family Interaction" means the philosophy to maintain relationships with siblings, parents, family, and other individuals and to reduce the sense of abandonment and loss that children experience at placement.

"Family Interaction Plan" means the plan guiding family interactions that encourages progressive increase in a parent's responsibility and premised on case goals and on an assessment of a family functioning and safety concerns for the child.

"Family team" means a team that is comprised of family members, friends, foster parents, legal custodians, community specialists, and other interested people identified by the family and Department who join together to empower, motivate, and strengthen a family, and collaboratively develop and support a plan to achieve child safety, child permanency, and child and family well-being.

"Fictive Kin" means an individual who is unrelated by either birth or marriage but who has an emotionally significant relationship with another individual who would take on the characteristics of a family relationship.

"Foster care" means the provision of parental nurturing, including but not limited to the furnishing of food, lodging, training, education, supervision, treatment, or other care, to a child on a full-time basis by a person, including an adult relative or fictive kin of the child, and where the child is under the placement, care, or supervision of the Department, juvenile court services, or tribes with whom the Department has entered into an agreement pursuant to a court order or voluntary placement agreement, but not including a guardian of the child.

"Foster care maintenance payments" these are payments made on behalf of a child eligible for Title IV-E to cover the cost of food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, and reasonable travel for a child's visitation with family, or other caretakers.

"**Foster family care**" means foster care provided by a foster family licensed by the Department according to 441 Chapter 113 or licensed or approved by the placing state. The care includes the provision of food, lodging clothing, transportation, recreation, and training that is appropriate for the child's age and mental and physical capacity. (441 IAC 156.1)

"**Foster family home**" means a home in which an individual person or persons or a married couple who wishes to provide or is providing, for a period exceeding 24 consecutive hours, board, room, and care for a child in a single family living unit. (Licensing and Regulation of Child Foster Care Facilities, 441 IAC 112.2, Licensing and Regulation of Foster Family Homes, IAC 113.2(237))

"Guardian ad litem" or "GAL" means a guardian appointed by the court to protect the interest of a child in any judicial proceeding to which the child is a party.

"Group care maintenance" means food, clothing, shelter, school supplies, personal incidentals, daily care, general parenting, and supervision of children to ensure their well-being and safety, and administration of maintenance items provided in a group care facility. (441 IAC 156.1)

"Individualized Education Program" or **"IEP"** means a written document developed for each public school child who is eligible for special education. The IEP is created through a team effort and reviewed at least once a year. Before an IEP can be written, the child must be eligible for special education.

"Informed consent" means the process by which a patient or legal representative learns about and understands the purpose, benefits, and potential of a medical or surgical intervention, including medication, and then agrees to receive the treatment. If the treatment is for a child who is old enough to understand, their agreement should be sought. However, their parents, guardian, or custodian will make the final decision.

The following components should be discussed in obtaining informed consent:

- An explanation of the medical or mental health condition that warrants the treatment or procedure;
- An explanation of the purpose and benefits of the proposed treatment or procedure;
- A description of the proposed treatment or procedure, including negative side effects or possible complications;
- A description of alternative treatments options and their relative benefits and risks; and
- A discussion of the possible consequences of not accepting the recommended treatment.

"Illegal placement" means sending, bringing, or causing a child to be sent or brought into any other state without complying with ICPC and obtaining approval for the placement from the appropriate public authorities (the Interstate Compact Unit).

"Indian" means any person who is a member of an Indian tribe, or is eligible for membership in an Indian tribe, or who is an Alaskan native and a member of a regional corporation as defined in 43 U.S.C. §1606. (Iowa Code section 232B.3(5))

"Indian child" means an unmarried Indian person who is under age 18 and either:

- Is a member of an Indian tribe, or
- Is the biological child of a member of an Indian tribe and is eligible for membership in an Indian tribe.

NOTE: The Iowa statute has a broader definition of "Indian child" than the federal statute. The Iowa ICWA, defines "Indian child" or "child" as "an unmarried Indian person who is under eighteen years of age or a child who is under eighteen years of age that an Indian tribe identifies as a child of the tribe's community."

"Indian Child Welfare Act" or **"ICWA"** means Public Law 95-608, the Indian Child Welfare Act of 1978 (25 U.S.C.A. sections 1901-1923). ICWA is the legislation that covers the jurisdiction, custody, placement, and welfare of Native American children. Similar requirements have been enacted at the state level as Iowa Code Chapter 232B, entitled "Indian Child Welfare Act" (Iowa ICWA; see the ICWA Manual Chapter).

NOTE: An offense committed by a child must follow the provisions of Iowa Code Chapter 232 Juvenile Justice, for the child adjudicated as "having committed a delinquent act" and is exempt from Indian child custody proceeding under the provisions of ICWA. Status offenses such as truancy and incorrigibility are covered by ICWA.

"Indian child's tribe" means a tribe in which an Indian child is a member or eligible for membership. (Iowa Code section 232B.3(8)) (When an Indian child is a member of or eligible for membership in more than one tribe, the child's Indian tribe is the one to which the Indian child has the more significant contacts.)

"Indian custodian" means an Indian person who under tribal law, tribal custom, or state law, has legal or temporary physical custody of an Indian child. (Iowa Code section 232B.3(9))

"Indian organization" means any group, association, partnership, corporation, or other legal entity that is owned or controlled by Indians or a majority of the members is Indians. (Iowa Code section 232B.3(10))

"Indian tribe" or **"Tribe"** means an Indian tribe, band, nation or other organized Indian group or a community of Indians, including any Alaska native village as defined in 43 U.S.C. §1602(c) recognized as eligible for services provided to Indians by the United States secretary of the interior because of the community members' status as Indians. (Iowa Code section 232B.3(11))

ICWA defines these as:

- **"Foster care placement"** Means the temporary placement of an Indian child in an individual or agency foster care placement or in the personal custody of a guardian or conservator prior to the termination of parental rights, from which the child cannot be returned upon demand to the custody of the parent or Indian custodian but there has not been a termination of parental rights. (Iowa Code section 232B.3(4)).
- **"Termination of parental rights"** means any action resulting in termination of the parent-child relationship. (Iowa Code section 232B.3(16))
- **"Pre-adoptive placement"** means the temporary placement of an Indian child in an individual or agency foster care placement after the termination of parental rights but prior to or in lieu of an adoptive placement. (Iowa Code section 232B.3(13))
- **"Adoptive placement"** means the permanent placement of an Indian child for adoption, including but not limited to, any action under chapter 232, 600, or 600A resulting in the final decree of adoption. (Iowa Code section 232B.3(1))

  "Child custody proceeding", "foster care placement", "termination of parental rights", "pre-adoptive placement", and "adoptive placement", does not include a placement:

  - Based upon an act by an Indian child which, if committed by an adult, would be deemed a crime; or
  - Upon an award, in a divorce proceeding of custody to one of the child's parents.

"Interstate Compact on the Placement of Children" or **"ICPC"** means a uniform law that has been enacted in all 50 states, the District of Columbia, and the U.S. Virgin Islands, Puerto Rico and Guam. The ICPC establishes a contract among the states and jurisdictions that ensures orderly procedures for the interstate placement and postplacement supervision of children and fixes responsibilities for those involved in placing the child. (Iowa Code section 232.158)

"JARVIS" means the child services modules where the case flow applications have been converted and all case entries are made here.

"Juvenile court officer" or "**JCO"** means a person appointed as a juvenile court officer or chief juvenile court officer. (441 IAC 152.1)

"Chief juvenile court officer" means a person appointed under Iowa Code section 602.1217.

"Local Transition Committee" means a committee established in each of the Department service areas to ensure that the transition needs of youth in foster care who are 16 years of age or older have been addressed in order to assist the youth in preparing for the transition from foster care to adulthood.

"Kin" means one's family and relations.

"Kinship care" means the care of a child by kin or fictive kin. Kin are the preferred resource for a child who must be removed from their birth parents because it maintains the child's connection with their families.

"Kinship caregiver" means a kin (e.g., grandparent, sibling, etc.) and fictive kin (e.g., godparents, close family friends, etc.) providing care for a child.

"Mediation" is a formally facilitated, confidential process that assists parents and other involved adults in developing cooperative solutions for children and families. Mediation has been effective in resolving permanency issues for children.

"Medicaid referral" means referral of a family to the income maintenance unit of the local Department office for determination of Medicaid eligibility.

"Mexican national minor" means a child born in the United States whose mother(s) or father(s) are a Mexican citizen and has derivative Mexican citizenship and therefore is considered a "multiple nationality minor," regardless of the immigration status of the parents.

"Minimum sufficient level of care" means the minimum caretaker behavior to provide what a child needs to grow and develop safely (mental, physical, or emotional health).

"Multidisciplinary team" means a group of individuals who possess knowledge and skills related to the diagnosis, assessment, and disposition of child abuse cases and who are professionals practicing in the disciplines of medicine, nursing, public health, substance abuse, domestic violence, mental health, social work, child development, education, law, juvenile probation, or law enforcement.

"Multiple nationality minor" means any unmarried person who is under the age of 18 and is a national of two or more countries, one of which is Mexico.

"Out-of-home care" means that the Department has placement and care responsibility of a child in a location other than the child's natural home.

"Parent" means

- A biological or adoptive mother(s) or father(s) of a child; or a father whose paternity has been established by operation of law due to the individual's marriage to the mother at the time of conception, birth, or at any time during the period between conception and birth of the child, by order of a court of competent jurisdiction, or by administrative order when authorized by state law. A parent is a parent regardless of child custody status or residence in the child's home. "Parent" does not include mother(s) or father(s) whose parental rights have been terminated. (Iowa Code section 232.2(39))
- In the Indian Child Welfare Act, a biological parent or parents of an Indian child or any Indian person who has lawfully adopted an Indian child including adoptions under Tribal Law or custom. It does not include the unwed father where paternity has not been acknowledged or established. (Iowa Code section 232B.3(12))

"Parent Partners" means parents who were previously involved with the Department due to child protective issues, have experienced removal of children from their primary care, and have since experienced successful reunification or resolution around termination of their parental rights, who mentor other parents who are currently going through the same process. Parent Partners help parents improve parenting skills by building a safe, nurturing, healthy family environment.

"Permanency" means a child has a safe, stable, custodial environment in which to grow up, and a lifelong relationship with a nurturing caregiver. (441 IAC 172.2)

"Permanency hearing" means the hearing where the court reviews the child's continued placement and makes a determination that continuation of the child in the child's home is contrary to the child's welfare. Upon completion of the hearing, the court shall enter written findings and make a determination identifying a primary permanency goal for the child. If a permanency plan is in effect at the time of the hearing, the court shall also make a determination as to whether reasonable progress is being made in achieving the permanency goal and complying with the other provisions of that permanency plan. (Iowa Code section 232.104)

"Priority placement" means placement under ICPC Regulation 7, which establishes procedures for the out-of-state priority placement of children and sets forth limited circumstances under which this procedure may be used.

"Protective capacities" means the family strengths or resources that reduce, control, or prevent risks from arising or from having an unsafe impact on a child. **(**441 IAC 172.1(234))

"Protective child care" means an additional child welfare service funded by Title IV-A Emergency Assistance for families receiving Family-Centered Services or Department child welfare oversight Program to maintain the child in their home.

"Putative father" means a person who has been identified by the mother of a child as the child's potential biological father or a person who claims to be the biological father of a child and who was not married to the child's mother at the time of the child's birth, when all of the following circumstances apply: A. biological testing has not excluded the person as the child's biological father. B. no legal father has been established, biological testing excludes previously identified father, or previous paternity has otherwise been disestablished. C. information sufficient to identify and find the person has been provided to the county attorney by the mother, the person, or a party to proceedings, D. the person has not been found by a court to be uncooperative with genetic testing.

"Quality Visit" is defined as a face-to-face contact between the SWCM and the child and/or the parents, father(s) and mother(s). A quality visit includes the assessment of the safety, well-being, and permanency of children and families while engaging them and ensuring their needs are met to achieve safe case closure. Quality visits focus on issues pertinent to case planning, service delivery, and goal achievement.

"Reasonable and prudent" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child while at the same time encouraging the emotional growth of the child to participate in extracurricular, enrichment, cultural, and social activities.

"Reasonable efforts" means the efforts made to preserve and unify a family prior to the out-of-home placement of a child in foster care or to eliminate the need for removal of the child or make it possible for the child to safely return to the family's home. (Iowa Code section 232.102(12)a.)

"Relative (kin) placement" means placement of a child in the home of an adult who is a member of the child's extended family.

"Reservation" means:

- Any Indian country as defined in Title XVIII United States Code Section 1151, and
- Any land not covered under any such Section, title to which is either:
    - Held by the United States in trust for the benefit of Indian tribe or individual, or
    - Held by an Indian tribe or individuals subject to a restriction by the United States against alienation.

"Respite care" means a break for foster parents from providing care for a child in family foster care which shall be for up to 24 days per calendar year per placement. Except for a certified respite provider, respite shall be provided by a licensed foster family. The payment rate to the respite foster family shall be the rate authorized under rule 441—156.6 to meet the needs of the child. Certified respite providers deliver foster child respite services in the foster family home for at least five hours a day at $20 per day. (441 IAC 156.8(7))

"Risk" means the probability or likelihood that a child will suffer maltreatment in the future.

"Safe" means no danger indicators were identified at this time, no children are likely in immediate danger of serious harm, and no safety interventions are needed.

"Safe Case Closure" is a statewide required practice that requires alleviating or mitigating those conditions that resulted in the abuse of the child, and underlying causes of foreseeable risk to the safety of the child. Review the caregivers' behavioral patterns for consistency of maintenance, their sustainable supports, and meeting their goals in order to close supervision and safely close the case.

"Safety assessment" means a process, at a point in time, to assess whether any child is likely to be in imminent danger of serious harm or maltreatment and if safety interventions must be initiated or maintained to provide appropriate protection to the child.

"Safety plan" means a specific, formal, concrete strategy for initiating safety interventions which mitigate the specific danger identified in the safety assessment. The safety plan is employed immediately to identify actions needed right now to keep the child safe. A safety plan is to be designed to manage the foreseeable dangers in the least restrictive manner.

"Safe with a plan" means one or more danger indicators are present and a safety plan is required to initiate safety interventions which mitigate the danger.

NOTE: If a child is safe with a plan, a safety plan must be developed with the family. Safety interventions must be initiated, as identified and agreed upon by all necessary parties in the written safety plan. The safety interventions may include the parent arranging informal temporary care of the child.

"School of Origin" means the school the child was most recently attending, at the time the child entered foster care or the school they were attending at the time of placement change. Shelter or residential schools are not considered a school of origin.

"Sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sexual activity. Iowa Code section 710A.1.

"Social work case management" means a method of providing services whereby a professional Department SWCM assesses the strengths and needs of the child and family and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific child and family's needs.

"Social work case manager" or **"SWCM"** means the person assigned to manage a child welfare case using case planning and case management for the "life of the case".

"Solution focused meetings" or "SFMs" means a gathering of family members, friends, formal and informal supports, with the assistance of the SFM facilitator, to draw on past successes of the family in problem solving and work in partnership with the family to enhance the safety of children. SFM activities and anticipated outcomes are based on which Solution Based Casework (SBC) milestone the family is in at the time. SBC engagement and relapse prevention strategies will be utilized in the facilitation of the meeting.

"State custody" means that custody of the child has been placed with the Department for purposes of placement outside of the child's own home.

"Strengths" means those forces and factors which promote the development of the resources and potential of family members and which contribute to the family's ability to meet children's needs and provide a safe and nurturing environment.

"Structured Decision Making (SDM)" is a research and evaluation-based decision-support system that provides reliability, validity, equity, and utility.

"Supervised apartment living" or **"SAL"** means a foster care arrangement that provides an environment in which the youth can experience living independently in the community with minimum supervision. This arrangement prepares the youth for self-support and self-care. The child lives in an apartment unit, shops for food, prepares individual meals, and manages time for cleaning and laundry. (441 IAC 202.9)

"Transition Planning Specialist" or **"TPS"** means a Department social worker, who does not carry a SWCM caseload, though trains the SWCM of teens in foster care in order for them to be aware of and have the expertise of the foster care transition requirements and transition services.

"Tribal court" means a court that has jurisdiction over child custody proceedings and is either:

- A court of Indian offenses,
- A court established and operated under Code or custom of an Indian tribe, or
- Any other administrative body of a tribe that is vested with authority over child custody proceedings. (Iowa Code section 232B.3(17))

"Unsafe" means one or more danger indicators are present and removal is the only protecting intervention possible for one or more children because safety interventions do not adequately ensure the child's safety.

NOTE: Removal sanctioned by court order or voluntary placement agreement for placement into foster care is the only controlling safety intervention possible.

"Visit" means face-to-face contact between the SWCM and the child(ren), the parent(s) and, if applicable, the foster parents or the out-of-home placement provider.

"Youth transition decision-making (YTDM) meeting" means a youth-centered practice model and teaming approach that follows standards and is offered to youth 16 years of age and older. This approach develops a team of people that helps the youth to plan for their education, employment, housing, health, and support structure plus a long term goal and informal support to help optimize success in planning for their transition into adulthood and beyond.

Social Work Case Manager (SWCM) Responsibilities

Department SWCMs are responsible for the case management duties of:

- Assessing the ongoing safety, well-being, and permanence of the child through direct contact with the child and through contacts with others associated with the child.
- Assessing the parents' progress as they work toward improving the child's safety, well-being, and permanency.
- Interacting with the family in a strength-based manner.
- Assessing the strengths, concerns, and needs of the child and family as they relate to safety, permanency, and well-being.
- Engaging the child, family, and service contractors in the development and review of the Family Case Plan including the interventions and supports to be provided during service delivery. NOTE: The family system may include divorced parents, extended family members, or persons with a significant relationship to the family and their children. It is important to involve the parent not residing in the home and extended family members in service planning.
- Use the social work case management principles and the team approach, with an emphasis on involving the child and family in assessing needs, making service plans, and assessing results. When possible, use a FTDM meeting or some form of meeting/conference to maximize family input and participation.
- Prioritize the most immediate problems and needs, as identified by the child, parents, workers, team, and others who know the family to identify which services are needed most.
- Providing a copy of the initial, comprehensive, and updated Family Case Plan to the family, FCS contractor, and any identified others within the timelines outlined in the family case plan section of this manual.
- Developing a timely and appropriate case permanency goal for the child.
- Coordinating and monitoring services to address the identified needs of the children, family, and caretakers.
- Ensuring there is an assessment of the mental health, educational, and physical health needs of the children for obtaining needed services.
- Referring the family for Solution Focused Meetings (SFMs) or youth for Youth Transition Decision-Making (YTDM) meetings during identified junctures in the life of the case.
- Attending scheduled SFMs and YTDM meetings throughout life of the case.
- Maintain communication with legal parties (child's attorney/GAL, county attorney) regarding progress, and challenges or issues concerning the child and family.
- Attend court hearings and submit court reports. Provide court with recommendations concerning the child and the child's family and other involved parties.
- Arranging services to protect the children in their own home and prevent removal.
- Coordinating efforts to place children in proximity to their parental home and together with siblings whenever possible if removed.

- Ensuring that a diligent search for relative placement resources is made and those relatives are considered for placement of the child, if necessary.
- Ensuring children in out-of-home placement have interactions and other contact opportunities with their parents, siblings, and significant others.
- Ensuring a family interaction plan is developed and implemented as well as revised as needed with input from the family's team.
- Ensuring the children's connections with family, friends, neighborhood, community, culture and faith are maintained, as well as working to connect families to informal support systems within their communities to promote family self-reliance.
- Maintaining at least monthly visits with the child and family.
- Monitoring the service delivery throughout the life of the case.

Engaging the Family

Meaningful family engagement is a family-centered, strengths-based approach to establishing and maintaining relationships with families and accomplishing change together. Practice strategies for family engagement include the following (Child Welfare Information Gateway, 2017):

- "Tune-in" to the likely experiences, emotions, and circumstances of family members, even before meeting them. Using preparatory empathy goes a long way in approaching the first contact.
- Honor the cultural, racial, ethnic, religious, and spiritual backgrounds of children, youth, and families and respect differences in sexual orientation.
- Support family members to understand the reasons for agency involvement, incorporating their view into all assessments.
- Be consistent, reliable, respectful, and honest with families.
- Support and value families.
- Ensure a constant two-way communication and collaboration with family members.
- Value and validate the participatory role of families in planning and making decisions for themselves and their children.
- Provide timely resources, services, and interventions that are relevant and helpful.
- Invite and encourage families to participate in meetings and conferences where planning for their children's needs takes place.
- Consider the benefit of parent-partners to support the engagement process.

A family's involvement in the child welfare system is often involuntary. This may lead to concerns with family members being ambivalent or resistant. The following are some general guidelines for engaging involuntary families (Ivanoff, Blythe, & Tripodi, 1994; Rooney, 2000):

- Be clear, honest, and direct while maintaining a non-defensive stance.
- Acknowledge the involuntary nature of the arrangement and explain the process.

- Contact families in a manner that is courteous and respectful, and assess strengths as well as risks.
- Elicit parents' and children's concerns and wishes for assistance and convey understanding of their viewpoints, including reservations about child welfare involvement.
- Reduce the children and family's opposition to being contacted by clarifying available choices, even when those are constrained, by emphasizing freedoms still available and by avoiding labeling.
- Earn the respect of the children and families by being a good listener who strives to understand their point of view.
- Establish feasible, small steps to help build in early success in order to recognize family efforts and progress.
- Acknowledge difficult feelings and encourage open and honest discussion.
- Reframe the family's situation with consideration to how certain behaviors impact the safety and well-being of the children. This is particularly useful when children and family are making arguments that deny a problem or risk; it acknowledges their statements, but offers new meaning and interpretation for them.

Engagement of Non-Resident Father

In order for the Department to engage the non-resident father, his identity and location needs to be determined. Within the CPW's 20 business day timeframe, efforts need to be made by the CPW to identify and locate the father by asking the mother and other family members as well as checking DHS systems (such as child support, WISE, etc.).

There must be a minimum of *3 efforts* made by the CPW to contact the non-resident father during the course of the child protective assessment in order to engage them in the assessment process. All efforts and results should be documented in the assessment report.

If the father's identity is not identified by the CPW, the SWCM is expected to make an effort at least *once every 3 months* to inquire about the identity of the father by asking the mother/other family members, checking ICAR records and birth certificates. If the father's identity is known, however his location is unknown, the SWCM is expected to make a *monthly* effort to locate the father.

There should be a *monthly* effort or attempt made by the SWCM ongoing throughout the life of the case to contact the non-resident father. The Department's expectation is monthly face to face whenever possible. However, in situations where monthly face to face is not possible (such as out of state parent, parent refuses to meet face to face, incarcerated father who is not allowed to have face to face contacts, etc) efforts need to be made by the SWCM through other means (phone, video, letter).

If the father has been contacted but has refused/declined to be involved in their child's case, efforts should be made ongoing at least once *every 3 months* by the SWCM to contact the father to see if circumstances have changed and he now wants to participate. The results of these efforts need to be documented in case notes using the **Concerted Efforts** header checkbox.

They should also be documented in either the case plan or court report so that the efforts are shared with court partners. The SWCM will need to discuss these situations with their supervisor to see if the "No Worker-Parent Visit Flag" should be utilized. This will require an ongoing review with the supervisor regarding use of the "No Worker-Parent Visit Flag."

If the worker is unable to determine the identity or location of the father, activate the "No Worker-Parent Visit Flag." If the worker is unable to contact the father after his identity and location are known, consult with the supervisor about activating the "No Worker-Parent Visit Flag." All of the above efforts and results must be documented by the SWCM in case notes (use **Concerted Efforts** header checkbox) and in either the case plan or court report.

The following are some general topics to engage the father in discussion:

- Information regarding the allegations,
- What they see as needs/services for their child,
- What they see as their own needs/services,
- How they can be involved in the case and services,
- Case planning (including what the parent's goals are).

Setting Up a Case

After a family is determined to be eligible, a FACS case shall be opened under the child who is the youngest child victim on the assessment. A FACS case shall be opened on a sibling (or siblings) of the youngest child victim if they are placed outside of the parental home via VPA or Juvenile Court Order and/or Adjudicated CINA. Additional information about setting up a case is located at *CWIS HD SharePoint*.

Department Contracted Family-Centered Services

It is the SWCM's responsibility to arrange and coordinate the delivery of services to children and families. Respect the family's strengths, cultural context, and preferences in arranging service provisions. Department contracted family-centered services include:

- Solution Based Casework® (SBC)
- SafeCare®
- Family Preservation Services
- Child Safety Conferences (CSC)
- Solution Focused Meetings
- Youth Transition Decision-Making (YTDM) Meetings

For information regarding these services and how to make a referral, see 18-C(3), *Family Centered Services*.

Additional Services and Supports

Supervision Services

Supervision services are activities undertaken to provide the structured monitoring needed by a child or family member without the purchase of family-centered services.

Supervision activities may include, but are not limited to:

- Guidance for the family to facilitate improvement in adjustment.
- Inspection and monitoring of the home environment of a child's parent or other relative to evaluate its safety and suitability.
- Oversight of family participation in services and adjustment within the community.
- Behavior monitoring for children, if necessary to ensure their positive community adjustment.

Protective/Foster Care Child Care

Child care may be provided to a child with protective needs as part of:

- A safety plan during a child abuse or child in need of assistance assessment, or
- The service plan established in the family's case plan. With supervisory approval, children and families who are receiving family safety, risk, and permanency services may also be approved for protective Child Care Assistance.

"Child with protective needs" means a child who is not in foster care and has child care identified as a safety or well-being need to prevent or alleviate the effects of child abuse or neglect. The child must have one of the following:

- An open child abuse assessment;
- An open child in need of assistance assessment;
- An open child welfare case as a result of a child abuse assessment;
- A petition on file for a child in need of assistance adjudication; or
- Adjudication as a child in need of assistance.

NOTE: To receive protective child care services:

- The child must meet the specific requirements listed above, and
- The need for child care must be documented in either the child's safety plan, the case narrative, or the child's case plan or the service must be court-ordered.

Foster Care children are eligible for Child Care Assistance (CCA) when the social worker determines the foster parents needs child care services when the foster parent is working and the foster child is not in school. The need for child care must be documented in the child's foster care case file. For more information on Foster Care Child Care see Chapter 18-D(1) Foster Family Home, page 83.

Application

A Child Care Assistance application is not required for children with protective needs or when child care services are provided under a court order. However, the family shall sign form 470-0615 or 470-0615(S), *Application for All Social Services*, to apply for child care services.

Determination of Eligibility

Protective child care services are provided without regard to income. In certain cases, the Department will provide child care services directed in a court order. In order for payment to be made through the Child Care Assistance program, a child with a need for protective child care must meet the following eligibility requirements:

- Iowa residency. See 13-G, *Residency*.
- United States citizenship or a qualifying alien status. See 13-G, *Alien Status*.
- Age of 12 years or younger, with certain exceptions. See 13-G, *Age*.

Complete form 470-4895, *Protective/Foster Care Child Care Documentation,* to document eligibility for protective Child Care Assistance. Keep a copy of the form in the case file and send a copy to the Child Care Assistance worker entering the case into KinderTrack.

Processing the Application

The Child Care Assistance worker will:

- Inform the family through the *Notice of Decision*; and
- Inform the family's provider through the *Certificate of Enrollment*.

Parents shall be allowed to exercise their choice of licensed, registered, or nonregistered child care provider except when the Department service worker determines it is not in the best interest of the child.

Effective Date of Service

The effective date of assistance for a family with protective service needs shall be the date the family signs form 470-0615 or 470-0615(S), *Application for All Social Services*.

When child care services are provided under a court order, the effective date of assistance shall be the date specified in the court order or the date of the court order if no date is specified.

Change in Provider or Eligibility

Complete form 470-4895, *Protective/Foster Care Child Care Documentation,* when there is a change in care provider, change in the hours of authorized care or the protective need ends. Keep a copy of the form in the case file and send a copy to the Child Care Assistance worker entering the case into KinderTrack.

Parent Partner Support Services

- **What is Parent Partner Support?**

  Parent Partners celebrates individuals who have overcome obstacles through change, recovery, and accountability by using their skills to mentor families who are currently navigating through the Department as their children are in foster care or kinship care. Parent Partners demonstrate advocacy and effective communication, while holding families accountable in meeting their case plan goals.

  Parent Partners are selected based upon their interpersonal skills, successes, and proven abilities to overcome obstacles. Parent Partners have previously been involved with the Department due to child protection issues. They have since experienced successful reunification or resolution around termination of their parental rights. These experiences make Parent Partners beneficial to families who are currently involved with child protection services and whose child(ren) have been removed from their care and/or who can only reside with their children under special circumstances directed by the courts (i.e. substance abuse treatment or relative care is present).

  Parent Partners complete extensive training prior to mentoring families. They are role models, mentors, resources and supports. They collaborate with SWCMs, counselors, attorneys and providers to meet the needs of families, assist in policy and program development, change perceptions in communities, and facilitate trainings and learning opportunities. Parent Partners are not there to fix another parent. They are not counselors and do not provide childcare, transportation of children or supervision of visits.

- **How do I make a referral to Parent Partner?**

  The SWCM makes a referral to the Parent Partner Coordinator by completing form 470-5150, *Child Welfare Services Referral Face Sheet*. Forward the completed form via e-mail or hard copy to the local Parent Partner Coordinator. The Parent Partner Coordinator will work with the parent to complete the rest of the form and begin the mentoring process.

  A parent's request for a Parent Partner mentor is voluntary and the parent may end involvement at any time.

Drug Testing

Drug testing is the process by which a sample of hair, sweat, or urine is obtained from a donor's body and through laboratory analysis the sample is chemically analyzed to determine the presence of certain legal or illegal substances.

In child welfare, drug testing results are used in an effort to identify or eliminate substance abuse as a possible contributing factor or risk in a child abuse assessment or in a child welfare service case. When you need to order a drug test for either a parent/caretaker, refer to the Department Drug Testing Practice, Policy, & Protocols.

Drug testing results can only determine if a drug or its metabolite is present at or above an established concentration cutoff level. Drug testing results cannot be used to predict a parent/caretaker's behavioral patterns and/or ability to parent effectively nor indicate the existence nor the absence of a substance abuse disorder. As such, drug testing results should not be relied on as the sole measure in determining issues of safety and risk but rather as one component of the accumulated information that needs to be considered during a child abuse assessment or an ongoing child welfare service case.

Referring to Community Service Providers

Child maltreatment is rooted in a variety of personal and environmental factors. Referral and linkage to community providers may be necessary when family members have specific needs that may require the involvement of specialists with expertise in the presenting issue or challenge (i.e. trauma, substance use disorder, mental health, etc.). Community collaboration is essential.

Multidisciplinary Teams

In each county or multicounty area in which more than 50 child abuse cases are received annually, the Department shall establish a multidisciplinary team, as defined in section Iowa Code 235A.13, subsection 8. Upon the Department's request, these teams may be used as an advisory group to assist the department in conducting child abuse assessments and throughout case management services offered through the Department.

Multidisciplinary Teams (MDT)s function as an advisory and consultation group to aide in resolving issues related to a case during the assessment process and throughout the Department's service case. MDT's include individuals with knowledge and expertise in various fields (identified by law) who come together, at the Department's request, for the purpose of assisting the child protection worker, social work case manager, and their supervisor in the assessment and disposition of a child abuse assessment as well as diagnosis, coordination of services and possible referral information to meet the needs of the specific child and their family.

The team may be consulted for the purpose of assisting the Department in a child abuse assessment as well as throughout case management services offered through the Department.

Some examples of cases that may benefit from a MDT meeting include but are not limited to: cases with children who have significant medical/behavioral needs; cases that involve multiple complex issues (domestic violence, substance use, mental health, etc). Cases to be presented are selected by the Department and can be presented to the team in the way determined most efficient for the worker seeking consultation. The Department shall consider the recommendation by the team pertaining to an assessment case and case management service case but shall not, in any way, be bound by the recommendation.

MDT members participate voluntarily and are approved by the Department. Each individual member who participates in an MDT, must agree to the terms of the contract that is captured on form 470-2328, *Multidisciplinary Team (MDT) Agreement*.

RC-0131, *Multidisciplinary Team Practice Guide* is available to provide additional information regarding the implementation and operation of an MDT.

Social Work Administrators (SWA) oversee all MDTs operating within their service area and are responsible for assuring MDT agreements remain current. Agreements expire annually on July 1 and must be renewed annually on or before July 1 of each year.

Assessing Child Safety and Risk

The Department is responsible for assuring the safety of children that are brought to our attention as this is our mission. Our work is done in partnership with the medical community, schools, law enforcement, county attorneys, the courts, and the community in general.

Conduct safety and risk assessments on every family. These assessments are critical in making decisions about placement and appropriate services. Thorough and accurate assessment of danger and risk throughout the life of the case is key in assuring the safety of children. "Danger" and "Risk" are often used interchangeably. However, these two terms actually represent very different elements. Danger is the imminent threat of serious harm. It signals a need for **immediate** action, including supervisor consultation. Risk is the likelihood of future involvement with child protection. All families have risk. Identifying risk factors assists in determining the focus of the change process and concerns that may impact interventions.

Safety Assessment and Planning

The Department formally evaluates child safety with a *Safety Assessment*, form 470-4132. The Safety Assessment provides criteria to describe a child's current situation and identify any current danger indicators that exists.

The Safety Assessment provides a structured process to make a safety decision for children receiving Department services. The safety decision identifies the child as either safe, safe with a plan (requiring a safety plan), or unsafe (requiring a removal).

Assessing safety is an ongoing process that is relevant throughout the life of the case. The SWCM must complete a formal safety assessment using form 470-4132, *Safety Assessment* with supervisory consultation and approval at the following critical junctures:

- Before the decision to recommend unsupervised interaction or visitation
- Before the decision to recommend reunification
- Before the decision to recommend closure of family-centered or Department service cases
- Whenever circumstances suggest the child is in an unsafe situation

Identify any current danger indicators and consider the factors influencing child vulnerability as well as the caretaker's protective capacities and available safety interventions to assess the child's safety.

Factors Influencing Child Vulnerability

Indicate whether any factors influencing the child's vulnerability are present. Consider these vulnerabilities when reviewing current danger indicators. Vulnerability issues provide a context for assessing the impact of the dangers. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe or that a safety intervention is required. "Child vulnerability" refers to the child's susceptibility to suffer abuse or neglect based on the child's age, size, mobility, physical or mental health, social and emotional state, cognitive development, and the availability of readily accessible supports.

Age, medical condition, mental and physical maturity, and functioning level of the child: Infants and toddlers are most at risk for severe injuries and death at the hands of a caretaker because of their physical vulnerability, their inability to communicate verbally, and their potential of isolation from others. Even minor bruising to infants, such as grab marks on upper arms, should result in swift action to safeguard the infant.

As children reach school age, they may be able to communicate verbally but continue to be physically vulnerable. A child who is not an infant or toddler may remain extremely vulnerable because of a medical condition, lack of mental or physical maturity, or the child's level of functioning.

- Does the age of the child make them more vulnerable? The younger the child, the more vulnerable—Children are at highest risk from birth to age five.
- Is the child healthy?
- Does the child demonstrate resiliency?
- Does the child have physical or mental health problems? How serious are they?
- Does the child show signs of developmental delay? How serious is the delay? Who diagnosed the delay?
- What is the child's ability to communicate?
- Does the child exhibit behaviors that are typical for the child's age? Are the child's behaviors unusual for the community or culture that the child comes from?

  Certain developmental behaviors that are normal increase the child's vulnerability if the parent is unable or unwilling to provide an appropriate response. Examples:

  - A 2-year-old says no to the mother,
  - A child wets the bed at age 4 and the doctor states nothing is wrong,
  - A 14-year-old defies parental rule on curfew.
  - Does the child exhibit behaviors that are challenging, such as bullying, biting, etc.
  - Does the child take risks that put them in danger (such as running away, engaging in unprotected sex, etc.)? What is the caregivers' response?
  - Does the child abuse drugs or alcohol?
  - What are the child's strengths (cognitive, motor, social emotional skills)? Are there specific talents the child is interested in or exhibits?
  - Potential sources of information include:
    - Search of previous and current Department records
    - Hospital records
    - Interview with the referent, parents, teachers, doctors, family members
    - Interview the child
    - Consultation with public health nurse or developmental psychologist
    - Police records, probation records

Access of the person allegedly responsible for the abuse to the child: Consider the frequency, severity, and type of abuse. Include any implicit or explicit coercive behavior by the person allegedly responsible. Also consider:

- Any prior abuse history of the person allegedly responsible.
- Indications or history that the caretaker (if other than the person responsible) would allow the person allegedly responsible for abuse to have access to the child.

Current Danger Indicators

Identify the behaviors or conditions that describe a child being in imminent danger of serious harm. Consider the vulnerability of all children in the home when identifying these danger indicators.

While the safety assessment provides specific danger indicators, not every conceivable danger indicator can be anticipated. Therefore, workers may indicate other circumstances that create danger.

Safety Response – Protective Capacities and Safety Interventions

"Protective capacities" are specific actions and/or activities that the caregiver has taken that directly address the danger indicator and are observed behaviors that have been demonstrated in the past and can be directly incorporated into the safety plan

It is important to note that any protective action taken by the child may be incorporated as part of a safety plan but must not be the sole basis for the plan. It is never a child's responsibility to keep themself safe.

Keep in mind that any single intervention may be insufficient to mitigate the danger indicators, but a combination of interventions may provide adequate safety.

Also keep in mind that the safety intervention is not the family case plan. It is not intended to solve the household's problems or provide long-term answers. A safety plan permits a child to remain home and avoid removal as long as the safety interventions mitigate the danger.

Protectiveness of the parent or caretaker who is not responsible for the abuse: Determine both the willingness and ability of a caretaker not responsible for the abuse to protect the child.

Situations where a parent expresses belief in the child's report of an injury or condition and is supportive to the child result in less concern than situations involving parents who offer excuses for the behavior of the person allegedly responsible for the abuse.

In situations of domestic violence, the non-abusing parent or caretaker may be willing but unable to protect the child. See Domestic Violence.

Attitude of the person allegedly responsible for the abuse regarding its occurrence**:** Determine whether the caretaker accepts responsibility for the abuse, demonstrates remorse, and requests or accepts suggested services.

Caretakers who project blame, reject suggested services, and defend their right to their behavior pose greater danger and likelihood of repeated injuries than caretakers who acknowledge responsibility and indicate a desire to modify behavior.

Current resources services and supports: Consider if there are current resources, services, and supports available to the family that can meet the family's needs and increase protection for the child. Document services and supports that have been provided to the family but have failed to prevent the child from being abused or re-abused.

If services are initiated right away (such as Family Preservation Services), then the risk to the children in the household may be diminished. Conversely, if caretakers refuse needed services or supports despite protective concerns, the risk to the children is higher.

Assessing parental or caregiver capacities allows you to systematically consider the strengths of the parents or caregivers, and how they might mitigate safety and risk factors. Below are three categories of characteristics, with some questions to consider when assessing them.

Behavior Characteristics

"Behavior characteristics" are specific action, activity and performance that is consistent with and results in parenting and protective vigilance." Questions to consider include:

- Does the caregiver have the physical capacity and energy to care for the child? If the caregiver has a disability (e.g., blindness, deafness, paraplegia, chronic illness), how has the caregiver addressed the disability in parenting the child?
- Has the caregiver acknowledged and acted on getting the needed supports to effectively parent and protect the child?
- Does the caregiver demonstrate activities that indicate putting aside one's own needs in favor of the child's needs?
- Does the caregiver demonstrate adaptability in a changing environment or during a crisis?
- Does the caregiver demonstrate appropriate assertiveness and responsiveness to the child?
- Does the caregiver demonstrate actions to protect the child?
- Does the caregiver demonstrate impulse control?
- Does the caregiver have a history of protecting the child given any threats to safety of the child?

Cognitive Characteristics

"Cognitive characteristics" are the specific intellect, knowledge, understanding and perception that contributes to protective vigilance." Questions to consider include:

- Is the caregiver oriented to time, place, and space? (Reality orientation)
- Does the caregiver have an accurate perception of the child? Does the caregiver view the child in an "integrated" manner (i.e., seeing strengths and weaknesses) or see the child as "all good" or "all bad."
- Does the caregiver have the ability to recognize the child's developmental needs or whether the child has "special needs"?
- Does the caregiver accurately process the external world stimuli, or is perception distorted (e.g., a battered woman who believes she deserves to be beaten because of something she has done).
- Does the caregiver understand the role of caregiver is to provide protection to the child?
- Does the caregiver have the intellectual ability to understand what is needed to raise and protect a child?
- Does the caregiver accurately assess potential threats to the child?

Emotional Characteristics

"Emotional characteristics" are specific feelings, attitudes and identification with the child and motivation that result in parenting and protective vigilance" (Action for Child Protection, 2004).

Questions to consider include:

- Does the caregiver have an emotional bond to the child? Is there a reciprocal connectedness between the caregiver and the child? Is there a positive connection to the child?
- Does the caregiver love the child? Does the caregiver have empathy for the child when the child is hurt or afraid?
- Does the caregiver have the ability to be flexible under stress? Can the caregiver manage adversity?
- Does the caregiver have the ability to control emotions? If emotionally overwhelmed, does the caregiver reach out to others or expect the child to meet the caregiver's emotional needs?
- Does the caregiver consistently meet the caregiver's own emotional needs via other adults, services?

Actions Speak Louder Than Words

When assessing the protective capacity of the caregiver, *actions speak louder than words*. A statement by the caregiver that the caregiver has the capacity or will to protect should be respected, but observations of this capacity are very important, as they may have serious consequences for the child.

When talking with the caregiver, it is important to include questions and observations that support an assessment of behavioral, cognitive, and emotional functioning. Suggested questions and observations include:

- A history of behavioral responses to crises is a good indicator of what may likely happen. Does the caregiver "lose control?" Does the caregiver take action to solve the crisis? Does the caregiver believe crises are to be avoided at all costs, and cannot problem solve when in the middle of a crisis, even with supports?
- Watch for caregiver's reactions during a crisis. This often spontaneous behavior will provide insight into how a caregiver feels, thinks, and acts when threatened. Does the caregiver become immobile to the point of inaction (failure to protect)? Does the caregiver move to protect the caregiver rather than the child? Does the caregiver actively blame the child for the crisis?
- Recognition of caregiver anger or "righteous indignation" at first is appropriate and natural. How a caregiver acts beyond the anger is the important key. Once the initial shock and emotional reaction subsides, does the caregiver blame everyone else for the "interference?" Can the caregiver recognize the protective and safety issues?
- What are the dynamics of the relationship of multiple caregivers? Does the relationship involve domestic violence? What is the nature and length of the domestic violence? What efforts have been made by the victim to protect the child? Does the victim align with the batterer?
- Does the caregiver actively engage in a plan to protect the child from further harm? Is the plan workable? Does the plan have action steps that the caregiver has made?
- Does the caregiver demonstrate actions that are consistent with verbal intent or is it contradictory?

Detailed interviewing and information gatherings from other sources is critical for an accurate assessment of safety. Suggestions for additional activities include:

- What do others say about the caregiver's parenting, ability to protect, and the history of protecting the child?
- What is the documented history that indicates the caregiver's actions in protecting the child?

Assessing Environmental Protective Capacities

While the assessment of the caregiver's protective capacities is critical, an assessment of environmental capacities may also mitigate the safety concerns and risk of harm to a child. Categories of environmental protective capacities, with questions and considerations that may be considered when assessing them, include:

- Formal family and kinship relationships that contribute to the protection of the child: What are the formal kinships within a family? (grandparents, aunts, uncles, siblings, stepparents and their families, half-siblings, family and kin defined by the tribe, gay partners raising children, etc.)
- Informal family and kinship relationships: What are the informal relationships? (family friends, godparents, tribal connections, "pseudo" relatives (kin), mentors, divorced stepparent who maintains parental relationship with the child, etc.)
- Formal agency supports: What are the agencies that have been or currently involved with the family (drug treatment, children's hospital, nonprofit agencies, food banks, schools, employment training, parenting classes, domestic violence programs, etc.)?

Previous agency involvement may have been seen as beneficial and can be called upon again.

- Informal community supports: What are the community supports that may or may not be readily apparent (local parent support groups, informal mentors, neighbors, neighborhood organizations, babysitting clubs, library reading times, etc.)?
- Financial supports:
- Employment, unemployment, disability, retirement benefits
- Family Investment Program, general relief, SSI
- Scholarships, grants
- Spiritual, congregational, or ministerial supports:
- Churches, ministries, prayer groups, synagogues, temples, mosques
- Spiritual leaders within a faith
- Native American tribe: Is the family a member of a tribe locally, or elsewhere? Are there tribal agencies that can provide services? (elders within a tribe, tribal chairpersons, liaisons to the tribes, Indian health agencies, tribal social services, etc.)
- Concrete needs being met such as food, clothing, shelter (low income housing, food banks, clothing stores, emergency shelters, subsidized housing)

*Information adapted from ***Critical Thinking in Child Welfare Assessment*** training curriculum from Berkeley.

Complete a safety assessment face-to-face with family participation. regarding the immediate safety of the child or children.

The *Safety Assessment* provides a list of behaviors or conditions that describe a child being in imminent danger of harm. Use the RC-0104, *Safety Assessment Guidance*, to complete the safety assessment and determine if there are current danger indicators.

Document this assessment on form 470-4132, *Safety Assessment*, by indicating the date the safety assessment was completed as well as the factors influencing child vulnerability, current danger indicators, any protective capacities and safety intervention taken, and the safety decision.

- When danger indicators are identified, immediate action must be taken to address the danger of harm by implementing a *Safety Plan* or removing the child.
- A child is considered "safe" when the evaluation of all available information lead to the conclusion that the child is not in imminent danger of serious harm.

Describe the current factors influencing child vulnerability (conditions resulting in a child being more vulnerable to danger).

Describe any current danger indicators you identified (behaviors or conditions that describe a child being in imminent danger of serious harm).

Describe the caretaker's protective capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators.

Make a safety decision of one of the following statuses and document it on form 470-4132, *Safety Assessment*:

- **Safe:** No danger indicators identified; do not complete a safety plan at this time. Based on currently available information, no children are likely in imminent danger of serious harm, and no safety interventions are needed at this time.

  Continuously assess for situational changes that affect child safety, consult with your supervisor as needed, and take whatever actions the situation requires if the child's situation deteriorates to safe with a plan or unsafe.

- **Safe with a plan:** One or more danger indicators are present; safety plan required. Safety interventions have been initiated as identified and agreed upon by all necessary parties in the written safety plan. Removal will not be sought as long as the safety interventions mitigate the danger.

  The controlling safety interventions may include the parent arranging informal temporary care of the child. Develop a *Safety Plan* jointly with the family. Consider reasonable efforts to prevent removal of the child or active efforts to prevent removal of an Indian child. See Safety Plan and Removal, and See 18-C(5), *Indian Child Welfare Act (ICWA): Removing an Indian Child From Their Home*, as applicable. Provide the family and identified participants in the plan with a copy of the safety plan.

The reasonable or active efforts options should include the consideration of:

- Obtaining support from the non-custodial father or mother and his or her relatives (kin).
- Obtaining support from other family resources, neighbors, the tribe, or individuals in the community.
- Obtaining support from community agencies or services.
- Having the alleged perpetrator leave the home. Having the non-abusing caregiver move to a safe environment with the child.
- Family's agreed-upon participation in Family Preservation Services.

  When any of these reasonable or active efforts are used to protect the child, a safety plan must be completed reflecting the conditions and agreement by the parents as well as any individuals directly involved with implementing or monitoring the safety plan. The safety plan is a specific, formal, concrete strategy for initiating safety interventions which mitigate the specific danger identified in the safety assessment. The safety plan is employed immediately to identify actions needed right now to keep the child safe.

The safety plan must:

- Identify who will participate to assure safety of the child,
- Identify who will monitor the safety plan, and
- Identify the duration of the safety plan.
- Document the actions taken or services initiated to address each identified current danger indicator.
- Address how behaviors, conditions, and circumstances associated with the current danger indicators will be controlled.
- A safety plan is designed to manage the foreseeable dangers in the least restrictive manner. The implementation of the safety interventions offsets the need to take more restrictive actions at this time. Failure to follow the safety interventions or a change in circumstances may result in the need to take more formal actions to ensure child safety in the future.

- **Unsafe:** One or more danger indicators are present, and removal is the only protecting intervention possible for one or more children.

  Without removal, one or more children will likely be in danger of immediate or serious harm. The child will be placed in custody because safety interventions do not adequately ensure the child's safety.

  Removal must be sanctioned by court order or voluntary agreement for foster care placement. You are required to take immediate steps to remove the child from imminent danger of serious harm.

Consider making a referral to family preservation services and utilizing a Child Safety Conference (CSC) to avert out-of-home placement and stabilize the situation whenever possible. If that is not possible, pursue voluntary or court-ordered removal. Refer the information to the county attorney if a CINA adjudication, removal order, or other court action is necessary to protect the child. Consider having the child live with the non-resident father or mother, if appropriate, and then consider placing the child with kin or fictive kin prior to placing the child in non-relative foster care.

The worker shall complete form 470-4132, *Safety Assessment*, to document these evaluations.

Update the *Safety Plan* as needed.

If a child safety conference is convened, the safety plan should be reviewed and discussed to ensure that:

- Realistic and effective strategies are identified that will decrease or eliminate the risks to the child's safety, well-being, and permanency.
- Specific informal and formal safety response alternatives are identified.
- Specific steps that family members, providers, SWCM, and others will take to protect the children or other vulnerable family members are identified.

NOTE: If indications are that the child cannot be safely maintained at home, see Assessing Need for Placement.

Until all manageable risks of harm in the case are addressed, always review the safety plan during the life of the case and update it as necessary. Ensure that safety planning addresses:

- Any immediate issues
- Predictable future risks
- Manageable risks of harm
- The vulnerability of the child
- The severity and imminence of risks
- The protective capabilities of the family

Safety Plan vs. Case Plan

A safety plan is:

- A **specific, formal, concrete strategy** for initiating safety interventions which mitigate the specific danger identified in the safety assessment.
- Employed immediately to identify actions needed right now to keep the child safe.
- Designed to manage the foreseeable danger in the least restrictive manner.

Safety and safety plans are about immediate issues, while risk and case plans are about conditions that may require treatment or intervention, but do not pose an immediate danger of serious harm or maltreatment.

Safety Plan	Case Plan
Purpose is to control immediate danger of serious harm or maltreatment	Purpose is to change behaviors and conditions
Limited to foreseeable danger threats	Can address a wide range of family needs
Implemented immediately upon identifying foreseeable dangers	Put in place after thorough assessment
Activities are concentrated and intensive	Activities can be spread out over time
Must have immediate effect	Has long-term effects achieved over time
Providers role and responsibilities are exact and focused on the threats	Provider's role and responsibility vary according to family needs

Crisis Planning

Crisis planning is different from safety planning, although there may be overlaps. The crisis plan addresses what could go wrong with the strategies in the case plan and identifies a contingency plan. The safety plan addresses the immediate threats and identifies a strategy for controlling them.

Crisis planning answers the questions: "What actions or response would be required if some part of the plan breaks down and a crisis occurs?" and "What could go wrong?" In order to identify and predict contingencies:

1. Identify with the child and family team what their "worst case scenario" might be. Identify major things that could go wrong with the family. Explore examples of what happened in the past before a crisis occurred. This provides precedents to look for when it is about to occur again.
2. Help the family team brainstorm about what they may do to prevent a possible crisis. List action steps to prevent or respond to a crisis that may develop, including contingency responses and who will do what.
3. Ensure that the crisis plan is incorporated into the family case plan.

Assessing Risk

The purpose of the risk assessment is to identify risk factors within the family as well as being used to decide:

- The need for further intervention, and
- The focus of services to the family.

Risk refers to the probability or likelihood that a child will suffer maltreatment in the future. The identification of risks helps determine the focus of the change process and issues that will affect successful intervention.

Risk is assessed during intake in terms of the type and severity of the risk with respect to the allegations. The child protection worker completes form 470-4133, *Family Risk Assessment* before the child protective assessment is completed. When applicable, review the initial safety plan the child protective worker developed with the family. Modify the safety plan as needed, based upon subsequent transitions and family progress.

The SWCM completes the form 470-4134, *Family Risk Reassessment* during the following junctures:

- Case permanency planning reviews and
- Before case closure.

The scoring on the risk reassessment reflects changes in family functioning and provides a framework to identify critical factors that indicate changes in a child's risk of maltreatment. A score of moderate or high risk indicates a need to initiate or continue services. A score of low risk during the life of the case indicates that safe case closure needs to be considered and coordinated in the near future. Document information from the Family Risk Reassessment in the comment section of the most applicable domain in the case permanency plan and incorporate the results into the case planning process.

Family Case Plan

The Family Case Plan is the Department's key tool throughout the life of the case for gathering and organizing information gained through contacts and observations. It serves to provide a comprehensive view of the child and family by helping document conditions and concerns that led the family to become involved in the child welfare system as well as to help determine and document the most appropriate services and supports needed to assure and promote child safety, permanency, and well-being. The Family Case Plan also documents compliance with state and federal laws and regulations. The Department SWCM assigned to the child and family is responsible for preparing the case plan.

The initial family case plan must be completed and filed within 25 calendar days and the comprehensive family case plan must be completed and filed within 90 calendar days from the date the Department opens a child welfare service case or the date the child enters foster care, whichever occurs first. (IAC 441 Chapter 130.7(3)a(2)). The family case plan must be reviewed and updated:

- 180 calendar days from the start of service,
- 365 calendar days from the start of service,
- At a minimum, every six months thereafter while a case remains open, or
- More frequently if there are significant changes or if required by the court.

Preparing for Case Planning

Engaging the family is essential to a successful case planning process. The SWCM should engage the family in a collaborative manner regarding decisions around outcomes, goals, and tasks. In addition to active family engagement, preparation activities should include the following:

1. A review of all available intake and assessment materials to familiarize yourself with the family's strengths, needs, and current situation. Review the State of Iowa form 470-5562, CPW to SWCM Transfer Packet Face Sheet, This form has links to, but is not limited to, the following forms:
   - *Child Protective Services Assessment Summary*, form 470-3240
   - *CINA Services Assessment Summary*, form 470-4135
   - *Safety Assessment*, form 470-4132
   - *Safety Plan*, form 470-4461
   - *Family Risk Assessment*, form 470-4133
   - *Family Functioning Domain Criteria*, form 470-4138
   - Any previous Department service records

   Check the applicable boxes for each one you have reviewed and uploaded into JARVIS.
2. Collateral contacts as needed for additional information, clarification, or updates of information.
3. Consideration of the impact of cultural factors on case planning:
   - Determine if a language barrier exists and take steps to bridge it when necessary.
   - Consider how the family sees itself in relationship to culture, support networks, and community.

- Determine whether a child has Mexican citizenship and involve the Mexican Consulate when appropriate.
- Determine whether child has Indian heritage and involve the child's tribe

Completing the Case Plan

Complete the case plan documentation using the *Family Case Plan* form 470-3453 or 470-3453(S):

- *Part A, Face Sheet*, provides identifying information regarding statistical, historical and service summary, and placement information regarding the child and the family. This is automatically completed from data on the LIFE OF THE CASE – CASE HISTORY screen.
- *Part B, Family Plan*, provides a description of the assessment of the child and a comprehensive assessment of the family strengths and needs and concerns using the family functioning domains:
  - Child well-being
  - Parental capabilities
  - Family safety
  - Family interactions
  - Home environment
- *Part C, Child Placement Plan*, includes:
  - Information mandated by state and federal laws regarding a child placed in an out-of-home placement.
  - The permanency goal and concurrent goals which must be completed whether or not the child is placed.
  - The health and education status of the child. For a child in placement, this section must contain the most recent information available regarding the physical and mental health, and education records of the child. This information includes medications, vision and hearing records.
  - Transitional planning information for all foster children who are 14 years of age or older.

Case Plan Goals, Services, and Strategies

1. Using the Family Case Plan form, establish case plan goals in collaboration with the family. For each prioritized family functioning domain, develop and document specific goals to be achieved to ensure safety, well-being, and permanency.
2. Evaluate the need for services to meet the assessed needs of the family and child. For children in placement, evaluate the stability of the child's placement. Remember that planning for the safety of the child should be of paramount concern in every step of case planning.
3. Identify both formal and informal services and strategies that will assist the family in meeting the identified goals and:
   - Build upon the family's strengths.
   - Address the issues and needs of the family.
   - Manage identified risks.
   - Support the achievement of the case plan goals.
   - Provide for positive case outcomes.
4. For each goal, identify and document the action steps and responsibilities necessary to implement the services and strategies. The action steps should clearly identify:
   - Who is responsible for each step,
   - The time frame for initiating and completing the action, and
   - The criteria for measuring goal progress and achievement.
5. When services are not available, document the lack of availability in the case plan.

Selecting Services

Choose one or more service based on an assessment of the child's and family's needs. The goal is to recommend family-centered child welfare services that are comprehensive and intensive enough to promote change and remedy identified factors that place the child at risk.

1. Review the service descriptions to determine which ones may be helpful to meet the family's needs:
   - Family Centered Services
   - Drug testing
   - Legal services for achieving permanency
   - Supervision services provided by a SWCM (with supervisory approval)

   NOTE: Children whose cases are managed by juvenile court officers are **not** eligible for family-centered services from the Department. These children's service needs must be met through other programs.
2. Ask the child and family, use supervisory consultation, and use input from other involved parties to assess services that may be appropriate for the child and family. Build services around the family's existing strengths.

Obtaining Supervisory Approval for Family-Centered Services

1. Review service needs, choices, and duration with your supervisor when you are recommending family-centered services. Obtain supervisory approval for purchasing these services for a specific number of monthly units.
2. Include approved family-centered services in the proposed case permanency plan (Part C. Child Placement Plan of form 470-3453, *Family Case Plan*). Identify which children and other family members will be involved in receiving family-centered services.

Documenting Family Participation in Case Plan Development

1. Review the plan and the process that led to the development of the plan with the family and others involved in the plan.
2. Review in detail the identified goals and action steps.
3. Make any needed modifications to the plan that are appropriate and acceptable.
4. Affirm development of the plan by the participants:
   - Document participation in the development of the case plan on the "Signature and Notifications" page.
   - If the family was not part of the development of the case plan, document the reason in this section.

Reviewing the Case Plan

Review and evaluate the case plan when:

- There is a significant change in concerns, risk factors, or strategies.
- At a minimum of every six months.
- Before any judicial or administrative review.
- When the family team has determined significant progress has occurred on the case plan goals.

Use the case plan review section to document:

- Progress and barriers to achieving the permanency goal.
- Achievement of desired results and case plan action steps.
- Whether the child continues to be at "imminent risk of removal" from home.
- If family-centered services were not provided and why.
- If the permanency goal is changed.
- When the case is ready to close.

Case Permanency Planning

Permanence for a child means the child has a safe, stable, custodial environment in which to grow up as well as a life-long relationship with a nurturing caregiver. For children who receive in-home services, permanence refers to family preservation and the family's ability to sustain a safe environment for the child. When out of home placement is necessary, permanency involves working to return the child to the home, finding another permanent home with kin/fictive kin or legal guardian, or legal adoption. While maintaining constant focus on child safety is key, permanent living arrangements and emotional attachments must also be maintained or created. This is based on the assumption that stable, caring relationships in a family setting are essential for the healthy growth and development of children.

The Adoption and Safe Families Act (ASFA), Public Law 105-89, requires accountability by states to keep children safe and healthy and to establish permanency as quickly as possible. Federal regulations promulgated under this legislation affect states that receive funds through Title IV-E of the Social Security Act. The regulations mandate federal reviews of cases and providers and fiscal sanctions for states that do not comply with federal requirements.

Key principles of ASFA are:

- The safety of children is the paramount concern that must guide all child welfare services. Focus on child safety begins at the first contact the family has with the Department and continues during the entire case process. The Department is not required to make efforts to keep children with their parents when doing so places a child's safety in jeopardy.
- Foster care is a temporary setting and not a place for children to grow up. The law strongly promotes a permanent home for children who cannot return safely to their own homes. To ensure that the system respects a child's developmental needs and sense of time, the law establishes time frames for making permanency-planning decisions, and for initiating proceedings to terminate parental rights.
- Permanency planning is required at every level of Department intervention. When placement of the child is considered, the Department must:
  - Make reasonable efforts to prevent removal from home.
  - Make reasonable efforts to expedite reunification when removal is necessary.
  - Expedite another permanency option when reunification is not possible.
  - Provide ongoing case review and oversight.

  Only when timely and intensive services are provided to families can agencies and Courts make informed decisions about parent's ability to protect and care for their children.

  Efforts to place a child for adoption or with a guardian can be made concurrently with reasonable efforts to reunite a family.

Establishing the Permanency Goal

The permanency goal should be established in the initial case plan. In addition, conduct a case permanency review no less frequently than every six months.

1. Review and consider the appropriate permanency goal for the child based upon the case plan:
   - Remain in the home
   - Return child to home
   - Transfer custody to another parent
   - Transfer custody or guardianship to kin or fictive kin
   - Adoption
   - Transfer custody and guardianship to suitable person
   - Another planned permanent living arrangement. This permanency option is limited to children 16 years of age or older.
2. Document the permanency goal in the Family Case Plan when the child is in foster care.

Hierarchy of Permanency Options

Permanency planning and permanency options should be unique and individualized for each family. The range of permanency options for children and families can be ranked in a hierarchy considering safety, stability, and lasting nurturing relationships.

Degree of Permanence	Permanency Options
Most Permanent ↓ Least Permanent	Children remain safely with their parents
	Children are reunified safely with their parents or kin/fictive kin
	Children are safely adopted by kin/fictive kin or other families
	Children are safely placed with kin/fictive kin or other families as legal guardians
	Children aged 16 or older are safely placed in another planned permanent living arrangement

For example, remaining in or returning to the parental home is the most permanent option for the child. Adoption is considered the optimal form of permanency when the biological parents are unable to provide a safe, stable, and nurturing home.

Guardianship, permanent custody, and other planned permanent placements are considered less permanent. Temporary foster care and supervised apartment living are not permanency options.

Consider the following factors in selecting the appropriate permanency goal, based upon the findings from the assessment phase of the case and the case plan:

- The children's age and relationship with parents
- The children's and parent's capacities and needs
- The severity and duration of founded abuse or neglect

Concurrent Planning

Concurrent planning seeks to reunify children with their biological families while at the same time, establishing an alternative permanency plan that can be implemented if reunification cannot take place. It is based on full disclosure, which requires open and honest discussions with all parties at all steps in the process. Concurrent planning is an effective tool when used in collaboration with the parents through meetings or other family engagement mechanisms to expedite permanency.

Effective concurrent planning requires individualized assessment, goal-setting, and decision-making. The goals of concurrent planning are to:

- Engage families in early case planning and decision making to meet children's need for stability and continuity in their family relationships;
- Reduce multiple placements;
- Promote early permanency decisions; and
- Decrease the length of stay in foster care for children.

Use concurrent planning in all foster care cases except when:

- There is a good prognosis for rehabilitation of the child or parental conditions and the child is expected to return home within the first six month period.
- At the six-month case review, the child is expected to return home within 30 days.
- Reasonable efforts to reunify the child with the parents are waived due to aggravated circumstances.

All persons involved in the Family Case Plan need to be aware of and active participants in the concurrent planning process. Make an immediate search for noncustodial parents and all kin and fictive kin who may be able to commit to reunification or permanency. Ensure that Indian Child Welfare Act requirements have been followed and document your activities in the case notes.

Incorporate the elements of concurrent planning into the *Family Case Plan*:

- Identify concurrent permanency planning, goals, action steps, and timelines in the "Child Placement Plan," Part C of the *Family Case Plan*.
- Share Part B of the Family Case Plan and the permanency assessment results with the family, the family's attorney, the guardian ad litem, and the court.
- Assess the effectiveness of the case plan no later than 90 days after implementing concurrent planning.

Factors Indicating Low Need for Concurrent Planning

Factors that suggest a good prognosis for reunification and indicate little or no need for concurrent planning include:

- A positive parent-child relationship, as demonstrated by the following:
  - The parents respond to the children's cues.
  - The parents have empathy for the children, and there is a good balance between the parents responding to the needs of the children and the parent's own needs.
  - The parents accept responsibility for concerns leading to the abuse or neglect.
  - The parents have willingness and ability to modify parenting behavior and be protective of the children.
  - The parents have raised the children for a significant period.
  - The parents have the ability to meet the children's special needs.
  - The parents have shown periods of previous effective parenting.
  - The children appear comfortable in the parent's presence.
- Stable, consistent parental history and functioning, as demonstrated by the following:
  - The parents have stable physical health.
  - The parents have stable emotional health; any parental mental illness is well controlled.
  - The parents have economic stability (employment, living independently, stable housing).
  - The parents are free from substance abuse, gambling, violence, addictions, etc.
  - The parents have consistent contact and relationship with the children.
  - The parents have a history of being able to meet the children's needs despite impaired mental functioning.
  - Parental problems are of more recent and situational origin, rather than chronic.
  - There is consistency of parental caretakers and childhood needs being met.
  - The parent is a high school graduate or equivalent.
- Strong family support systems, as demonstrated by the following:
  - The family has significant positive relationships with adults who are free of overt problems.
  - The family has nearby extended family who can offer support.
  - The family has relatives have come forward to offer help if the children need placement.
  - The family has connections with a counselor, religious organization, job, or other entity that supports safe parenting and can offer support.

- The family recognizes its strengths and limitations.

Factors Indicating High Need for Concurrent Planning

Factors that suggest a poor prognosis for reunification and indicate a need for concurrent planning, include:

- Serious abuse or significant neglect, as demonstrated by the following:
  - The children have been a victim of serious physical abuse, such as burns, fractures, or poisoning.
  - The children have been a victim of sexual abuse.
  - The children have a history of significant neglect.
  - The children have been a victim of mental injury.
  - Child prostitution.
  - Dangerous Substance.
  - Child Sex Trafficking.
  - Bestiality in the Presence of a Minor.
  - Caretaker Allows Access to a Registered Sex Offender.
  - Caretaker Allows Access to Obscene Material.
  - Presence of Illegal Drugs in a Child's Body.
  - The children have been a victim of more than one form of abuse.
  - The parents have harmed the children repeatedly and with premeditation.
- Parental ambivalence, as demonstrated by the following:
  - The parents have abandoned the children to the care of friends, relatives, a hospital or to foster care placement.
  - The parents have a mental illness that is not currently well controlled, or has a history of not being well controlled.
  - The parents have relinquished another child or have considered relinquishing these children.
  - The parents have a pattern of repeated parental ambivalence about parenting.
  - This child or other children have had previous out-of-home placement.
  - The parents have a lack of emotional commitment to the children.
  - The parents have inconsistent contacts with the children.

- Unstable, inconsistent parental history and functioning, including previous lack of response to treatment and services and substance abuse, mental health, and domestic violence history, as demonstrated by the following:
  - The parents are addicted to substances and are unable to provide consistent parenting or self-care.
  - The parents continue to reside with someone dangerous to the children.
  - The parent(s) engage in high-risk behaviors (drugs, criminal activity, alcohol, etc.).
  - The parents have a documented history of domestic violence in relationships.
  - The family has a history of intergenerational abuse, with no visible change in family dynamics.
  - The children are at risk through being left with inappropriate caregivers.
  - The parents' only visible means of support is through illegal drugs, street life, prostitution, or other criminal behavior.
  - The parents were raised in foster care.
  - The parents have a degenerative or terminal illness.
  - Personality disorders are leading to progressive signs of family deterioration.
  - Parental abilities are limited due to developmental disabilities.
  - Previous intervention attempts have been unsuccessful due to parental uncooperativeness.
  - The parents have previously failed to respond to interventions despite adequate participation.
  - Family reunification has previously been disrupted.
  - The parents are under the age of 16 and have no parenting support system.
- Significant child welfare service history, as demonstrated by the following:
  - The parents have significantly harmed another child through abuse or neglect.
  - Other children have been placed in foster care or with relatives for six or more months' duration or have had repeated placements with child protective interventions.
  - Parental rights to another child were terminated.
  - These children have suffered repeated harm.
  - The family has had three or more child protective interventions for serious incidents.
  - These children have suffered more than one form of abuse, neglect, or sexual abuse.
  - The children were previously abandoned or once placed in care, and the parents did not visit the children on their own initiative.

- There is a pattern of documented domestic violence between the spouses of one year or longer.
- The parents experienced foster care or abuse.

Case Notes/Narratives

It is important to capture practice in a written narrative form. Case notes provides a written record of the interventions, progress, and efforts of those involved in the case as the case moves toward permanency and ultimately safe case closure. Case notes serve as a reference document throughout the life of the case and may be made available to the family, attorneys, or the court upon request.

The best practice to ensure accurate and thorough case notes is to complete them in JARVIS right away. This also ensures that the most recent information is available to a supervisor should an emergent need arise when the SWCM is out of the office. Minimum standards are as follows: Initial case notes shall be completed in JARVIS within the first 20 business days from the date the Department opens a child welfare service case or the date the child enters foster care, whichever occurs first. Thereafter, case notes should be completed within 20 business days throughout the life of the case. The complete case notes shall be available:

- At each six-month case review, and
- Whenever the *Case Plan* is updated or revised.

Case notes should include all contacts with the child, parents/caregivers, family-centered service provider, other service providers, therapist, school, medical professionals, and any other involved parties. Case notes should also include information about observations and interventions as well as key meetings and events. Court hearings should be referenced and orders summarized. Additionally, reference any related documents or reports that offer further information and state where those can be found. When applicable, documentation should include initial and ongoing efforts to locate noncustodial parents, kin, and fictive kin. Cultural issues such as the identity of the child's native heritage and the tribal affiliation of parents and children should also be documented.

Case notes should be in chronological order and written in a manner that others reviewing the document can easily understand what has occurred in the case to date. Include the date and type of contact, the purpose of the contact, and the information or issue discussed. Include the complete name and role of individuals cited in the documentation. If tasks were identified and agreed upon, document who will be responsible for each task and when each task will be completed.

Case notes is an evolving document that spans the life of the case. The content should be relevant to case progress and outcomes. Case notes should reflect and support the content of the *Case Plan*, *Safety Assessments*, and *Risk Reassessments*. Document any key changes in the case such as a change in the child's *Safety Plan*, visitation, or placement. Include an explanation for the change. Identify who was involved in making the decision and what, if any, actions will be taken as a result of the change.

Discussion of permanency goals, service interventions, medical, and educational information should be included in the case notes. In the case of any youth aged 16 or older for whom another planned permanent living arrangement is the permanency goal, documentation must include intensive, ongoing, and unsuccessful efforts to return the child home or secure a placement for the child with appropriate and willing kin and fictive kin, legal guardian, or adoptive parent.

Case notes should be succinct yet offer the appropriate level of detail so to present a clear understanding as to what has occurred in the life of the case. The tone of the narrative should be neutral and objective and written in a professional manner using complete sentences.

Face-to-Face Visits

Good case management practice in child welfare relies on quality contacts between SWCMs and children, youth, and parents. These purposeful, face-to-face visits are essential to engagement, assessment, and case planning.

Quality Visits

Quality SWCM visits ensure child safety, support permanency planning, and promote child and family well-being. Quality visits should include the following:

- An assessment of danger, risk, and well-being;
- An assessment of progress toward family level and individual level goals;
- Engagement through the use of empathy and respect;
- Follow-up on tasks or concerns discussed in previous visits or communications and
- Problem solving to move the case plan forward.

A quality visit should include transparent dialogue, which is essential to the ongoing process of developing and maintaining a trust-based relationship with the family. The SWCM should be open and honest with the family regarding the progress of the case and the role of the Department and that of the Court, if applicable. Quality visits require strong interviewing and assessment skills. Proficiency in conflict resolution, including the use of de-escalation techniques when needed, are key when interviewing.

Cultural competency is essential to a quality visit. Visits should be conducted in a manner that is respectful of individual, family, and community diversity.

SWCM Child Visits

The frequency of the face-to-face SWCM visit should be based on the needs of the child, but minimally occur at least once every calendar month. Visits should begin at the time of transfer and acceptance of a case and continue throughout the life of the case. If the child is older than an infant, the SWCM should meet with the child alone for at least part of each visit. Always be conscious of child safety issues at each child contact. The majority of the visits should be conducted in the child's place of residence.

If the case is an in-home child welfare service case, the visit should include all the children in the family who are living in the home and/or who are receiving family-centered services. If the case is an out-of-home service case, the visitation requirement is specific to the identified child who is in placement.

SWCM Child Visits for Foster Care

The Child and Family Services Improvement and Innovation Act of 2011, P.L. 112-34, includes the following additional requirements for caseworker visits to children and youth in foster care:

- States must ensure that at least 95% of children and youth in foster care receive caseworker visits once a month while in care.
- At least 50% of the total number of monthly visits made by caseworkers to children and youth in foster care must occur in the child or youth's residence.

SWCM Child Visits for Outside of Originating County

When a child is placed out of the originating county of the case, a request may be made for a SWCM in the county where the child resides to conduct the monthly SWCM visits with the child. To request assistance with child visitation:

- Send a copy of the latest case plan and other necessary documentation to SWCM conducting the visits.
- Be sure they ask about what has been happening with the child since the last visit, e.g. school, medical, dental, eye, hearing appointments, medications prescribed and the dosage and any side effects, and services provided to the child and the child's progress.
- The visitation arrangement should be in the child's best interests and the child should feel comfortable with the arrangement.
- The SWCM visiting the child should be consistent the majority of the time.
- The SWCM visiting the child should provide written documentation of the visit to the SWCM in the originating county.
- The frequency and level of the communication between the SWCM assigned to the case and the SWCM conducting the visit should be such that the SWCM completing the visits has the latest pertinent information on the case prior to the visit.

SWCM Child Visit for Out-of-State

If an Iowa child is placed out of state, the responsibility for visits may be negotiated through Interstate Compact. Iowa shall retain jurisdiction over the child until the receiving state recommends termination of Iowa's jurisdiction. During the course of the placement, maintain case management responsibilities. You may have ongoing telephone contact to monitor the placement and discuss service needs.

SWCM Parent Visits

The SWCM shall conduct face-to-face visits with the child's parents, for all in-home and foster care service cases. Parents include the child's fathers and mothers, regardless of child custody status or whether the parent resides in the same residence as the child. The frequency of the visits should be based on the circumstances of the case but at a minimum, visits are required to occur monthly.

Visitation shall include parents who are incarcerated. If a parent is living out of state, monthly contact may be in the form of phone calls, written correspondence and/or by electronic means. Circumstances in which exceptions to parental visits are granted include the following:

- Parent is deceased.
- Location of parent is unknown and there is ongoing documentation regarding the concerted efforts taken to attempt to locate the parent.
- Parent has indicated or is refusing to be involved in the child's life after concerted efforts to engage the parent were made.
- Safety issues exist for the child and/or the SWCM.
- Visitation and/or any other type of contact is restricted by court order or law enforcement.
- Parental rights have been terminated.

The purpose of the parental visitation is to engage the parents in the case planning process. The frequency and quality of the visit between the SWCM and the parents should be of sufficient frequency and length to address the safety, permanency and well-being of the child and to promote achievement of the case goals. During the visit, the case plan should be reviewed and the progress of the case should be discussed with the parents.

Documenting Quality Visits

The documentation of visits should state who the visit was with, where the visit was held, and the specific date and time of the visit. Document if the child was seen alone or whether others were present during the visit with the child.

Six topics areas should be addressed each month when conducting a visit with the child and/or family. All information gathered is to be documented in JARVIS. The six topic areas include the five functioning domains: Family Safety and Risk, Child Well-Being, Parental Capabilities, Family Interactions, Home Environment, and Permanency. While Permanency is not part of the five family functioning domains, it is a key topic to address when conducting a visit with the child and family.

A detailed explanation of each of the six topic areas and the requirements regarding documentation are described below.

- **Family Safety and Risk:**

  Determine the current danger and risk concerns regarding the identified children by completing an informal risk assessment. This may include issues such as domestic violence, substance abuse, physical abuse, emotional abuse, sexual abuse, and/or neglect. Documentation should differentiate between danger and risk factors. If a safety plan is in place, review the plan with the child and family and document this.

- **Child Well-Being:**

  When meeting alone with the child ascertain through age sensitive conversation, the child's feelings, strengths, needs, concerns, and thoughts regarding their current environment. Services and informal supports for the child should be explored regularly with the child and documented. If age appropriate, discuss the case plan goals with the child. If the child is an infant or nonverbal, record your observations of the child.

  Observe and record the family interactions and bonds between the child and the parents. Document any observed or reported developmental milestones.

  Information regarding each child's educational status (e.g. grade level, attendance, academic needs/progress, Individualized Education Program (IEP) goals, behaviors, peer interactions, if 0-3, referral to Early ACCESS) should be gathered and documented on a monthly basis. While this information may not change significantly month-to-month, it should be documented that the conversation occurred and any change should be noted.

  The child's medical status (i.e. medical appointments, immunizations, dental, vision and hearing care, prescriptions and non-prescriptions) should be explored and documented on a monthly basis. Record any updated medical information, including any side effects of medication or changes in medication. If there are no changes in the child's medical status, the documentation should reflect that a conversation occurred monthly regarding the child's physical health.

The child's mental health and behavioral needs also should be assessed monthly. Inquire as to the child's schedule including sleeping and eating habits. Ask about the child's behaviors in and out of their home environment, their participation in services, any new diagnoses, psychotropic medications, etc. Documentation should reflect progress, setbacks, and any unmet needs of the child. If no major changes are reported, at a minimum the documentation should note that a comprehensive conversation occurred with the child and/or parent(s) regarding the child's well-being.

- **Parental Capabilities:**

  Each month update the current assessment of the fathers, mothers and/or caregiver's strengths, needs, service participation, informal supports, and ability to access community resources. Case plan goals should be reviewed during the visit and any progress, setbacks, and/or barriers to safe case closure should be documented. Discuss the issues within the case including any mental or physical health issues and the use of alcohol/drugs. Parenting skills such as disciplinary practices, supervision, and ability to provide developmental and enrichment opportunities for the child also should be discussed. A synopsis of the conversation should be captured in the documentation.

  Documentation under this topic should include and address any non-resident parents. Efforts to identify, locate, and engage the non-resident parent should be discussed and documented monthly.

- **Family Interactions:**

  Observe and record pertinent observations of the family's interactions. If the interaction between the child and one or both of the parents is restricted in any way, document the reason for this and why it is contrary to the child's safety or best interest. While it is not necessary to document this every month, record any future changes to the family interaction plan. At each interaction, discuss with the parent(s) how progress may be made toward a lower level of supervision and how reunification (if applicable) may be achieved in the case. Document that this subject was discussed with the parent(s) or caregivers.

  Explore with the parent(s) their current needs and discuss the family's support system. This may include extended family and informal or community supports. Document the efforts made by the family to meet their needs by connecting with and utilizing their support system. See Family Interaction.

- **Home Environment:**

  Observe and assess the safety of the home on a monthly basis. Identify and document any concerns such as the cleanliness of the home, food in the home, and any structural hazards. If the child is exposed or has access to dangerous items, immediate intervention is required. This may include the child having access to medications, weapons and/or dangerous household cleaners. Immediately explain why these are safety hazards with the child and family and how to resolve them. Document the observation, the discussion with the parents, and how they are or were resolved.

  For a child in an out-of-home placement, the face-to-face visit should be held in the place where the child resides. At each visit, observe the child's personal living space and where they sleep. If any concerns are identified or observed, discuss them with the caregiver and notify licensing staff in a timely manner.

Discuss with the parents, fathers and mothers, any concerns or needs regarding housing stability, safety in the community, habitability of housing, income/employment, financial management, food/nutrition, personal hygiene, and transportation. Document the information you shared with them.

- **Permanency:**

  For children placed out of home, document the progress and/or barriers toward achieving and maintaining permanency. Areas to assess and explore with the child and the caregivers include how the child's social/cultural needs are being met, how connections for the child are being preserved, and the stability of the current placement. Concurrent planning should be discussed with the child if age appropriate and with the parents.

  Discuss with the family such things as progress made on locating and engaging relatives, pending home studies, and court decisions. Document information shared and discussed with the child and family.

  Engage older youth in a discussion regarding the development of a transitional plan to adulthood. Ask the youth to identify progress/barriers to achieving their future goals. Discuss with the youth any needed referrals, their participation in transitional services, what future services are available to them, what educational opportunities exist, and their independent living skills. Discuss informal supports including their identification of and connections to caring adults that will support them into adulthood. Verbally review the transition plan each month with the youth and document this. Document any changes in the transitional plan such as a change in services, interventions and/or resources.

Child Participation in Court Hearings and Solution Focused Meetings

Unless the attorney or Guardian Ad litem (GAL) for a child finds their attendance is not in their best interest, make arrangements for any child 10 years of age or older (or a younger, school-aged child, if determined appropriate) to attend:

- All court hearings, and
- All staff or solution focused meetings involving placement options or services provided to the child.

Children may attend by video or telephonic means rather than in person.

If the child is excluded from attending a hearing or a meeting involving placement options or services provided to them, maintain a written record in the child's file detailing the reasons they did not attend.

For a child aged 14 and older, ask them if they have someone other than the foster parent or the SWCM they would want to participate in case planning. Help the child understand that whom they select can be an advisor and an advocate for them. In addition to advising with case planning, court hearings, services, and meetings, the selected individual may also assist the child with respect to the application of the reasonable and prudent parent standard.

If an advisor or advocate selected by the child is not acting in the child's best interest or you feel the person selected will not act in the child's best interest, tell the child you cannot allow this person due to your concerns and respectfully dismiss the person from the planning team.

Monitoring and Coordination

Monitoring progress is the practice of measuring changes in behavior and conditions, not measuring service attendance or compliance. Determining the extent and nature of progress is central to child protective services. Monitoring change should begin at service implantation and continue throughout the life of the case until the family level and individual level outcomes have been achieved. Each contact with the child and family should focus on assessing the progress being made to achieve the established outcomes, goals, and tasks as well as to reassess safety.

Monitoring Strategies

- Maintain frequent email and phone communication with all child welfare service contractors involved with the family.
- Participate in face-to-face meetings between the family and contractors during the initial period and throughout life of the case (LOC).
- Share information and perceptions concerning the case with contractors. Discuss any historical information on prior services the family received, specific approaches that work most effectively with the child and family, any current court action or expectations, and any other significant case issues.
- Review documentation and reports submitted by child welfare service contractors.
- Use the periodic FTDM meetings to monitor and adjust services, outcomes and goals, and action plans.

Monitoring Child Welfare Contracted Services

It is the SWCM's role to lead and coordinate the service delivery process by engaging in open and collaborative communication with all service contractors. The Department is moving toward increased use of Evidence Based Interventions (EBI). While it is your role to monitor the provision of contracted services, the contractor's expertise in maintaining fidelity to model during service provision should be respected.

1. During service provision, evaluate the child's situation and response to services on an ongoing basis.

   Use progress reports from service contractors as well as your contacts with the family and other providers to assess progress toward goal achievement.

   Use supervisory consultation to help evaluate the situation and service needs.

2. Monitor service delivery, review contractor reports, and work with the assigned contractor worker to resolve any problems.

   Participate in face-to-face meetings between the family and contractor staff.

   Exchange information regularly with contractors and other service providers about the family's situation.

   Promote communication and coordination among the child's contractors and other service providers.

Consult with your supervisor and service contract specialist to help resolve problems with a contractor that are adversely affecting results achievement.

Use the social work case management team to monitor and adjust service planning.

Use periodic solution focused meetings or other types of meetings to get broad assessment information on family progress, perceptions of services, and further service needs.

Share information and perceptions concerning the case with the contractor.

Make sure that the contractor has the most current information on core concerns and issues that need to be addressed, behavioral changes that must occur, and court ordered expectations, if children in the case are under court order.

Be sure that the contractor seems to have a clear understanding of the significant issues, safety concerns, and risk factors in the case and that the contractor has communicated these issues and has communicated these to any subcontractors that will be involved with the case.

3. Review and incorporate progress report information into the case narrative and the case plan.
4. Forward progress reports to juvenile court when services are court-ordered.

   Document fully the services provided or offered to the child and family as well as the responses and results observed.

   Document that maintaining the safety of the child has been the primary consideration in service planning. Note: Your documentation may be assessed in the future within the court system to evaluate whether the state has met the reasonable efforts expectation.
5. Consult with contractors and other service providers about any changes in situation that may require changes in the services being provided. If additional or alternate services are needed, seek supervisory approval for any service modifications.

Monitoring Child Welfare Contracted Service Effectiveness

The SWCM is responsible for assessing the extent to which services are being provided as planned and for determining whether services should be adjusted to enhance risk reduction. Use supervisory consultation to help evaluate service effectiveness. Specific questions that should be considered when evaluating service effectiveness include:

- Have services been provided in a timely manner?
- Has the family participated in services as scheduled?
- Has the service contractor developed a rapport with the family?
- How effective have the services been in achieving identified outcomes and goals?
- Do adjustments need to be made to improve the effectiveness of services?

Reviewing and Reauthorizing Family-Centered Services

1. Assess whether additional services are necessary when the amount or duration of authorized and approved services is about to end, or when services may be terminated.

   Discuss future service needs with the child and other family members.

   - Be sure to request additional service authorization before completion of the approved service period or use of all approved service units.

2. Reassess the need for services for the child and family.
   - Review issues present at initial assessment and progress made toward overcoming concerns that placed the family and children at risk.
   - Consider these factors in your reassessment:
     - The child's and family's response to services
     - The risk of abuse, neglect or delinquency
     - Any documented allegations of abuse, neglect or delinquency
     - The risk of placement
     - Emotional and behavioral conditions of the child and family members
     - Stress factors and crisis situations
     - Child, family, and community strengths and resources
     - Court status and results of any court reviews
3. Based on your reassessment, either refer the child for authorization of an additional period of services or recommend that services be terminated.
   - If services can be ended, follow the procedures under Discontinuing a Service in 18-C(3), *Family-Centered Services*.
   - If services will be reauthorized, obtain a new form 470-0615 *Application for All Social Services*. Ensure that IV-A emergency assistance eligibility is reassessed at least every 12 months.
     1. Request supervisory approval for continued provision of services.
     2. Review or have available the following:
        - The contractor reports;
        - Current assessment information;
        - Information regarding changes in the child and family, if applicable;
        - The court order, if available; and
        - Changes in the services requested
     3. If services are reauthorized, give the contractor a copy of the revised *Family Case Plan* (case permanency plan) and form 470-3055, *Referral and Authorization for Child Welfare Services,* so there is no break in service to the child.
     4. Issue a form 470-0602, *Notice of Decision: Services*.

Coordination With Other Service Providers

It is very possible that children and families receiving Family-Centered Services (FCS) will also be receiving additional services such as BHIS, therapy, substance abuse services, etc. through community providers. These services may be provided by the same organization providing FCS or a different provider. Regardless of which organization is providing the additional services, it will be important to:

- Discuss with the family the need to coordinate all services so it is clear which needs and issues each services provider is focusing on;
- Have the family sign releases as needed so that service providers can communicate with each other to maximize service effectiveness;
- Ensure that any written progress concerning any of the services are available for review so that each provider can review summary info on case response to services; and
- Involve all other service providers in solution focused meetings to the greatest extent possible and agreed on by the family so that family service planning can be coordinated and comprehensive.

Transferring a Case

A child takes the residence of the parent's household, unless the court has assigned guardianship. When a child's family changes residence to a county served by another Department office in the same service area, the case may need to be transferred to the other office. Follow local procedures for case transfers. Decisions about acceptance of case transfers are guided by:

- The anticipated permanency of the family's move.
- Reunification planning for the family, including need for frequent parent-child visits.
- The best interests of the children.

When a family moves to another service area, make a referral to the service area manager (SAM) or designee before transferring the case if the family has voluntary services that will be continued. If the family has court-ordered services, you must contact the social work supervisor, involve the social work administrators as needed, concerning the transfer and before you request a venue transfer from juvenile court. The agreement to transfer must be made on fiscal responsibility and include the effective date for the transfer of fiscal responsibility. Adoption cases where the adoption has not been finalized by the court, cannot be transferred until finalization of adoption has occurred. For licensed foster home cases, the entire foster family licensing file must go to the foster family's new county if they intend to continue fostering.

A general standard is that the family will have been in their new location for at least six months before a request is made for transfer, but case-specific circumstances may indicate the need for an earlier transfer.

Before transferring the case, make sure all case information is complete and updated both in the case file and on the data system. Include a transfer summary in the case narrative.

Monitoring for the Potential of Human Trafficking

U.S. federal law defines human trafficking as a form of modern-day slavery where people profit from the control and exploitation of others. Victims are forced, defrauded, or coerced into trafficking. The actions of traffickers is to exploit victims for labor, services, or commercial sex.

1. **Identify the children and youth within the child welfare system** who are at risk of becoming a sex trafficking victim or who is a victim of sex trafficking. Children and youth at risk of sex trafficking include:
    - Any child or youth in which there is an open Department child welfare case but has not been removed from the child's home.
    - Any child or youth in which the Department has responsibility for the child's or youth's placement, care, or supervision.
    - Any child or youth under the age of 18 who has run away from foster care.
    - Any youth not in foster care but who is receiving Chafee funded transition services.
2. **Risk factors related to sexual exploitation** of minors vary in terms of the type and severity of the risk. Potential indicators of risk for children and youth who have:
    - A history of running away.
    - Experienced a lack of stable housing or periods of homelessness.
    - Been physically or sexually abused.
    - Been exposed to domestic violence.
    - Expressed a strong interest in an older adult or is in a relationship with an older man or woman.
    - Been or is currently placed in a foster care home, group home, residential treatment center, shelter or other such setting.
    - Suddenly acquired expensive items such as a cellphone or clothing.
    - Knowledge of and frequents internet sites known for commercial sex. Digital risk factors include recruiting, grooming, and advertising.
    - Contracted sexually transmitted diseases or infections.
    - Acquired tattoos or cutting or burn marks which may be a sign of branding.
    - Identified themselves as a LGBT person.
    - A history of substance use or abuse.
3. **Interview and screen the child or youth (see above)** if there is reasonable cause to believe the child or youth may be a sex trafficking victim. Be aware that children and youth may not recognize their own risk with regard to sex trafficking. Children and youth who have experienced sexual exploitation may not view themselves as victims or may be too traumatized by their experience to disclose information.

4. **Report immediately (see above)** to law enforcement specific children or youth who have been identified as being a victim of sex trafficking.
5. **Assess and provide appropriate services** for children and youth who are at risk of becoming a sex trafficking victim or who is a victim of sex trafficking.
    - **In assessing these children**, a victim-centered approach, in which the child or youth is viewed and treated as a victim rather than that of a willing participant, should be followed. This approach combined with a trauma-informed continuum of care, which recognizes and addresses the symptoms that commonly occur in response to repeated sexual and physical abuse appears to be most effective with these victims.
    - **Appropriate services** for these children will require collaboration and coordination across different agencies and areas of expertise as the child or youth may be involved in a number of different systems such as Juvenile Justice, child protection, and foster care. Service needs may include any, or all, of the following:
        - Physical and mental health care services,
        - Substance abuse counseling,
        - Victim advocacy,
        - Therapeutic interventions,
        - Forensic interviewing, and
        - Educational and placement services.
6. **Document in your case notes** if the child or youth is at risk of, or is a victim of, sex trafficking and describe what strategies have been taken and what services have been provided to best protect the child or youth and to secure their health and well-being.

Assessing Need for Placement

In assessing the need for placement, it is important to remember that placement away from the birth family means more than the physical loss of living with the family. It also means loss of relationships and loss of control over one's life. This can have a devastating impact on a child's development and well-being. The state recognizes removing a child from the child's family causes the child harm and that the harm caused by a child's removal must be weighed against the potential harm in allowing a child to remain with the child's family. This includes weighing the physical, emotional, social, and mental trauma the removal may cause the child. If placement is necessary to ensure the child's health and safety, the child should be placed in the least restrictive, most family like setting with people they know if possible.

Initial assessment of the need for placement consists of several steps:

1. Identify the family's immediate needs. This includes:
    - Assessing Danger vs. Risk,
    - Reviewing the Reason for Department involvement, and
    - Reviewing remediation efforts to avoid placement.
2. Determine if the Department can provide the needed service. This includes a determination of service availability and a determination of the family's eligibility for service.

3. Determine if the family's current situation requires removal of the child from the home. This means determining whether the home meets the "minimum sufficient level" of care, defined as the point below which the child's mental, physical, or emotional health is threatened by being in the home. Ask the following questions:

   - What can be done to remove the danger instead of the child?
   - Can someone the child/family knows move into the home to remove the danger?
   - Can the caregiver and child go live with kin or fictive kin?
   - Can the child move temporarily to kin or fictive kin?

   Consider making a referral to family preservation services. If possible, utilize a Child Safety Conference (CSC) as a part of the family preservation services to identify collaborative solutions to allow the children and family to remain together and if that is not possible, to try to ensure that children are placed with kin or fictive kin caregivers.

4. Determine what legal action is necessary to get authority to make the placement, if necessary.

NOTE: When the Department becomes involved with a child through court action not initiated by a Department assessment, the above steps may have been taken by court staff. It is important for case planning to obtain the facts that were used in making the assessment.

Reasonable Efforts

Federal and state child welfare statutes stress the necessity for state child welfare agencies to make reasonable efforts to:

- Prevent the placement of children outside their homes whenever possible.
- Work toward reunification of children with their families after out-of-home placement.
- Arrange and finalize a new permanent home for the child after reunification is no longer the goal.

Family-centered child welfare services provide a significant portion of Iowa's reasonable efforts service response system and play major roles in efforts to prevent placements and work toward reunification when placement has occurred. Carefully review and become familiar with the "reasonable efforts" definition and requirements. For information regarding eligibility for Family-Centered Services, refer to 18-C(3), *Family Centered Services*.

Federal policies preclude claiming federal funding for a child's stay in foster care unless a court has determined, within 10 days of the child's actual removal from the home, that:

- The Department made reasonable efforts to prevent the placement; or
- Based on the facts of the case, reasonable efforts may be waived due to "aggravated circumstances."

The child's health and safety shall always be the most important consideration in the assessment of the child and family as well as in service planning and delivery. States are not required to make reasonable efforts to keep children with their parents when doing so places a child's safety in jeopardy. A court may waive reasonable efforts requirements when the court determines that "aggravated circumstances" exist.

Aggravated circumstances include situations such as:

- Parental abandonment.
- Parental conviction of specific crimes against children.
- Termination of parental rights with respect to other children of the parents, either in Iowa or in another state.

Making a Placement

To be eligible for placement services, the person must be living in the state of Iowa. Persons living in Iowa for a temporary purpose are considered to be "living in Iowa," unless the purpose is vacation.

Children are considered residents of Iowa when they are under the jurisdiction of an Iowa juvenile court and are placed in another state.

Types of Placement

Types of placement include:

- Kinship care is placement with kin or fictive kin
- Family Foster Care
- Shelter care
- Qualified Residential Treatment Facility (QRTP)
- Community residential facility
- Comprehensive residential facility
- Supervised apartment living (SAL)
- State juvenile detention facility at Eldora
- Juvenile detention facility
- Psychiatric medical institution for children (PMIC)
- State mental health institute (MHI) at Cherokee or Independence

Placement of a Child With American Indian Heritage

If it is determined that the child or children require removal, you must first ask the parents if the children may be of American Indian heritage. Be alert to how the child and family self-identify their ancestry, as this may provide clues as to potential Native American heritage. (For detailed information on American Indian heritage, please see the Indian Child Welfare Act manual chapter.)

Ask:

- "Are you or your children an enrolled member of a tribe?"
- "Are you affiliated with any Indian tribe?"

1. Contact any tribal representative, family member, previous service provider involved with the family, or other person whom you reasonably believe could have information to help in making this determination.
2. Develop a family tree if the child or the child's mother, father, grandparent, or Indian custodian indicates the child may have Native American status.

3. If the child's family members are unclear about tribal membership, but there is reason to believe the child is of Native American ancestry, gather information and contact the Bureau of Indian Affairs of the U.S. Department of Interior. Send all communication for proceedings in Iowa to the Bureau of Indian Affairs of the U.S. Department of Interior at:

   Midwest Region Regional Office
   Indian Affairs
   5600 American Blvd W Suite 500
   Bloomington, Minnesota 55437

   The Bureau of Indian Affairs will assist in contacting the appropriate tribes to help obtain a determination of tribal membership and Native American status.

4. Ask the tribe to determine if it considers the child to be a tribal member. NOTE: Iowa law allows tribes to elect to identify a child as a tribal member even if the child's parents never became tribal members. This broader definition makes it even more important to ask about Indian ancestry and family tribal identification and promptly make contact with the tribe.

5. For all children entering out-of-home placement, document on the child's case permanency plan the dates that you have made inquiries regarding tribal membership or eligibility for tribal membership, and what efforts you made to obtain a determination of the child's status. You may be required to provide this documentation to the court.

Placement of a Mexican National or Multi-Nationality Child

If the child or children were not of American Indian heritage, you must also ask the parents:

- About the country of their own birth and of their child's birth;
- If they have a Mexican birth certificate or baptismal record or multi-nationality;

Make inquiries of others who may have information about the child's status, such as service providers, medical staff, or school personnel.

When the Department takes custody of a child who is determined or is believed to be a Mexican national or a multiple-nationality minor:

- Provide written information to the child and the child's parents, father and mother, or custodian, in both English and Spanish that explains the juvenile court process and the rights of children and parents or custodians in juvenile court.
- You can use the brochure Comm. 146, *"The State Has My Child! What Can I Do?"* in English and in Comm. 146(S) in Spanish for this purpose.
- Let the family know that you will cooperate with staff of the Mexican Consulate in matters concerning Department involvement with the child.

- Provide the child and family with the address and phone number of the Mexican General Consulate Office in Omaha, Nebraska, as follows:

  Mexican General Consulate
  Consulate of Mexico
  Protection Department
  7444 Farnam Street
  Omaha, Nebraska 68114
  Phone: (402) 595-1863, (402) 312-5006 (cell)
  Fax: (402) 595-1845
  Email: proteccionomh@sre.gob.mx

Provide written notification to the Mexican Consulate Office in Omaha when:

- The Department has identified that a child in its custody is a Mexican national or a multiple-nationality minor,
- A parent, father or mother, or custodian of a Mexican national or multiple-nationality minor has requested that the Department notify the Mexican Consulate Office, or
- The Department learns that a noncustodial parent, father or mother, of a child in state custody resides in Mexico.

To carry out this responsibility, complete form 470-4385, *Mexican Consulate Notification*, and send it within ten working days of the initial date the child entered state custody. (See 18-Appendix for a sample form and instructions.)

NOTE: If you become aware at some point after a child has entered state custody that the child is a Mexican national or multiple-nationality minor, send form 470-4385 to the Consulate immediately.

Share client-specific information such as court orders, case permanency plans, and provider reports with the Consulate Office upon request. Document the provision of this information in the case record.

If the Consulate requests access to a child protective assessment report, determine the reason for requesting the written report and consult with child protective policy staff in central office before releasing it.

Least Restrictive Placement

If the court determines that a child should be removed from their home, the court shall first consider placing the child in the custody of the other parent of the child. If the court determines that placing custody of the child with their parents is not in their best interest, the child's custody shall be transferred to the Department for placement. The Department shall give priority to an adult relative first, then fictive kin, then other suitable placement identified by the child's relatives before placement in foster care or group care.

Placement consistent with the best interests and special needs of the child shall be in the least restrictive, most family-like setting available in close proximity to the child's home. The Department shall first consider placing the child in a kin or fictive kin's home unless:

- No kin or fictive kin are available or willing to accept placement; or
- Such placement would be detrimental to the child's physical, emotional or mental well-being.

Document in the child's case permanency plan your efforts to place a child in a kin or fictive kin's home and (if applicable) reason for using a non-kin placement. Throughout the case, the Department shall actively ensure that the child stays connected to the child's kin, culture, and community as stated in the child's case permanency plan.

Consider the following factors when choosing the placement that best meets the needs of the child:

- The engagement of the child's family for kin or fictive kin placement (see Diligent Search for Parents and Kin/Fictive Kin)
- The child's need to be placed with siblings (see Siblings)
- The child's need for an appropriate and stable educational setting
- The child's need for continuity with previous placements if applicable
- The ability of the placement resource to sustain the placement
- The success of the placement resource in serving children with similar needs
- The expected length of placement
- The cost of the placement and the availability of funding for the placement

Diligent Search for Parents and Kin/Fictive Kin

The assessment of the need for foster care services shall include a family genogram to identify kin or fictive kin. The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires the Department to exercise due diligence to identify and notify all adult relatives of a child within 30 days of the child's removal of the relatives' options to become a placement resource for the child.

Questions to ask parents to facilitate the identification of kin and fictive kin:

- Who cares for your child when you are at work or sick?
- Can you name some relatives involved in your child's life?
- Who from school, the neighborhood, church, etc. does your child enjoy being around?
- Who cared for you when you were growing up?
- Who are your friends from work, the neighborhood, church, etc.?
- Who do you go to when you need help?

Children and youth are also able to identify positive adult connections. Conversations around identifying potential caregivers should be strengths-based and trauma-informed. Choose a setting in which the child or youth feels safe and watch for signs that indicate that a pause in or end to the conversation is needed. Helpful questions may include:

- How do you spend your holidays, birthdays, and special occasions? Who were the family members or friends you enjoyed being around or were kind to you?
- What activities have you been involved in at school, church, or your neighborhood? Who did you connect with? Who made you feel important or listened to you?
- Who are three people in your life you've had the best relationship with?
- Who could you call right now that would listen to you, give you advice, or help you with a problem?
- Who cared for you when your parents could not such as places you've slept or eaten when needed?
- Who visits or calls you?
- Who would you choose to live with including relatives and friends or former foster families?

Initiate the search before placement of the child if possible.

1. Ask the parents or caretakers to identify both maternal and paternal kin of the child. Besides the parents, this includes:
    - Maternal and paternal grandparents.
    - Adult siblings of the child.
    - Adult maternal and paternal aunts and uncles of both parents.
    - Adult kin of the child suggested by the parent.
    - Parents of the child's siblings.

Give each parent form 470-4840, *Notice to Relatives Worksheet*, to identify relatives and give their opinions of the relative's potential to assist with case planning or placement. Issue this form for each removal episode from the home even if the child returns home within 30 days of removal as this will assist in the future if removal of the child is needed again as a possible kin placement.

Ask parents what kin they would choose to have the child placed with on a temporary basis if the safety plan or Family Preservation Services to prevent placement are not successful. A Child Safety Conference, during the course of Family Preservation services, is also a useful tool in identifying kin and fictive kin placement possibilities in crises in which a child is at imminent risk of removal.

2. When a parent or relative is identified, obtain the person's name, address, and phone number. Initiate a search for the person as soon as you are made aware of the person's existence. A diligent search shall include:

   - Interviews with persons who are likely to have information about the identity or location of the person being sought;
   - Database searches, such as the Federal Parent Locator Services (FPLS) and
   - Record searches, including searches of employment, residence, utilities, Armed forces, vehicle registration, child support enforcement, law enforcement, and corrections records and any other records likely to result in identifying and locating the person being sought.

3. Contact the identified persons to determine their willingness to be a support to the family or a potential placement. Iowa law does not require a signed parental release.

   Use form 470-4769, *Notice to Relatives and Parents*, if the child has already entered care. The *Notice to Relatives and Parents* is required to be sent to relatives within 30 days of the removal of the child. The Department is to provide relative notices whenever there has been a transfer of custody, even if the custody is not transferred to the Department.

   If a kin indicates willingness to be a support to the family or a potential placement after receipt of the *Notice to Relatives and Parents* the Department may share information as necessary to explore a child's potential placement with any adult relative who may receive notice without a signed release of information.

   If an adult relative entitled to notice is later discovered by or identified to the Department, the Department is to provide notice to that relative within 30 days of that relative becoming known to the Department.

4. If no kin is identified, ask about fictive kin. Fictive kin are non-relatives who have an emotionally significant positive relationship with the child. Send a *Notice to Relative* form to named fictive kin.

5. Complete an assessment of each person who responds to determine the person's ability to provide the care and support required by the child, including placement. Utilize RC-0148, *Unlicensed Kin and Fictive Kin Caregiver Evaluation* as a guidance tool for considering the suitability of kin and fictive kin for unlicensed placement.

   If appropriate to the child's developmental stage, ask the child the following:

   - Do you know this person?
   - Have you been to this person's house?
   - Would you feel safe with this person?

If you determine that the person is unwilling or unable to assume care of the child, determine if the person is willing to provide other types of support to the child to maintain their connection to family and others with whom they have a significant relationship.

6. After the completion of the initial search, the Department has a continuing duty to search for kin and fictive kin with whom it may be appropriate to place the child until such individuals are found or until the child achieves permanency through adoption or guardianship.

Regardless of whether the child returns home, is adopted, or placed with a guardian; kin and fictive kin can provide ongoing family connections and supports including participation in family reunions, visits, e-mail, respite, and family activities.

Siblings

The Department shall make a reasonable effort to place siblings together in the same placement and to provide frequent, ongoing interaction between the child in placement and that child's siblings.

1. Make reasonable efforts to place siblings together unless to do so would be detrimental to any of the children's physical, emotional or mental well-being.
2. If siblings cannot be placed together in the same placement:
   - Explain to the siblings the reasons they are not placed together and the efforts you made to keep them together or why making efforts to keep them together was not appropriate.
   - Arrange to maintain frequent ongoing interaction between the siblings, at least once every 30 days unless more or less interaction between siblings is ordered by the court based on the child's circumstances.
3. Document in the child's case permanency plan:
   - Your efforts to prevent separating the siblings;
   - Your reasons for separating siblings; and
   - Your plans to maintain sibling contact.

Persons indicating that they are siblings of a child in out-of-home placement may petition the juvenile court to request frequent ongoing interaction with that child. Arrange for interactions with the child in placement if the court finding:

- Affirms that the person is a sibling, and
- Does not indicate that interactions would not be in the child's best interests.

Per Iowa Code 232.2(52) Siblings are considered blood relatives even after the Termination of Parental Rights.

Breast-Fed Infant

When continued breastfeeding of the child is determined to be in the best interest of the child, the SWCM and the care provider shall make reasonable efforts to support the continued breastfeeding of the child by the mother.

When placement of a breastfeeding child is made:

1. Assess, in consultation with your supervisor, whether continued breastfeeding by the mother is in the best interest of the child.
2. Make every reasonable effort to support the mother's continued breastfeeding for the child if determined appropriate by choosing a placement resource that is accessible to the mother and is amenable to this degree of family involvement.
3. Document the assessment and efforts in the child's case plan and case notes.

Out-of-Area Placement

Placements outside the service area shall be made only when:

- There is no appropriate placement within the service area;
- The placement is necessary to facilitate reunification of the child and parents; or
- An out-of-area placement is closer to where the child lives than an in-area placement offering the same services.

If placement outside the service area is necessary or is in the best interest of the child:

- Seek the approval of the placing and receiving service area managers according to your service area protocol.
- If appropriate, seek court approval of transfer of the responsibility for supervision, planning, and visitation.

Family Interaction

The philosophy of family interaction is a fundamental way of thinking about how children removed from the home continue to have meaningful interactions with the people who care about them in the least traumatic way possible. Family interaction is not an event, but a process. It should take place in the least restrictive, most homelike setting that allows for natural interaction while appropriately meeting the child's needs for safety. Every opportunity for family

interaction needs to be considered including doctor visit, school activities, meetings, and other functions in which the family would have participated if the child was in the home. Family interaction should nurture and enhance reunification to promote progress toward achieving permanency for the child. Interactions provide the opportunity for families to:

- Maintain the parent, child, and sibling relationships, and other relationships,
- Learn, practice, and demonstrate new behaviors, parenting skills, and patterns of interactions,
- Enhance well-being,
- Help family members work through issues and connect to resources, and
- Document progress toward reunification goals.

Provide a written form 470-5148, *Family Interaction Plan*, tailored to meet the safety needs of the family to assure family interaction begins as soon as possible after a child's removal from parental custody. Interaction planning with siblings should be considered when applicable. Creative planning should not only support face-to-face time, but also other methods of contact such as calls, letters, texting, emails, and other electronic methods of communication. Family interactions are most "natural" when supported by those who have an existing relationship with the child such as extended family members.

Family Interaction Plans must **never** be used as a threat or form of discipline to the child or to control or punish the parent(s). Family Interactions should continue regardless of a parent's failure to comply with the requirements of a court order or the department, provided there is no finding by a court that such interaction would be detrimental to the child(ren). Family Interaction Plans should guide family interactions that encourage a progressive increase in parent's responsibility and are premised on case plan goals as well as on an assessment of family functioning and safety concerns for the child.

As the SWCM, you are responsible to ensure that parents have meaningful contact with their child and a Family Interaction Plan is developed and revised with input from the family's team. In addition, you are responsible for:

- Abiding by the Comm. 435, *Family Interaction Standards*
- Arranging interactions to support the parent-child relationship and reduce the sense of abandonment which children experience at placement,
- Working with the child and parent to help resolve setbacks in the family interaction plan

Authority for Placement

The Department does not have legal authority to remove children from their homes. Removal must be accomplished using a voluntary placement agreement or through a physician, law enforcement, or a judicial determination that remaining in the home is contrary to the welfare of the child or that placement is in the best interest of the child.

The Department shall provide out-of-home services only to children for whom the Department has legal responsibility for placement and care. The Department shall pay for foster care only as authorized by Iowa law.

Voluntary Placement for Children Under Age 18

The Department has responsibility for the placement and care of a child under the age of 18 when it has agreed to provide foster care services for the child based on a signed agreement between the Department and the child's custodial parents or guardians. A voluntary placement agreement for a child under age 18 shall terminate 90 days after the effective date of the agreement.

A voluntary placement agreement shall not be used to place a child outside Iowa and shall not be signed with parents or guardians who reside outside Iowa. A voluntary placement agreement shall terminate if the child's parents or guardians move outside Iowa after the placement.

If the parents or guardians agree to voluntary placement as an alternative to an ex parte order, then the placement agreement can be used for foster care placement if the child:

- Is determined to be at imminent risk of harm and
- Cannot be kept safe through any means other than removal from the home.

1. Do not recommend an out-of-home placement until an assessment determines that reasonable efforts have been made to prevent placement.
2. When a child must be out of the home for fewer than 20 days, help the family find relatives or friends who can assume temporary responsibility for the child as an alternative to out-of-home placement.
3. Offer voluntary foster care placement services only with the approval of the service area manager. A voluntary placement may be made if the child would otherwise be removed by a court order and both of the parents or guardians sign the placement agreement. (IAC 441—202.3(4)
4. Use form 470-0715 or 470-0715(S), *Voluntary Foster Care Placement Agreement*, to record the agreement. Both of the parents or guardians must sign the agreement. If signatures cannot be obtained, obtain an ex parte order.
5. Terminate the voluntary placement agreement if the child moves outside Iowa after the placement. When a voluntary placement agreement is terminated, send a copy of the Notice of Decision to the foster care provider.

Ex Parte Court Order for Temporary Custody

The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has issued an ex parte order giving the Department temporary custody of the child.

Follow local procedures for requesting the juvenile court to issue an ex parte order for the removal of a child.

1. Gather information to support all of the following:
   - The child's immediate removal is necessary to avoid imminent danger to the child's life or health;
   - There is not enough time to file a petition and hold a hearing concerning temporary removal under Iowa Code section 232.95;
   - The child cannot either:
     - Be returned to the place where the child was residing **or**
     - Be placed with the parent who does not have physical care of the child; **and**
   - One of the following applies:
     - The person responsible for the care of the child is absent, or though present, was asked and refused to consent to the removal of the child and was informed of the intent to apply for an order to remove the child; **or**
     - There is reasonable cause to believe that a request for consent would further endanger the child; **or**
     - There is reasonable cause to believe that a request for consent will cause the parent, guardian, or legal custodian to take flight with the child.
2. Unless the juvenile court has designated this responsibility to another:
   - Make every reasonable effort to inform the parent or other person legally responsible for the child's care.
   - Follow up with any inquiries that may aid the court in disposing of the application.
3. Within five working days of the removal order, the person designated by the court shall prepare and file a written report with the court that includes documentation of:
   - Conferences held.
   - Efforts to inform the parents or other person legally responsible for the child's care of the application.
   - Any inquiries made to aid the court in disposing of the application.
   - All information communicated to the court.

Voluntary Placement for Children Aged 18 or Older

The Department has responsibility for the placement and care of a child 18 years of age or older when it has agreed to provide foster care services for the child on the basis of a signed voluntary placement agreement between the Department and the child or the child's court-appointed guardian.

Voluntary placements of a child aged 18 or older may be granted for six months at a time when the child meets all of the following:

- Is 18 or 19 years old and has **not** received a high school diploma or a high school equivalency;
- Was in foster care or a state institution immediately before reaching age 18;
- Has continued in foster care or a state institution since reaching age 18 **or** left foster care at age 18 and voluntarily returned to foster care in order to complete a high school diploma or a high school equivalency;
- Has demonstrated a willingness to participate in case planning and to fulfill responsibilities as defined in the case plan; and
- Will be placed in foster family care or supervised apartment living in Iowa

1. Complete form 470-0715, *Voluntary Foster Care Placement Agreement*, before the child's placement into foster care. Complete the form directly with the child unless the child has a guardian. The service area manager or designee shall approve the agreement before the agreement takes effect.
2. Use form 470-3186, *Request for Approval of Supervised Apartment Living Foster Care Placement*, for a youth placed in Supervised Apartment Living. The form serves as a request to the service area manager or designee waive the requirement for continuous placement for a child who:
    - Leaves foster care on or after the child's 18th birthday and
    - Voluntarily returns before the child's 20th birthday in order to complete high school or obtain a high school equivalency.
3. Terminate the voluntary placement agreement if the child moves outside Iowa after the placement. When a voluntary placement agreement is terminated, send a copy of the Notice of Decision to the foster care provider.

Court-Ordered Supervision

The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has ordered the Department to provide supervision of the child and the child's placement.

Transfer of Legal Custody to Department

The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has transferred legal custody to the Department.

The juvenile court may transfer legal custody to the Department through a temporary removal hearing in the child in need of assistance (CINA) process or a shelter care hearing under the delinquency procedures.

The juvenile court may transfer legal custody to the Department after disposition is authorized for children adjudicated delinquent and for children adjudicated child in need of assistance.

The Department's responsibilities as custodian are defined as follows:

- To maintain or transfer to another the physical possession of the child.
- To protect, train, and discipline the child.
- To provide food, clothing, housing, and medical care.
- To consent to emergency medical care, including surgery.
- To sign a release of medical information to a health professional.

The SWCM normally exercises the rights and responsibilities of the custodian.

The residual parental rights retained by the child's parents make it imperative that they be involved in all major planning and medical decisions affecting the child.

Transfer of Guardianship to Department

The court may assign guardianship to the Department after the child is adjudicated to be a child in need of assistance, when the child's parents:

- Are uninvolved,
- Are not available or are available, and
- There is no termination of parental rights, and
- After termination of parental rights.

The guardian is to:

- Have a permanent self-sustaining relationship with the child,
- Make important decisions that have a permanent effect on the life and development of that child, and
- Promote the general welfare of that child.

The Department's responsibilities as guardian are defined as follows:

- To consent to marriage, enlistment in the armed forces of the United States, or medical, psychiatric, or surgical treatment.
- To serve as guardian ad litem, unless the interests of the guardian conflict with the interests of the child or another person has been appointed guardian ad litem.
- To serve as custodian, unless another person has been appointed custodian.
- To make periodic visitations if the guardian does not have physical possession or custody of the child.
- To consent to adoption and to make any other decision that the parents could have made when the parent-child relationship existed.
- To make other decisions involving protection, education, and care and control of the child.

The service area manager (SAM), or a designee, exercises the rights and responsibilities of the guardian. The service area manager, social work administrator, and social work supervisor are designated by the director to sign consents and releases.

Foster Care Placement

Federal rule 45 CFR1355.34(c)(1) requires that the Department's information system readily identify the status, demographic characteristics, location, and goals for placement for every child in foster care.

To ensure compliance as well as to ensure that the most recent information is available should an emergent need arise, entries shall be completed in FACS within three business days from:

- the date the child initially enters foster care, and
- the date of any foster care placement changes.

Family Foster Care

If the child cannot be placed with kin or fictive kin, the next least restrictive placement, family foster care, shall be used for a child unless the child has specialized needs that cannot be provided in a family setting.

Determine eligibility for family foster care as follows:

- Determine if the child meets the requirements for age.
- If a youth is 18 or older, contact your service area manager or designee to request approval for payment of family foster care for a child aged 18 or 19. Explain in writing how the child meets all of the following criteria:
  - The child does not have an intellectual disability.
  - The child is at imminent risk of:
    - Becoming homeless (meaning a less restrictive placement is not available), or of
    - Failing to graduate from high school or obtain a general equivalency diploma.
  - The placement is in the child's best interest.
  - Funds are available in the service area's allocation.

When the service area manager or designee has approved payment for foster care, funds that may be necessary to provide payment for the time period of the exception, not to exceed the current fiscal year, are considered encumbered and no longer available.

Document the child's eligibility for approval in the case record along with the written approval. Obtain the signed voluntary placement agreement for a child aged 18 or older.

Do not delay or deny the placement of a child into foster care due to race, color, or national origin of the foster parent or the child.

If possible, choose a placement within the child's own neighborhood or community to promote:

- Parental contact with the child and participation in reunification efforts
- Sibling contact
- Support from the child's community
- Stability of the child's education (see Assurances of Educational Stability)

If the child was previously in placement and a kin or fictive kin placement is not an option, consider placing the child back into the same placement setting.

Additional Assessments Required

More in-depth assessments are required when a child goes into out-of-home placement. These assessments are:

Social History

With the exception of emergency care, complete a social history on each child before a Department recommendation for out-of-home placement.

- For voluntary emergency placements, complete the social history before a decision is made to extend the placement beyond 30 days.
- For court-ordered emergency placements, complete a social history before the disposition hearing.

Before the dispositional hearing on a CINA case, the juvenile court will order the completion of a social history report that:

- Explores the family's background and the strengths and needs and
- Contains the Department a formal recommendations for the child's level of care, permanency goal, and services to the family.

Use form 470-3615, *Social History*, to gather information for the court-ordered social history report.

Health Assessment

The child's medical, psychiatric, and psychological needs shall be assessed before placement is recommended.

A child shall have a physical examination with a medical professional before entering foster care or within 14 days of placement into foster care. This examination identifies the child's health needs including emotional trauma associated with their abuse and removal from the home. SWCMs engage medical professionals during this screening to gather information to determine the child's treatment plan.

The child's case permanency plan must contain the most recent information available about the child's health records.

1. Secure health information from the appropriate medical professional. Form 470-0580, *Physical Record,* may be used in addition to other sources of medical or health information. If possible, submit the form to the child's primary care provider for completion.

2. A physician, an advanced registered nurse practitioner, or a physician assistance working under a physician's supervision shall:

   - Complete a preliminary screening for dental and mental health needs.
   - Refer the child to a dentist or mental health professional as needed.
   - See 8-M, *Care for Kids (EPSDT)*, for Medicaid procedures for screening and follow-up treatment.

3. If the physical record does not have immunization information attached:

   - Get this information from the child's family or from the school where the child is enrolled in at the time of placement; or
   - Access the Iowa Department of Public Health's Immunization registry to obtain the child's immunization information; or
   - If no other source is available and the child was a Medicaid member before placement, ask your supervisor to check Iowa Medicaid Electronic Record System (IMERS) for information.

   Access to IMERS for purposes of meeting the Department's responsibilities for the health of children in foster care is restricted to SWCMs and supervisors who have an approved *Iowa Medicaid Electronic Record System Security Request*. Supervisors may obtain this form from the Service Help Desk.

   Do not print IMERS information to put in the case file. This increases the risk of inadvertent disclosure and violation of state law and the federal Health Insurance Portability and Accountability Act (HIPAA).

4. Assess a child's strengths and needs relating to mental health as part of your assessment of child well-being. You may use the *Pediatric Symptom Checklist* to determine whether a child needs a behavioral health evaluation. Access the checklist on the Department Intranet in the Results-Based Practice folder on the Field Service Staff page.

5. When indicated, use appropriate psychological testing administered by qualified professionals to help determine the child's level of intellectual functioning, to assess the nature and severity of mental health disorders, and to identify or assess the nature of learning difficulties.

6. When religious or personal beliefs of the parents prohibit the completion of a physical or necessary medical care, either:

   - Find assistance for the family to care for the child at home, or
   - Request a court order to obtain necessary medical care for the child.

7. When a child is medically diagnosed as HIV-positive, having AIDS, or is identified as being at high risk of HIV infection, place the child after the parents have signed form 470-3225 or 470-3225(S), *Authorization to Release HIV-Related Information*. It may be necessary to seek court action if the parent or guardian does not sign the forms.

   Inform the foster care provider of the diagnosis and have the provider sign form 470-3227, *Receipt of HIV-Related Information*.

   The need for HIV testing is predominately a medical decision. Therefore, when a child is at high risk of being HIV-positive such as one or both parents being HIV-positive or having AIDS, seek guidance from the child's physician as well as from your supervisor, social work administrator, and service area manager.

Releasing a Foster Child's Social Security Number When the Department is Guardian

The Department may release the social security number to the foster parents when the Department is the guardian. However, the foster parent will need to get a signed release of information from the Department to allow them to give that social security number to their tax preparer for income tax purposes only.

Releasing a Foster Child's Social Security Number When the Department is Not Guardian

The foster child's parents retain their right to authorize or not authorize the release of their child's social security number to foster parents. Some of the foster child's parents may be claiming their child on their income taxes.

If asked by a foster parent, the SWCM should facilitate a conversation between the foster parent and the parents to obtain the appropriate release of information. If the foster parent is comfortable pursuing the discussion directly, the SWCM should ensure the foster parent is aware the parents have the right not to sign the requested release.

Assurances of Educational Stability

Children placed in foster care face challenges to successfully completing their education. Ensuring educational stability for every child in care promotes positive learning experiences, reduces school disengagement, and reduces interrupted progress. The Every Student Succeeds Act (2015)(ESSA) in coordination with the Fostering Connections to Success and Increasing Adoptions Act of 2008, provides educational stability protections for the time students are in foster care. The laws provide that when students in foster care change living placements, they remain in their school of origin unless a determination is made that a school move is in their best interest. If this is determined, the student shall be immediately enrolled and records transferred.

The SWCM must take a leadership role to ensure children in care receive the benefit of collaboration between the family, local area education agencies, AEA, providers, and others dedicated to the educational success of the children. In addition, the SWCM provides:

- Assurance that there was an evaluation of the appropriateness of the children's education setting while in placement, including evaluation of the proximity of the educational setting to the setting in which the children were enrolled at time of placement.
    - Evaluation of the setting requires collaboration with the children's parents, caretaker, education professionals, or others to ensure the children are and can continue to be successful in their current setting.

- Assurance that the Department coordinated with the appropriate local AEA to identify how the children can remain in the educational setting in which the children were enrolled at time of placement. Children should remain in the school they were enrolled in at time of placement unless it is determined it is not in their best interest. Lack of transportation shall not be a barrier to a child remaining in the school the child was attending when he or she entered foster care.
- Assurance that if it was determined that it was not in the children's best interest to remain in the setting in which they were enrolled at the time of placement, that the affected educational agencies immediately and appropriately enrolled the children in another educational setting.
- Assurance that if the children changed their education setting, their educational records were provided for use in their new educational setting.

Multiple documents about foster care and education may be found on the DoE website: https://www.educateiowa.gov/education-children-foster-care

Promoting Placement Stability

Placement stability is the maintenance of continuity in a child's living situation in terms of the adults they live with and the ability of a child to grow up with their siblings. Children do better when they have stable relationships with loving caregivers who are able to meet their needs.

The more stability a child has, the more likely it is that the child will be able to develop enduring relationships with adults who care about them. It also enables a child to establish a stronger and more varied network of social support to help meet emotional as well as more concrete needs such as a job search or locating housing.

A child removed from the family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. If, for the reasons of child protection, psychiatric treatment, or juvenile justice service, a child is in a temporary setting or unstable situation, then prompt and active measures must be taken to restore the child to a stable situation. (Source: Foster, Ray, *Quality Service Review*, Human Systems and Outcomes, Inc., April 2000.)

Evaluate the quality of the child's continuing relationship with family members or other meaningful persons periodically. Determine whether the child requires help to work through any conflicts or changes in these relationships.

Children with individual behavioral issues and physical and mental health challenges have been linked to greater placement instability. Specialized behavioral health supports and services should be available to children and their caregivers throughout the placement process.

Stress situations may cause the child to need special help. These include:

- Loss due to separation (including termination of the placement)
- Medical care
- Hospitalization
- Other unavoidable disturbing experiences

- Changes in the plan for use of foster care services
- School or social problems

Give special attention to minimizing changes affecting the relationship of the child and significant adults. These include changes in frequency of contact with the SWCM, transfer of the SWCM, vacations of SWCMs or foster parents, or the child's departure from foster care.

Such changes reactivate in the child fears of separation and change. They may lead to emotional upset or disturbances in behavior that may harm relationships with the foster family, school, friends, and birth family. With adequate preparation for changes and clarification of the reasons for it, the child will be better able to respond appropriately.

Negative impact of placement increases with multiple placements. Changing homes because of placement disruption compounds the sense of loss children face each time they end relationships with their caregivers. Placement disruptions can increase stress related responses. You are responsible for minimizing multiple placements. The failure of a placement is the failure of the service delivery system to meet the needs of the child, not the failure of the child.

The individualized case permanency plan shall identify whether a child is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk.

Minimize placement breakdown by:

- Adequately assessing the emotional, physical, and behavioral needs of the child.
- Matching the child needs with the resource family's or facility's abilities.
- Preparing the child and family for the placement.
- Assisting children with feelings about living apart from families.
- Providing adequate support to the child, family, and resource caregivers.
- Scheduling regular meetings with the child's foster family.
- Maintaining family connections by allowing interactions early and often.
- Developing crisis plans that address predictable behaviors or patterns of behavior that threaten or destabilize the placement.
- Recognizing relationship stress early and responding to resolve problems.

Coordination of Contracted Services With Placement Setting

FCS contractors are expected to communicate with the child's placement setting in order to coordinate responsibilities and case service planning.

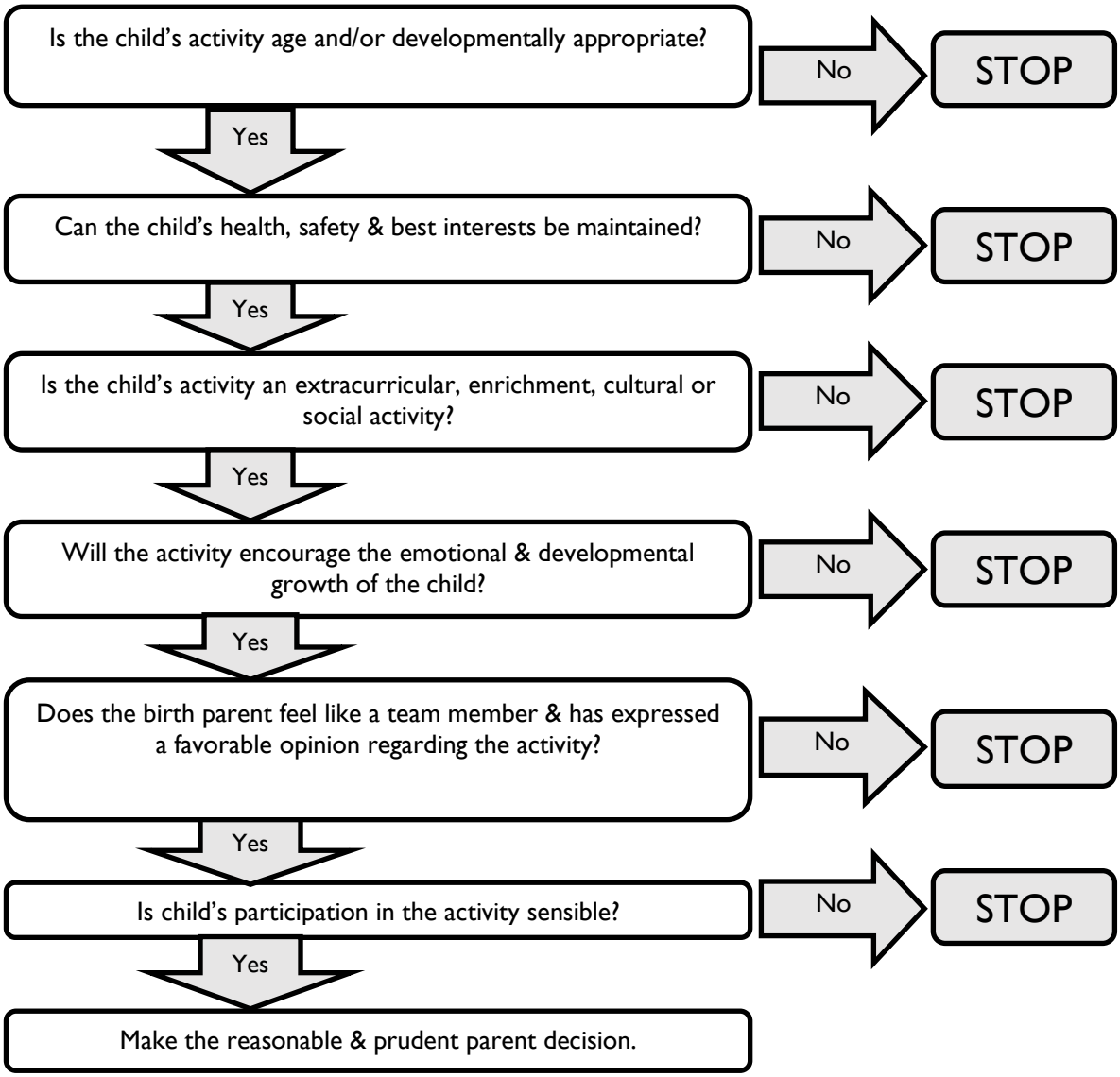
The SWCM should ensure and direct the FCS contractor regarding coordination with the placement setting. Areas in which to direct this coordination include, but are not limited to:

- Planning for participation by the child and the placement staff in solution focused meetings.
- Planning for children's attendance in court hearings.
- Planning and transportation arrangements for parent-child and sibling interactions and visits.
- Case crisis responses to situations that develop while the child is participating in family interactions.
- Collaborative planning around reunification activities and the timetable for returning the child home or moving toward another permanency option.
- Coordination with the foster care RRTS contractor to ensure supports are provided to the resource family so that they are able to support the permanency goal.

Reasonable and Prudent Parent Standard for Foster Children

Foster parents and child-care institutions caring for children placed out of the home are able to apply the Reasonable And Prudent Parent Standard for the foster child to participate in age-appropriate and developmentally appropriate activities. Discuss with the foster child, their parents, or caretakers, what activities would be the most interesting and appropriate. Then work to make those activities possible for the foster child. While the child's parents or caretakers may disagree with the foster parents' decision, after they have considered their input, the decision rests with the foster parent. Document this discussion in the case narrative.

Child-care institutions are required to have an on-site official authorized to apply the reasonable and prudent parent standard to decisions involving the participation of the foster child in age-appropriate or developmentally appropriate activities. Check with the facility to know who makes such decisions and discuss with that person their intentions for the foster child to participate in age-appropriate and developmentally appropriate activities.



The above diagram is intended only as a basic guide for making a reasonable & prudent parent decision by the caregiver per Public Law 113-183, Preventing Sex Trafficking & Strengthening Families Act. The caregiver should obtain the details of the activity, and explain to the child the expectations they have for them to participate in the activity.

Monitoring Health and Mental Health Care for Children in a Foster Care Placement

It is critical and federally mandated to monitor any health and mental health care needs of a foster child to ensure these needs are being met. Each foster child should be assessed by a clinician for their mental health needs and preferably a Pediatrician for their health care needs. SWCMs monitor any needs identified in these screenings through collateral contacts with providers, foster parents or QRTP staff, biological parents, and Department contractors. Most health care providers have electronic medical records. A foster care provider may ask for a "summary of the visit" or discharge/referral form at the end of a health care visit. If a health care provider does not have electronic medical records, the foster care provider should give the health care professional form *470-0580, Physical Record* to complete. SWCMs should review this and any other documentation regarding the child's health or mental health.

Monitoring health and mental health care is an ongoing process throughout the foster care placement. At each foster care monthly visit, the SWCM should ask for updates regarding any dental, medical, or mental health appointments as well as any recommendations or follow up resulting from these appointments.

The SWCM should document this information in the child's Face to Face and Contact Notes. All medical and mental health information should be included in any court report narrative, case narrative, and in the Case Permanency Plan.

Communication with Managed Care Organizations (MCOs)

MCOs are required to complete a Health Risk Assessment (HRA) on every child in placement. Foster parents and kinship caregivers do not have the authority to release the information needed for the HRA. It is the SWCM's responsibility to help facilitate the completion of the HRA by providing needed information when the MCO case manager reaches out. No release of information is required for the SWCM to provide pertinent information to the MCO case manager for the completion of this assessment. The HRA is completed within 90 days of enrollment with the MCO, on an annual basis, and when there is a change in health status for members. The purpose of this assessment is to get a self-reported picture of the member's whole-person health so that they can be connected with case management services if appropriate, in addition to any other resources the member may need to improve their heath and overall wellbeing. The assessment takes approximately 10 minutes to complete.

Consenting to Medications

If the Department is the custodian of the child in a foster care placement, the SWCM should contact the child's parents or guardian to inform them of the medication recommendation. The best practice is to invite the child's parents or guardian to the child's evaluation or medical appointment. This enables the parents or guardian to directly ask the prescriber any questions they may have and to discuss any concerns.

If the child's parents or guardian do not attend the evaluation or medical appointment, contact them and discuss the medication recommendation to obtain their consent. Foster care group care providers need to also discuss medication recommendations with the child's parents or guardian before the prescribed medication is obtained and given to the child.

When the Department is the guardian of the child in a foster care placement, the SWCM should discuss with their supervisor if they should consent to the recommended medication before the caregiver fills the medication prescription and administers it to the child.

Monitoring Medications

The SWCM needs to inquire of the caretaker at each visit as to over-the-counter and prescribed medications that have been administered to the child, including any negative reactions (side effects) to the medication by the child or if the medication is helping the child. Any medications, prescribed or over-the-counter, administered need to be documented in the case permanency plan, court report narrative, and the case narrative. Document the medication prescribed for the child, what the medication is prescribed for (e.g. diagnosis), and the dosage. Also document any new medication prescribed or if a medication changed.

In addition, the SWCM should ensure that a child is seen regularly by the prescribing physician or mental health professional to monitor the effectiveness of any medication, to assess any side effects, to monitor any health implications, to assess any needed medication changes, and to determine if the medication is still necessary or if other treatment options are more appropriate.

Ask the child if they have an understanding why they are taking medication and if they have any concerns about the medication. If there are concerns, you must advocate on the child's behalf to have the medications reviewed and explore alternatives to medication.

Addition information regarding medications maybe found at:
http://www.nlm.nih.gov/medlineplus/druginformation.html

Monitoring Psychotropic Medication

Ensuring the appropriate use of psychotropic medication for children in foster care requires vigilant monitoring and oversight. Psychotropic medications are used to treat emotional and behavioral health symptoms and disorders. They primarily act on the central nervous system where they affect brain function, resulting in changes in perception, mood, consciousness, cognition, and behavior. Most children in foster care never need psychotropic medications. While they are traumatized by abuse and may show negative behaviors or signs of emotional stress, these are normal reactions to what they have been through. All children act out at different stages of their lives and most children will gradually heal in an appropriate environment and with consistent interventions.

However, the use of psychotropic medication in the foster care population is higher than in the general population. While some children may benefit from medication to treat certain mental health diagnoses, these medications may be harmful if used inappropriately. Medications do not treat trauma which is often triggering the emotions and behaviors. Working with a qualified mental health professional regarding trauma-informed mental health services is best practice for addressing concerns without the inappropriate use of psychotropic medication.

Part of monitoring psychotropic medication involves being aware of "red flag" prescribing practices. These are practices that do not follow the recommended FDA guidelines for prescribing psychotropic medications to children. Red flag practices for prescribing psychotropic medications include:

- Prescribing multiple medications at the same time;
- Prescribing multiple medications before a trying a single medication;
- Prescribing to children under the age of 6; and/or
- Prescribing a dosage that exceeds recommendations.

The Department monitors the red flag practices of prescribing to children under the age of six and prescribing multiple medications at the same time through a quarterly report. This report is sent out to the social work administrators to distribute to the applicable supervisors and then to the SWCM. SWCM follow up to receiving information that a foster child on their caseload is in the report includes:

- Verifying that the report accurately reflects the psychotropic medications the child is taking;
- Verifying that appropriate and sufficient mental and behavioral health services were provided to the child before medication was prescribed;
- Verifying that other treatment options are being explored; and
- Verifying that physical and mental health monitoring is occurring as recommended for the medication prescribed.

The SWCM should then update the case file with current information and document all corresponding case management activities related to medication monitoring in the Face to Face and Contact Notes. A copy of the quarterly medication report should be placed in the child's file.

Response to Unauthorized Absence from Placement

Legal reference: Iowa Code Chapter 694 and Sections 232.2(11), 232.19, 232.158 (Article V), 232.171 (Article IV), 233.1, and 709A.1

Take immediate action to locate a child under the Department's care or supervision when there is an unauthorized absence from placement by contacting the appropriate authorities. For the purpose of these procedures, "unauthorized absence" means any unplanned absence due to:

- Actions taken by the child (e.g. a run away),
- Actions of others (e.g. abduction), or
- The lack of attention or supervision by the caretaker.

1. Any foster care placement where a child has run away or has been abducted requires the placement provider to immediately notify the Department by telephone and e-mail regarding the missing child.
2. Obtain as much information as possible about the circumstances surrounding a child's absence.
3. Make an immediate and reasonable initial effort to locate the child. At a minimum, contact the school, parents, relatives, friends, and other contacts or locations identified as likely places the child may be.
4. Identify and contact any other individuals who the child may have contacted for assistance while on the run. Encourage them to help locate the child or return the child to foster care.
5. Immediately contact law enforcement and provide the child' name, date of birth, height, weight, and any other unique identifiers such as eyeglasses and braces. Inform law enforcement when the child went missing and what clothing the child had on.
6. Contact the child's parents and inform them the child is missing or abducted. Gather any information from the parents that may be helpful in the search for the child.
7. Search diligently and regularly for the child at places the child has frequently known to go to.
8. Notify the juvenile court.
9. Report immediately, and in no case later than 24 hours, after receiving information regarding missing or abducted children or youth to law enforcement for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation and also report to the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or http://www.missingkids.org.
10. If the child is located, make arrangements for the child's return to the placement.

    You may negotiate with a runaway child as to when the child is willing to return. The safety and well-being of the child should be the first consideration in the negotiation. The agreed-upon return time should always be within 48 hours of the contact.

    If a parent sabotages attempts to pick up a runaway child, notify law enforcement.

    Notify the parent or caretaker as soon as possible when the child is found unless there a reason to believe this may further endanger the child.

11. Identify the factors that contributed to the child or youth being absent from the foster home and determine what the child's or youth's experiences were while absent, including screening the child to determine if the child is a possible victim of sex trafficking. To the extent possible respond to those factors in the current and subsequent placements.
12. Screen all located youth for possible sex trafficking. See Screening All Located Children for Possible Sex Trafficking for more information.
13. Identify, and to the extent possible, respond to the primary factors that contributed to the child or youth being absent from foster care. Document the responses to these factors in case notes. Provide a description of how these responses will be incorporated and integrated into the current placement and how it is believed that they will positively affect the current and any subsequent placement.
14. If there is evidence the child is in another state, request that local law enforcement contact law enforcement in the other state about searching for the child. If needed, contact the Iowa Missing Person Information Clearinghouse at 1-800-346-5507 for assistance.
15. If there is reason to suspect that the life or well-being of the child may be in jeopardy:
    - Immediately request the local law enforcement agency to enlist the aid of the Iowa Division of Criminal Investigation or direct the guardian to do so.
    - Determine if a protective service alert should be issued, follow procedures described in 17-B(1).
    - Be aware of what information is needed to issue an AMBER alert, in the event that local law enforcement determines that an AMBER alert should be issued.
        - An AMBER alert is used only when the child has been abducted and in danger.
        - An AMBER alert is not used for a runaway unless the child is known to have been abducted and the child's life is in danger.
16. Notify the court and the guardian ad litem, as needed, in writing within two working days (or within the court's preferred time limit if one has been established) when there is reason to believe that parents or others have:
    - Failed to divulge or concealed facts known to them about the whereabouts of the child,
    - Aided and abetted the unauthorized absence of the child, or
    - Contributed to the delinquency of the child.
17. When the child is found in Iowa:
    - Follow orders described in a court issued pick-up.
    - Notify the court and make plans for the child to be returned to placement.
    - Notify the law enforcement agency where the initial report was made that the child was found and returned and,
    - Notify parents and the service area office and caregiver (as applicable).

18. When the child is found in another state:

    - Contact the Department Interstate Compact Unit immediately for assistance. The Interstate Compact Unit will assume responsibility for the necessary communication to affect the return of the child.
    - Request the use of the Iowa System Terminal to transmit a "hold" request for the return of the child to the Iowa Department of Human Services.
    - If the other state has any questions about releasing the child, contact the appropriate Iowa law enforcement agency. Begin with local police and report to the sheriff or state police as needed.
    - If Department workers travel out of state is required, follow Department procedures in 18-D(5), *The Interstate Compact On Juveniles: Procedures for Return of Runaways, Escapees, or Absconders*, with the assistance of and coordination with the Interstate Compact Unit.

19. When a child remains on the run for a long period of time:

    - Contact law enforcement on an ongoing basis about what is being done to locate the missing juvenile.
    - Contact parents and others involved regularly to see if they have more information about the child's whereabouts or activities.
    - Discuss with the Iowa Department of Public Safety the need for posting photographs of missing persons to state and national Internet sites.
    - If posting is determined necessary or beneficial and a picture of the missing child is available, contact the Iowa Missing Person Information Clearinghouse at 1-800-346-5507 to get it published on:

        - The Iowa Department of Public Safety website at http://www.dps.state.ia.us/DCI/fieldoperations/mpic.shtml and
        - The National Center for Missing and Exploited Children website at http://www.missingkids.org

    - Consider other resources that may be helpful in locating and returning children:

        - **Home Free** is a program in which Greyhound Bus Lines provides free one-way transportation between any two points in the continental United States (excluding Alaska) for runaway children returning home. This is done in conjunction with the National Runaway Switchboard (NRS).

          To receive a free ride home, children between the ages of 12 and 18 may call the NRS at 1/800/RUNAWAY or call a local social service agency, shelter, or law enforcement. All of these services can make necessary travel arrangements with Greyhound.

- **Let's Find Them** is a program in which Greyhound Bus Lines offers free transportation for missing and exploited children being reunited with their families. Transportation is limited to the continental United States (excluding Alaska) and to the routes of Greyhound Lines only.

  Free transportation to bring abducted children back home on Greyhound is available under this program. Contact the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or visit http://www.missingkids.org/.

- The **National Runaway Switchboard** (NRS) provides assistance to social service agencies and law enforcement officials in determining needs and assistance with out-of-state-placement.

  This is an additional resource for Department workers but it must not be used in place of the required involvement with the Interstate Compact Unit. Contact the NRS at 1/800/RUNAWAY or at http://www.nrscrisisline.org/

Screening All Located Children for Possible Sex Trafficking

Screen all located children for possible sex trafficking as follows. Ask the child:

- How long were you on the run? (The longer a child is exposed to the streets the more likely the child or youth is to fall victim to commercial sexual exploitation and human trafficking.)
- Where have you been staying? (The more places the child has been and the distance the child has traveled may be an indicator that the child is a potential victim.)
- Who has helped you and provided for you during your absence? (A reluctance or fear to identify who the child was with may be an indicator that the child is a potential victim of sex trafficking.)
- Were you threatened, abused or assaulted during your absence? (Look for physical and emotional signs.)

Permanency Time Lines and Case Actions After Placement

Iowa Law requires that permanency be achieved in six months for children ages three or under and within 12 months for children ages four or older. Time lines are measured by the distance between these two dates:

"Entry into foster care" is defined as the date of a child's removal from the child's normal place of residence and placement in a substitute care setting under the care and placement responsibility of the Department. A child is considered to have entered foster care if the child has been in substitute care for 24 hours or more.

"Discharge from foster care" is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the Department. If a child returns home on a court ordered trial home visit, the child is not considered discharged from foster care unless:

- The court ordered trial home visit is longer than six months, and
- There is no court order extending the trial home visit beyond six months.

Permanency time lines are established by judicial review. Document permanency planning in the case permanency plan, or by obtaining a copy of the court order. Follow these time lines (based on Adoption Safe Families Act) for children in foster care who are not likely to be reunified with their family.

Reunification

Concerted efforts must be made to reunify the child safely with the parents or primary caregiver. Reunification must occur at the earliest possible time or within 12 months of the child entering foster care.

A goal of "reunification" is defined as a plan for the child to be discharged from foster care to his or her parents or primary caretaker. Justification for the delay in permanency beyond 12 months must be documented in the case permanency plan.

After the team decides that it is safe for reunification to occur (supported by safety/risk assessments), a Reunification Staffing should be scheduled by the SWCM, inviting all key decision makers including family. This process should not be held up based on schedules alone, consider if only a couple members can't make it to have them join by phone, give feedback before the meeting, etc. This meeting, in best practice, should be facilitated and co-facilitated jointly with the HHS SWCM and FCS provider. The staffing is to help develop a clear plan for reunification and to identify support activities for the parents and key team members. The Reunification Staffing does not need to be an extra meeting and can take place during a Solution Focused Meeting. See *Comm. 650, Reunification Staffing Guide.*

A Reunification Follow-up Staffing should occur 30-45 days after reunification (consider scheduling this meeting at the end of the Reunification Staffing). The SWCM should schedule the staffing and invite all key decision makers including family to further support the family and address any unanticipated concerns or barriers. The team can identify all parts of the original plan that are working well, identify any obstacles and problem solve to come up with solutions to these issues and barriers. See *Comm. 651, Reunification Follow-Up Staffing Guide.*

Permanent Placement With a Guardian or Kin/Fictive Kin

If reunification is not appropriate, concerted efforts must be made to permanently place the child with a guardian or kin/fictive kin within 12 months of the child entering foster care.

A goal of "guardianship" is defined as a plan for the child to be discharged from foster care to a legally established custody arrangement that is intended to be permanent.

A goal of "permanent placement with kin or fictive kin" is defined as a plan for the child to be discharged from foster care to the permanent care of a relative or suitable other than from the one whose home the child was removed.

Adoption

ASFA requires the Department to seek termination of parental rights and adoption when:

- A court of competent jurisdiction has determined that the child is an abandoned child, or
- The child's parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act, including:
  - Committed murder of another child of the parent;
  - Committed voluntary manslaughter of another child of the parent;
  - Aided or abetted, attempted, conspired, or solicited to commit such a murder or a voluntary manslaughter; or
  - Committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.
- A child has been in foster care for 15 of 22 months.

Concerted efforts must be made to achieve the goal of adoption at the earliest possible time or within 24 months of the child's entry into foster care. In order to meet this time limit, concurrent planning is necessary in most cases.

If particular circumstances warrant a delay in adoption of the child, document the circumstances in the case permanency plan. These circumstances must be beyond the control of the Department or the courts. Examples:

1. There is evidence that the Department has made concerted efforts to find an adoptive home for a child with special needs, but the appropriate family has not yet been found.
2. A pre-adoptive placement has disrupted despite concerted efforts on the part of the Department to support it.

Another Planned Permanent Living Arrangement

"Another planned permanent living arrangement" (APPLA) means that the child, even though remaining in foster care, is in a "permanent" living arrangement with a foster parent or relative caregiver and that there is a commitment on the part of all parties involved that the child remain in that placement until the child reaches the age of majority.

The APPLA goal refers to a situation in which the Department maintains care and placement responsibilities for and supervision of the child, and places the child in a setting in which the child is expected to remain until adulthood, such as with:

- Foster parents who have made a commitment to care for the child permanently,
- Relative caregivers who have made a commitment to care for the child permanently, or
- A long-term care facility (for example, for a child with developmental disabilities who requires long-term residential care services).

Document your efforts to ensure that a child who does not have a goal of reunification, adoption, or guardianship, has long-term stability until the child reaches adulthood.

Formal steps must be completed to make this arrangement permanent. A formal agreement would include a signed agreement or a court order that are part of the case file. Examples of "permanent" living arrangements include situations where:

- Foster parents have made a formal commitment to care for the child until adulthood.
- The child is with relatives who plan to care for the child until adulthood.
- The child is in a long-term care facility to meet special needs and will be transferred to an adult facility at the appropriate time.
- The child is an older adolescent in a stable group home and both the group home directors and the child have agreed that it will be the child's placement until adulthood.
- The child is in a provider-supervised transitional living.

Compelling Reasons

The term "compelling reasons" is used in two different provisions in ASFA:

- The Department may determine it has a compelling reason not to file a termination petition when the child has been in care for 15 of the last 22 months.
- The court may determine at a permanency hearing that there is a compelling reason that reunification, adoption, guardianship, and relative or suitable other placements are not in the child's best interests. If the court makes such a finding, it may order another planned permanent living arrangement for the child.

Compelling reasons not to provide a child with the highest level of permanency available must be convincing. A compelling reason must be supported with very strong, case-specific facts, and evidence which includes justification for the decision and reasons why all other more permanent options for a child are not reasonable, appropriate or possible.

The SWCM and the family team determine compelling reasons after consultation with the guardian ad litem of the child or the child's attorney. If the guardian ad litem or attorney supports the plan, the reasons must be reviewed and approved in a permanency staffing. You must document the compelling reasons and the date of the staffing in the case permanency plan.

Compelling reasons not to file a termination petition must be considered on a case-by-case basis in relation to the individual circumstances of the child and family. The state may not identify a specific category of children who are excluded from one or more permanency options. For example, the Department cannot categorically exclude delinquents from being considered for adoption.

Supervised Apartment Living

SAL is a type of foster care placement in which the living arrangement provides eligible youth between 16½ and 19 years of age with an environment where they can experience living in the community with less supervision than that provided by a foster family or FGCS setting. Services and supports are aimed at preparing them for self-sufficiency and children in SAL may live in either:

1. A cluster setting (where up to six children may share the same building) with contractor staff on-site (present and available to the children) any time more than one child is present; or,
2. A scattered-site setting (e.g., their own apartment unit) with access to contractor staff 24 hours a day, seven days a week. SASL is sometimes referred to as "independent living."

The Department's goal is to keep a child in their home whenever possible. When out of home placement is necessary, the placement is not intended to be a permanent solution, and the child's safety, permanency, and well-being are essential. Department of Human Services' and SAL contractor staff is responsible for promoting each child's relationships with family members and other persons in the child's positive support system. Children shall be protected in the least restrictive setting necessary, and the Department and its partners are obligated to provide a nurturing environment where children can thrive, and through SAL prepare themselves for their transition to young adulthood. SAL services may only be provided by Department workers or contractors for this service.

Additional information regarding SAL services and related policies, procedures, and practice guidance can be found in Manual Chapter 18-D(4), *Supervised Apartment Living Services*.

Counting 15 of 22 Months in Foster Care

When a child has been in foster care under the responsibility of the state for 15 of the most recent 22 months, the Department shall initiate the process to file a petition to terminate parental rights. The petition must be filed by the end of the child's fifteenth month in foster care.

To meet this deadline, permanency planning is required at 12 months. If a child is in foster care for 15 months continuously or for 15 of the last 22 months, follow local protocols for initiating a petition to terminate parental rights unless:

- The child is placed with a relative or suitable other, or
- There is a compelling reason that it is not in the best interest of the child, or
- The Department has not provided services identified in the case permanency plan necessary for the safe return of the child, and the court grants a limited extension.

To calculate "15 of 22 months," begin counting from the date the child was removed from the home. Use a cumulative method of calculation when a child goes in and out of foster care during the 22-month period.

Do not include court ordered trial home visits or runaway episodes in calculating 15 months in foster care.

Grounds of Termination of Parental Rights

Moving forward with a termination of parental rights is not an action initiated by the Department to punish the parent. It is the Department's responsibility to provide the child with a long-term, stable, and responsible caregiver when a parent cannot fulfill that role.

The focus of the termination of parental rights is not on the parents, but rather on the best interest of the child to ensure the child's safety, well-being, and permanency. Lack of a permanent home is damaging to children and therefore the goal is to achieve permanency for children in a timely fashion.

In cases in which there are compelling reasons not to file a termination of parental rights petition, the Department must demonstrate a very strong and specific set of justifications for not moving forward with a termination of parental rights.

If the court determines that the birth family cannot care for the child or the child cannot safely return home, the court may involuntarily terminate the parents' rights and place the child under the guardianship of the Department. The law defines the specific situations when freeing the child for adoption is appropriate. The primary consideration is the best interests of the child.

Transition Planning and Services

Legal reference: Iowa Code Section 232.2(f) Juvenile Justice and 235.7; 441 IAC 202.18(2) Foster Care Services, Local Transition Committees; 441 IAC 202.11(7) Foster Care Transition Services

Transition planning services are to ensure a teenage youth in foster care is prepared for adulthood, when the time comes. Regardless of how long they remain in the supervision of the department, the youth will need skills and relationships necessary for successful adulthood. This means the case manager should plan as if any teen in foster care could age out of foster care, and ensure there is a youth centered planning team around the child, that life skills have been assessed and taught, that appropriate documents are attained and provided to the youth, and that necessary and appropriate adult services are in place.

Policy requires transition planning be provided by the case manager for every child age 14 and older. Transition planning is available to the youth in foster care regardless of foster care placement type, adjudication status, whether a foster care payment is made, or whether the foster care provider is licensed by the state.

The case manager is responsible for initiating the transition planning process and ensuring all the transition requirements are met. However, it is not appropriate nor effective for the worker do this alone. It is for this reason, the first step for the case manager is to work with the child and family to identify and convene a youth centered planning team for the child.

Children who exit foster care at age 16 or older to the Subsidized Guardianship Program or adoption, are eligible for an assessment of their needs as well, which may have been completed prior to exit from foster care. Also, they are eligible for transition plan development, and even services similar to those for children who age out of foster care, such as Iowa Aftercare Services and the Education and Training Voucher Program. Consult the Transition Planning Specialist in your area on behalf of the family considering these permanency options, and for those who select adoption or the Subsidized Guardianship Program for a child age 16 or older, notify them they can receive transition planning and services upon their request.

Organize a Youth Centered Planning Team

Transition planning services are done in collaboration with the youth, with persons selected by the youth, and other team members. The case manager for a teen in foster care is required by state and federal policy to convene and manage the youth centered planning team around a child.

The youth centered planning team shall be comprised of the youth's caseworker and persons selected by the youth, persons who have knowledge of services available to the youth, and any person who may reasonably be expected to be a service provider for the youth when the youth becomes an adult or to become responsible for the costs of services at that time.

The youth centered planning process, when done correctly, shows the youth that adults value their voice. It may also improve youth's willingness to make good choices and accept needed programming. The youth centered planning process is not a "one and done", rather it is an ongoing process which starts as young as age 14 and follows them to adulthood.

While youth centered planning will vary for each individual, some key elements are necessary for compliance to state and federal policy, and as well are effective casework practice:

- engaging directly with youth,
- inviting the youth to select team members,
- identifying mentors and champions for specific tasks,
- embracing social, cultural and developmental activities,
- incorporating the youth's ideas into the solution or response to the situation,
- including the youth in every conversation about supports and services,
- advocating for and teaching youth to advocate for themselves, and
- connecting the youth to needed services.

A child may be eligible for a Youth Transition Decision-Making (YTDM) meeting.

The Comm. 475, *Transition Information Packet (TIP)* is a resource available by contacting the Transition Planning Specialist in your area, and should be provided to the youth age 16 or older preparing to enter adulthood. TIP contains information on Education, Employment, Money Management, Housing, Health and Transportation.

Ensure the Youth Completes a Life Skills Assessment

Federal policy requires a life skills assessment shall be administered to all children in foster care who are aged 14 or older, regardless of adjudication status or whether payment is made to the caregiver. In Iowa, that assessment is the Casey Life Skills Assessment (CLSA).

When a child in foster care is age 14 or older, provide form 470-5701, *Casey Life Skills Assessment* to the caretaker of a child in a family setting or in a shelter and ensure the assessment is completed with the child. Repeat completion of the CLSA at the child's ages 14, 16, and 18 or more frequently as needed.

Explain the reason for the assessment to the child and caregivers and ensure the assessment is completed, kept in the case file, and utilized to inform the transition planning process. For children in QRTP or Supervised Apartment Living, the assessment will be completed by the provider and sent to the case manager within 10 days of the child's 14th, 16th, and 18th birthdays.

The assessment is set up for the child to complete. It is designed to evaluate the child's strengths and needs in areas including, but not limited to:

- Education;
- Physical and mental health and health care coverage;
- Employment services and other workforce support;
- Housing and money management; and
- Supportive relationships.

More information about the CLSA and tools for transitioning youth is available at: http://lifeskills.casey.org/.

Use the results of the CLSA to complete an overall assessment of the child and document it in the transition plan in the Part C section of the Family Case Plan.

Complete a Written Transition Plan

The transition planning service activities of the case manager supporting the child shall be documented in the Part C of the *Family Case Plan* for every child in foster care age 14 and older. The case permanency plan must include a written plan of services, supports, activities, and referrals to programs which will assist the child in the preparation for their transition from foster care to adulthood, based upon an assessment of the child's needs.

Provide the transition plan to the child and parties to the case, at age 14 and periodically thereafter as you do the Case Permanency Plan. Review, update, and provide the transition plan to all parties at a minimum:

- Every six months (during permanency hearing by the court or other formal case permanency plan review); and
- Within the 90 days before the child reaches age 18; and
- During the 90 days immediately before the date the child is expected to leave foster care if the child remains in foster care after reaching age 18; and
- More frequently as needed.

The assessment of the child's needs and the transition plan shall be developed with a focus on the services, other support, and actions necessary to facilitate the child's successful entry into adulthood.

The assessment of the child's needs and the transition plan shall be developed with a focus on the services, other support, and actions necessary to facilitate the child's successful entry into adulthood.

If the assessment of the child's needs indicates the child is reasonably likely to need or be eligible for services or other support from the adult service system upon reaching age eighteen, the transition plan shall provide for the child's application for adult services. In addition, the youth centered planning team membership shall include a representative from the adult services system.

The transition plan shall be personalized at the direction of the child and shall be developed with the child present, honoring the goals and concerns of the child.

The membership of the youth centered planning team (described earlier in this section) and the meeting dates for the team shall be documented in the transition plan.

The final transition plan shall specifically identify how the need for housing will be addressed.

If the child is interested in pursuing higher education, the transition plan shall provide for the child's participation in the college student aid commission's program of assistance in applying for federal and state aid under section 261.2.

Assessment of the child's needs and transition plan development are also available upon request to a child who has exited foster care at age 16 and older in order to be adopted or to enter a subsidized guardianship arrangement. Iowa Aftercare Services is typically the service provider. Contact your local Transition Planning Specialist who will assist meeting the transition needs of these individuals.

When the transition plan review is conducted within the 90 days before the child reaches age 18, include information and education about the importance of having a durable power of attorney for health care. Explain to the child that if they are ever unable to make health care decisions as an adult (at age 18 and older), a relative or spouse authorized under state law would make such decisions, unless they have completed the Durable Power of Attorney for Health Care Decisions document for Iowa. Provide the child with the option to execute such a document by giving them a copy of the document and document instructions. The Gift of Peace of Mind is helpful tool created with funding from the Iowa Department of Public Health and can be found at the following link: http://publications.iowa.gov/3378/1/GiftofPeaceofMind.pdf

If referrals are made for Aftercare Services and other service providers, document this in the case notes and in Part C of the Family Case Plan.

Other Transition Plan Requirements

Youth Rights: For a child age 14 and older, review and explain the form 470-5337, *Rights of Youth in Out-of-Home Placement* to them. Then have the child sign and date the form that indicates that you have reviewed the rights with them in a way they can understand and have answered any questions they had about their rights. After this form has been signed, give the child the original rights document and provide a copy of it to all legal parties on the child's case. Document the date the document was most recently provided the child in the Case Permanency Plan.

Local Transition Committee Review: Before the child reaches age 17½, present the completed transition plan to the local transition committee for the service area as applicable to the child. The local transition committee must review and approve the transition plan. When a child enters foster care at age 17½ or older, the local transition committee shall be involved in reviewing and approving the child's transition plan within 30 days of completion.

The transition plan shall be reviewed and approved by the local transition committee for the area in which the child resides, before the child reaches age seventeen and one-half. The regional TPS is a contact for time and locations of local transition committees. The local transition committee's review and approval shall be indicated in the case permanency plan.

Necessary Documents: Follow instructions in this section to obtain certain documents for the child in foster care. When the child leaves out-of-home placement at 18 years of age or older, provide the child all of the following:

- A free copy of the child's health and education record
- An official or certified copy of the child's birth certificate (form 470-4567). The state or county registrar shall waive the fee for the certified copy that is otherwise chargeable under Iowa law.
- The child's social security card
- A driver's license or government-issued non-operator's identification card
- Health insurance information
- Written verification of the child's foster care status using form 470-5536, *Proof of Foster Care*. The letter is frequently completed by the Transition Planning Specialist, at the request of the caseworker. It may be provided to the Iowa Aftercare Services Provider as part of a referral.

The Transition Information Packet (TIP), described earlier in this section, provides instructions for accessing documents. The Transition Planning Specialist (TPS) in your area will provide a copy of the TIP book for this purpose.

Complete and Provide to the Child Annual Credit Report Checks

The practice of checking and addressing credit issues is to avoid a young person entering adulthood only to learn they have a bad credit rating report because of someone fraudulently using their name when they were a child. Misuse of their identity impacts their ability to rent an apartment and creates a high interest rate for a loan when they want to buy a car or obtain a credit card.

States are required to annually check the three credit reporting agencies for every child in foster care age 14 and older, to check if there is a credit report identifying a credit issue. The Department data system checks the three credit reporting agencies annually. This is of no cost to the child or family. The credit check will be completed for the child, automatically. The case manager of a child in foster care will be notified by email only if a credit issue has been identified.

A special credit check may be requested through your local Transition Planning Specialist if you have a concern that there may be a credit issue. If a credit issue has been identified for a child in foster care:

- Provide to the foster child any consumer credit report that exists for them while they are in foster care.
- Provide assistance to the foster child in understanding the credit report and resolving any inaccuracies in the credit report.

Obtain a Birth Certificate and Provide to the Child

To obtain a birth certificate complete the Iowa Department of Public Health(IDPH) form for Department of Human Services Use Only: Application For A Search For An Iowa Vital Record, located on the Service Information SharePoint Birth/Death Certificates Library along with related guidance documents.

The form has four birth certificate request options to select from listed below. Check the applicable box.

- Certified "GOVERNMENT USE ONLY" copy for child in Department custody and/or guardianship (One free copy)
- Verification of birth/identity for any child involved with the Department (No fee for any copy)
- Certified copy for youth 14 or older aging out of foster care. (One free copy)

Complete the remaining information as applicable on this form and send to Iowa Department of Public Health at the address on the form.

If the child was born outside of the state of Iowa, click on the link Out of State Birth Certificate Link and fill in the required information and send it to the Service Help Desk. If you have any questions, please contact the Service Help Desk.

Some states will not release birth certificates for "supervision only" cases. If this is the issue, you must request that the Department be given court permission to sign on behalf of the child to obtain the birth certificate. All states require some kind of court order.

Assist the Child Obtaining a Social Security Card

Replacement: A foster child probably does not have in their possession a social security card that was issued when they were a newborn. Also the child may not have been issued a social security card. You need to help them obtain a replacement social security card. First, verify with the child's parents if a social security card was issued and if they know the child's social security number. Second, go to the local Social Security Office to verify if they have the child in their social security records and if so, see if the social security number they have for the child matches the social security number the child's parents gave to you.

If there is a social security record for the child, you will need to prove their identity, their age, U.S. citizenship, and provide identifying information that authorizes you to access the child's protected information such as your state ID.

NOTE: All documents must be either originals or copies certified by the issuing agency. Photocopies or notarized copies of documents are **not** acceptable.

For proof of the child's **identity**, the following documents are acceptable if they show the child's name, identifying information of their date of birth, age, or parent's names, and preferably a recent photograph.

- State-issued non-driver's identification card;
- Adoption decree;
- U.S. passport;
- Doctor, clinic or hospital record; (such as an immunization record that is signed and dated by medical personnel)
- Religious record made before the age of 5 showing the date of birth if they were born in the United States;
- School or daycare center record; (that has the child's name and DOB on it signed and dated by school personnel) or
- School identification card.

NOTE: You cannot use a birth certificate as proof of identity as Social Security needs evidence that shows the child continues to exist beyond the date of birth.

For the child's age, if the child has a U.S. birth certificate, you must submit it. If a birth certificate does not exist, Social Security may be able to accept the child's religious record made before the age of 5 showing the date of birth if they were born in the United States; a U.S. hospital record of birth; or a U.S. passport that has not expired.

If the child was born outside of the U.S., you need to present the child's foreign birth certificate if you have one or can get a copy within 10 business days. If you cannot get it, Social Security may be able to accept the child's Certificate of Birth Abroad (FS-545), Certificate of Report of Birth (DS-1350), Consular Report of Birth Abroad (FS-240), Certificate of Naturalization, or their Passport.

U.S. citizenship of the child requires one of the following documents:

- U.S. birth certificate;
- U.S. consular report of birth abroad;
- U.S. passport (that is not expired);
- Certificate of Naturalization; or Certificate of Citizenship.

For your own identity, you must provide a document that shows your name, identifying information and photograph, such as a U.S. driver's license, State-issued non-driver's identification card (your state ID), or a U.S. passport (These documents must be current and not expired.)

You must also take a copy of the Juvenile Court Order for the child that shows the Department as the custodian or Guardian of the child.

Once the social security card is issued, inform the child to keep it in a safe place and not to carry it with them. This will help to prevent identity theft.

Never Been Issued A Social Security Number Or Card: Assist the child in completing an *Application for a Social Security Card* (Form SS-5). An in-person interview is required for anyone age 12 or older requesting an original Social Security number and card even if a parent or guardian will sign the application on the child's behalf.

You will need to prove their identity, their age, U.S. citizenship, and your own identity.

NOTE: All documents must be either **originals or copies certified** by the issuing agency. Photocopies or notarized copies of documents are **not acceptable**.

For proof of U.S. citizenship, you need a U.S. birth certificate, U.S. passport, Certificate of Naturalization or Certificate of Citizenship. If the child is not a U.S. citizen, you need to provide one of the following: Form I-551, Permanent Resident Card (green card, includes machine-readable immigrant visa with your unexpired foreign passport); I-94, Arrival/Departure Record, with your unexpired foreign passport; or I-766, Employment Authorization Card (EAD, work permit).

For the child's age, if the child has a U.S. birth certificate, you must submit it. If a birth certificate does not exist, Social Security may be able to accept the child's religious record made before the age of 5 showing the date of birth if they were born in the United States; a U.S. hospital record of birth; or a U.S. passport that has not expired.

For the child's **identity**, the following documents are acceptable if they show the child's name, identifying information of their date of birth, age, or parent's names, and preferably a recent photograph.

- U.S. driver's license,
- State-issued non-driver's identification card;
- U.S. passport;

If you don't have these specific documents above, you need at least two of the following:

- Adoption decree;
- Employee ID card;
- Health insurance card (not a Medicare card);
- Doctor, clinic or hospital record; (such as an immunization record that is signed and dated by medical personnel)
- Religious record made before the age of 5 showing the date of birth if they were born in the United States;
- School or daycare center record; (that has the child's name and DOB on it signed and dated by school personnel) or
- School identification card.

NOTE: You cannot use a birth certificate as proof of identity as Social Security needs evidence that shows the child continues to exist beyond the date of birth.

Obtain for the Child a State Identification Card or Driver's License

To obtain a driver's permit, driver's license or government-issued non-operator's identification card, work with the child and parent/guardian to go to the Iowa Department of Transportation office (IDOT) or assist the child to call 1-800-532-1121.

Initiate discussions with the child and the child's team about the child's desire to drive. If the child is interested, identify people who can assist the child to practice driving, accessing a license, and even attaining a car and insurance if applicable.

Iowa Aftercare Services Program (Aftercare)

Aftercare is a statewide network of private agencies, which provide case management services and limited financial supports to youth nearing the age of 18 and up to the day they turn 23, as these services end at age 23. These services are to assist them in successfully transitioning from foster care into adulthood.

The primary goal of the program is for participants to achieve self-sufficiency by recognizing and accepting their personal responsibility for transitioning to adulthood.

Refer a potentially eligible youth to start Aftercare pre-service in the six months prior to their age 18. These "pre-services" include up to 10 meetings with the self-sufficiency advocate for relationship building and planning, such as exploring viable living arrangements.

The youth participating in this service, works with a self-sufficiency advocate (SSA) to develop a self-sufficiency plan. The plan addresses the youth's needs in areas of housing, health, relationships, education, life skills, and employment. In addition to case management services, there are financial supports for the participant, depending upon eligibility:

- Up to $300 a quarter vendor payments; or
- Up to $600 a month for the Preparation for Adult Living (PAL) stipend; or
- Rent subsidy up to $450 per month.

Eligibility: To be eligible for aftercare, a youth must leave foster care (defined as foster family care, group care, shelter care, pre-adoptive care, unlicensed relative/suitable other care, or PMIC care), the state training school, or a court-ordered Iowa Detention Center either on or after age 17.5. Alternatively, they may have been adopted from foster care or entered a subsidized guardianship placement from foster care on or after their 16th birthday.

To receive aftercare services, a youth must be an Iowa resident, and at least 18 years old, but less than 23 years of age. If a referral is made in the year prior to youth leaving foster care, which is best practice, aftercare will begin pre-services to ease the youth's transition to the program.

If referrals are made for Aftercare Services and other service providers, document this in the case notes and in Part C of the Family Case Plan.

For more information about network services, go to the following website: http://www.iowaaftercare.org, or contact aftercare service providers at 1-800-443-8336.

A referral can be made by going to the aftercare website and completing the form 470-4491, *Consent to Obtain and Release Information for Aftercare/PAL Eligibility*. You will obtain the youth's signature on it and make the referral at approximately the youth's age 17½.

College Grants and Scholarships

Assist children in foster care applying for college, a vocational school, technology school or other post-secondary education program. The department has an obligation to help children in foster care explore these opportunities for higher education and other vocational training options, including how to utilize state and federal resources available for them.

The Department contracts with the Iowa College Student Aid Commission (Iowa College Aid) to administer the Education and Training Voucher (ETV) Program funds. They administer funds to schools and provide guidance and support to the Department around timelines for completion of college applications and the Federal Application for Federal Student Aid (FAFSA). The FAFSA results are used by the college to calculate how much financial aid each student may receive. A FAFSA needs to be completed by every child applying for assistance prior to exit from foster care. Find information about the FAFSA and college funding at the following website:www.iowacollegeaid.gov/ETV

The state of Iowa offers several scholarships and grants, most notably the ETV, which grants up to $5,000 per year for tuition and housing of children who age out of foster care or who are adopted at age 16 or older.

Some jobs may require a four-year college degree or a two-year college associate degree or certification in an employment-preparation skill such as accounting, horticulture, welding, information technology, and automotive mechanics. Be sure to check the training chosen is eligible for ETV funding as there are some vocational trainings that are not eligible for ETV funding. The time commitment and the cost will vary depending upon the post-secondary education chosen.

Students who are enrolled and maintaining satisfactory academic progress toward degree completion at age 26. Age will be the applicant's age as of July 1 each year. The Iowa Financial Aid Application and the Free Application for Federal Student Aid (FAFSA) must be completed annually to continue to receive ETV funding.

Safe Case Closure

One of the primary purposes of child welfare intervention is to help families change behaviors and conditions that will likely lead to maltreatment in the future. Effective practice requires that planning the change process begins with the end in mind. By setting clear, measurable outcomes and ending requirements in the case plan, the family and practitioners can understand and agree about what it will take to bring about desired changes. This long-term, guiding view enables the family, the court, and practitioners to know when they are done.

A successful family change process requires that a family select, own, and support the desired outcomes of adequate family functioning and well-being leading to independence as well as the strategies used to bring change about.

In applying conditions for case closure, it is understood that perfection is an unlikely standard for achieving family change. As a basic condition for case closure, the family, the family team, the court, and service system practitioners should be assured of adequate child safety and wellbeing and possess a reasonable expectation that these conditions will be sustained by the family following independence from the service system.

Evaluating Discontinuing a Service

Evaluating the closure of a service is an ongoing process throughout the life of the case. Discontinue a service when:

- The goals and objectives toward which the services were directed have been achieved.
- The service is not available to the family or child.
- Another community resource will provide the service at no cost.
- After repeated efforts, it is evident that the family or individual is unwilling or unable to accept further services.
- After repeated assessment, it is evident that the child and family are unable to attain the goals and objectives toward which the services were directed.
- The family requests discontinuation of the service, and court intervention is not indicated.

Issue form 470-0602, *Notice of Decision: Services*, allowing timely notice. If the discontinued services are the only services covered by the case plan, close the case.

Closing a Case for a Department Child Welfare Service Case

Assessing and reviewing safety by completing a safety assessment is required before the closure of a case. Safe case closure requires alleviating or mitigating conditions that resulted in the abuse of the child and underlying causes of foreseeable risk to the safety of the child.

Before closing a case, assess whether the family change and parental functioning can adequately sustain safety and well-being for the children. You and your supervisor should review the following questions:

- Is the home environment safe and stable? Are the basic needs of the children met?

- Are the parents or caretakers able to manage risks or threats to safety to the children and others in the home?
- Are the parents or caretakers able to sustain the behavior changes that keep the children safe and stable? For example, will they continue to follow safety plans and relapse plans even if the Department is not involved?
- Does the family have a reliable support system that will remain, even after the Department exits?
- Are court issues related to permanency involved? Specifically, if the juvenile court has ordered a change in guardianship or custody, is there now a district court order in place that will make these changes permanent?
- If the case involves a youth "aging out of the system" does the youth have adequate supports to successfully transition to independent living?

Use the solution focused meeting or youth transition decision-making meeting to reach consensus with the child/youth, family, and providers to end Department service involvement. The family team or youth team should review the questions above and agree that case closure is safe for the child/youth and family.

Community collaboration is an important part of the closing process. Some families need ongoing intervention and/or support from community agencies even after Department involvement ends. Use a solution focused meeting or youth transition decision-making meeting to develop a plan to transition the child/youth or family to community resources and informal supports. Such plans may include:

- Providing information to the child and family about community supports and resources.
- Referring the child and family to community supports and resources.
- Making referrals to community providers that do not require Department involvement.

When all services have been discontinued, close the case.

- Complete the case closing summary in the progress review section of the Family Case Plan and address the conditions for case closure.
- Issue form 470-0602, *Notice of Decision: Services.*
- If services have been purchased, notify the contractor, using form 470-3055, *Referral and Authorization for Child Welfare Services*.
- Close the case in the data system.
- For foster care cases, enter the placement exit date and the exit reason. The data system generates a notice to the income maintenance worker when the foster care service is closed.
- Submit the closed case to your supervisor.
- Store and retain closed case records following local procedures.