

10/1/2016

### Michigan Department of Health & Human Services – Division of Child Welfare Licensing Child Placing Agency Treatment Foster Care - Final Compliance Record

Yellow : DHS Policy and Contract /// Green : Implementation, Sustainability, & Exit Plan /// Blue : Rule Interpretations

Master Contract Templates are located at : [http://www.michigan.gov/dhs/0,4562,7-124-5455\\_7199---,00.html](http://www.michigan.gov/dhs/0,4562,7-124-5455_7199---,00.html)

MiSACWIS directions

<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Interim <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other	Authorized to: 1. Certify Homes for Foster Care Licensure 2. Receive Children for Placement in Foster Care 3. Supervise Independent Living 4. Evaluate Applicants for Adoption 5. Place and Supervise Children with Adoptive Parents	Institution Name		<b>V – Violation</b> <b>T – Tech Assist</b> <b>C - Consultation</b>
		License #		
		City / County	Inspection Dates Click here to enter a date.	
		Consultant		

<p>1. Number of Current Foster Homes ____</p> <p>2. Number of homes pending licensure ____</p> <p>3. Number of Foster Homes Closed since last inspection ____</p> <p>4. Number of Foster Homes borrowed since last inspection ____</p> <p>5. Number of Special Investigations in Foster Homes since last inspection ____</p> <p>6. Number of incidents of substantiated child abuse and/or neglect in foster care since last inspection ____</p> <p>7. Number of incidents of substantiated corporal punishment in foster care since last inspection ____</p> <p>8. Number of Children currently placed in licensed foster homes ____</p> <p>9. Number of children discharged from foster homes since last inspection ____</p>	<p>10. Number of children whose sibling groups were split____</p> <p>11. Number of children who have had 3 or more placements____</p> <p>12. Number of children with unlicensed relatives____</p> <p>13. Number of youth in Independent Living placements ____</p> <p>14. Number of youth discharged from an Independent Living placement since last inspection ____</p> <p>15. Number of Applicants Evaluated For Adoption since last inspection ____</p> <p>16. Number of Applicants denied a recommendation to adopt since last inspection ____</p> <p>17. Number of Adoptive placements since last inspection____</p>	<p>18. Number of Child adoption assessments completed since last audit ____</p> <p>19. Number of Adopted Children currently in Supervision ____</p> <p>20. Number of children free for adoption for more than 12 months____</p> <p>21. Number of acceptable corrective action plans [not related to maltreatment of foster children] submitted by this agency since last inspection ____</p> <p>22. Did the agency provide quarterly reports of Foster Parent Grievances and resolutions? _____</p> <p>23. Did the consultant visually observe the controlled storage area for CHRI and verify that it meets requirements of <a href="#">SRM 200</a>? _____</p> <p>24. Did the consultant visually observe the method for disposal of CHRI (cross-shredder or incinerator) _____</p>
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**PART 2. AGENCY SERVICES**

[Child Placing Agency Definitions](#)

[Public Act 116 Definitions](#)

[Public Act 116 Restraint and Seclusion Definitions](#)

[Document Locations in MISACWIS](#)

**R 400.12103 Staff exception.** [RI.103](#) An agency who has a person in a position that is regulated by these rules and who was approved before the effective date of these rules shall be considered qualified for the position.

<p><b>R 400.12104 Deemed status. RI.104</b>  Rule 104. (1) The department may accept, for the purpose of determining rule compliance, evidence that the child placing agency is accredited by the council on accreditation or other nationally recognized accrediting body whose standards closely match state licensing regulations.</p>	
<p>(2) All of the following apply to deemed status:  (a) The organization may request deemed status when the accreditation site inspection is less than 12 months old.</p>	
<p>(b) When deemed status is requested, an organization shall submit a copy of the most recent accreditation report to the department.</p>	
<p>(c) An organization shall only be eligible for deemed status if the license is on a regular status.</p>	
<p>(3) The acceptance of accreditation in subrule (1) of this rule does not prohibit the department from conducting on-site inspections or investigations of any rule at intervals determined by the department.</p>	
<p><b>R 400.12105 Public review.</b> An agency shall make all written policies, procedures, and program statements, required by these administrative rules, available for review by the public.</p>	
<p><b>R 400.12202 Policy and procedures. RI.202</b>  An agency shall have and follow written policies and procedures for all of the following:</p>	
<p>(a) Financial stability.</p>	
<p>(b) Facilities.</p>	
<p>(c) Required staff.</p>	
<p>(d) Staff qualifications.</p>	
<p>(e) Staff responsibilities.</p>	
<p>(f) Job descriptions.</p>	
<p>(g) Orientation and training.</p>	
<p>(h) Grievance handling.</p>	
<p>(i) Privacy safeguards.</p>	
<p>(j) Personnel records.</p>	
<p><b>R 400.12203 Financial stability. RI.203</b>  Rule 203. (1) An agency shall initially and annually develop and implement a plan of financing for the operation of the agency in carrying out its programs and meeting the requirements for licensing. A plan of financing shall include all of the following:</p>	
<p>(a) A listing of all income sources and the anticipated amount of income for the current fiscal year.</p>	
<p>(b) An annual budget for the current fiscal year.</p>	
<p>(c) A copy of the income and expenditures from the previous fiscal year.</p>	
<p>(d) A copy of the nonprofit tax return from the previous fiscal year.</p>	
<p>(2) Subdivision (d) and (e) of subrule (1) do not apply to a governmentally operated agency.</p>	
<p>(e) An audit of all financial accounts conducted annually by an independent certified public accountant not administratively related to the agency. A copy of the audit shall be available to the department upon request</p>	
<p>(2) Subdivision (d) and (e) of subrule (1) do not apply to a governmentally operated agency.</p>	
<p><b>R 400.12204 Facilities. RI.204</b>  Rule 204. (1) An agency shall provide and maintain sufficient office space, equipment, and supplies to ensure the delivery of services.</p>	
<p>(2) An agency shall have physical office space with a Michigan street address.</p>	

(3) An organization may maintain satellite offices when the following conditions are met:	
(a) The agency has notified the department in writing prior to opening the satellite office and has received approval to open the satellite office.	
(b) The agency provides on-site supervision at the satellite office at least 2 days a week.	
(c) The files are made available for review at the agency main location when requested by the department.	
<b>R 400.12205 Required staff. RI.205</b>	
Rule 205. (1) An agency shall employ or contract for all of the following staff positions:	
(a) Chief administrator. (b) Social service supervisor. (c) Social service worker.	
(2) An agency shall appoint a chief administrator who possesses at least 1 of the following:	
(a) A master's degree in a human behavioral science, or in another major where 25% of the course credits earned toward the degree are in human behavioral sciences, business administration, or public administration from an accredited college or university and 2 years of experience in an agency or child caring institution, at least 1 of which is in a management capacity.	
(b) A bachelor's degree in a human behavioral science, or in another major where 25% of the course credits earned toward the degree are in human behavioral sciences, business administration, or public administration from an accredited college or university and 4 years of post- bachelor's degree experience in an agency or child caring institution, at least 2 of which are in a management capacity.	
(3) An agency shall report any change of chief administrator by the next business day to the department.	
(4) An agency shall appoint a social service supervisor who possesses the qualifications specified in either of the following provisions:	
(a) A master's degree from an accredited college or university in a human behavioral science and 1 year of experience as a social service worker in an agency.	
<b>CSA MEMO RE caseworker and supervisor qualifications and training</b>	
(4) An agency shall appoint a social service supervisor who possesses the qualifications in either of the following:	
(a) A master's degree from an accredited college or university in a human behavioral science or in another major where 25% of the course credits earned toward the degree are in human behavioral sciences and 1 year of experience as a social service worker in an agency, or a child caring institution, or in an agency in a child welfare function.	
(b) A bachelor's degree from an accredited college or university in a human behavioral science, or in another major where 25% of the course credits earned toward the degree are in human behavioral sciences, and 4 years of experience as a social service worker, 2 years of which are in an agency or in a child caring institution, or in an agency in a child welfare function.	
(5) An agency shall appoint a social service worker who possesses at least a bachelor's degree from an accredited college or university with a major in a human behavioral science, or in another major where 25% of the course credits earned toward the degree are in human behavioral sciences.	
(6) A person who is employed by the agency or who has a contract with the agency and who fulfills more than 1 function specified by subrule (1) of this rule shall meet the requirements for each position.	
(7) If a social service worker also has social service supervisor responsibilities, as permitted under subrule (6) of this rule, then the worker shall not supervise his or her own tasks as a social service worker.	
<b>SEP 6-23(b) - Page 25 – The “Caseload Definitions and Calculating Methodology” approved by the Monitors will be used to insure that mixed caseloads will not exceed the prorated total equal to one full caseload.</b>	
(8) An agency shall employ or contract for a sufficient number of competent staff to carry out the provisions covered by these rules. The workload for each staff member shall not be more than any of the following:	
(a) Five social service workers per supervisor. <b>Weighted Supervision Memo</b> <b>Weighted Supervision Table</b>	
(b) Fifteen children assigned to a social services worker for purposes of providing direct services in foster care, independent living, adoption, or post adoption services or a combination thereof.	

<b>TFC 1.F.(2)(d)</b> –page 9 -Case manager shall have a caseload of no more than eight TFC children.	
(c) Thirty certified or enrolled foster homes per social service worker.	
<b>R 400.12206-Staff qualifications. RI.206</b> (1) An agency shall require a staff member who has ongoing contact with children or parents to be a person who is of good character and emotionally stable and who has the ability, experience, education, and training to perform the duties assigned.	
An agency's policy on staff qualifications shall state all of the following:	
(a) A person who has unsupervised contact with children may not have been convicted of either of the following:	
(i) Child abuse or neglect.	
(ii) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.	
(b) A person who is listed on the central registry as a perpetrator of child abuse or child neglect shall not have unsupervised contact with children	
<b>R 400.12207 Staff responsibilities. RI.207</b>	
Rule 207. (1) An agency shall designate that the chief administrator is responsible for the day-to-day operation of the agency and for ensuring compliance with the applicable provisions of these rules.	
(2) An agency chief administrator shall be administratively responsible for all of the following functions:	
(a) Not less than once annually, conduct written assessment and verify the agency's compliance with the applicable provisions of these rules.	
(b) Assess all disrupted and unplanned removals of children from foster homes, independent living, and adoptive homes to identify systemic trends and patterns of those disrupted and unplanned removals.	
(c) Within 6 months, develop and implement a written plan to correct, noncompliance identified in subdivision (a) of this subrule and address causes of disrupted and unplanned removals identified in subdivision (b) of this subrule.	
(d) Provide space for staff and children served to be interviewed privately by police, regulatory staff, or other entities investigating activities of the agency related to safety of children and compliance with statute and promulgated rules.	
(3) An agency shall require that social service workers be directly responsible for all of the following activities:	
(a) Placing and supervising children in out-of-home care. Social service workers shall work directly with the children, their families, and other relevant individuals and be primarily responsible for the development, implementation, and review of service plans for the children and their families.	
(b) Assessing and certifying private family homes for licensure and supervising the homes.	
(c) Conducting evaluations of private family homes for purposes of adoption.	
(d) Assessing of children for adoptive placement.	
(4) An agency shall require social service aides to be directly responsible to a social service worker or social service supervisor. A social service aide may provide clearly defined support functions, but shall not have responsibility for any of the following:(a) Case planning.(b) Selecting placements.(c) Foster home certification.(d) Making visits required under R 400.12419, R 400.12505, R 400.12711 or R 400.12806 (e) Conducting adoptive family evaluations.	
<b>R 400.12208 Job descriptions. RI.208</b> (1) An agency shall have a current written job description for each staff position.	
(2) Each job description shall contain all of the following information:	
(a) Prescribed duties and functions.	
(b) Specific education, knowledge, experience, and skills necessary to provide services to children and families served by the agency.	
(c) Lines of authority.	
(3) An agency shall give copies of job descriptions to staff at the time of employment in a specified position and when the job description is revised.	
(4) Practice shall conform to the job description.	

<b>R 400.12210</b>	<b>Grievance handling.</b> <a href="#">RI.210</a> (1) An agency shall have a written grievance handling procedure.	
(2)	The procedure shall provide for all of the following:	
(a)	Safeguard the legal rights of children, their families, foster families, releasing parents, and adoptive families served.	
(b)	Address matters that relate to compliance with the act, rules promulgated under the act, and the agency's written policies and procedures regarding services covered by these rules.	
(c)	Delineate the method of initiating the procedure.	
(d)	Specify time frames for decisions.	
(3)	An agency shall provide a grievant with a written copy of the grievance resolution.	
	<a href="#">MCL722.958a</a> [Reporting] – Does the agency submit quarterly reports on the resolution of foster parent grievances?	
<b>R 400.12211</b>	<b>Privacy safeguard.</b> <a href="#">RI.211</a> (1) An agency shall safeguard the privacy of a child and his or her family.	
(2)	An agency shall not use a child's identity for publicity purposes unless a positive value accrues to the child.	
(3)	An agency shall obtain the written consent of a parent or legal guardian before using a child, a picture of a child, or a child's name in any form of agency publicity.	
	<a href="#">PA116 722.120 Section 10. (2)</a> Does the agency protect confidential information in a report?	
<b>R 400.12213</b>	<b>Record Management.</b> <a href="#">RI.213</a> An agency shall do all of the following with respect to maintenance of required records:	
(a)	Protect each record against destruction and damage.	
(b)	Keep each record in a uniform fashion.	
(c)	Store and maintain each record in a manner to ensure confidentiality and to prevent unauthorized access.	
	<b>722.119 Sec. 9 (PA116 Amendment)</b>	
	Is there a policy on the supervision of volunteers and volunteering parents of children receiving services?	
	Are all volunteers are free of a felony conviction involving harm or threatened harm to an individual during the 10 years preceding the date of offering to volunteer.	
	<a href="#">ISEP 4.22 MiSACWIS (Commitment 22)</a> DHHS will maintain an operational statewide automated child welfare information system (“MiSACWIS”) which will be the primary tracking system and satisfy federal reporting requirements.	
<b>PART 3. FOSTER HOME CERTIFICATION</b>		
<b>R 400.12301</b>	<b>Department authorization.</b> <a href="#">RI.301</a> (1) An agency shall be authorized by the department to certify foster homes for licensure.	
(2)	An approved governmental unit shall comply with the provisions of this part to be authorized to certify foster homes for licensure.	
<b>R 400.12302</b>	<b>Program statement.</b> <a href="#">RI.302</a> An agency shall have and follow a current written program statement that includes all of the following information:	
(a)	Types of foster care provided.	
(b)	Age, race, ethnic background, and specific characteristics of children served.	
(c)	Types and numbers of foster homes needed.	
(d)	Types of services provided to foster families.	
(e)	Geographical area covered.	

<b>R 400.12303. Policy and procedures.</b>	
Rule 303. (1) An agency shall have and follow written policies and procedures for assessing and certifying foster homes for licensure. An agency may not have a policy related to certifying homes that violates <a href="#">Section 102 of the Elliott-Larsen Civil Rights Act, 1976</a> PA 453, MCL 37.2102.	
(2) Policies and procedures shall cover all of the following areas and be on forms provided, and in a manner prescribed, by the department:	
(a) Recruitment and retention.	
(b) Certification training.	
(c) Application request.	
(d) Orientation.	
(e) Application submission.	
(f) Records check.	
(g) Initial evaluation.	
(h) Foster parent/agency agreement.	
(i) Foster parent training.	
(j) Behavior management.	
(k) Religion.	
(l) Communication.	
(m) Personal possessions.	
(n) Allowance and money.	
(o) Clothing.	
(p) Substitute care.	
(q) Supervision.	
(r) Hazardous materials.	
(s) Unusual incidents.	
(t) Emergency policy.	
(u) Reevaluation.	
(v) License recommendation	
(w) Borrowed home.	
(x) Special evaluation.	
(y) Foster home record.	
<b>R 400.12304. Recruitment and retention.</b> <a href="#">RI.304</a>	
Rule 304. (1) An agency shall have an ongoing foster home recruitment program to ensure an adequate number of suitable and qualified homes to meet the needs of children served by the agency.	
(2) An agency shall develop, implement, and maintain a program of foster home retention that includes foster parent involvement.	
<b>R 400.12305. Certification training.</b> <a href="#">RI.305</a>	
Rule 305. (1) An agency shall ensure that all supervisors of social service workers who perform foster home certification functions receive certification training and special evaluation training provided by the department.	

(2) An agency shall ensure that all social service workers who perform foster home certification functions receive certification training and special evaluation training provided by the department.	
<b>R 400.12306 Application request.</b> <a href="#">RI.306</a> Rule 306. (1) An agency shall provide an orientation for prospective applicants for a foster home license before a foster home application is provided.	
<b>R 400.12307 Orientation.</b> <a href="#">RI.307</a> Rule 307. An agency foster parent orientation shall consist of all of the following areas:	
(a) Purposes of foster care.	
(b) Characteristics and needs of the children placed by the agency.	
(c) Attachment and separation issues.	
(d) Impact of fostering on the foster family.	
(e) Role of the foster family.	
(f) Licensing process.	
(g) Grievance procedure.	
(h) Importance of a child's family.	
(i) Parent and sibling visits.	
(j) Agency foster care policies and procedures.	
(k) Agency foster parent training requirements.	
(l) Supportive services and resources.	
(m) Provisions of the children's ombudsman act.	
(n) Provisions of the child protection act.	
(o) Foster care review board appeal procedures.	
<a href="#">MCL722.953</a> – At orientation, does the agency provide a copy of the Foster Parent Bill of Rights and provide their foster parents information on utilizing the Foster Parent Bill of Rights as part of the child placing agency's orientation? Foster Parent Bill of Rights - <a href="http://legislature.mi.gov/doc.aspx?mcl-722-958a">http://legislature.mi.gov/doc.aspx?mcl-722-958a</a> .	

Open Foster Home Sample Size		<b>Number of <u>Open Foster Homes</u>:</b>  <div style="border: 1px solid black; background-color: #f4a460; padding: 5px; margin: 5px 0;">           To find a foster home in MiSACWIS:            Go to search &gt; provider search &gt; MiSACWIS provider ID &gt; select         </div>	<b>Names:</b>  <div style="border: 1px solid black; background-color: #f4a460; padding: 5px; margin: 5px 0;">           R 306, 308, &amp; 309: Home evaluation &gt; locate correct evaluation &amp; click document on right         </div>	1.	2.	3.	4.	5.	6.	7.	8.		
Less than 3	All												
4 to 30	3												
31 to 60	6												
Over 61	8												
<b>R 400.12306 Application request. RI.306</b> Rule 306. (1) An agency shall provide an orientation for prospective applicants for a foster home license before a foster home application is provided.													
(2) An agency shall document that an applicant expresses a willingness to care for the types of children served by the agency before providing a foster home application.													
(3) An agency shall document that a person who has met the requirements of subrule (1) of this rule has received an application and information regarding all of the following: (a) A copy of the act.													
(b) Administrative rules for foster homes.													
(c) Administrative rules for child placing agencies.													
(d) Good moral character rules.													
(e) The child protection law.													
(f) The children's ombudsman act.													
(g) The agency's program statement.													
(h) The agency's foster care services policies.													
(i) The agency's foster parent training requirements.													
(4) An agency shall document that the licensee has been given an application for renewal of the license not less than 60 calendar days before the expiration date of the license.													
<b>R 400.12308 Application submission. RI.308</b> (1) An agency shall act on a completed and signed application. <div style="border: 1px solid black; background-color: #90ee90; padding: 2px; margin: 5px 0;"> <b>SEP 6, 18</b> - Page 23 - new relative foster parents shall be licensed within 180 days of the date of placement.         </div>													
(2) An agency shall require both caregivers in a 2-caregiver household to sign the application.													
(3) An agency may consider an application withdrawn after 60 days if the applicant fails to cooperate with the completion of the licensing process.													

<p><b>R 400.12309 Records check. RI.309</b>  Rule 309. (1) An agency shall, upon receipt of an application, request the department of state police to conduct both a criminal history check and a criminal records check through the federal bureau of investigation for applicants.</p>										
<p><b>SRM 200, p. 12-13</b> – storage of CHRI, results for certification may be stored in foster home records only, results for adoption may be stored in adoption files only.</p>										
<p>The agency shall also request the department to conduct a criminal history check on all persons residing in the home over 18 years of age.</p>										
<p>Additional checks shall pertain to previous licenses, and substantiated child abuse and neglect records for all applicants and persons residing in the home 18 years of age or over.</p>										
<p>(2) An agency shall initiate a new records check if it receives information indicating a lack of good character or suitability of any person residing in the home who is 18 years of age or over who is not a licensee.</p>										
<p>(3) An agency shall initiate a criminal history check of a resident minor within 30 days after turning 18 years of age.</p>										
<p><b>R 400.12310 Initial evaluation. RI.310</b>  Rule 310. (1) An agency social service worker shall complete a written initial foster home evaluation before certifying the home for licensure.</p>										
<p>1) Home evaluation &gt; document (on right) &gt; document ID (signed)  2) Home evaluation &gt; report &gt; generate (won't be signed)</p>										
<p>(2) The report shall include the dates and places of contacts and persons interviewed or observed.</p>										
<p>(3) The report shall be an assessment of all of the following:</p>										
<p>(a) Visits at the residence of the foster home applicants for observations of, and interviews with, each member of the household to determine all of the following:</p>										
<p>(i) Marital and family status and history, including current and past level of family functioning and relationships and any incidents of domestic violence.</p>										
<p>(ii) Educational history and any special skills and interests.</p>										
<p>(iii) Employment history, current financial status, including property and income, money management skills, and outstanding financial obligations.</p>										
<p>(iv) Physical, mental, and emotional health of each member of the household.</p>										
<p>(v) Any history of substance abuse, including alcohol, drugs, or controlled substances by each member of the household and a description of any treatment received.</p>										
<p>(vi) Current substance use, including alcohol, drugs, or controlled substances by each member of the household and a description of any treatment currently being received.</p>										
<p>(vii) Parenting skills and attitudes toward children.</p>										
<p>(viii) Methods of discipline of children.</p>										
<p>(ix) Adjustment and special needs of the applicant's own children including children not living in the home.</p>										
<p>(x) Strengths and weaknesses of each member of the household.</p>										
<p>(xi) Experiences with own parents and any history of out-of-home care.</p>										
<p>(xii) Reasons for applying to be a foster family.</p>										
<p>(xiii) Previous licenses or experience in providing child foster care, child day care, or adult foster care.</p>										

(xiv)-Willingness to accept a foster child with the child's individual characteristics, needs, and background.							
(xv) Willingness to parent cross-racially or cross-culturally and to create an atmosphere that fosters the racial identity and culture of a foster child.							
(xvi) Willingness and ability to work with birth families and to understand the foster child's attachment to the birth family.							
(xvi) An understanding of and willingness to participate in concurrent planning.							
(xviii) Willingness and ability to give a foster child guidance, love, and affection and accept the child as a member of the household.							
(xix) Existence of social support system and alternate care providers.							
(xx) Spirituality or religious beliefs.							
(b) Previous adoption evaluations or placements.							
(c) Previous criminal convictions, and substantiated child abuse or neglect investigations or concerns brought to the agency's or department's attention for any member of the household.							
(d) Three current references from persons not related to the applicants. The agency shall evaluate any negative references.							
(e) A medical statement for each member of the household that indicates that the member has no known condition which would affect the care of a foster child. The statement shall be signed by a physician, physician's assistant or nurse practitioner within the 12-month period before the initial evaluation.							
(f) Safety and maintenance of the applicant's house and property, including but not limited to: sufficient beds and sleeping space, pets, guns and other weapons, and water hazards.							
<b>CI 16-019</b> – For foster homes located in the Flint water catchment area, did the worker document that they observed water filters in the home and a system for changing cartridges?							
(g) Assessment of the neighborhood, schools, community and available resources.							
(h) The age, number, gender, race, ethnic background, and the special characteristics of children preferred by the applicants.							
(i) Training needs of the family.							
(4) An agency shall document placement specifications consistent with the information contained in the evaluation. The placement specifications shall include the following: (a) Age							
(b) Gender							
(c) Race							
(d) Number of children preferred by the family.							
(e) Characteristics of children best served by the family,							
(f) Children who may not be placed in the home. The child's racial, ethnic, and cultural identity, heritage, and background may only be considered if an assessment of the individual child indicates that such consideration is in the best interests of the child.							
(5) An agency shall inform the applicant of the department's policies and procedures regarding concurrent planning.							
(6) An agency shall inform the applicant that a copy of the initial evaluation is available upon request.							
<b>TFC 1. H.1-3.</b> – page 12 - At least one TFC foster parent shall be 25 years of age, and neither partner in a couple shall be under 21							

<b>R 400.12311 Foster parent/agency agreement. RI.311</b> Rule 311. (1) An agency shall have a written foster parent/agency agreement signed by the foster parent and the agency before initially certifying a foster home for licensure.									
(2) The foster parent/agency agreement shall contain all of the following provisions:									
(a) The responsibilities of the agency.									
(b) The services to be provided to foster children and the foster family.									
(c) The responsibilities of the foster family.									
(d) That the foster family has been informed of, and agrees to follow, agency policies and procedures.									
(e) The role of the lawyer guardian ad litem and the court.									
(3) An agency shall document review of the foster parent/agency agreement with the foster family at least annually and, when needed, develop a new agreement.									
(4) An agency shall give a foster family a copy of the signed current foster parent/agency agreement.									
<b>R 400.12312 Foster parent training. RI.312</b> Rule 312. (1) An agency shall develop a foster parent training plan with the participation of foster parents.	Home evaluation > select > training completed								
(2) The foster parent training plan shall provide for all of the following:									
(a) The individual training needs of the foster parents.									
(b) Not less than 12 hours of training to be completed by each person named on the license a recommendation is made for licensure. Not more than 6 hours of orientation may be included as part of the initial 12 hours of training.									
(c) Not less than 6 hours of training annually for each licensee after the time periods specified in subdivisions (b) of this subrule.									
(3) The training specified in subrule (2)(a) and (b) of this rule shall address all of the following areas:									
(a) Characteristics and needs of children who may be placed into the home.									
(b) Safe sleep practices for infants.									
(c) Effective parenting.									
(d) Behavior management, including de-escalation techniques.									
(e) Importance of the foster child's family.									
(f) Concurrent planning.									
(g) Role of the agency.									
(h) Emergency procedures, first aid, and fire safety.									
(i) Preparation of the foster child for permanence and independence.									
(j) The role of the court and lawyer guardian ad litem in permanency planning.									
(4) At least 1 adult member of the household shall have training in and maintain a current certification in first aid from the American Heart Association or the American Red Cross.									
(5) An agency shall document all training received by each foster parent.									
<b>CI 16-019</b> – For foster homes located in the Flint water catchment area, did the worker document that they observed water filters in the home and a system for changing cartridges?									

<b>R 400.12313 Behavior management policy. RI.313</b>							
Rule 313. (1) An agency's behavior management policy shall identify appropriate and specific methods of behavior management for foster children.							
(2) An agency shall ensure that methods of behavior management for a foster child are positive and consistent, based on each foster child's needs, stage of development, and behavior, and promote self-control, self-esteem, and independence. Problems of child training shall be handled with sympathy and understanding.							
(3) All of the following are prohibited:							
(a) Corporal punishment, excessive restraint, or any kind of punishment inflicted on the body.							
(b) Confinement in an area such as a closet or locked room.							
(c) Withholding food, clothing, rest, toilet use, or entrance to the foster home.							
(d) Mental or emotional cruelty.							
(e) Verbal abuse, threats, or derogatory remarks.							
(f) Prohibiting visits or communication with a foster child's family.							
(g) Denial of necessary educational, medical, counseling, or social work services.							
(4) A foster parent may use reasonable restraint to prevent a foster child from harming himself or herself, other persons, or to prevent serious property damage.							
<b>R 400.12314 Religion policy. RI.314</b>							
Rule 314. An agency's religion policy shall, at a minimum, ensure that the foster child has the opportunity to receive religious instruction and attend religious services. A foster child shall not be required to attend religious services or follow specific religious doctrine.							
<b>R 400.12315 Communication. RI.315</b>							
Rule 315. An agency's communication policy shall ensure that a child is able to communicate with family and friends in a manner appropriate to the child's functioning and consistent with the child's treatment plan.							
<b>R 400.12316 Personal possessions. RI.316</b>							
Rule 316. An agency's personal possessions policy shall, at a minimum, address both of the following:							
(a) Assuring that a child has a right to have his or her personal possessions during placement with a foster family and when leaving the foster family.							
(b) All gifts and clothing that are purchased for the child during placement with the foster family shall remain the property of the foster child.							
<b>R 400.12317 Allowance and money policy. RI.317</b>							
Rule 317. (1) The agency's policy on allowance shall, at a minimum, specify the following:							
(a) General guidelines that provide a monetary range based on a child's age.							
(b) Allowance for specific youth will be determined by the social services worker and the foster parent based on the child's age and treatment needs.							
(c) How the agency monitors allowance.							
(2) Any money earned or received directly by the child remains the property of the child.							

<p><b>R 400.12318 Clothing policy.</b>  Rule 318. The agency's clothing policy for foster parents shall specify both of the following:  (a) A foster parent shall ensure that a foster child has the minimum required clothing specified by the agency's policy and leaves the foster home with not less than the minimum required clothing.</p>								
<p>(b) All clothing the child has when he or she arrives at the foster home and all clothing purchased for the child while in the foster home remains the property of the foster child.</p>								
<p><b>R 400.12319 Substitute care policy. RI.319</b>  Rule 319. An agency's substitute care policy shall, at a minimum, contain provisions for all of the following:  (a) Qualifications for substitute caregivers, consistent with the requirements of 1973 PA 116 and child care licensing rules.</p>								
<p>(b) Conditions under which substitute care may be utilized.</p>								
<p>(c) Any planned substitute care shall be consistent with the child's treatment plan.</p>								
<p>(d) Notification of the agency, by the foster parent, before the beginning of any planned overnight substitute care.</p>								
<p>(e) Notification of the agency, by the foster parent, within 24 hours of any unplanned absence which requires substitute care for a period of 24 hours or more.</p>								
<p>(f) A foster parent must notify any substitute care provider of the agency's policies relating to care and supervision and the care provider must follow the policies.</p>								
<p><b>R 400.12320 Supervision. RI.320</b>  Rule 320. An agency's supervision policy shall, at a minimum, state that a foster parent shall provide appropriate care and supervision for the foster child at all times consistent with a child's age, level of functioning, and treatment plan.</p>								
<p><b>R 400.12321 Hazardous materials policy. RI.321</b>  Rule 321. An agency's hazardous materials policy shall, at a minimum, contain both of the following provisions:  (1) Dangerous and hazardous materials, objects, weapons, chemicals, medication, or equipment that may present a risk to children placed in the foster home shall be stored securely and out of the reach of children, as appropriate for the age and functioning level of the children.</p>								
<p>(2) Proper handling of firearms includes the following:</p>								
<p>(a) Storage in a locked metal or solid wood gun safe, or trigger-locked and without ammunition in a locked area.</p>								
<p>(b) Storage of ammunition in a separate locked location.</p>								
<p>(c) Registration of a handgun. Documentation of the registration of the handgun shall be available for review.</p>								
<p><b>R 400.12322 Unusual incident policy. RI.322</b>  Rule 322. (1) An agency's unusual incident policy shall, at a minimum, include immediate notification to the agency by the foster parent of either of the following incidents:  (a) When a foster child is missing from a foster home.</p>								
<p>(b) Attempted removal or removal of a foster child from the foster home by any person who is not authorized by the agency.</p>								
<p>(2) An agency's unusual incident policy shall, at a minimum, include notification to the agency by the foster parent of any of the following incidents within 24 hours of knowledge of the incident:  (a) A foster child's involvement with law enforcement authorities.</p>								
<p>(b). Any illness or injury that requires hospitalization or emergency medical care of a foster child.</p>								

(c) Pregnancy of a foster child.										
(d) Incidences of child-on-child abuse.										
(e) Involvement with law enforcement by anyone in the home pursuant to a criminal investigation.										
<b>R 400.12323 Emergency policy. RI.323</b> Rule 323. (1) An agency's emergency policy shall, at a minimum, contain provisions for ensuring that a foster parent has agency-approved written procedures for each of the following emergencies: (a) Fire. (b) Tornado. (c) Serious accident or injury.										
(2) An agency shall approve the written evacuation plan for a foster home that provides care for a person who requires assistance to evacuate the home.										
<b>R 400.12324 Reevaluation. RI.324</b> Rule 324. (1) An agency shall conduct an annual on-site visit and complete a written reevaluation of a foster home.										
	<div style="border: 1px solid black; background-color: #f4a460; padding: 5px;"> <p>1) Home evaluation &gt; document (on right) &gt; document ID (signed)  2) Home evaluation &gt; report &gt; generate (won't be signed)</p> </div>									
(2) The annual reevaluation shall include a determination and assessment of all of the following:										
(a) All changes to the factual information contained in the initial evaluation and subsequent renewal evaluations.										
(b) Family functioning and interrelationships as determined by observation of, and interviews with, each member of the household and each social service worker who has had children placed in the home during the last licensing period.										
(c) Training needs of the family.										
(d) Compliance with the licensing rules for foster homes.										
<b>CI 16-019</b> – For foster homes located in the Flint water catchment area, did the worker document that they observed water filters in the home and a system for changing cartridges?										
(e) Compliance with the agency's written policies and procedures.										
(3) An agency shall record the dates and places of contacts and persons interviewed or observed as part of a reevaluation.										
(4) An agency shall document placement specifications consistent with the information contained in the reevaluation. The placement specifications shall include all of the following:										
(a) Age,										
(b) Gender,										
(c) Race,										
(d) Number of children preferred by the family,										
(e) Characteristics of children best served by the home,										
(f) Children who may not be placed in the home. The child's racial, ethnic, and cultural identity, heritage, and background may only be considered if an assessment of the individual child indicates that such consideration is in the best interests of the child.										
(5) An agency shall inform the foster parent of and discuss the agency's policy and procedures regarding concurrent planning.										
(6) An agency shall complete a licensing record clearance request form on each adult non-licensee member of the household, including foster youth who turn 18 years of age, prior to each renewal and shall assess the results of the record check.										

(7) An agency shall notify the foster parent that a copy of the reevaluation is available upon request.							
(8) An agency shall complete a reevaluation and shall make a licensing recommendation to the department at least 15 calendar days before the expiration date of the foster home license.							
<b>R 400.12325 License recommendation.</b> <a href="#">RI.325</a>							
Rule 325. (1) An agency shall recommend to the department the appropriate licensing action consistent with facts contained in the foster home evaluation and any special evaluations.							
(2) An agency shall document foster home license changes in the foster home record and shall communicate the changes immediately to the department in the manner prescribed by the department.							
(3) Except for an original license, an agency shall recommend to the department the issuance of a regular license or the continuation of an active license only when all rules are in compliance or both of the following conditions exist:							
(a) All non-compliances relating to the recommendation are correctable.							
(b) A written corrective action plan has been developed. The plan shall be in compliance with all of the following requirements:							
(i) Specify the methods, the persons responsible, the time frames for correction; methods for ensuring the safety of any children placed in the home; how continuing compliance will be maintained once compliance is achieved; consequences if the corrective action plan is not completed; and what documentation will be required to demonstrate compliance or completion.							
(ii) Require that the corrective action be completed within six (6) months of being signed.							
(iii) Be signed and dated by the foster parent and the agency.							
(4) Except for an original license, an agency shall recommend to the department the issuance of a provisional license only when both of the following conditions exist:							
(a) The agency complies with subrule (3) (a) and (b) of this rule.							
(b) The foster parent has been informed, in writing, of the facts and the basis for the provisional license.							
(5) An agency shall recommend to the department the denial of license issuance, the revocation of a license, or the refusal to renew a license only when both of the following conditions exist:							
(a) The applicant or the foster parent falsifies information or, the applicant or the foster parent willfully and substantially violates the act, 1 or more of the licensing rules for foster homes, or the terms of the license,							
(b) The applicant or the foster parent has been informed, in writing, of the facts and the basis for the recommended action.							
(6) An agency shall provide the department with all documentation that details the basis for the agency's recommendation or any requested documentation for a department licensing action.							
(7) An agency shall participate in, and present facts at, a foster home licensing administrative hearing to support an agency recommendation or a department licensing action.							

Corrective action plans > click documents (right)

<p style="text-align: center;"><b>Special Investigation Sample Size</b></p> <p>There is not a specific sample size for special investigations</p>	<p style="text-align: center;"><b>Number of Special Investigations: _____</b></p> <p style="text-align: right;"><b>Names:</b></p>							1.	2.	3.	4.	5.	6.	7.	8.
<p><b>R 400.12327 Special evaluation.</b> <a href="#">R1.327</a></p> <p>Rule 327. (1) An agency shall do all of the following when anyone in the agency receives information that relates to possible noncompliance with any foster home rule:</p> <p>(a) Submit a special investigation record to the department's licensing authority within 5 working days in the manner prescribed by the department.</p>	<div style="border: 1px solid black; background-color: #f4a460; padding: 5px; width: fit-content; margin: auto;">           Document &gt; document ID (report)            Document &gt; document ID (259)         </div>														
<p>(b) Initiate a special evaluation of the foster home as soon as is indicated, based on the information received, but not later than 7 calendar days after receipt of the information.</p>															
<p>(c) Conduct a thorough investigation including all necessary collateral contacts.</p>															
<p>(d) Notify all social service workers who have children placed in the home that a special evaluation has been initiated.</p>															
<p>(2) An agency shall inform foster parents of all of the following before they are questioned or interviewed regarding a special evaluation:</p> <p>(a) That a special evaluation has been initiated.</p>															
<p>(b) A clear description of the allegations.</p>															
<p>(c) That the foster parents may involve a person of their choice in any interviews with them involving the special evaluation if the involvement does not impede the timely completion of the evaluation.</p>															
<p>(3) An agency shall complete a special evaluation within 45 calendar days after receipt of the information. If additional time is required, then the agency shall inform the foster parent, in writing, of the basis for the extension and the expected length of the extension. The total time for the completion of the investigation shall not exceed 90 calendar days without written approval from the chief administrator or his or her designee.</p>															
<p>(4) Before completion of the written report required by subrule (6) of this rule, an agency shall provide the foster parent with a verbal summary of the preliminary findings at the conclusion of the evaluation.</p>															
<p>(5) Within 15 days of the conclusion of the evaluation, an agency shall complete a written report that includes all of the following information: (a) The date the information was received.</p>															
<p>(b) Identification of the information source, unless anonymous or confidential, as specified in the child protection law, 1975 PA 238, MCL 722.621 to 722.638.</p>															
<p>(c) The allegations.</p>															
<p>(d) Dates and places of contacts, names of persons interviewed, and names of the interviewers. If children are interviewed, their last names shall not be included in the report.</p>															

(e) Findings of fact, based upon the evaluation.									
(f) Conclusions regarding licensing rules compliance or noncompliance based on the findings of fact.									
(g) Any change in the agency's decision regarding the number, gender, age, race, ethnic background, and specific characteristics of children who may be placed that is based upon the documentation contained in the summary and conclusions of the report.									
(h) Recommendations regarding licensing action and any required corrective action.									
(6) An agency shall do all of the following:									
(a) Provide the foster parent with a copy of the report required by subrule (5) of this rule within 10 calendar days of its completion.									
(b) Inform the foster parent, in writing, that he or she has a right to have his or her written response included as an attachment to the report required by subrule (5) of this rule.									
(c) Provide a copy of the report to any social services worker that has children placed in the home.									
(7) If any violations are cited and there is a signed corrective action plan, all social service workers who have children placed in the home shall be notified there is a corrective action plan and what is required of the foster parent in that plan.									
PA116 722.120 Section 10. (2) Does the agency protect confidential information in a report such as the involvement of CPS?									
<b>Borrowed Homes Sample Size</b>		1.	2.	3.	4.	5.	6.	7.	8.
<b>Less than 3</b>	<b>All</b>	<b>Number of Borrowed Foster Homes:</b>							<b>Names:</b>
<b>4 to 30</b>	<b>3</b>								
<b>31 to 60</b>	<b>6</b>								
<b>Over 61</b>	<b>8</b>								
<b>R 400.12326 Borrowed home. RI.326</b>									
Rule 326. (1) Before placing a child in a foster home certified by another agency or tribe, the agency shall have a record containing all of the following documents:									
(a) Prior approval from the certifying agency authorizing the placement of a child in the home.									
(b) Documentation that the foster parent is willing to accept the foster child.									
(c) A copy of the initial evaluation with written endorsement by the borrowing agency that the evaluation is acceptable.									
(d) A copy of the current reevaluation with written endorsement by the borrowing agency that the evaluation is acceptable.									

(e) A list of all children currently placed in the home.								
(f) Documentation that the foster parent has received orientation to the policies of the borrowing agency.								
(g) A copy of the foster parent /agency agreement signed by the foster parent and the borrowing agency.								
(h) A copy of the current children's foster home license application and children's foster home licensing transaction record documents from the certifying agency.								
(i) A copy of all special evaluations completed during the last 2 years.								
(2) The borrowing agency is responsible for securing the items identified in subrules (1) (d), (e), (g), (h), and (i) of this rule annually for the duration of the child's placement.								
(3) The certifying agency is responsible for certification functions, including special evaluations, and shall share all information regarding changes in the home with all agencies that have children in placement in the home.								
<b>Treatment Foster Care Contract Requirements RE Foster Parents</b>	1.	2	3	4	5	6	7.	8
<b>Number of Treatment Foster Homes: _____</b>								
<b>No set sample size</b>								
<b>Names:</b>								
<b>TFC 1.H.3</b> – Page 12 - At least one TFC parent shall be 25 years of age and neither partner in a couple can be younger than 21. A one parent TFC family may be utilized if the parent is at least 25 years of age								
<b>TFC 1.H.4</b> _ Page 12 - TFC parent(s) shall have no more than four total children (birth, adoptive, foster care, relatives, guardian, etc.) in the home. No more than three shall be foster care children. No more than one shall be a TFC child. Note: The home may accept two TFC children if they are siblings. At the time a TFC child is placed, foster children residing in the home shall not require additional care of the foster parent beyond a Determination of Care (DOC) supplemental level I. Additionally, all children residing in the home shall be four years of age or older.								
<b>TFC 1.H.5.f</b> – Page 12 - TFC parent(s) must successfully complete 30 hours of treatment foster care pre-service training using a curriculum that meets the requirement of the Foster Family-Based Treatment Association program standards and that has been approved, in writing by the Bureau of Child Welfare – Foster Care Program Office, prior to accepting a child for placement.								
<b>TFC 1.H.5.i</b> – Page 13 - TFC parent(s) must complete training that explains “What is Trauma-Informed Parenting” and provides information on a trauma-informed home environment.								
<b>TFC 1.H.5.j</b> – Page 13 - TFC parent(s) must complete a minimum of 24 hours of annual training that meets the requirement of the Foster Family-Based Association.								
<b>TFC 1.H.5.k</b> – Page 13 - TFC parent(s) must complete daily behavior logs or checklists for the child in their care.								
<b>Respite</b>								
<b>TFC 1.H.6</b> – Page 13 – The agency shall provide to the foster parents 36 hours of respite per month								

<b>TFC 1.H.6.d</b> – Page 13 – The respite plan for each child shall be documented, reviewed, and updated as necessary, but at least in every updated service plan.									
<b>TFC 1.H.7</b> – Page 13 – The Agency shall develop a TFC Support Group that meets at least one time per month and document that it was offered to all foster care parents.									
<b>TFC 1.J.11</b> – Page 18 - Within five working days of the completion of the investigation finding non-compliance involving an abuse/neglect complaint, a written report covering the findings of a foster parent licensing complaint shall be sent to the DHS' local office referring worker.									
<b>TFC 1.K.2.a&amp;c</b> – Page 19 - In cases where the Agency has primary family responsibility, the social services worker shall make no fewer than one in-person contact with the parent(s) and child each week. For all subsequent months, the social services worker shall make no fewer than one in person contact, twice monthly with the parent(s) and child. These contacts shall occur within the family residence.									
<b>TFC 1.K.2.d</b> – Page 19 - In cases where the Agency has primary family responsibility all needed services shall be provided to a family unit for the purpose of reunification and/or permanency planning. Services shall include placement planning and preparation, service referrals for parents and children, the arrangement and facilitation of family visitations - 19- (including the provision of transportation as needed) as well as court responsibility.									
<b>TFC 1.K.3.f.1</b> – Page 21 - In cases where the agency does not have primary family responsibility, the agency is responsible for the individual TFC child's case management and must provide updated service plans to the Child Placing Agency that has primary family responsibility, for inclusion in their service plans.									
<b>Closed Foster Homes Sample Size</b>		1.	2.	3.	4.	5.	6.	7.	8.
<b>Less than 3</b>	<b>All</b>	<b>Number of Homes Closed Since Last Audit :</b>		<b>Names:</b>					
<b>3 to 30</b>	<b>2</b>								
<b>31 to 60</b>	<b>4</b>								
<b>Over 61</b>	<b>8</b>								
<b>R 400.12328 Foster home record. <a href="#">RI.328</a></b>									
Rule 328. (1) An agency shall maintain a foster home record for each foster home.		<b>Document &gt; document ID (closing 3706)</b>							
(2) The record shall contain all of the following information:									
(a) All documents pertaining to certification of the home.									
(b) Any special evaluation reports.									
(c) Placement agreements between a foster parent and the agency.									

(d) A placement list of all children placed in the foster home, including all of the following information about each child:							
(i) Name, age, gender, and race of the child.							
(ii) Date of placement.							
(iii) Date of, and reasons for, a child's removal from the foster home.							
(e) Any written response from a foster parent, as provided by R 400.12327(6) (b).							
(3) An agency shall make copies of a record available to the applicant or licensee upon request, except for the following items: (a) Pending evaluation reports and documents. (b) Records of privileged communication. (c) Criminal records, police reports, child protective services information, and social security numbers from any source.							
(4) An agency shall maintain records for not less than 7 years after closure.							
<b>PART 4. FOSTER CARE SERVICES</b>							
<b>R 400.12401 Department authorization.</b> An agency shall be authorized by the department to receive children for placement in licensed foster homes.							
<b>R 400.12402 Program statement.</b> <a href="#">RI.402</a> An agency shall have and follow a current written program statement that includes all of the following information: (a) Types of foster care provided.							
(b) Age, race, ethnic background, and specific characteristics of children served.							
(c) Types of services provided to foster children and their families.							
(d) Geographical area covered.							
<b>R 400.12403. Policy and procedures.</b> <a href="#">RI.403</a>							
Rule 403. (1) An agency shall have and follow written policies and procedures for the foster care services provided.							
(2) The policies and procedures shall cover at least all of the following areas:							
(a) Placement.							
(b) Change of placement.							
(c) Education.							
(d) Clothing.							
(e) Medical and dental care.							
(f) Unusual incidents.							
(g) Hazardous materials.							
(h) Foster parent information.							
(i) Service plans.							
(j) Visitation.							
(k) Foster care record.							
(3) An agency shall provide a copy of the policies and procedures to the foster parents of a home where the agency places a child.							
<b>Treatment Foster Care Program Performance Objectives - Consultants are to ask the licensee how they intend to gather data to demonstrate that they are meeting these performance objectives, but not yet enforce the performance objective.</b>							
<b><a href="#">TFC 1.T.1</a> - Page 24 No child will be a victim of substantiated abuse or neglect during TFC placement. (Safety)</b>							

<b>TFC 1.T.2 - Page 24</b> - No child will be a victim of substantiated abuse or neglect within six months after discharge from TFC. (Safety)	
<b>TFC 1.T.3 - Page 24</b> - One hundred percent of planning families will be actively involved in treatment planning within 30 days of entry into the program. (Permanency).	
<b>TFC 1.T.4 - Page 24</b> - Ninety percent of children in TFC will maintain placement in one treatment home for the duration of their TFC program placement. (Permanency)	
<b>TFC 1.T.5 - Page 24</b> - Eighty five percent of children in TFC will not need placement in a more restrictive setting (i.e. hospitalization, residential, youth facility) while receiving services in TFC. (Permanency)	
<b>TFC 1.T.6 - Page 25</b> - Ninety five percent of children in TFC will improve in educational goals as outlined in the child's treatment plan (Well-Being)	
<b>TFC 1.T.7 - Page 25</b> - Seventy five percent of children in TFC will improve mental health functioning as demonstrated by an improved/ reduced CAFAS score by 20 points or more, within 9 months of entry into program. (Well-Being)	
<b>TFC 1.T.8 - Page 25</b> - Eighty percent of children in TFC will be returned to a less restrictive setting (own home, relative, guardian, adoptive home, foster home, unrelated caregiver) within 12 months of entry. (Permanency)	
<b>TFC 1.T.9 - Page 25</b> - Ninety percent of children in TFC will be discharged to a less restrictive setting (own home, relative, guardian, adoptive home, foster home, unrelated caregiver) within nine months of entry. (Permanency)	
<b>TFC 1.T.10 - Page 25</b> - Eighty five percent of children in TFC discharged to a less restrictive setting will maintain the same less restrictive placement for at least one year after discharge. (Permanency)	

<b>Sample Size Children in Foster Care</b>		<b>Number of Children Currently in Foster Care:</b>	<input type="text" value="Search &gt; case search &gt; enter case ID &gt; select"/>							
<b>Less than 3</b>	<b>All</b>		<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>
<b>4 to 30</b>	<b>3</b>		<b>Child Names:</b>							
<b>31 to 60</b>	<b>6</b>									
<b>Over 61</b>	<b>8</b>									
<b>For items 1-5, mark all that apply with an "X":</b>		<b>1.Placed in Licensed Foster Home</b>								
		<b>2.Placed with Unlicensed Relative</b>								
		<b>3.Sibling Split</b>								
		<b>4.Native American</b>								
		<b>5. Placed in a CCI</b>								
<b>R 400.12404. Placement. <a href="#">RI.404</a></b>		<input type="text" value="See ISP instructions"/>								
Rule 404 (1) An agency shall only place a child with an adult who is legally related to the child, is a legal custodian, or in a licensed foster home, except as permitted in R 400.12709.										
(2) Initial consideration shall be given to placement with a relative and/or placing siblings together.										

<p><b>SEP 6.10a</b> - Page 20 - Siblings who enter placement at or near the same time shall be placed together unless there is documentation that the placement would be harmful, one of the siblings has exceptional needs, or the size of the sibling group makes placement together impractical.</p>									
<p><b>SEP 6.10b</b> - Page 20 – When siblings are split, The case manager shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. Efforts shall be documented quarterly.</p>									
<p>(3)An agency’s placement of a child in a foster home shall be consistent with the placement specifications for the home.</p>	<p>Placements &gt; select &gt; under provider info &gt; click person &gt; provider info (middle of screen) &gt; preferences (right)</p>								
<p>(4) An agency shall consider all of the following factors in selecting an appropriate placement for a child:</p>	<p>See ISP instructions</p>								
<p>(a) The permanency goal for the child.</p>									
<p>(b) The physical, emotional, and educational needs of the child.</p>									
<p>(c) Expressed preferences of the child.</p>									
<p>(d) The child and child’s family’s religious preference.</p>									
<p><b>SEP 6.13</b> - Page 23 - new relative foster parents shall be licensed within 180 days of the date of placement.</p>									
<p><b>SEP 6.16.1</b> - Page 23 - prior to placement, the agency shall visit an unlicensed relative’s home to determine that it is safe.</p>	<p>Placement &gt; select &gt; under provider info click person &gt; home eval &gt; 3130A, 588, Waiver, 3130</p>								
<p><b>SEP 6.16.3</b> - Page 23 - Within 30 days following placement with an unlicensed relative the agency complete a home study determining whether the relative should, upon completion of training and submission of any other required documents, be licensed as a foster parent.</p>									
<p><b>SEP 6.17</b> Page 23 – Relative care providers are to be licensed unless exceptional circumstances exist and are documented in the child’s case file and approved by the County Director or, in a Designated County, a county-level Child Welfare Administrator. The relative caregiver and the other adult household members must meet the same safety standards as non-relative providers, must be fully informed of the benefits, including the exact amount of monetary benefits, of licensure, and must sign a waiver stating understanding that he or she is foregoing the benefits, including the exact amount of monetary benefits. This waiver must be re-signed by the relative caregiver annually and a copy must be placed in the child’s case file.</p>									
<p>(e) The continuity of relationships, including relationships with parents, siblings, relatives, foster parents, previous foster parents, and other persons significant to the child.</p>									
<p><b>DHHS Policy – FOM.722-03B</b> - Page 2 - Were potential relative placements identified, located, and contacted within 30 days?</p>									
<p>(f) The availability of placement resources for the purpose of making a timely placement.</p>									
<p>(5) The child’s racial, ethnic, and cultural identity, heritage, and background may only be considered if an assessment of the individual child indicates that such consideration is in the best interests of the child.</p>	<p>See ISP instructions</p>								



<a href="#">TFC 1.E.3.d&amp;m</a> – page 5 & 6 - The Agency shall identify a TFC family for a child referred, within seven calendar days of receiving the referral.									
<a href="#">TFC 1.E.3.e</a> – page 5 - The Agency shall place the child into Treatment Foster Care within seven days of acceptance.									
<a href="#">TFC 1.E.3.g</a> – page 5 - The agency shall provide for a minimum of one pre-placement visit between the child and the TFC family to assist in matching the child with an appropriate TFC family.									
<a href="#">TFC 1.E.3.J</a> – page 5 – The agency shall not eject a child from Treatment Foster Care unless the child presents a consistent danger to self and/or others. Every ejection requires written notice to the referring DHS office and the Department of Child Welfare Licensing. The notice shall include treatment services provided and documentation of attempts to keep the child in a community setting.									
<a href="#">TFC 1.F.1</a> – page 6 – The agency shall have an identified team for each child in Treatment Foster Care. The agency shall document efforts to maintain the same treatment team for as long as the child is in placement. The agency’s portion of the team shall consist of a TFC Case Manager, a TFC Supervisor, a TFC Behavioral Aide, a DHHS or PAFC Staff with family responsibility, and a Therapist. The child, parents, LGAL, and school personnel shall also be recruited.									
<a href="#">TFC 1.F.2</a> – Page 7 – The TFC Treatment Team shall convene for a pre-placement meeting prior to placement [whenever feasible], meet twice during the first 30 days of placement, and meet a minimum of once every 30 days thereafter.									
<a href="#">TFC 1.F.3</a> – Page 7 – TFC Treatment Team Meetings are to be documented in the case record with specific information included.									
<a href="#">TFC1.F.3</a> – page 8 – Unless the youth has been assessed and given a CAFAS Score in the 90 days prior to placement, this assessment shall occur during the first 30 days of placement.									
<a href="#">ISEP 6.12.a &amp; b</a> - Page 20 - If more than 3 foster children are placed in a foster home or more than 6 total children reside in a home, does a waiver, signed by the DCWL Director exist?									
<b>R 400.12405 Change of placement.</b> <a href="#">RI.405</a> Rule 405. (1) An agency shall make every reasonable effort to maintain a stable placement for each child placed in foster care. The efforts shall be documented in the child’s record.									
<a href="#">DHHS Policy FOM 722-03B</a> - Page 5 –When replacing a child to a relative who has not been previously licensed as a foster parent, the worker shall complete a DHHS-3130a [Relative Placement Home Study] within 30 days.									
<a href="#">DHS Policy FOM 722.3</a> – page 2 – Was <b>parental input</b> allowed in the placement process?									
<a href="#">DHS Policy FOM 722-3B</a> – page 2 –Did the agency seek, identify, and <b>notify relatives</b> of the placement need of the child?									
<a href="#">DHS Policy 722-3B</a> – page 2 – Did the <b>search for relatives</b> continue through the life of the case. Was this documented in each service plan?									
(2) An agency shall give first consideration to returning the child to a parent.									

(3) The agency shall document all of the following in the child's record before a change of placement occurs:								
(a) Reason for the change in placement.								
(b) If the child is not returned to the parent, then the reason why return is not possible.								
(c) If the child is not reunited with siblings or placed with a relative, then the reason why those placements are not possible.								
(d) Consideration of the factors identified in R 400.12404(4).								
(e) Replacement preparation, regardless of the child's age, appropriate to the child's capacity to understand, which includes an explanation to all relevant parties as to why the change is necessary.								
(f) Notification to the parents, referral source, lawyer guardian ad litem, and courts when applicable, of the change in placement.								
(g) Information about the child was shared with the new placement, consistent with the requirements of R 400.12417.								
(h) The child's new location and address.								
(i) That the current foster parent was notified in writing of the following information:								
(i) Not less than 14 calendar days in advance, of the change, except when prior notification would jeopardize the child's care or safety. If prior notice is not provided, then the agency shall notify the foster parent, at the time of the change, why prior notice was not given.								
(ii) Of the current foster parent's rights concerning the change in placement.								
(j) Supervisory approval before the change.								
(4) If an emergency change in placement is necessary, then all of the documentation required in subrules (2) and (3) of this rule shall be in the child's record within 14 calendar days after the change in placement.							69b	
(5) If an agency is no longer providing services to the child in a foster home, then both of the following shall be documented before a change in placement:							69b	
(a) A summary of the services provided during care up to the time of the change in placement and the needs that remain to be met.								
<b>DHS Policy FOM 722-03 Page 17 – DHS-69 Required for placement change</b>								
(b) Provision for any continuing services.								
<b>DHS Policy FOM 722-6H – page 4 - After return home, First month - weekly in-person contacts with the parent(s) and child (ren) in the home. In Subsequent months - in-person visits must be at least twice a month in the home until case closure.</b>								
<b>TFC 1.K.2.a – page 19 – During the first month of a TFC child's return home, the worker shall make no fewer than 1 in person contact with the parent and child each week. The contacts shall occur in the family residence.</b>								
<b>R 400.12409 Education. RI.409</b>								
Rule 409. An agency's education policy shall ensure that, within 5 school days of placement, an agency shall provide for the enrollment of each child of school age, as defined by state law, into a school program.								

<a href="#">DHHS Policy - FOM 723</a> - Page 6 - If the child's case record does not contain the most recent school records, such as the report card, discipline records, or IEP (if applicable), the caseworker must request copies of educational records within five days of enrolling the child in the new school.									
<a href="#">ISEP 6.38</a> - Page 29 – The agency shall keep an out-of-home child in a familiar or current school and neighborhood and limit the number of school changes, when this is in the child's best interests and feasible.									
<a href="#">DHS Policy - FOM 723</a> - Page 6 – with each change of placement, including reunification, the case worker must transfer available school records to the new placement within two weeks. This includes anything that is available within the foster care case file, such as report cards, or IEPs.									
<a href="#">DHHS Policy - FOM 723</a> - Page 3 – No child in care may be home schooled as allowed by MCL380.1561 (3) (f).									
<a href="#">DHHS Policy - FOM 723</a> - Page 14 – A child being placed or replaced should continue in their same school whenever possible and when it is in the child's best interest. Best interest is determined by nine factors.									
<a href="#">TFC 1.P</a> – Page 22 - Prior education assessments must be requested within 30 days of TFC foster care placement and be considered in assessing the current educational needs of the child. Documentation of diligence in requesting records must be included in the case file.									
<b>R 400.12413 Medical and dental care policy.</b> <a href="#">RI.413</a> Rule 413. (1) An agency's medical and dental care policy shall, at a minimum, include all of the following: (a) The provision of routine medical care.									
(b) The provision of emergency medical, surgical, and dental care.									
<a href="#">CI 16-019</a> – For youth who reside in the Flint water catchment area or who resided there between April 2014 and January 2016; was a blood lead level test completed and are results in the record? Were additional treatment or services related to elevated blood lead levels provided if recommended?									
(c) A physical examination for each child as follows, unless a greater frequency is medically indicated: (i) For a child under 2 years of age, a physical examination shall have been completed within 3 months before being placed in foster care or a new physical examination shall be completed within 30 calendar days after being placed in foster care.									
<a href="#">ISEP 6.33</a> - Page 32 – a child shall have an initial medical and mental health examination within 30 days of the child's entry into foster care.									
<a href="#">TFC 1.O.1</a> – Page 22 – A child admitted to Treatment Foster Care shall have a physical examination within 30 calendar days of initial placement.									
<a href="#">DHHS Policy - FOM 802</a> - Page 1 - Did a child entering care receive a mental health screening within 30 days and in subsequent or yearly well child exams?									
(ii) For a child 2 years of age or older, a physical examination shall have been completed within 12 months before placement or a new physical examination shall be completed within 30 calendar days after placement.									
<a href="#">DHHS Policy - FOM 802</a> - Page 2 – When a need for further mental health evaluation or services is determined was the child referred to their Medical Health Plan for treatment?									

Case overview > view case info > members tab > click child's name > health, use tabs

<p><b>DHHS Policy - FOM 802</b> - Page 1 – The caseworker is responsible for document completion including the Well Child Exam form, requests of the primary care provider, and uploading documents to MISACWIS (screening tools, Well Child Exam forms, ..), referrals of the child to the behavioral health division of the child’s Medicaid Health Plan (MHP) for an assessment and treatment, schedule an appointment for an assessment if a concern arises between Well Child visits, and discussion of the child’s behaviors and any mental health concerns during monthly foster home visits.</p>								
<p>(iii) A physical examination every 14 months.</p>								
<p><b>SEP 6.49</b> – Page 34 – The medical passport shall be updated quarterly</p>								
<p><b>DHS Policy FOM 801</b> – Page 10 - At the time of the first placement, the care provider shall be given the <b>Medicaid Number and a Medical Treatment Authorization Card</b> within 30 days of the placement. The date the cards were provided must be entered under the Foster Parent/Relative Caregiver Input section of the case service plan.</p>								
<p><b>DHS Policy FOM 801</b> – Page 10 - At the time of any replacement, the care provider shall be given the <b>Medicaid Number and a Medical Treatment Authorization Card</b> at the time of the placement. The date the cards were provided must be entered under the Foster Parent/Relative Caregiver Input section of the case service plan. Additionally, for all subsequent placements (replacements) the foster care worker completing the DHS-69, Foster Care Action Summary, must check the field box for the DHS-3762 within the information shared with new caregiver</p>								
<p><b>DHS Policy FOM 801</b> - Page 6 – <b>Follow-up medical and dental</b> care is the responsibility of the caseworker</p>								
<p><b>DHS Policy FOM 801</b> - Page 7 – <b>Chronic Health Concerns</b> must be tracked by the caseworker and documented in the case file and each service plan. The Caseworker shall maintain monthly contact with relevant professionals.</p>								
<p><b>DHS Policy FOM 801</b> – page 8 - DHS and the supervising agency shall maintain a current <b>medical passport</b> for each child in care. This information shall be provided to foster parent / care givers. Each foster care worker who transfers a child's medical passport to another foster care worker must sign and date the medical passport. Foster homes, relative placements and residential facilities, legal parents, medical health professionals and mental health professionals shall each be provided with a copy of the medical passport.</p>	<p>Signature page uploaded under documents</p>							
<p><b>DHS Policy FOM 801</b> – page 10 - Required content of <b>Medical Passport</b></p>								
<p><b>DHS Policy FOM 801</b> - Page 9 - Required content of <b>Case File Medical Records Section</b></p>								
<p><b>DHS Policy FOM 801</b> - Page 9 – Content of <b>Medical info in Case Service Plans</b></p>								
<p>(d)Current immunizations for each child as required by section 5111 of Act No. 368 of the Public Acts of 1978 as amended, being §333.5111 of the Michigan Compiled Laws. A statement from a parent or licensed medical authority which indicates that immunizations are current or contraindicated is sufficient documentation of immunizations. If documentation of immunization is unavailable, then immunizations shall begin within 30 calendar days of placement.</p>								
<p>(d) Current immunizations for each child as required by section 5111 of 1978 PA 368, MCL 333.5111. All of the following apply:  (i) A statement from a parent or licensed medical authority which indicates that immunizations are current or contraindicated is sufficient documentation of immunizations.</p>								

(ii) A copy of a waiver addressed to the department of community health signed by the parent stating immunizations are not being administered due to religious, medical, or other reasons is sufficient documentation of immunizations.							
(iii) If documentation of immunization or a copy of the waiver is unavailable, then immunizations shall begin within 30 calendar days of placement.							
<b>SEP 6.45</b> – Page 32 – If a child’s immunizations are not up to date within 90 days of entry into care and more time is required, it shall be documented in the child’s case file that the physician determined that a longer schedule will be in the child’s best interest.							
(e) The provision of any dental treatment necessary for a child who is less than 4 years of age.							
(f) The provision of a dental examination and any treatment required for each child who is 4 years of age and older, including both of the following:							
(i) A dental examination within 12 months before placement or a new dental examination shall be completed not more than 90 calendar days after placement.							
(ii) A dental reexamination shall be obtained at least every 18 months, unless a greater frequency is indicated.							
<b>DHHS Policy - FOM 801</b> - Page 6 – For any child over three, a dental exam is required within 90 days of entering foster care unless one has been completed during the previous six months. A child turning 3 years of age must have an initial dental exam within three months of his/her third birthday. A dental re-examination shall be obtained at least every 12 months.							
<b>DHHS Policy FOM 801</b> – Page 10 - For children with chronic, ongoing health conditions caseworkers must solicit input and feedback from the child’s health care provider on a regular basis. The caseworker must also discuss the information provided by the health care provider with the foster caregiver. This information shall be incorporated into social work contacts, as well as the medical, dental, and mental health sections of the service plan.							
<b>DHHS Policy - FOM 801</b> - Page 1 – the caseworker is responsible for any medical or dental follow-up care that is recommended and for documenting the follow-up treatment in the Medical Passport.							
(2) An agency shall have documentation from the medical or dental provider of all medical and dental care received by a foster child.							
<b>SEP 4.18b</b> - Page 12 - Every child shall receive all needed follow-up medical, dental, and mental health care as identified.							
<b>DHS Policy FOM 801</b> – [Four Citation boxes] - pages 3 – 11 – All <b>health requirements</b> are to be documented and maintained as follows: •Age-specific Well Child Exam form. •DHS-1664 Youth Health Record, Yearly Dental. •DHS-221, Medical Passport. •DHS-1643, Psychotropic Medication Informed Consent.							
<b>DHHS Policy - FOM 801</b> – Page 9 – the caseworker is responsible for encouraging the parental / guardian involvement in medical care; encouraging and assisting in the facilitation of medical and dental care; and in documenting medical services, dental services, developmental events, mental health conditions, appointments, services and treatment in case service plans, the medical passport, and within the Health Profile section of MiSACWIS.							
<b>DHHS Policy - FOM 801</b> – Page 12 – The Well Child Exam, the DHHS 1664 Youth Health Record, the yearly dental form, the Medical Passport, and the DHHS 1643 Psychotropic Medication Informed Consent form are to be maintained in the Medical Records section of the Case File.							

<a href="#">§EP 6.54</a> - Page 35 – Written informed consent shall be obtained for each psychotropic medication prescribed to a child in DHHS custody.									
<a href="#">DHHS Policy - FOM 802-1</a> - Page 2 - psychotropic medications may never be used as a method of discipline, as punishment, or in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports.									
<a href="#">§EP 5.4</a> Page 17 - Psychotropic medication shall not be used as a method of discipline or in place of psychosocial or behavioral interventions that the child requires.									
<b>R 400.12415 Incident reporting policy.</b> <a href="#">RI.415</a> Rule 415. (1) An agency's incident reporting policy shall, at a minimum, include the following: (a) Immediate notification to the foster child's parents, the responsible agency, and guardian ad litem as applicable, if either of the following occurs: (i) When a foster child is missing from a foster home.									
(ii) Attempted removal or removal of a foster child from the foster home by any person who is not authorized by the agency.									
(b) Notification of the foster child's parents, the responsible agency, and guardian ad litem as applicable within 24 hours of knowledge of the following: (i) Any illness or injury that requires hospitalization of emergency medical care of a foster child.									
(ii) A foster child's involvement with law enforcement authorities.									
(iii) Pregnancy of a foster child.									
(iv) Incidences of a foster child being abused.									
(2) The policy shall require that the agency immediately notifies all of the following entities of the death of a foster child: (a) The child's parents. (b) The referring agency. (c) The department licensing authority. (d) The lawyer guardian ad litem and court, as applicable.									
<b>R 400.12417 Foster parent information.</b> <a href="#">RI.417</a> Rule 417. (1) An agency shall provide a foster parent with all of the following information before the placement or replacement of a child: (a) Child's name.									
(b) Child's date of birth.									
(c) Available known information about the child's health.									
(d) Any known history of abuse or neglect of the child.									
(e) All known emotional and psychological factors relating to the care of the child.									
(f) All known behaviors of the child.									
(g) Circumstances necessitating placement or replacement of the child.									
(h) Any other known information to enable the foster parent to provide a stable, safe, and healthy environment for the foster child and the foster family, including information about siblings who do not reside in the foster home.									

(i) Name of assigned social service worker.									
(j) Authorization to provide routine and emergency medical care.									
<b>DHHS Policy - FOM 801</b> - Page 14 - Each child entering foster care shall be provided access to medical care upon placement [i.e. The DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card is to be given to the foster parent at the time of placement. This allows the foster parent to take the child to the doctor and respond to emergencies.] The foster parent shall be provided an actual <b>Medicaid Card</b> or an alternative verification of the Medicaid number and status within 30 days of placement. For subsequent placements, the foster parent / care provider shall be given the Medicaid Card and DHS-3762 at the time of placement.									
(2) For an emergency placement, if any of the information specified in subrule (1) (a) to (h) of this rule is not available at the time of placement, then the agency shall provide information to the foster parent within 7 calendar days of the placement.									
(3) After the child is placed, and on an ongoing basis, the agency shall notify the foster parent of any known information that will enable the foster parent to provide a stable, safe, and healthy environment for the foster child and the foster family, including information about siblings who do not reside in the foster home.									
<b>R 400.12418 Development of service plans. RI.418</b> Rule 418. (1) An agency shall develop service plans with the child, the child's parents or legal guardian, the referring agency, and other parties involved in providing needed services, or medical care, unless the agency documents why any of the entities have not been involved.									
<b>ISEP 6.33.a.2&amp;5</b> Page 28 – The service plan shall document how entities will work together to achieve permanency.									
<b>DHS Policy FOM 722.6</b> – pages 5 & 6– diligent effort to locate an <b>incarcerated parent</b>									
<b>DHS Policy FOM 722-6G</b> –Page 3– diligent effort to locate an <b>absent / putative parent</b>									
(2) An agency shall complete written service plans for each child and parent or parents, as follows: (a) Within 30 calendar days from removal from the home- (b) Within 120 calendar days after the initial removal and at least once every 90 calendar days thereafter									
(3) When case responsibility changes from 1 child placing agency to another child placing agency, a modified service plan must be completed within 30 calendar days of the change in agency responsibility if no other plan is done within 30 days. The plan shall address why the agency responsibility changed and whether there are any modifications to existing service plans.									
(4) An agency shall place service plans in the case record, give a copy to and review the plans with foster parents. The agency shall inform the foster parent that the information in the plan and any other information about the child and the child's family is confidential.									
(5) An agency shall involve the foster parents in the development of service plans to enable the foster parents to understand the plan for the child and the foster parent's role in assisting the agency in carrying out the plan.									
(6) Service plans shall be signed by the social services worker and the social services supervisor.									
<b>ISEP 6.30</b> - Page 27 – The supervisor shall meet at least monthly with the caseworker and discuss each case's status. The supervisor will approve each service plan only after a face to face meeting.									



<a href="#">DHHS Policy - FOM 722-03</a> - Page 6 – In each quarterly service e plan, the caseworker must document efforts to place siblings together if the placement is not contraindicated by treatment issues.									
(d) A social history pertinent to the circumstances necessitating placement that assesses the child and all persons in the child’s family to determine the services best suited to meet the child’s needs.									
<a href="#">DHS Policy FOM 722 – 8</a> – Page 10 & 11 <b>mental health screening</b> and description of any needed mental health treatment is to be included in service plans									
(e) A plan that has as its goal reunification of the child with his or her family or another goal of permanent placement. The plan shall include all of the following information: (i) The permanency goal for the child.									
<a href="#">DHHS Policy - FOM 722-07B</a> - Page 1 - The caseworker shall document the reason for why a child is in <b>care for more than twelve months</b> and continues to have the goal reunification. The <b>DHHS-643</b> , Permanency Goal Review, must be used to document the current permanency goal, any barriers to the goal, and the action steps that will be taken to meet the goal. A copy of the form must be filed in the narrative section of the case file.									
<a href="#">DHHS Policy - FOM 722-07B</a> - Page 2 - For any child who has a permanency goal of reunification for more than 12 months, the child’s caseworker must have written approval from the supervisor and shall enter a written explanation in the case service plan. At 15 months supervisory approval shall again be received and compelling reasons to believe that the child can be returned home within a specified and reasonable time period shall be documented.									
(ii) The conditions necessary to achieve the permanency goal identified in paragraph (i) of this subdivision.									
(iii) Action steps and time frames to achieve the necessary conditions identified in paragraph (ii) of this subdivision.									
(iv) The persons responsible for implementing the action steps identified in paragraph (iii) of this subdivision.									
(v) Projected length of placement in foster care.									
<a href="#">TFC 1.Q – Page 23</a> - The agency shall assure/provide transportation for parenting time, participation in training sessions and support groups, as well as other routine transportation which parents would normally provide for their own child (e.g., medical and dental appointments, school conferences, school activities, extracurricular activities and sports). This includes transportation to assist the parent in participation of court ordered activities. This includes transportation between counties if the TFC home is in a county other than the referring county.									
(f) Specific goals, as appropriate, to meet the child’s needs in the following areas: (i) Education									
(ii) Health									
<a href="#">CI 16-019</a> – For youth who reside in the Flint water catchment area or who resided there between April 2014 and January 2016; Were additional treatment or services related to elevated blood lead levels provided if recommended?									
(iii) Vocational training									
(iv) Psychological, psychiatric, and mental health services									

Permanency goals > select the goal (to see 643 info) > document (on left) to see the uploaded documents (under other)

Permanency goals > select the goal (to see 643 info) > document (on left) to see the uploaded documents (under other)

(g) Plans for visits between the child, siblings, the child's family, and any other person.									
(h) The child management plan to be used by the foster parent.									
(2) If parental rights have not been terminated, the service plan shall include all of the following:									
(a) An assessment of the parents' needs as they relate to the care of the child.									
(b) The parents' role while the child is in placement, including parenting time.									
(c) The requirements to be met for the return of the child.									
(d) The time frames for meeting the stated requirements.									
(e) Documentation of how the parents were informed of their rights and responsibilities in the care of their child.									
<p><b>R 400.12420 Updated service plans.</b> <a href="#">RI.420</a></p> <p>(1) An updated service plan, as required in R 400.12418(2)(b), shall include all of the following information:</p> <p>(a) Dates, types, and places of agency contacts and persons contacted.</p>									
<p>Case overview &gt; social work contact &gt; filter</p>									
<p><a href="#">DHS Policy – FOM 722-6 H</a> - page 11 -Supervisors shall meet at least monthly with each assigned worker to review the status and progress of each case on the worker's caseload. <b>Supervisors shall review and approve</b> each service plan. The plan can be approved only after the supervisor has a face-to-face meeting with the worker, which can be the monthly meeting.</p>									
(b) Confirmation that the child's current foster home continues to appropriately meet the placement needs of the child.									
(c) A summary of information pertinent to the updated services plan received since the last service plan from the child, the child's parents or legal guardian, foster parents, referring agency, and others, unless the agency documents why any of these entities cannot be involved.									
<a href="#">TFC 1.F.6</a> – page 8 - The Social Service worker shall request and/or access quarterly or ongoing therapy reports noting the child's identified goals and progress updates from the mental health therapist. This shall be documented in the service plan.									
<a href="#">TFC 1.J.9</a> – Page 18 - An Updated Service Plan shall be submitted within 10 working days of permanent wardship.									
<a href="#">DHS Policy 722-9</a> – page 8- - USP must include an <b>update</b> of school progress, emotional and physical development, child's behavior, child's activities, significant events since last report.									
<a href="#">DHS Policy FOM 722-9</a> - p 11. Provision of <b>medical, dental, and mental health services</b> , must be addressed in the service plan.									
<a href="#">DHS Policy 722-6I</a> – page 3 – <b>Parenting time</b> for parent(s) and child (ren) must occur frequently prior to initial disposition and at least weekly thereafter; see Parenting Time Requirements in this item. Parents should continually be involved in activities and planning for their child (ren), such as attendance at school conferences and involvement in medical and dental appointments, unless documented as harmful to the child. ... If visits between parents and child are less than weekly visits, did the service plan specify why?									
<a href="#">DHS Policy 722-6I</a> – page 3 –Was parenting time scheduled to accommodate the parents' <b>work schedules</b> and time commitments?									

Case service plan > reports (won't be signed) or documents (on right) (signature page)

Case overview > social work contact > filter

<a href="#">DHS Policy 722-6I</a> – page 3 –Did the agency identify and address factors that might affect the <b>quality or frequency</b> of parenting time?									
<a href="#">DHS Policy 722-6I</a> – page 4 –Did the <b>caseworker personally observe</b> parenting time at least once a month									
<a href="#">DHS Policy 722-6I</a> – page 4 –Did the <b>initial parenting time visit</b> occur within 7 business days of placement?									
<a href="#">DHS Policy 722-6I</a> – page 4-5 –The <b>frequency</b> of parenting time is based on the age of the youngest sibling. <b>Newborn to age two</b> , visits occur, at a minimum, three times per week. <b>Age’s three to five</b> , visits occur, at a minimum, twice a week. <b>Ages six and older</b> , visits occur, at a minimum, once a week.									
<a href="#">DHS Policy 722-6I</a> – page 5 –If visits did not meet the above minimum requirement the <b>barriers</b> that are contributing to less frequent visits and how those barriers are being addressed must be documented in the case service plan.									
<a href="#">DHS Policy FOM 722-6I</a> – Page 8 - Have efforts been made to arrange visitation with an incarcerated parent									
(d) Assessment of progress in achieving the permanency goal for the child.									
(e) A plan which includes any changes made since the previous plan and which has the content specified in R 400.12419.									
<a href="#">DHHS Policy - FOM 722-08</a> - Page 3 – Permanent Placement with a <b>Fit and Willing Relative may not be a goal until after reunification, guardianship, and adoption</b> . Compelling reasons must be documented within the service plan which detail why each subsequent permanency planning goal is not in the child's best interest.									
<a href="#">CI 16-019</a> – – For youth who reside in the Flint water catchment area or who resided there between April 2014 and January 2016; Were additional treatment or services related to elevated blood lead levels provided if recommended?									
(f) Plans for visits between the child, siblings, the child’s family, and any other person.									
(g) A child management plan which includes any changes made since the previous plan and which is to be used by the foster parents.									
<a href="#">DHS Policy FOM 722 – 3C</a> – pages 2 to 4 – documentation of preparation for independent living is required for all youth in foster care - age 14 and older.									
<a href="#">DHHS Policy - ADM 210</a> - Page 2 – Within 5 days of termination of parental rights, the foster care worker must submit a referral packet to the contracted adoption agency. [a list of required documents is in the citation box]									
<a href="#">DHHS Policy - FOM 722-06</a> - Page 14 - If the permanency plan is not adoption, guardianship, or placement with a fit and willing relative, compelling reasons must be contained within the service plan and the court order that document why these goals are not in the child’s best interest									
<a href="#">PA116 722.120 Section 10. (2)</a> Does the agency protect confidential information in a report such as the involvement of CPS?									
<b>R 400.12421 Visitation and parenting time.</b> <a href="#">RI.421</a> Rule 421. An agency shall have a policy regarding visitation and parenting time that contains, at a minimum, all of the following: (a) A plan of visitation for each child in foster care consistent with the child’s service plans, as required by R 400.12419 and R 400.12420 to assure the safety and wellbeing of the child. (b) An agency social service worker shall visit the foster child and the foster parent in the foster parent’s home at least once every month.									
<a href="#">ISEP 6.41</a> - Page 31 - Children in foster care with a goal of reunification shall have at least twice-monthly visitation with their parents. All exceptions and all reasonable steps to assure that visits take place shall be documented in the case file.									

See ISP/USP

<p><a href="#">SEP 6.42</a> - Page 31 – Foster Children placed separately from a sibling shall have at least monthly visits with their siblings who are placed elsewhere in DHHS foster care custody. All exceptions and all reasonable steps taken to assure that visits take place shall be documented in the case file.</p>									
<p><a href="#">SEP 6.34</a> - Page 29 – the agency is responsible for helping parents from whom a child has been removed or may be removed; as well as the children, and the foster parents. This includes transportation when necessary as well as any barriers that may impede parents, children, and foster parents from making effective use of services.</p>									
<p><a href="#">DHHS Policy - FOM 722-06i</a> - Page 10 – Siblings not placed together shall have at least one visit per month unless the visit may be harmful to one or more of the siblings, the sibling is placed out-of-state, the distance between the sibling's placements is more than 50 miles and one child is placed with a relative, or one of the siblings is above the age of 16 and refuses such visits (All exceptions must be recorded in MiSACWIS). The plan for sibling visits and all reasonable efforts to assure that visits take place must be documented within the sibling visitation section of the case service plan.</p>									
<p><a href="#">DHS Policy FOM 722-6H</a> – Page 4 -- the caseworker must have a monthly face-to-face visit in the foster / relative home.</p>									
<p><a href="#">DHS Policy FOM 722-6H</a> - Page 3 - The caseworker must have at least two face-to-face contacts per month with the child for the <b>first two months</b> following an initial placement or a placement move. The first face-to-face contact with the child must take place within five business days from the date the case is assigned to the caseworker or within five business days of the date of the placement move.</p>									
<p><a href="#">DHS Policy FOM 722-6H</a> - Page 3 - At least one contact each month must take place at the child's <b>placement location</b>.</p>									
<p><a href="#">DHS Policy FOM 722-6H</a> - Page 3 - In subsequent months, the caseworker must have at least one face-to-face contact with the child <b>each calendar month</b>. At least one contact each calendar month must take place at the child's placement location.</p>									
<p><a href="#">DHS Policy FOM 722-6H</a> - Page 3 - Each Contact must include a <b>private meeting</b> between the child and the caseworker.</p>									
<p>Case overview &gt; social work contacts &gt; filter &gt; select date &gt; participants &gt; add &gt; participants &gt; look for child &amp; private meeting yes or no</p>									
<p><a href="#">DHS Policy FOM 722-6H</a> Page 1 - Is there a <b>safety assessment</b> documented for each visit.</p>									
<p><a href="#">DHS Policy FOM 722-6H</a> – Page 4 -- <b>Unannounced Home Visit</b> - Foster care workers must make an unannounced home visit to licensed foster parents/caregivers every quarter. This unscheduled visit must be noted in the social work contacts of the service plan.</p>									
<p>Case overview &gt; social work contacts &gt; filter &gt; select date &gt; activity details &gt; yes or no</p>									
<p><a href="#">DHS Policy FOM 722-6H</a> – Page 4 -- the caseworker must have a face-to-face contact with the <b>secondary caregiver</b> in the foster or relative home at least once each quarter.</p>									
<p><a href="#">TFC 1.1.1.b</a> – Page 14 &amp; <a href="#">TFC 1.1.3.a</a> – Page 16 – In addition to the two face to face contacts in the foster home required of the TFC case manager [FOM 722-6H], The TFC Case Manager or behavioral aide must work with the TFC child on a weekly basis to implement the goals of the TFC Treatment Team and to monitor progress.</p>									
<p><a href="#">TFC 1.1.2.b</a> – Page 15 - The TFC foster parent must have face to face contact with the birth parent or planning family on at least a monthly basis. Every other month, these face to face contacts shall occur separate from the TFC treatment team meetings.</p>									

<a href="#">TFC 1.1.2.c &amp; d</a> – Page 15 - The TFC case manager or therapist must meet with the birth parent or the permanent caregivers no less than one time per month. The TFC Therapist must meet with the birth parent or planning family monthly. [conflicting info]							
<a href="#">TFC 1.1.3.b</a> – Page 16 - The TFC case manager or behavioral aide shall have at least weekly phone contact with the TFC parent.							
<a href="#">TFC 1.1.3.c</a> – Page 16 - The TFC case manager or behavioral aide shall have twice weekly contact with the TFC parents, to ensure that they are aware of the interventions being used to achieve the treatment goals for the child.							
<a href="#">TFC 1.1.4</a> – Page 16 - The Contractor shall assure that siblings have face-to-face visits no fewer than one time per month, unless compelling reasons to the contrary are documented in the ISP, USP, or PWSP.							
<a href="#">TFC 1.1.5.a</a> – Page 16 - Parenting time shall occur not less than every seven days, unless the court has ordered a revised parenting time schedule for the family. The Contractor shall offer and provide transportation assistance and a flexible visitation schedule (outside of routine business hours) to facilitate parenting time.							
(c) Provisions for visits between parents and children except where parental rights have been terminated or when there is a court determination that visits are detrimental to the child.							
<a href="#">DHHS Policy - FOM 722-6H</a> - Page 9 – during the first month of out of home placement, the caseworker must have at least two face-to-face contacts with each parent/guardian, at least one of which must occur in the parent's residence. During subsequent months, the caseworker must have face-to-face contact with each parent/guardian at least once each calendar month, with at least one contact in each quarter occurring in the parent's place of residence. <b>[Citation Box includes required conversation topics during first month]</b>							
(d) Provisions for visits between siblings who are not placed together except when there is a court determination that visits are detrimental to either child.							
<a href="#">DHS Policy FOM 722-6</a> - page 8 All foster care worker <b>visits</b> must be documented within the social work contacts of the case service plan.							
<a href="#">DHS Policy 722-O6I (page 9)</a> – Parenting time must be documented in the social work contacts.							
<a href="#">DHS Policy FOM 722-6H</a> - page 1 - The supervising agency must institute a <b>flexible schedule</b> to provide a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved in all visitations.							
<a href="#">DHS Policy - FOM 722-6H</a> Page 2 - <b>QUALITY VISIT STANDARDS</b> A quality visit is defined as one in which the caseworker: <ul style="list-style-type: none"> <li>- Meets with each child individually without the presence of other individuals to give the child an opportunity to ask questions.</li> <li>- Assesses each child's needs and takes appropriate action or offers services in response to the identified need of each child.</li> <li>- Shows interest in the individual child to build trust and establish rapport.</li> <li>- Shares and explains the case plan in a developmentally appropriate way while allowing the child to ask questions and express viewpoints.</li> </ul>							

<p><b>DHS Policy - FOM 722-06H</b> - Page 2 - The following <b>topics must be discussed</b> with the child at each visit and documented in the service plan:</p> <ul style="list-style-type: none"> <li>- Child's feelings/observations about the placement.</li> <li>- Education.</li> <li>- Parenting time.</li> <li>- Sibling/relative visitation plans.</li> <li>- Extracurricular/cultural activities/hobbies since last visit.</li> <li>- Permanency plan.</li> <li>- Medical, dental, and mental health.</li> <li>- Any issues or concerns expressed by the child. .</li> </ul>									
<p><b>DHS Policy FOM 722-6H</b> - Page 3 - The caseworker <b>visit tools</b> must <b>not</b> be used as the documentation of the caseworker home visit in the case record,</p>									
<p><b>DHS Policy FOM 722-06H p 15 TIMELY ENTRY OF CASEWORKER CONTACTS</b> All face-to-face contacts must be entered in MiSACWIS within five business days of the contact.</p>									
<p><b>Family Team Meetings</b>  <b>DHS Policy 722-6B</b> - page 2 - - MSA- VII.D.1.b, p 19. <b>Family Team Meetings</b>. The following events shall trigger FTM for out of home cases:</p> <ul style="list-style-type: none"> <li>• Case service plan development,</li> <li>• permanency goal changes,</li> <li>• placement preservation/disruption</li> <li>• permanency planning at six months in care annual transition planning for youth every six months from age 16 until case closure</li> <li>• 90 day discharge planning for youth</li> <li>• Case closure</li> </ul>	<p>FTM (on left) &gt; Family Team Meeting Tab &gt; find meeting &gt; documents (on right) &gt; document type &gt; display &gt; document ID &gt; open</p>								
<p><b>DHS Policy FOM 722-06B</b> - Page 8 - Did the agency make an effort to involve an <b>incarcerated parent</b> in a FTM?</p>									
<p><b>DHS Policy FOM 722-06B</b> - Page 8 - Did the agency <b>invite a child</b> over the age of eleven to attend their FRM?</p>									
<p><b>DHS Policy 722-6B</b> - page 10 – Was a DHS 1105 Completed after every FTM?</p>									
<p><b>Semi-Annual Transition Meeting</b>  <b>DHS Policy FOM 722-06B</b> – page 3 - Was a <b>semi-annual team meeting</b> held at least once every 180 days?</p>	<p>Under FTM</p>								
<p><b>DHS Policy FOM 722-06B</b> - Page 4 -Was a <b>DHS-901, [Semi-Annual Transition Plan Report]</b> completed after each meeting, placed in the youth's case record, and progress documented in each service plans.</p>									
<p><b>DHS Policy FOM 722-6G</b> – page 4 - Was a copy of the DHS-901, <b>Semi-Annual Transition Plan Report</b>, given to the youth and all individuals responsible for assisting the youth. [The original plan must be maintained in the youth's case record.]</p>									

<p><b>DHS Policy FOM 722-16</b> - Page 14 – <b>YAVFC- Semi-Annual Transition Meeting/ Semi-Annual Case Review</b> A minimum of once every 180 days, from the date the youth signed the DHS-1297, YAVFC Agreement, a Semi-Annual Transition Meeting <b>must</b> be held to provide an administrative case review of the youth’s plan. The Semi-Annual Transition Meeting must follow currently established FTM guidelines; A neutral person without case management responsibility must facilitate the FTM.</p>	Under FTM								
<p><b>Young Adult Voluntary Foster Care</b>  <b>DHS Policy FOM 722-16</b> – Page 6 - The option of YAVFC must be discussed during the Semi-Annual Transition Meeting, 90-Day Discharge Planning Meeting, and at least 30 calendar days prior to the youth’s 18th birthday, as a part of a monthly home visit.  Youth must sign a DHS-1297, YAVFC Agreement, before participating in YAVFC.</p>	Under FTM								
<p><b>DHS Policy FOM 722-16</b> – Page 6 - The DHS-1297, YAVFC Agreement may not be signed until all of the following has occurred:  The youth reaches 18 years old.</p> <ul style="list-style-type: none"> <li>• Verification of eligibility has been received by the caseworker.</li> <li>• Family/juvenile court jurisdiction has been dismissed, and the written court order has been received; see Judicial Determination.</li> <li>• State wards have been discharged by the superintendent of the Michigan Children's Institute; see FOM 722-15, Case Closure.</li> </ul> <p>The original agreement must be placed in the youth’s file and a copy must be given to the youth.</p>	Documents > other								
<p><b>DHS Policy FOM 722-16</b> Page 1 – <b>YAVFC Eligibility Criteria</b></p> <ol style="list-style-type: none"> <li>1. The youth is currently receiving foster care services and is at least 18 years old, but less than 21 years old.</li> <li>2. The youth exited foster care/YAVFC after reaching 18 years old, but is less than 21 years old.</li> </ol>	Service plans								
<p><b>DHS Policy FOM 722-16</b> - Page 2 - <b>YAVFC Program Requirements</b></p> <ul style="list-style-type: none"> <li>• Actively completing high school or working on a GED</li> <li>• Enrolled at least part-time in a college, vocational program, or trade school.</li> <li>• Employed full- or part-time work or participating in a program that promotes employment such as Job Corps, or Michigan Works. Participation must be at least 80 hours per month.</li> <li>• Incapable of educational or employment activities due to a documented medical condition.</li> </ul>	Service plans								
<p><b>DHS Policy FOM 722-16</b> - Page 2 –YAVFC required proof of eligibility at admission</p> <ul style="list-style-type: none"> <li>• DHS-3380, Verification of Student Information</li> <li>• DHS-38, Verification of Employment</li> <li>• DHS-54A, Medical Needs.</li> </ul> <p>Must be documented in writing and placed in the youth’s case file</p>	Documents > other								

<p><b>DHS Policy FOM 722-16</b> – page 3 - Ongoing verification of YAVFC eligibility is required quarterly and should coincide with the case service plan due date. The appropriate eligibility forms must accompany the updated case service plan. The supervisor must review the forms and verify the youth’s eligibility. ... The caseworker must provide the youth with the appropriate eligibility verification form at least 45 calendar days prior to the due date.</p> <p><b>Exception:</b> The DHS-54A, Medical Needs form, may be submitted on an annual basis if the youth’s condition is expected to persist for more than one year, <b>and</b> there is a pending application for SSI.</p>							
<p><b>DHS Policy FOM 722-16</b> – page 12 - The caseworker must continue to meet with the <b>youth who extends</b> to YAVFC in his/her placement, at least monthly. These visits are subject to the same documentation requirements as an open foster care case</p>							
<p><b>DHS Policy FOM 722-16</b> – page 12 - Within 30 calendar days of the case assignment date, the case-worker must have two face-to-face contacts with the <b>youth who has re-entered DHS support</b> through YAVFC; at least one must occur in the placement. The first visit with the youth must take place within five business days from the date the case is assigned to the caseworker and be documented within the social work contacts of the case service plan. The caseworker must continue to visit the youth in his/her placement/living arrangement monthly thereafter</p>							
<p><b>DHS Policy FOM 722-16</b> – page 12 - The DHS-68, <b>Permanent Ward Service Plan (PWSP)</b>, must be used for all YAVFC case plans, regardless of prior wardship. For youth <i>extending, entering, or re-entering</i> YAVFC, an initial case plan must be completed within 30 calendar days of the youth signing the DHS-1297, YAVFC Agreement, and at least every 90 calendar days thereafter; see FOM 722-09D, Permanent Ward Service Plan.</p>							
<p><b>DHS Policy FOM 722-16</b> – page 13 - The <b>DHS-1295</b>, Young Adult Monthly Visit Report, must be completed with the youth during each home visit. A copy must be given to the youth and the original placed in the case file.</p>							
<p><b>DHS Policy FOM 722-16</b> - Page 14 - Within one business day of discovering the youth is no longer meeting eligibility requirements, the caseworker must schedule a 90-Day Discharge Planning Meeting to be held within three business days.</p>							
<p><b>PPFWR – Permanent Placement with a Fit &amp; Willing Relative</b>  <b>APPLA - Another Planned Permanent Living Arrangement</b>  <b>APPLA – E – APPLA with Emancipation</b>  <b>DHS Policy FOM 722-7F</b> - Page 2 - PPFWR, <b>The</b> permanency planning goal, Permanent Placement with a Fit and Willing Relative should only be considered after reunification, adoption and guardianship have been ruled out as the permanency plan for the youth. If, after the caseworker has explained the benefits of adoption and legal guardianship for the youth, the selected relative is not willing to pursue either of the preferred permanency goals, the relative’s reasons must be documented in the case service plans.</p>							
<p><b>DHS Policy FOM 722-7F</b> - Page 3 - <b>APPLA</b> is identified as a youth’s permanency plan only if it is determined that there is a compelling reason that it would not be in the best interests of the youth to permanently basis in a more supportive placement.</p>							

Service plans

Documents > other

FTM (left) > FTM meeting Tab > 90 day discharge meeting

Documents > other

<p><b>DHS Policy FOM 722-7F</b> – Page 3 - <b>APPLA-E</b>, When a youth has a goal of APPLA-E, he/she should be living independently and preparing to leave foster care to become a self-supporting adult. These youth need documented supportive adult(s) to assist and provide guidance. .A youth may reside with a supportive adult, relative, or former foster parent, but not placed there as a foster home placement.</p>							
<p><b>DHS Policy FOM 722-7F</b> – Page 4 - PPFWR, APPLA, &amp; APPLA-E require a <b>supportive adult</b> relationship. If the supportive adult is related to the youth by a <b>romantic or professional relationship</b>, a letter or memo of commitment must be written by the supportive adult and included with the approval packet.</p>							
<p><b>DHS Policy FOM 722-7F</b> – Page 4 - Additional factors for the supportive adult includes stable housing, stable employment and no lifestyle concerns (substance abuse, etc.) that would limit his/her availability to support the youth. If the youth identifies a <b>supportive adult</b> whose age is <b>within 3 years of the youth’s age</b>, additional, more mature adults should also be included.</p>							
<p><b>DHS Policy FOM 722-7F</b> - Page 4 - A detailed <b>independent living plan</b> must be included in the narrative section of the case file within 60 days of the goal change to <b>APPLA-E</b>;</p>							
<p><b>DHS Policy FOM 722-7F</b> - Page 5 – Multiple Permanency Planning Requirements for PPFWR, APPLA, &amp; APPLA-E that include age requirements, a separate meeting with the relative or foster parent to discuss roles, yearly background checks of relatives, annual verification that an ,APPLA placement is in a licensed foster home, supervisory approvals, &amp; FTM’s.</p>							
<p><b>DHS Policy FOM 722-7F</b> - Page 7 - All forms in the approval packet must clearly document supportive relationships and the stability of the placement. Provide a copy of the PPFWR, APPPLA or APPLA-E agreements to the relative(s), foster parent(s), youth and, when appropriate, to the legal parent(s).</p>							
<p><b>DHS Policy FOM 722-7F</b> - Page 7 - The original PPFWR, APPPLA or APPLA-E Agreement and DHS Approval must be filed in the narrative section of the youth’s case record.</p> <p><b>DHS-344</b> - PPFWR Permanency Goal Approval  <b>DHS-343</b> - APPLA Permanency Goal Approval  <b>DHS-341</b>, APPLA-E Permanency Goal Approval</p> <p><b>DHS-845</b> - Permanent Placement with a Fit and Willing Relative Agreement for Permanent Court Wards and MCI Wards  <b>DHS-846</b> - Permanent Placement with a Fit and Willing Relative Agreement for Temporary Court Wards  <b>DHS-844</b> - APPLA Agreement for Permanent Court Wards and MCI Wards  <b>DHS-843</b> - APPLA Agreement for Temporary Court Wards  <b>DHS-642</b>, APPLA-E Agreement</p> <p><b>DHS-643</b> Permanency Goal Review – Required to be completed annually to renew support.</p>							
<p><b>DHS Policy FOM 722-7F</b> - Page 10 - In PPFWR, APPPLA or APPLA-E; the caseworker is required to respond to requests for services and to critical issues and concerns, collaborate to determine which independent living services are appropriate, and to refer youth to independent living services.</p>							

Documents > other

Service plans

<p><a href="#">DHS Policy FOM 722-05</a> – p. 3 -Does Section 5 of the case file contain an envelope which contains a birth certificate, a current snapshot, and verification of an SS number?</p>	<p>Document (birth certificate) / snapshot – case overview &gt; view case information &gt; members tab &gt; click child’s name &gt; see picture</p>							
<p><b>ICWA Compliance</b>  <b>No sample size is set, but consultants are expected to draw a reasonable sample of Native American children to assure compliance with ICWA legislation.</b></p> <p>Contact Info for questions: <a href="#">Stacey Tadjerson -Director – DHS Native American Affairs</a></p> <p><a href="#">Components of ICWA</a>                      <a href="#">BCAL ICWA Policy</a></p> <p style="text-align: right;"><b>Names:</b></p>	<p>Case overview &gt; view case info &gt; members tab &gt; click child’s name &gt; ICWA (to see info) (also info in service plan) Forms uploaded as documents &gt; other</p>							
<p><a href="#">DHS Policy NAA 200</a> – page 3-Is there a claim that the child is a member of or eligible to be a member of a recognized tribe? Was a DHHS-120 submitted to parents, an Indian Custodian [if any], Tribe [if known], The Midwest Bureau of Indian Affairs, Bureau of Indian Affairs regional office specific to the tribe/state (if tribe is not located in the Midwest Bureau of Indian Affairs region) and the Tribe(s) [Addressed to the ICWA Designated Tribal Agent for Service of Notice list identified per Federal Register (81 FR 10887)] located in the county of client residence and/or CPS complaint (if specific tribe is undetermined)?</p>								
<p><a href="#">DHS Policy NAA 200</a> - page 3-4 - Is there tribal verification in the file?</p>								
<p><a href="#">DHS Policy NAA 200</a> – page 3-6 - Are efforts to contact tribal social service programs verified?</p>								
<p><a href="#">DHS Policy NAA 205</a> - Page 1 - Has the worker considered tribal culture and incorporated it in service planning?</p>								
<p><a href="#">DHS Policy NAA 215</a> - Page 1-2 - Did the caseworker honor:</p> <ol style="list-style-type: none"> <li>1. the preference for extended family</li> <li>2. the preference for a foster home licensed, approved or specified by the Indian child's tribe</li> <li>3. the preference for an Indian foster home approved by the department</li> <li>4. the preference for a child caring institution approved by an Indian tribe, or operated by an Indian organization that has a program to meet the Indian child's needs</li> </ol>								

<a href="#">DHS Policy NAA 210</a> – page 1-2 - When seeking foster home placement, termination of parental rights, or adoption, at least 10 days before the date of the hearing, was the DHS 120 notice of proceedings sent by registered mail with a return receipt to the parents, Indian Custodians (if any), the Indian child’s tribe, and the Midwest Bureau of Indian Affairs (if tribal affiliation is not clear), Bureau of Indian Affairs Regional Office specific to the tribe/state (if tribe is not located in the Midwest Bureau of Indian Affairs region), and the tribe(s) [Addressed to the ICWA Designated Tribal Agent for Service of Notice identified per Federal Register (81 FR 10887)] located in the county of client residence and/or CPS complaint (MIFPA) (if specific tribe is undetermined) ? Was a copy of the DHHS-120 [Notice of Proceedings] and return receipt must be filed in the Indian child’s case record?																						
<a href="#">DHS Policy NAA 255</a> - Page 1 - When considering a petition to terminate parental rights, did the caseworker consider exceptions to the ASFA requirements to the termination of parental rights for the Indian Child																						
<a href="#">DHS Policy NAA 400</a> - Page 1 - Prior to the pre-adoptive placement being made, did the caseworker hold a team meeting and invite the appropriate tribal or Indian representatives?																						
<a href="#">DHS Policy - NAA 215</a> - Page 3 - Adoptive placement preference followed? [NAA 215] 1. Member of the Indian child’s extended family 2. Other member of the Indian child’s tribe 3. Other Indian family [ICWA 25 USC1915a] Is all of the above information repeated in updated service plans?																						
<table border="1"> <tr> <td colspan="2"><b>Closed Cases Foster Child Sample Size</b></td> <td rowspan="5"> <p style="text-align: center;"><b>Number of Children Closed From Foster Care:</b></p> <ul style="list-style-type: none"> <li>• <b>These Case Record requirements also apply to open foster care cases</b></li> </ul> </td> <td rowspan="5" style="text-align: center;"><b>Names:</b></td> </tr> <tr> <td>Less than 3</td> <td>All</td> </tr> <tr> <td>3 to 30</td> <td>2</td> </tr> <tr> <td>31 to 60</td> <td>4</td> </tr> <tr> <td>Over 61</td> <td>8</td> </tr> </table>		<b>Closed Cases Foster Child Sample Size</b>		<p style="text-align: center;"><b>Number of Children Closed From Foster Care:</b></p> <ul style="list-style-type: none"> <li>• <b>These Case Record requirements also apply to open foster care cases</b></li> </ul>	<b>Names:</b>	Less than 3	All	3 to 30	2	31 to 60	4	Over 61	8	<a href="#">Look at paper file</a>	1.	2.	3.	4.	5.	6.	7.	8.
<b>Closed Cases Foster Child Sample Size</b>		<p style="text-align: center;"><b>Number of Children Closed From Foster Care:</b></p> <ul style="list-style-type: none"> <li>• <b>These Case Record requirements also apply to open foster care cases</b></li> </ul>	<b>Names:</b>																			
Less than 3	All																					
3 to 30	2																					
31 to 60	4																					
Over 61	8																					
<b>R 400.12422 Foster care record.</b> <a href="#">RI.422</a>																						
Rule 422. (1) An agency shall maintain a record for each child in its foster care program.																						
(2) An agency shall protect each record against destruction and damage and shall store and maintain each child’s record in a manner to assure confidentiality and to prevent unauthorized access.																						
(3) The record shall contain all of the following information:																						
(a) Initial service plan.																						
(b) Any required updated service plans.																						
(c) Medical and dental records.																						
(d) Placement documentation as required by R 400.12404.																						
(e) Change of placement documentation as required by R 400.12405.																						
(f) Plan of visitation and parenting time as required by R 400.12 21.																						
(g) A photograph taken at least annually.																						
<a href="#">DHS Policy FOM 722-05</a> – p. 3 -Does Section 5 of the case file contain an envelope which contains a birth certificate, a current snapshot, and verification of an SS number?																						

(4) An agency shall maintain the record for not less than 7 years after the agency's termination of services to the child.							
(5) If an agency ceases operating as a child placing agency, the records shall be returned to the child's referring agency.							
<b>TFC 1.J.5</b> – Page 17 - A TFC Discharge Report (DHS-979) shall be completed within 15 calendar days of discharge from the TFC program.							
<b>Part 5. INDEPENDENT LIVING SERVICES</b>							
<b>R 400.12501 Department authorization for an Independent Living Program.</b> <b>RI.501</b> An agency shall be authorized by the department to supervise independent living placements.							
<b>R 400.12502 Program statement.</b> Rule 502. (1) An agency shall have and follow a current written program statement that includes all of the following information:							
(a) Types of living arrangements approved.							
(b) Eligibility requirements for a youth, including age and level of physical, emotional, and intellectual functioning and youth not appropriate for the program.							
(c) Services provided.							
(d) Means of financial support for the youth.							
(e) Supervision.							
(f) Educational and vocational or work requirements.							
(g) Medical and dental care.							
(h) Basis for termination.							
<b>R 400.12503 Policy and procedures.</b> Rule 503. (1) An agency shall have and follow written policies and procedures for the independent living services provided.							
(2) The policies and procedures shall cover at least all of the following areas:							
(a) Eligibility requirements for youth to participate in the program.							
(b) Types of living arrangements provided or approved.							
(c) Contract between youth and agency.							
(d) Service plans.							
(e) Supervision provided by the agency.							
(f) Amount of financial support and how it is disbursed.							
(g) Education/vocational training/employment.							
(h) Medical, dental, and mental health care.							
(i) Independent living record.							
(j) Termination.							

Youth Living Independently Sample Size		Number of Youth Living Independently:	Names of Youth:							
Less than 3	All									
4 to 30	3									
31 to 60	6									
Over 61	8									
<b>R 400.12502 Program statement.</b> <a href="#">RI.502</a> (2) An agency shall give a copy of the program statement to a youth before placement in independent living.		Documents > other								
<b>R 400.12503 Policy and procedures.</b> <a href="#">RI.503</a> (3) An agency shall provide a youth in independent living with a copy of the agency's policies and procedures required by this rule.		Documents > other								
<b>R 400.12504. Eligibility requirements.</b> <a href="#">RI.504</a> Rule 504. (1) An agency shall document the rationale for selection of independent living as the most appropriate placement for the youth.		Documents > other								
<a href="#">DHS Policy FOM 722-3C</a> – page 3 – documentation of preparation for independent living is required.		Service plans								
<b>DOCUMENTATION ALL [PPFWR &amp; APPLA]</b> <a href="#">DHS Policy FOM 722-3C</a> – page 3 - The treatment plan for each youth age 14 or over must contain a written description of the programs and services which will help the youth transition to a state of functional independence										
<a href="#">DHS Policy FOM 722-07F</a> - Page 9- Was a DHHS-643, [Permanency Goal Review] completed annually from the point that the goal was changed to PPFWR & APPLA?										
<b>DOCUMENTATION – PPFWR</b> <a href="#">DHS FOM 722-07F</a> – page 8-9 - Was a DHS-569 [Permanency Goal Support Agreement], Permanency Pact, and DHS-347 [Permanency Goal Approval] completed and submitted to the PRM [Permanency Resource Monitor] for review. The PRM must submit the forms to the Children's Services Administration [CSA] designee, for final department approval?										
<b>DOCUMENTATION APPLA</b> <a href="#">DHS Policy FOM 722-7F</a> – page 8-9 - Was a DHS-569 [Permanency Goal Support Agreement], Permanency Pact, and DHS-347 [Permanency Goal Approval] completed and submitted to the PRM [Permanency Resource Monitor] for review. The PRM must submit the forms to the Children's Services Administration [CSA] designee, for final department approval?										
<a href="#">DHS Policy FOM 722-7F</a> – page 1 -If the permanency planning goal is not reunification, adoption, or guardianship, compelling reasons must be documented within the case service plans why each subsequent permanency planning goal is not in the youth's best interest.										

<p><a href="#">DHS Policy FOM 722-7F</a> - Page 7 - For PFWR and APPLA, the following forms must be completed as part of the permanency plan approval packet:  <a href="#">DHS-569, Permanency Goal Support Agreement.</a>  <a href="#">Permanency Pact.</a>  The Permanency Pact is a free tool created by Foster Club that is designed to encourage life-long, kin-like connections between a young person and a supportive adult.  <a href="#">DHS-347, Permanency Goal Approval.</a>  <a href="#">Independent Living Plan, if applicable.</a>  <a href="#">DHHS-643 Permanency Goal Review – Required to be completed annually to renew support.</a></p>	Documents > other								
<p>(2) All of the following shall be in the case record before a youth is placed in independent living:  (a) How the youth meets the eligibility requirements for the specific program the youth is being placed into.</p>									
<p>(b) The basis for concluding that a youth exhibits self-care potential.</p>									
<p>(c) That the youth's social service worker has personally observed and determined that the living situation is safe and that the youth has a bed and has access to cooking and bathing facilities.</p>									
<p>(d) The availability of specific and relevant resources that provide for suitable social, physical, educational, vocational, and emotional needs of a youth.</p>									
<p>(e) An evaluation of a youth's need for supervision and a plan for providing the level of supervision determined necessary.</p>									
<p>(f) Proof that financial support to meet the youth's housing, clothing, food, and miscellaneous expenses is available.</p>	Documents > other (for budget)								
<p><b>R 400.12505 Supervision.</b>  Rule 505. (1) An agency shall provide supervision for a youth in independent living consistent with the youth's need for supervision, as required by R 400.12504(2) (e).</p>	Service plans								
<p>(2) An agency shall provide the following minimum supervision:  (a) Face-to-face contact between the social service worker and the youth in independent living at least once each month at a youth's place of residence.</p>									
<p>(c) Provide the youth with a telephone number to contact the agency on a 24-hour, 7-days-a-week basis.</p>									
<p><b>R 400.12506 Education/vocational training/employment.</b>  Rule 506. An agency shall ensure that a youth in independent living is employed full-time, actively involved in job training or continuing education, or a combination of employment and education.</p>									
<p><b>R 400.12507 Medical/dental and mental health care.</b> <a href="#">RI.507</a>  Rule 507. (1) An agency shall ensure that a youth in independent living receives any needed medical, dental, and mental health care as required in R 400.12413. Medical, dental, and mental health care provided shall be documented in the youth's record.</p>									
<p>(2) For a youth who become 18 years of age while in the program or who enters independent living after the age of 18, the agency shall provide information on how to access needed medical, dental, and mental health services and shall actively, and on an ongoing basis, encourage participation in needed medical, dental, and mental health services.</p>									

<b>Family Team Meetings</b>	<p><b>DHS Policy 722-6B</b> - page 2 - . Family Team Meetings. The following events shall trigger FTM for out of home cases:</p> <ul style="list-style-type: none"> <li>• Case service plan development,</li> <li>• permanency goal changes,</li> <li>• placement preservation/disruption</li> <li>• permanency planning at six months in care annual transition planning for youth every six months from age 16 until case closure</li> <li>• 90 day discharge planning for youth</li> <li>• Case closure</li> </ul>	<div style="border: 1px solid black; background-color: #e67e22; color: white; padding: 5px; display: inline-block;">FTM &gt; FTM Meeting Tab &gt; date</div>									
	<p><b>DHS Policy 722-6B</b> - page 11 – Was a DHS 1105 Completed after every FTM?</p>										
<p><b>R 400.12509 Independent living record. RI.509</b></p>											
<p>Rule 509. (1) An agency shall maintain a case record for each youth placed in independent living.</p>											
<p>(2) An agency shall protect each record against destruction and damage and shall store and maintain each child's record in a manner to assure confidentiality and to prevent unauthorized access.</p>											
<p>(3) The case record shall contain all of the following information and documentation, which shall be recorded within 30 calendar days after placement in independent living and updated at least once every 90 calendar days:</p>											
<p>(a) All of the following personal information pertaining to the youth:</p>											
<p>(i) Name.</p>											
<p>(ii) Social security number.</p>											
<p>(iii) Address and telephone number.</p>											
<p>(iv) Date of birth.</p>											
<p>(v) Gender</p>											
<p>(vi) Race.</p>											
<p>(vii) Height.</p>											
<p>(viii) Weight.</p>											
<p>(ix) Hair color.</p>											
<p>(x) Eye color.</p>											
<p>(xi) Identifying marks.</p>											
<p>(xii) A photograph updated on an annual basis.</p>											
<p>(b) Documentation of the agency's legal right to place a youth.</p>											
<p>(c) The names, addresses, dates of birth, and social security numbers of the youth's parents, if any.</p>											
<p>(d) The names, dates of birth, and addresses of the youth's siblings, if applicable.</p>											
<p>(e) The names and addresses of any offspring.</p>											
<p>(f) The names and addresses of any other significant persons.</p>											
<p>(g) Current documentation of financial support sufficient to meet the youth's housing, clothing, food, and miscellaneous expenses.</p>											

(h) The date, location, documented purpose, and a summary of the findings of each contact between the youth and the social service worker.																	
(i) Current adjustment.																	
(j) The youth's relationship with family members and agency efforts to resolve family conflicts.																	
<a href="#">DHS Policy FOM 722-6i</a> -Page 10 - Is there a plan for monthly sibling visitation?																	
		<b>Service plans</b>															
(k) Medical and dental records.																	
(l) Birth certificate																	
(m) Placement documentation as required by R 400.12404.																	
(n) Change of placement documentation as required by R 400.12405.																	
<a href="#">DHS Policy FOM 722-9C</a> – page 1 – Was an action summary completed for caseworker, agency, and placement changes?																	
		<b>For placement change: placement (on left) &gt; for child click document (right) &gt; choose 69b)</b>															
(o) Service plans as required in R 400.12419 and R 400.12420. If the youth has biological children, the service plan must address the living arrangement for the child or children, visitation/parenting time with the youth's biological children or a clear explanation why this is not possible or appropriate.																	
(4) An agency shall maintain the record for not less than 7 years after the agency's termination of services to the youth.																	
<b>R 400.12510 Independent living contract.</b> <a href="#">RI.510</a>																	
Rule 510. (1) There shall be a mutually agreed upon contract between the youth and the agency specifying all of the following:																	
(a) The responsibilities of the agency and the youth.																	
(b) A plan for education or work.																	
(c) An agreement for the youth to meet with the worker at least one time per calendar month.																	
(d) The location where the youth is living.																	
(2) The agreement shall be signed and dated by the youth and the social service worker. The contract shall be reviewed and updated at least once every 90 calendar days and a copy provided to the youth.																	
2.																	
<b>Closed Cases Independent Living Sample Size</b> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Less than 3</td> <td>All</td> </tr> <tr> <td>3 to 30</td> <td>2</td> </tr> <tr> <td>31 to 60</td> <td>4</td> </tr> </table>		Less than 3	All	3 to 30	2	31 to 60	4	<b>Number of Children Closed From Independent Living:</b>									
		Less than 3	All														
		3 to 30	2														
		31 to 60	4														
<b>Names:</b>																	
1.	2.	3.	4.	5.	6.	7.	8.										

Over 61	8	These Case Record Requirements Also Apply to Open Independent Living Cases								
<b>R 400.12511 Termination.</b> Rule 511. (1) When an agency terminates its independent living services for a youth, the agency shall document all of the following information in the case record within 30 calendar days of termination of its services: (a) The reason for the termination. (b) The youth's new location. (c) A summary of the services provided during care and the needs that remain to be met. (d) Provision for any follow-up services. (2) An agency shall ensure and document that each youth who ends independent living is provided with all of the following: (a) Basic information about health, housing, counseling/mental health services, and emergency resources. (b) A birth certificate. (c) A social security card. (d) The youth's funds and personal property.			Placement (on left) > for child click document (right) > choose 69b							
<a href="#">DHS Policy FOM 722-7E</a> - page 10 - The foster care case for a youth with an APPLA permanency plan must not be closed unless the youth has: <ul style="list-style-type: none"> <li>The means and ability to be self-supporting.</li> <li>A safe, appropriate place to live.</li> <li>Employment.</li> </ul> Opportunity for continued education or vocational training.			x							
<a href="#">DHS Policy FOM 722-9C</a> – page 1 - Was there a closing action summary completed?										
<b>Part 6 Adoption Evaluation Services</b>										
<b>R 400.12601 Department authorization for Adoption Evaluation Services.</b> An agency shall be authorized by the department to evaluate applicants for adoption										
<b>R 400.12602 Program statement.</b> <a href="#">RI.602</a> Rule 602. (1) An agency shall have and follow a current written program statement.										
(2) The statement shall include all of the following information: (a) Services and functions provided directly or indirectly.										
(b) Geographical area covered.										
(c) Eligibility requirements for adoptive parents.										

(d) A clear delineation of fees, charges, or other consideration or thing of value for adoption services that includes specific charges for expenses and services, within and outside the agency, and differentiates between the charges that are refundable and the charges that are not refundable.															
(e) Training requirements.															
<b>R 400.12603 Policy and procedures.</b> <a href="#">RI.603</a>															
Rule 603. (1) An agency shall have and follow written policies and procedures for the adoption services provided.															
(2) The policies and procedures shall cover at least all of the following areas:															
(a) Orientation.															
(b) Training requirements.															
(c) Adoptive evaluation.															
(d) Agency recommendation.															
(e) Adoption evaluation record.															
(f) Grievance policy as required by R 400.12210.															
<b>Families Evaluated for Adoption Sample Size</b>		<b>Number of Completed <u>DHS/Domestic Adoptive Family Evaluations</u>: __</b>						1.	2.	3.	4.	5.	6.	7.	8.
<b>Less than 3</b>	<b>All</b>	<b>Number of DHS/Domestic Families Denied a Recommendation to Adopt: __</b>													
<b>4 to 30</b>	<b>3</b>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">           To look up adoptive applicants, use either name or MiSACWIS provider ID # to locate. Search at top &gt; provider search &gt; search &gt; select         </div>													
<b>31 to 60</b>	<b>6</b>														
<b>Over 61</b>	<b>8</b>														
		<b>Names:</b>													
		<b>Denied:</b>													
<b>R 400.12602 Program statement.</b> <a href="#">RI.602</a>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">See 3130 or DHS-612</div>													
(3) An agency shall document that the statement was provided to all persons making inquiry about the agency's services.															
<b>R 400.12603 Policy and procedures.</b> <a href="#">RI.603</a>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">See 3130 or DHS-612</div>													
(3) An agency shall document that the policies and procedures were provided to all persons making inquiry about the agency's services.															
<b>R 400.12604 Orientation and application.</b> <a href="#">RI.604</a>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">See 3130 or DHS-612</div>													
Rule 604. (1) An agency shall provide an orientation for prospective applicants for adoption before an adoptive application is provided. The orientation shall include a review of all of the following:															
(a) Program statement, policies, and procedures.															
(b) Needs and characteristics of children available for adoption.															
(c) Services and resources available.															
(d) Fees and charges.															

<p><a href="#">DHS Policy Adoption Manual (ADM) 410</a> – page 1 – Was it documented that the family was told that there is no fee for adopting a DHS Child?</p>	<p>See 3130 or DHS-612</p>							
<p><a href="#">DHS Policy ADM 410</a> - page 1– Is there documentation that DHS 823 [Adopting a Child In Michigan] and DHS 538 [Michigan Adoption Subsidy Programs] were given to the prospective family at orientation?</p>	<p>See 3130 or DHS-612</p>							
<p>(e) Legal process.</p>								
<p>(f) Training requirements.</p>								
<p>(g) Post adoption service availability.</p>								
<p>(2) An agency shall, upon request, provide an adoptive application to an interested family.</p>								
<p>(3) An agency may consider an application withdrawn after 90 days if the applicant fails to cooperate with the completion of the evaluation process.</p>								
<p><a href="#">DHHS Policy ADM 430</a> - Page 1 - Prior to completing an adoptive family assessment, the family shall be given the following documents:</p> <ul style="list-style-type: none"> <li>• DHHS Publication 538, Michigan’s Adoption Subsidy Programs</li> <li>• DHHS-823, Adopting a Child in Michigan</li> <li>• DHHS-255, Agency Adoption Program Statement</li> <li>• DHHS-4081, Adoption Assistance Intent Statement</li> </ul> <p>The family’s acknowledgement of receipt of these publications is included on the last page of DHHS-3153A, Adoption Application.</p>	<p>See 3130 or DHS-612</p>							
<p><b>R 400.12605 Adoptive family evaluation.</b> <a href="#">RI.605</a></p> <p>Rule 605. (1) An agency social service worker shall complete a written adoptive evaluation within 90 days of the family signing an adoption application and prior to approving a family for adoption.</p>	<p>Documents &gt; other</p>	<p>Home evaluation (left) &gt; document (right, for signed report) &gt; other. If they have not uploaded it, go back &amp; click report (left) &gt; generate document (won’t be signed)</p>						
<p>(2) The report shall include the dates and places of contacts and persons interviewed or observed.</p>								
<p>(3) The report shall be an assessment of all of the following:</p>								
<p>(a) Visits at the residence of the applicants for adoption to conduct observations of, and interviews with, each member of the household to determine all of the following:</p>								
<p>(i) Marital and family status and history, including current and past level of family functioning and relationships and any incidents of domestic violence.</p>								
<p>(ii) Educational history and any special skills and interests.</p>								
<p>(iii) Employment history, current financial status, including property and income, money management skills and outstanding financial obligations.</p>								
<p>(iv) Physical, mental, and emotional health of each member of the household.</p>								
<p>(v) Any history of substance abuse of each member of the household.</p>								
<p>(vi) Parenting skills and attitudes toward children.</p>								

(vii) Methods of discipline of children.							
(viii) Adjustment and special needs of the applicant's own children, including children not living in the home.							
(ix) Strengths and weaknesses of each member of the household.							
(x) Experiences with own parents and any history of out-of-home care.							
(xi) Reasons for adopting.							
(xii) Previous licenses or experience in providing child foster care, child day care, or adult foster care.							
(xiii) Willingness to accept an adoptive child with the child's individual characteristics, needs, and background.							
(xiv) Willingness to parent cross-racially or cross-culturally and to create an atmosphere that fosters the racial identity and culture of an adopted child.							
(xv) Willingness and ability to understand an adopted child's attachment to the birth family and other significant relationships.							
(xvi) An understanding of and willingness to participate in concurrent planning.							
(xvii) Willingness and ability to give an adopted child guidance, love, and affection and accept the child as a member of the household.							
(xviii) Existence of social support system and alternate care providers.							
(b) Previous adoption evaluations or placements.							
(c) Previous criminal convictions, and substantiated child abuse or neglect investigations or concerns brought to the agency's or department's attention for any member of the household.							
<a href="#">SRM 200, p. 12-13</a> – storage of CHRI, results for certification may be stored in foster home records only, results for adoption may be stored in adoption files only.							
(d) Three current references from persons not related to the applicants. There shall be an evaluation of any negative references.							
(e) A medical statement for each member of the household that indicates that the member has no known condition which would affect the care of an adoptive child. The statement shall be signed by a physician within the 12-month period before the adoptive evaluation.							
(f) Safety and maintenance of the applicant's house and property, including but not limited to: sufficient beds and sleeping space, pets, guns and other weapons, and water hazards.							
(g) Assessment of the neighborhood, schools, community, and available resources for the purpose of adoption							
(h) The plan for guardianship of the child or children in the event of the parent or parents' death or permanent disability preventing continuation of parental responsibility.							
(i) The family's plan to discuss adoption with any child adopted.							
(j) Training needs of the family.							
(k) The age, number, gender, race, ethnic background, and special characteristics of children preferred by the applicants.							
<a href="#">DHS Policy ADM 510</a> – page 6 - If the number of children to be adopted is more than 3, if the adoption will result in a total of more than three children under age 3, or if the resulting number of children in the home will be more than six; the report is required to address the family's ability to care for a large sibling group.							

<a href="#">DHS Policy ADM 510</a> – page 7 - requires that professional references [DHS 610] be required if the above age/count issue exists.									
<a href="#">DHS Policy ADM 510</a> – page 7 - If there is a concern with the age or health of a child/children to be adopted, if there is a concern with the age or health of an adopting parent, if the applicant to adopt is less than 21-years-old, or if the youngest child to be adopted is less than 10-years-old with more than 50 years difference between that child and youngest adoptive parent; a more extensive alternative care giver plan must be documented.									
<b>DENIAL OF A FAMILY’S REQUEST TO ADOPT</b> <a href="#">DHS Policy ADM 870</a> – page 1- Is there documentation that a family who was not recommended to adopt was informed of this in writing [DHS 605]?									
	Home evaluation (left) > document (right, for signed report) > other. If they have not uploaded it, go back & click report (left) > generate document (won't be signed)								
<a href="#">DHS Policy ADM 870</a> – page 1- the prospective adoptive family must be informed and provided with a summary of the factors that were considered in the decision.									
	Documents > other								
<a href="#">DHS Policy ADM 870</a> – page 1- Was a case conference provided to a requesting family if they requested it within 14 days of being denied?									
	Documents > other								
<a href="#">DHS Policy ADM 870</a> – page 2 - Is there documentation that the above final recommendation was sent to the denied family within 14 days, along with the mailing address of the MCI Superintendent for the submission of additional information.									
	Documents > other								
<a href="#">DHS Policy ADM 870</a> – page 2 - If the agency changed their recommendation as a result of the case conference, was an addendum to the family assessment completed?									
	Documents > other								
<a href="#">DHS Policy ADM 870</a> –page 4 - Was the court supervising the child to be adopted, informed of all denials of consent to adopt in a competing parties adoption?									
	Documents > other								
<b>R 400.12606 Training requirements. <a href="#">R1.606</a></b> Rule 606. An agency shall document that an applicant for adoption has, at a minimum, had training in all of the following areas: (a) Separation. (b) Attachment and bonding. (c) Child development, including safe sleep practices for children under 1 year of age. (d) Behavioral and emotional needs of adoptive children. (e) Impact of adoption on the family. (f) Post adoption service availability.									
	Home evaluation > select > training completed								
<a href="#">DHS Policy ADM 420</a> – page 1 - A prospective adoptive parent is required to have completed PRIDE 1, 2, 3, 4, & 6 prior to adoption									
	See 3130 or DHS-612								

<p><b>R 400.12607 Agency recommendation.</b> <a href="#">RI.607</a>  Rule 607. (1) An agency shall recommend the appropriate action consistent with the facts contained in the adoptive evaluation. An agency shall make a written recommendation based on the findings of the adoptive family evaluation.</p>							
<p>(2) The recommendation shall include all of the following:</p>							
<p>(a) Be in writing.</p>							
<p>(b) Contain approval or denial of the applicants for adoption by a social service supervisor.</p>							
<p>(c) If approved, the number, gender, age, race, ethnic background, and special characteristics of adoptive children who may be placed in the adoptive applicants' home. A child's racial, ethnic, and cultural identity, heritage, and background may only be considered if an assessment of the individual child indicates that such consideration is in the best interests of the child.</p>							
<p>(3) If an agency concludes that an individual is not approved, then the basis for the decision shall be specified in the recommendation.</p>							
<p>(4) An agency shall provide the applicants for adoption with a signed and dated copy of the evaluation and recommendation upon its completion.</p>							
<p><b>R 400.12608 Adoptive family evaluation record.</b> <a href="#">RI.608</a></p>							
<p>Rule 608. (1) An agency shall retain a case record for each applicant for adoption.</p>							
<p>(2) The record shall contain all of the following:</p>							
<p>(a) Orientation documentation as required by R 400.12604.</p>							
<p>(b) Adoptive evaluation as required by R 400.12605.</p>							
<p>(c) Record of training provided</p>							
<p>(d) Documentation agency policies were provided to applicants</p>							
<p>(e) All documents pertaining to adoption evaluation required by R 400.12605</p>							
<p>(f) Agency recommendation as required by R 400.12606.</p>							
<p>(3) An agency shall retain each record for not less than 3 years after the agency's termination of services to the applicant.</p>							
<p>(4) If a branch or associate office of a child-placing agency ceases to operate, then the branch's or office's adoption records shall be forwarded to the central office of the branch or associate office.</p>							
<p>(5) If a child-placing agency ceases operation, the agency's adoption records shall be shredded or returned to the applicant if services to the applicant were terminated 3 or more years before the closure. Records shall be forwarded to the department's central office adoptions for all other records.</p>							
<p><b>PART 7. ADOPTION PLACEMENT SERVICES</b></p>							
<p><b>R 400.12701 Department authorization.</b></p>							
<p>Rule 701. An agency shall be authorized by the department to receive and place children for purposes of adoption.</p>							

<p><b>R 400.12702 Program statement.</b>  Rule 702. (1) An agency shall have and follow a current written program statement.  (2) The statement shall include all of the following information:  (a) Types of adoptions provided by the agency, including whether the agency accepts children released under the safe delivery act, section 20 of 1939 PA 288, MCL 712.20.</p>	
(b) Procedures for selecting adoptive parents for a child, including the role of the child's parent or guardian in the selection process.	
(c) The extent to which the agency permits or encourages exchange of identifying information or contact between biological and adoptive parents.	
(d) A clear delineation of fees, charges, or other consideration or thing of value for adoption services. The delineation shall include specific charges for expenses and services, within and outside the agency, and shall differentiate between the charges that are refundable and the charges that are not refundable.	
(e) Services and functions provided directly or indirectly, including the following:	
(i) Counseling services and any other available services to a person who is releasing a child for adoption.	
(ii) Counseling services and any other available services to a child being released for adoption based on the needs of the child.	
(iii) Counseling services or post-finalization services provided to adoptive parents or to the adoptee.	
(f) Geographical area covered.	
(3) An agency shall document that the statement has been provided to all persons making inquiry to release a child for adoption and to prospective adoptive parents.	
<p><b>R 400.12703 Policy and procedures. RI.703</b>  Rule 703. (1) An agency shall have and follow written policies and procedures for the adoption services provided.  (2) The policies and procedures shall cover all of the following areas:  (a) Safeguarding rights.</p>	
(b) Release.	
(c) Recruitment.	
(d) Orientation.	
(e) Child evaluation.	
(f) Placement selection.	
(g) Adoptive parent information.	
(h) Placement.	
(i) Supervision.	
(j) Adoption placement record.	
<p><b>R 400.12704 Safeguarding rights. RI.704</b>  Rule 704. An agency shall prescribe safeguards relating to the needs and rights of all of the following entities:  (a) Birth parents who are considering release, or who have released, a child for adoption.  (b) The child who becomes available for adoption.  (c) The adoptive parents who apply to adopt or adopt a child.</p>	
<p><b>Adoption Contract - Program Performance Objectives - Consultants are to ask the licensee how they intend to gather data do demonstrate that they are meeting these performance objectives, but not yet enforce the performance objective.</b></p> <p><b>Ado 1.L.1 Performance Objective #1 – Page 7 - Fewer than 5%of placements for adoption will end in disruption.</b></p>	

<a href="#">Ado 1.L.2 Performance Objective #2</a> – Page 7 - Fewer than 5%of finalized adoptions will end in dissolution.																			
<a href="#">Ado 1.L.3 Performance Objective #3</a> – Page 7 - By September 30, 2016, not less than 80% of children with a goal of adoption that are legally free for adoption on September 30, 2015 shall have adoptions finalized.																			
<a href="#">Ado 1.L.4 Performance Objective #4</a> – Page 7 - By September 30, 2016, not less than 80% of the number of children with a goal of adoption that are legally free for adoption on September 30, 2015 will have the adoption petition filed with the court.																			
<b>Supervision Sample Size</b>		<b>Total Number of DHS/Domestic Children Placed: __</b>  <b>In Supervision: __</b>  <b>Finalized: __</b>  <b>Family Name:</b>						1.	2.	3.	4.	5.	6.	7.	8.				
Less than 3	All																		
4 to 30	3																		
31 to 60	6																		
Over 61	8																		
<b>R 400.12702 Program statement.</b> (3) An agency shall document that the statement has been provided to all persons making inquiry to release a child for adoption and to prospective adoptive parents.		See 3130 or DHS-612																	
<a href="#">DHS Policy ADM 210</a> - page 4 – A private agency has seven days to accept or reject a case referred for adoption. If the referral is rejected, a detailed explanation is required.		Need child’s ID #. Search > case search > case actions (middle) > adoption case details																	
<a href="#">DHS Policy ADM 210</a> - page 4 - The adoption supervisor must assign the case to an adoption worker within three working days of case acceptance. Adoption activities must begin.		Need child’s ID #. Search > case search > case actions (middle) > adoption case details																	
<a href="#">DHHS Policy - ADM 610</a> - Page 4 - Within three working days of the assignment of the adoption caseworker, the adoption worker must notify the caregivers with whom the child is placed that the child’s permanency plan is adoption. The caregiver’s interest in adoption must be documented. Relatives who previously expressed interest in placement must be contacted. The foster parent and relatives must be given a DHHS-4809 to document their interest.		Case overview > documents > other																	
<b>R 400.12705 Release.</b> <a href="#">RI.705</a> Rule 705. (1) An agency social service worker shall document that information has been provided for birth parents before the birth parents release their rights to a child unless the child is relinquished under the safe delivery of newborns act, 1939 PA 288, MCL 712.1 to 712.20... (2) The information shall include a review of all of the following: (a) Program statement, policies, and procedures. (b) Legal process for adoption. (c) Services and resources available.																			

(d) Meaning and consequences of a release.								
<b>R 400.12706 Recruitment.</b> Rule 706. (1) An agency shall have an ongoing recruitment program to ensure an adequate number of suitable adoptive parents for the timely placement of all children serviced by the agency who are available for adoption.								
(2) An agency shall recruit adoptive parents for children served by the agency considering all of the following criteria:								
(a) Ages and developmental needs of children.								
(b) Racial, ethnic and cultural identity of children.								
(c) Sibling relationships of children.								
(d) Special needs of children.								
(3) There shall be a child specific recruitment plan for any child the agency is responsible for who is available for adoption and who does not have an identified family. The child specific plan shall be based on the child evaluation, as required by R 400.12708, and updated every 90 days.	Case actions > view adoption case details > progress tabs > quarterly progress report (DHS-614) > documents (if not there) report to generate unsigned							
<a href="#">DHS Policy ADM 400</a> - page 2–The agency must document family recruitment efforts within 30 days and review efforts quarterly in a face-to-face meeting	Case actions > view adoption case details > progress tabs > quarterly progress report (DHS-614) > documents (if not there) report to generate unsigned							
<a href="#">DHHS Policy ADM 400 - Page 2</a> - The adoption worker shall develop a written, child-specific recruitment plan within 30 calendar days of the date of acceptance of the case transfer. The child must also be registered for photo listing on the Michigan Adoption Resource Exchange (MARE) within 30 calendar days of termination of parental rights or date of acceptance of the case transfer, whichever is later. A copy of the recruitment plan must be provided to MARE with the photo listing information.	Case actions > view adoption case details > progress tabs > quarterly progress report (DHS-614) > documents (if not there) report to generate unsigned							
<a href="#">DHHS Policy ADM 400 - Page 2</a> - The adoption worker must review the “Let’s Talk” booklet from the Michigan Adoption Resource Exchange (MARE) with children age nine and older. A copy of the signed last page of the booklet must be included with the MARE registration form for the child.	See quarterly (DHS-614)							
<a href="#">DHS Policy ADM 330</a> –page 1 - Are adoptive home recruitment activities documented by date and type? Is progress in finding an adoptive home documented? Are barriers identified? Is a date projected for achieving the goal of adoption? [Policy requires that this be done on a DHS-614]	See quarterly (DHS-614)							

<p><b>MARE (MICHIGAN ADOPTION RESOURCE EXCHANGE)</b>  <u>DHS Policy ADM 710</u> – page 1 –If the child did not have an identified family at the time of termination, was the child’s photo and positive (strength based) narrative placed on MARE within 30 days?</p>	<p>Child assessment (DHS-1927)</p>								
<p><u>DHS Policy ADM 710</u> – page 2 - If the child has an identified adoptive family, was the child placed on “Hold” with MARE and was a signed commitment from the adoptive family [DHHS 4809] sent to MARE?</p>	<p>Child assessment (DHS-1927)</p>								
<p><u>ADOPTION Contract I.K.3.d</u> - Page 6 –DHHS Contract 10/1/14 – the adoption process shall commence within ten days of the appropriate match.</p>	<p>Child assessment (DHS-1927)</p>								
<p><u>DHS Policy ADM 710</u> – page 2 - If the prospective adoptive family withdrew their commitment, was the child photo listed with MARE?</p>	<p>Child assessment (DHS-1927)</p>								
<p><u>ADOPTION I.K.3.j</u> - Page 6 –DHS Contract 10/1/14 – When a Disruption/Dissolution survey is received, it shall be returned to MARE within 30 days.</p>	<p>Child assessment (DHS-1927)</p>								
<p><b>R 400.12707 Orientation. RI.707</b>  Rule 707. An agency shall document that an orientation for the adoptive parents has been provided, consistent with the requirements of R 400.12604, before they are determined suitable to parent an adopted child.</p>									
<p><u>DHS Policy Adoption Manual (ADM) 410</u> – page 1 – Was it documented that the family was told that there is no fee for adopting a DHS Child?</p>	<p>See 3130 or DHS-612</p>								
<p><u>DHS Policy ADM 410</u> - page 1– Is there documentation that DHS 823 [Adopting a Child In Michigan] and DHS 538 [Michigan Adoption Subsidy Programs] were given to the prospective family at orientation?</p>	<p>See 3130 or DHS-612</p>								
<p><u>DHS Policy Adoption Manual (ADM) 410</u> – page 1 – Was it documented that the family was told that there is no fee for adopting a DHS Child?</p>	<p>See 3130 or DHS-612</p>								
<p><u>DHS Policy ADM 410</u> - page 1– Is there documentation that DHS 823 [Adopting a Child In Michigan] and DHS 538 [Michigan Adoption Subsidy Programs] were given to the prospective family at orientation?</p>	<p>See 3130 or DHS-612</p>								

<p><a href="#">DHHS Policy ADM 430</a> - Page 1 - Prior to completing an adoptive family assessment, the family shall be given the following documents:</p> <ul style="list-style-type: none"> <li>• DHHS Publication 538, Michigan's Adoption Subsidy Programs</li> <li>• DHS-823, Adopting a Child in Michigan</li> <li>• DHS-255, Agency Adoption Program Statement</li> <li>• DHS-4081, Adoption Assistance Intent Statement</li> </ul> <p>The family's acknowledgement of receipt of these publications is included on the last page of</p> <ul style="list-style-type: none"> <li>• DHS-3153A, Adoption Application.</li> </ul>	See 3130 or DHS-612								
<p><a href="#">DHS Policy ADM 420</a> – page 1 - A prospective adoptive parent is required to have completed PRIDE 1, 2, 3, 4, &amp; 6 prior to adoption</p>	See 3130 or DHS-612								
<p><b>R 400.12708 Child evaluation.</b> <a href="#">RT.708</a></p> <p>Rule 708. (1) A social service worker shall complete a written assessment of each child available for adoption within 60 days of the child being referred for adoption. The assessment shall include all information available in the foster care file from the date the child entered care and shall meet all requirements of section 27 of 1939 PA 288, MCL 710.27.</p>	Case over view > under case actions click adoption case details > progress tab > under assessment click document for signatures or click report to generate report								
<p><b>DHS 1927 – CHILD ADOPTION ASSESSMENT</b></p>									
<p><a href="#">DHS Policy ADM 300</a> – page 1- Was a DHS Form 1927 [Child Adoption Assessment] completed within 45 days?</p>									
<p><b>DHS 606 – CHILD ADOPTION ASSESSMENT ADDENDUM</b></p> <p><a href="#">DHS Policy ADM 300</a> – page 3 - Was that Child Adoption Assessment Addendum [DHS 606] completed annually if the child has not been placed for adoption? Was that Child Adoption Assessment Addendum completed sooner if there was a placement change or other significant event?</p>	Case over view > under case actions click adoption case details > progress tab > under assessment click document for signatures or click report to generate report								
<p>(2) An agency shall have on file a written adoptive family evaluation and agency recommendation as required under R 400.12605 and R 400.12607 before approving the adoptive parents for each adoptive placement and before referring a child to, or placing a child in, the home for purposes of adoption.</p>									
<p><a href="#">SRM 200, p. 12-13</a> – storage of CHRI, results for certification may be stored in foster home records only, results for adoption may be stored in adoption files only.</p>									
<p><b>R 400.12709 Placement selection.</b> <a href="#">RI.709</a></p> <p>Rule 709. (1) An agency shall-document how all of the following factors were assessed in selecting appropriate adoptive parents:</p> <p>(a) The physical, emotional, medical, and educational needs of the child.</p>	1927 & 614								

(b) The child's needs for continued contact with the birth parent, siblings, relatives, foster parents, and other persons significant to the child.	1927 & 614								
(c) The racial, ethnic, and cultural identity, heritage, and background. The child's racial, ethnic, and cultural identity, heritage, and background may only be considered if an assessment of the individual child indicates that such consideration is in the best interests of the child.	1927 & 614								
(2) An agency shall place a child with agency-approved adoptive parents consistent with the needs of the child identified in subrule (1) of this rule, the child evaluation required by R 400.12708 and the agency's adoptive parent recommendation as required by R 400.12708607.	1927 & 614								
(3) An agency shall require a social service supervisor, or chief administrator if the placement is recommended by a social service supervisor, to approve or deny the recommendation for placement by the social service worker. The approval shall be documented in the record.	1927 & 614								
(4) An agency may approve overnight pre-placement visits to a family being considered for adoption of a child. Pre-placement visits may only occur under the following conditions: (a) If the placement selected is a licensed foster home, the certifying agency gives approval prior to any visits starting.	1927 & 614								
(b) There is an approved child evaluation.	1927 & 614								
(c) There is an approved family evaluation.	1927 & 614								
(d) The child evaluation has been shared with the prospective adoptive family prior to any pre-placement visits occurring.	1927 & 614								
(e) Planning for pre-placement visits is focused on the best interests of the child.	1927 & 614								
(f) There is a written plan for transitioning the child from the foster home to the adoptive home.	1927 & 614								
(g) Unless there are exceptional circumstances, that the transition period will not exceed 3 calendar months. A transitional period of more than 3 calendar months shall be approved in writing by the MCI superintendent or the court with jurisdiction over the child.	1927 & 614								
(h) Overnight visitation is done in compliance with section 1 of 1973 PA 116, MCL 722.111(i).	1927 & 614								

(5) A public or private agency may place a child in an unlicensed home for the purposes of adoption if all of the following conditions have been met:	1927 & 614								
(a) The adoptive parents have received orientation in accordance with the requirements of R 400.12604 and R 400.12707.									
(b) The evaluation of the prospective adoptive parents has been completed in accordance with the requirements of R 400.12605 and the placement is consistent with the recommendation completed in accordance with R 400.12607.	1927 & 614								
<b>COMPETING PARTIES</b>									
<u>DHS Policy ADM 860</u> – page 1 - Each family desiring to adopt a child / children must be assessed using either the Adoptive Family Assessment or the Preliminary Assessment.	Documents > other								
<u>DHS Policy ADM 860</u> – page 1 - Is it documented that all competing family assessments were sent to the MCI Superintendent along with the recommendation for the family to adopt.	Documents > other								
(c) Supervisory approval of the placement has been documented in accordance with the requirements of subrule (3) of this rule.	1927 & 614								
(d) The adoptive petition has been filed with the court or consent to adopt has been granted by the authorized agency representative.	1927 & 614								
(6) The provisions of this rule do not prohibit a temporary placement made under section 23d of 1939 PA 288, MCL 710.23d.	1927 & 614								
<b>DHS 614 – QUARTERLY REPORT</b>									
<u>DHS Policy ADM 330</u> –page 1 - Were quarterly progress reports [DHHS 614] completed each quarter or was the Child Adoptive Assessment substituted for a quarter and done timely?									
<u>DHS Policy ADM 330</u> –page 1 - Did the worker have at least one face to face visit with the child during the quarter, did the worker meet with the child alone, and was the date of the visit documented?	Same place as 1927								
<u>DHS Policy ADM 650</u> – page 2 – Are sibling visits occurring at least as often as prior to the termination of parental rights or is there a reason documented for the reduction/discontinuation?	Same place as 1927								
<u>DHS Policy ADM 510</u> - Page 1 — DHHS Form 612 and BCAL 3130 must be completed when a child is matched to the family, when the evaluation of a family who has previously adopted is updated for a new adoption, and when a calendar year has elapsed and the family has not finalized the adoption.									
<u>DHS Policy ADM 430</u> – Page 1 --The family is required to submit an application to adopt [DHHS3153A]	Documents > other								

<p><b>DHS Policy ADM 520</b> – page 4 - For any adoptive family that is not licensed as a foster home, the agency is required to complete an ICHAT Check after application, prior to adoption approval, and prior to adoptive placement.</p>	File							
<p><b>DHS Policy ADM 520</b> – page 4 - The agency is required to complete an ICHAT Check every three months after the adoptive placement and no more than 30 days prior to finalization for any adoptive family that is not licensed as a foster home.</p>	File							
<p><b>INTERSTATE COMPACT</b>  <b>DHS Policy ADM 640</b> – page 1 –If the child is to be adopted by an out of state family, is there documentation that the agency coordinated with and met the requirements of Interstate Compact?</p>	Documents > other							
<p><b>Contract – ADM 680</b> – page 1- Was an application made to the Adoption Subsidy program on behalf of the adoptive family?  <a href="#">View or update subsidy eligibility determination records</a></p>	To find subsidy requests when needed, see hyperlink to instructions							
<p><b>R 400.12710 Adoptive parent information.</b> <a href="#">RL710</a>  Rule 710. (1) An agency shall provide adoptive parents with all of the following information before the placement of a child:</p>								
<p>(a) Child’s name.</p>								
<p>(b) Date, time, and place of birth including hospital, city, state, and country.</p>								
<p>(c) Medical, social, and educational history of the child.</p>								
<p>(d) Child’s racial, ethnic, and religious background.</p>								
<p>(e) Description of the child’s family of origin, including age and <del>sex</del> gender of family members, relationship to the child, and medical, social, and educational history of each member of the family.</p>								
<p>(f) Circumstances necessitating placement of the child.</p>								
<p>(g) Child’s preparation for placement and attitude toward the adoption.</p>								
<p>(h) Placement history.</p>								
<p>(i) Any other known information to enable the adoptive parent to provide a stable, safe, and healthy environment for the child.</p>								
<p>(2) An agency shall provide adoptive parents with any additional information that becomes available to the agency after the placement of the adoptive child.</p>								
<p><b>R 400.12711 Placement.</b></p>								
<p>Rule 711. An agency shall document how the following factors were assessed in selecting appropriate adoptive parents for a child:</p>								
<p>(1) The physical, emotional, medical, and educational needs of the child.</p>								
<p>(2) The child’s needs for continued contact with the birth parent, siblings, relatives, foster parents, and other persons significant to the child.</p>								

<p>(3)The racial, ethnic, and cultural identity, heritage, and background. The child’s racial, ethnic, and cultural identity, heritage, and background may only be considered if an assessment of the individual child indicates that such consideration is in the best interests of the child.</p>								
<p><b>R 400.12712 Supervision.</b> <a href="#">RI.712</a>  Rule 712. (1) An agency shall provide post-placement supervisory visits for the adoptive family at the adoptive parent’s home as needed to assure the safety and wellbeing of the child, but not less than once every month, after the placement of a child and until the final order of adoption.</p>	<p>Case actions &gt; adoption case details &gt; progress tab &gt; assessment history (look for 613)</p>							
<p>(2) An agency shall assess and record the child’s and adoptive family’s adjustment and, where needed, include plans to assist the child or adoptive family.</p>	<p>Case actions &gt; adoption case details &gt; progress tab &gt; assessment history (look for 613)</p>							
<p><a href="#">DHS Policy ADM 950</a> – page 3 -Was a supervision report [DHS 613] completed for each visit, did it document the child’s level of adjustment to the family, and was there a private meeting between the child and the adoption worker?</p>	<p>Case actions &gt; adoption case details &gt; progress tab &gt; assessment history (look for 613)</p>							
<p>(3) An agency shall keep the adoptive parents informed of the results of the agency’s continuing assessment of the placement at the conclusion of each visit.</p>	<p>Case actions &gt; adoption case details &gt; progress tab &gt; assessment history (look for 613)</p>							
<p><a href="#">DHS Policy ADM 950</a> –page 2- Prior to finalization; were the family and child visited at least once each month, with the visit being in the home at least once every other month?</p>	<p>Case actions &gt; adoption case details &gt; progress tab &gt; assessment history (look for 613)</p>							
<p><a href="#">DHS Policy - ADM 950</a> – page 3 - If the child was placed with a family that they had not lived with prior to the adoptive placement, Did the worker have one face to face visit per week in the first month, one face to face visit in the 2<sup>nd</sup> and 3<sup>rd</sup> month, and one face to face visit monthly in subsequent months?</p>	<p>Case actions &gt; adoption case details &gt; progress tab &gt; assessment history (look for 613)</p>							
<p><b>R 400.12713 Adoption placement record.</b> <a href="#">RI.713</a>  Rule 713. (1) An agency shall permanently retain a case record for each adoptive child after adoptive placement except as identified in subrule 5 of this rule.  (2) The record shall contain all of the following:</p>								
<p>(a) Orientation documentation as required by R 400.12707.</p>								
<p>(b) Evaluation documentation as required by R 400.12708.</p>								
<p>(c) Placement documentation as required by R 400.12709.</p>								
<p>(d) Supervision documentation as required by R 400.12711.</p>								

<a href="#">Ado Contract I.N</a> – Page 11 – DHS Contract 10/1/14 – the agency shall maintain a training record for the adoptive family that includes type of training, date, subject, and the actual signature of the person at the training.	Documents > other								
<a href="#">DHS Policy ADM 920</a> – page 1- Does the adoption record contain a petition to adopt [PCA 301], consent to adopt by the agency/court [PCA 309], an order terminating the previous parents’ parental rights [PCA 318], an order placing the child after consent [PCA 320], a child’s [age 14 and older] consent to be adopted [PCA 307], and the order of adoption [PCA 321]?	Documents > other								
<a href="#">DHS Policy ADM 980</a> – page 1- Did the Adoption Worker complete a Closing Summary [DHS 222] at the time of finalization?	Documents > other								
<a href="#">DHS Policy ADM 980</a> – page 1 - Is there documentation that a closing letter [DHS 607] was sent to the adoptive family?	Documents > other								
(3) If a branch or associate office of a child-placing agency ceases to operate, then the agency shall forward the branch’s or office’s adoption records to the central office of the branch or associate office.									
(4) If a child-placing agency ceases to operate, then the agency shall forward its records to the Michigan department of human services.									
(5) The Michigan department of human services must permanently retain all adoption records for children adopted from Michigan’s child welfare system. The adoption agency must forward any adoption records for children adopted from the Michigan child welfare system to the department one year after finalization of the adoption. The adoption agency may not retain the original copies or any other copies of the adoption records.									
<a href="#">DHS Policy ADM 870</a> – page 2 - –Were copies of all documents and correspondence related to any denial of a consent to adopt sent to the Legal Guardian ad Litem [LGAL]									
<b>PART 8 INTER-COUNTRY ADOPTION</b>									
<b>R 400.12801 Department authorization.</b>									
Rule 801. (1) An agency shall be authorized by the department to evaluate applicants for inter-country adoption.									
(2) An agency shall be authorized by the department to assist with the adoption or placement of a child coming to the United States for the purpose of being adopted.									
<b>R 400.12802 Program statement.</b> <a href="#">RI.802</a>									
Rule 802. An agency shall have and follow a current written program statement that includes all of the following information:									
(1) Placement programs, by country.									
(2) Eligibility requirements for adoptive parents established by the agency and the specific countries.									
(3) Services available, either directly or indirectly, both before adoption and after adoption.									
(4) Procedures for completing adoptive evaluations.									
(5) A clear delineation of fees, charges, or other consideration or thing of value for adoption services. Differences in fees for different countries shall be clearly stated.									

(6) If the agency has written contracts or agreements with individuals in the foreign country or entity, the responsibilities of the agency and the responsibilities of the contractor shall be clearly identified.											
(7) The regulations issued by the United States federal government regarding the procedures for United States citizens adopting from a particular country or entity and the regulations issued by that country or entity for adoptions by foreigners shall be kept on file at the agency.											
(8) If an agreement exists between a foreign government or entity and an agency, an English language translation of verified written agreements with the foreign government shall be on file at the agency and available for review. The agreement shall conform to the laws and regulations of the United States, this state, and the foreign country.											
(9) An agency shall provide the statement to all persons making inquiry about the agency's services at the time of inquiry.											
<b>R 400.12803 Policies and procedures.</b> <a href="#">RI.803</a>											
Rule 803. (1) The agency shall have and follow written policies and procedures for inter-country adoption services.											
(2) The policies and procedures shall cover at least the following areas:											
(a) Orientation, as required in R 400.12604.											
(b) Adoptive evaluation, as required in R 400.12605.											
(c) Fees.											
(d) Placement.											
(e) Supervision.											
(f) Adoption record.											
<b>Inter Country Adoption Sample Size</b>		<b>Families Assessed For Inter-Country Adoption: ___</b>									
<b>Less than 3</b>	<b>All</b>	<b>Names:</b>		1.	2.	3.	4.	5.	6.	7.	8.
<b>4 to 30</b>	<b>3</b>										
<b>31 to 60</b>	<b>6</b>										
<b>Over 61</b>	<b>8</b>										
<b>R 400.12804 Adoptive family evaluation.</b>											
Rule 804. (1) If an agency assists a family with an evaluation prepared specifically for the adoption of a child coming to the United States for the purpose of being adopted, then the agency shall complete adoptive evaluations as required in R 400.12604.											
(2) Adoptive family evaluations accepted from other states or agencies in this state shall have been completed by an agency or social worker licensed to complete adoption home studies in the state where the evaluation was completed.											
<b>R 400.12805 Fees.</b>											
Rule 805. An agency shall have a specific fee policy that covers the following:											
(1) That all fees are covered in a written agreement with applicants.											
(2) What specific services are covered by the fees?											
(3) Whether fees can change during an agreement.											

(4) Fees associated with modifying the agreement.								
(5) Specific fees for each country.								
(5) Fees associated with changing countries.								
(6) What fees can be transferred during the agreement.								
(7) What fees are refundable and at what points in time.								
(8) How fees are to be paid to individuals in other countries.								
<b>R 400.12806 Placement.</b> Rule 806 (1) An agency shall require a social service supervisor, or chief administrator if the placement is recommended by a social service supervisor, to approve or deny the recommendation for placement. The decision shall be documented in the record.								
(2) An adoptive family evaluation completed by a different agency or licensed social worker, where legal, must be endorsed by the agency arranging the placement.								
<b>Inter Country Adoption – Supervision Sample Size</b>		1.	2.	3.	4.	5.	6.	7.
<b>Less than 3</b>	<b>All</b>	<b>Number of Families with a Child Adopted From a Foreign Country Who are in Supervision Because the Adoption is not Finalized or Because Supervision is Required By the Foreign Country : __</b>  <b>Names:</b>						
<b>4 to 30</b>	<b>3</b>							
<b>31 to 60</b>	<b>6</b>							
<b>Over 61</b>	<b>8</b>							
<b>R 400.12807 Supervision.</b> <a href="#">RI.807</a>								
(1) An agency shall provide post-placement supervision for the adoptive family at the adoptive parent's home as needed, but not less than once every month after the placement of a child and until the final order of adoption, or as required by the country where the adoption originated.								
(2) An agency shall assess and record the child's and adoptive family's adjustment and, where needed, shall include plans to assist the child or adoptive family.								
(3) An agency shall keep the adoptive parents informed of the results of the agency's continuing assessment of the placement at the conclusion of each visit.								
<b>R 400.12808 Inter-country adoption record.</b>								
Rule 807. (1) An agency shall permanently retain a case record for each adoptive child after adoptive placement.								
(2) The child record shall contain all of the following:								
(a) Orientation documentation as required by R 400.12707.								
(b) Evaluation documentation as required by R 400.12708.								
(c) Placement documentation as required by R 400.12709.								
(d) Supervision documentation as required by R 400.12711.								
(3) An agency shall retain a case record for each applicant family for adoption.								

(4) The applicant family record shall contain all of the following:							
(a) Orientation documentation as required by R 400.12604.							
(b) Adoptive family evaluation as required by R 400.12605.							
(c) Record of training provided.							
(d) Documentation of agency policies that were provided to applicants.							
(e) All documents pertaining to adoption evaluation required by R 400.12605.							
(f) Agency recommendation as required by R 400.12606.							
(5) An agency shall retain each applicant family record for not less than 3 years after the agency's termination of services to the applicant family.							
(6) If a branch or associate office of a child-placing agency ceases to operate, then the agency shall forward the branch's or office's adoption records to the central office of the branch or associate office.							
(7) If a child-placing agency ceases to operate, then the agency shall forward its child records to the Michigan department of human services.							
(8) If a child-placing agency ceases operation, the agency's adoptive applicant family records shall be shredded or returned to the applicant family if services to the applicant family were terminated 3 or more years before the closure. Records shall be forwarded to the department of human services central office adoptions for all other records.							

**Section 102 of the Elliott-Larsen Civil Rights Act,**

**37.2102 Recognition and declaration of civil right; action arising out of discrimination based on sex or familial status.**

Sec. 102. (1) The opportunity to obtain employment, housing and other real estate, and the full and equal utilization of public accommodations, public service, and educational facilities without discrimination because of religion, race, color, national origin, age, sex, height, weight, familial status, or marital status as prohibited by this act, is recognized and declared to be a civil right.

(2) This section shall not be construed to prevent an individual from bringing or continuing an action arising out of sex discrimination before July 18, 1980 which action is based on conduct similar to or identical to harassment.

(3) This section shall not be construed to prevent an individual from bringing or continuing an action arising out of discrimination based on familial status before the effective date of the amendatory act that

added this subsection which action is based on conduct similar to or identical to discrimination because of the age of persons residing with the individual bringing or continuing the action.

## **CSA MEMO RE caseworker and supervisor qualifications and training**

Michigan Department of Human Services

# CSA

Children's Services Administration Communication Issuance

**Type:** Informational Memorandum (IM) Program Instruction (PI) Policy Guide (PG)

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DHS County Directors Adult Services Staff BCAL CWTI SACWIS

The Modified Settlement Agreement (MSA) requires DHS to document and report all caseworker and supervisor qualifications and training. DHS, in cooperation with BCAL, has attempted to verify caseworker and supervisor qualifications for private agency staff in a number of ways over the last two years. We continue to see instances of private agency staff not meeting the MSA qualifications.

In an effort to avoid these circumstances, effective immediately, all PAFC caseworkers and supervisors enrolled in new worker or supervisor training through the Child Welfare Training Institute (CWTI) will be asked to provide copies of their resume and transcripts that demonstrate their qualifications to the trainer at the beginning of the training session. That information will be reviewed by the assigned Child Welfare Field Operations Analysts. If there are questions about qualifications, the analysts will conduct follow up in coordination with BCAL licensing consultants.

For your reference, the caseworker and supervisor qualifications can be found on pages 10-14 of the Modified Settlement Agreement at

[http://www.michigan.gov/documents/dhs/Modified\\_Settlement\\_Agreement\\_\\_Consent\\_Order\\_](http://www.michigan.gov/documents/dhs/Modified_Settlement_Agreement__Consent_Order_)

[390082\\_7.pdf?20130711153334](#).

The MSA states that caseworkers must have a bachelor's degree in a social work or related human services field. Child Welfare Supervisors must hold a master's degree from an accredited college or university in a human behavioral science and three years of experience in a child welfare agency, a child caring institution, or in an agency performing a child welfare function, or a bachelor's degree from an accredited college or university in a human behavioral science and four years of experience as a social service worker in a child welfare agency, a child caring institution, or in an agency performing a child welfare function.

2

Accepted majors for caseworkers, licensing workers, and child welfare supervisors are only and specifically as follows:

• Social Work • Sociology • Psychology • Family Ecology • Consumer/Community Services • Family Studies • Family and/or Child Development • Guidance/School Counseling • Counseling Psychology • Criminal Justice  
Any questions regarding this instruction should be directed to your assigned Child Welfare Field Operations Analyst.

## **CPA AND PA 116 Definitions**

### **R 400.12101 –Child Placing Agency Definitions.**

As used in these rules:

- (a) "Act" means Act No. 116 of the Public Acts of 1973, as amended, being §§722.111 et seq. of the Michigan Compiled Laws, and known as the child care organization licensing act.
- (b) "Agency" means a child-placing agency as defined in section 1 of the act.
- (c) "Contribution" means the payment of money or donation of goods or services.
- (d) "Department" means the Michigan department of consumer and industry services.
- (e) "Emergency placement" means a placement that is made in response to a sudden unexpected occurrence which demands immediate action or means a placement that is made before a placement assessment has been completed.
- (f) "Foster child" means a person who meets all of the following criteria:
  - (i) Resides in a foster home.

- (ii) Is less than 18 years of age or becomes 18 years of age while residing in the foster home and continues to reside in the foster home to receive care, maintenance, training, and supervision.
- (iii) Is not related to an adult member of the household by blood, adoption, or marriage.
- (iv) Has been placed in the home by an agency.
- (g) "Foster home" means foster family home or foster family group home, as defined in section 1 of Act No. 116 of the Public Acts of 1973, as amended, being §§722.111 of the Michigan Compiled Laws, and as addressed in Act No. 165 of the Public Acts of 1997, being §§722.118b of the Michigan Compiled Laws.
- (h) "Human behavioral science" means a degree from an accredited college or university equivalent to any of the following:
  - (i) Social work.
  - (ii) Psychology.
  - (iii) Guidance and counseling.
  - (iv) Consumer or community services.
  - (v) Criminal justice.
  - (vi) Family ecology.
  - (vii) Sociology.
- (i) "Independent living" means the placement, by an agency, of a youth who is not less than 16 years old in his or her own unlicensed residence, the residence of an adult who does not have supervisory responsibility for the youth, or in a residence under the control of the agency. The authorized agency or governmental unit retains supervisory responsibility for the youth.
- (j) "Licensing authority" means the administrative unit of the department that has responsibility for making licensing and approval recommendations for a child placing agency.
- (k) "Member of the household" means any person, other than a foster child, who resides in a foster or adoptive home on an ongoing or recurrent basis.
- (l) "Parent" means a legal parent and includes a custodial parent, noncustodial parent, or adoptive parent.
- (m) "Permanent placement" means that the treatment plan specifies that the foster child will remain in the current foster home until the age of majority.
- (n) "Placement" means moving a child to a foster or adoptive home, to independent living, or from out-of-home placement to another out-of-home placement.
- (o) "Social service supervisor" means a person who supervises a social service worker. A social service supervisor may also function as a social service worker in the temporary absence of the social service worker.
- (p) "Social service worker" means a person who performs social services functions covered by these rules.

- (q) "Staff" means a person who is employed by an agency, a volunteer for the agency, or a person who is under contract to the agency to provide specific services covered by these rules.
- (r) "Substantial noncompliance" means repeated violation of the act or an administrative rule promulgated under the act, or noncompliance with the act, a rule promulgated under the act, or the terms of a license that jeopardizes the health, safety, care, treatment, maintenance, or supervision of individuals receiving services or, in the case of an applicant, individuals who may receive services.
- (s) "Willful noncompliance" means that after receiving a copy of the act, the rules promulgated under the act, and a copy of the terms of the license if applicable, an applicant or licensee knows or had reason to know that his or her conduct is a violation of the act, the rules promulgated under the act, or the terms of the license.

**Contract - TFC 1.H.1-3 – Page 12 – Age Requirement for TFC Parents**

Contract - TFC	Age Requirement for TFC Parents
	<p>The Contractor shall ensure the following:</p> <ol style="list-style-type: none"> <li>1. TFC parent(s) are in compliance with Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children.</li> <li>2. TFC parent(s) are licensed by the State of Michigan – Bureau of Child and Adult Licensing, prior to accepting a child for placement.</li> <li>3. 3. At least one TFC parent shall be 25 years of age and neither partner in a couple can be younger than 21. A one parent TFC family may be utilized if the parent is at least 25 years of age, has appropriate community and family supports and meets all other requirements.</li> </ol>

**Public Act 116, 722.120 (2)**

<b>Public Act 116 722.120 (2)</b>	<b>Confidentiality</b>
	<p>(2) A licensee shall keep the records the department prescribes regarding each child in its control and care and shall report to the department, when requested, the facts the department requires with reference to the children upon forms furnished by the department. Except as otherwise provided in this subsection, records regarding children and facts compiled about children and their parents and relatives are confidential and disclosure of this information shall be properly safeguarded by the child care organization, the department, and any other entity in possession of the information. Records that are confidential under this section are available to both of the following:</p> <p>(a) A standing or select committee or appropriations subcommittee of either house of the legislature having jurisdiction over protective services matters for children, pursuant to section 7 of the child protection law, 1975 PA 238, MCL 722.627.</p> <p>(b) The children's ombudsman established in section 3 of the children's ombudsman act, 1994 PA 204, MCL 722.923.</p>

**Contract TFC 1.H.4 – Page 12 - Number of Children in a Treatment Foster Home**

<b>Contract TFC 1.H.4 – Page 12</b>	<b>Number of Children in a Treatment Foster Home</b>
	<p>k. 4. TFC parent(s) shall have no more than four total children (birth, adoptive, foster care, relatives, guardian, etc.) in the home. No more than three shall be foster care children. No more than one shall be a TFC child. Note: The home may accept two TFC children if they are siblings. At the time a TFC child is placed, foster children residing in the home shall not require additional care of the foster parent beyond a Determination of Care (DOC) supplemental level I. Additionally, all children residing in the home shall be four years of age or older.</p>

## PARENT INVOLVEMENT In Selecting the Most Appropriate Placement

DHS Policy FOM 722.3 – Page 2	PARENT INVOLVEMENT
	<p>Unless harmful to the safety or best interests of the child, the legal parent/guardian of the child must be involved in the selection of any out-of-home placement. Whenever possible and appropriate, the parent should participate in the following discussions and decisions, even if the court has already ruled that out-of-home placement is required: The parent and the caseworker <b>must</b> discuss all possible options, such as placement with relatives, licensing of a friend or relative to serve as a caregiver, or other known options. If foster care with a licensed home is selected, the parent should be made aware of available homes and should help select the one that best meets the child's needs.</p> <p>Once a preference by the caseworker and parent is established, the caseworker must attempt to facilitate that placement. If necessary, an emergency or temporary placement for up to 30 calendar days may be used while a longer term placement is explored or arranged.</p> <p>At the time of placement or placement change (during the applicable family team meeting [FTM]), the caseworker and parent should meet with the caregiver to orient them to the specific needs and characteristics of the child. Information about medications, allergies, cultural practices, food preferences, temperament, sleep schedules, special and/or personal toys, books or clothing that will aid in a smooth transition, and other specifics about the child should be requested from the parent. In the best interest of the child, the caseworker should encourage the caregiver to meet with the birth parent to facilitate an ongoing exchange of child information.</p>

	<p>To the extent possible and appropriate, the caregiver should have phone access to the parent and should consult with the parent whenever major decisions or problems arise. Parental access to the caregiver home may be limited within reason, based on the best interests of the child.</p> <p>When selecting the best available placement for a child, the caseworker must discuss all of the placement selection criteria with the parent. The parent's opinion and recommendations regarding the importance of each criteria should be given considerable weight but the final decision remains with the department.</p> <p>These factors are intended to identify placement preferences, and when taken together, should indicate the placement of choice.</p>

## DILIGENT SEARCH AND NOTIFICATION PROCESS

<p><b>DHS Policy FOM 722-3B Page 2</b></p>	<p><b>DILIGENT SEARCH AND NOTIFICATION PROCESS</b></p>
	<p>A child's preservation of family connections and/or potential placement with a relative begins with the identification of and notification to relatives. Discussions with the birth parents, age appropriate children, and other family members should explore the potential supports offered to the family by relatives.</p> <p>The relative search must begin prior to the child being removed from the home and continues until legal permanency for the child is achieved. The CPS caseworker must, at a minimum, ask the parents and age-appropriate children to identify the paternal and maternal relatives; see PSM 715-2, Removal and Replacement of Children.</p>

The foster care caseworker must continue to pursue the identification and notification of relatives throughout the life of the case, and document such efforts in each case service plan. The DHS-991, Diligent Search Checklist, is a guide that may be used to assist the caseworker in the search for relatives. Additionally, the name, address, telephone number, results of American Indian heritage inquiry, and relationship of every relative identified **must** be documented on the DHS-987, Relative Documentation, and placed within the child's case file.

**Note:** A copy of the DHS-987, Relative Documentation, must be provided to the caseworker upon transfer of the case from CPS.

Upon identification, the caseworker must complete and send the following forms to all relatives identified:

- DHS-990, Relative Notification Letter.
- DHS-989, Relative Response, allows the relative to indicate whether the relative would like to be considered for placement and/or other connections to and support for the child.
- DHS-988, Relative Search Information, allows a relative to provide the contact information of other relatives who may have an interest in becoming a resource for the child.

**DILIGENT SEARCH AND NOTIFICATION PROCESS Throughout the Life of the Case**

<p><b>DHS Policy FOM 722-3B Page 2</b></p>	<p><b>DILIGENT SEARCH AND NOTIFICATION PROCESS</b></p>
	<p>The foster care caseworker must continue to pursue the identification and notification of relatives throughout the life of the case, and document such efforts in each case service plan.</p>

**DHS Policy - FOM 722-6H, p. 4 - In Person Contacts with Reunited Children and Their Family**

<p><b>DHS Policy FOM 722-6H (Page 4)</b></p>	<p><b>In Person Contacts with Reunited Children and Their Family</b></p>
	<p><b>First Month After Return Home</b>                  The caseworker must have <b>weekly</b> face-to-face contacts with the parent(s) and the child, in the home. At least one contact each calendar month must include a private meeting between the child and the caseworker. This period of contacts may be extended to 90 days, if necessary.</p> <p><b>Subsequent Months</b>                  The caseworker must have at least two face-to-face contacts with the parent(s) and the child, each calendar month, in the home, until case closure, unless the family is receiving Family Reunification or Families First services.</p>

**Contract TFC 1.K.2 – page 19 – Post Placement Supervision**

Contract TFC 1.K.2 – page 19	Post Placement Supervision
	<p>2. If the only child in placement with the Contractor is the child placed in the TFC program, and there are other siblings in foster care placement with another contracted child placing agency under contract with DHS, the agency with the other siblings shall assume primary family and placement responsibility.</p> <p>In cases where the Contractor does have primary family responsibility, the Contractor shall provide the following aftercare services:</p> <p>a) During the first month of a child’s return home, the Contractor’s social services worker shall make no fewer than one (1) in person contact with the parent(s) and child each week. These contacts shall occur within the family residence.</p> <p>b) The period of weekly contacts may be extended up to ninety days as determined by DHS.</p> <p>c) During the second month of the child’s return home, and for all subsequent months, the social services worker shall make no fewer than one (1) in person contact, twice monthly with the parent(s) and child. These contacts shall occur within the family residence.</p> <p>d) During the second month of the child’s return home, and for all subsequent months, the social services worker shall make no fewer than one (1) in person contact, twice monthly with the parent(s) and child. These contacts shall occur within the family residence.</p>

**Medicaid Number and Medical Authorization Card**

<p><b>DHS Policy FOM 801 Page 10</b></p>	<p><b>Medicaid Number and Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment Card</b></p>
	<p>If a child is not active on MA at the time of placement, the caregiver must receive the MA card or alternative verification of the child’s Medicaid status and recipient ID number within 30 days of the date a child enters foster care.</p> <p>For any subsequent placement, the caregiver shall receive the child’s Medicaid card (or alternative verification, if necessary) and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card upon the child’s placement. The worker must obtain the child’s Medicaid card from caregivers to pass on to the new caregiver at the time of the child’s replacement.</p> <p><b>Documentation of Cards</b></p> <p>The date the foster care worker provides the child’s Medicaid card or alternative verification and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card must be documented under the Foster Parent/Relative Caregiver Input section of the case service plan. Additionally, for all subsequent placements (replacements) the foster care worker completing the DHS-69, Foster Care Action Summary, must check the field box for the DHS-3762 within the information shared with new caregiver, as further documentation.</p>

**Medicaid Number and Medical Authorization Card**

<p><b>DHS Policy FOM 801 Page 10</b></p>	<p><b>Medicaid Number and Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment Card</b></p>
	<p>If a child is not active on MA at the time of placement, the caregiver must receive the MA card or alternative verification of the child’s Medicaid status and recipient ID number within 30 days of the date a child enters foster care.</p> <p>For any subsequent placement, the caregiver shall receive the child’s Medicaid card (or alternative verification, if necessary) and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card upon the child’s placement. The worker must obtain the child’s Medicaid card from caregivers to pass on to the new caregiver at the time of the child’s replacement.</p> <p><b>Documentation of Cards</b></p> <p>The date the foster care worker provides the child’s Medicaid card or alternative verification and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card must be documented under the Foster Parent/Relative Caregiver Input section of the case service plan. Additionally, for all subsequent placements (replacements) the foster care worker completing the DHS-69, Foster Care Action Summary, must check the field box for the DHS-3762 within the information shared with new caregiver, as further documentation.</p>

## Follow-up Medical Care

<b>DHS Policy FOM 801 Page 6</b>	<b>Follow-up Medical Care</b>
	<p>The foster care worker is responsible for reviewing the information within the child’s Well Child Exam form and the DHS-1664, Youth Health Record, Dental. If follow-up medical or dental care is recommended, the foster care worker must ensure that the recommendations are followed. Additionally, follow-up recommendations received from emergency room or urgent care visits require that the foster care worker ensure treatment recommendations are followed by the foster caregiver.</p>

## Chronic Health Concerns

<b>DHS Policy FOM 801 Page 7</b>	<b>Chronic Health Concerns</b>
	<p>Health care services for children with chronic health care needs, such as children identified as medically fragile and/or within the Children’s Special Health Care Services (CSHCS) program require ongoing follow-up by the foster care worker. Feedback from physician and other health care service professionals treating the child must be obtained and incorporated in each service plan. Foster care workers must make at least monthly contact with each professional involved in the child’s health care to solicit the health service provider’s view of the child’s medical status. The foster care worker must discuss the information provided by the health care provider with the foster caregiver for assurances of proper care. Contacts must be documented in the social work contacts and the information obtained must be detailed in the medical, dental, mental health section of the service plan.</p>

	<p>All hospitalizations, emergency room and urgent care visits must be documented in the case service plan. The foster care worker must obtain and review the hospital discharge report. The information within the report is to be discussed with caregiver. File the discharge report in the medical section of the case file.</p>

### Medical Passports

<p><b>DHS Policy FOM 801 Page 8</b></p>	<p><b>Medical Passports</b></p>
	<p>Policy mandates the use of the DHS-221, Medical Passport form, until automated systems are in place for foster care. The supervising agency must also maintain a medical passport for each child which contains all items listed in MCL 722.954c.</p> <p>All medical information required by policy and/or law must be provided to the foster parent/caregivers. This includes copies of the medical and dental examinations and the information required in the DHS-221, Medical Passport.</p> <p>All medical information within the medical passport must be current and updated as necessary. All medical, dental and mental health information must be entered into SWSS-FAJ in the Child Information module.</p> <p>Placement agency foster care (PAFC) providers must provide a copy of the medical passport to DHS monitoring staff as it is updated but no less often than annually.</p> <p>Each foster care worker who transfers a child's medical passport to another foster care worker must sign and date the medical passport verifying that s/he has sought and obtained the necessary information under law and DHS policy.</p> <p>An updated medical passport is provided to: The child's foster care provider at each placement. This includes foster homes, relative placements and residential facilities.</p>

	<p>Legal parents, if the child is a temporary court ward.</p> <p>All medical and mental health professionals to whom the child is referred and accepted for treatment.</p>

**Required Content of Medical Passport**

<b>DHS Policy FOM 801 Page 10</b>	<b>Required Content of Medical Passport</b>
	<p>Medical Passport (DHS-221) must contain documentation of the following items:</p> <ul style="list-style-type: none"> <li>- Child's birth information.</li> <li>- Child's medical history.</li> <li>- Developmental milestones.</li> <li>- Developmental/behavioral concerns.</li> <li>- Dental history.</li> <li>- Family medical history.</li> <li>- Immunization record.</li> <li>- Medical appointments/treatment with diagnosis, outcomes, findings and recommendations.</li> <li>- Medication record.</li> </ul>

**Content of Case File Medical Records Section**

<p><b>DHS Policy FOM 801 Page 9</b></p>	<p><b>Content of Case File Medical Records Section</b></p>
	<p>Case file-Medical Records Section:</p> <ul style="list-style-type: none"> <li>- Age-specific Well Child Exam form.</li> <li>- DHS-1664 Youth Health Record, Yearly Dental.</li> <li>- DHS-221, Medical Passport.</li> <li>- DHS-1643, Psychotropic Medication Informed Consent.</li> </ul>

**DHS Policy- FOM 801 - Page 6 - Dental Examination**

<p><b>DHS Policy FOM 801 Page 6</b></p>	<p><b>Dental Examination</b></p>
	<p>Dental examinations are required for children 3 years of age and older, as follows:  A dental examination within six months before entry into foster care or an initial dental examination shall be completed not more than 90 calendar days after entry into foster care.  A dental re-examination shall be obtained at least every 12 months, unless a greater frequency is indicated.</p> <p>Children entering foster care under 3 years of age, must have an initial dental exam within three months of his/her third birthday.</p> <p><b>Note:</b> A medical practitioner may examine a child’s teeth and mouth during the EPSDT/Well Child Exam. If the physician recommends a dental examination for the child, this recommendation must be followed, regardless of the age of the child.</p>

**DHS Policy FOM 801 – pages 3 to 8– Provision of Medical Services to Foster Children  
(4 Violation Boxes)**

<p><b>DHS Policy FOM 801 (Page 1)</b></p>	<p><b>Provision of Medical Services to Foster Children</b></p>
	<p><b>OVERVIEW</b> All foster children are entitled to health services that identify their conditions and needs, diagnose and treat identified problems, and initiate appropriate follow-up and preventive health care.</p> <p><b>Continuity of Care/Medical Home Model</b> To address health service delivery issues, the Department of Human Services (DHS) has adopted continuity in health care and medical home model as the basic premise to promote better health outcomes for all children in foster care. All children in foster care must have a medical home (see glossary) in which they receive ongoing primary care and periodic reassessments of their health, development, and emotional status to determine any necessary changes or need for additional services and interventions.</p> <p><b>Legal Basis</b> Federal and state statutes mandate health care requirements for children and youth in foster care. The DHS Health Services policy provides the guidelines for compliance with the requirements.</p>

<b>DHS Policy FOM 801 (Page 4)</b>	<b>Provision of Medical Services to Foster Children</b>
	<p><b>HEALTH REQUIREMENTS</b></p> <p>Every child entering foster care <b>must receive a comprehensive medical examination including a behavioral/mental screening within 30 calendar days</b> from the child’s entry into foster care<sup>1</sup>, regardless of the date of the last physical examination. Annual medical exams are required for foster children and youth age 3 through 20 years. Children under 3 years of age require more frequent medical exams (schedule outlined below in EPSDT/Well Child Exam). Children re-entering foster care after their case had closed must receive a full medical examination within 30 days of the placement episode.</p>

<b>DHS Policy FOM 801 (Page 8)</b>	<b>Provision of Medical Services to Foster Children</b>
	<p><b>Documentation</b> - All health requirements are to be documented and maintained as follows:</p> <ul style="list-style-type: none"> <li>•Case file-Medical Records Section: <ul style="list-style-type: none"> <li>•Age-specific Well Child Exam form.</li> <li>•DHS-1664 Youth Health Record, Yearly Dental.</li> <li>•DHS-221, Medical Passport.</li> <li>•DHS-1643, Psychotropic Medication Informed Consent.</li> </ul> </li> <li>•Case Service Plan (Initial Service Plan, ISP; Updated Service Plan, USP and/or Permanent Ward Service plan, PWSP), within Provision of Medical, Dental and Mental Health Services section. Documentation requirements are as follows: <ul style="list-style-type: none"> <li>••Child name.</li> <li>••Current health status and medical needs from the onset of a child’s placement into foster care (for ISP) or since prior case service plan (USP/PWSP).</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>••Any needed emergency medical, dental and health care provided since entry into foster care (ISP) or since prior case service plan (USP/PWSP).</li><li>••Hospitalization (if applicable) and discharge summary details.</li><li>••Date of full medical examination.</li><li>••Description of any needed medical follow-up treatment and appointments.</li><li>••Immunization status.</li><li>••Date of dental examination or date of scheduled appointment.</li><li>••Description of any needed dental follow-up treatment and appointments.</li><li>••List of prescribed medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.</li><li>••Documentation of informed consent for each psychotropic medication, if applicable.</li><li>••Date of mental health screening and/or assessment.</li><li>••Description of any needed mental health treatment, if applicable. Include name of treatment provider, frequency of sessions and treatment goals.</li></ul>

<b>DHS Policy FOM 801 (Page 10)</b>	<b>Provision of Medical Services to Foster Children</b>
	<p><b>Medicaid Card &amp; DHS-3762 Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment Card</b></p> <p>Each child in care must be enrolled in Medicaid (MA) and have an assigned MA recipient ID number to ensure prompt health services for foster children at the time of placement. The caregiver is given the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, which allows the provider to take the child to the doctor and respond to emergencies. The DHS-3762 is completed by the worker placing the child and the worker must enter the child's MA number on the card (if child is already on MA).</p> <p>If a child is not active on MA at the time of placement, the caregiver must receive the MA card or alternative verification of the child's Medicaid status and recipient ID number within 30 days of the date a child enters foster care.</p>

**Supervisor Signature on ISP**

<b>DHS Policy FOM 722-8 Page 24</b>	<b>Supervisor Signature on ISP</b>
	<p><b>VI. Supervisory Approval</b></p> <p>Prior to finalizing, the ISP along with the required assessments must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker.</p> <p>Case service plan approval process requires the foster care supervisor to: Review and approve the ISP within 14 calendar days of the Report Date.</p> <p>For DHS supervisors, select the "Approved" button in the SWSS-FAJ Supervisory Selection field to generate the SWSS-FAJ transaction.</p> <p>Sign and date the original approved case service plan.</p>

	<p>The DHS and placement agency foster care initial service plan approval date is identified by the foster care worker and supervisor signatures and date on the last page of the case service plan. A copy of the case service plan with the two signatures and dates must be placed in the narrative section of the case record.</p> <p>The agency is considered out of compliance with licensing rule R400.12403(2)(o) if the foster care supervisor signature date is past the 14-day review and approval time frame.</p>

### Supervisory Approval of USP

<p><b>DHS Policy FOM 722-9 (page 25)</b></p>	<p><b>VI. Supervisory Approval</b></p>
	<p>Prior to finalizing, the USP along with the required assessments (FANS, CANS, etc.) must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker.</p> <p>Case service plan approval process requires the foster care supervisor to: Review and approve the USP within 14 calendar days of the report date.</p> <p>For DHS supervisors, select the approved button in the SWSS-FAJ Supervisory Selection field to generate the SWSS-FAJ transaction.</p> <p>Sign and date the original approved case service plan.</p> <p>The DHS and placement agency foster care (PAFC) USP approval date is identified by the foster care worker and supervisor signatures and date on the last page of the USP. A copy of the USP with the two signatures and dates must be placed in the narrative section of the case record.</p> <p>The agency is considered out of compliance with licensing rule R400.12403(2)(o) if the foster care supervisor signature date is past the 14-day review and approval time frame.</p>

## Required Participation of Foster Parents in Development

<b>DHS Policy FOM 722-8C Page 2</b>	<b>Required Participation of Foster Parents in the Development of Service Plans</b>
	<p>The individual activities required by the foster parent/caregiver to meet the specific individual needs of the child placed in their home are included in the PATP. The foster parent/caregiver must be included in the PATP process. The foster parent/caregiver signature is required and indicates that the foster parent/caregiver acknowledges and agrees to the activities required to meet the needs of the child in their care. Additionally, the PATP details the services and activities provided by the foster care worker to assist the foster parent/caregiver in caring for the child.</p>

## DHS Policy 722.6 – pages 5 & 6 Locating Absent / Putative Parents (2 Violation Boxes)

<b>DHS Policy FOM 722.6 Page 5 &amp; 6</b>	<b>Locating Absent / Putative Parents – Jail and Prison</b>
	<p><b>Incarcerated Parents</b> The caseworker must make reasonable efforts to identify and locate an incarcerated parent. An incarcerated parent may provide important information about the child, as well as identify any available relatives that may be able to provide placement and support for the child.</p> <p><b><i>Locating an Incarcerated Parent</i></b> The caseworker can use, but is not limited to, the following resources to locate an incarcerated parent and identify services available at a jail or prison:</p> <ul style="list-style-type: none"> <li>- For parents under the jurisdiction of the Michigan Department of Corrections: <a href="http://www.michigan.gov/corrections">http://www.michigan.gov/corrections</a>.</li> </ul>

- For parents in federal prisons: <http://www.bop.gov/>.
- For parents in out-of-state facilities: <http://www.vinelink.com> or by contacting the facility.
- For parents in county jails, contact the county facilities directly.

Once an incarcerated parent is located, the caseworker must con-firm and document the following information:

- Charge or conviction offense.
- Prisoner or jail number.
- Parole or release eligibility.
- Earliest release date.

***Engaging the Incarcerated Parent***

In cases where reunification is the permanency goal, the case-worker must engage the parent in the case service plan regardless of how long that parent will be incarcerated. The caseworker must make monthly contact with the incarcerated parent through face-to-face contact, letter, email, or phone contact.

Upon locating the incarcerated parent, the caseworker must send the incarcerated parent a letter that explains the purpose of the case service plan and request the following information:

- Whether he or she wishes to remain a parent to the child, and to identify any relatives who may be interested in placement.
- The parent's views of his or her needs and strengths.
- The services and work opportunities available to the parent.
- To describe his or her plan to provide care and custody of the child upon release from incarceration.
- To add the caseworker to his or her call/visitor list so the parent and caseworker may communicate via telephone/in person.

The caseworker must assess the incarcerated parent's needs and strengths and document them in the family assessment of needs and strengths in MiSACWIS.

	<p>The caseworker must determine the services and work opportunities available within the facility in which the parent is incarcerated. If the services available meet the parent's identified needs, they must be documented in the parent-agency treatment plan and service agreement (PATP).</p>

<p><b>DHS Policy 722.6 (Page 26)</b></p>	<p><b>Locating Absent / Putative Parents</b></p>
	<p><b>IDENTIFY AND LOCATE ABSENT/ PUTATIVE PARENT(S)</b>          Efforts made by the worker to identify and locate a parent(s)/legal guardian or putative father must be documented for the court and documented in the Initial Service Plan and all subsequent Updated Service Plans as necessary. The Internet can be an invaluable resource in locating absent/putative parents. The DHS Public Web site has <a href="#">Parent Locator Resources</a> at <a href="http://www.michigan.gov/dhs/0,1607,7-124-5453_5528_6741---,00.html">www.michigan.gov/dhs/0,1607,7-124-5453_5528_6741---,00.html</a>, which contains various sites that can be utilized.</p> <p><b>Absent Parent Protocol</b>          The Absent Parent Protocol was developed to ensure DHS workers, private agency workers and the courts address the absent parent issue as early as possible in child protection proceedings. Failure to address the absent parent has been a barrier to timely permanent placement for children. Foster care workers should expect the court to question the specific efforts made to identify and locate absent parents. The Absent Parent Protocol publication is available on the DHS Public Website under Foster Care Forms and Publications <a href="http://courts.michigan.gov/scao/resources/standards/APP.pdf">http://courts.michigan.gov/scao/resources/standards/APP.pdf</a>. Refer to this document for additional information on identifying, locating, and notifying absent parents in child protective proceedings.</p>

**DHS Policy 722 – 8 – Page 10 & 11 – Mental Health Assessment**

<p><b>DHS Policy FOM 722 – 8 (Page 10 &amp; 11)</b></p>	<p><b>Mental Health Assessment</b></p>
	<p><b>IV. Assessment</b>  <b>B. Child Social History and Assessment</b> The foster care worker must request information from the child(ren)’s family, foster family, the child (when appropriate), service providers, education and medical providers and any other professionals familiar with the child prior to completing the child(ren)’s needs and strengths assessment and social history.</p> <ul style="list-style-type: none"> <li>• List of prescribed and regularly dispensed over-the-counter medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.</li> <li>• Documentation of informed consent for each psychotropic medication, if applicable.</li> <li>• Date of mental health screening and/or assessment.</li> <li>• Description of any needed mental health treatment, if applicable. Include name of treatment provider, frequency of sessions and treatment goals.</li> <li>• Child’s perception of their mental, medical, and dental health needs, if applicable.</li> </ul>

**DHS Policy – FOM 722-6H - page 11 – Monthly supervision of Foster Care Caseworkers**

<p><b>DHS Policy FOM 722-6H (Page 11)</b></p>	<p><b>Monthly Supervision of Foster Care Caseworkers</b></p>
	<p><b>Case Service Plan Approval</b>                  Supervisors must review and approve each case service plan. Case service plans cannot be approved until the supervisor has a face-to-face meeting with the caseworker, which can occur during the monthly case consultation. Supervisory approval indicates agreement with the:</p> <ul style="list-style-type: none"> <li>- Thoroughness, completeness and accuracy of the report.</li> <li>- Assessment/reassessment of risk and safety of the child.</li> <li>- Identified needs and strengths of the child and family.</li> <li>- Progress identified, including barrier reduction and parenting time.</li> <li>- Appropriateness of current placement.</li> <li>- Current treatment plan for the child and parent(s).</li> <li>- Permanency planning goal.</li> <li>- Caseworker’s court recommendations.</li> <li>- Appropriateness of continued provision of services or case closure.</li> </ul>

**DHS Policy 722-9 – page 8- Progress Summary**

<b>DHS Policy FOM 722-9 (Page 8)</b>	<b>Progress Summary</b>
	<b>IV. Progress Summary - A. Child(ren) Reassessment</b> <b>1. Child’s Needs and Strengths and Current Status ....</b> <b>2. Placement Information ....</b> <b>3. Child(ren)’s Current Status ....</b> <b>4. Education ....</b> <b>5. Provision of Medical, Dental and Mental Health Services ....</b>

**DHS Policy FOM 722.9 - page 11 – Provision of medical, dental,...etc. addressed in the service plan**

<b>DHS Policy FOM 722.9 - page 11</b>	<b>Provision of Medical, Dental,...etc. Addressed in the Service Plan</b>
	<b>IV. Progress Summary - Child(ren) Reassessment (from CANS sections)</b>  <b>5. Provision of Medical, Dental and Mental Health Services-</b> For each child complete the following: <ul style="list-style-type: none"> <li>- Child name.</li> <li>- Current health status.</li> <li>- Any needed emergency medical, dental and health care provided since entry into foster care.</li> <li>- Date of full medical examination.</li> <li>- Description on any needed medical follow-up appointments.</li> <li>- Immunization status.</li> <li>- Date of dental examination or date of scheduled appointment.</li> <li>- Description on any needed dental follow-up treatment and appointments.</li> </ul>

	<ul style="list-style-type: none"> <li>- List of prescribed and regularly dispensed over-the-counter medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.</li> <li>- Documentation of informed consent for each psychotropic medication, if applicable.</li> <li>- Date of mental health screening and/or assessment.</li> <li>- Description of any needed mental health treatment, if applicable. Include name of treatment provider, frequency of sessions and treatment goals.</li> <li>- Child's perception of their mental, medical, and dental health needs.</li> </ul>

**DHS Policy FOM 722.7B – page 2 – Reunification goal after 12 and 15 months**

<p><b>DHS Policy FOM 722-7B (Page 2)</b></p>	<p><b>Maintaining a Permanency Goal of Reunification Beyond 12 Months</b></p>
	<p>For any child who has a permanency goal of reunification for more than 12 months, the child's caseworker, with written approval from the supervisor, must include in the case service plan a written explanation justifying the continuation of the goal. Identification of any additional services necessary or circumstances which must occur in order to accomplish the goal must also be documented. No child may have a permanency goal of reunification for more than 15 months unless there are compelling reasons to believe that the child can be returned home within a specified and reasonable time period. These compelling reasons must be documented in the record and approved by the caseworker's supervisor; see FOM 722-07D, Termination of Parental Rights for a Child Out-of-Home for Fifteen of the Last 22 Months.</p> <p><b>Note:</b> The reunification goal is not to be extended or delayed because of a change in the caseworker or a case transfer. A parent's resumption of contact or overtures toward participating in the case service plan in the days or weeks immediately preceding the permanency planning hearing are also not sufficient grounds for retaining reunification as the permanency plan.</p>

**DHS Policy 722-6I – page 3 – Parenting Time**

<p><b>DHS Policy FOM722-6I (Page 3)</b></p>	<p><b>Parenting Time</b></p>
	<p><b>Scheduling Parenting Time</b> Scheduling of parenting time must be done with primary consideration for the parents’ time commitments which may include employment and mandated service requirements. The supervising agency must institute a flexible schedule to provide a number of hours out-side of the traditional workday to accommodate the schedules of the individuals involved. Barriers to parenting time are to be identified and when possible; resolved.</p>

**DHS Policy 722-6I – page 3 – Parenting Time**

<p><b>DHS Policy FOM 722-6I (Page 3)</b></p>	<p><b>Parenting Time</b></p>
	<p><b>Scheduling Parenting Time</b> Scheduling of parenting time must be done with primary consideration for the parents’ time commitments which may include employment and mandated service requirements. The supervising agency must institute a flexible schedule to provide a number of hours out-side of the traditional workday to accommodate the schedules of the individuals involved. Barriers to parenting time are to be identified and when possible; resolved.</p>

**DHS Policy FOM722-6I (Page 4) - Parenting Time Supervision Requirements**

DHS Policy FOM722-6I (Page 4)	Supervision Requirements
	<p>Supervised parenting time ensures the child’s safety and allows the caseworker the opportunity to view the parent/child interactions and provide support and guidance. When the court orders parenting time to be supervised, case aides, foster parent/caregivers, and others may supervise visits, in addition to the assigned caseworker. However, the caseworker must be able to testify in court regarding the interaction between the parent and child.</p> <p><b>Note: Caseworkers must observe parenting time at least once monthly to assess parenting skills and attachment, even if visits are unsupervised.</b></p>

**DHS Policy FOM722-6I (Page 4-5) - Parenting Time Frequency \*\***

DHS Policy FOM722-6I (Page 4-5)	Frequency
	<p>The frequency guidelines detailed below are to be followed <b>immediately</b> upon out-of-home placement, unless otherwise ordered by the court. The initial visit should occur within two business days, but no later than seven business days following placement.</p> <p>Frequency of parenting time is determined by the age of the child when s/he is initially placed out of home. For sibling groups placed out of home on the same date, the number of required visits is determined by the youngest child's age. When a child(ren) is born or enters an out-of-home placement on a later date, the frequency of visits (for that child(ren)) will be based on the child’s individual age and does not</p>

	<p>affect the already established visitation schedule of the other sibling(s). Parenting time above the minimum guidelines <b>must</b> always be explored when appropriate; see Expansion of Parenting Time, in this item.</p> <p>Frequency of parenting time must occur as indicated below:</p> <ul style="list-style-type: none"> <li>• <b>Newborn to age five</b>, visits occur, at a minimum, two times per week.</li> <li>• <b>Six years and older</b>, visits occur, at a minimum, once per week.</li> </ul> <p>If visits are not occurring as outlined above, the barriers that are contributing to less frequent visits and how those barriers are being addressed must be documented in the case service plan.</p> <p><b>The frequency of parenting time is not to be reduced when a child turns a year older.</b></p>

**DHS Policy 722-6I – page 3 – Parenting Time \***

<p><b>DHS Policy FOM722-6I (Page 3)</b></p>	<p><b>Parenting Time</b></p>
	<p><b>Scheduling Parenting Time</b> Scheduling of parenting time must be done with primary consideration for the parents' time commitments which may include employment and mandated service requirements. The supervising agency must institute a flexible schedule to provide a number of hours out-side of the traditional workday to accommodate the schedules of the individuals involved. Barriers to parenting time are to be identified and when possible; resolved.</p>

**DHS Policy FOM722-6I (Page 3) - Identifying Factors That Might Affect Parenting Time \*\*\***

<p><b>DHS Policy FOM722-6I (Page 3)</b></p>	<p><b>Identifying Factors That Might Affect Parenting Time</b></p>
	<p>Factors that might affect parenting time; such as the situations of parents, the agency, the foster home, relative caregivers, the safety of the child, must be identified, documented and evaluated. The frequency, location, and duration of parenting time, as well as the action steps for achieving the parenting time standard, must be documented as part of the parent-agency treatment plan and service agreement;</p>

**DHS Policy FOM 722-6I– Page 8 – Child Contact with an Incarcerated Parent**

<p><b>DHS Policy FOM 722-6I ( Page 8)</b></p>	<p><b>Child Contact with an Incarcerated Parent</b></p>
	<p><b>INCARCERATED PARENTS</b>                  Unless there is documented evidence that parenting time or contact would be harmful to the child or there is a no-contact order in place, the caseworker must arrange for regular visits or contact between an incarcerated parent and the child. Alternatives to regular visitation at a jail or prison facility include but are not limited to:</p> <ul style="list-style-type: none"> <li>- Letters/pictures sent through the caseworker.</li> <li>- Phone contact.</li> <li>- Video visitation via a JPay account. Information can be found at <a href="http://www.jpays.com/PVideoVisit.aspx">http://www.jpays.com/PVideoVisit.aspx</a></li> </ul>

**DHS Policy FOM 722 – 3C– page 2 – Preparation for Independent Living**

<p><b>DHS Policy FOM 722 – 3C (Page 2)</b></p>	<p><b>Preparation for Independent Living</b></p>
	<p><b>INDEPENDENT LIVING PREPARATION</b>                  Independent living preparation is required for all youth in foster care age 14 and older, regardless of their permanency planning goal. Once the youth is age 14, the treatment plan and service agreement must describe the services provided and goals for future services, which will help the youth prepare for functional independence. The goal of independent living preparation is to assist youth in transitioning to self-sufficiency. Independent living preparation activities for youth aged 12-13 years are encouraged based upon availability of services and assessment of need.                  Independent living preparation skills are assessed for each youth as being adequate or inadequate on the Child (Re)Assessment of Needs and Strengths form, DHS-432, 433, 434, 435. Services are provided based upon the identified needs. ...</p> <p>When developing the case service plan for older youth, the case-worker must include additional components to ensure youth are provided with services and supports to assist in their preparation for adulthood. The treatment plan and services agreement for each youth age 14 or over must contain a written description of the pro-grams and services which will help the youth transition to a state of functional independence or the ability to take care of oneself physically, socially, economically and psychologically.</p>

	Independent living preparation skills are assessed for each youth as being adequate or inadequate on the Child Assessment of Needs and Strengths and the Casey Life Skills Assessment. Services are provided based upon the identified needs;

**DHS Policy FOM 722-6H Page 3 - CASEWORKER CONTACT WITH CHILD IN OUT-OF-HOME PLACEMENT**

<b>DHS Policy FOM 722-6H Page 3</b>	<b>CASEWORKER CONTACT WITH CHILD IN OUT-OF-HOME PLACEMENT</b>
	<p><b>First Two Months After Initial Placement or a Placement Move</b> The caseworker must have at least two face-to-face contacts per month with the child for the first two months following an initial placement or a placement move. The first face-to-face contact with the child must take place within five business days from the date the case is assigned to the caseworker or within five business days of the date of the placement move. At least one contact each month must take place at the child’s placement location. Each contact must include a private meeting between the child and the caseworker.</p> <p><b>Note:</b> A month is defined as 30 calendar days, unless otherwise specified.</p> <p><b>Subsequent Months</b> The caseworker must have at least one face-to-face contact with the child each calendar month. At least one contact each calendar month must take place at the child’s placement location. Each con-tact must include a private meeting between the child and the case-worker.</p>

**DHS Policy FOM 722-6H Page 1 – CASEWORKER CONTACTS**

<b>DHS Policy FOM 722-6H Page 1</b>	<b>Caseworker Contacts</b>
	<p>Caseworker contacts are a critical component for ensuring the safety of children and the well-being of families. Caseworkers meet with children, parents, and caregivers to:</p> <ul style="list-style-type: none"><li>• Monitor children’s safety and well-being.</li><li>• Assess the ongoing service needs of children, parents, and caregivers.</li><li>• Engage children, parents, and caregivers in developing case plans.</li><li>• Assess permanency options for the child.</li><li>• Monitor progress toward established goals.</li><li>• Ensure that children, parents, and caregivers are receiving and benefitting from necessary services.</li></ul> <p>At minimum, the <b>assigned</b> caseworker must have contact with the child, caregiver, legal parent/guardian, treatment and service providers, and his/her supervisor according to the requirements</p>

	<p>listed in this item. The supervising agency must institute a flexible schedule to provide a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved in all contacts. All caseworker contacts must be documented within the social work contacts of the case service plan.</p> <p>For children under the Interstate Compact on the Placement of Children (ICPC); see ICM 130, Interstate Foster Care Procedures, ICM 140, Interstate Residential Care Procedures, and ICPC in this item.</p>

**DHS Policy FOM 722-6H (Page 4)– Unannounced Home Visit**

<b>DHS Policy FOM 722-6H – Page 4</b>	<b>Unannounced Home Visit</b>
	<p><b>CASEWORKER CONTACT WITH CAREGIVERS</b></p> <p>The caseworker must have at least one face-to-face contact in the caregiver’s home each calendar month. If there are two caregivers, such as a primary and secondary caregiver, the caseworker must have a face-to-face contact with the secondary caregiver in the home at least once each quarter. <u>The caseworker must make an unannounced visit to the placement every quarter. This unannounced visit must be noted in the social work contacts of the case service plan.</u></p>

**DHS Policy FOM 722-6H – Secondary Care Giver**

<b>DHS Policy FOM 722-6H – Page 4</b>	<b>Unannounced Home Visit</b>
	<p><b>CASEWORKER CONTACT WITH CAREGIVERS</b>  The caseworker must have at least one face-to-face contact in the caregiver’s home each calendar month. If there are two caregivers, such as a primary and secondary caregiver, <u>the caseworker must have a face-to-face contact with the secondary caregiver in the home at least once each quarter.</u> The caseworker must make an unannounced visit to the placement every quarter. This unannounced visit must be noted in the social work contacts of the case service plan.</p>

**DHS Policy FOM 722-6H – Page 4 - Monthly Visit in the Home \***

<b>DHS Policy FOM 722-6H – Page 4</b>	<b>Home Visit</b>
	<p><b>CASEWORKER CONTACT WITH CAREGIVERS</b>  <u>The caseworker must have at least one face-to-face contact in the caregiver’s home each calendar month.</u> If there are two caregivers, such as a primary and secondary caregiver, the caseworker must have a face-to-face contact with the secondary caregiver in the home at least once each quarter. The caseworker must make an unannounced visit to the placement every quarter. This unannounced visit must be noted in the social work contacts of the case service plan.</p>

**DHS Policy FOM 722-6 - page 8 - Visitation Documentation**

<b>DHS Policy FOM 722-6H (Page 1)</b>	<b>Visitation Documentation</b>
	At minimum, the assigned caseworker must have contact with the child, caregiver, legal parent/guardian, treatment and service providers, and his/her supervisor according to the requirements listed in this item. The supervising agency must institute a flexible schedule to provide a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved in all contacts. <u>All caseworker contacts must be documented within the social work contacts of the case service plan.</u>

**DHS Policy 722-6 - p. 16 - Parenting time to be documented in in Social Work Contact Module.**

<b>DHS Policy FOM 722-6 (Page 16)</b>	<b>Parenting Time to be Documented In Social Work Contact Module.</b>
	The frequency, location and duration of parenting time for parents and children and the visitation requirements described above must be identified in the parent-agency treatment plan and service agreement. Parenting time must also be documented in SWSS-FAJ in Social Work Contact Module. If parenting time occurs less than weekly, the narrative must give the reasons.

**DHS Policy FOM 722-6I - page 9 - Visitation Documentation**

<b>DHS Policy FOM 722-6I (Page 9)</b>	<b>Visitation Documentation</b>
	<p><b>DOCUMENTATION</b></p> <p>The frequency, location, duration, specific behavioral expectations, and the visitation requirements described above must be identified in the parent-agency treatment plan and service agreement; see FOM 722-08C, Foster Care - Parent-Agency Treatment Plan &amp; Service Agreement.</p> <p>Parenting time must also be documented in social work contacts;</p>

**DHS Policy FOM 722-6H Page 2 - QUALITY VISIT STANDARDS**

<b>DHS Policy FOM 722-6H Page 2</b>	<b>QUALITY VISITS</b>
	<p>Quality visits between the caseworker and child have been found to produce positive outcomes for children in foster care. A quality visit is defined as one in which the caseworker:</p> <ul style="list-style-type: none"> <li>- Meets with each child individually without the presence of other individuals to give the child an opportunity to ask questions.</li> <li>- Assesses each child's needs and takes appropriate action or offers services in response to the identified need of each child.</li> <li>- Shows interest in the individual child to build trust and establish rapport.</li> <li>- Shares and explains the case plan in a developmentally appropriate way while allowing the child to ask questions and express viewpoints.</li> </ul>

**DHS Policy FOM 722-06H - Page 2 - Required Discussion During Visitation**

<b>DHS Policy FOM 722-06H Page 2</b>	<b>Required Discussion</b>
	<p>The following topics must be discussed with the child at each visit:</p> <ul style="list-style-type: none"> <li>- Child's feelings/observations about the placement.</li> <li>- Education.</li> <li>- Parenting time.</li> <li>- Sibling/relative visitation plans.</li> <li>- Extracurricular/cultural activities/hobbies since last visit.</li> <li>- Permanency plan.</li> <li>- Medical, dental, and mental health.</li> <li>- Any issues or concerns expressed by the child.</li> </ul> <p><b>Note:</b> The child's perception of all issues and concerns must be documented in the appropriate areas of the case service plan.</p>

**DHS Policy - FOM 722-6H - Page 3 - Caseworker Visit Tool – Cannot be used to document visits**

<b>DHS Policy FOM 722-6H Page 3</b>	<b>Caseworker Visit Tool</b>
	<p>Two foster care/adoption/juvenile justice caseworker visit tools are available to assist caseworkers in gathering the above required information during monthly visits:</p> <ul style="list-style-type: none"> <li>- DHS-904, Foster Care/Adoption/Juvenile Justice Caseworker Visit Quick Reference Guide. This guide contains the information that must be covered in a monthly visit but is not intended for recording notes.</li> <li>- DHS-904A, Foster Care/Adoption/Juvenile Justice Caseworker Visit Tool. This form may be used to take notes during the visit.</li> </ul>

	The caseworker visit tools provide structure and reminders of required topics. <b>The forms must not be used as the documentation of the caseworker home visit in the case record</b> , but as a tool to obtain pertinent information for the case service plans and complete the social work contact.

**DHS Policy FOM 722-05 – Page 3 - Case File Requirement of Current Picture of Child**

<b>DHS Policy FOM 722-05 (page 3)</b>	<b>CASE RECORD/ CASE FILE CONTENTS - Fifth Section</b>
	An Envelope, which contains: <ul style="list-style-type: none"> <li>• Birth certificate.</li> <li>• Current snapshot.</li> <li>• Social Security number verification (a verified number on CIMS is the only requirement).</li> </ul>

**DHS Policy FOM 722-6H - page 1 – Flexible Schedule**

<b>DHS Policy FOM 722-6H (Page 1)</b>	<b>Flexible Schedule</b>
	At minimum, the assigned caseworker must have contact with the child, caregiver, legal parent/guardian, treatment and service providers, and his/her supervisor according to the requirements listed in this item. The <u>supervising agency must institute a flexible schedule to provide a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved in all contacts.</u> All caseworker contacts must be documented within the social work contacts of the case service plan.

**DHS Policy FOM 722-06B Page 8 - INCARCERATED PARENT PARTICIPATION IN FTM**

<p><b>DHS Policy FOM 722-06B Page 8</b></p>	<p><b>INCARCERATED PARENT PARTICIPATION in FTM</b></p>
	<p>When a parent is incarcerated, the caseworker must complete the following activities:</p> <ul style="list-style-type: none"> <li>• Provide and document notice of the FTM to the incarcerated parent by mail or telephone.</li> <li>• Contact the facility and request permission for the parent to participate in the FTM by telephone.</li> <li>• If time allows, send a copy of the DHS-1105, Family Team Meeting Report, and ask the parent to sign and return it.</li> <li>• Notify the parent’s attorney of the meeting.</li> </ul> <p><b>Note:</b> The attorney must be allowed to attend.</p> <p>Send the incarcerated parent a copy of the DHS-1105, Family Team Meeting Report, and document the date the report was sent in social work contacts.</p> <p>Caseworkers must provide prior notice to an incarcerated parent for the following FTMs only:</p> <ul style="list-style-type: none"> <li>• Court Intervention.</li> <li>• Change in permanency goal.</li> <li>• Return home.</li> </ul>

**DHS Policy - FOM 722-06B - Page 8 - Child, Eleven-Years-Old, or Older, Participation in FTM**

<p><b>DHS Policy FOM 722-06B Page 8</b></p>	<p><b>CHILD AND YOUTH PARTICIPATION</b></p>
	<p>All children age 11 or older should be invited and allowed to attend FTMs. The caseworker must evaluate, on a case-by-case basis, whether attendance would be harmful to a child’s safety or well-being. If the child is not invited, the reasons must be documented in the narrative section of the DHS-1105, Family Team Meeting Report, and the case plan.</p>

**DHS Policy  
DHS Policy FOM 722-6B Page 3 - Frequency of Semi-Annual Transition Meetings**

<p><b>DHS Policy FOM 722-6B Page 3</b></p>	<p><b>Semi-Annual Transition Meeting</b></p>
	<p>Beginning at age 16, semi-annual transition meetings must occur once every 180 calendar days to discuss a youth’s permanency goal and identify supportive adults.</p>

**DHS Policy - FOM 722-6B (page 4) - DHS-901, Semi-Annual Transition Plan Report Completion Requirements**

<p><b>DHS Policy FOM 722-6B (page 4)</b></p>	<p><b><i>DHS-901, Semi-Annual Transition Plan Report</i></b></p>
	<p>The DHS-901, Semi-Annual Transition Plan Report, is a working document and should be updated to reflect progress toward goals during each meeting. Once completed, the DHS-901, Semi-Annual Transition Plan Report becomes the youth’s transition plan. A copy of the DHS-901, Semi-Annual Transition Plan Report, must be given to the youth and all individuals responsible for assisting the youth. The original plan must be maintained in the youth’s case record.</p> <p><b>Note:</b> Progress toward the youth’s goals must also be documented in all case service plans.</p>

**DHS Policy - FOM 722-6B (page 4) - DHS-901, Semi-Annual Transition Plan Report Distribution Requirements**

<p><b>DHS Policy</b></p>	<p><b><i>DHS-901, Semi-Annual Transition Plan Report</i></b></p>
	<p>The DHS-901, Semi-Annual Transition Plan Report, is a working document and should be updated to reflect progress toward goals during each meeting. Once completed, the DHS-901, Semi-Annual Transition Plan Report becomes the youth’s transition plan. <u>A copy of the DHS-901, Semi-Annual Transition Plan Report, must be given to the youth and all individuals responsible for assisting the youth.</u> The original plan must be maintained in the youth’s case record.</p> <p><b>Note:</b> Progress toward the youth’s goals must also be documented in all case service plans.</p>

**DHS Policy - FOM 722-16 - Page 14 - YAVFC Semi-Annual Transition Meeting/ Semi-Annual Case Review**

<p><b>DHS Policy FOM 722-16 Page 14</b></p>	<p><b>YAVFC Semi-Annual Transition Meeting/ Semi-Annual Case Review</b></p>
	<p>A minimum of once every 180 days, from the date the youth signed the DHS-1297, YAVFC Agreement, a Semi-Annual Transition Meeting <b>must</b> be held to provide an administrative case review of the youth’s plan. The Semi-Annual Transition Meeting must follow currently established FTM guidelines... A neutral person without case management responsibility; such as a permanency resource manager, supervisor, or program director, must facilitate the FTM.</p>

**DHS Policy \_ FOM 722-16 - Page 6 – Prior Discussions of Youth Involvement In YAVFC**

<p><b>DHS Policy FOM 722-16 Page 6</b></p>	<p><b>Youth Extending Supportive Involvement Through YAVFC</b></p>
	<p><u>The option of YAVFC must be discussed during the Semi-Annual Transition Meeting, 90-Day Discharge Planning Meeting, and at least 30 calendar days prior to the youth’s 18th birthday, as a part of a monthly home visit.</u>  <u>Youth must sign a DHS-1297, YAVFC Agreement, before participating in YAVFC.</u> The youth is not eligible for YAVFC service or payments until the agreement is signed. The agreement may not be signed until all of the following has occurred:</p> <ul style="list-style-type: none"> <li>• The youth reaches 18 years old.</li> <li>• Verification of eligibility has been received by the caseworker.</li> <li>• Family/juvenile court jurisdiction has been dismissed, and the written court order has been received; see Judicial Determination in this item.</li> <li>• State wards have been discharged by the superintendent of the Michigan Children's Institute; see FOM 722-15, Case Closure.</li> </ul>

	<ul style="list-style-type: none"> <li>• The original agreement must be placed in the youth's file and a copy must be given to the youth.</li> </ul>

**DHS Policy \_ FOM 722-16 - Page 6 - Youth May not enter YAVFC until...**

<b>DHS Policy FOM 722-16 Page 6</b>	<b>Youth Extending Supportive Involvement Through YAVFC</b>
	<p>The option of YAVFC must be discussed during the Semi-Annual Transition Meeting, 90-Day Discharge Planning Meeting, and at least 30 calendar days prior to the youth's 18th birthday, as a part of a monthly home visit.</p> <p>Youth must sign a DHS-1297, YAVFC Agreement, before participating in YAVFC. The youth is not eligible for YAVFC service or payments until the agreement is signed. <u>The agreement may not be signed until all of the following has occurred:</u></p> <ul style="list-style-type: none"> <li>• <u>The youth reaches 18 years old.</u></li> <li>• <u>Verification of eligibility has been received by the caseworker.</u></li> <li>• <u>Family/juvenile court jurisdiction has been dismissed, and the written court order has been received; see Judicial Determination in this item.</u></li> <li>• <u>State wards have been discharged by the superintendent of the Michigan Children's Institute; see FOM 722-15, Case Closure.</u></li> <li>• <u>The original agreement must be placed in the youth's file and a copy must be given to the youth.</u></li> </ul>

**DHS Policy - FOM 722-16 - Page 1 - YAVFC ELIGIBILITY CRITERIA**

<p><b>DHS Policy FOM 722-16 Page 1</b></p>	<p><b>YAVFC ELIGIBILITY CRITERIA</b></p>
	<p>Consideration for Young Adult Voluntary Foster Care (YAVFC) is available to youth, who were in out-of-home placement after being referred or committed to the Michigan Department of Human Services for care and supervision, at the age of 18 years old. Youth requesting to participate in YAVFC must meet either of the following criteria:</p> <p><b>Extending</b> an open foster care case. The youth is currently receiving foster care services and is at least 18 years old, but less than 21 years old.</p> <p><b>Entering/Re-entering</b> YAVFC after case closure. The youth exited foster care/YAVFC after reaching 18 years old, but is less than 21 years old.</p> <p><b>Note:</b> Youth with a delinquency (DL) court case must have a dual abuse/neglect case to be considered for eligibility.</p>

**DHS Policy - FOM 722-16 - Page 2 - YAVFC PROGRAM REQUIREMENTS**

<p><b>DHS Policy FOM 722-16 Page 2</b></p>	<p><b>YAVFC PROGRAM REQUIREMENTS</b></p>
	<p>To qualify for an extension of foster care services and receive foster care maintenance payments the youth must meet one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Actively completing high school or a program leading to a general equivalency diploma (GED).</li> <li>• Enrolled at least part-time in a college, university, vocational program, or trade school.</li> <li>• <b>Note:</b> A youth who is on semester, summer, or other break, but was enrolled the previous semester and will be enrolled after the break, is considered enrolled in school.</li> </ul>

	<ul style="list-style-type: none"> <li>• Employed in either full- or part-time work or participating in a program that promotes employment (such as Job Corps, Michigan Works!, or another employment skill-building program). Participation must be at least 80 hours per month and may be at one or more places of employment and/or a combination of the above activities.</li> <li>• Incapable of the above educational or employment activities due to a documented medical condition. <b>Note:</b> If eligibility is based on incapacity, the caseworker must assist the youth in applying for Supplemental Security Income (SSI); see FOM 902-10, SSI Benefits Determination.</li> </ul>

**DHS Policy - FOM 722-16 - Page 2 - VERIFICATION OF YAVFC ELIGIBILITY**

<p><b>DHS Policy FOM 722-16 Page 2</b></p>	<p><b>VERIFICATION OF YAVFC ELIGIBILITY</b></p>
	<p>Verification of eligibility must be documented in writing and placed in the youth's case file. A completed eligibility verification form documenting that all requirements are met, <b>must be provided to the caseworker prior to signing the DHS-1297, YAVFC Agreement.</b> The following verification forms must be used to document eligibility:</p> <ul style="list-style-type: none"> <li>• DHS-3380, Verification of Student Information (may also be used to verify vocational training or trade school).</li> <li>• DHS-38, Verification of Employment (may also be used to verify an alternative to employment).</li> <li>• DHS-54A, Medical Needs.</li> </ul>

**DHS Policy - FOM 722-16 - Page 3 - Ongoing Verification of YAVFC Eligibility**

<p><b>DHS Policy FOM 722-16 Page 3</b></p>	<p><b>Ongoing Verification of YAVFC Eligibility</b></p>
	<p>Ongoing verification of eligibility is required at least quarterly, to coincide with the case service plan due date. The appropriate eligibility forms must accompany the updated case service plan. The supervisor must review the forms and verify the youth’s eligibility. If the youth does not meet eligibility requirements, the caseworker must follow Reporting Eligibility Changes in this section.</p> <p>The caseworker must provide the youth with the appropriate eligibility verification form at least 45 calendar days prior to the due date. The youth must ensure the form is completed and returned to the caseworker by the due date.</p> <p><b>Exception:</b> The DHS-54A, Medical Needs form, may be submitted on an annual basis if the youth’s condition is expected to persist for more than one year, <b>and</b> there is a pending application for SSI.</p>

**DHS Policy - FOM 722-16 - Page 3 - Ongoing Verification of YAVFC Eligibility**

<p><b>DHS Policy FOM 722-16 Page 3</b></p>	<p><b>Ongoing Verification of YAVFC Eligibility</b></p>
	<p>Ongoing verification of eligibility is required at least quarterly, to coincide with the case service plan due date. The appropriate eligibility forms must accompany the updated case service plan. The supervisor must review the forms and verify the youth’s eligibility. If the youth does not meet eligibility requirements, the caseworker must follow Reporting Eligibility Changes in this section.</p> <p>The caseworker must provide the youth with the appropriate eligibility verification form at least 45 calendar days prior to the due date.</p>

	<p>The youth must ensure the form is completed and returned to the caseworker by the due date.</p> <p><b>Exception:</b> The DHS-54A, Medical Needs form, may be submitted on an annual basis if the youth's condition is expected to persist for more than one year, <b>and</b> there is a pending application for SSI.</p>

**DHS Policy - FOM 722-16 - Page 6 - Youth Extending Supportive Involvement Through YAVFC**

<p><b>DHS Policy FOM 722-16 Page 6</b></p>	<p><b>Youth Extending Supportive Involvement Through YAVFC</b></p>
	<p>The option of YAVFC must be discussed during the Semi-Annual Transition Meeting, 90-Day Discharge Planning Meeting, and at least 30 calendar days prior to the youth's 18th birthday, as a part of a monthly home visit.</p> <p>Youth must sign a DHS-1297, YAVFC Agreement, before participating in YAVFC. The youth is not eligible for YAVFC service or payments until the agreement is signed. The agreement may not be signed until all of the following has occurred:</p> <ul style="list-style-type: none"> <li>• The youth reaches 18 years old.</li> <li>• Verification of eligibility has been received by the caseworker.</li> <li>• Family/juvenile court jurisdiction has been dismissed, and the written court order has been received; see Judicial Determination in this item.</li> <li>• State wards have been discharged by the superintendent of the Michigan Children's Institute; see FOM 722-15, Case Closure.</li> <li>• The original agreement must be placed in the youth's file and a copy must be given to the youth.</li> </ul>

**DHS Policy - FOM 722-16 - Page 6 - Youth Extending Supportive Involvement Through YAVFC**

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	<p>The option of YAVFC must be discussed during the Semi-Annual Transition Meeting, 90-Day Discharge Planning Meeting, and at least 30 calendar days prior to the youth’s 18th birthday, as a part of a monthly home visit.</p> <p>Youth must sign a DHS-1297, YAVFC Agreement, before participating in YAVFC. The youth is not eligible for YAVFC service or payments until the agreement is signed. The agreement may not be signed until all of the following has occurred:</p> <ul style="list-style-type: none"> <li>• The youth reaches 18 years old.</li> <li>• Verification of eligibility has been received by the caseworker.</li> <li>• Family/juvenile court jurisdiction has been dismissed, and the written court order has been received; see Judicial Determination in this item.</li> <li>• State wards have been discharged by the superintendent of the Michigan Children’s Institute; see FOM 722-15, Case Closure.</li> <li>• The original agreement must be placed in the youth’s file and a copy must be given to the youth.</li> </ul>

**DHS Policy - FOM 722-16 - Page 12 - YAVFC Report Writing Requirements**

<p><b>DHS Policy FOM 722-16 Page 12</b></p>	<p><b>REPORTING REQUIREMENTS</b></p>
	<p>Case plans are required for YAVFC cases. The current DHS-68, Permanent Ward Service Plan (PWSP), must be used for all YAVFC case plans, regardless of prior wardship. For youth <i>extending, entering, or re-entering</i> YAVFC, an initial case plan must be completed within 30 calendar days of the youth signing the DHS-1297, YAVFC Agreement, and at least every 90 calendar days thereafter; see FOM 722-09D, Permanent Ward Service Plan. <b>Note:</b> The initial case plan must be completed on the DHS-68, PWSP.</p>

**DHS Policy - FOM 722-16 - Page 13 - DHS-1295, Young Adult Monthly Visit Report**

<p><b>DHS Policy FOM 722-16 Page 13</b></p>	<p><b>DHS-1295, Young Adult Monthly Visit Report</b></p>
	<p>The DHS-1295, Young Adult Monthly Visit Report, must be completed with the youth during each home visit. A copy must be given to the youth and the original placed in the case file.</p>

**DHS Policy - FOM 722-16 - Page 14 - YAVFC - 90-Day Discharge Planning Meeting**

<p><b>DHS Policy FOM 722-16 Page 14</b></p>	<p><b>90-Day Discharge Planning Meeting</b></p>
	<p>Within one business day of discovering the youth is no longer meeting eligibility requirements, the caseworker must schedule a 90-Day Discharge Planning Meeting to be held within three business days.</p> <p>The 90-Day Discharge Planning Meeting must be held to determine how the youth will regain eligibility or prepare for discharge from foster care. The youth must be informed that his/her case will close if eligibility requirements are not met by the end of the grace period.</p>

**DHS Policy - FOM 722-16 - Page 6 - Youth Extending Supportive Involvement Through YAVFC**

<p><b>DHS Policy FOM 722-16 Page 6</b></p>	<p><b>Youth Extending Supportive Involvement Through YAVFC</b></p>
	<p>The option of YAVFC must be discussed during the Semi-Annual Transition Meeting, 90-Day Discharge Planning Meeting, and at least 30 calendar days prior to the youth’s 18th birthday, <u>as a part of a monthly home visit</u>.</p> <p>Youth must sign a DHS-1297, YAVFC Agreement, before participating in YAVFC. The youth is not eligible for YAVFC service or payments until the agreement is signed. The agreement may not be signed until all of the following has occurred:</p> <ul style="list-style-type: none"> <li>• The youth reaches 18 years old.</li> <li>• Verification of eligibility has been received by the caseworker.</li> <li>• Family/juvenile court jurisdiction has been dismissed, and the written court order has been received; see Judicial Determination in this item.</li> <li>• State wards have been discharged by the superintendent of the Michigan Children’s Institute; see FOM 722-15, Case Closure.</li> </ul>

	<ul style="list-style-type: none"> <li>• The original agreement must be placed in the youth's file and a copy must be given to the youth.</li> </ul>

### Youth Extending Supportive Involvement Through YAVFC

<b>DHS Policy FOM 722-16 Page 6</b>	<b>Youth Extending Supportive Involvement Through YAVFC</b>
	<p>The option of YAVFC must be discussed during the Semi-Annual Transition Meeting, 90-Day Discharge Planning Meeting, and at least 30 calendar days prior to the youth's 18th birthday, as a part of a monthly home visit.</p> <p><u>Youth must sign a DHS-1297, YAVFC Agreement, before participating in YAVFC. The youth is not eligible for YAVFC service or payments until the agreement is signed.</u> The agreement may not be signed until all of the following has occurred:</p> <ul style="list-style-type: none"> <li>• The youth reaches 18 years old.</li> <li>• Verification of eligibility has been received by the caseworker.</li> <li>• Family/juvenile court jurisdiction has been dismissed, and the written court order has been received; see Judicial Determination in this item.</li> <li>• State wards have been discharged by the superintendent of the Michigan Children's Institute; see FOM 722-15, Case Closure.</li> <li>• The original agreement must be placed in the youth's file and a copy must be given to the youth.</li> </ul>

**DHS Policy - FOM 722-16 - Page 12- YAVFC CASEWORKER/ YOUTH VISIT REQUIREMENTS**

<p><b>DHS Policy FOM 722-16 Page 12</b></p>	<p><b>YAVFC CASEWORKER/ YOUTH VISIT REQUIREMENTS</b></p>
	<p><b>Youth Extending</b>                  The caseworker must continue to meet with the youth in his/her placement, at least monthly. These visits are subject to the same documentation requirements as an open foster care case; see FOM 722-06, Developing the Service Plan.</p> <p><b>Youth Entering/ Re-entering</b>                  Within 30 calendar days of the case assignment date, the case-worker must have two face-to-face contacts with the youth; at least one must occur in the placement. The first visit with the youth must take place within five business days from the date the case is assigned to the caseworker and be documented within the social work contacts of the case service plan. The caseworker must continue to visit the youth in his/her placement/living arrangement monthly thereafter; see FOM 722-06, Developing the Service Plan.</p>

**DHS Policy - FOM 722-7F - Page 2 - Permanent Placement with a Fit and Willing Relative (PPFWR)**

<p><b>DHS Policy FOM 722-7F Page 2</b></p>	<p><b>Permanent Placement with a Fit and Willing Relative (PPFWR)</b></p>
	<p>The permanency planning goal, Permanent Placement with a Fit and Willing Relative (PPFWR), should only be considered after reunification, adoption and guardianship have been ruled out as the permanency plan for the youth. If, after the caseworker has explained the benefits of adoption and legal guardianship for the youth, the selected relative is not willing to pursue either of the preferred permanency goals, the relative’s reasons must be documented in the case service plans.</p>

**DHS Policy - FOM 722-7F (Page 3) - Placement in Another Planned Permanent Living Arrangement (APPLA)**

<b>DHS Policy FOM 722-7F (Page 3)</b>	<b>Placement in Another Planned Permanent Living Arrangement (APPLA)</b>
	APPLA is identified as a youth’s permanency plan only if it is determined that there is a compelling reason that it would not be in the best interests of the youth to be placed on a permanent basis with a parent, in an adoptive home, in a guardianship or with a fit and willing relative.

**DHS Policy - FOM 722-7F - Page 3 - Another Planned Permanent Living Arrangement-E (APPLA-E)**

<b>DHS Policy FOM 722-7F Page 3</b>	<b>Another Planned Permanent Living Arrangement-E (APPLA-E)</b>
	<p>For APPLA-E, a youth may reside with a supportive adult, relative, or former foster parent, but not placed there as a foster home placement.</p> <p>APPLA-E is appropriate when it is anticipated that the youth will not be reunified with his/her family, adopted, placed in a guardianship, placed with a fit and willing relative, or remain in a foster home placement prior to leaving foster care.</p> <p>When a youth has a goal of APPLA-E, he/she should be living independently and preparing to leave foster care to become a self-supporting adult. These youth need documented supportive adult(s) to assist and provide guidance.</p>

**DHS Policy - FOM 722-7F - Page 4 - Supportive Adult**

<p><b>DHS Policy FOM 722-7F Page 4</b></p>	<p><b><i>Supportive Adult</i></b></p>
	<p>If the supportive adult is related to the youth by a romantic or professional relationship, a letter or memo must be written by the supportive adult and included with the approval packet that demonstrates the supportive adult's lifelong commitment to the youth even if there is a change in the personal or professional relationship.</p>

**DHS Policy - FOM 722-7F - Page 4 - Supportive Adult 2**

<p><b>DHS Policy FOM 722-7F Page 4</b></p>	<p><b><i>Supportive Adult</i></b></p>
	<p>Additional factors for the supportive adult includes stable housing, stable employment and no lifestyle concerns (substance abuse, etc.) that would limit his/her availability to support the youth. If the youth identifies a supportive adult whose age is within 3 years of the youth's age, additional, more mature adults should also be included.</p>

**DHS Policy - FOM 722-7F - Page 4 - Independent Living Plan**

<p><b>DHS Policy FOM 722-7F Page 4</b></p>	<p><i>Independent Living Plan</i></p>
	<p>A detailed independent living plan must be included in the narrative section of the case file within 60 days of the goal change to APPLA-E;</p>

**DHS Policy - FOM 722-7F - Page 5 - PERMANENCY PLANNING - PPFWR/APPLA/APPLA-E**

<p><b>DHS Policy FOM 722-7F Page 5</b></p>	<p><b>PERMANENCY PLANNING - PPFWR/APPLA/APPLA-E</b></p>
	<p>In determining that the goal is appropriate, all of the following must apply:</p> <ol style="list-style-type: none"> <li>1. The caseworker must meet separately with the relative or foster parent and the youth to discuss the benefits of adoption and guardianship including the legal and possible financial benefits. The relative, foster parent, or supportive adult must have a commitment to long-term care and responsibility for the youth, but has legitimate reasons for not adopting or pursuing guardianship.</li> <li>2. Youth must be at least 14 years old for APPLA approval and at least 16 for APPLA-E approval. There is no minimum age requirement for PPFWR.</li> <li>3. For PPFWR and APPLA, discuss the expected role and responsibilities of the relative or foster parent and document within the case service plan: <ul style="list-style-type: none"> <li>• The relative or foster parent has a strong commitment to caring permanently for the youth.</li> <li>• The relative or foster parent is able to meet the youth’s physical, emotional, and developmental needs.</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• The youth demonstrates a strong attachment to the relative or foster parent.</li> <li>• The relative or foster parent has been fully informed of the all other permanency options.</li> <li>• For temporary wards, the parent(s) has been informed of the placement of the youth with relative or foster parent.</li> <li>• The relative or foster parent is aware that the plan must be reviewed quarterly to determine whether a more permanent plan is possible for the youth and understands they may choose to adopt or move to guardianship with assistance at any time.</li> <li>• List specific efforts to complete a full and ongoing relative search for both maternal and paternal sides of family for placement and permanent supportive connections. All relatives who the youth maintains contact with should be documented.</li> </ul> <p>4. For a PPFWR placement, complete yearly required background checks for relatives.</p> <p>5. For an APPLA placement, the foster parent must be a licensed foster home.</p> <p>6. Supervisory approval of the plan.</p> <p>7. Schedule a FTM with all significant persons in the youth's life and discuss the plan during the meeting or within seven days of the meeting with persons who cannot attend. The persons must include:</p> <ul style="list-style-type: none"> <li>• Youth's parents, if termination has not occurred. Discuss or give written notification to the parent(s) about the plan to assess their agreement with the plan and determine their desire for ongoing contact. Parental agreement is desirable, but not required.</li> <li>• Youth, foster parents, identified supportive adult, Permanency Resource Monitor, CASA, LGAL and any other persons the youth identifies as significant.</li> </ul>

**DHS Policy - FOM 722-7F - Page 7 - PPFWR, APPPLA or APPLA-E – Required Documentation**

<p><b>DHS Policy FOM 722-7F Page 7</b></p>	<p><b>DOCUMENTATION</b></p>
	<p>All forms in the approval packet must clearly document the supportive relationships in the youth’s life and the stability of the placement. Provide a copy of the PPFWR, APPPLA or APPLA-E agreements to the relative(s), foster parent(s), youth and, when appropriate, to the legal parent(s). File the original agreement in the narrative section of the youth’s case record.</p>

**DHS Policy - FOM 722-7F - Page 7 - PPFWR & APPPLA – Required Documentation 2**

<p><b>DHS Policy FOM 722-7F Page 7</b></p>	<p><b>DOCUMENTATION</b></p>
	<p>For PPFWR and APPLA, the following forms must be completed as part of the permanency plan approval packet:</p> <ul style="list-style-type: none"> <li>• DHS-569, Permanency Goal Support Agreement.</li> <li>• The DHS-569, Permanency Goal Support Agreement, is completed with the youth, the identified supportive adult(s), and when appropriate the legal parent.</li> <li>• Provide a copy to each participant, upload a copy to the <i>Documents</i> hyperlink in MiSACWIS, and include the original agreement in the permanency plan approval packet.</li> <li>• <a href="#">Permanency Pact.</a></li> </ul>

- The Permanency Pact is a free tool created by Foster Club that is designed to encourage life-long, kin-like connections between a young person and a supportive adult.
- Review the Permanency Pact with the youth and the supportive adult(s)/relative caregiver.
- Complete the Permanency Pact Certificate with the youth and supportive adult(s)/relative caregiver.
- Provide a copy to each participant, upload a copy to the *Documents* hyperlink in MiSACWIS, and include the original agreement in the permanency plan approval packet.
- DHS-347, Permanency Goal Approval.
- The assigned caseworker must complete this form.
- Upload a copy to the *Documents* hyperlink in MiSACWIS and attach the original as the cover sheet to the permanency plan approval packet.

Independent Living Plan, if applicable.

**DHS Policy - FOM 722-7F - Page 10 - Roles and Responsibilities of the Caseworker in PPFWR, APPPLA or APPLA-E**

<p><b>DHS Policy FOM 722-7F Page 10</b></p>	<p><b><i>Role and Responsibility of Caseworker</i></b></p>
	<p>The caseworker will support and maintain the relationship and placement of the youth in the home by:</p> <ul style="list-style-type: none"> <li>• Responding to requests for services from the youth, relative or foster parent.</li> <li>• Responding to critical issues and concerns to assist and support the relative or foster parent in maintaining the youth in their home.</li> <li>• Collaborating with the relative or foster parent and the youth to determine which independent living services are appropriate and will help the youth develop skills to live as a successful adult.</li> <li>• Referring youth to independent living services</li> </ul>

**DHS Policy - FOM 722-3C - Page 3 - INDEPENDENT LIVING PREPARATION**

<p><b>DHS Policy FOM 722-3C Page 3</b></p>	<p><b>INDEPENDENT LIVING PREPARATION</b></p>
	<p>Independent living preparation is required for all youth in foster care age 14 and older, regardless of their permanency planning goal. Once the youth is age 14, the treatment plan and service agreement must describe the services provided and goals for future services, which will help the youth prepare for functional independence. The goal of independent living preparation is to assist youth in transitioning to self-sufficiency. Independent living preparation activities for youth aged 12-13 years are encouraged based upon availability of services and assessment of need....</p>

	<p>When developing the case service plan for older youth, the case-worker must include additional components to ensure youth are provided with services and supports to assist in their preparation for adulthood. The treatment plan and services agreement for each youth age 14 or over must contain a written description of the pro-grams and services which will help the youth transition to a state of functional independence or the ability to take care of oneself physically, socially, economically and psychologically.</p>

## ICWA

### DHS Policy - NAA 200 - Page 3 - Verification of Tribal Membership

<p><b>DHS Policy NAA 200 Page 3</b></p>	<p><b>Tribal Membership</b></p>
	<p>For cases where the department initiates a child custody proceeding/petition in court, the caseworker must request verification of the child's Indian status by sending a DHS-120, American Indian/Alaska Native Child Case Notification, <b>by registered mail with return receipt</b> to <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>- Parent(s).</li> <li>- Indian custodian(s), if any.</li> <li>- Tribe(s) [Addressed to the ICWA Designated Tribal Agent for Service of Notice list identified per Federal Register (81 FR 10887)], when known or upon receipt of verification from the</li> </ul>

	<p>Midwest Bureau of Indian Affairs of the Indian ancestry of that tribe.</p> <ul style="list-style-type: none"><li>- Midwest Bureau of Indian Affairs (as designated for Michigan by the Secretary of the Interior); if specific tribe is undetermined and/or multiple tribes are noticed.</li><li>- Bureau of Indian Affairs regional office specific to the tribe/state; if tribe is not located in the Midwest Bureau of Indian Affairs region.</li><li>- Notification must also be sent to the tribe(s) [Addressed to the ICWA Designated Tribal Agent for Service of Notice list identified per Federal Register (81 FR 10887)] located in the county of client residence and/or CPS complaint; if specific tribe is undetermined.</li><li>- Where there is reason to believe a child may be Indian, the caseworker must follow ICWA and MIFPA regarding that child, pending verification of the child's Indian status. All services available to any family involved with the Michigan Department of Health and Human Services (MDHHS) are available to Indian families, even when other tribal or Indian organizations are involved.</li><li>- Caseworkers must request written verification of the child's membership or eligibility for membership with a tribal government if verification was not previously established or documentation is not contained in the case file. Use the DHS-120, American Indian/Alaska Native (AI/AN) Child Case Notification, and DHS-121, Notice to Canadian Indian Tribe Concerning Court Proceeding, to obtain tribal verification.</li></ul>
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**DHS Policy - NAA 200 - Page 3-4 - Verification of Tribal Membership**

<p><b>DHS Policy NAA 200 Page 3-4</b></p>	<p><b>Tribal Membership</b></p>
	<p>To determine tribal membership or eligibility for an individual, the worker must request verification of the child’s Indian status by sending a DHS-120, Notice of Proceedings Concerning American Indian Child (RFF 120) <b>by registered mail with return receipt to all</b> of the following:</p> <ul style="list-style-type: none"> <li>- Parent(s).</li> <li>- Indian custodian(s), if any.</li> <li>- Tribe(s), when known or upon receipt of verification from the Midwest Bureau of Indian Affairs of the Indian ancestry of that tribe.</li> <li>- Midwest Bureau of Indian Affairs (as designated for Michigan by the Secretary of the Interior).</li> </ul>

**DHS Policy - NAA 200 - Page 3-6 - Notification to the Tribe’s Social Service Program**

<p><b>DHS Policy NAA 200 Page 3-6</b></p>	<p><b>Notification to the Tribe</b></p>
	<p>Within <b>three</b> working days of assignment of a CPS complaint for investigation or any case opening for children’s services involving a child with possible tribal affiliation, the worker must make active efforts to contact the social services program of the Indian child’s tribe to:</p> <ul style="list-style-type: none"> <li>- Notify the tribe when known, or upon receipt of verification from the Midwest Bureau of Indian Affairs of the Indian ancestry of that tribe, that the child has come to the attention of the department.</li> </ul>

	<ul style="list-style-type: none"> <li>- Obtain verbal verification of tribal membership or eligibility of membership. Workers must still complete and send the DHS-120 <b>by registered mail with return receipt</b> to <b>all</b> of the following: <ul style="list-style-type: none"> <li>- Parent(s).</li> <li>- Indian custodian(s), if any.</li> <li>- Tribe(s), when known or upon receipt of verification from the Midwest Bureau of Indian Affairs of the Indian ancestry of that tribe.</li> <li>- Midwest Bureau of Indian Affairs (as designated for Michigan by the Secretary of the Interior).</li> </ul> </li> <li>- Explore available services of the tribe that may address the safety needs of the child.</li> <li>- Assist parent(s) to retain custody of the child if there is no danger of imminent physical damage or harm to the child.</li> </ul>
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**DHS Policy - NAA 205 - Page 3 - CHILDREN AND FAMILIES AFFILIATED WITH CANADIAN AND MICHIGAN STATE HISTORIC TRIBES**

<p><b>DHS Policy NAA 205 Page 3</b></p>	<p><b>CHILDREN AND FAMILIES AFFILIATED WITH CANADIAN AND MICHIGAN STATE HISTORIC TRIBES</b></p>
	<p>According to confidentiality policy (see SRM 131) and with permission of the client, appropriate officials from a family’s Canadian Indian or Michigan State Historic Tribe (social services director, tribal enrollment officer, tribal court, etc.) should be contacted and invited to participate in planning and facilitating any case conference or team decision meeting that is held.</p>

**DHS Policy - NAA 205 - Page 1 - Consideration of Native American Tribal Culture**

<p><b>DHS Policy NAA 205 Page 1</b></p>	<p><b>ENGAGING FAMILIES</b></p>
	<p>A critical aspect of engaging families is to work with them in the context of their culture and ethnicity. Working with Indian families means that Department of Human Services (DHS) staff must:</p> <ul style="list-style-type: none"> <li>- Explore how culture and rituals influence parenting decisions.</li> <li>- Determine what services and supports will be most effective.</li> <li>- Honor tribal practices.</li> </ul>

**DHS Policy - NAA 215 - Page 1-2 - Foster Care Placement Preference**

<p><b>DHS Policy NAA 215 Page 1-2</b></p>	<p><b>Foster Care Placement Preference</b></p>
	<p>The order of foster care placement preference is as follows, in descending order, unless the court or the Indian child’s tribe determines there is good cause for a different order of preference:</p> <ul style="list-style-type: none"> <li>member of the Indian child's extended family.</li> <li>foster home approved, licensed or specified by the Indian child’s tribe.</li> <li>Indian foster home approved by the department.</li> </ul>

child caring institution approved by an Indian tribe, or operated by an Indian organization that has a program to meet the Indian child's needs.

A tribe may have their own placement priorities which are to be followed unless good cause to the contrary is determined by the court.

Michigan has an Indian child placement agency, tribal juvenile detention facility, and tribal group homes:

Binogii Placement Agency: 1.800.726.0093.

Tribal Youth Detention Facility: (906) 643.0941 or (906) 635.6065.

New Path Boy's Home and Shkiiniikwe Girl's Home: (231) 534-7681.

An Indian child placement agency or tribal facility/institution may be contacted to help caseworkers and tribes identify Indian placement options after previous Indian Child Welfare Act (ICWA)/Michigan Indian Family Preservation Act (MIFPA) hierarchical placement priorities are eliminated from consideration.

Furthermore, other placement agency foster care (PAFC) agencies may have Indian homes available through their agency which would be considered a placement priority as well.

Caseworkers may contact Child Welfare Licensing (CWL) or the CWL foster care website [http://www.michigan.gov/dhs/0,1607,7-124-5455\\_27716---,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5455_27716---,00.html) for a self-identified American Indian/Alaska Native foster care home state listing to assist with placement of Indian children in an Indian home if a family or child's tribe does not have a home available or suitable to meet the needs of the child.

	<p>After a diligent search for the above placement preferences has been completed, the court may consider the unavailability of a preferred placement as good cause to the contrary and may allow the caseworker to place the Indian child in a licensed non-Indian foster home [Indian Child Welfare Act (ICWA), 25 USC 1915b/Michigan Indian Family Preservation Act (MIFPA) MCL 712B. 23 (1)].</p>

**DHS Policy - NAA 210 - Page 1-2 - Notice of Court Proceedings**

<p><b>DHS Policy NAA 210 Page 1-2</b></p>	<p><b>NOTICE</b></p>
	<p>In any child custody proceeding in a family court including:          Children's Protective Services (CPS).          Foster care placement.          Family or Group Home.          Institution.          Ongoing foster care placement.          Guardianship or Limited Guardianship placement (EPIC).          Juvenile Guardianship placement.          Pre-adoption and Adoption placement.          Juvenile Justice placement (status offense).</p>

	<p>If the caseworker knows, has reason to know, or at any time learns, that an Indian child is involved, the DHS-120 American Indian/Alaska Native (AI/AN) Child Case Notification, must be sent <b>by registered mail with return receipt</b> for every hearing to <b>all</b> of the following:</p> <p>parent(s).</p> <p>Indian custodian(s) (if any).</p> <p>tribe(s) [Addressed to the <a href="#">ICWA Designated Tribal Agent for Service of Notice</a> identified per Federal Register (81 FR 10887)], when known or upon receipt of verification from the Midwest Bureau of Indian Affairs of the Indian ancestry of that tribe.</p> <p>Midwest Bureau of Indian Affairs (as designated for Michigan by the Secretary of the Interior); if specific tribe is undetermined and/or multiple tribes are noticed.</p> <p>Midwest Bureau of Indian Affairs Regional Office specific to the tribe/state; if tribe is not located in the Midwest Bureau of Indian Affairs region.</p> <p>tribe(s) [Addressed to the ICWA Designated Tribal Agent for Service of Notice identified per Federal Register (81 FR 10887)] located in the county of client residence and/or CPS complaint (MIFPA); if specific tribe is undetermined.</p> <p>The parent(s) or Indian custodian(s) and the child's tribe or Secretary of the Interior must receive the notice <b>10 calendar days before</b> the date of the hearing. A copy of the DHS-120/DHS-121 and return receipt must be filed in the Indian child's case record and court of jurisdiction. Failure to complete proper notice may jeopardize and nullify the court proceedings.</p>
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	<p>Parent(s) or Indian custodian(s) willingness for the department to notify the tribe may not interfere with the caseworker sending notice to the tribe per ICWA/MIFPA.</p> <p>For Canadian Indian child, caseworker must send the DHS-121 Notice to Canadian Indian Tribe Concerning Court Proceeding; see NAA 200 for Aboriginal Affairs Office Requirements/Guidance.</p>

**DHS Policy - NAA 210 - Page 1 - Notice of Court Proceedings - 2**

<p><b>DHS Policy NAA 210 Page 1</b></p>	<p><b>NOTICE</b></p>
	<p>In any child custody proceeding in a family court where the worker knows, has reason to know, or at any time learns, that an Indian child is involved, the DHS-120, Notice Of Proceedings Concerning North American Indian Child (see RFF 120) must be sent <b>by registered mail with return receipt</b> to <b>all</b> of the following:</p> <p>Parent(s).</p> <p>Indian custodian(s) (if any).</p> <p>Indian child's tribe when known or upon receipt of verification from the Midwest Bureau of Indian Affairs of the Indian ancestry of that tribe.</p> <p>Midwest Bureau of Indian Affairs (as designated for Michigan by the Secretary of the Interior) if tribal affiliation is unclear.</p> <p>The worker must also send the DHS-120 according to the instructions above when seeking foster care placement of, termination of parental rights to, or adoption of, an Indian child.</p>

	<p><b>Note:</b> <u>The parent(s) or Indian custodian(s) and the child's tribe or Secretary of the Interior must receive the notice 10 days before the date of the hearing.</u> A copy of the DHS-120 and return receipt must be filed in the Indian child's case record. Failure to complete proper notice may jeopardize and nullify the court proceedings.</p>

**DHS Policy - NAA 210 - Page 1 - Notice of Court Proceedings - 3**

<p><b>DHS Policy NAA 210 Page 1</b></p>	<p><b>NOTICE</b></p>
	<p>In any child custody proceeding in a family court where the worker knows, has reason to know, or at any time learns, that an Indian child is involved, the DHS-120, Notice Of Proceedings Concerning North American Indian Child (see RFF 120) must be sent <b>by registered mail with return receipt</b> to <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>Parent(s).</li> <li>Indian custodian(s) (if any).</li> <li>Indian child's tribe when known or upon receipt of verification from the Midwest Bureau of Indian Affairs of the Indian ancestry of that tribe.</li> <li>Midwest Bureau of Indian Affairs (as designated for Michigan by the Secretary of the Interior) if tribal affiliation is unclear.</li> </ul> <p>The worker must also send the DHS-120 according to the instructions above when seeking foster care placement of, termination of parental rights to, or adoption of, an Indian child.</p>

	<p><b>Note:</b> The parent(s) or Indian custodian(s) and the child's tribe or Secretary of the Interior must receive the notice 10 days before the date of the hearing. <u>A copy of the DHS-120 and return receipt must be filed in the Indian child's case record.</u> Failure to complete proper notice may jeopardize and nullify the court proceedings.</p>

**DHS Policy - NAA 255 - Page 1 - Exceptions to Requirements to File Termination Petition**

<p><b>DHS Policy NAA 255 Page 1</b></p>	<p><b>Exceptions to Requirements to File Termination Petition</b></p>
	<p>The ICWA applies to Indian children when considering a petition to terminate parental rights. The worker can make a determination not to file a termination of parental rights petition in a specific case if one of the exceptions identified below exists:</p> <p>A relative is caring for the child.</p> <p>The worker has documented in the case plan a compelling reason for determining that filing a petition to terminate parental rights would not be in the best interest of a child (see NAA 250, Compelling Reasons).</p> <p>The worker has not provided services to the Indian child's family that are necessary for the safe return of the Indian child to their home.</p> <p>Indian children, who are members of, or who are eligible for membership of, an Indian tribe, frequently fall within one of the exceptions to the termination of parental rights filing requirement of ASFA. Permanency planning hearings should take place within the time scheduled by ASFA. However, the decision concerning the permanency plan for the Indian child must continue to be governed by the requirements of the Indian Child Welfare Act (ICWA).</p>

**DHS Policy - NAA 400 - Page 1 - PRE-ADOPTIVE PLACEMENT - Case Conference or Team Decision Meeting (TDM)**

<p><b>DHS Policy NAA 400 Page 1</b></p>	<p><b>PRE-ADOPTIVE PLACEMENT Case Conference or Team Decision Meeting (TDM)</b></p>
	<p>The worker must hold a case conference or TDM before a pre-adoptive placement is made or approved. The worker must invite the appropriate tribal or Indian representative. All efforts must be documented by the worker in social work contacts. Indian Child Welfare Act placement preferences for adoptions must be followed [see NAA 215, Placement Priorities for Indian Child(ren)].</p>

**DHS Policy - NAA 215 - Page 3 - Foster Care or pre-adoptive Placement Preference**

<p><b>DHS Policy NAA 215 - Page 3</b></p>	<p><b>Foster Care Placement Preference</b></p>
	<p>The worker must work in collaboration with the child’s tribe regarding foster care or pre-adoptive placement. If the placement preferences listed below cannot be met, the worker must ask the child’s tribe for assistance in locating an appropriate placement.</p> <p>Absent a showing of tribal law, regulation, or resolution for good cause by the Indian child’s tribe, the order of adoptive placement preference is as follows, in descending order:</p>

	<p>member of the Indian child's extended family.  other members of the Indian child's tribe.  other Indian families [Indian Child Welfare Act, 25 USC 1915a/Michigan  Indian Family Preservation Act, MCL 712B. 23 (2)].</p> <p>When the court's determination of good cause is to <b>not</b> follow the  order of preference set out above, the adoptive placement preference  must be based on one or more of the following considerations:</p> <p>The court's determination of good cause to not follow the order of  preference shall be based on 1 or more of the following conditions:</p> <p>request was made by a child of sufficient age.</p> <p>child has an extraordinary physical or emotional need as established by  testimony of an expert witness.</p> <p>All efforts to place an Indian child must be documented in social work  contacts. Indian youth 12 years or older, as developmentally  appropriate, must be engaged to solicit their preferences in case  planning for active efforts, placement priorities, and culturally  appropriate service delivery.</p> <p>Only the court may determine good cause to <b>not</b> follow the order of  preferences.</p>
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**DHS Policy - FOM 722-07F - Page 9 - Permanency Goal Review for PPFWR & APPLA**

<p><b>DHS Policy  FOM 722-07F  Page 9</b></p>	<p><b>Permanency Goal Review for PPFWR &amp; APPLA</b></p>
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**Annual Review/Change Form**

The DHS-643, Permanency Goal Review, is the change form for **all** changes and reviews of permanency goals.

For PPFWR and APPLA, within 30 calendar days of a change in the relative placement or the supportive adult, **and** within 30 calendar days of the annual review date, the DHS-643, Permanency Goal Review, must be completed and submitted to the permanency resource monitor for review.

Additional permanency plan approval packet documentation may be required depending on the reason for review.

***Annual Review Date***

The annual review date is calculated from permanency goal established date; see Changing the Permanency Goal in this item.

<p><b>DHS Policy FOM 722-07F page 8-9</b></p>	<p><b>PPFWR Approval</b></p>
	<p>For PPFWR and APPLA, the following forms must be completed as part of the permanency plan approval packet:</p> <p>S-569, Permanency Goal Support Agreement.</p> <p>The DHS-569, Permanency Goal Support Agreement, is completed with the youth, the identified supportive adult(s), and when appropriate the legal parent.</p> <p>Provide a copy to each participant, upload a copy to the <i>Documents</i> hyperlink in MiSACWIS, and include the original agreement in the permanency plan approval packet.</p> <p><a href="#">Permanency Pact.</a></p> <p>The Permanency Pact is a free tool created by Foster Club that is designed to encourage life-long, kin-like connections between a young person and a supportive adult.</p> <p>Review the Permanency Pact with the youth and the supportive adult(s)/relative caregiver.</p> <p>Complete the Permanency Pact Certificate with the youth and supportive adult(s)/relative caregiver.</p> <p>Provide a copy to each participant, upload a copy to the <i>Documents</i> hyperlink in MiSACWIS, and include the original agreement in the permanency plan approval packet.</p> <p>S-347, Permanency Goal Approval.</p>

	<p>Assigned caseworker must complete this form.</p> <p>Upload a copy to the <i>Documents</i> hyperlink in MiSACWIS and attach the original as the cover sheet to the permanency plan approval packet.</p> <p>Independent Living Plan, if applicable.</p> <p>If independent living will be the youth's living arrangement, then a detailed independent living plan must be submitted with the permanency goal approval packet; see FOM 722-03C, Preparation and Placement of Older Youth, for detailed information on independent living plans.</p>

**DHS Policy - FOM 722-07F - page 7 - PPFWR Approval - 2**

<p><b>DHS Policy FOM 722-07F page 7</b></p>	<p><b>PPFWR Approval</b></p>
	<p>Complete the DHS-344, PPFWR Permanency Goal Approval.</p> <p>If relative placement has changed, submit updated permanency forms within 30 calendar days to the PRM for review. The PRM must submit the forms to the Children's Services Administration (CSA) designee, for final department approval.</p>

**DHS Policy FOM 722-07F - Page 7 - Permanent Placement with a Fit and Willing Relative Permanency Plan Agreement**

<p><b>DHS Policy FOM 722-07F Page 7</b></p>	<p><b>Permanent Placement with a Fit and Willing Relative Permanency Plan Agreement</b></p>
	<p>Complete Permanent Placement with a Fit and Willing Relative Permanency Plan Agreement (DHS-845 for Permanent Court Wards and MCI Wards or DHS-846 for Temporary Court Wards). This form should be completed with the relative(s), youth age 14 and older and appropriate supervising agency staff.</p>

**DHS Policy - FOM 722-07F - Page 8-9 - Approval for APPLA**

<p><b>DHS Policy FOM 722-07F Page 8-9</b></p>	<p><b>APPLA Permanency Goal Achievement</b></p>
	<p>For PPFWR and APPLA, the following forms must be completed as part of the permanency plan approval packet:</p> <p>S-569, Permanency Goal Support Agreement.</p> <p>DHS-569, Permanency Goal Support Agreement, is completed with the youth, the identified supportive adult(s), and when appropriate the legal parent.</p> <p>Provide a copy to each participant, upload a copy to the <i>Documents</i> hyperlink in MiSACWIS, and include the original agreement in the permanency plan approval packet.</p> <p><a href="#">Permanency Pact.</a></p>

	<p>The Permanency Pact is a free tool created by Foster Club that is designed to encourage life-long, kin-like connections between a young person and a supportive adult.</p> <p>Review the Permanency Pact with the youth and the supportive adult(s)/relative caregiver.</p> <p>Complete the Permanency Pact Certificate with the youth and supportive adult(s)/relative caregiver.</p> <p>Provide a copy to each participant, upload a copy to the <i>Documents</i> hyperlink in MiSACWIS, and include the original agreement in the permanency plan approval packet.</p> <p>S-347, Permanency Goal Approval.</p> <p>The assigned caseworker must complete this form.</p> <p>Upload a copy to the <i>Documents</i> hyperlink in MiSACWIS and attach the original as the cover sheet to the permanency plan approval packet.</p> <p>Independent Living Plan, if applicable.</p> <p>If independent living will be the youth's living arrangement, then a detailed independent living plan must be submitted with the permanency goal approval packet; see FOM 722-03C, Preparation and Placement of Older Youth, for detailed information on independent living plans.</p>
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**DHS Policy - FOM 722-07F - page 8 - Permanent Placement Under APPLA**

<p><b>DHS Policy FOM 722-07F page 8</b></p>	<p><b>Permanent Placement Under APPLA</b></p>
	<p>Complete the APPLA Agreement (DHS-844 for Permanent Court Wards and MCI Wards or DHS-843 for Temporary Court Wards). This form should be completed with the foster parents, youth and appropriate staff.</p>

**DHS Policy FOM 722-7F – Page 8 - APPLA-E Agreement [DHS 642]**

<p><b>DHS Policy FOM 722-7F Page 8</b></p>	<p><b>APPLA-E:</b></p>
	<p>Complete the DHS-642, APPLA-E Agreement, with youth and supportive adults. There must be documented efforts to ensure that a youth who does not have a goal of adoption, reunification, or guardianship has long term stability until he or she reaches adulthood.</p>

**DHS Policy - FOM 722-07F - Page 4 - A written Independent Living Plan is required within 60 days of a goal Change to APPLA-E**

<p><b>DHS Policy FOM 722-07F Page 4</b></p>	<p><i>Independent Living Plan</i></p>
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	A detailed independent living plan must be included in the narrative section of the case file within 60 days of the goal change to APPLA-E; see FOM 722-03C, Preparation and Placement of Older Youth.

**DHS Policy - FOM 722-7F - Page 1C - Compelling Reasons for APPLA**

<b>DHS Policy FOM 722-7F - Page 1</b>	<b>Compelling Reasons</b>
	If the permanency planning goal is not reunification, adoption, or guardianship, compelling reasons must be documented within the case service plans why each subsequent permanency planning goal is not in the youth's best interest.

**DHS Policy FOM 722-7F – Page 8 - APPLA Permanency Goal Approval [DHS-343]**

<b>DHS Policy FOM 722-7F – Page 8</b>	<b>APPLA Permanency Goal Approval [DHS-343]</b>
	<b>APPLA-E:</b> Complete the DHS-642, APPLA-E Agreement, with youth and supportive adults. There must be documented efforts to ensure that a youth who does not have a goal of adoption, reunification, or guardianship has long term stability until he or she reaches adulthood.  Complete the DHS-341, APPLA-E Permanency Goal Approval.

**DHS Policy - FOM 722-7F - Page 11 - APPLA - E Case Closure**

<b>DHS Policy</b>	<b>APPLA - E Case Closure</b>
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<b>FOM 722-7F</b> <b>Page 11</b>	
	<p>The foster care case for a youth with an APPLA-E permanency plan must not be closed unless the youth has:</p> <ul style="list-style-type: none"> <li>• The means and ability to be self-supporting.</li> <li>• A safe, appropriate place to live.</li> <li>• Employment.</li> <li>• Opportunity for continued education or vocational training.</li> </ul> <p>The case service plan, independent living and transition plan must reflect the above requirements for case closure. When the youth requests case closure, there must be services and supports identified to assist the youth after leaving foster care. All supportive adults should be invited to the FTMs. If the youth determines that remaining in foster care placement or foster care independent living arrangement would best meet his/her needs, this decision must be reviewed and documented. Foster Care Transitional Medicaid must be opened for the youth prior to case closure.</p>

**ICWA**

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**517.241.7752 (Direct)**  
**Website: <http://www.michigan.gov/AmericanIndians>**

- Components of Indian Child Welfare Act (ICWA)**
- a. Identification of Indian child(ren)**
  - b. Tribal Notification**
  - c. Tribal Jurisdiction (Exclusive/Concurrent)**

- d. Tribal Intervention
- e. Active Efforts
- f. Placement Priorities (FC & Pre-adoptive/Adoption)
- g. Qualified Expert Witness (QEW)
- h. Culturally Competent Services

**BCAL ICWA POLICY**

- a. Tribal Code should be reviewed pertaining to Tribal Licensing rules.
- b. Tribal Reservation/Trust Land Maps should be consulted pertaining to jurisdiction of tribal homes licensing investigations for licensing & audit purposes.
- c. It is highly recommended that BCAL & Tribes collaboratively develop Home Study when permissible.
- d. Tribal Social Service Directors & staff should be consulted on a regular basis pertaining to licensing questions for each tribe respectively.
- e. Follow Local County DHS protocol when mediating/remediating case complaints.

**DHS Policy FOM 722 – 3C– page 2 – Preparation for Independent Living**

<p><b>DHS Policy FOM 722 – 3C (Page 2)</b></p>	<p><b>Preparation for Independent Living</b></p>
	<p><b>INDEPENDENT LIVING PREPARATION</b>          Independent living preparation is required for all youth in foster care age 14 and older, regardless of their permanency planning goal. Once the youth is age 14, the treatment plan and service agreement must describe the services provided and goals for future services, which will help the youth prepare for functional independence. The goal of independent living preparation is to assist youth in transitioning to self-sufficiency. Independent living preparation activities for youth aged 12-13 years are encouraged based upon availability of services and assessment of need. Independent living preparation skills are assessed for each youth as being adequate or inadequate on the Child (Re)Assessment of Needs and Strengths form, DHS-432, 433, 434, 435. Services are provided based upon the identified needs. ...</p>

	<p>When developing the case service plan for older youth, the case-worker must include additional components to ensure youth are provided with services and supports to assist in their preparation for adulthood. The treatment plan and services agreement for each youth age 14 or over must contain a written description of the pro-grams and services which will help the youth transition to a state of functional independence or the ability to take care of oneself physically, socially, economically and psychologically. Independent living preparation skills are assessed for each youth as being adequate or inadequate on the Child Assessment of Needs and Strengths and the Casey Life Skills Assessment. Services are provided based upon the identified needs;</p>

**DHS Policy FOM 722-6i - page 10 DHS Policy 722-2 page 2 – Sibling Visitation  
(2 Violation Boxes)**

<p><b>DHS Policy FOM 722-6i (Page 10)</b></p>	<p><b>SIBLING VISITATION AND ONGOING INTERACTION</b></p>
	<p>Siblings are defined as children who have one or more parents in common. The relationship can be biological, through adoption, or marriage, and includes siblings as defined by the Indian child’s tribal code or custom. A sibling relationship continues regardless of legal status or when a marriage ends by death or divorce.</p> <p><b>CHILDREN'S FOSTER CARE MANUAL STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES</b></p> <p>Children in foster care who have siblings in custody, with whom they are not placed, must have at least monthly visits with their siblings that are separate from parenting time.</p> <p><b>Note:</b> The same standard should apply to ongoing contacts (letters, phone calls, etc.) between siblings.</p> <p>Caseworkers must:</p>

	<p>Coordinate with the caregiver(s) to develop a plan for sibling visitation and ongoing contact.</p> <p>Detail the plan for sibling visits and other contacts within the sibling visitation section of the case service plan and in the Parent-Agency Treatment Plan and Service Agreement; see FOM 722-08C or the Permanent Ward Treatment Plan and Service Agreement, FOM 722-09D. The sibling visitation plan must include specific:</p> <ul style="list-style-type: none"> <li>• Dates of visits or contacts.</li> <li>• Location of visits or contacts.</li> <li>• Duration of visits or contacts.</li> </ul>

<p><b>DHS Policy FOM 722-2 (Page 2)</b></p>	<p><b>Siblings' Right to Be Placed Together and if Not Possible, Second Line Supervisor Approval and Monthly Visitation</b></p>
	<p><b>Placement of Siblings</b> Siblings are entitled to be placed together when in foster care outside their own family. If this proves impossible, the reasons are to be recorded in the DHS-65, Initial Service Plan (ISP), and/or subsequent DHS-66, Updated Service Plan(s) (USP), as appropriate. Written second line supervisory approval is required for a placement which separates or maintains separation of siblings; see FOM 722-3, Placement of Sibling Groups. (Rule 400.12404)</p>

	<p>When lack of available bedroom space is the reason that the siblings are separated in foster care, see FOM 922-1, Foster Family Home Development, to determine the availability of a licensing variance. When separated, the relationship between siblings must be maintained by a detailed plan of visits, phone calls, and letters. <b><u>Visits must occur monthly</u></b>. If a child has been placed for adoption and his/her siblings remain in care, the adoptive parents should be encouraged to continue contact with the child's siblings. The visitation plan is to be recorded in the applicable service plan and the DHS-67, Parent-Agency Treatment Plan and Service Agreement.</p>

**DHS Policy FOM 722-9C page 1 - Action Summary**

<p><b>DHS Policy FOM 722-9C (Page 1)</b></p>	<p><b>Events Requiring the Completion of an Action Summary</b></p>
	<p><b>FOSTER CARE ACTION SUMMARY REQUIREMENTS</b> The Foster Care/Juvenile Justice (FC/JJ) Action Summary, DHS-69(RFF 69), is used whenever there is "action" on a case. The foster care action summary is generated from SWSS FAJ. The DHS worker must complete the DHS-69, Action Summary (RFF 69) in SWSS. Child placing agencies will continue to use the DHS-69, Action Summary template. This form also serves as notice to the courts of changes in placements, parent's living situation and the FC worker/agency, as identifying information is indicated. The FC/JJ action summary meets licensing requirements for replacement documentation (See FOM 722-3) and in most cases, agency transfer and case closing summary (see below).The FC/JJ action summary must also be used for foster care transfer to adoption.</p>

	<p><b>Which Cases/ When</b></p> <p>All foster care cases where there is:</p> <ol style="list-style-type: none"> <li>1. A replacement.</li> <li>2. Termination from foster care placement.</li> <li>3. A change in FC worker.</li> <li>4. Agency change/transfer to another FC agency (if less than 30 days of completion of last case service plan).</li> <li>5. A change in the parent's living situation.</li> <li>6. Case closing (if less than 30 days of completion of last case service plan).</li> <li>7. Foster care transfer to adoption.</li> </ol>
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**DHS Policy 722-6B - Page 2 Family Team Meeting Schedule**

<b>Type</b>	<b>Time Frame</b>
<b>Case Plan Development/ Reassessment</b>	Initial Case Plan (ISP) - within 14 calendar days before the case plan due date. Updated Case Plan (USP) - within 30 calendar days before the case plan due date. Permanent Ward Service Plan (PWSP) - within 30 calendar days before the case plan due date.
<b>Permanency Goal Review at Six Months in Care</b>	Within 30 calendar days from the date the child has been in care for six months.
<b>Permanency Goal Change</b>	Within 30 calendar days before the date of the goal change.
<b>Placement Preservation/ Disruption</b>	At least three business days prior to a planned change of placement or no later than three business days after an unplanned placement change.

<b>Semi-Annual Transition Meeting</b>	<p><b>Note:</b> Planned and unplanned placement changes include reunification, placement in a residential setting, step-down from a residential or hospital setting, return from AWOLP, or request for change in foster home/relative placements.</p> <p>Within 30 calendar days after the youth’s 16th birthday and every six months thereafter.</p> <p>For youth entering out-of-home placement at age 16 or older, the semi-annual transition meeting must be held within 30 calendar days of the removal date; see this item for specific meeting requirements.</p>
<b>90-Day Discharge Planning Meeting</b>	<p>Youth age 16 or older must have a 90-Day Discharge Planning meeting within 90 calendar days before dismissal or within 30 calendar days after an unplanned court dismissal; see this item for specific meeting requirements.</p> <p>Youth in Young Adult Voluntary Foster Care (YAVFC) must have a Discharge Planning Meeting within three business days of discovery that YAVFC eligibility requirements are not being met.</p>
<b>Case Closure</b>	<p>Within 30 calendar days before the case closure date or one business day after unplanned court ordered dismissal.</p>
<b>Request by Family</b>	<p>Within 14 calendar days of the request date.</p>

**DHS Policy 722-6B – Page 11 - Requirements for Completion of DHS 1105**

<b>DHS Policy 722-6B – Page 11</b>	<b>FTM PRACTICE GUIDANCE</b>
	<p><b>Documentation</b> The DHS-1105, Family Team Meeting Report, is used to capture family demographics, FTM logistical information, needs, strengths, action steps, safety concerns and the safety plan, and any recommendations made for the family during the FTM. The DHS-1105, FTM Report, must be completed for every FTM.</p> <p><b>Exception:</b> The DHS-902, 90-Day Discharge Plan Report, and the DHS-901, Semi-Annual Transition Plan Report, are completed in lieu of the DHS-1105, Family Team Meeting Report; see Semi-Annual Transition Meeting and 90-Day Discharge Planning in this item.</p>

**DHS Policy - FOM 722-7F - Page 11 - APPLA Case Closure**

<p><b>DHS Policy FOM 722-7F Page 11</b></p>	<p><b>APPLA Case Closure</b></p>
	<p>The foster care case for a youth with an APPLA-E permanency plan must not be closed unless the youth has:</p> <ul style="list-style-type: none"> <li>• The means and ability to be self-supporting.</li> <li>• A safe, appropriate place to live.</li> <li>• Employment.</li> <li>• Opportunity for continued education or vocational training.</li> </ul> <p>The case service plan, independent living and transition plan must reflect the above requirements for case closure. When the youth requests case closure, there must be services and supports identified to assist the youth after leaving foster care. All supportive adults should be invited to the FTMs. If the youth determines that remaining in foster care placement or foster care independent living arrangement would best meet his/her needs, this decision must be reviewed and documented. Foster Care Transitional Medicaid must be opened for the youth prior to case closure.</p>

**DHS Policy FOM 722-9C page 1 - - Action Summary**

<p><b>DHS Policy FOM 722-9C (Page 1)</b></p>	<p><b>Events Requiring the Completion of an Action Summary</b></p>
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**FOSTER CARE ACTION SUMMARY REQUIREMENTS** The Foster Care/Juvenile Justice (FC/JJ) Action Summary, DHS-69(RFF 69), is used whenever there is “action” on a case. The foster care action summary is generated from SWSS FAJ. The DHS worker must complete the DHS-69, Action Summary (RFF 69) in SWSS. Child placing agencies will continue to use the DHS-69, Action Summary template. This form also serves as notice to the courts of changes in placements, parent's living situation and the FC worker/agency, as identifying information is indicated. The FC/JJ action summary meets licensing requirements for replacement documentation (See FOM 722-3) and in most cases, agency transfer and case closing summary (see below). The FC/JJ action summary must also be used for foster care transfer to adoption.

**Which Cases/ When**

All foster care cases where there is:

1. A replacement.
2. Termination from foster care placement.
3. A change in FC worker.
4. Agency change/transfer to another FC agency (if less than 30 days of completion of last case service plan).
5. A change in the parent's living situation.
6. Case closing (if less than 30 days of completion of last case service plan).
7. Foster care transfer to adoption.

**DHS Policy ADM 410 [Adoption Services Manual] – Page 1 – Fee reimbursement**

<p><b>DHS Policy ADM 410 (Page 1)</b></p>	<p><b>Fee Reimbursement</b></p>
	<p><b>Contracted Adoption Agency Orientation</b></p>

	<p>For contracted adoption agencies, orientation expectations in the current adoption contract must be followed. Adoption contractors must provide written information to prospective adoptive families indicating that “there are no fees for adopting a Department of Human Services (DHS) child or child placed under contractual care with a private agency by DHS.”</p> <p>If the family is charged for an assessment or other services, they are entitled to a full and prompt refund at the time of adoption finalization. If the family has not received a refund, they may contact the manager of the adoption program office at the DHS central office.</p>

**DHS Policy ADM 410 [Adoption Services Manual] – Page 1 – Fee reimbursement**

<p><b>DHS Policy ADM 410 (Page 1)</b></p>	<p><b>Adoption Subsidy</b></p>
	<p><b>ORIENTATION INFORMATION</b></p> <p>Potential adoptive parents must be provided with the following information at orientation:</p> <ul style="list-style-type: none"> <li>• Characteristics of available children.</li> <li>• A description of the adoption process and services available to the child and family.</li> <li>• DHS Publication 255, Michigan Department of Human Services Adoption Program Statement.</li> <li>• DHS Publication 823, Adopting a Child in Michigan.</li> </ul>

	<ul style="list-style-type: none"> <li>• DHS Publication 538, Michigan’s Adoption Subsidy Programs.</li> </ul>
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**DHS Policy ADM 510 – Page 6 – large number of children in the home\***

<p><b>DHS Policy ADM 510 (Page 6)</b></p>	<p><b>Extensive Assessment Requirement for Large Number of Children in the Home</b></p>
	<p><b>Number and Age of Children in the Home</b>  A more extensive assessment of the family’s ability to meet the needs of the children must be completed when any of the following apply:</p> <ul style="list-style-type: none"> <li>• The total number of children who will be placed in the home will result in more than four adopted children in the home.</li> <li>• Placement of a child will result in more than three children under the age of 3 in the home.</li> <li>• Placement of a child will result in more than six children in the home.</li> </ul> <p>This assessment is to determine if the family has a thorough understanding of and capacity to meet the children’s individual needs. The following must be included:</p> <ul style="list-style-type: none"> <li>• An assessment of the family’s demonstrated ability to advocate for and participate in identified services for their children based on references from professionals and service providers who have worked directly with the family to meet the needs of the children already placed in the home, such as teachers, therapists, day care and assisted care providers, medical professionals, etc. These additional references must have direct experience working with the family and provide information about the family’s ability to meet the physical and emotional needs of additional adoptees.</li> </ul> <p>Absent written references from professionals or service providers, the worker must document verbal references with a professional or service provider in the record.</p> <p><u>The DHS-610, Professional Reference form (RFF 610), must be used for the above references.</u></p>

	<p><b>Note:</b> Current or former foster care workers are not acceptable professional references for this purpose.</p> <ul style="list-style-type: none"> <li>• A review of the level and extent of extraordinary care required by other children and any adults in the household who have continuing care needs, including a review of any determination of care (DOC) (DHS 470, DHS 470A, or DHS 1945) rates being paid through adoption support subsidy.</li> <li>• Identification and review of the family’s current support systems. This should include individuals or organizations that provide support to the family in meeting the ongoing needs of the children on a permanent basis and may include other household members, extended family, neighbors, friends, church, school, community groups, day care and respite care providers and other sources of support.</li> <li>• An assessment of the impact of adoption on the family’s ability to care for all children based on the children’s changing needs.</li> <li>• An interview of each child currently living in the home and children no longer in the home, including foster children and any adult children, if available. The assessment of the prospective adoptive family’s ability to nurture and safely care for all the children in the home must be clearly documented.</li> </ul>

**DHS Policy ADM 510 – Page 7 Age / Health Concerns**

<p><b>DHS Policy ADM 510 (Page 7)</b></p>	<p><b>Age / Health Concerns For Prospective Adoptive Parents</b></p>
	<p><b>Health or Age Concerns for Prospective Adoptive Parents</b> If the age or health of a prospective adoptive parent raises concerns about the ability of the parent to provide permanency for a child, the adoption worker must determine if the child’s best interests will be met through this adoption.</p>

	<p>The family’s designated alternate care provider, should the applicant(s) become unable to provide care for the child(ren), must be documented. Contact must be made with the alternate care provider to evaluate the extent of his or her relationship with the child and willingness to provide permanent care for the child. The contact must be documented in the BCAL-3130, Initial Foster Home/Adoption Evaluation, or DHS-612, Adoptive Family Assessment Addendum.</p> <p>The age and/or health of the prospective adoptive parent should be given heightened consideration if:</p> <ul style="list-style-type: none"> <li>○ The prospective adoptive parent is under the age of 21.</li> <li>○ The youngest child to be adopted is less than 10 years of age and there is more than 50 years age difference between the child and the youngest prospective adoptive parent.</li> </ul>

**DHS Policy ADM 510 – Page 6 – large number of children in the home**

<p><b>DHS Policy ADM 510 (Page 6)</b></p>	<p><b>Extensive Assessment Requirement for Large Number of Children in the Home</b></p>
	<p><b>Number and Age of Children in the Home</b></p> <p>A more extensive assessment of the family’s ability to meet the needs of the children must be completed when any of the following apply:</p> <ul style="list-style-type: none"> <li>• The total number of children who will be placed in the home will result in more than four adopted children in the home.</li> <li>• Placement of a child will result in more than three children under the age of 3 in the home.</li> <li>• Placement of a child will result in more than six children in the home.</li> </ul> <p>This assessment is to determine if the family has a thorough understanding of and capacity to meet the children’s individual needs. The following must be included:</p>

- An assessment of the family's demonstrated ability to advocate for and participate in identified services for their children based on references from professionals and service providers who have worked directly with the family to meet the needs of the children already placed in the home, such as teachers, therapists, day care and assisted care providers, medical professionals, etc. These additional references must have direct experience working with the family and provide information about the family's ability to meet the physical and emotional needs of additional adoptees.

Absent written references from professionals or service providers, the worker must document verbal references with a professional or service provider in the record.

The DHS-610, Professional Reference form (RFF 610), must be used for the above references.

**Note:** Current or former foster care workers are not acceptable professional references for this purpose.

- A review of the level and extent of extraordinary care required by other children and any adults in the household who have continuing care needs, including a review of any determination of care (DOC) (DHS 470, DHS 470A, or DHS 1945) rates being paid through adoption support subsidy.
- Identification and review of the family's current support systems. This should include individuals or organizations that provide support to the family in meeting the ongoing needs of the children on a permanent basis and may include other household members, extended family, neighbors, friends, church, school, community groups, day care and respite care providers and other sources of support.
- An assessment of the impact of adoption on the family's ability to care for all children based on the children's changing needs.

	<ul style="list-style-type: none"> <li>An interview of each child currently living in the home and children no longer in the home, including foster children and any adult children, if available. The assessment of the prospective adoptive family's ability to nurture and safely care for all the children in the home must be clearly documented.</li> </ul>

**DHS Policy ADM 210, page 4 CASE ACCEPTANCE AND ASSIGNMENT**

<b>DHS Policy ADM 210, page 4</b>	<b>CASE ACCEPTANCE AND ASSIGNMENT</b>
	<p><u>Within seven working days of receipt of the adoption referral from foster care, the adoption referral must be accepted or rejected.</u> Rejection of a referral must include a detailed explanation of the reason for rejection. If the referral is accepted, the adoption supervisor must assign the case to an adoption worker within three working days to initiate the DHS-1927, Child Adoption Assessment and identify or recruit a qualified family for adoption.</p>

**DHS Policy ADM 210, page 4 CASE ACCEPTANCE AND ASSIGNMENT**

<b>DHS Policy ADM 210, page 4</b>	<b>CASE ACCEPTANCE AND ASSIGNMENT</b>
	<p>Within seven working days of receipt of the adoption referral from foster care, the adoption referral must be accepted or rejected. Rejection of a referral must include a detailed explanation of the reason for rejection. If the referral is accepted, <u>the adoption supervisor must assign the case to an adoption worker within three working days to initiate the DHS-1927, Child Adoption Assessment and identify or recruit a qualified family for adoption.</u></p>

**DHS Policy ADM 610 Page 4 INTENT TO ADOPT FORM**

<p><b>DHS Policy ADM 610, page 4</b></p>	<p><b>INTENT TO ADOPT FORM</b></p>
	<p>Within three working days of the assignment of the adoption case-worker, the adoption worker must notify the caregivers with whom the child is placed that the child’s permanency plan is adoption. The caregiver’s interest in adoption must be documented. Current caregivers should be informed that if the child has a strong bond and psychological attachment, they will be given consideration for adoption of that child. The DHS-4809, Intent to Adopt, must be used for notification. Caregivers must be instructed to return the form to the supervising agency within 14 calendar days of receiving notification to express their interest.</p> <p>Relatives who previously expressed interest in placement must be contacted and their interest in adopting documented on the DHS-4809, Intent to Adopt.</p> <p>The DHS-4809 may also be used for families, other than the current caregivers, to document their interest in adoption planning for the child. This may include families who have adopted known siblings if the agency has determined consideration of this family is in the child’s best interests.</p>

**DHS Policy ADM 400 - page 2– Adoptive Family Recruitment Plan**

<p><b>DHS Policy ADM 400 (Page 2)</b></p>	<p><b>CHILD-SPECIFIC RECRUITMENT EFFORTS</b></p>
	<p><b>CHILD-SPECIFIC RECRUITMENT EFFORTS</b></p>

Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. The recruitment plan must be based on the child's specific needs and efforts must focus on finding an adoptive family that will provide a stable home for the child.

The child-specific recruitment plan may include locating relatives or friends who have an established positive relationship with the child, photo listing on state and national websites, as well as recruitment through distribution of information about a specific child.

If an adoptive family has not been identified for the child at the time of adoption referral, a written, child-specific recruitment plan must be developed within 30 calendar days of the date of acceptance of the case transfer. The child must also be registered for photo listing on the Michigan Adoption Resource Exchange (MARE) within 30 calendar days of termination of parental rights or date of acceptance of the case transfer, whichever is later. A copy of the recruitment plan must be provided to MARE with the photo listing information.

**Recruitment Plan Review**

Child-specific recruitment plans must be discussed in a face-to-face case review meeting on a quarterly basis for children without an identified adoptive family. Quarterly reviews of the plan must continue until the child is placed with a family that plans to permanently care for the child. The schedule of case review meetings is as follows:

- Within the first three months of the child's goal changing to adoption, a face-to-face case review meeting must occur between the adoption worker and the adoption supervisor.
- Between three and six months of the child's goal changing to adoption, a face-to-face case review meeting must occur and include at a minimum: the adoption worker, the adoption supervisor and a permanency resource manager.
- Between six and nine months of the child's goal changing to adoption, a face-to-face case review meeting must occur and include at a minimum: the adoption worker, the adoption supervisor and a permanency resource manager.

	<ul style="list-style-type: none"> <li>• In cases where a permanent home has not been identified within one year of the child's goal changing to adoption, a face-to-face case review meeting must occur and include at a minimum: the adoption worker, the adoption supervisor, and an outside expert engaged by DHS with expertise in permanency and adoption processes and planning. This review must occur between nine and twelve months of the child's goal changing to adoption and must be held on a quarterly basis thereafter until the child is placed with a family that plans to permanently care for the child. Documentation of recruitment efforts must be maintained in the child's adoption record for review.</li> </ul>

**DHS Policy ADM 300 – page 1 - ASSESSMENT REQUIRED INFORMATION**

<p><b>DHS Policy ADM 300 (Page 1)</b></p>	<p><b>Required Information in an Adoption Assessment</b></p>
	<p><b>ASSESSMENT REQUIRED INFORMATION</b>  The assessment must summarize all information available at the time of completion. This includes medical, emotional, developmental, and educational information obtained through current service providers and schools. Information in the assessment must also include historical information about the child and the biological family. If any of the above information is not available, the assessment must document the efforts made to obtain the information and the reason it is not available.</p>

	<p>Factors listed in the adoption placement criteria section of the child assessment are critical in determining what is in the best interest of the child and in securing a successful placement. Efforts must be made to contact all possible sources of information....</p> <p>The DHS-1927, Child Adoption Assessment, must be completed by the adoption worker and approved by the adoption supervisor within 45 calendar days of case acceptance....</p> <p>Department of Human Services (DHS) workers and contracted agency adoption workers must use the DHS-1927, Child Adoption Assessment, and complete each section thoroughly.</p>

**DHS Policy ADM 870 – page 2 - L-GAL**

<p><b>DHS Policy ADM 870 (Page 2)</b></p>	<p><b>Lawyer Guardian Ad Litem to Receive a Written Copy of the Final Recommendation of The Adoption Agency</b></p>
	<p><b>Final Recommendation of Adoption Agency</b></p>

	<p>Following the case conference, the person conducting the case conference must inform the prospective adoptive family in writing of the final recommendation. If the agency does not recommend the family for adoption, the family must be informed that additional information may be provided to the MCI office within 14 days. The appropriate mailing address must be provided. A copy of the letter to the family should be forwarded to the lawyer-guardian ad litem (L-GAL) for the child. If an attorney represents the family, a copy of the letter must also be provided to the attorney</p>

**DHS Policy ADM 300 – page 3 – Adoption Assessment Addendum**

<p><b>DHS Policy ADM 300 (Page 3)</b></p>	<p><b>Adoption Assessment Addendum</b></p>
	<p><b>CHILD ADOPTION ASSESSMENT ADDENDUM</b>  The DHS-606, Child Adoption Assessment Addendum, must be used to update the DHS-1927, Child Adoption Assessment, on an annual basis if the child has not been placed for adoption and when there is a change in placement or other significant event. The addendum must reflect significant changes and child development updates from the previous assessment. The addendum must provide current information that would be significant to a prospective adoptive family.  Contracted adoption agencies must forward a copy of the child assessment addendum to the local DHS adoption monitor within five calendar days of completion, for inclusion in the child’s permanent record.  <b>Distribution</b>  The adoption worker or assigned DHS monitor must provide a copy of the child assessment addendum to the foster care worker.</p>

**DHS Policy ADM 330 – page 1 - Quarterly Adoption Progress Report**

<b>DHS Policy ADM 330 (Page 1)</b>	<b>Quarterly Adoption Progress Report</b>
	<p><b>OVERVIEW</b></p> <p>Adoption workers must submit written quarterly progress reports using the DHS-614, Quarterly Adoption Progress Report. <b>The adoption worker must have at least one face-to-face contact with the child during each quarter prior to the adoption supervision period for the purpose of completing the DHS-614.</b> The child assessment may serve as the initial quarterly report if it is completed within the required quarterly reporting period and attached to the DHS-614 form. Thereafter, a quarterly report must contain the following information:</p> <ul style="list-style-type: none"> <li>•Dates of contact.</li> <li>•Dates and types of recruitment activities.</li> <li>•Progress toward achieving adoption.</li> <li>•Barriers to achieving adoption and specific action steps to overcome the barriers.</li> <li>•Projected date for finalizing the adoption.</li> </ul> <p><b>Note:</b> During the adoption supervision period, monthly face-to-face visits must be made with the child and adoptive parent(s). The DHS-614 may be completed based on the information gathered during the monthly visit. See ADM 950 for visit requirements during supervision.</p> <p><b>Reporting Duration</b></p> <p>The DHS-614, Quarterly Adoption Progress Report, must be completed up to the date of the adoption finalization. The DHS-613, Adoptive Placement Supervisory Report, does not replace the Quarterly Adoption Progress Report and must continue to be completed during the adoption supervision period. See ADM 950 for details regarding the adoption supervision period.</p>

<p><b>DHS Policy ADM 330 (Page 1)</b></p>	<p><b>Quarterly Adoption Progress Report</b></p>
	<p><b>OVERVIEW</b> Adoption workers must submit written quarterly progress reports using the DHS-614, Quarterly Adoption Progress Report. <b>The adoption worker must have at least one face-to-face contact with the child during each quarter prior to the adoption supervision period for the purpose of completing the DHS-614.</b> The child assessment may serve as the initial quarterly report if it is completed within the required quarterly reporting period and attached to the DHS-614 form. Thereafter, a quarterly report must contain the following information:</p> <ul style="list-style-type: none"> <li>•Dates of contact.</li> <li>•Dates and types of recruitment activities.</li> <li>•Progress toward achieving adoption.</li> <li>•Barriers to achieving adoption and specific action steps to overcome the barriers.</li> <li>•Projected date for finalizing the adoption.</li> </ul> <p><b>Note:</b> During the adoption supervision period, monthly face-to-face visits must be made with the child and adoptive parent(s). The DHS-614 may be completed based on the information gathered during the monthly visit. See ADM 950 for visit requirements during supervision.</p> <p><b>Reporting Duration</b> The DHS-614, Quarterly Adoption Progress Report, must be completed up to the date of the adoption finalization. The DHS-613, Adoptive Placement Supervisory Report, does not replace the Quarterly Adoption Progress Report and must continue to be completed during the adoption supervision period. See ADM 950 for details regarding the adoption supervision period.</p>

DHS Policy ADM 650 (Page 2)	<b>Sibling Visitation</b>
	<p><b>Maintaining Sibling Relationships</b>          Unless it has been determined that sibling visits are not in the child’s best interest, a child’s visits with siblings must continue at the interval established prior to the termination of parental rights until the court has signed an Order Placing Child. If visits are discontinued, the decision and the reason(s) why must be documented in the quarterly adoption reports.</p>

**DHS Policy ADM 330 – page 1 - Quarterly Adoption Progress Report**

DHS Policy ADM 330 (Page 1)	<b>Quarterly Adoption Progress Report</b>
	<p><b>OVERVIEW</b>          Adoption workers must submit written quarterly progress reports using the DHS-614, Quarterly Adoption Progress Report. <b>The adoption worker must have at least one face-to-face contact with the child during each quarter prior to the adoption supervision period for the purpose of completing the DHS-614.</b> The child assessment may serve as the initial quarterly report if it is completed within the required quarterly reporting period and attached to the DHS-614 form. Thereafter, a quarterly report must contain the following information:</p> <ul style="list-style-type: none"> <li>•Dates of contact.</li> <li>•Dates and types of recruitment activities.</li> <li>•Progress toward achieving adoption.</li> <li>•Barriers to achieving adoption and specific action steps to overcome the barriers.</li> <li>•Projected date for finalizing the adoption.</li> </ul>

	<p><b>Note:</b> During the adoption supervision period, monthly face-to-face visits must be made with the child and adoptive parent(s). The DHS-614 may be completed based on the information gathered during the monthly visit. See ADM 950 for visit requirements during supervision.</p> <p><b>Reporting Duration</b> The DHS-614, Quarterly Adoption Progress Report, must be completed up to the date of the adoption finalization. The DHS-613, Adoptive Placement Supervisory Report, does not replace the Quarterly Adoption Progress Report and must continue to be completed during the adoption supervision period. See ADM 950 for details regarding the adoption supervision period.</p>

**DHS Policy ADM 710 – page 1 – Children Without an Identified Adoptive Parent**

<p><b>DHS Policy ADM 710 (Page 1)</b></p>	<p><b>Children Without an Identified Adoptive Parent</b></p>
	<p><b>Children Without an Identified Adoptive Parent</b> If an adoptive parent has not been identified for a child prior to termination, the child must be registered for photo listing on the MARE system within 30 calendar days of receipt of the termination order or the date of the acceptance of the adoption referral, whichever is later. The MARE registration for photo listing must include a strength based narrative and a high quality, current photograph of the child.</p>

**DHS Policy ADM 710 – page 2 - Children With an Identified Adoptive Parent**

<b>DHS Policy ADM 710 (Page 2)</b>	<b>Children With an Identified Adoptive Parent</b>
	<b>Children With an Identified Adoptive Parent</b>

	<p>For children who have an identified adoptive parent, a copy of the signed DHS-4809, Intent to Adopt, from the prospective adoptive parent must be sent with the registration for the child on MARE. The registration must be submitted to MARE within 30 calendar days of the receipt of the termination of parental rights order or the date of the acceptance of the adoption referral, whichever is later. Cases where children are placed on hold will continue to be monitored, however, the child will not be photolisted for recruitment purposes. If, at any time, the prospective adoptive family decides not to proceed with the adoption, and no other family has been identified, the child must be immediately registered with MARE for recruitment purposes by sending a standard MARE Child Entry Form – For Child Appearing on the MARE Website, and a clear, well-defined photograph. If a new adoptive parent is identified, then an updated hold form must be submitted.</p> <p>Children may not be listed on hold for more than six months. If a child is to remain on hold after six months, a face-to-face case review meeting must occur; see ADM 0610 for face-to-face case review meeting requirements. Additionally, a written explanation of the circumstances that warrant an extension must be sent to MARE within 15 calendar days of the six month date and quarterly thereafter, until the Order Placing Child After Consent is issued or a goal change occurs. The explanation must provide the reasons for the continuation of the hold status, the plan for adoptive placement and the projected timeline.</p>

**DHS Policy ADM 710 – page 2 - Children With an Identified Adoptive Parent**

<b>DHS Policy ADM 710 (Page 2)</b>	<b>Children With an Identified Adoptive Parent</b>
	<b>Children With an Identified Adoptive Parent</b>

For children who have an identified adoptive parent, a copy of the signed DHS-4809, Intent to Adopt, from the prospective adoptive parent must be sent with the registration for the child on MARE. The registration must be submitted to MARE within 30 calendar days of the receipt of the termination of parental rights order or the date of the acceptance of the adoption referral, whichever is later. Cases where children are placed on hold will continue to be monitored, however, the child will not be photolisted for recruitment purposes. If, at any time, the prospective adoptive family decides not to proceed with the adoption, and no other family has been identified, the child must be immediately registered with MARE for recruitment purposes by sending a standard MARE Child Entry Form – For Child Appearing on the MARE Website, and a clear, well-defined photograph. If a new adoptive parent is identified, then an updated hold form must be submitted.

Children may not be listed on hold for more than six months. If a child is to remain on hold after six months, a face-to-face case review meeting must occur; see ADM 0610 for face-to-face case review meeting requirements. Additionally, a written explanation of the circumstances that warrant an extension must be sent to MARE within 15 calendar days of the six month date and quarterly thereafter, until the Order Placing Child After Consent is issued or a goal change occurs. The explanation must provide the reasons for the continuation of the hold status, the plan for adoptive placement and the projected timeline.

**DHS Policy ADM 410 [Adoption Services Manual] – Page 1 – Fee reimbursement**

<p><b>DHS Policy ADM 410 (Page 1)</b></p>	<p><b>Fee Reimbursement</b></p>
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	<p><b>Contracted Adoption Agency Orientation</b></p> <p>For contracted adoption agencies, orientation expectations in the current adoption contract must be followed. <u>Adoption contractors must provide written information to prospective adoptive families indicating that “there are no fees for adopting a Department of Human Services (DHS) child or child placed under contractual care with a private agency by DHS.”</u></p> <p>If the family is charged for an assessment or other services, they are entitled to a full and prompt refund at the time of adoption finalization. If the family has not received a refund, they may contact the manager of the adoption program office at the DHS central office.</p>

**DHS Policy ADM 410 [Adoption Services Manual] – Page 1 – ORIENTATION INFORMATION**

<p><b>DHS Policy ADM 410 - Page 1</b></p>	<p><b>ORIENTATION INFORMATION</b></p>
	<p><b>ORIENTATION INFORMATION</b></p> <p>Potential adoptive parents must be provided with the following information at orientation:</p> <ul style="list-style-type: none"> <li>• Characteristics of available children.</li> <li>• A description of the adoption process and services available to the child and family</li> <li>• DHS Publication 255, Michigan Department of Human Services Adoption Program Statement.</li> <li>• DHS Publication 823, Adopting a Child in Michigan.</li> <li>• DHS Publication 538, Michigan’s Adoption Subsidy Programs.</li> </ul>

**DHS Policy ADM 430 – Page 1 – Family required to Submit adoption application**

<p><b>DHS Policy ADM 430 (Page 1)</b></p>	<p><b>Adoption Application</b></p>
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	<p>A family interested in adopting a child from foster care must complete the DHS-3153A, Adoption Application. Contracted adoption agencies may supplement the application with additional information.</p> <ul style="list-style-type: none"> <li>•Completion of an adoption application is a condition of eligibility and required before starting the assessment process.</li> <li>•Information on the form is confidential and may be used as part of the adoptive process only.</li> <li>•Withheld or false information</li> </ul>

**DHS Policy ADM 510 - Page 1 – Current BCAL 3130 and DHS 612 Required to be on file before adoption effort proceeds.**

<p><b>DHS Policy ADM 510 (Page 1)</b></p>	<p><b>Current BCAL 3130 and DHS 612 Required to be on file before adoption effort proceeds</b></p>
	<p><b>PROCEDURES</b>  The BCAL-3130, Initial Foster Home/Adoption Evaluation, must be used to license foster homes and provide preliminary approval of foster and recruited parents for adoption. The evaluation provides documentation of the assessment by the licensing and/or adoption worker of the applicant’s ability to parent and provide a stable home for children but does not provide adoption approval for a specific child/children. In all cases, the DHS-612, Adoptive Family Assessment Addendum must also be completed for approval of adoption when a specific child has been identified for a family.</p>

**DHS Policy ADM 420 – page 1 – PRIDE TRAINING REQUIRED**

<p><b>DHS Policy ADM 420 (Page 1)</b></p>	<p><b>PRIDE Training Required</b></p>
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**REQUIREMENTS**

Persons seeking to be approved as adoptive parents must participate in a minimum of 12 hours of training prior to the legal adoptive placement of a child. Training must, at a minimum, reflect the requirements set forth by the Department of Human Services (DHS) below.

The Parent Resources for Information, Development and Education (PRIDE) curriculum must be used for adoptive parent training. The material in the following designated PRIDE sessions must be covered:

- Session 1 (Connecting with PRIDE).
- Session 2 (Teamwork Toward Permanence).
- Session 3 (Meeting Developmental Needs: Attachment).
- Session 4 (Meeting Developmental Needs: Loss).
- Session 6 (Meeting Developmental Needs: Discipline).

For training sessions with only prospective adoptive parents in attendance, the above material may be expanded with specific information on adoption issues.

In addition to the PRIDE sessions, a separate, mandatory orientation session is required for all prospective adoptive parents (see ADM 410). Completion of the above PRIDE sessions is the requirement for approval of all prospective adoptive parents, including relatives. If there are two adoptive parents, they must both complete the training sessions. In the case of competing parties, if there is a family assessment completed, training is mandatory for approval to adopt.

Foster parents who have completed the PRIDE sessions and have a current foster care license are not required to attend additional training sessions.

**DHS Policy ADM 520 – page 4 - ICHAT & LEIN Checks Required \***

<b>DHS Policy ADM 520 (Page 4)</b>	<b>ICHAT &amp; LEIN Checks Required</b>
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	<p><b>Contracted Adoption Agency Required Clearance (ICHAT)</b>  Internet Criminal History Access Tool (ICHAT) clearances must be completed by all contracted adoption agency adoption workers. This is to be accessed through agency registration on ICHAT with the Michigan State Police Web site. ICHAT documents may be retained in the case record after summarizing in the BCAL-3130, Initial Foster Home/Adoption Evaluation, or DHS-612, Family Adoption Assessment Addendum.</p> <p><b>LEIN/ICHAT Time Frames</b>  LEIN and ICHAT clearances <b>must be completed at the following times:</b></p> <ul style="list-style-type: none"> <li>•After application.</li> <li>•Immediately prior to adoption approval (if the assessment is favorable).</li> <li>•Immediately prior to adoption placement.</li> </ul> <p><b>Each clearance must be repeated:</b></p> <ul style="list-style-type: none"> <li>•Every three months after the court order of adoptive placement of a child in the home for adoption.</li> <li>•30 calendar days prior to finalization.</li> </ul>
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**DHS Policy ADM 520 – page 4 - ICHAT & LEIN Repeat Checks Required**

<p><b>DHS Policy ADM 520 - Page 4</b></p>	<p><b>ICHAT &amp; LEIN Checks Required</b></p>
	<p><b>LEIN/ICHAT Time Frames</b>  <b>Each clearance must be repeated:</b></p> <ul style="list-style-type: none"> <li>•Every three months after the court order of adoptive placement of a child in the home for adoption.</li> <li>•30 calendar days prior to finalization.</li> </ul>

**DHS Policy ADM 640 – page 1 – Interstate Compact**

<p><b>DHS Policy ADM 640</b></p>	<p><b>Interstate Compact</b></p>
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<b>(Page 1)</b>	
	<p><b>INTERSTATE ADOPTION PROCEDURE</b></p> <p>If a child’s permanency plan is to be adopted by a family residing outside of the state of Michigan, the Interstate Compact on the Placement of Children (ICPC) must be used (see FOM 932-1, Interstate Adoption Procedures). The ICPC process should be initiated as early in the permanency planning process as possible. Foster care and adoption staff must coordinate the referral process through the Interstate Compact Office.</p> <p>A child cannot be placed out of state for relative placement, foster care placement, or adoption without prior written approval from the receiving state through the ICPC process.</p>

**DHS Policy ADM 680 – page 1 – Adoption Subsidy made available to potential adoptive families**

<b>DHS Policy ADM 680 (Page 1)</b>	<b>Adoption Subsidy Made Available To Potential Adoptive Families</b>
	<p><b>PROCEDURE</b></p> <p>The supervising agency must initiate the process of applying for adoption <b>support subsidy, nonrecurring adoption expenses, and medical subsidy</b> programs. By law (MCL 400.115m), all prospective adoptive families of children in the state’s care must be given information about the adoption subsidy programs and the opportunity to request a determination of eligibility.</p>

**DHS Policy ADM 860 – Page 1 – Competing Parties**

<b>DHS Policy ADM 860 (Page 1)</b>	<b>Competing Parties</b>
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**MORE THAN ONE FAMILY WANTING TO ADOPT**

If there is more than one family who wishes to adopt the same child, the BCAL-3130, Initial Foster Home/Adoption Evaluation, and DHS-612, Adoptive Family Assessment Addendum, or DHS-1926, Preliminary Family Assessment (RFF 1926), for all interested families must be submitted with the consent request packet utilizing the DHS-3217-A, Adoption Consent Request for Competing Parties (RFF 3217-A). The Michigan Children’s Institute (MCI) superintendent may request additional information or actions prior to issuing a decision regarding consent. Replacement of state wards with a family that is involved in a case conference should not proceed without the approval of the MCI superintendent.

**Adoption Subsidy Application**

Each competing party family must be given information regarding the adoption subsidy program and the opportunity to request adoption subsidies eligibility certification.

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**Adoption Subsidy Application**

Each competing party family must be given information regarding the adoption subsidy program and the opportunity to request adoption subsidies eligibility certification.

<p><b>DHS Policy ADM 860 (Page 1)</b></p>	<p><b>Competing Parties</b></p>
	<p><b>MORE THAN ONE FAMILY WANTING TO ADOPT</b>  If there is more than one family who wishes to adopt the same child, the BCAL-3130, Initial Foster Home/Adoption Evaluation, and DHS-612, Adoptive Family Assessment Addendum, or DHS-1926, Preliminary Family Assessment (RFF 1926), for all interested families must be submitted with the consent request packet utilizing the DHS-3217-A, Adoption Consent Request for Competing Parties (RFF 3217-A). The Michigan Children’s Institute (MCI) superintendent may request additional information or actions prior to issuing a decision regarding consent. Replacement of state wards with a family that is involved in a case conference should not proceed without the approval of the MCI superintendent.</p> <p><b>Adoption Subsidy Application</b>  Each competing party family must be given information regarding the adoption subsidy program and the opportunity to request adoption subsidies eligibility certification.</p> <p><b>MORE THAN ONE FAMILY WANTING TO ADOPT</b>  If there is more than one family who wishes to adopt the same child, the BCAL-3130, Initial Foster Home/Adoption Evaluation, and DHS-612, Adoptive Family Assessment Addendum, or DHS-1926, Preliminary Family Assessment (RFF 1926), for all interested families must be submitted with the consent request packet utilizing the DHS-3217-A, Adoption Consent Request for Competing Parties (RFF 3217-A). The Michigan Children’s Institute (MCI) superintendent may request additional information or actions prior to issuing a decision regarding consent. Replacement of state wards with a family that is involved in a case conference should not proceed without the approval of the MCI superintendent.</p> <p><b>Adoption Subsidy Application</b>  Each competing party family must be given information regarding the adoption subsidy program and the opportunity to request adoption subsidies eligibility certification.</p>

**DHS Policy ADM 870 – page 1 – Written Notice of Denial to Adopt**

<p><b>DHS Policy ADM 870 (Page 1)</b></p>	<p><b>Written Notice of Denial to Adopt</b></p>
	<p><b>Written Notice of Agency’s Recommendation To Deny Consent</b></p> <p>If the adoption worker determines that the prospective adoptive family should not be recommended for consent, the prospective adoptive family must be informed and provided with a summary of the factors that were considered in the decision.</p> <p>For MCI wards, the adoption worker must inform the family in writing, using the DHS-605, Recommendation to Deny Consent.. The DHS-605, Recommendation to Deny Consent, notifies the adoptive applicant(s) that if they applied for adoption of a specific child, the recommendation will be sent to the Superintendent of the MCI who will make the final consent decision. The DHS-605 also informs the adoptive applicant(s) that they may provide additional information directly to the MCI.</p>

**DHS Policy ADM 870 – Page 1 – Denial Conference**

<p><b>DHS Policy ADM 870 (Page 1)</b></p>	<p><b>Denial Conference</b></p>
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	<p><b>Case Conference</b></p> <p>Within 14 calendar days of receipt of the request for a case conference, the child placing agency director or designee must hold the case conference. The purpose of the case conference is to allow the prospective adoptive family to clarify or provide additional information concerning the BCAL-3130, Initial Foster Home/Adoption Evaluation, and DHS-612, Adoptive Family Assessment Addendum. Participants must include the adoption worker and the worker’s supervisor. For Department of Human Services (DHS) supervised cases, area office assistance may be requested.</p> <p>The prospective adoptive family may not discuss other applicant families in a competing party situation. A support person chosen by the prospective adoptive family may attend the case conference. Additional participants may be included at the discretion of the person conducting the conference. The child placing agency may limit the number of outside participants for good cause (e.g., size of group).</p>

**DHS Policy 870 – page 2 – Final Recommendation**

<p><b>DHS Policy ADM 870 (Page 2)</b></p>	<p><b>Final Recommendation</b></p>
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**Final Recommendation of Adoption Agency**

Following the case conference, the person conducting the case conference must inform the prospective adoptive family in writing of the final recommendation. If the agency does not recommend the family for adoption, the family must be informed that additional information may be provided to the MCI office within 14 days. The appropriate mailing address must be provided. A copy of the letter to the family should be forwarded to the lawyer-guardian ad litem (L-GAL) for the child. If an attorney represents the family, a copy of the letter must also be provided to the attorney.

A copy of the DHS-605, Recommendation to Deny Consent (RFF 605), must be submitted to the MCI office along with a copy of:

- BCAL-3130, Initial Foster Home/Adoption Evaluation; or
- DHS-1926, Preliminary Adoptive Family Assessment (RFF 1926); and,
- DHS-1927, Child Adoption Assessment (RFF 1927); and
- Any addenda to these reports.

Adoption workers should include a cover letter to the MCI office summarizing the reasons for their recommendation. The cover letter should also identify the L-GAL for the child and any other professionals (e.g. therapist, medical care staff, teachers, etc.) who work with the child.

**Note:** If the agency reverses its position and recommends the family for adoption, the BCAL-3130, Initial Foster Home/Adoption Evaluation, and DHS-612, Adoptive Family Assessment Addendum, must be updated to reflect the change in recommendation.

**DHS Policy 870 – page 2 – Final Recommendation 2**

<b>DHS Policy ADM 870 (Page 2)</b>	<b>Final Recommendation</b>
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**Final Recommendation of Adoption Agency**

Following the case conference, the person conducting the case conference must inform the prospective adoptive family in writing of the final recommendation. If the agency does not recommend the family for adoption, the family must be informed that additional information may be provided to the MCI office within 14 days. The appropriate mailing address must be provided. A copy of the letter to the family should be forwarded to the lawyer-guardian ad litem (L-GAL) for the child. If an attorney represents the family, a copy of the letter must also be provided to the attorney.

A copy of the DHS-605, Recommendation to Deny Consent (RFF 605), must be submitted to the MCI office along with a copy of:

- BCAL-3130, Initial Foster Home/Adoption Evaluation; or
- DHS-1926, Preliminary Adoptive Family Assessment (RFF 1926); and,
- DHS-1927, Child Adoption Assessment (RFF 1927); and
- Any addenda to these reports.

Adoption workers should include a cover letter to the MCI office summarizing the reasons for their recommendation. The cover letter should also identify the L-GAL for the child and any other professionals (e.g. therapist, medical care staff, teachers, etc.) who work with the child.

**Note:** If the agency reverses its position and recommends the family for adoption, the BCAL-3130, Initial Foster Home/Adoption Evaluation, and DHS-612, Adoptive Family Assessment Addendum, must be updated to reflect the change in recommendation.

**DHS Policy 870 – page 2 – Final Recommendation 3**

<b>DHS Policy ADM 870 (Page 2)</b>	<b>Final Recommendation</b>
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	<p><b>Final Recommendation of Adoption Agency</b>  ...If the agency reverses its position and recommends the family for adoption, the BCAL-3130, Initial Foster Home/Adoption Evaluation, and DHS-612, Adoptive Family Assessment Addendum, must be updated to reflect the change in recommendation.</p>

**DHS Policy ADM 870 – page 4 - Court Notification**

<p><b>DHS Policy ADM 870 (Page 4)</b></p>	<p><b>Court Notification</b></p>
	<p><b>Forwarding Information to the Court</b>  Copies of the denial of consent letter to the prospective adoptive family from the child placing agency and the DHS-605, Recommendation to Deny Consent (RFF 605), from the MCI office must be presented to the court if a petition for adoption of the child is filed.</p>

**DHS Policy ADM 950 – page 2 - visitation**

<p><b>DHS Policy ADM 950 (Page 2)</b></p>	<p><b>Visitation</b></p>
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	<p>During the time of adoption placement supervision, prior to the order confirming (finalizing) the adoption, the adoption worker must visit the adoptive family and child not less than monthly. The family must be advised of the results of the supervising agency's continuing assessment at the conclusion of each quarter.</p> <p><b>Caseworker Visit Requirements</b></p> <ul style="list-style-type: none"> <li>•Each child and at least one adoptive parent must have a face-to-face adoption worker visit a minimum of once each calendar month. If there are two adoptive parents, the adoption worker must have a face-to-face visit with the child and the second adoptive parent, in the child's residence, at least once each quarter.</li> <li>•The adoption worker visit with the child and adoptive parent must take place in the child's residence at least every other month.</li> </ul>

**DHS Policy ADM 950 – page 3 – Caseworker visitation at a home without prior residency of the child**

<p><b>DHS Policy ADM 950 (Page 3)</b></p>	<p><b>Caseworker Visitation At a Home Without Prior Residency of the Child</b></p>
	<p><b>Additional Caseworker Visits- Recruited Families</b></p> <p>To ensure adequate supports for children placed in families with whom the child has not lived prior to adoptive placement, the following caseworker visit requirements must be met:</p> <ul style="list-style-type: none"> <li>•First month of adoptive placement: One face-to-face supervision visit each week.</li> <li>•Second and third months of adoptive placement: One face-to-face supervision visit every two weeks.</li> <li>•Fourth and subsequent months of adoptive placement: One face-to-face supervision each month.</li> </ul>

**DHS Policy ADM 950 – page 3 – Visitation Documentation**

<b>DHS Policy ADM 950 (Page 3)</b>	<b>Visitation Documentation</b>
	<b>Documenting Caseworker Visits</b> The information gathered during the monthly caseworker visit must be documented in the child’s case record. The information must be included in the DHS-613, Adoption Supervisory Report, and the DHS-222, Adoption Closing Summary.

**DHS Policy ADM 920 –page 1- Required documentation to be submitted in a petition to adopt.**

<b>DHS Policy ADM 920 (Page 1)</b>	<b>Required Documentation to be Submitted In a Petition to Adopt.</b>
	<b>PREPARATION OF DOCUMENTS FOR ADOPTION</b> The adoption worker or the prospective adoptive family’s attorney must prepare the legal documents for adoption unless prepared by the court. The precise documentation required varies from court to court, as does the sequence of submitting documents. The following documents are required to be submitted subsequent to, or concurrent with, the filing of an adoption petition but prior to the hearing on the petition: <ul style="list-style-type: none"> <li>•PCA 301, Petition For Adoption.</li> <li>•PCA 309, Consent To Adoption By Agency/Court.</li> <li>•PCA 318, Order Terminating Parental Rights After Release or Consent.</li> <li>•PCA 320, Order Placing Child After Consent.</li> <li>•PCA 321, Order Of Adoption.</li> <li>•PCA 307, Consent to Adoption by Adoptee (for adoptee age 14 and older).</li> <li>•PCA 341 - Final Order Allowing Fees and Costs.</li> <li>•PCA 345 - Statement of Services Performed by Agency/Department of Human Services.</li> <li>•PCA 347 - Petitioner’s Verified Accounting.</li> <li>•Child’s birth certificate.</li> </ul>

	<p><b>Note:</b> Either an “administrative” or “certified” copy of a child’s birth certificate may be obtained from DCH, Vital Records and Health Statistics. See the SWSS CPS and FAJ How Do I (HDI) for detailed instructions. Contract agencies may request a copy of a birth certificate by contacting the DHS case monitor for the child’s case.</p> <ul style="list-style-type: none"> <li>•DHS-1927, Child Adoption Assessment (RFF 1927), and any DHS-606, Child Adoption Assessment Addendum (RFF 606).</li> <li>•BCAL-3130, Initial Foster Home/Adoption Evaluation, and DHS-612, Adoptive Family Assessment Addendum (RFF 612).</li> <li>•A denial of consent to adoption issued by the MCI office, if applicable.</li> </ul>

**DHS Policy ADM 980 – page 1 – Closing**

<p><b>DHS Policy ADM 980 (Page 1)</b></p>	<p><b>Closing</b></p>
	<p><b>ADOPTION CLOSING SUMMARY (DHS-222)</b>  The purpose of the closing summary is to provide a concise summary of the child’s adoption. The closing summary should include a description of events related to the adoption that have not been previously addressed the DHS-614, Quarterly Adoption Progress Reports. A copy of the closing summary must be sent to the Department of Human Services (DHS) foster care worker (or contract monitor for purchase of service cases) for inclusion in the child’s permanent record. The DHS-222, Adoption Closing Summary (RFF 222) must be used for this purpose.</p>

**DHS Policy ADM 980 – Page 1 – Closing Letter**

<p><b>DHS Policy ADM 980 (Page 1)</b></p>	<p><b>Closing Letter</b></p>
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	<b>CLOSING LETTER TO FAMILY</b>
	The DHS-607, Adoptive Family Closing Letter form (RFF 607), must be sent to the family outlining the changes they can expect in coming weeks and any future services available.

## **CHILD CARE ORGANIZATIONS (EXCERPT)**

### **Act 116 of 1973**

#### **722.111 Definitions; exemption from inspections and on-site visits.**

##### Sec. 1.

(1) As used in this act:

(a) "Child care organization" means a governmental or nongovernmental organization having as its principal function receiving minor children for care, maintenance, training, and supervision, notwithstanding that educational instruction may be given. Child care organization includes organizations commonly described as child caring institutions, child placing agencies, children's camps, children's campsites, children's therapeutic group homes, child care centers, day care centers, nursery schools, parent cooperative preschools, foster homes, group homes, or child care homes. Child care organization does not include a governmental or nongovernmental organization that does either of the following:

(i) Provides care exclusively to minors who have been emancipated by court order under section 4(3) of 1968 PA 293, MCL 722.4.

(ii) Provides care exclusively to persons who are 18 years of age or older and to minors who have been emancipated by court order under section 4(3) of 1968 PA 293, MCL 722.4, at the same location.

(b) "Child caring institution" means a child care facility that is organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the child caring institution for that purpose, and operates throughout the year. An educational program may be provided, but the educational program shall not be the primary purpose of the facility. Child caring institution includes a maternity home for the care of unmarried mothers who are minors and an agency group home, that is described as a small child caring institution, owned, leased, or rented by a licensed agency providing care for more than 4 but less than 13 minor children. Child caring institution also includes institutions for developmentally disabled or emotionally disturbed minor children. Child caring institution does not include a hospital, nursing home, or home for the aged licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260, a boarding school licensed under section 1335 of the revised school code, 1976 PA 451, MCL 380.1335, a hospital or facility operated by the state or licensed under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, or an adult foster care family home or an adult foster care small group home licensed under the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737, in which a child has been placed under section 5(6).

(c) "Child placing agency" means a governmental organization or an agency organized under the nonprofit corporation act, 1982 PA 162, MCL 450.2101 to 450.3192, for the purpose of receiving children for placement in private family homes for foster care or for adoption. The function of a child placing agency may include investigating applicants for adoption and investigating and certifying foster family homes and foster family group homes as provided in this act. The function of a child placing agency may also include supervising children who are at least 16 but less than 21 years of age and who are living in unlicensed residences as provided in section 5(4).

(d) "Children's camp" means a residential, day, troop, or travel camp that provides care and supervision and is conducted in a natural environment for more than 4 children, apart from the children's parents, relatives, or legal guardians, for 5 or more days in a 14-day period.

(e) "Children's campsite" means the outdoor setting where a children's residential or day camp is located.

(f) "Children's therapeutic group home" means a child caring institution receiving not more than 6 minor children who are diagnosed with a developmental disability as defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a, or a serious emotional disturbance as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d, and that meets all of the following requirements:

(i) Provides care, maintenance, and supervision, usually on a 24-hour basis.

(ii) Complies with the rules for child caring institutions, except that behavior management rooms, personal restraint, mechanical restraint, or seclusion, which is allowed in certain circumstances under licensing rules, are prohibited in a children's therapeutic group home.

(iii) Is not a private home.

(iv) Is not located on a campus with other licensed facilities.

(g) "Child care center" or "day care center" means a facility, other than a private residence, receiving 1 or more preschool or school-age children for care for periods of less than 24 hours a day, where the parents or guardians are not immediately available to the child. Child care center or day care center includes a facility that provides care for not less than 2 consecutive weeks, regardless of the number of hours of care per day. The facility is generally described as a child care center, day care center, day nursery, nursery school, parent cooperative preschool, play group, before- or after-school program, or drop-in center. Child care center or day care center does not include any of the following:

(i) A Sunday school, a vacation bible school, or a religious instructional class that is conducted by a religious organization where children are attending for not more than 3 hours per day for an indefinite period or for not more than 8 hours per day for a period not to exceed 4 weeks during a 12-month period.

(ii) A facility operated by a religious organization where children are in the religious organization's care for not more than 3 hours while persons responsible for the children are attending religious services.

(iii) A program that is primarily supervised, school-age-child-focused training in a specific subject, including, but not limited to, dancing, drama, music, or religion. This exclusion applies only to the time a child is involved in supervised, school-age-child-focused training.

(iv) A program that is primarily an incident of group athletic or social activities for school-age children sponsored by or under the supervision of an organized club or hobby group, including, but not limited to, youth clubs, scouting, and school-age recreational or supplementary education programs. This exclusion applies only to the time the school-age child is engaged in the group athletic or social activities and if the school-age child can come and go at will.

- (h) "Department" means the department of human services or a successor agency or department responsible for licensure and registration under this act.
- (i) "Private home" means a private residence in which the licensee or registrant permanently resides as a member of the household, which residency is not contingent upon caring for children or employment by a licensed or approved child placing agency. Private home includes a full-time foster family home, a full-time foster family group home, a group child care home, or a family child care home, as follows:
- (i) "Foster family home" means a private home in which 1 but not more than 4 minor children, who are not related to an adult member of the household by blood or marriage, or who are not placed in the household under the Michigan adoption code, chapter X of the probate code of 1939, 1939 PA 288, MCL 710.21 to 710.70, are given care and supervision for 24 hours a day, for 4 or more days a week, for 2 or more consecutive weeks, unattended by a parent, legal guardian, or legal custodian.
- (ii) "Foster family group home" means a private home in which more than 4 but fewer than 7 minor children, who are not related to an adult member of the household by blood or marriage, or who are not placed in the household under the Michigan adoption code, chapter X of the probate code of 1939, 1939 PA 288, MCL 710.21 to 710.70, are provided care for 24 hours a day, for 4 or more days a week, for 2 or more consecutive weeks, unattended by a parent, legal guardian, or legal custodian.
- (iii) "Family child care home" means a private home in which 1 but fewer than 7 minor children are received for care and supervision for compensation for periods of less than 24 hours a day, unattended by a parent or legal guardian, except children related to an adult member of the family by blood, marriage, or adoption. Family child care home includes a home in which care is given to an unrelated minor child for more than 4 weeks during a calendar year. A family child care home does not include an individual providing babysitting services for another individual. As used in this subparagraph, "providing babysitting services" means caring for a child on behalf of the child's parent or guardian when the annual compensation for providing those services does not equal or exceed \$600.00 or an amount that would according to the internal revenue code of 1986 obligate the child's parent or guardian to provide a form 1099-MISC to the individual for compensation paid during the calendar year for those services.
- (iv) "Group child care home" means a private home in which more than 6 but not more than 12 minor children are given care and supervision for periods of less than 24 hours a day unattended by a parent or legal guardian, except children related to an adult member of the family by blood, marriage, or adoption. Group child care home includes a home in which care is given to an unrelated minor child for more than 4 weeks during a calendar year.
- (j) "Legal custodian" means an individual who is at least 18 years of age in whose care a minor child remains or is placed after a court makes a finding under section 13a(5) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.13a.
- (k) "Licensee" means a person, partnership, firm, corporation, association, nongovernmental organization, or local or state government child care organization that has been issued a license under this act to operate a child care organization.
- (l) "Provisional license" means a license issued to a child care organization that is temporarily unable to conform to all of the rules promulgated under this act.
- (m) "Regular license" means a license issued to a child care organization indicating that the organization is in compliance with all rules promulgated under this act.
- (n) "Guardian" means the guardian of the person.
- (o) "Minor child" means any of the following:
- (i) A person less than 18 years of age.

- (ii) A person who is a resident in a child caring institution, foster family home, or foster family group home, who is at least 18 but less than 21 years of age, and who meets the requirements of the young adult voluntary foster care act.
- (iii) A person who is a resident in a child caring institution, children's camp, foster family home, or foster family group home; who becomes 18 years of age while residing in a child caring institution, children's camp, foster family home, or foster family group home; and who continues residing in a child caring institution, children's camp, foster family home, or foster family group home to receive care, maintenance, training, and supervision. A minor child under this subparagraph does not include a person 18 years of age or older who is placed in a child caring institution, foster family home, or foster family group home under an adjudication under section 2(a) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2, or under section 1 of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.1. This subparagraph applies only if the number of those residents who become 18 years of age does not exceed the following:
- (A) Two, if the total number of residents is 10 or fewer.
  - (B) Three, if the total number of residents is not less than 11 and not more than 14.
  - (C) Four, if the total number of residents is not less than 15 and not more than 20.
  - (D) Five, if the total number of residents is 21 or more.
- (iv) A person 18 years of age or older who is placed in an unlicensed residence under section 5(4) or a foster family home under section 5(7).
- (p) "Registrant" means a person who has been issued a certificate of registration under this act to operate a family child care home.
- (q) "Registration" means the process by which the department regulates family child care homes, and includes the requirement that a family child care home certify to the department that the family child care home has complied with and will continue to comply with the rules promulgated under this act.
- (r) "Certificate of registration" means a written document issued under this act to a family child care home through registration.
- (s) "Related" means in the relationship of parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, cousin, great aunt, great uncle, or stepgrandparent by marriage, blood, or adoption.
- (t) "Religious organization" means a church, ecclesiastical corporation, or group, not organized for pecuniary profit, that gathers for mutual support and edification in piety or worship of a supreme deity.
- (u) "School-age child" means a child who is eligible to be enrolled in a grade of kindergarten or above, but is less than 13 years of age.
- (v) "Licensee designee" means the individual designated in writing by the board of directors of the corporation or by the owner or person with legal authority to act on behalf of the company or organization on licensing matters. All license applications must be signed by the licensee in the case of the individual or by a member of the corporation, company, or organization.
- (2) A facility or program for school-age children that is currently operated and has been in operation and licensed or approved as provided in this act for a minimum of 2 years may apply to the department to be exempt from inspections and on-site visits required under section 5. The department shall respond to a facility or program requesting exemption from inspections and on-site visits required under section 5 as provided under this subsection within 45 days from the date the completed application is received. The department may grant exemption from inspections and on-site visits required under section 5 to a facility or program that meets all of the following criteria:

- (a) The facility or program has been in operation and licensed or approved under this act for a minimum of 2 years immediately preceding the application date.
- (b) During the 2 years immediately preceding the application date, the facility or program has not had a substantial violation of this act, rules promulgated under this act, or the terms of a licensure or an approval under this act.
- (c) The school board, board of directors, or governing body adopts a resolution supporting the application for exemption from inspections and on-site visits required under section 5 as provided for in this subsection.
- (3) A facility or program granted exemption from inspections and on-site visits required under section 5 as provided under subsection (2) is required to maintain status as a licensed or approved program under this act and must continue to meet the requirements of this act, the rules promulgated under this act, or the terms of a license or approval under this act. A facility or program granted exemption from inspections and on-site visits required under section 5 as provided under subsection (2) is subject to an investigation by the department if a violation of this act or a violation of a rule promulgated under this act is alleged.
- (4) A facility or program granted exemption from inspections and on-site visits required under section 5 as provided under subsection (2) is not subject to interim or annual licensing reviews. Such a facility or program is required to submit documentation annually demonstrating compliance with the requirements of this act, the rules promulgated under this act, or the terms of a license or approval under this act.
- (5) An exemption provided under subsection (2) may be rescinded by the department if the facility or program willfully and substantially violates this act, the rules promulgated under this act, or the terms of a license or approval granted under this act.

## **CHILD CARE ORGANIZATIONS (Restraint & Seclusion Excerpt)**

### **Act 116 of 1973**

#### **722.112b Definitions; scope.**

Sec. 2b.

(1) As used in this section and sections 2c, 2d, and 2e, unless the context requires otherwise:

(a) "Adaptive device" means a mechanical device incorporated in the individual plan of services that is intended to provide anatomical support or to assist the minor child with adaptive skills.

(b) "Chemical restraint" means a drug that meets all of the following criteria:

(i) Is administered to manage a minor child's behavior in a way that reduces the safety risk to the minor child or others.

(ii) Has the temporary effect of restricting the minor child's freedom of movement.

(iii) Is not a standard treatment for the minor child's medical or psychiatric condition.

(c) "Emergency safety intervention" means use of personal restraint or seclusion as an immediate response to an emergency safety situation.

- (d) "Emergency safety situation" means the onset of an unanticipated, severely aggressive, or destructive behavior that places the minor child or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention.
- (e) "Individual plan of services" means that term as defined in section 100b of the mental health code, 1974 PA 258, MCL 330.1100b.
- (f) "Licensed practitioner" means an individual who has been trained in the use of personal restraint and seclusion, who is knowledgeable of the risks inherent in the implementation of personal restraint and seclusion, and who is 1 of the following:
- (i) A physician licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
  - (ii) An individual who has been issued a specialty certification as a nurse practitioner under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
  - (iii) A physician's assistant licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
  - (iv) A registered nurse licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
  - (v) A psychologist and a limited licensed psychologist licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
  - (vi) A counselor and a limited licensed counselor licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
  - (vii) A licensed master's social worker licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
- (g) "Mechanical restraint" means a device attached or adjacent to the minor child's body that he or she cannot easily remove and that restricts freedom of movement or normal access to his or her body. Mechanical restraint does not include the use of a protective or adaptive device or a device primarily intended to provide anatomical support. Mechanical restraint does not include use of a mechanical device to ensure security precautions appropriate to the condition and circumstances of a minor child placed in the child caring institution as a result of an order of the family division of circuit court under section 2(a) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2.
- (h) "Personal restraint" means the application of physical force without the use of a device, for the purpose of restraining the free movement of a minor child's body. Personal restraint does not include:
- (i) The use of a protective or adaptive device.
  - (ii) Briefly holding a minor child without undue force in order to calm or comfort him or her.
  - (iii) Holding a minor child's hand, wrist, shoulder, or arm to safely escort him or her from 1 area to another.
  - (iv) The use of a protective or adaptive device or a device primarily intended to provide anatomical support.
- (i) "Protective device" means an individually fabricated mechanical device or physical barrier, the use of which is incorporated in the individualized written plan of service. The use of a protective device is intended to prevent the minor child from causing serious self-injury associated with documented, frequent, and unavoidable hazardous events.

(j) "Seclusion" means the involuntary placement of a minor child in a room alone, where the minor child is prevented from exiting by any means, including the physical presence of a staff person if the sole purpose of that staff person's presence is to prevent the minor child from exiting the room. Seclusion does not include the use of a sleeping room during regular sleeping hours to ensure security precautions appropriate to the condition and circumstances of a minor child placed in the child caring institution as a result of an order of the family division of circuit court under section 2(a) and (b) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2, if the minor child's individual case treatment plan indicates that the security precautions would be in the minor child's best interest.

(k) "Serious injury" means any significant impairment of the physical condition of the minor child as determined by qualified medical personnel that results from an emergency safety intervention. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

(2) The provisions of this section and sections 2c, 2d, and 2e only apply to a child caring institution that contracts with or receives payment from a community mental health services program or prepaid inpatient health plan for the care, treatment, maintenance, and supervision of a minor child in that child caring institution.

**ADOPTION I.K.3.d - Page 6 –DHS Contract 10/1/14 - MARE Related Responsibilities Adoption Process to Commence within Ten Days of a Match**

<b>ADOPTION I.K.3.d - Page 6 –DHS Contract 10/1/14</b>	<b>MARE Related Responsibilities - Adoption Process to Commence within Ten Days of a Match</b>
	c. Upon determination by the Contractor that the MARE potential family 'match' is appropriate, the child and family agencies shall begin the process towards adoption within ten (10) working days.

**ADOPTION I.K.3.j - Page 7 –DHS Contract 10/1/14 - MARE Related Responsibilities - Disruption/Dissolution Survey**

<b>ADOPTION I.K.3.j - Page 7 –DHS Contract 10/1/14</b>	<b>MARE Related Responsibilities - Disruption/Dissolution Survey</b>
	j. The Contractor shall submit the completed Disruption/Dissolution survey to MARE within thirty (30) days of receipt of the survey from MARE.


**Adoption I.N – Page 11 – DHS Contract 10/1/14 - Adoptive Family Records - Training**

<b>Adoption I.N – Page 11 – DHS Contract 10/1/14</b>	<b>Adoptive Family Records - Training</b>
	<p>N. <u>Adoptive Family Records</u>  The Contractor shall retain in the case record verification of training provided to the adoptive family. Including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Type of training provided.</li> <li>2. Date training provided.</li> <li>3. Subject material covered during training.</li> <li>4. Actual signature of participants at the specified training.</li> </ol>

**MCL722.958a(8) - Foster Parent Grievance Report**

<b>MCL722.958a(8)</b>	<b>Foster Parent Grievance Report</b>
	<p>The supervising agencies shall provide the information regarding the grievances and administrative hearings received under this section to the department for compilation and submission of a report to the appropriations subcommittees for the department’s budget and the senate and house of representatives standing committees having jurisdiction over issues involving human services. The department shall provide the report described in this section beginning October 1, 2015 and each October 1 after that. The report shall include, at a minimum, all of the following:</p> <ol style="list-style-type: none"> <li>a. The total number of grievances filed for the reporting period</li> <li>b. The total number of grievances resolved within 30 days</li> </ol>

	<ul style="list-style-type: none"> <li>c. The total number of grievances that were not resolved within 30 days</li> <li>(d) The total number of complaints filed with the department's bureau of children and adult licensing, including the number of licensing actions that resulted from those complaints</li> <li>d. A summary of any policy changes that were initiated in response to the grievances filed</li> <li>e. The total number of grievances that resulted in an administrative hearing process, including the number of actions where the administrative law judge denied or dismissed the action, agreed with the supervising agency, or agreed with the foster parent</li> </ul>

**MCL722.953 - Foster Parent Bill of Rights Information Provided to Foster Parents**

<b>MCL722.953</b>	<b>Foster Parent Bill of Rights Information Provided to Foster Parents</b>
	<p>The purpose of the Foster Parent Bill of Rights is:</p> <ul style="list-style-type: none"> <li>a. To assist foster parents to provide a stable, loving family environment for children who are placed outside of their homes on a temporary basis</li> <li>b. To help eliminate barriers to the adoption of children and to promote the provision of a stable and loving family environment to children who are without permanent families</li> <li>c. To promote the well-being and safety of all children who receive foster care or are adopted under the laws of this state</li> <li>d. To protect and assist prospective adoptive families as they negotiate the adoption process</li> </ul>

	<ul style="list-style-type: none"> <li>e. To regulate child placing agencies who certify foster parents and serve adoptees and adoptive families in this state</li> <li>f. To regulate adoption attorneys who facilitate direct placement adoptions</li> <li>g. To ensure foster parents and prospective adoptive parents receive all applicable resources as described in section 8a</li> </ul>

**R 400.12101 Definitions. Rule 101.**

These are the legal definitions of the terms used in the rules.

(g) “Department” is the Michigan Department of Human Services or the Department of Health and Human Services.

(o) “Licensing authority” is the Division of Child Welfare Licensing.

**R 400.12102 Rule variance.**

The term variance means the same thing as exception or exemption in relationship to this rule.

The request for a variance shall be in writing and shall be submitted to the assigned consultant. The approval of a variance may only be granted by the director of Child Welfare Licensing. There is no provision for appealing the denial of a variance. If a disciplinary licensing action is recommended due to the denial of a variance, the licensing action may be appealed as identified in MCL 722.121.

A variance may be granted to any promulgated rule. A variance may not be granted to the statute unless there is a specific provision in the statute allowing for the granting of a variance.

The request for a variance must include the basis for the request, the method for assuring ongoing compliance with the proposed alternative, the time period for which the variance is needed, and any facts that support that the alternative method of compliance proposed will provide equivalent protection to the health, welfare, safety, and needed services of any children affected as required by the rule.

The decision regarding the granting or denial of a variance will be entered into BITS by central office staff.

**R 400.12103 Staff exception**

The effective date of the rules is January 5, 2015. This applies only to the specific position the individual is in and does not transfer to another position in the same agency or to another agency. This does not preclude an agency from requesting a variance to a rule related to qualifications.

**R 400.12104 Deemed status.**

There are no interpretations known or needed. Though the rule recognizes deemed status, any agency that is under contract to the department and covered by the Modified Settlement Agreement must have a complete review of compliance with all rules on an annual basis.

**PART 2. AGENCY SERVICES**

**R400.12201 Department authorization.**

All child placing agencies except Authorized Governmental Units must comply with part 2 of these rules.

**R 400.12202 Policy and procedures.**

An agency must have policies and procedures that comply, at a minimum, with the requirements in the rules that correspond to the subsections. If an agency's policies and procedures exceed the minimum requirements specified in the rule, the agency is required to follow the written policies and procedures. An agency that does not follow its own policies may be cited as being in violation of this rule.

**R 400.12203 Financial stability.**

This rule does not require that the children's services departments of an agency have a separate budget from the entire agency. The agency must provide the portion of the budget that relates to regulated programs to the consultant at the time of the review. A copy of the annual audit must be available for review at the time of the annual onsite inspection of the agency.

**R 400.12204 Facilities.**

The agency is expected to have sufficient space to store all active files and closed files for the length of time the agency is required to maintain closed files. Closed files may be maintained in an electronic format.

**R 400.12205 Required staff.**

(1) An agency must have at least two employees. There is no prohibition on the agency contracting for one of those employees. An individual may perform more than one regulated function, but may not supervise their own work.

(2) and (3) When a chief administrator leaves and the organization appoints an acting administrator, the change must be reported to DCWL, in writing. An acting administrator must meet the qualifications identified in the rule. A criminal record check and central registry check must be completed on the chief administrator by DCWL.

(4) A variance is not needed to comply with (b) when the major is not in human behavioral sciences and the agency has evaluated the transcript of an individual and has determined that 25% of the course work was in human behavioral sciences. The agency must be able to document how the determination was made when the consultant is doing the onsite evaluation.

Local offices of the department and private agencies under contract to the department must comply with the degree and experience requirements and may not assess a person using the 25% of course work evaluation due to requirements of the modified settlement agreement.

Children's protective services is not a regulated function and does not count as experience as a social services worker when determining if the person is qualified as a social services supervisor.

(5) When the major is not in human behavioral sciences and the agency has evaluated the transcript of an individual and has determined that 25% of the course work was in human behavioral sciences, a variance is not needed. The agency must be able to document how the determination was made when the consultant is doing the onsite evaluation. Local offices of the department and private agencies under contract to the department must comply with the degree and experience requirements and may not assess a person using the 25% of course work evaluation due to requirements of the modified settlement agreement.

When an agency provides field work experience for students, the student must still have an acceptable undergraduate degree or all work must be co-signed by a social services worker who meets the identified qualifications.

(6) This rule does not prohibit an agency from having two individuals who function both as social service workers and social service supervisors and supervise each other's work.

(8)(a) A social services supervisor may be supervising staff who function in capacities other than social services workers. These staff are not counted when determining whether the supervisor is within the required workload. If the consultant finds significant violations of the rules and the supervisor is supervising more than 5 individuals, some of whom function in non-regulated positions, the consultant may cite the agency for not having sufficient staff to carry out the provisions covered by the rules.

(8)(b) and (c) Social services workers may have caseload responsibilities beyond those covered by the rule. The consultant is to ask for a breakdown of the work responsibilities for social services workers who have additional caseload assignments when determining if the workload is within the requirements of the rule. Only those functions covered by the rule, and where the social services worker has primary responsibility, are to be counted when evaluating workload. If the consultant finds significant violations of the rules and the social services worker has additional caseload responsibilities, some of which are not covered by the rule, the consultant may cite the agency for not having sufficient staff to carry out the provisions covered by the rules.

#### **R 400.12206 Staff qualifications.**

(1) When there is a rule that deals with a specific problem or issue that has been identified by a consultant, that rule is to be cited. This rule is to be used when there is misconduct by an administrator or staff person that does not fit into another rule.

(2) *MCL 722.119 states:*

*(1) A staff member shall not be present in a child care center, child caring institution, or child placing agency if he or she has been convicted of either of the following:*

*(a) Child abuse or child neglect.*

*(b) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.*

*(2) A volunteer shall not have unsupervised contact with children who are in the care of a child care center, child caring institution, or child placing agency if he or she has been convicted of either of the following:*

*(a) Child abuse or child neglect.*

*(b) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of offering to volunteer at the child care center, child caring institution, or child placing agency.*

*(3) Before a staff member or unsupervised volunteer may have contact with a child who is in the care of a child care center, child caring institution, or child placing agency, the staff member or volunteer shall provide the child care center, child caring institution, or child placing agency with documentation from the family independence agency that he or she has not been named in a central registry case as the perpetrator of child abuse or neglect. For individuals who are employed by or volunteer at a child care center, child caring institution, or child placing agency, the child care center, child caring institution, or child placing agency shall comply with this subsection not later than the date on which that child care center's, child caring institution's, or child placing agency's license is issued or first renewed after the effective date of the amendatory act that added this section. As used in this subsection, "child abuse" and "child neglect: mean those terms as defined in section 2 of the child protection law, 1975 PA 238, MCL 722.622.*

*(4) Each child care center, child caring institution, or child placing agency shall establish and maintain a policy regarding supervision of volunteers who are parents of a child receiving care at the child care center, child caring institution, or child placing agency.*

Child placing agencies are not required to post whether or not criminal record checks are done on staff. Criminal record checks are not required by the statute or the rule. If the agency has a policy that requires applicants or employees to provide criminal record checks or if the agency does an ICHAT clearance on applicants or employees, the consultant may cite the agency if there is no documentation of the criminal record check.

A BCAL 1326, Criminal Record Check, shall be completed on the chief administrator. For a DHHS office, this is the director of the county DHHS. In other CPA's, this is the person who is responsible for the day-to-day operation of the organization that is tied to the specific license number. This person must be located in Michigan.

If a record check has been completed and there is a conviction, or an employee has reported a criminal conviction, the agency must have a written assessment of all convictions, both felony and misdemeanor, before assigning the person to a position covered by these rules. Fraud is an intentional misrepresentation of any material fact and includes bribery, forgery, uttering and publishing and false pretenses. Convictions for domestic violence fall into the category of harm or threatened harm. The written assessment must address the nature of the conviction, when the convictions occurred, and evidence of rehabilitation.

#### **R 400.12207 Staff responsibilities.**

(1)The chief administrator must be in Michigan. The person may be responsible for a main location and satellite offices.  
(2)The assessment required in subpart (2) (a) must be completed on an annual basis, but not at any particular time of the year. The agency must be able to document how they determined compliance. All CWL reading forms are available on the DHHS public website to provide a tool that agencies may choose to use.

If an agency identifies rule violations, there must be a written plan that identifies how the agency will resolve the problems that created the rule violations. The plan must be achievable within 6 months.

The agency must document how the assessment of disrupted and unplanned removals occurs. The plan to correct any identified causes of disrupted and unplanned removals must also be documented. The intent of this rule is to look at causes and plans for resolving systemic issues that result in unplanned disruptions and removals.

(3) and (4) There is a clear delineation between the roles of social service workers and social service aides. The aide may not assume any of the roles of the social services workers. An aide may prepare a report that involves compiling data from other sources if the social services worker co-signs the report.

#### **R 400.12208 Job descriptions.**

All people who work in the organization, including volunteers, must have a job description.

All responsibilities for the operation of the organization are to be covered by the composite of the job descriptions.

Staff must know their job description and to whom they report.

The organization's practices must conform to the descriptions.

An organizational chart is one way to demonstrate how all responsibilities are covered. When an organizational chart is used, lines of authority must be clear.

#### **R 400.12209 Orientation and training.**

There is no requirement in the rule that an agency send staff for training through the Child Welfare Training Institute. Local DHHS offices and agencies under contract to the department, however, must attend CWTI and meet training requirements outlined in the Modified Settlement Agreement. Regardless of what training program is utilized for initial training, all topics identified in subpart 4 of the rule must be covered.

Shadowing may be a part of orientation but cannot be the only form of orientation. The total number of required hours of orientation must be completed before a social service worker or supervisor assumes sole responsibility for assigned duties.

**R 400.12210 Grievance handling.**

The agency is expected to follow the grievance policy as it is written. The timelines the agency sets forth need to be reasonable and achievable. The agency may need to increase the amount of time for response as the level of review rises in the agency chain of command.

Subpart (b) requires that the policy address matters relating to the act, rules, and the agency's written policies. The agency is not required to apply the full grievance policy for complaints that are not related to the act, the rules, or the agency's written policies.

On April 1, 2015, MCL 722,958a became effective. This legislation is commonly known as the Foster Parent's Bill of Rights. In this section of statute, there are required topics that must be tracked and reported to the legislature. These areas are:

- (a) The total number of grievances filed during the reporting period.
- (b) The total number of grievances resolved within 30 days.
- (c) The total number of grievances that were not resolved within 30 days.
- (d) The total number of complaints that were filed with the department's bureau of children and adult licensing, including the number of licensing actions that resulted from those complaints.
- (e) A summary of any policy changes that were initiated in response to the grievances filed.
- (f) The total number of grievances that resulted in an administrative hearing process, including the number of actions where the administrative law judge denied or dismissed the action, agreed with the supervising agency, or agreed with the foster parent.

Each child placing agency will be required to submit a report to the Division of Child Welfare Licensing on the above topics on a quarterly basis. The quarters shall be 1/01 through 3/30, 4/1 through 6/30, 7/1 through 9/30, and 10/1 through 12/31. The reports will be due by the last day of the calendar month that follows the end of each quarter.

**R 400.12211 Privacy safeguard.**

(1) Foster parents need to be clearly advised regarding providing information about foster children on the internet, including names and pictures. This includes social media.

(2) Implied in the concept of accruing positive value for a child is the child's attitude about the publicity and willingness to participate.

DCWL has no authority to apply this rule to biological children or children whose adoptions are finalized.

**R 400.12212 Personnel records.**

(1) There must be a personnel file for all staff members, including volunteers and contractual employees.

(2) (b) Verification of education must be commensurate with that described in the job description, even if that is a greater requirement than the rule requirement.

(d) References may be in the form of written documentation of conversations or letters of reference. If the reference is taken from a conversation, the information is to be documented on a reference form and it must be noted how the information was received. It is recommended that references be written and dated within the 12 months preceding hire. The name of the person giving the reference and this person's relationship to the employee must be documented.

(3) When a person changes from one position to another, there is an expectation that there be a review of performance not later than 6 months after the person changes positions.

(4) Training records must be maintained. They may be maintained in a separate file from the regular personnel record.

**R 400.12213 Record Management.**

Cross reference R400.12204, R400.12328, R400.12422, R400.12509, R400.12608, R400.12713 and R400.12808.

To ensure that confidential information is safeguarded, it is not appropriate for agency staff to maintain files in their homes. The agency should have specific guidelines regarding what information from files may be taken out of the agency and how the staff person is to guard against destruction, damage, and breach of confidentiality. If agency staff primarily work in a mobile format with all information accessible from mobile electronic devices, the agency must ensure that all technology used has adequate security features and that work is not being conducted in public locations that could jeopardize the security and confidentiality of information.

If all service plans are kept electronically, there must be someone available to assist consultants in reviewing the services plans and the case record. For other types of files, if the agency keeps an electronic file, they must be able to demonstrate that required time frames were met and required signatures obtained as required by the rules or the agency's written policy. Electronic records must have a feature that records when work is completed to ensure accuracy of entered dates and signatures.

### **PART 3. FOSTER HOME CERTIFICATION**

#### **R 400.12301 Department authorization.**

An agency must be specifically authorized to certify foster homes for licensure.

Courts that certify foster homes for licensure must comply with the rules in Part 3. If a court wants to be an AGU (approved governmental unit) for purposes of being able to borrow foster homes from other agencies, but does not want to certify homes of their own, the court must still comply with rules 302, 303, 305, 307, 311, 326, and 317.

#### **R 400.12302 Program statement.**

An agency must have policies and procedures that comply, at a minimum, with the requirements in the rules that correspond to the subsections. If an agency's policies and procedures exceed the minimum requirements specified in the rule, the agency is required to follow the written policies and procedures. An agency that does not follow its own policies may be cited as being in violation of this rule.

#### **R 400.12303. Policy and procedures.**

An agency may choose to have written policies that exceed the minimum requirements set forth in these rules. The exception to this is that an agency may not have policies that are discriminate against any group that is protected under the Elliott-Larsen Civil Rights Act.

When an agency chooses to have policies that exceed the minimum requirements of the rules, the agency is expected to follow their own written policies. When the agency does not comply with the part of their policy that exceeds the minimum requirement, R400.12303(1) is to be cited.

There must be a policy for each of the areas covered in the subsections identified in (2) of the rule. The minimum content is contained in the rules that correspond to each of the subparts of this rule.

#### **R 400.12304. Recruitment and retention.**

If there is a pattern of an agency being cited for placing more children in homes than the licensed capacity or frequently requesting rule variances to place more children in a home than the licensed capacity, the DCWL consultant is to consider citing subpart (1) of this rule.

#### **R 400.12305. Certification training.**

Cross reference R 400.12209 (2), Orientation and Training. For agencies that are covered by the MSA, the training must occur within 16 weeks of the date of hire into the position.

There is no requirement for a supervisor or a social service worker to attend certification training or special evaluation training more than one time or to have attended it since the revision of this rule.

#### **R 400.12306 Application request.**

Subpart (2) The agency must have written documentation of the willingness to provide care to the children served by the agency. The statement should clearly indicate that the prospective applicant has been given a copy of the program statement and knows what types of children are served by the agency.

The intent of the orientation occurring prior to the agency giving a person an application is for the agency to provide enough information to the prospective foster parent so the person can make an informed decision regarding whether or not to continue the licensing process.

Subpart (3) When an applicant has completed the agency's orientation, knows what types of children are served by the agency, states that they are willing to provide care to the children served by the agency, and asks for an application, the agency **must** give the person an application. The individual has the right to have a home study and an assessment of whether there is compliance with the applicable rules. The agency **may not** just tell a person or couple that they are not going to get a license based on information obtained during the orientation. The agency does not have any authority to ask for more than basic information, i.e, name, address, and phone number, prior to an application being signed.

The agency must have written documentation that all of the documents required in subpart 3 have been provided to individuals who have been given an application.

Subpart (4) The agency is required to document that a renewal application has been provided to licensees at least 60 days prior to the expiration date of the license, therefore, the agency may only provide the application during the renewal onsite if the onsite precedes the expiration by 60 or more days. Otherwise, it must be mailed or provided in some other manner in advance. This does not prohibit the agency from sending the renewal application more than 60 days prior to expiration.

#### **R 400.12307 Orientation.**

The agency must cover all of the topics identified in the rule. The rule does not specify the level of detail of information that has to be provided in orientation. As noted in rule 306, the purpose of orientation is to provide an overview. There is no requirement that the orientation be provided in a classroom setting. It may be appropriate to do the orientation in the prospective applicant's home.

There is no minimum number of hours of time required for orientation. Orientation does not transfer from one agency to another.

#### **R 400.12308 Application submission.**

Subpart (1) Once an application has been signed, the applicant(s) have a due process right to have a home study, an assessment of compliance with the applicable rules and a decision regarding whether the agency recommends that the applicant(s) be licensed. If the agency recommends that the applicant(s) be denied a license, the applicant(s) is entitled to an administrative hearing.

Subpart (2) When two adults are married, both must sign the application. When two adult partners are living in the foster home and are not married, the assumption is that both adults will be providing some level of care for foster children and therefore both must sign the application. An adult living in the home who is not a caregiver is also not able to be the substitute caregiver as the person has said they do not provide care. This does not eliminate the requirement that the person be studied as a member of the household.

Subpart (3) There is to be written documentation of the agency's efforts to engage the applicant(s) in completing the process before the application is withdrawn because of a failure to cooperate with the completion of the licensing process.

#### **R 400.12309 Records check.**

Subpart (1) The BCAL 1326 CW, Licensing Record Clearance Request, is to be given to applicants to complete at the same time the application form is signed. An agency is to submit the application form and the BCAL 1326 CW to BCAL when the fingerprint clearance is completed for the completion of the records check and enrollment immediately after they are signed. The application form and BCAL 1326 CW are not to be held while the home study is being completed. New record checks are not routinely needed at the renewal of the license as the department gets RAPBACK information from the Michigan State Police (MSP) for all licensees and foster home applicants at the time a person is arrested and fingerprinted or is convicted of new crimes. Information obtained from fingerprints may not be uploaded into an electronic file.

Subpart (2) If an agency receives information, from any source, that indicates that an adult member of the household has been convicted of a crime or has had involvement with children's protective services, the agency is to obtain new BCAL 1326 CW forms completed by the adult member of the household and submit them to DCWL central office for a new records check.

If the person refuses to complete a new BCAL 1326 CW, a form previously signed by the individual in question may be used to obtain the new information. A note should be attached to the form indicating the need for a current clearance and that the person in question was not willing to sign a new form.

#### **R 400.12310 Initial evaluation.**

(1) The initial written evaluation of the prospective foster home must be completed prior to making a recommendation to certify the home for licensure.

(2) The list of contacts may include the information regarding orientation sessions the applicants have attended, but this is not required.

(3) The initial evaluation must contain information regarding each of the sub parts of this section of the rule. In fall 2008, DCWL introduced a required format for the initial licensing study. See CPA Letter 2008-01 for further information and required document. Each of the identified topics is to be **assessed**. There must be more than restatements of what the applicant(s) said to be in compliance. If a subpart is not applicable to an applicant, the study must state that fact.

(a) The language of the rule suggests that more than one visit should be made to complete an initial assessment of the family. No specific number of visits is required, however, at least one visit must take place in the home. Each member of the household must be interviewed and assessed, including minor children. There is no specific age at which interviews of children are appropriate. If children are determined to be too young to interview, the rule still requires that there be information regarding the observation of the relationships of the various family members. The family may not tell a certification worker that children cannot be interviewed. The interviews of the individual household members must cover all of the items identified in this sub rule. If there is an area where the family has not had experience, that must be stated.

- (i.) Marital and family status and history is to include information about the current marital/partner relationship as well as previous marriages/relationships for both partners. If the applicant has children and the other parent of the child(ren) is not the current spouse or partner, there must be information regarding the relationships that produced the child(ren). Does the parent have ongoing contact with the child(ren)? Does the person pay child support? (etc.)
- (ii.) When the family indicates they are home schooling, the information regarding education must identify what system the parent follows and how the child's progress is evaluated and assessed. Information regarding special skills and interests does not have to be tied to skills and interests that are related to fostering, but if there are skills that would relate to fostering the information should be included. For example, someone who is a nurse might be an appropriate parent for a medically fragile child.

(iii.) An individual does not have to be employed to become licensed. There must be a legal source of income, but it does not have to be earned income. There is no requirement to verify income, however, when there are questions, the agency should document how income was verified. Even if the agency does not choose to verify the income, the income must be verifiable if necessary. No minimum level of income is required, but the family must be able to support themselves without the use of foster care funds. When an applicant states that the source of income is money given from a family member or another individual, the person who gives the money on a regular basis must provide a written statement confirming the amount of the ongoing gifts and that there is an expectation that the gifts will continue for the foreseeable future. The agency must evaluate the family's expenses in relationship to income. Again, if there are questions, the agency may ask the family to document expenses. When evaluating expenses, the agency should ask about all expenses, including food, clothing, entertainment, car insurance, home owner's expenses, etc. The agency is to also assess whether the information given is credible, for example, the applicant family has four members and says the budget for food is \$100 per month. The family is not getting SNAP or food stamps. This is not credible.

If an applicant/licensee is ordered to pay child support, there must be consideration of whether the child support is current. If it is not, there must be verified information on how much back support is owed and what the plan is to bring the back support payments current and maintain child support payments as current.

(iv.) The assessment of physical, mental, and emotional health must be done in relationship to the individual's ability to provide care as well as the individual's care needs. For example, if there is a physically challenged or emotionally impaired child or a senior citizen living in the home, how much energy is devoted to meeting that person's physical or emotional needs? What impact will the needs or behaviors of the person have on children who might be placed in the home? If someone in the family has had counseling or the couple has had couple's counseling, this must be evaluated. The person who has had counseling (or the parent for a minor) must sign a release to obtain information from the treating therapist. If the therapist is no longer available or the information cannot be obtained, it is up to the agency to determine that the person/couple has adequate mental and emotional health. A new evaluation may be requested when that is appropriate.

If a family member has been hospitalized due to mental health or emotional problems, this also requires careful evaluation. Again, the person who was hospitalized (or the parent of the minor who was hospitalized) must sign a release to obtain information from the treating hospital. If the information cannot be obtained, it is up to the agency to determine that the person/couple has adequate mental and emotional health. A new evaluation may be requested when that is appropriate.

Assessment of an applicant's mental health condition can be particularly difficult. Both state and federal legislation exist to protect against discrimination based on a person's mental disability. The certifying agency's assessment may not be based on generalizations or stereotypes about the effects of a particular disability. Rather, an agency must conduct an "individualized assessment" based on reasonable judgment and relying upon current medical evidence or the best available objective evidence to determine the nature, duration and severity of the person's psychiatric impairment as it relates to parenting foster or adoptive children. See CPA Letter 2008-02 for further information and required documents.

- (v.) Any evaluation of an individual's substance abuse history must be based on that specific person. An agency may not have an arbitrary policy that requires a set period of time after the person has stopped using substances before a license can be recommended or a placement made.
- (vi.) The description of treatment services should follow the guidelines as noted above in section iv.
- (vii.) When the applicant(s) has children, general beliefs about child raising are to be explored. When the agency is evaluating a two parent family, the agency is to address the attitudes and beliefs of both individuals and ask how differences of opinion are worked out. The place of children in the family and the status of children in the family are to be explored. When the applicant(s) does not have children, the agency is to ask about relevant experiences with children.
- (viii.) The discussion of discipline techniques is to cover the attitudes and beliefs of the applicant(s) regarding how both positive and negative behaviors of children are handled. It is critical to thoroughly discuss discipline practices and beliefs about effective methods of discipline and general child management. There should be a frank, open discussion about the problems created when there is a different approach to discipline for the applicant's birth or adopted children and foster children. Applicants must agree to follow the agency's discipline policy.

- (ix.) If the applicant(s) has children, whether minor or adult, the adjustment and special needs of those children must be addressed, regardless of whether or not they reside in the home. Adult children must be contacted either in writing or by telephone. All children are to be asked about their perspective on their parents' parenting skills and methods of behavior management. When adult children have had, or currently have, adjustment issues relating to employment, substance abuse, imprisonment, or other issues, the assessment of the parent's role and responsibility for the adult child's problems must be individually assessed. If adult children have a history of substance abuse, child abuse, violence, etc. the agency must explore how often the adult child will be in the home and how the interactions with possible foster children will be supervised.
- (x.) The agency may report what the applicant(s) says about strengths and weakness of individuals or their partner, but the agency must evaluate the statements of the person. The agency is also to evaluate the strengths and weaknesses of each individual in the home.
- (xi.) This section should be a brief overview of the applicants' childhood and growing up experiences. If either or both applicants were ever placed out of the parental home, either with relatives, others, or in foster care, the circumstances that necessitated the placements should be identified as well as the person's feelings about those experiences. If there was no history of out of home care, that must be stated.
- (xii.) There must be a statement of why the person has made the decision to apply for licensure. If the initial response is broad, such as, "I love children" or "I want to help children", there should be some exploration of what those statements mean. If the reason given indicates a lack of understanding of the system, there should be evidence that the certification worker has provided enough information to assist the person in understanding the issues of the foster care system.
- (xiii.) The applicant is to be asked specifically if they have been licensed for foster care, child care, or adult foster care in the past. If the person has been licensed in the past, the applicant's experiences as a licensee are to be discussed. When possible, the file from that license should be reviewed. If they have not been licensed, that is to be noted.
- (xiv.) Examples of issues that should be explored are: What will the family do to insure that a foster child is included as a member of the household? How will the family treat foster children in the areas of contact with extended family? Do all family members have similar meals and eat them together as a group? Are all children in the family disciplined in the same manner? Etc.

- (xv.) An agency may ask if an applicant is interested in parenting a child of a different race or culture. Federal law prohibits the agency from assessing the capability or appropriateness of the person to parent cross racially or cross culturally. If an applicant expresses a desire to parent children of a different race or culture, the agency may ask how the individual will create an atmosphere that is comfortable for the child and affirms the child's race or culture. This is the one area where the agency is to simply restate what the applicant has stated and not assess the information.
  - (xvi.) The agency is to ask applicants about how they will work with birth families and explain that this is an expectation in cases with reunification as the established goal. The agency should ask questions of the applicant and assess the applicants understanding of birth family attachment while exploring possible behavior issues and difficulties with the family to ensure their understanding.
  - (xvii.) The applicant is to be asked if they are willing to participate and plan for both the current goal, such as reunification, while also considering an alternate goal such as adoption, if needed and applicable. Does the family understand concurrent planning and what is their level of commitment to it? Do they understand that these plans and goals change?
- (b) If there have been previous evaluations for adoption or adoptive placements, the differences, if any, between those evaluations and the current evaluation are to be identified. If there have been no previous evaluations, this is to be stated. If children were placed for adoption, there is to be an assessment of the adoptive placement, if that is not identified earlier in the study. If previous adoptive placements have failed, the reasons for the placement failing must be discussed and assessed.
  - (c) There is to be an assessment of the information that is reported back on the BCAL 1326 related to previous criminal convictions and substantiated child abuse or neglect investigations or concerns brought to the agency's or the department's attention for all adult members of the household. If a household member reports one of these things and the information is not noted on the BCAL 1326, the agency may need to secure police record checks and police reports or information from the county DHHS office.
  - (d) References must be completed within the 12 months prior to the effective date of an original license. No specific format is required for references. If the reference is obtained verbally, either face to face or by telephone, there must be written documentation of the date the reference was obtained, the content of the conversation, the name and relationship of the person providing the reference as well as the name of the person taking the verbal information. The person taking a verbal reference must be qualified as a social service worker. Any negative information received from a reference must be addressed in the home study.

- (e) The DCWL medical form is not required for medical information. The medical statement must have been signed within the 12 months prior to the effective date of the original license. The ability to provide care as well as the care needs of all household members must be assessed and the statement signed by a physician, either an MD or a DO or a licensed physician's assistant or nurse practitioner.
- (f) An onsite visit to the home is required to determine compliance with section 3 of the foster family home rules. If there are natural or manmade hazards on or near the premises, i.e. lakes, rivers, swimming pools, undeveloped land, busy highways, farm equipment, etc. they must be assessed in the context of the types of children appropriate for care in the home. If necessary, a safety plan should be identified prior to any child being placed into the home. The same applies to having sufficient beds and sleeping space for all children they are being licensed for, and an assessment of pets and guns/weapons. There must be an assessment of safety and maintenance.
- (g) The worker must not only describe the neighborhood, schools and community but make an assessment of suitability related to the children the family wishes to care for.
- (h) The applicant's initial thoughts about the types children they wish to parent are to be identified.
- (i) The agency must assess training needs of the family as specific topics and classes, not just a number of hours. The training should be focused on being able to provide services to the types of children served by the agency. The assessment of training needs must be an evaluation of areas where the foster parent(s) need more training or would benefit from additional training. It is not acceptable to simply list the training the foster parent(s) have had, to state a number of hours with no topics identified, or to state the agency's training catalog will be sent out.

(4) The agency is to identify the specific types and numbers of children that the applicant is qualified to care for and the types of children that are not appropriate for the family. The recommendation must take into account all of the information in the study, not just the wishes of the foster home applicant. A family should not be licensed for children they have stated they do not want to work with. If an agency is in the habit of recommending all families for licensure for the maximum number of children who will fit into the home and always recommends ages birth through 17 years of age, this may be evidence the agency is not making recommendations that match the content of the study.

(6) It is up to the agency to determine how they notify applicants that a copy of the initial evaluation is available. Interviews with foster parents may be a way of determining if an agency is complying with this subsection.

#### **R 400.12311 Foster parent/agency agreement.**

(3) The agency needs to document in the annual study that the agreement has been reviewed or there must be annual dated signatures on the agreement indicating that the foster family has reviewed the agreement.

(4) The agency must be able to verify they provided a copy of the signed agreement.

There must be a foster/parent agency agreement when the agency is borrowing a foster home from another agency.

**R 400.12312 Foster parent training.**

(1) This is intended to be an overall plan for training of the agency's foster parents. Foster parents must be a part of developing the overall agency training plan. Training does not have to be delivered in a classroom. Books, videos, internet classes, etc. may be a part of the training plan. It is up to the agency to determine how many training hours are counted for these types of training. There must be some mechanism for documenting that the foster parent completed training and that some content was learned, i.e., a brief written summary of what was learned given to the certification worker, a discussion with the certification worker to ask questions, a certificate of completion, etc. Support groups may not count as training unless there is a specific training topic that is covered during the support group session. If a foster parent is taking college classes, the content must be relevant to fostering for it to count as training. Again, the agency must determine the number of hours of the class that are related to fostering and may choose to give credit up to the number of credit hours the person is earning. When the class is offered in an academic setting, it is not appropriate to give credit for the total number of clock hours spent in the class.

(2) (a) The intent of this subpart is that the agency must identify, as a part of the training plan, how the training needs of individual foster parents will be met. This requires that each individual named on the license must have training needs assessed and must have the required number of training hours, as specified in subparts b and c. This does not state that there may not be a standardized training program for most foster parents, but rather that there must be a way to determine if there are specific needs for specific foster parents that are not covered in the standardized training plan. PRIDE training is not a requirement of this rule. If an agency chooses to use PRIDE training, there must still be assessments of individual needs. Cross reference rule 310 (3) (i) and rule 313 (2) (b) and (c).

(b) Training delivered prior to the signing of the application is orientation. No more than 6 hours of training delivered prior to the signing of the application form may count toward the 12 hour requirement. When relatives are being licensed and the children are already in the home, the 12 hours of training must be completed prior to beginning payments and considering the children "placed" as foster children.

(3) The topics identified in this subpart must be covered within the first 2 ½ years of licensure.

- (4) The agency must maintain documentation of current certification for at least one adult member of the household. Agencies are encouraged to work with community organizations, such as the local fire department, emergency services, child caring institutions, etc. to locate local resources for training first aid. There are classes available online that offer first aid training and a certificate for no fee, but agencies are encouraged to locate classes that allow the person to practice the first aid skills in a classroom setting as that makes it more likely the person will not be afraid to use the information in an actual emergency. If the agency is offering classes on site through the use of video or other electronic media and giving certificates based on testing, the person signing the certificates must be qualified to assess the person taking the training has met the necessary criteria to receive the certificate.
- (5) It is up to the agency to determine how training is documented, but it must be documented for each person separately.

**R 400.12313 Behavior management policy.**

Case plans for specific foster children that identify child management plans, required in rule 418 (5)(g) and (6)(g), should reflect the agency's preferred methods for dealing with behaviors. The behavior management policy should, as noted in subpart 2, identify those things that are positive ways of encouraging and promoting good behavior rather than only identifying the types of behavior management that are prohibited.

**R 400.12314 Religion policy.**

The intent of the rule is that foster children should be given the opportunity to attend services, but not that religious instruction or attendance is required. If birth parents have specific religious practices that are different from the foster parent or that the child does not want to participate in, this should be negotiated in the treatment plan.

**R 400.12315 Communication.**

The intent of the rule is that foster children should be given the opportunity to maintain approved communications safely. This includes written, electronic, telephone, text, etc., communication.

#### **R 400.12316 Personal possessions.**

The intent of this rule is that a child's possessions continue to be identified as his possessions while in care. When the child leaves care or leaves the foster home to move to another foster home, the child can take his possessions with him. Gifts that are given to a child are the child's property and are his when he leaves the foster family.

(b) Cross reference with R 317 (2) and R 318 (b). An agency may work with a foster family when a child is in placement for an extended period of time and the child outgrows clothing that is purchased for the child to determine an appropriate way of managing the outgrown clothing. The intent of this section of the rule is to ensure that children are not given "gifts" or do not have clothing purchased for them that are taken back when the child leaves the home.

#### **R 400.12317 Allowance and money policy.**

This rule does not mandate that an allowance be given directly to a foster youth. The agency must have a clear policy that specifies expectations regarding how the daily reimbursement rate is to be spent or saved. If the money is being saved, the policy must identify when and how the money will be dispersed to the child.

(2) Cross reference with R 316 (b) and R 318 (b).

#### **R 400.12319 Substitute care policy.**

There is no requirement that substitute care be provided by licensed providers or by adults, however, the needs of the child being cared for must be taken into account when determining what kind of substitute care may be provided and by whom.

An agency is not prohibited from placing age specific requirements for substitute caregivers, if the requirements are in writing and the foster parents have notice of the requirements. When the foster parents identify the person or persons they will be using for routine substitute care, the certifying agency is expected to complete an ICHAT and central registry clearance on the substitute caregiver.

#### **R 400.12320 Supervision.**

Agencies are to include a statement in the substitute care policy regarding the expectation for levels of supervision of foster children.

#### **R 400.12321 Hazardous materials policy.**

When a foster parent has a permit to carry a concealed weapon and is at home, the requirement that the weapon must be locked in a separate location from the ammunition still applies. When the foster parent has a permit to carry a concealed weapon, there must be a plan for how that weapon is stored safely when the foster parent is in locations where the weapon is not allowed by statute, i.e., the child placing agency, school, etc.

In a home where one or more of the household members is in law enforcement and has a requirement to have a gun available, a variance must be requested. The request must detail how the person will ensure safety for children in the household and must include a statement from the employing law enforcement agency that states the person must have a loaded weapon available in the home.

#### **R 400.12322 Unusual incident policy.**

“Immediate” notification is as soon as possible and without delay.

#### **R 400.12323 Emergency policy.**

There is no requirement that a copy of the foster home’s policies be in the certification file. There is to be documentation, however, that the foster home’s emergency policy has been reviewed and approved.

#### **R 400.12324 Reevaluation.**

(2)(b) All family members must be seen. If children are old enough to talk, the worker should interview the child based on the child’s developmental level. Observations of family relationships and how family members interact with each other must be documented in the annual assessment. It is acceptable to have a written questionnaire to obtain feedback from caseworkers that have had children placed in a home.

(c)The assessment of training needs must be an evaluation of areas where the foster parent(s) need more training or would benefit from additional training. It is not acceptable to simply list the training the foster parent(s) have had, to state a number of hours with no topics identified, or to simply indicate that a training catalog will be regularly mailed to the licensee.

(d) The BCAL 3080 must be completed at each interim and renewal visit to document whether there is compliance with the licensing rules. A copy is to be left with the licensee.

(4) The agency is to identify the specific types and numbers of children that the applicant is qualified to care for and the types of children that are not appropriate for the family. The recommendation must take into account all of the information in the study, not just the wishes of the foster home applicant/licensee. A family should not be licensed for children they have stated they do not want to work with. If an agency is in the habit of recommending all families for licensure for the maximum number of children who will fit into the home and always recommends ages birth through 17 years of age, this is evidence the agency is not making individualized recommendations that match the content of the study.

(5) Discussion of concurrent planning policies and procedures must occur at each annual and renewal and be specific to the child(ren) in the home, or generalized if there are no children in the home.

(8) Interim evaluations must be completed between 11 and 13 months from the most recent renewal date. Renewal evaluations must be completed and signed by the certification worker and the supervisor and subsequently sent to the department at least 15 days prior to the expiration. The written renewal or interim evaluation and the information on the BCAL 3080 should be consistent in identifying rule compliance and terms of the license. A copy of the BCAL 3080 is to be left with the licensee. The written renewal evaluation and corresponding BCAL 3080 must be completed prior to the BCAL 3706 being submitted to the department requesting renewal of the license.

#### **R 400.12325 License recommendation.**

(1) This may be cited when information contained in the file is not adequately assessed leading to a recommendation that does not reflect all factors that should have been considered.

(2) All changes to the terms of the license must be documented in either an updated foster home study or in an addendum to the most recent foster home study. The agency must complete the documentation prior to making placements of children into homes outside of the terms of the existing license. The BCAL 3706 must be sent to DCWL prior to or on the same day that any placements are made based on the changed license terms. If a child is placed into a home and it is discovered the child has needs beyond what were initially known and outside the terms of the license, but the foster parent(s) are providing for the needs of the child, the new terms are to be added to the license within 5-7 business days of this being identified.

#### **R 400.12326 Borrowed home.**

When an agency borrows a home from another agency or a tribe, it is required that all of the permissions and information identified in subrule (1) be received prior to the child being placed. Permission to use a borrowed home is only good for the specific placement. If an agency wants to make additional placements into the same home, another agreement and updated information is required.

No CPA has permission to use the homes of another agency without the written prior permission of the certifying agency. This includes a DHHS office placing a child in a home certified by another DHHS office.

The intent of the borrowed home rule is that all of the information identified in subpart (1) should be in the borrowed home file on an ongoing basis to ensure the well-being of all children in the home. If an agency is lending a home to another agency, that agency is to be advised that they are required under subpart (3) to send information on an ongoing basis.

(1)(c) requires written endorsement of the study from the borrowing agency. There must be either a signature or some other indication the borrowing agency accepts the study as written and the endorsement is to be dated. If the borrowing agency does not find the study acceptable, the borrowing agency is responsible for adding an addendum to the study to correct or add any needed information. The same applies to (1)(d) regarding the reevaluations.

If a foster home is being used as a shelter home, there may be a borrowed bed agreement between the certifying agency and the local DHHS office that is an ongoing agreement. All documents identified for a borrowed home must be shared on a regular basis, i.e. initial home study, renewal and interim home studies, and special evaluations. If a shelter placement is made, the certifying agency must be notified with the information about the child on the next business day after the placement is made.

#### **R 400.12327 Special evaluation.**

(1) The agency is responsible for the time frames in this rule from the date that the information is received by anyone in the agency, not from the date the certification worker receives the information nor from the date the agency decides to open a special evaluation.

(a) The method for notification is for the child placing agency to complete the BCAL 259 and submit it to DCWL central office. The BCAL 259 must be date stamped in central office DCWL within 5 working days of the agency's receipt of the information.

(2)(a-c) In the event the investigation is the result of allegations of abuse/neglect and the agency is working in collaboration with Children's Protective Services/Maltreatment in Care (CPS/MIC), advance notice to foster parents of the investigation and allegations is to be postponed until just prior to the investigation beginning. The licensing worker must then advise the foster parent of the investigation, allegations and advise that the foster parent has the option to involve a support person if this would not impede the investigation. Should the foster parent declare they do want a support person and it won't impede the investigation process, the CPS/MIC worker would proceed with their interviews without the licensing worker present. The licensing worker would then conduct their interviews/observations after coordinating when the support person could reasonably attend with the foster parent.

(2)(c) If the foster parent chooses to involve another individual in interviews, the purpose of the involvement is to provide support for the foster parent. The support person may not answer questions for the foster parent or interfere with the certification worker's investigation. This is not changed when the support person is an attorney.

(5)(d) "Children" is not exclusive to foster children, and includes biological and adopted children.

#### **R 400.12328 Foster home record.**

(1) The foster home record may be kept in an electronic format with documents uploaded into the electronic system with the exception of information obtained from the fingerprints. That information may not be uploaded into an electronic data base, but must be kept for the duration of time the home is licensed in a paper file.

(2) Complaint investigations are to be retained in the file (either paper or electronic) as long as the license is open, even if there were no violations.

Notes that are taken in the process of obtaining information to write an initial or annual evaluation or a special evaluation are to be destroyed when the final report is written. The report should contain any information from the notes that is relevant, thereby eliminating the need to retain the notes. This does not include supporting documents obtained from another source, such as medical reports, substance abuse testing, police reports, etc.

(3) An agency may charge a reasonable fee for copying a file for a foster home applicant or licensee. This does not apply to copying a file in response to a request from the FOIA coordinator for BCAL.

## **PART 4. FOSTER CARE SERVICES**

### **R400.12402 Program statement.**

An agency must have policies and procedures that comply, at a minimum, with the requirements in the rules that correspond to the subsections. If an agency's policies and procedures exceed the minimum requirements specified in the rule, the agency is required to follow the written policies and procedures. An agency that does not follow its own policies may be cited as being in violation of this rule.

### **R400.12403 Policies and procedures**

An agency must have a specific policy for each of the subsections identified in the rule. The minimum content of the policy is specified in the subparts of the rule.

If a private agency is under contract to the Department of Health and Human Services and agrees, as part of the contract, that DHHS policies and procedures will be followed, the agency must follow those policies. An agency may also have policies that exceed the minimum standards set forth in the rules or in policy. If an agency's policies exceed the minimum standards, the agency is accountable for following their own policies.

### **R400.12404 Placement.**

(1) Any placement made by a licensed or approved child placing agency must comply with this subsection of the act, regardless of who within the agency makes the placement. This includes placements made by Children's Protective Services, as placement of children into foster homes is a regulated activity.

(3) Cross reference R400.12310(4) and R400.12324(4). Placement specifications include the capacity of the license. When a child is in another licensed home

(4) All of the placement selection criteria must be assessed at the time of the initial placement, at the time of the initial service plan and any time there is a change of placement. The agency should be able to document how each of the criteria were considered.

(6) The statement, "Too young to prepare" is not sufficient to meet the requirements of this subsection. Preparation for placement may include preparing the foster parent with information regarding the child's habits, feeding preferences, etc. as well as talking with the child regarding the move.

(7) All required information must be documented, even if the information is not in a single document.

Rule 405 deals with the documentation related to moves. The intent of this rule is to make it clear that placements are to be maintained whenever possible and that the agency has an obligation to assist foster families in meeting the needs of children to avoid disrupting placements.

#### **R400.12405 Change of placement.**

The intent of this entire rule is to ensure that all of the factors related to moves of children are clearly documented in the file and that careful consideration is given to the new placement the agency chooses when a move is necessary. When a significant number of children have been moved from one foster home to another during a review period, this may be an indicator that:

- foster parents recruited do not meet the needs of the children served;
- the agency does not provide the necessary training and support for either workers or foster parents;
- family and children assessments are not adequately completed resulting in poor matches between children and foster families.

The requirements of this rule apply to any change of placement type, including:

- a move from a foster home to an unlicensed relative;
- a move from one foster home to another foster home;
- a move from a foster home to a residential placement;
- a move from a foster home to independent living; or
- a return home from foster care.

#### **R400.12409 Education policy.**

The agency must be able to document that they have provided authorization to a foster parent to enroll a child in school. If the foster parent has trouble getting a school to accept a foster youth, it is the responsibility of the agency to intervene and assure that the child is enrolled in school within 5 school days of the placement.

There is no prohibition on private schools or charter schools, as long as the school is accredited. Home schooling is not prohibited by the rule but is prohibited for any agency covered by the Modified Settlement Agreement. The agency must make a determination that any non-public school program will meet the needs of the individual child. If a child is going to be home schooled, the agency must assess the ability of the individual foster parent to provide adequately for the child's education. The assessment that a program will meet a child's needs must be documented in the child's file.

**R400.12413 Medical and dental care policy.**

- (1) An agency must have a policy to cover medical care needed. The fact that a Medicaid card has not been received is not a sufficient reason for not insuring appropriate medical care.
- (1)(d) Information concerning the requirements of the public health code regarding the schedule for immunizations can be found on the web site for the Department of Health and Human Services.
- (f) A copy of an invoice indicating what services were provided is not sufficient to meet the intent of the rule. The statement from the dentist must also indicate whether or not additional treatment is needed.

**R 400.12415 Incident reporting policy.**

The responsible agency is the agency that has case responsibility for the child.

**R400.12417 Foster parent information.**

All of the information identified in this rule is child specific, even when siblings are being placed into the same foster home.

**R 400.12418 Development of service plans.**

- (3) If the responsibility for the child's case moves from one agency to another, there must be some kind of new plan in the child's file within 30 calendar days after the change. It does not have to be a complete Service Plan, but must address why the case was transferred, whether the new worker/agency agrees with the previous case plans, and any changes since the last plan was written. History from previous plans may be referenced in this plan.
- (4) The agency must document that the service plan was reviewed and provided to the foster parents. Documentation may be in social work contacts or by the foster parent signing a document acknowledging that the plan was reviewed and a copy received.

**R 400.12419 Initial service plans.**

- (1)(h) The child management plan is to be specific to the individual child. Statements such as "Foster parent will follow agency's behavior management plan" or standard behavior management plans that are in every child's plan are not acceptable.

#### **R 400.12420 Updated service plans.**

(1)(g) The child management plan is to be specific to the individual child. Statements such as “Foster parent will follow agency’s behavior management plan” or standard behavior management plans that are in every child’s plan are not acceptable. The plan should address the effectiveness of previous behavior management plans and whether the plan is being modified to better meet the needs of the child. If a child has behavioral issues and there has been no improvement, the worker is to carefully assess the behavior management plan to see if it is being implemented properly and how it can be modified to assist the child in making progress in placement.

#### **R 400.12421 Visitation and parenting time.**

If the agency policy requires visits in the foster home more frequently than once every month, the agency must comply with their policy.

When visiting with a child in a foster home the worker should visit with the child separately from the foster parent in a place that assures privacy. It is not acceptable to count parenting time as the worker’s visit with the child, even when parenting time is supervised.

#### **R 400.12422 Foster care record.**

The agency may maintain a family case record if there are multiple siblings in a family, in care. However, there must be a specific section for each child and all information as required by rule for each specific child. The record may be kept electronically if it can be made available for review by the licensing authority.

### **PART 5. INDEPENDENT LIVING SERVICES**

#### **R400.12501 Department authorization.**

A child caring institution cannot avoid licensure as a child caring institution by making application to operate a child-placing agency with the use of an unlicensed building to house youth. Independent Living requires that a resident have control of life skill decision- making and finances. The agency can only provide limited supervision and control of the resident. If an agency has a contract with the department for Independent Living Plus, all terms of the contract shall be met.

The following factors are some of the indicators a facility is a CCI:

- Residents, age 16 or 17, require 24-hour staff supervision.
- The agency has set up staffing similar to an institution.
- The facility offers components similar to an institution such as food services, social services and treatment services.
- The agency controls the youth's income.

**R400.12502 Program statement.**

An agency must have policies and procedures that comply, at a minimum, with the requirements in the rules that correspond to the subsections. If an agency's policies and procedures exceed the minimum requirements specified in the rule, the agency is required to follow the written policies and procedures. An agency that does not follow its own policies may be cited as being in violation of this rule.

**R400.12503 Policy and procedures.**

An agency must have a specific policy for each of the subsections identified in the rule. The minimum content of the policy is specified in the rules.

If a private agency is under contract to the Department of Health and Human Services and agrees, as part of the contract, that DHHS policies and procedures will be followed, the agency must follow those policies. An agency may also have policies that exceed the minimum standards set forth in the rules. If an agency's policies exceed the minimum standards, the agency is accountable for following their own policies.

**R400.12504 Eligibility requirements.**

A youth may live in a licensed foster home as an independent living placement. The youth does not count in the number of foster children in the home. All foster home rules must still be in compliance, i.e., amount of square footage required in a bedroom. The youth is to be assessed as a member of the household, including having a medical statement in the foster home file. If the youth is 16, the youth is included in the count of 8 for the number of children under the age of 17. If the foster home accepts the youth into the home and the agency was not involved in the placement, the foster home must notify the agency of the change in household composition.

**R 400.12507 Medical/dental and mental health care.**

(2) The agency should document their active and ongoing efforts to encourage youth who are age 18 or over to participate in medical, dental and mental health services.

**R 400.12509 Independent living record.**

(3) While not all elements of this subrule will have changes, any area that contains a requirement for current information that could change must be specifically addressed indicating that there has or has not been a change and if there is a change in any element, the changes must be clearly specified.

xi. Any piercings, scars, or tattoos should be noted under the identifying marks.

xii. The photograph required in the file must be an original color photograph. It may be printed on a color copier from a digital camera.

(d) The information on siblings should include information about siblings who have been adopted.

**R 400.12510 Independent living contract.**

(2)The agency must document that a copy of the contract has been provided to the youth.

**PART 6. ADOPTION EVALUATION SERVICES**

**R 400.12602 Program statement.**

c) When the agency's eligibility requirements are met, the agency may not refuse to give a family an application for adoption.

### **R 400.12603 Policy and procedures.**

An agency must have policies and procedures that comply, at a minimum, with the requirements in the rules that correspond to the subsections. If a private agency is under contract to the Department of Health and Human Services and agrees, as part of the contract, that DHHS policies and procedures will be followed, the agency must follow those policies. If an agency's policies and procedures exceed the minimum requirements specified in the rule, the agency is required to follow the written policies and procedures. An agency that does not follow its own policies may be cited as being in violation of this rule.

### **R 400.12604 Orientation and application.**

The agency must cover all of the topics identified in the rule in orientation. The rule does not specify the level of detail of information that has to be provided in orientation. The purpose of orientation is to provide an overview. There is no requirement that the orientation be provided in a classroom setting. It may be appropriate to do the orientation in the prospective applicant's home.

There is no minimum number of hours of time required for orientation, only that it is done prior to the application being provided.

### **R 400.12605 Adoptive family evaluation.**

The intent of this rule is that there be a current study of a family (not just the prospective adoptive parents) to assure, as much as possible, that a child will be well cared for and safe in an adoptive family. A "current study" means one that has been completed within the 12 months prior to an adoptive placement. If studies have been completed in the past for purposes of foster home licensing, other adoptions, or by another agency, the recommendation by the agency to accept the information in those studies is an indication that the agency accepts the information in the study as accurate and factual. If previous studies are referenced, the study referenced must be available in the file for review. The current study must specifically state what circumstances have not changed and must cover any gaps in time between the referenced study and the current study.

(1) The initial written evaluation of the adoptive family must be completed within 90 days of the family signing the application and prior to making a recommendation to approve the family for adoption.

(2) The list of contacts may include the information regarding orientation sessions the applicants have attended, but this is not required.

(3) The initial evaluation must contain information regarding each of the sub parts of this section of the rule regardless of the type of adoption being contemplated, i.e., foster child, newborn infant, step-parent, relative, international, etc. There is no required format for the study. Each of the identified topics is to be assessed. There must be more than restatements of what the applicant(s) said to be in compliance. If a subpart is not applicable to an applicant, the study must specifically state that and why it is not applicable.

(a) The language of the rule suggests that more than one visit should be made to complete an initial assessment of the family. No specific number of visits is required, however, at least one visit must take place in the home. Each member of the household must be interviewed and assessed, including minor children. There is no specific age at which interviews of children are appropriate. If children are determined to be too young to interview, the rule still requires that there be information regarding the observation of the relationships of the various family members. The family may not tell an adoption worker that children cannot be interviewed. The interviews of the individual household members must cover all of the items identified in this sub rule. If there is an area where the family has not had experience, that must be stated.

(i) Marital and family status and history is to include information about the current marital/partner relationship as well as previous marriages/relationships for both partners. If the applicant has children and the other parent of the child(ren) is not the current spouse or partner, there must be information regarding the relationships that produced the child(ren). Does the parent have ongoing contact with the child(ren)? Does the person pay child support? (etc.) If a person does not have contact with children from a previous relationship, there must be a clear and reasonable explanation regarding the lack of relationship and how a relationship with an adopted child will be different.

(ii) When the family indicates they are home schooling, the information regarding education must identify what system the parent follows and how the child's progress is evaluated and assessed. Information regarding special skills and interests does not have to be tied to skills and interests that are related to adopting, but if there are skills that would relate to adopting the information should be included. For example, someone who is a nurse might be an appropriate parent for a medically fragile child.

(iii) An individual does not have to be employed to become an adoptive parent. There must be legal income, but it does not have to be earned income. There is no requirement to verify income. When there are questions however, the agency should document income. Even if the agency does not choose to verify the income, the income must be verifiable if necessary. No minimum level of income is required, but the family should be able to support themselves without the use of adoption subsidy. When an applicant states that the source of income is money given from a family member or another individual, the person who gives the money on a regular basis must provide a written statement confirming the amount of the ongoing gifts and that there is an expectation that the gifts will continue for the foreseeable future. The agency must evaluate the family's expenses in relationship to income. Again, if there are questions, the agency may ask the family to document expenses. When evaluating expenses, the agency should ask about all expenses, including food, clothing, entertainment, car insurance, home owner's expenses, etc. The agency is to also assess whether the information given is credible, for example, the applicant family has four members and says the budget for food is \$100 per month. The family is not getting SNAP or food stamps. This is not credible. If an applicant/licensee is ordered to pay child support, there must be consideration of whether the child support is current. If it is not, there must be verified information on how much back support is owed and what the plan is to bring the back support payments current and maintain child support payments as current.

(iv) The assessment of physical, mental, and emotional health must be done in relationship to the individual's ability to provide care as well as the individual's care needs. For example, if there is a physically challenged or emotionally impaired child or a senior citizen living in the home, how much energy is devoted to meeting that person's physical or emotional needs? What impact will the needs or behaviors of the person have on children who might be placed in the home? If someone in the family has had counseling or the couple has had couple's counseling, this must be evaluated. The person who has had counseling must sign a release to obtain information from the treating therapist. If the therapist is no longer available or the information cannot be obtained, it is up to the agency to determine that the person/couple has adequate mental and emotional health. A new evaluation may be requested when that is appropriate.

If a family member has been hospitalized due to mental health or emotional problems, this also requires careful evaluation. Again, the person who was hospitalized (or the parent of the minor who was hospitalized) must sign a release to obtain information from the treating hospital. If the information cannot be obtained, it is up to the agency to determine that the person/couple has adequate mental and emotional health. A new evaluation may be requested when that is appropriate.

Assessment of an applicant's mental health condition can be particularly difficult. Both state and federal legislation exist to protect against discrimination based on a person's mental disability. The certifying agency's assessment may not be based on generalizations or stereotypes about the effects of a particular disability. Rather, an agency must conduct an "individualized assessment" based on reasonable judgment and relying upon current medical evidence or the best available objective evidence to determine the nature, duration and severity of the person's psychiatric impairment as it relates to parenting foster or adoptive children. See CPA Letter 2008-02 for further information and required documents.

(v) Any evaluation of an individual's substance abuse history must be based on that specific person. An agency may not have an arbitrary policy that requires a set period of time after the person has stopped using substances before a license can be recommended or a placement made.

(vi) When the applicant(s) has children, general beliefs about child raising are to be explored. When the agency is evaluating a two parent family, the agency is to address the attitudes and beliefs of both individuals and ask how differences of opinion are worked out. The place of children in the family and the status of children in the family are to be explored. When the applicant(s) does not have children, the agency is to ask about relevant experiences with children.

(vii) The discussion of discipline techniques is to cover the attitudes and beliefs of the applicant(s) regarding how both positive and negative behaviors of children are handled.

(viii) If the applicant(s) has children, whether minor or adult, the adjustment and special needs of those children must be addressed. Adult children must be contacted either in writing or by telephone. All children are to be asked about their perspective on their parents parenting skills and methods of behavior management. When adult children have had, or currently have, adjustment issues relating to employment, substance abuse, imprisonment, or other issues, the assessment of the parent's role and responsibility for the adult child's problems must be individually assessed. When an applicant cannot provide information about adult children's whereabouts, the reason must be carefully evaluated

(ix) The agency may report what the applicant(s) says about strengths and weakness of individuals or their partner, but the agency must evaluate the statements of the person. The agency is also to evaluate the strengths and weaknesses of each individual in the home.

(x) This section should be a brief overview of the applicants' childhood and growing up experiences. If either or both applicants were ever placed out of the parental home, either with relatives, others, or in foster care, the circumstances that necessitated the placements should be identified as well as the person's feelings about those experiences. If there was no history of out of home care, that must be stated.

(xi) There must be a statement of why the person has made the decision to apply for adoption. If the initial response is broad, such as, “I love children” or “I want to help children”, there should be some exploration of what those statements mean. If the reason given indicates a lack of understanding of the system, there should be evidence that the worker has provided enough information to assist the person in understanding the issues of adopted children and that placement decisions are made based on the needs of the child and the ability of a family to meet those needs.

(xii) The applicant is to be asked specifically if they have been licensed for foster care, day care, or adult foster care in the past. If the person has been licensed in the past, the applicant’s experiences as a licensee are to be discussed. If they have not been licensed, that is to be noted.

(xiii) Examples of issues that should be explored are: What will the family do to insure that an adopted child will be included as a member of the household? How will the family treat adopted children in the areas of contact with extended family? Do all family members have similar meals? Are all children in the family disciplined in the same manner? Etc.

(xiv) An agency may ask if an applicant is interested in parenting a child of a different race or culture. Federal law prohibits the agency from assessing the capability or appropriateness of the person to parent cross racially or cross culturally. If an applicant expresses a desire to parent children of a different race or culture, the agency may ask how the individual will create an atmosphere that is comfortable for the child and affirms the child’s race or culture. This is the one area where the agency is to simply restate what the applicant has stated and not assess the information.

(xv) The agency is to ask applicants about how they will work with birth families and explain that this is an expectation in cases with reunification as the established goal. The agency should ask questions of the applicant and assess the applicants understanding of birth family attachment while exploring possible behavior issues and difficulties with the family to ensure their understanding.

(xvi) The applicant is to be asked if they are willing to participate and plan for both the current goal, such as reunification, while also considering an alternate goal such as adoption, if needed and applicable. Does the family understand concurrent planning and is there a level of commitment to it? Do they understand that these plans and goals change?

(b) If there have been previous evaluations for adoption or adoptive placements, the differences, if any, between those evaluations and the current evaluation are to be identified. If there have been no previous evaluations, this is to be stated. If children were placed for adoption, there is to be an assessment of the adoptive placement, if that is not identified earlier in the study. If previous adoptive placements have failed, the reasons for the placement failing must be discussed and assessed.

(c ) There is to be an assessment of the information that is reported back on the BCAL 1326 CW related to previous criminal convictions and substantiated child abuse or neglect for all adult members of the household. If a household member reports one of these things and the information is not noted on the BCAL 1326 CW, the agency may need to secure police records or information from the county DHHS office. The applicant(s) must be specifically fingerprinted for adoption. The FBI does not allow a fingerprint to be used for any reason other than the original reason it was done. Fingerprints completed for foster home licensing, teaching, or working in an agency are not acceptable.

(d) References must be completed within the 12 months prior to the placement of a child for adoption. No specific format is required for references. If the reference is obtained verbally, either face to face or by telephone, there must be written documentation of the date the reference was obtained, the content of the conversation, the name and relationship of the person providing the reference as well as the name of the person taking the verbal information. The person taking a verbal reference must be qualified as a social service worker.

(e) The DCWL medical form is not required for medical information. The medical statement must have been signed within the 12 months prior to the effective date of the placement of a child for adoption. The ability to provide care as well as the care needs of all household members (not including foster children) must be assessed and the statement signed by a physician, either an MD or a DO, or by a nurse practitioner or physician's assistant.

(f) An onsite visit to the home is required to address this element of the study. If there are natural or manmade hazards on or near the premises, i.e. lakes, rivers, swimming pools, undeveloped land, busy highways, farm equipment, etc., they must be assessed in the context of the types of children appropriate for care in the home. If necessary, a safety plan should be identified prior to any child being placed into the home. The same is applied for sufficient beds and sleeping space, pets and guns/weapons. There must be an assessment of safety and maintenance.

(g) The worker must not only describe the neighborhood, schools and community but make an assessment of suitability based on the type of children being considered for adoption.

(h) The plan must document who the individuals are, what their relationship is with the applicant, and that they are in agreement with the plan.

(k) The agency is to identify the specific types and numbers of children that the applicant is qualified to care for and the types of children that are not appropriate for the family. The recommendation must take into account all of the information in the study, not just the wishes of the applicant. The applicant must identify what plans they have to discuss adoption with any adopted child.

#### **R 400.12606 Training requirements.**

This rule does not specify a number of hours. The agency must document that all subparts of the rule are provided in trainings to applicants. Standardized trainings may be used. Training requirements for applicants must be met prior to approval for adoption. It is up to the agency to decide how to document training hours, but they must be documented for each applicant individually.

#### **R 400.12607 Agency recommendation.**

(3) All elements of a study do not have to be completed to determine that a family is not suitable for adoption, however, enough of a study must have been completed to establish facts to support that conclusion.

(4) An agency may have a policy that the study will not be released to a family until agreed upon fees have been paid. When this is the agency policy, this information should be included in the agency's orientation and the agency should not complete the signature and date on the study until the fees have been paid.

#### **R 400.12608 Adoptive family evaluation record.**

Agencies are expected to retain files onsite for a minimum of one year to ensure that the files are available for review by the consultant during the annual onsite evaluation. The files may be kept in an electronic format with the exception of FBI printouts from fingerprints which must be maintained in a paper format.

(4) and (5) When an adoption agency closes, whether voluntarily or through disciplinary licensing action, the agency is to turn all files over to the DHHS Adoption Program Office as noted in the rule.

### **PART 7. ADOPTION PLACEMENT SERVICES**

#### **R 400.12703 Policy and procedures.**

An agency must have policies and procedures that comply, at a minimum, with the requirements in the rules that correspond to the subsections. If a private agency is under contract to the Department of Health and Human Services and agrees, as part of the contract, that DHHS policies and procedures will be followed, the agency must follow those policies. If an agency's policies and procedures exceed the minimum requirements specified in the rule, the agency is required to follow the written policies and procedures. An agency that does not follow its own policies may be cited as being in violation of this rule.

**R 400.12704 Safeguarding rights.**

The intent of this rule is to ensure that all parties involved in the adoption process have needs and rights considered and safeguarded. Agencies need to be cautious to not give preference to the rights of one party over the other parties.

**R 400.12705 Release.**

The requirement that information be provided to birth parents prior to the release of parental rights applies to any release of rights, including neglect/abuse cases, unless the child is relinquished under the safe delivery of newborns act, 1939 PA 288, MCL 712.1 to 712.20. When a birth parent releases rights during a court hearing and it was not expected, it is not required to discuss the identified topics, but it is good practice to cover the information with the birth parent after the release.

**R 400.12707 Orientation.**

The agency must cover all of the topics identified in the rule. The rule does not specify the level of detail of information that has to be provided in orientation. The purpose of orientation is to provide an overview. There is no requirement that the orientation be provided in a classroom setting. It may be appropriate to do the orientation in the prospective applicant's home.

There is no minimum number of hours of time required for orientation, only that it is provided before they are assessed.

**R 400.12708 Child evaluation.**

(1) The intent of this rule is that there be a current study and evaluation of the child that encompasses their time in care up to the referral for adoption.

(2) The intent of this rule is that there be a current study of a family (not just the prospective adoptive parents) to assure, as much as possible, that a child will be well cared for and safe in an adoptive family. A current study means one that has been completed within the 12 months prior to an adoptive placement. If studies have been completed in the past for purposes of foster home licensing, other adoptions, or by another agency, the recommendation by the agency to accept the information in those studies is an indication that the agency accepts the information in the study as accurate and factual. Any items that have changed from previous studies, even if the study was completed within the previous 12 months, such as the adoption of other children, changes in employment or living situations, etc., must be addressed prior to making a recommendation for new adoptive placements.

**R 400.12709 Placement selection.**

Subsection (5) refers to a direct consent adoption as allowed by the probate code

**R 400.12710 Adoptive parent information.**

There is no mandatory format for sharing the information with adoptive parents, however, the agency must be able to document that the information identified in subpart (1) was provided before the child was placed.

**R 400.12712 Supervision.**

(1) The dates of the required supervisory visits are based on the date the of child's placement into the home. If the child is in the home as a foster child, the dates of required visits are based on when the child's status changes to adoption.

(3) There is no requirement that the information provided to adoptive parents at the end of visits be provided in writing. The intent of this subsection is that adoptive parents be informed of the agency's evaluation of the adoptive placement on an ongoing basis.

**R 400.12713 Adoption placement record.**

When an adoption agency closes, whether voluntarily or through disciplinary licensing action, the agency is to turn all files over to the DHHS Adoption Program Office.

## **PART 8 INTER-COUNTRY ADOPTION**

### **R 400.12802 Program statement.**

An agency must have policies and procedures that comply, at a minimum, with the requirements in the rules that correspond to the subsections. If an agency's policies and procedures exceed the minimum requirements specified in the rule, the agency is required to follow the written policies and procedures. An agency that does not follow its own policies may be cited as being in violation of this rule.

(6) Contracted individuals are considered staff and all relevant personnel rules apply.

### **R 400.12803 Policies and procedures.**

(c) Fees that are charged to families that are requesting adoption from a different country need to clearly state what charges are related to the specific country and what additional fees will be charged if the family switches from one country to another country. The policy shall also clearly state whether any portion of fees is refundable if an adoption is not completed.

### **R 400.12807 Supervision.**

(1) The dates of the required supervisory visits are based on the date the of child's placement into the home. If the child is in the home as a foster child, the dates of required visits are based on when the child's status changes to adoption. If the country or origin for the child has supervisory requirements, those requirements must be followed, even if they are more stringent than similar adoptions completed in Michigan.

(3) There is no requirement that the information provided to adoptive parents at the end of visits be provided in writing. The intent of this subsection is that adoptive parents be informed of the agency's evaluation of the adoptive placement on an ongoing basis.

**TFC 1.E.3.d&m – page 5 & 6 - TFC Referral, Intake, and Placement Requirements**

<b>TFC 1.E.3.d &amp;m – page 5 &amp; 6</b>	<b>TFC Referral, Intake, and Placement Requirements</b>
	<p>c. The Contractor shall identify a TFC family for a child referred, within seven calendar days of receiving the referral.</p> <p>m. If DHS makes a referral to a child placing agency for treatment foster care case management pursuant to a contract with the child placing agency, the child placing agency must accept or decline the referral within 7 working days of receipt of the referral from foster care or from adoption subsidy.</p>

**TFC 1.E.3.e – page 5 - - TFC Referral, Intake, and Placement Requirements**

<b>TFC 1.E.3.e – page 5</b>	<b>TFC Referral, Intake, and Placement Requirements</b>
	<p>e. The Contractor shall place the child within seven calendar days of accepting the referral if an appropriate TFC family is available.</p>

**TFC 1.E.3.g – page 5 - TFC Referral, Intake, and Placement Requirements**

<b>TFC 1.E.3.g – page 5</b>	<b>TFC Referral, Intake, and Placement Requirements</b>
	<p>g. The Contractor shall provide for a minimum of one pre-placement visit between the child and the TFC family to assist in matching the child with an appropriate TFC family.</p>

**TFC 1.E.3.J – page 5 – TFC Referral, Intake, and Placement Requirements**

<b>TFC 1.E.3.J – page 5</b>	<b>TFC Referral, Intake, and Placement Requirements</b>
	j. The Contractor shall not eject children from the TFC program unless the child presents a consistent danger to self and/or others. The Contractor shall document specific treatment services employed by the Contractor and the treatment foster parent to address and manage the child’s behaviors, including all efforts to maintain the child in the community setting. Every ejection of a child from TFC shall require the Contractor to provide written notice, including the information referenced above, to the referring local DHS County Director and to the DHS Bureau of Child and Adult Licensing.

**TFC 1.F.1 – page 6 - Services to be Provided**

TFC 1.F.1 – page 6	Services to be Provided
	<p>1. The Contractor shall establish a TFC treatment team for each TFC child entering TFC placement and demonstrate active efforts to maintain the same treatment team as long as the child remains in TFC placement. At a minimum, the treatment team must consist of the following:</p> <ul style="list-style-type: none"> <li>a. A TFC case manager.</li> <li>b. A TFC supervisor.</li> <li>c. A TFC behavioral aide.</li> <li>d. A TFC parent(s).</li> <li>e. The child in placement.</li> <li>f. A birth parent(s) or other identified permanent caregiver for the child.</li> <li>g. A DHS or Placement Agency Foster Care (PAFC) staff, with family responsibility.</li> <li>h. A mental health worker (therapist).</li> <li>i. Other appropriate community members such as school personnel, the child’s Lawyer Guardian Ad Litem (LGAL) and other advocates for the child/family.</li> </ul>

**TFC 1.F.2 – Page 7 - Services to be Provided**

TFC 1.F.2 – Page 7	Services to be Provided
	<p>2. The Contractor shall ensure that the TFC treatment team (Section I., F., 1.) meets at a minimum, twice during the first thirty calendar days of the child’s placement in TFC. Thereafter, the Contractor shall ensure that the TFC treatment team meets at a minimum once every thirty calendar days. A preplacement team meeting will occur whenever possible prior to placement.</p>

**TFC 1.F.3 – Page 7 - Services to be Provided - Documentation**

<p>TFC 1.F.3 – Page 7</p>	<p>Services to be Provided - Documentation</p>
	<p>3. The Contractor shall ensure that TFC treatment team meetings are documented in the case record and shall include the following for each TFC meeting:</p> <ul style="list-style-type: none"> <li>a. Meeting date.</li> <li>b. The names and titles of each TFC team member in attendance.</li> <li>c. The child’s progress on treatment goals, as identified in the Comprehensive Treatment Plan, which was completed prior to or at the time of the child’s placement into the TFC program. The report of progress shall include but not be limited to identification of successes as well as barriers and plans for resolution.</li> <li>d. The TFC parent’s compliance with the child’s treatment plan and associated treatment interventions, including but not limited to identification of successes as well as barriers and plans for resolution.</li> <li>e. The birth parents or permanent caregiver’s compliance with the treatment plan and parenting time plan, including but not limited to, identification of successes as well as barriers and plans for resolution.</li> <li>f. Update from the Behavioral Aides, or therapists on the success and challenges of implementing the treatment plan for the child.</li> <li>g. Update from the Foster Care Case Manager on the success and challenges related to the child’ progress in the TFC program.</li> <li>h. Update from the clinician.</li> <li>i. Input from others involved in the case.</li> <li>j. Update of changes to treatment plan for the child, if appropriate.</li> <li>k. Signature and date of all in attendance at the Treatment Team meeting, on a Treatment Team meeting document form created by the Contractor.</li> </ul>

**TFC1.F.3 – page 8 - Services to be Provided - CAFAS**

<b>TFC1.F.3 – page 8</b>	<b>Services to be Provided- CAFAS</b>
	The Contractor shall ensure the youth placed in TFC is assessed for a CAFAS score within 30 days of placement, if a CAFAS was not administered in the 90 days prior to placement.

**TFC 1.F.6 – page 8 - Services to be Provided - Quarterly Therapy Updates**

<b>TFC 1.F.6 – page 8</b>	<b>Services to be Provided- Quarterly Therapy Updates</b>
	6. The Contractor shall request and/or access quarterly or ongoing therapy reports noting the child’s identified goals and progress updates from the mental health therapist.

**TFC 1.G.1.e– page 9 – Staff Qualifications - Weekly Supervision Requirement**

<b>TFC 1.G.1.e– page 9</b>	<b>Staff Qualifications - Weekly Supervision Requirement</b>
	1. The TFC Supervisor shall: e. Provide weekly clinical supervision to the TFC case manager, which shall be documented in such a fashion that it is easily accessible for review.

**TFC 1.F.2.c – Page 10 - TFC Staff Qualifications – Weekly Contact W/ TFC Behavioral Aide**

<b>TFC 1.F.2.c – Page 10</b>	<b>TFC Staff Qualifications – Weekly Contact W/ TFC Behavioral Aide</b>
	2. The TFC Case Manager shall: c. Have weekly contact with the TFC behavioral aide (or equivalent staff) when authorized to assist his/her understanding of the TFC child’s treatment plan, and his/her role in achieving the child’s goals of acquiring developmental and therapeutically appropriate daily living and social skills, and recreational and leisure activities.

**TFC 1.F.2.e – Page 10 - Staff Qualifications and Requirements – Monthly Contact With Mental Health Provider**

<b>TFC 1.F.2.e – Page 10</b>	<b>Staff Qualifications and Requirements – Monthly Contact With Mental Health Provider</b>
	2. The TFC Case Manager shall: e. Communicate not less than monthly with each child’s mental health provider to monitor each TFC child’s progress in treatment and to ensure coordination of services to the child.

**TFC 1.F.2.f – Page 10 - Staff Qualifications and Requirements - – Monthly Contact With School Staff**

<b>TFC 1.F.2.f – Page 10</b>	<b>Staff Qualifications and Requirements – Monthly Contact With School Staff</b>
	2. The TFC Case Manager shall: f. Coordinate and collaborate with the educational system, having contact with the child’s school at least monthly

**TFC 1.F.2.g – Page 10 - Staff Qualifications and Requirements – Behavioral Logs**

<b>TFC 1.F.2.g – Page 10</b>	<b>Staff Qualifications and Requirements – Behavioral Logs</b>
	2. The TFC Case Manager shall: g. Review behavior logs completed by the TFC family on at least a monthly basis.

**TFC 1.H.3 – Page 12 – Treatment Foster Care [TFC] Foster Parent Requirements - Age**

<b>TFC 1.H.3 – Page 12</b>	<b>Treatment Foster Care [ TFC] Foster Parent Requirements - Age</b>
	3. At least one TFC parent shall be 25 years of age and neither partner in a couple can be younger than 21. A one parent TFC family may be utilized if the parent is at least 25 years of age, has appropriate community and family supports and meets all other requirements.

**TFC 1.H.4 \_ Page 12– Treatment Foster Care [TFC] Foster Parent Requirements - Number of Children**

TFC 1.H.4 _ Page 12	Treatment Foster Care [TFC] Foster Parent Requirements – Number of Children
	<p>4. TFC parent(s) shall have no more than four total children (birth, adoptive, foster care, relatives, guardian, etc.) in the home. No more than three shall be foster care children. No more than one shall be a TFC child. Note: The home may accept two TFC children if they are siblings. At the time a TFC child is placed, foster children residing in the home shall not require additional care of the foster parent beyond a Determination of Care (DOC) supplemental level I. Additionally, all children residing in the home shall be four years of age or older.</p> <p>Exceptions must be requested in writing utilizing the Bed Capacity Request form by the Contractor to the DHS County Director and is approved in writing within three working days. The request and approval must occur prior to placement.</p>

**TFC 1.H.5.f – Page 12 - Treatment Foster Care [TFC] Foster Parent Requirements – Training**

<b>TFC 1.H.5.f – Page 12 -</b>	<b>Treatment Foster Care [TFC] Foster Parent Requirements – Training</b>
	5. TFC parent(s) must do the following: f. Successfully complete 30 hours of treatment foster care pre-service training using a curriculum that meets the requirement of the Foster Family-Based Treatment Association program standards and that has been approved, in writing by the Bureau of Child Welfare – Foster Care Program Office, prior to accepting a child for placement.

**TFC 1.H.5.i – Page 13 - Treatment Foster Care [TFC] Foster Parent Requirements – Trauma Informed Parenting**

<b>TFC 1.H.5.i – Page 13</b>	<b>Treatment Foster Care [TFC] Foster Parent Requirements – Trauma Informed Parenting</b>
	5. TFC parent(s) must do the following: Complete training that explains “What is Trauma-Informed Parenting” and provides information on a trauma-informed home environment.

**TFC 1.H.5.j – Page 13 - Treatment Foster Care [TFC] Foster Parent Requirements – Annual Training**

<b>TFC 1.H.5.j – Page 13</b>	<b>Treatment Foster Care [TFC] Foster Parent Requirements – Annual Training</b>
	5. TFC parent(s) must do the following: j. Complete a minimum of 24 hours of annual training that meets the requirement of the Foster Family-Based Association.

**TFC 1.H.5.k – Page 13 - Treatment Foster Care Foster Parent Requirements – Behavioral Log**

<b>TFC 1.H.5.k – Page 13</b>	<b>Treatment Foster Care - Foster Parent Requirements – Behavioral Log</b>
	5. TFC parent(s) must do the following: k. TFC parents will complete daily behavior logs or checklists for the child in their care.

**TFC 1.H.6 – Page 13 - Treatment Foster Care - Respite**

<b>TFC 1.H.6 – Page 13</b>	<b>Treatment Foster Care - Respite</b>
	6. The Contractor shall make available to the foster parent 36 hours of respite per month.

**TFC 1.H.6.d – Page 13 - Treatment Foster Care – Respite Plan Documentation**

<b>TFC 1.H.6.d – Page 13</b>	<b>Treatment Foster Care – Respite Plan Documentation</b>
	d. The Contractor shall develop a respite plan for each TFC child and the plan must be reviewed, documented and updated, as necessary, every quarter in the Updated Service Plan.

**TFC 1.H.7 – Page 13 - Treatment Foster Care - Foster Parent Requirements – Support Group**

<b>TFC 1.H.7 – Page 13</b>	<b>Treatment Foster Care Foster Parent Requirements – Support Group</b>
	7. The Contractor shall develop formal and informal supports for the TFC parent(s), including the establishment of a TFC support group that meets at -13- least one time per month. The Contractor shall maintain documentation that the TFC group was offered to all TFC foster care parents.

**TFC 1.I.1.b – Page 14 - Foster Care Services – Weekly Contact**

<b>TFC 1.I.1.b – Page 14</b>	<b>Foster Care Services – Weekly Contact</b>
	I. Foster Care Service Standards – Contacts In addition to providing the TFC services described in Section F. of the Agreement, the Contractor shall also provide foster care services to all children placed under this contract, as follows: b. The TFC case manager or behavioral aide must work with the TFC child on at least a weekly basis, to implement the treatment goals established by the TFC treatment team, and to monitor the TFC child’s progress on said treatment goals.

**TFC 1.1.2.b – Page 15 - Foster Care Services – Birth Parent/Planning Family Contact**

<b>TFC 1.1.2.b – Page 15</b>	<b>Foster Care Services – Birth Parent/Planning Family Contact</b>
	<p>b. The TFC foster parent must have face to face contact with the birth parent or planning family on at least a monthly basis. Every other month, these face to face contacts shall occur separate from the TFC treatment team meetings. The purpose of this meeting is to allow the following:</p> <ol style="list-style-type: none"><li>1) Discuss the specifics of the treatment plan and goals.</li><li>2) Assist the parent/planning family with the implementation of the treatment goals as identified in the case service plans to support the child’s safe placement with the parent or planning family.</li><li>3) Assess the parents’ or planning family functioning to assist the treatment team in determining the treatment goals for a safe placement of the child back with the parents or with the planning family.</li><li>4) Provide an opportunity for parenting time “coaching” to assist the birth parent or planning family in developing the knowledge base and skills necessary to have positive interactions with the child.</li></ol>

**TFC 1.1.2.c & d – Page 15 - Foster Care Services – Birth Parent or Permanent Care Giver Meet**

<b>TFC 1.1.2.c &amp; d – Page 15</b>	<b>Foster Care Services – Birth Parent or Permanent care Giver Meet</b>
	<p>c. The TFC case manager or therapist must meet with the birth parent or the permanent caregivers no less than one time per month. During these contacts the TFC case manager will review the child’s progress in the TFC program, discuss interventions being used with the child and evaluate the birth parent or permanent caregiver’s ability to implement the interventions, address the concerns of the birth parent or permanent caregiver related to their ability to accept the child into their home determine what services are needed to support the return of the child.</p> <p>d. The TFC therapist must meet with the birth parent or planning family no less than one time per month, to ensure that they are aware of the interventions being used to achieve the treatment goals for the child. This contact shall include assisting the birth parents/permanent caregiver in developing the knowledge and skills necessary to appropriately implement the intervention.</p>

**TFC 1.1.3.a – Page 16 - Foster Care Services – Contact w/ TFC Foster Parents in Foster Home**

<b>TFC 1.1.3.a – Page 16</b>	<b>Foster Care Services – Contact w/ TFC Foster Parents in Foster Home</b>
	<p>a. The TFC case manager shall have face-to-face contact with the TFC parent, in the foster home, a minimum of two times per month.</p>

**TFC 1.1.3.b – Page 16 - Foster Care Services – Phone Contact w/ TFC Foster Parents**

<b>TFC 1.1.3.b – Page 16</b>	<b>Foster Care Services – Phone Contact w/ TFC Foster Parents</b>
	b. The TFC case manager or behavioral aide shall have at least weekly phone contact with the TFC parent to provide regular support and assistance.

**TFC 1.1.3.c – Page 16 - Foster Care Services – Contact**

<b>TFC 1.1.3.c – Page 16 -</b>	<b>Foster Care Services – Contact</b>
	c. The TFC case manager or behavioral aide shall have twice weekly contact with the TFC parents, to ensure that they are aware of the interventions being used to achieve the treatment goals for the child. This contact shall include assisting the TFC parents in developing the knowledge and skills necessary to appropriately implement the intervention.

**TFC 1.1.4 – Page 16 - Foster Care Services – Sibling Contact**

<b>TFC 1.1.4 – Page 16</b>	<b>Foster Care Services – Sibling Contact</b>
	4. Sibling Contact: The Contractor shall assure that siblings have face-to-face visits no fewer than one time per month, unless compelling reasons to the contrary are documented in the ISP, USP, or PWSP.

**TFC 1.I.5.a – Page 16 - Foster Care Services – Parenting Time**

<b>TFC 1.I.5.a – Page 16</b>	<b>Foster Care Services – Parenting Time</b>
	<p>5. Parenting Time:</p> <p>a. The Contractor shall assure that parenting time occurs not less than every seven days, unless the court has ordered a revised parenting time schedule for the family. The Contractor shall offer and provide transportation assistance and a flexible visitation schedule (outside of routine business hours) to facilitate parenting time</p>

**TFC 1.J.1 – Page 17 – Reporting - Siblings**

<b>TFC 1.J.1 – Page 17</b>	<b>Reporting - Siblings</b>
	<p>The ISP shall include monitoring children who remain at home, whether or not they are court wards. This shall include the mandatory reporting of suspected neglect or abuse to Children’s Protective Services. The plan shall summarize the service needs of these children and how these needs are being met as specified in DHS’ FOM.</p>

**TFC 1.J.5 – Page 17 – DHS 979 Discharge Report**

<b>TFC 1.J.5 – Page 17</b>	<b>DHS 979 Discharge Report</b>
	<p>5. The Contractor shall complete the TFC Discharge Report (DHS-979) within 15 calendar days of discharge from the TFC program. The TFC Discharge Report shall be sent to the Bureau of Child Welfare-Education and Youth Unit, Attention: HEYU Manager</p>

**TFC 1.J.9 – Page 18 – Reporting at Permanent Wardship**

<b>TFC 1.J.9 – Page 18</b>	<b>Reporting at Permanent Wardship</b>
	9. The Contractor shall prepare and submit to DHS' local office an Updated Service Plan within 10 working days of permanent wardship as required by FOM 722.

**TFC 1.J.11 – Page 18 - Reporting – Neglect / Abuse**

<b>TFC 1.J.11 – Page 18</b>	<b>Reporting – Neglect / Abuse</b>
	11. The Contractor shall submit a written report covering the findings of a foster parent licensing non-compliance, involving an abuse/neglect complaint to DHS' local office referring worker within five working days of completion of the investigation.

**TFC 1.K.2.a&c – Page 19 - Primary Family Responsibility – Visitation Requirements**

<b>TFC 1.K.2.a&amp;c – Page 19</b>	<b>Primary Family Responsibility – Visitation Requirements</b>
	<p>In cases where the Contractor does have primary family responsibility, the Contractor shall provide the following aftercare services:</p> <ul style="list-style-type: none"><li>a. During the first month of a child’s return home, the Contractor’s social services worker shall make no fewer than one in-person contact with the parent(s) and child each week. These contacts shall occur within the family residence</li><li>c. During the second month of the child’s return home, and for all subsequent months, the social services worker shall make no fewer than one in person contact, twice monthly with the parent(s) and child. These contacts shall occur within the family residence.</li></ul>

**TFC 1.K.2.d – Page 19 - Primary Family Responsibility**

<b>TFC 1.K.2.d – Page 19</b>	<b>Primary Family Responsibility</b>
	d. Provide all needed services to a family unit for the purpose of reunification and/or permanency planning. Services shall include placement planning and preparation, service referrals for parents and children, the arrangement and facilitation of family visitations -19- (including the provision of transportation as needed) as well as court responsibility

**TFC 1.K.3.f.1 – Page 21 - Agency Does Not Have Primary Family Reprimaryresponsibility**

<b>TFC 1.K.3.f.1 – Page 21</b>	<b>Agency Does Not Have Primary Family Responsibility</b>
	1) In cases where the Contractor does not have primary family responsibility, the Contractor is responsible for the individual TFC child’s case management and must provide updated service plans to the Child placing Agency that has primary family responsibility, for inclusion in their service plans.

**TFC 1.O.1 – Page 22 – Medical and Dental Care – Physical Examination**

<b>TFC 1.O.1 – Page 22</b>	<b>Medical and Dental Care – Physical Examination</b>
	<p>O. Medical and Dental Care The Contractor shall maintain a Medical Passport (DHS-221) for each child according to the guidelines set forth in FOM-722. In addition to emergency medical care, the Contractor shall assure that each child receives routine medical and dental care according to the following guidelines (for youth being served through the Adoption Subsidy Medical Contract, legal parents remain responsible for all medical and dental care):</p> <ol style="list-style-type: none"> <li>1. Has a physical examination within 30 calendar days of initial placement.</li> </ol>

**TFC 1.P – Page 22 – Education - Prior Education Assessments**

<b>TFC 1.P – Page 22</b>	<b>Education - Prior Education Assessments</b>
	<p>P. Education The Contractor shall assure that a child of school age is enrolled into a school program no later than five school days after placement into foster care. Prior education assessments must be requested within 30 days of foster care placement and be considered in assessing the current educational needs of the child. Documentation of diligence in requesting records must be included in the case file.</p>

**TFC 1.Q – Page 23 – Transportation of Parents**

<b>TFC 1.Q – Page 23</b>	<b>Transportation of Parents</b>
	<p>Q. Transportation The Contractor shall assure the provision of transportation for parenting time, participation in training sessions and support groups, as well as other routine transportation which parents would normally provide for their own child (e.g., medical and dental appointments, school conferences, school activities, extracurricular activities and sports). This includes transportation to assist the parent in participation of court ordered activities. This includes transportation between counties if the TFC home is in a county other than the referring county.</p>

**TFC 1.T.1 - Page 24 - TFC Performance Measure 1**

<b>TFC 1.T.1 Page 24</b>	<b>TFC Performance Measure 1</b>
	<p>T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below.</p> <ol style="list-style-type: none"> <li>1. No child will be a victim of substantiated abuse or neglect during TFC placement. (Safety)</li> </ol>

**TFC 1.T.2 - Page 24 - TFC Performance Measure 2**

<b>TFC 1.T.2 - Page 24 -</b>	<b>TFC Performance Measure 2</b>
	<p>T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below.</p> <p>2. No child will be a victim of substantiated abuse or neglect within six months after discharge from TFC. (Safety)</p>

**TFC 1.T.3- Page 24 - TFC Performance Measure 3**

<b>TFC 1.T.3- Page 24 -</b>	<b>TFC Performance Measure 3</b>
	<p>T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below.</p> <p>3. One hundred percent of planning families will be actively involved in treatment planning within 30 days of entry into the program. (Permanency).</p>

**TFC 1.T.4 - Page 24 - TFC Performance Measure 4**

<b>TFC 1.T.4- Page 24 -</b>	<b>TFC Performance Measure 4</b>
	<p>T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below.</p> <p>4. Ninety percent of children in TFC will maintain placement in one treatment home for the duration of their TFC program placement. (Permanency)</p>

**TFC 1.T.5- Page 24 - FC Performance Measure 5**

<b>TFC 1.T.5 – Page 24 -</b>	<b>TFC Performance Measure 5</b>
	<p>T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below.</p> <p>5. Eighty five percent of children in TFC will not need placement in a more restrictive setting (i.e. hospitalization, residential, youth facility) while receiving services in TFC. (Permanency)</p>

**TFC 1.T.6 - Page 25 - TFC Performance Measure 6**

<b>TFC 1.T.6 – Page 25 -</b>	<b>TFC Performance Measure 6</b>
	<p>T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below.</p> <p>6. Ninety five percent of children in TFC will improve in educational goals as outlined in the child’s treatment plan (Well-Being)</p>

**TFC 1.T.7 - Page 25 - TFC Performance Measure 7**

<b>TFC 1.T.7 – Page 25 -</b>	<b>TFC Performance Measure 7</b>
	<p>T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below.</p> <p>7. Seventy five percent of children in TFC will improve mental health functioning as demonstrated by an improved/ reduced CAFAS score by 20 points or more, within 9 months of entry into program. (Well-Being)</p>

**TFC 1.T.8 - Page 25 - TFC Performance Measure 8**

<b>TFC 1.T.8 – Page 25 -</b>	<b>TFC Performance Measure 8</b>
	T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below. 8. Eighty percent of children in TFC will be returned to a less restrictive setting (own home, relative, guardian, adoptive home, foster home, unrelated caregiver) within 12 months of entry. (Permanency)

**TFC 1.T.9 - Page 25 - TFC Performance Measure 9**

<b>TFC 1.T.9 – Page 25 -</b>	<b>TFC Performance Measure 9</b>
	T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below. 9. Ninety percent of children in TFC will be discharged to a less restrictive setting (own home, relative, guardian, adoptive home, foster home, unrelated caregiver) within nine months of entry. (Permanency)

**TFC 1.T.10 - Page 25 - TFC Performance Measure 10**

<b>TFC 1.T.10 - Page 25 -</b>	<b>TFC Performance Measure 10</b>
	T. Performance Measures During the contract period, the Contractor shall achieve the outcomes listed below. 10. Eighty five percent of children in TFC discharged to a less restrictive setting will maintain the same less restrictive placement for at least one year after discharge. (Permanency)

**Adoption Contract 1.L.1 Performance Objective #1 – Page 7**

<b>DHHS Ado 1.L.1 Performance Objective #1 – Page 7</b>	<b>Performance Objective</b>
	1. Fewer than 5%of placements for adoption will end in disruption.

**Adoption Contract 1.L.2 Performance Objective #2 – Page 7**

<b>DHHS Ado 1.L.2 Performance Objective #2 – Page 7</b>	<b>Performance Objective</b>
	2. Fewer than 5%of finalized adoptions will end in dissolution.

**Adoption Contract 1.L.31 Performance Objective #3 – Page 7**

<b>DHHS Ado 1.L.3 Performance Objective #3 – Page 7</b>	<b>Performance Objective</b>
	3. By September 30, 2016, not less than 80% of children with a goal of adoption that are legally free for adoption on September 30, 2015 shall have adoptions finalized.

**Adoption Contract 1.L.4 Performance Objective #4 – Page 7**

<b>DHHS Ado 1.L.4 Performance Objective #4 – Page 7</b>	<b>Performance Objective</b>
	4. By September 30, 2016, not less than 80% of the number of children with a goal of adoption that are legally free for adoption on September 30, 2015 will have the adoption petition filed with the court.

**Document Locations in MiSACWIS**

<b>MiSACWIS Application Location</b>	<b>Document Name</b>
Case Services Review	AA/NA Attendance Record
Adoption Assistance Subsidy Eligibility	Adoption Assistance Agreement (DHS 4113)
Adoption Assistance Subsidy Eligibility	Adoption Assistance Agreement Extension (DHS 4113-FE)
Adoption Assistance Subsidy Eligibility	Adoption Assistance and/or Medical Subsidy Application (DHS 1341)
Adoption Assistance Medical Subsidy	Adoption Assistance and/or Medical Subsidy Application (DHS 1341)
Adoption Assistance Subsidy Eligibility	Adoption Assistance Intent Statement (DHS 4081)
Case Overview	Adoption Consent Request - Reunited or Competing Parties (DHS-3217a)
Adoption	Adoption Consent Request (DHS-3217)

Adoption Inquiry Log	Adoption Inquiry Document
Adoption Assistance Medical Subsidy	Adoption Medical Subsidy Agreement (DHS 3013)
Adoption	Adoption Medical Subsidy Agreement Extension (DHS 3013-A)
Adoption	Adoption Medical Subsidy Certification Request/Disposition for a Child Not in Adpt (DHS 1341-M)
Adoption	Adoption Medical Subsidy Guardian Agreement (DHS 3013-G)
Adoption	Adoption Medical Subsidy Guardian Agreement Extension (DHS 3012-GE)
Provider Recruitment Event	Adoption Recruitment documentation
Adoption	Adoption Referral (DHS 602)
Adoption	Adoption Subsidy Case Opening Request (DHS 1344)
Adoption Assistance Subsidy Eligibility	Adoption Subsidy Program Change Request (DHS 4817)
Case Overview	Adoption Subsidy Program Guide ' Acknowledgment of Receipt DHS ??
Adoption Assistance Subsidy Eligibility	Adoption Support Subsidy Agreement Extension (DHS 4113-A)
Adoption	Adoption Support Subsidy Guardian Agreement (DHS 4113-G)
Adoption Assistance Subsidy Eligibility	Adoption Support Subsidy Program- Other Payment Resources (DHS 4813)
Case Overview	Adoptive Family Assessment and addendums (BCAL 3130, DHS 1926, BCAL 3130a; DHS 612)
Adoption	Adoptive Placement Supervisory Report (DHS 613)
Central Adoption Registry	Adult Former Sibling Statement
Case Overview > Court	Appeal
Case Overview	APPLA (DHS-343, 843, 844, 643)
Case Overview	APPLA-E (DHS-341, 642, 643, Permanency Pact)
Person Overview	Attendance report
Person Overview	Authorization to Release Information (DHS-27)
Person Overview	Autism Impairment MET report
Provider Licensing	BCAL 259- Special Investigation
Person Overview	Birth Medical Records
Case Overview	Birth Certificate or verification of birth
Case Overview	Caregiver's Permanency Planning Checklist (DHS 2051)
Case Overview	Case Conference Outcome Letter
Ongoing Case / Permanent Ward	Case Service Plan Signature Page
Case Overview	Caseworker's Permanency Planning Checklist for MCI or PCW (DHS 2052)
Case Overview	Caseworker's Permanency Planning Checklist for TCW (DHS 2053)

Central Adoption Registry	Central Adoption Registry Clearance
Person Overview	Certificate of Birth Abroad (FS-545)
Case Services Review	Certificate of Completion
Person Overview	Certificate of U S Citizenship
Case Overview	Certification of Guardianship Assistance Eligibility and Request for Agreement (DHS 3310)
Adoption	Child Adoption Assessment (DHS 1927)
Case Overview	Child Adoption Assessment Addendum (DHS 606)
CPS Investigation	Child Death Investigation Checklist (DHS- 2096)
Provider > Home Evaluation	Children's Foster Care Home Rule Compliance Record (BCAL 3080)
Ongoing Case / Permanent Ward	Children's Foster Care Initial Court Report (DHS-1280)
Ongoing Case / Permanent Ward	Children's Foster Care Permanent Ward Court Report (DHS-665)
Provider > Home Evaluation	Children's Foster Care Relative Placement Home Study - Approved (DHS 3130a)
Provider > Home Evaluation	Children's Foster Care Relative Placement Home Study - Denied (DHS 3130a)
Provider > Home Evaluation	Children's Foster Care Relative Placement Home Study - Submitted (DHS 3130a)
Ongoing Case / Permanent Ward	Children's Foster Care Updated Court report (DHS-1281)
Provider > Inquiry	Children's Foster Home License Application - Signed (BCAL 3889)
Provider > Inquiry	Children's Foster Home License Application - Submitted (BCAL 3889)
Provider > Inquiry	Children's Foster Home Licensing Application (BCAL 3889)
Ongoing Case / Permanent Ward	Children's Protective Services Service Agreement (DHS-151)
Case Overview / Service Authorization	Children's Services Payment Authorization (DHS-1582)
Service Authorization	Children's Services Payment Authorization (DHS-1582-CS)
Person Overview	Class Schedule
Person Overview	Cognitive Impairment MET report
Case Overview	Community Resource Referral Letter (DHS-123)
Intake	Complaint Intake
Intake	Complaint Source Notification
CPS Investigation	Confidential Notice to FOC Disposition and Family Court Action (DHS -729)
Case Overview	Consent to Adopt (PCA 309)
Provider Licensing	Corrective Action Plan
Service Authorization	Correspondence
Service Authorization	Correspondence

Person Overview	Counseling report
Case Overview > Court	Court Documents- Offense Convictions
Case Overview > Court	Court Order
CPS Investigation	CPS Case Worker/Child Visitation Tools (DHS-903 and -DHS-903A)
Ongoing Case / Permanent Ward	CPS Closing USP (DHS-1226)
CPS Investigation	CPS Exception Documentation (DHS-140)
CPS Investigation	CPS Investigation Checklist (DHS-1422)
CPS Investigation	CPS Investigation Report (DHS-154)
Case Overview	CPS Investigation report on prospective Adoptive Family
CPS Investigation	CPS Request for Medical Information (DHS-1163-M)
CPS Investigation	CPS Request for Mental health Information (DHS-1163-P)
CPS Investigation	CPS Service Agreement (DHS-151)
CPS Investigation	CPS Support Person Letter (DHS-860)
Ongoing Case / Permanent Ward	CPS Updated Service Plan (DHS-1223)
Adoption Assistance Subsidy Eligibility	Criminal Clearances
Eligibility / Reimbursability	Criminal Clearances
CPS Investigation	Criminal History Check (DHS-269)
Eligibility / Reimbursability	Current DOC assessment
Adoption Assistance Subsidy Eligibility	Current DOC assessment
Person Overview	Dental Exam report
Case Overview	Determination of Care (DHS 470, 470a or 1945)
Eligibility	Determination of Title IV-E Reimbursability (DHS 350)
Case Overview > Placement	Determination of Title IV-E Reimbursability (DHS 350)
Eligibility	Determination of Title IV-E Eligibility (DHS 352)
CPS Investigation	DHS Child Abuse Neglect Action (DHS-1200)
Person Overview	DHS Request for Birth Record (DHS -261)
Person Overview	DHS Request for Death Record (DHS- 264)
Person Overview	DHS Request for Divorce or Annulment Records (DHS- 263)
Person Overview	DHS Request for Marriage Record (DHS-262)
Financial	DHS-589 Recoupment Notice
Person Overview	Diploma

Person Overview	Disciplinary Report
Service Authorization	DOC 12 and Under (DHS-470)
Service Authorization	DOC 12 and Under (DHS-470)
Service Authorization	DOC 13 and Over (DHS-470A)
Service Authorization	DOC 13 and Over (DHS-470A)
Service Authorization	DOC Medically Fragile (DHS-1945)
Service Authorization	DOC Medically Fragile (DHS-1945)
Case Services Review	Drug Screen
Person Overview	Drug screen results
Case Services Review	Early On Referral
Case Overview	Early Release Checklist
Person Overview	Enrollment documents
Case Services Review	Estimate(s)
Service Authorization	Examination Authorization/Invoice for Services (DHS-93)
Person Overview	Expulsion Reports
Case Services Review	Families First Progress Report Form (DHS-230)
Case Services Review	Families First Service Plan Form (DHS-229)
Case Services Review	Families First Termination Report Form (DHS-231)
Case Overview	Family Team Meeting Activity Report (DHS-1105)
Case Overview	Family Team Meeting Attendance Report (DHS-1107)
Case Overview	Family Team Meeting Informational Report (DHS -1104)
Case Overview	Family Team Meeting Invitation Report (DHS- 1109)
Case Overview	Family Team Meeting Preparation Tool (DHS-1108)
Case Overview	Family Team Meeting Referral (DHS-1106)
Person Overview	Fetal Alcohol Screening
CPS Investigation	Fingerprint Inquiry form
Person Overview	Fingerprint Inquiry form
Case Overview > Placement	Foster Care Action Summary (DHS-69b)
Ongoing Case / Permanent Ward	Foster Care Initial/Updated Service Plan (DHS-441)
Case Overview > Placement	Foster Care Payment Authorization (DHS-659)
Service Authorization	Foster Care Payment Authorization (DHS-659)

Service Authorization	Foster Care Payment Authorization (DHS-659)
Ongoing Case / Permanent Ward	Foster Care Permanent Ward Service Plan (DHS-442)
Case Overview > Placement	Foster Care Placement Decision Notice (DHS-31)
Provider	Foster Home Refernces Questionnaire (BCAL 3739)
Case Overview > Placement	Foster Parent Notification of Move (DHS-30)
Case Overview > Placement	Foster Parent/Relative Letter or email
Case Services Review	Foster Youth Housing Referral (DHS-956)
Person Overview	GED Certificate
Case Overview	Guardianship Homestudy (DHS 616, BCAL 3130, addendums)
Provider > Home Evaluation	Health History Record (OCAL)
CPS Investigation	Home Call Notice (DHS-182)
Person Overview	Hospital records
CPS Investigation	How to Change a Custody or Parenting Time Order (DHS-1450)
Non-CPS Intake	IC for Juveniles Quarterly Progress Report-DHS-555
Case Overview	ICAMA 6.01 Notice of Medicaid Eligibility/ Case Activation
Case Overview	ICAMA 6.02 Notice of Action
Case Overview	ICAMA 6.03 Report of Change in Child/Family Status
Non-CPS Intake	ICJ for Juveniles- Consent for Voluntary Return of out of State juveniles-DHS-3037
Non-CPS Intake	ICJ Home Evaluation Report DHS-1573
Non-CPS Intake	ICPC Financial Medical Plan-DHS-4334
Non-CPS Intake	ICPC Pre Screening-DHS-4336
Person Overview	IEP
Person Overview	IEP Addendum
Person Overview	IEP Invitation
Person Overview	IEP Review
Person Overview	Immunization record
Case Overview > Placement	Incident Report
Case Overview > Placement	Independent Living Agreement (DHS-4527)
Eligibility	Initial Court Order (date entered care)
Adoption Assistance Subsidy Eligibility	Initial court order for most recent removal
Eligibility / Reimbursability	Initial court order for most recent removal

Provider > Home Evaluation	Initial Relative Safety Screen (DHS 588)
Adoption Assistance Subsidy Eligibility	Initial Service Plan (ISP)
Eligibility / Reimbursability	Initial Service Plan (ISP)
Case Overview > Placement	Intent to Adopt (DHS-4809)
Non-CPS Intake	Interstate Compact for JJ Out of State Travel Permit-DHS 3034
Non-CPS Intake	Interstate Compact for Juveniles-Child Placement Status-DHS-4333
Non-CPS Intake	Interstate Compact on Juveniles -application for services and waiver 'DHS-3040
Non-CPS Intake	Interstate Compact on Juveniles 'DHS-3038
Non-CPS Intake	Interstate Compact on Placement of children checklist-DHS-4335
Non-CPS Intake	Interstate Compact Sending state Priority Home Study Request-DHS-3750
Non-CPS Intake	Interstate Guardianship Plan Notice-DHS-3309
Financial > Roster Approvals	Invoice
Financial > Roster Approvals	Journal Voucher
Person Overview	Judgment of Divorce
Eligibility / Reimbursability	Juvenile Guardianship Assistance Agreement (DHS 3113)
Case Overview	Juvenile Guardianship Consent Request for MCI ward ' Not Requesting Assistance (DHS 2049)
Case Overview	Juvenile Guardianship Consent Request for MCI ward (DHS 2050)
Adoption Assistance Medical Subsidy	Juvenile Guardianship Medical Subsidy Agreement (DHS 3013- GA)
Case Overview	Juvenile Guardianship Medical Subsidy Application and documentation (DHS 3310M)
Case Overview > Placement	Kinship Home Study (DHS-1675)
Intake	LEN Law Enforcement Complaint of Child Abuse and Neglect
Case Overview	Letter not Recommending (DHS 605)
Case Overview	Letter of Intent (DHS 4809)
Provider > Home Evaluation	Licensing Record Clearance (BCAL-1326cw)
Case Overview	Licensing Special Evaluations
Provider Licensing	Licensing Transactions (BCAL 3706)
Investigation / Case Overview	Life Skills Assessment
Case Overview / Service Authorization	Local Payment Authorization (DHS-1291)
Case Services Review	Local Payment Authorization (DHS-1291)
Service Authorization	Local Payment Authorization (DHS-1291)
Service Authorization	Local Payment Authorization (DHS-1291)

Case Overview	Maltreatment in Care Case Conference (DHS- 645)
Provider Recruitment Event	Mare Hold form
Provider Recruitment Event	Mare Photo-listing
Person Overview	Marriage Certificate
Case Overview	MCI Consent Decision Letter
Case Overview	MCI Determination for Individuals on Central Registry (DHS 96)
Person Overview	Medical Passport
Person Overview	Medical records
Subsidy	Medical records
Person Overview	Medical report
Case Services Review	Medical/Dental Service Information
Person Overview	Medication Review Documentation
Case Overview	Memo
CPS Investigation	MIC worker Investigation Checklist (DHS-647)
Person Overview	Military Dependents I .D. Card
Person Overview	Military Discharge Papers
Person Overview	Military Records
Case Overview > Court	Most recent petition removing the child from the home
Case Overview > Court	Motion
Adoption Assistance Subsidy Eligibility	Nonrecurring Adoption Expenses Application/Agreement for a Child Without Support Subsidy (DHS 4814)
Person Overview	North American Indian Child Case Notification (DHS- 120)
CPS Investigation	Notice of CPS Maltreatment in Care Disposition (DHS- 646)
Person Overview	Notice to Canadian Indian Tribe (DHS- 121)
Subsidy	Notice/Transmittal
Subsidy	Notice/Transmittal
Adoption Assistance Medical Subsidy	Notice/Transmittal
Adoption Assistance Subsidy Eligibility	Notice/Transmittal
Eligibility / Reimbursability	Notice/Transmittal
Subsidy	Notice/Transmittal
Case Overview	Order Committing Child to MCI following Disruption
Case Overview	Order Terminating Parental Right/Commitment to (DHS' JC 63)

Adoption	Other
Adoption Assistance Medical Subsidy	Other
Adoption Assistance Subsidy Eligibility	Other
Adoption Inquiry Log	Other
Case Overview	Other
Case Overview / Service Authorization	Other
Case Overview > Court	Other
Case Overview > Placement	Other
Case Services Review	Other
Central Adoption Registry	Other
CPS Investigation	Other
CPS Investigation	Other
Due Process	Other
Eligibility	Other
Eligibility	Other
Eligibility / Reimbursability	Other
Eligibility / Reimbursability	Other
Financial	Other
Financial > Roster Approvals	Other
Intake	Other
Investigation / Case Overview	Other
Non-CPS Intake	Other
Ongoing Case / Permanent Ward	Other
Person Overview	Other

Person Overview	Other
Provider	Other
Provider > Home Evaluation	Other
Provider > Inquiry	Other
Provider Licensing	Other
Provider Licensing	Other
Provider Recruitment Event	Other
Provider Summary	Other
Service Authorization	Other
Service Authorization	Other
Service Authorization	Other
Subsidy	Other
Subsidy	Other
Subsidy	Other
Person Overview	Other Academic documents
Central Adoption Registry	Other Central Adoption Registry Document
Person Overview	Other Special Education Assessment
Ongoing Case / Permanent Ward	Parent Agency Treatment Plan
Adoption Assistance Subsidy Eligibility	Parent Claim for Reimbursement of Nonrecurring Adoption Expenses (DHS 4815)
Adoption	Parent's Application for Adoption Medical Subsidy (DHS 1341-A)
Central Adoption Registry	Parent's Consent/Denial Statement
Person Overview	Paternity Papers
Service Authorization	Payment Justification Documents
Service Authorization	Payment Justification Documents

Case Overview	Permanency Goal Review (DHS-643)
CPS Investigation	Perpetrator Notification
Case Overview > Court	Petition
Adoption	Photograph
Case Overview	Photograph
Case Overview > Placement	Photograph
CPS Investigation	Photograph
Person Overview	Photograph
Person Overview	Physical Impairment MET report
Case Overview > Placement	Placement Outline (DHS-90)
Case Overview > Placement	Police Report
Case Overview	PPFWR (DHS-344, 845, 846, 643)
Person Overview	Prescription Information (DHS-2840)
Person Overview	Prescription(s)
Case Services Review	Prescription(s)
Ongoing Case / Permanent Ward	Prevention Services ISP (DHS-1614)
Case Services Review	Progress Report
Person Overview	Psychiatric report
Person Overview	Psychological report
Person Overview	Psycho-social assessment
Person Overview	Psychotropic Medication Consent (DHS 1643)
Adoption	Quarterly Adoption Progress report (DHS 614)
Case Services Review	Receipt(s)
Case Services Review	Referral
Case Overview	Rejection Letter ' Adoption (DHS 605)
Case Overview	Rejection Letter ' Guardianship (DHS 605G)
Provider > Home Evaluation	Relative Agreement for Placement and Licensure (DHS 972)
Case Overview > Placement	Relative Care Home Study Outline (DHS-197)
Case Overview	Relative Documentation (DHS-987)
Case Overview	Relative Notification Form Letter (DHS-990)
Case Overview	Relative Response Form (DHS-989)

Case Overview	Relative Search Information (DHS-988)
Case Services Review	Release of Information
Person Overview	Report card
Person Overview	Report Card Request Letter
Intake	Report of Actual or Suspected Child Abuse and Neglect-DHS-3200
Non-CPS Intake	Report of Sending State- Parolee or Probationer 'DHS-3039
Due Process	Request to amend record or expunge Central Registry
Non-CPS Intake	Requisition Request for Escapee-DHS-3036
Case Overview > Placement	Residential Letter or email
Non-CPS Intake	Run-away Juvenile Requisition-DHS- 3035
Investigation / Case Overview	Safety Assessment
Ongoing Case / Permanent Ward	Safety Planning
Person Overview	School Notification Letter
Person Overview	Sentencing ' probation/parole
Case Services Review	Service Provider Letter or Email
Case Services Review	Service Youth Profile Report (DHS-4713)
Central Adoption Registry	Sibling as Proxy for Deceased Parent Statement
Case Overview > Placement	Sibling Placement Evaluation (DHS-003)
Financial	Signed Agreement
Case Overview	Signed Consent to Adopt (PCA 309 )
Person Overview	Speech and Language Impairment MET report
Provider Licensing	Speical Investigation Report (BCAL 259)
Person Overview	Suspension Reports
Case Services Review	Therapy Report
Adoption	Third Party Claim for Reimbursement of Nonrecurring Adoption Expenses (DHS 4816)
Case Overview	Title IV-E Case Reading form (DHS 436)
Person Overview	Transcript
Person Overview	Traumatic Brain MET report
Case Overview > Placement	Tribal Placement Documents
Person Overview	Truancy Reports
Person Overview	U. S. Consular Statement (DS-1350)

Person Overview	U. S. Passport
Case Overview > Placement	Unauthorized Leave Notification (DHS-3198)
Case Overview > Placement	Unauthorized Leave Report to Court/Law Enforcement (DHS-3198A)
Adoption Assistance Subsidy Eligibility	Updated Service Plan
Eligibility / Reimbursability	Updated Service Plan
Case Overview	USP updated in last 3 months
Case Overview	Verification of Information Provided to Adoptive Parents (DHS 4818)
Case Overview	Visitation Observations
Person Overview	Visual Impairment MET report
Case Overview	Voluntary Release of Parental Rights Orders (PCA 305, PCA 306, PCA 318, PCA 322)
Provider > Home Evaluation	Waiver of Foster Home Licensure Relative Care - Approved (DHS 875)
Provider > Home Evaluation	Waiver of Foster Home Licensure Relative Care - Denied (DHS 875)
Provider > Home Evaluation	Waiver of Foster Home Licensure Relative Care - Submitted (DHS 875)
Person Overview	Well Child Exam report
Non-CPS Intake	Would not be scanned.
Case Overview > Court	Written Order
Adoption Assistance Subsidy Eligibility	Young Adult Adoption Assistance Extension Agreement (DHS 4113)
Adoption	Young Adult Adoption Medical Subsidy Extension Agreement (DHS 1317)
Adoption Assistance Medical Subsidy	Young Adult Adoption Medical Subsidy Guardian Extension Agreement (DHS 1322)
Adoption	Young Adult Adoption Support Subsidy Guardian Extension Agreement (DHS 1321)
Eligibility / Reimbursability	Young Adult Guardianship Assistance Extension Agreement (DHS 3313)
Case Overview	Young Adult Voluntary Foster Care Agreement (DHS 1297)
Case Overview	Young Adult Voluntary Foster Care Case Closure Request (DHS 1302)
Case Overview	Young Adult Voluntary Foster Care Case Denial/Closure Notice (DHS 1301-YA)
Case Services Review	Youth in Transition Exception Request (DHS-720)

**DHHS Policy – FOM 722-03B - Page 2 – Locating Potential Relative Placements**

<p><b>DHHS Policy – FOM 722-03B Page 2</b></p>	<p><b>State Laws Probate Code, 1939 PA 288, as amended, MCL 712A.13a(j) Foster Care and Adoption Services Act, 1994 PA 203, as amended, MCL 722.954a(2)</b></p>
	<p>Requires the supervising agency, within 30 days, to identify, locate, notify, and consult with relatives to determine placement with a fit and appropriate relative who would meet the child's developmental, emotional, and physical needs.</p>

**DHHS Policy - FOM 722-03 - Page 11 - Placement of a Child Identified with High Risk Behaviors**

<p><b>DHHS Policy FOM 722-03 Page 11</b></p>	<p><b>Placement of a Child Identified with High Risk Behaviors</b></p>
	<p>Any foster child identified as at <i>high risk</i> for perpetrating physical violence or sexual assault against other children <b>cannot be placed</b> with other foster children not so determined. The caseworker must consider a child’s history of physical violence and/or sexual assault when making placement decisions.... The caseworker must refer any child demonstrating a history or current incidences of physically and/or sexually assaultive behaviors for an assessment with a licensed clinician to determine if that child is at high risk for perpetrating physical violence or sexual assault.... The referral must be completed within five business days of any reported incidents of physical and/or sexually assaultive behaviors.</p>

**ISEP 6.12.a & b - Page 20 - Maximum Children in a Foster Home**

<b>ISEP 6.12.a &amp; b Page 20</b>	<b>6.12 Maximum Children in a Foster Home (Commitment 48).</b>
	<p>(a) No child shall be placed in a foster home if that placement will result in: (1) more than three foster children in that foster home; (2) a total of six children, including the foster family's birth and adopted children; or (3) more than three children under the age of three residing in that foster home.</p> <p>(b) Exceptions to these limitations may be made by the Director of the DCWL, on an individual basis documented in the case file, when in the best interest of the child(ren) being placed.</p>

**DHHS Policy FOM 722-03B - Page 4 - Initial Safety Screen**

<b>DHHS Policy FOM 722-03B Page 4</b>	<b>Initial Safety Screen</b>
	<p>Prior to placement of a child with an unlicensed relative, a basic safety assessment must be completed using the DHS-588, Initial Relative Safety Screen. This assessment consists of the following:</p> <ul style="list-style-type: none"> <li>• Home visit.</li> <li>• Verification of identity; see Verification of Identity, in this item.</li> <li>• Statewide criminal history clearance on all members of the household, including adolescents and children.</li> <li>• Central registry clearance on all adult household members.</li> </ul>

**DHHS Policy FOM 722-03B - Page 3 - PLACEMENT WITH RELATIVES – Safety Screen**

<b>DHHS Policy FOM 722-03B Page 3</b>	<b>PLACEMENT WITH RELATIVES</b>
	When children must be removed from their home and placed in out-of-home care, preference must be given to placement with a relative. Safety assessments, safety planning (when appropriate), and background checks must occur for all non-licensed relative homes prior to placement.

**DHHS Policy FOM 722-03B - Page 5 - Approved Initial Safety Screen To Be Followed by a DHHS 3130a**

<b>DHHS Policy FOM 722-03B Page 5</b>	<b>Approved Initial Safety Screen to be Followed by a DHHS 3130a</b>
	If the relative meets all of the requirements in the DHS-588, Initial Relative Safety Screen, then placement may be made, however, he/she must be fully assessed on the DHS-3130A, Relative Placement Home Study, within 30 calendar days

**DHHS Policy - FOM 722-03 - Page 8 - Least-Restrictive Setting**

<b>DHHS Policy FOM 722-03 Page 8</b>	<b>Least-Restrictive Setting</b>
	The caseworker must consider a placement which is the least-restrictive, most family-like, and still meets the needs of the child.

**DHHS Policy - FOM 723 - Page 6 - Transfer of Student Records to New School**

<p><b>DHHS Policy FOM 723 Page 6</b></p>	<p><b>Transfer of Student Records to New School</b></p>
	<p>If the child’s case record does not contain the most recent school records, such as the report card, discipline records, or IEP (if applicable), the caseworker must request copies of educational records within five days of enrolling the child in the new school. This will ensure the child will be placed in the appropriate classes and receive special accommodations, if needed.</p>

**DHS Policy - FOM 723 - Page 6 - Transfer of Student Records to Foster Care Placement**

<p><b>DHS Policy FOM 723 Page 6</b></p>	<p><b>Transfer of Student Records to Foster Care Placement</b></p>
	<p>Each time a child moves placements, including initial placement or reunification, the case worker must transfer available school records to the new placement (foster parent, relative, parent etc.) This is anything that is available within the foster care case file, such as report cards, or IEPs. This must be completed at the time of placement or at least within two weeks of placement, replacement, or reunification. This must be documented that it was completed on the DHS-69 and within MiSACWIS.</p>

**DHHS Policy - FOM 723 - Page 14 - FOSTER CARE PLACEMENT AND PREFERRED SCHOOL**

<p><b>DHHS Policy FOM 723 Page 14</b></p>	<p><b>FOSTER CARE PLACEMENT AND PREFERRED SCHOOL</b></p>
	<p>Children entering foster care or changing foster care placements are to continue their education in their schools of origin whenever possible and if in the child’s <u>best interest</u>. The proximity of the caregiver home to the child’s school is to be considered when placing or changing a child’s placement.</p> <p>Best interest factors to consider regarding school placement include:</p> <ul style="list-style-type: none"> <li>• The parent/legal guardian and child’s preference.</li> <li>• The child’s Social and emotional state.</li> <li>• The child’s Academic achievement/strengths.</li> <li>• The child’s Extra-curricular activity participation.</li> <li>• Continuity of relationships.</li> <li>• Special education programming.</li> <li>• Supportive relationships and/or services.</li> <li>• Length of anticipated stay in placement.</li> <li>• Distance/travel time to and from current school/new placement and impact on the child.</li> </ul>

**DHHS Policy - FOM 723 - Page 3 - Home Schooling**

<b>DHHS Policy FOM 723 Page 3</b>	<b>Home Schooling</b>
	All foster children are required to attend a regular public or private school program. Home schooling is not permitted.

**DHHS Policy - FOM 802 - Page 1 - MENTAL AND BEHAVIORAL HEALTH - Mental Health Screening**

<b>DHHS Policy FOM 802 Page 1</b>	<b>MENTAL AND BEHAVIORAL HEALTH - Mental Health Screening</b>
	All children entering foster care are required to have a mental health screening within 30 days of removal. The mental health screening is to be performed during initial and subsequent periodic or yearly well child exams. Verification that mental health screenings occurred must be documented on the Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam form or an equivalent approved form.

**DHHS Policy - FOM 802 - Page 2 - Mental and Behavioral Health Access and Services**

<p><b>DHHS Policy FOM 802 Page 2</b></p>	<p><b>Mental and Behavioral Health Access and Services</b></p>
	<p>When a mental health screening indicates a need for further evaluation, the child is referred to the behavioral health division of the MHP. The MHP’s behavioral health provider will assess the child and determine treatment. If the assessment indicates a mild to moderate mental health need, the MHP serves the child. The MHPs provide up to 20 outpatient counseling sessions per calendar year. If the child’s needs are greater than mild to moderate, the child is referred to the Community Mental Health Service Provider (CMHSP).</p>

**DHHS Policy - FOM 802 - Page 1 - Caseworker Role**

<p><b>DHHS Policy FOM 802 Page 1</b></p>	<p><b>Caseworker Role</b></p>
	<p>The caseworker’s role in the mental health screening process includes the following:</p> <ul style="list-style-type: none"> <li>• Facilitate the completion of any documents/screening tools etc. requested by the primary care provider.</li> <li>• Ensure the Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam form indicates a psychosocial/behavioral assessment was completed or a behavioral health screening tool was utilized.</li> <li>• Upload all documentation in MiSACWIS, including but not limited to:</li> </ul>

	<ul style="list-style-type: none"> <li>• Completed screening tools, if applicable.</li> <li>• Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam forms.</li> <li>• If the primary care provider indicates a need for further evaluation, the caseworker must refer the child to the behavioral health division of the child's Medicaid Health Plan (MHP) for an assessment and treatment, unless services are already being provided.</li> </ul> <p>If a significant concern about a child's mental health or behavior arises between well child exams, the foster parent or caseworker must contact the behavioral health division of the child's MHP to schedule an appointment for an assessment.</p> <p><b>Note:</b> The caseworker is required to discuss the child's behaviors and any mental health concerns with the foster parent at every monthly home visit</p>
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**DHHS Policy - FOM 801 Page 6 - Dental Examination**

<p><b>DHHS Policy FOM 801 Page 6</b></p>	<p><b>Dental Examination</b></p>
	<p>Dental examinations are required for children 3 years of age and older, as follows:</p> <ul style="list-style-type: none"> <li>• A dental examination within six months before entry into foster care or an initial dental examination shall be completed not more than 90 calendar days after entry into a foster care out-of-home placement.</li> <li>• A dental re-examination shall be obtained at least every 12 months, unless a greater frequency is indicated.</li> <li>• Children entering foster care under 3 years of age must have an initial dental exam within three months of his/her third birthday.</li> </ul>

**DHHS Policy - FOM 801 - Page 1 - Follow-up Medical Care**

<p><b>DHHS Policy FOM 801 Page 10</b></p>	<p><b>Follow-up Medical Care</b></p>
	<p>The caseworker is responsible for reviewing the information within the child’s Well Child Exam form and the DHS-1664, Youth Health Record, Dental. If follow-up medical or dental care is recommended, the caseworker must ensure that the recommendations are followed. Additionally, follow-up recommendations received from emergency room or urgent care visits require that the foster care caseworker ensure treatment recommendations are followed by the foster caregiver. All follow-up treatment is documented within the child's medical passport.</p>

**DHHS Policy FOM 801 – Page 10 - Chronic Health Concerns - Caseworker Contact with Health Care Providers**

<p><b>DHHS Policy FOM 801 – Page 10</b></p>	<p><b>Chronic Health Concerns - Caseworker Contact with Health Care Providers</b></p>
	<p>For children with chronic, ongoing health conditions, caseworkers must contact the child's health care provider as recommended by the specific provider to solicit his/her view of the child's medical status. Feedback from physicians and other health care service professionals treating the child must be obtained and incorporated in each service plan. The caseworker must discuss the information provided by the health care provider with the foster caregiver for assurances of proper care. Contacts must be documented in the social work contacts and the information obtained must be detailed in the medical, dental, mental health section of the service plan.</p>

**DHHS Policy - FOM 801 – Page 9 - Caseworker Role**

<b>DHHS Policy FOM 801 – Page 9</b>	<b>Caseworker Role</b>
	<p>At all times, while the foster care case is open and under supervision, the caseworker must assess and document the child’s current health status. As standard in case planning, the caseworker must:</p> <ul style="list-style-type: none"> <li>• Actively engage and support the parent/legal guardian in meeting the child’s medical, dental, developmental and mental health needs.</li> <li>• Monitor and encourage parental involvement in the treatment and services of children with identified health conditions.</li> <li>• Encourage and assist facilitation of all routine medical and dental care, including initial, periodic and yearly medical and dental exams.</li> <li>• Document medical, dental, developmental and mental health conditions, appointments, services and treatment in case service plans, medical passport and within the Health Profile section of Michigan Statewide Automated Child Welfare System (MiSACWIS).</li> </ul>

**DHHS Policy - FOM 801 – Page 12 – Documentation**

<p><b>DHHS Policy FOM 801 – Page 12</b></p>	<p><b>Documentation</b></p>
	<p>All health requirements are to be documented and maintained as follows:</p> <ul style="list-style-type: none"> <li>• Case file-Medical Records Section:             <ul style="list-style-type: none"> <li>• Age-specific Well Child Exam form or other approved alternatives as indicated in this policy.</li> <li>• DHS-1664 Youth Health Record, Yearly Dental.</li> <li>• Medical Passport.</li> <li>• DHS-1643, Psychotropic Medication Informed Consent.</li> </ul> </li> </ul>

**DHHS Policy - FOM 802-1 - Page 2 - PROHIBITED USE**

<p><b>DHHS Policy FOM 802-1 Page 2</b></p>	<p><b>PROHIBITED USE</b></p>
	<p>The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a child’s mental health needs.</p>

**DHHS Policy - FOM 801 - Page 14 - Medicaid Card & DHS-3762 Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment Card**

<p><b>DHHS Policy FOM 801 Page 14</b></p>	<p><b>Medicaid Card &amp; DHS-3762 Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment Card</b></p>
	<p>Each child in care must be enrolled in Medicaid (MA) and have an assigned MA recipient ID number to ensure prompt health services for foster children at the time of placement. The caregiver is given the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, which allows the provider to take the child to the doctor and respond to emergencies. The DHS-3762 is completed by the worker placing the child and the worker must enter the child’s MA number on the card (if child is already on MA).</p> <p>If a child is not active on MA at the time of placement, the caregiver must receive the MA card or alternative verification of the child’s Medicaid status and recipient ID number within 30 days of the date a child enters foster care.</p> <p>For any subsequent placement, the caregiver shall receive the child’s Medicaid card (or alternative verification, if necessary) and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card upon the child’s placement.</p>

**DHHS Policy - FOM 722-08 - Page 22 - Supervisory Approval - ISP**

<p><b>DHHS Policy FOM 722-08 Page 22</b></p>	<p><b>Supervisory Approval - ISP</b></p>
	<p><b>Supervisory Approval</b>                  Prior to finalizing, the ISP along with the required assessments must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker.                  Case service plan approval process requires the foster care supervisor to:</p> <ul style="list-style-type: none"> <li>• Review and approve the ISP within 14 calendar days of the Report Date.</li> <li>• Sign and date the original approved case service plan.</li> </ul>

**DHHS Policy - FOM 722-09 Page 25 - Supervisory Approval – USP**

<p><b>DHHS Policy FOM 722-09 Page 25</b></p>	<p><b>Supervisory Approval - USP</b></p>
	<p>Prior to finalizing, the USP along with the required assessments (FANS, CANS, etc.) must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker.                  Case service plan approval process requires the foster care supervisor to:</p> <ul style="list-style-type: none"> <li>• Review and approve the USP within 14 calendar days of the report date.</li> <li>• Sign and date the original approved case service plan.</li> </ul>

**DHHS Policy - FOM 722-08C - Page 2 - Required Participation in Development - Foster Parent / Caregiver**

<p><b>DHHS Policy FOM 722-08C Page 2</b></p>	<p><b>Required Participation in Development - Foster Parent / Caregiver</b></p>
	<p>The individual activities required by the foster parent/caregiver to meet the specific individual needs of the child placed in their home are included in the PATP. The foster parent/caregiver must be included in the PATP process. The foster parent/caregiver signature is required and indicates that the foster parent/caregiver acknowledges and agrees to the activities required to meet the needs of the child in their care. Additionally, the PATP details the services and activities provided by the foster care worker to assist the foster parent/caregiver in caring for the child.</p>

**DHHS Policy - FOM 722-08C - Page 2 - Required Participation in Development - Parents and Youth over 14-Years Old**

<p><b>DHHS Policy FOM 722-08C Page 2</b></p>	<p><b>Required Participation in Development - Parents and Youth over 14-Years Old</b></p>
	<p>Upon completion of the parent-agency treatment plan and service agreement, the parent is given a copy for review. Foster care workers need to ensure the parent understands all areas within the agreement. Parents and youths age 14 and older must sign the PATP. If a parent or youth is unavailable or refuses to sign the PATP, foster care workers must identify and document additional action needed to secure the parent's and/or youth's participation in service planning and compliance with the PATP.</p>

**DHHS Policy - FOM 722-06H - Page 12 - CASEWORKER CONTACT WITH SUPERVISOR**

<p><b>DHHS Policy FOM 722-06H Page 12</b></p>	<p><b>CASEWORKER CONTACT WITH SUPERVISOR (SUPERVISION)</b></p>
	<p>The caseworker must meet with his/her supervisor at least monthly for case consultation on every active case.  <b>Exception:</b> The caseworker must meet weekly with his/her supervisor for case consultation on any case where a child is placed in an emergency or temporary facility; see Caseworker Contact when a Child is Placed in an Emergency or Temporary Facility, in this item.</p>

**DHHS Policy - FOM 722-06H - Page 12 - CASEWORKER CONTACT WITH SUPERVISOR**

<p><b>DHHS Policy FOM 722-06H Page 12</b></p>	<p><b>CASEWORKER CONTACT WITH SUPERVISOR (SUPERVISION)</b></p>
	<p>The caseworker must meet with his/her supervisor at least monthly for case consultation on every active case.  <b>Exception:</b> The caseworker must meet weekly with his/her supervisor for case consultation on any case where a child is placed in an emergency or temporary facility; see Caseworker Contact when a Child is Placed in an Emergency or Temporary Facility, in this item.</p>

**DHHS Policy - FOM 722-03 Pages 6 to 7 - Reasonable Efforts Made to Place Siblings Together**

<p><b>DHHS Policy FOM 722-03 Page 6-7</b></p>	<p><b>Reasonable Efforts Made to Place Siblings Together</b></p>
	<p>Ongoing efforts to place siblings together are required unless the placement would be contrary to the safety or well-being of any of the siblings. The sibling split rationale must be documented in the case service plan.</p> <p>If the sibling group is not placed within the same placement, the ongoing efforts made to place the siblings together and the reason why the siblings are separated must be documented in the case service plan.</p> <p><b><i>Quarterly Reassessment</i></b></p> <p>Caseworkers are required to make ongoing efforts to place the siblings within the same home. A reassessment of the sibling split placement is required in the case service plan each quarter. The reassessment must also include the efforts and progress made to place all siblings within the same placement. The reassessment must be documented in the case service plan.</p>

**DHHS Policy - FOM 722-07B - Page 1 - Permanency Planning at 12 Months**

<p><b>DHHS Policy FOM 722-07B Page 1</b></p>	<p><b>Permanency Planning at 12 Months</b></p>
	<p>The caseworker must complete a formal permanency goal review annually from the acceptance date, or at any time a goal change is being considered. The DHS-643, Permanency Goal Review, must be used to document the current permanency goal, any barriers to the goal, and the action steps that will be taken to meet the goal. A copy of the form must be filed in the narrative section of the case file.</p>

**DHHS Policy - FOM 722-07B - Page 2 - Maintaining a Permanency Goal of Reunification Beyond 12 Months**

<p><b>DHHS Policy FOM 722-07b Page 2</b></p>	<p><b>Maintaining a Permanency Goal of Reunification Beyond 12 Months</b></p>
	<p>For any child who has a permanency goal of reunification for more than 12 months, the child’s caseworker, with written approval from the supervisor, must include in the case service plan a written explanation justifying the continuation of the goal. Identification of any additional services necessary or circumstances which must occur in order to accomplish the goal must also be documented.</p> <p>No child may have a permanency goal of reunification for more than 15 months unless there are compelling reasons to believe that the child can be returned home within a specified and reasonable time period. These compelling reasons must be documented in the record and approved by the caseworker’s supervisor</p>

**DHHS Policy - FOM 722-08c - Page 5 - Specific Goals and Objectives**

<p><b>DHHS Policy FOM 722-08c Page 5</b></p>	<p><b>Specific Goals and Objectives</b></p>
	<p>In this section, provide the specific goals, objectives, activities and parenting time (scheduled and expected activities) of all parties, including the foster parent/relative caregiver, the child(ren) and the foster care worker with the expected outcome of each activity.  <b>The goals and objectives must be clear, measurable, and designed to:</b></p> <ul style="list-style-type: none"> <li>• Resolve the primary barriers for reunification identified in the DHS-145, Family Assessment of Needs and Strengths.</li> <li>• Achieve the permanency planning goal.</li> </ul>

**DHHS Policy - FOM 722-06i - Page 10 - SIBLING VISITATION AND ONGOING INTERACTION**

<p><b>DHHS Policy FOM 722-06i Page 10</b></p>	<p><b>SIBLING VISITATION AND ONGOING INTERACTION</b></p>
	<p>Siblings in foster care, who are not placed together, must have at least one visit per calendar month that is in addition to parenting time. For the purposes of visitation only, siblings include children related through birth, adoption, or marriage and include siblings as defined by the American Indian or Alaskan Native child's tribal code or custom. A sibling relationship continues after termination of parental rights or when a marriage ends by death or divorce. Caseworkers must:</p> <ul style="list-style-type: none"> <li>• Coordinate with the caregiver(s) to develop a plan for sibling visitation and ongoing contact.</li> </ul>

• Detail the plan for sibling visits and other contacts within the sibling visitation section of the case service plan. The sibling visitation plan must include specific:

- Dates of visits or contacts.
- Location of visits or contacts.
- Duration of visits or contacts.

Monthly visitation is required unless one of the following exceptions exist:

- The visit may be harmful to one or more of the siblings.  
**Note:** Document the reason visitation between siblings is contrary to their safety or well-being in the sibling visitation section of the case service plan.
- The sibling is placed out-of-state in compliance with the Interstate Compact on Placement of Children.
- The distance between the sibling's placements is more than 50 miles and one child is placed with a relative.
- One of the siblings is above the age of 16 and refuses such visits (include reasons for refusal in documentation).

All exceptions must be recorded in MiSACWIS and all reasonable efforts to assure that visits take place must be documented in the case service plan

**DHHS Policy - FOM 722-08 - Page 3 – Decisions**

<p><b>DHHS Policy FOM 722-08 Page 3</b></p>	<p><b>Decisions</b></p>
	<p>There is a continuum of legal permanency, with reunification being the most preferred followed by adoption, guardianship, permanent placement with a fit and willing relative and lastly, another planned permanent living arrangement. Therefore, if the permanency planning goal is not reunification, adoption, guardianship, or permanent placement with a fit and willing relative, compelling reasons must be documented within the ISP which detail why each subsequent permanency planning goal is not in the child's best interest.</p>

**DHHS Policy - ADM 210 - Page 2 - NOTIFICATION FROM FOSTER CARE - Referral Packet**

<p><b>DHHS Policy ADM 210 Page 2</b></p>	<p><b>NOTIFICATION FROM FOSTER CARE - Referral Packet</b></p>
	<p>The foster care worker must provide a referral packet which contains the following documents to the DHS or contracted adoption agency adoption worker, within 5 working days from the date of the receipt of the order terminating parental rights:</p> <ul style="list-style-type: none"> <li>• The DHS-65, Initial Service Plan (ISP).</li> <li>• The last two DHS-66, Updated Service Plans (USP).</li> <li>• <b>Note:</b> All service plans (USP/Permanent Ward Service Plans (PWSP)) that are written after the adoption referral must also be sent to the adoption worker.</li> <li>• All of the child's and biological parents' physical, dental, medical, and psychological/psychiatric records and assessments, and the</li> </ul>

	<p>child's medical passport. The biological parents' records <b>must not be released</b> to the adoptive family. A summary of the findings of the records must be included in the adoptive child assessment; see SRM 131, Confidentiality.</p> <ul style="list-style-type: none"> <li>• School records, including Individual Education Planning Committee (IEPC) reports.</li> <li>• Early On reports and any other developmental assessments.</li> <li>• Child's original birth certificate. If not available, a copy of the application for the child's original birth certificate must be provided.</li> <li>• The child's Social Security card or verification of Social Security number; see FOM 902-16, Social Security Numbers.</li> <li>• Child's placement history.</li> <li>• Copy of the current (dated within the last six months) Assessment for Determination of Care (DOC) for Children in Foster Care (DHS-470, 470A or 1945) and any documentation, in addition to the case service plans, that supports the scoring of the DOC must be attached to the DOC assessment.</li> <li>• Copies of release/termination documents and court orders.</li> <li>• All court petitions for the case (initial, amended and supplemental).</li> <li>• DHS-352, Initial Determination of Appropriate Foster Care Funding Source.</li> <li>• DHS-990, Relative Notification Letter.</li> <li>• DHS-989, Relative Response.</li> <li>• DHS-988, Relative Search Information.</li> <li>• DHS-987, Relative Documentation.</li> <li>• Death certificate of parent(s) (if applicable).</li> </ul>

**DHHS Policy - FOM 722-06 - Page 14 - Reasonable Efforts to Secure and Finalize a Permanent Placement**

<b>DHHS Policy FOM 722-06 Page 14</b>	<b>Reasonable Efforts to Secure and Finalize a Permanent Placement</b>
	If the court determines that making efforts to prevent removal from the family are not required and reunification has been ruled out as a permanency plan, reasonable efforts to secure another permanent placement must be made. In most of these cases, the permanency plan for the child should be adoption. Permanent placement with a guardian or fit and willing relative may also be appropriate for certain children. If the permanency plan is not adoption, guardianship, or placement with a fit and willing relative, compelling reasons must be contained within the service plan and the court order that document why these goals are not in the child's best interest

DHHS Policy - FOM 722-6H Page 9 - CASEWORKER CONTACT WITH PARENT(S)/ GUARDIAN(S)

<p>DHHS Policy FOM 722-6H Page 9</p>	<p><b>CASEWORKER CONTACT WITH PARENT(S)/ GUARDIAN(S)</b></p>
	<p><b>For each child with a permanency goal of reunification</b>, the child’s assigned caseworker must have face-to face contact with the child’s parent/guardian as follows:</p> <p><b><i>First Month after Initial Out-of-Home Placement</i></b></p> <p>The caseworker must have at least two face-to-face contacts with each parent/guardian, at least one of which must occur in the parent’s residence. One of the face-to-face contacts must be used to discuss the following:</p> <ul style="list-style-type: none"> <li>• Petition and court orders.</li> <li>• Case service plan.</li> <li>• Family Assessment of Needs and Strengths.</li> <li>• Child Assessment of Needs and Strengths.</li> <li>• Parent-Agency Treatment Plan &amp; Service Agreement.</li> <li>• Scheduling and expectations of parenting time.</li> </ul> <p><b><i>Subsequent Months</i></b></p> <p>The caseworker must have face-to-face contact with each parent/guardian at least once each calendar month, with at least one contact in each quarter occurring in the parent’s place of residence.</p>

**DHHS Policy - ADM 610 - Page 4 - INTENT TO ADOPT FORM**

<b>DHHS Policy ADM 610 Page 4</b>	<b>INTENT TO ADOPT FORM</b>
	<p>Within three working days of the assignment of the adoption case-worker, the adoption worker must notify the caregivers with whom the child is placed that the child's permanency plan is adoption. The caregiver's interest in adoption must be documented. Current caregivers should be informed that if the child has a strong bond and psychological attachment, they will be given consideration for adoption of that child. The DHS-4809, Intent to Adopt, must be used for notification. Caregivers must be instructed to return the form to the supervising agency within 14 calendar days of receiving notification to express their interest.</p> <p>Relatives who previously expressed interest in placement must be contacted and their interest in adopting documented on the DHS-4809, Intent to Adopt.</p>

**DHHS Policy ADM 400 - Page 1 - CHILD-SPECIFIC RECRUITMENT EFFORTS**

<p><b>DHHS Policy ADM 400 Page 1</b></p>	<p><b>CHILD-SPECIFIC RECRUITMENT EFFORTS</b></p>
	<p>Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. The recruitment plan must be based on the child’s specific needs and efforts must focus on finding an adoptive family that will provide a stable home for the child. The child-specific recruitment plan may include locating relatives or friends who have an established positive relationship with the child, photo listing on state and national websites, as well as recruitment through distribution of information about a specific child.</p>

**DHHS Policy ADM 400 - Page 2 - Michigan Adoption Resource Exchange (MARE)**

<p><b>DHHS Policy ADM 400 - Page 2</b></p>	<p><b>Michigan Adoption Resource Exchange (MARE)</b></p>
	<p>If an adoptive family has not been identified for the child at the time of adoption referral, a written, child-specific recruitment plan must be developed within 30 calendar days of the date of acceptance of the case transfer. The child must also be registered for photo listing on the Michigan Adoption Resource Exchange (MARE) within 30 calendar days of termination of parental rights or date of acceptance of the case transfer, whichever is later. A copy of the recruitment plan must be provided to MARE with the photo listing information.</p>

**DHHS Policy ADM 400 - Page 2 - “Let’s Talk” booklet**

<p><b>DHHS Policy ADM 400 Page 2</b></p>	<p><b>“Let’s Talk” booklet</b></p>
	<p>The adoption worker must review the “Let’s Talk” booklet from the Michigan Adoption Resource Exchange (MARE) with children age nine and older. This booklet provides the worker with child specific recruitment tools. The adoption worker and child should determine together which recruitment tools will be utilized based on the child’s wishes. The child will need to sign this booklet to verify that he or she has reviewed it with his/her worker. A copy of the signed last page of the booklet must be included with the MARE registration form for the child.</p>

**DHHS Policy ADM 400 - Page 2 - Recruitment Plan Review**

<p><b>DHHS Policy ADM 400 Page 2</b></p>	<p><b>Recruitment Plan Review</b></p>
	<p>Child-specific recruitment plans must be discussed in a face-to-face case review meeting on a quarterly basis for children without an identified adoptive family. Quarterly reviews of the plan must continue until the child is placed with a family that plans to permanently care for the child. The schedule of case review meetings is as follows:</p> <ul style="list-style-type: none"> <li>• Within the first three months of the child’s goal changing to adoption, a face-to-face case review meeting must occur between the adoption worker and the adoption supervisor.</li> <li>• Between three and six months of the child’s goal changing to adoption, a face-to-face case review meeting must occur and</li> </ul>

	<p>include at a minimum: the adoption worker, the adoption supervisor and a permanency resource monitor.</p> <ul style="list-style-type: none"><li>• Between six and nine months of the child's goal changing to adoption, a face-to-face case review meeting must occur and include at a minimum: the adoption worker, the adoption supervisor and a permanency resource monitor.</li><li>• In cases where a permanent home has not been identified within one year of the child's goal changing to adoption, a face-to-face case review meeting must occur and include at a minimum: the adoption worker, the adoption supervisor, and an outside expert engaged by DHS with expertise in permanency and adoption processes and planning. This review must occur</li><li>• between nine and twelve months of the child's goal changing to adoption and must be held on a quarterly basis thereafter until the child is placed with a family that plans to permanently care for the child. Documentation of recruitment efforts must be maintained in the child's adoption record for review.</li></ul>

**DHHS Policy ADM 430 - Page 1 - DHHS Publication 538, Michigan’s Adoption Subsidy Programs**

<b>DHHS Policy ADM 430 Page 1</b>	<b>DHHS Publication 538, Michigan’s Adoption Subsidy Programs</b>
	<p>Prior to completion of the adoptive family assessment, the family must be given copies of the DHHS Publication 538, Michigan’s Adoption Subsidy Programs, the DHS-823, Adopting a Child in Michigan, the DHS-255, Agency Adoption Program Statement and the DHS-4081, Adoption Assistance Intent Statement (available online at: <a href="http://www.michigan.gov/dhs">http://www.michigan.gov/dhs</a>)The family’s acknowledgement of receipt of this publication is included on the last page of the DHS-3153A, Adoption Application.</p>

**ISEP 6.23(b) - Page 25 - 6.23 Caseload, Supervisors (Commitment 59).**

<b>ISEP 6.23(b) Page 25</b>	<b>6.23 Caseload, Supervisors (Commitment 59).</b>
	<p>A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload. Mixed caseloads will be measured pursuant to the “Caseload Definitions and Calculating Methodology” approved by the Monitors. This Commitment is never eligible for rolling exit.</p>

**ISEP 6.33.a.2 Page 28 - Assessments and Service Plans, Content (Commitment 69).**

<b>ISEP 6.33.a.2 Page 28</b>	<b>6.33 Assessments and Service Plans, Content (Commitment 69).</b>
	<p>(a) Assessments and service plans shall be of sufficient breadth and quality to usefully inform case planning and shall accord with the requirements of 42 U.S.C. § 675(1), and shall indicate:</p> <p>(2) how DHHS, other service providers (including the private CPAs, where applicable), parents, and foster parents shall work together to confront the difficulties that led to the child’s placement in foster care and achieve the permanency goal</p> <p>(5) the actions to be taken by the caseworker to help the child(ren), parent(s), and foster parent(s) connect to, engage with, and make good use of services.</p>

**ISEP 6.33(c) Page 28 - 6.33 Assessments and Service Plans, Content (Commitment 69).**

<b>ISEP 6.33(c) Page 28</b>	<b>6.33 Assessments and Service Plans, Content (Commitment 69).</b>
	<p>(c) Service plans shall be signed by the caseworker, the caseworker’s supervisor, the parent(s), and the child(ren), if of age to participate. If the parent(s) or child(ren) or both are not available or decline to sign the plan, the service plan shall include an explanation of the steps taken to involve them and shall identify any follow-up actions to be taken to secure their participation in services.</p>

**ISEP 6.30 - Page 27 - Supervisory Oversight (Commitment 66).**

<p><b>ISEP 6.30 Page 27</b></p>	<p><b>Supervisory Oversight (Commitment 66).</b></p>
	<p><b>Supervisory Oversight (Commitment 66).</b> Supervisors shall meet at least monthly with each assigned worker to review the status and progress of each case on the worker’s caseload. Supervisors shall review and approve each service plan. The plan can be approved only after the supervisor has a face-to-face meeting with the worker, which can be the monthly meeting.</p>

**ISEP 6.34 - Page 29 - 6.34 Provision of Services (Commitment 70).**

<p><b>ISEP 6.34 Page 29</b></p>	<p><b>6.34 Provision of Services (Commitment 70).</b></p>
	<p>DHHS is responsible for helping the parent(s) from whom the child has been or may be removed, the child(ren), and the foster parent(s) identify appropriate, accessible, and individually compatible services; assisting with transportation when necessary; helping to identify and resolve any barriers that may impede parent(s), child(ren), and foster parent(s) from making effective use of services; and intervening to review and amend the service plan when services are not provided or do not appear to be effective.</p>

**ISEP 6.41 Page 31 - Visits, Parent-Child (Commitment 77).**

<b>ISEP 6.41 Page 31</b>	<b>Visits, Parent-Child (Commitment 77).</b>
	<p>(a) DHHS shall ensure that children in foster care with a goal of reunification shall have at least twice-monthly visitation with their parents. Exceptions to this requirement are cases in which:</p> <ul style="list-style-type: none"><li>(1) a court orders less frequent visits;</li><li>(2) the parents are not attending visits despite DHHS taking adequate steps to ensure the parents' ability to visit;</li><li>(3) one or both parents cannot attend the visits due to exigent circumstances such as hospitalization or incarceration; or</li><li>(4) the child is above the age of 16 and refuses such visits.</li></ul> <p>(b) All exceptions and all reasonable steps to assure that visits take place shall be documented in the case file. If such exceptions exist, DHHS shall review the appropriateness of the child's permanency goal.</p> <p>(c) This Commitment applies to all children in DHHS foster care custody, including those children placed through private CPAs. In this Commitment "caseworker" is defined as</p> <ul style="list-style-type: none"><li>(1) a caseload-carrying caseworker, or</li><li>(2) a supervisor.</li></ul>

**ISEP 6.42 Page 31 - Visits, Between Siblings (Commitment 78).**

<p><b>ISEP 6.42 Page 31</b></p>	<p><b>6.42 Visits, Between Siblings (Commitment 78).</b></p>
	<p>(a) DHHS shall ensure that children in foster care who have siblings in custody with whom they are not placed shall have at least monthly visits with their siblings who are placed elsewhere in DHHS foster care custody. Exceptions to this requirement are cases in which:</p> <ul style="list-style-type: none"> <li>(1) the visit may be harmful to one or more of the siblings;</li> <li>(2) the sibling is placed out of state in compliance with the Interstate Compact on Placement of Children;</li> <li>(3) the distance between the children's placements is more than 50 miles and the child is placed with a relative; or</li> <li>(4) one of the siblings is above the age of 16 and refuses such visits.</li> </ul> <p>(b) All exceptions and all reasonable steps taken to assure that visits take place shall be documented in the case file.</p> <p>(c) This Commitment applies to all children in DHHS foster care custody, including those children placed through private CPAs.</p>

**ISEP 6.43 - Page 32 - Medical and Mental Health Examinations (Commitment 79)**

<b>ISEP 6.43 Page 32</b>	<b>Medical and Mental Health Examinations (Commitment 79)</b>
	At least 85% of children shall have an initial medical and mental health examination within 30 days of the child’s entry into foster care, and at least 95% of children shall have an initial medical and mental health examination within 45 days of the child’s entry into foster care.

**ISEP 6.45 – Page 32 - Immunizations, In Custody Three Months or Less (Commitment 81).**

<b>ISEP 6.45 – Page 32</b>	<b>Immunizations, In Custody Three Months or Less (Commitment 81).</b>
	(b) The following exceptions apply to this category: (1) the child’s immunizations are not up to date, and it is documented in the child’s case file that the physician determined that a longer schedule will be in the child’s best interest. When this exception applies, DHHS shall ensure that the child’s immunizations will be brought up to date within a schedule established by a qualified physician.

**ISEP 4.18b - Page 12 - Medical, Dental, and Mental Health Services, Policy (Commitment 18).**

<b>ISEP 4.18b - Page 12</b>	<b>Medical, Dental, and Mental Health Services, Policy (Commitment 18).</b>
	(b) DHHS shall ensure that every child receives all needed follow-up medical, dental, and mental health care as identified.

**ISEP 6.49 – Page 34 - Medical Passports (Commitment 85).**

<b>ISEP 6.49 – Page 34</b>	<b>Medical Passports (Commitment 85).</b>
	(a) At the time the child is placed or re-placed, the foster care provider shall receive the child’s Medical Passport, which must contain the information required by MCL 722.954c(2) and DHHS Policy FOM 801 (dated 3-1-2015) (or any successor policies approved by the Monitors). And at least <u>quarterly thereafter, an updated Medical Passport must be prepared</u> , as required by the “Medical Passports” section of DHHS Policy FOM 801 (dated 3-1-2015) (or any successor policy approved by the Monitors), and provided to the foster care provider.

**ISEP 6.54 - Page 35 - Psychotropic Medication, Informed Consent (Commitment 90).**

<b>ISEP 6.54 - Page 35</b>	<b>Psychotropic Medication, Informed Consent (Commitment 90).</b>
	DHHS shall ensure that informed consent is obtained and documented in writing in connection with each psychotropic medication prescribed to a child in DHHS custody. This informed consent must be obtained in accordance with the “Informed Consent” section contained in DHHS Policy FOM 802-1

**ISEP 6.38 - Page 29 - Education, Continuity (Commitment 74).**

<b>ISEP 6.38 - Page 29</b>	<b>Education, Continuity (Commitment 74).</b>
	DHHS shall make reasonable efforts to ensure the continuity of a child’s educational experience by keeping the child in a familiar or current school and neighborhood, when this is in the child’s best interests and feasible, and by limiting the number of school changes the child experiences.

**ISEP 6.18 Page 23 ISEP 6.18 Page 23 - 6.18 Relative Foster Parent Licensing, Timeliness (Commitment 54).**

<b>ISEP 6.18 Page 23</b>	<b>Relative Foster Parent Licensing, Timeliness (Commitment 54).</b>
	DHHS must license at least 85% of newly licensed relative foster parents within 180 days of the date of placement.

**ISEP 6.16.1 – Page 23 - Relative Foster Parents (Commitment 52).**

<b>ISEP 6.16.1 - Page 23</b>	<b>Relative Foster Parents (Commitment 52).</b>
	(a) When placing a child with a relative who has not been previously licensed as a foster parent, DHHS shall: (1) prior to placement, visit the relative’s home to determine that it is safe;

**ISEP 6.16.2 - Page 23 - Relative Foster Parents (Commitment 52).**

<b>ISEP 6.16.2 - Page 23</b>	<b>Relative Foster Parents (Commitment 52).</b>
	(a) When placing a child with a relative who has not been previously licensed as a foster parent, DHHS shall: (2) within 72 hours following placement, check law enforcement and central registry records for all adults residing in the home; and

**ISEP 6.16.3 - Page 23 - Relative Foster Parents (Commitment 52).**

<b>ISEP 6.16.3 - Page 23</b>	<b>Relative Foster Parents (Commitment 52).</b>
	<p>(a) When placing a child with a relative who has not been previously licensed as a foster parent, DHHS shall:</p> <p style="padding-left: 40px;">(3) within 30 days, complete a home study determining whether the relative should, upon completion of training and submission of any other required documents, be licensed as a foster parent.</p>

**ISEP 6.17 Page 23 - Relative Foster Parent Licensing, Generally (Commitment 53).**

<b>ISEP 6.17 Page 23</b>	<b>Relative Foster Parent Licensing, Generally (Commitment 53).</b>
	<p>(a) Relative caregivers will be licensed unless exceptional circumstances exist such that it is in the child's best interest to be placed with the relative despite the relative's desire to forgo licensing. Such circumstances must be documented in the child's case file and approved by the County Director or, in a Designated County, a county-level child welfare Administrator.</p> <p style="padding-left: 40px;">(1) In such circumstances:</p> <p style="padding-left: 80px;">(i) the relative caregiver and the other adult household members must meet the same safety standards as non-relative providers;</p> <p style="padding-left: 80px;">(ii) the relative caregiver must be fully informed of the benefits, including the exact amount of monetary benefits, of licensure; and</p> <p style="padding-left: 80px;">(iii) the relative caregiver must sign a waiver stating understanding that he or she is foregoing the benefits,</p>

	including the exact amount of monetary benefits of licensure.

**ISEP 6.10a Page 20 - Separation of Siblings (Commitment 46).**

<b>ISEP 6.10.a Page 20</b>	<b>Separation of Siblings (Commitment 46).</b>
	(a) Siblings who enter placement at or near the same time shall be placed together unless: (1) doing so is harmful to one or more of the siblings; (2) one of the siblings has exceptional needs that can only be met in a specialized program or facility; or (3) the size of the sibling group makes such placement impractical Notwithstanding efforts to place the group together.

**ISEP 6.10b Page 20 - Separation of Siblings (Commitment 46).**

<b>ISEP 6.10.b Page 20</b>	<b>Separation of Siblings (Commitment 46).</b>
	(b) If a sibling group is separated at any time, except for the above reasons, the case manager shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. These efforts shall be documented and maintained in the case file and shall be reassessed on a quarterly basis.

**ISEP 6.12.a & b - Page 20 - Maximum Children in a Foster Home**

<b>ISEP 6.12.a &amp; b Page 20</b>	<b>6.12 Maximum Children in a Foster Home (Commitment 48).</b>
	<p>(a) No child shall be placed in a foster home if that placement will result in: (1) more than three foster children in that foster home; (2) a total of six children, including the foster family’s birth and adopted children; or (3) more than three children under the age of three residing in that foster home.</p> <p>(b) Exceptions to these limitations may be made by the Director of the DCWL, on an individual basis documented in the case file, when in the best interest of the child(ren) being placed.</p>

**ISEP 5.14 Page 17 - Psychotropic Medication, Prohibition on Disciplinary Use (Commitment 36).**

<b>ISEP 5.14 Page 17</b>	<b>Psychotropic Medication, Prohibition on Disciplinary Use (Commitment 36).</b>
	Psychotropic medication shall not be used as a method of discipline or be used in place of psychosocial or behavioral interventions that the child requires.

**SRM 200 page 12-13 HANDLING CHRI MEDIA**

<b>SRM 200 page 12-13</b>	<b>HANDLING CHRI MEDIA - FINGERPRINTS</b>
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MiSACWIS meets the computer security and encryption requirements defined in the CJIS Security Policy. Data in MiSACWIS and Filenet is encrypted from storage until it is delivered to the user. Data at rest in the database is encrypted to AES256/FIPS-140-2 Complaint standards on the SANS. When data is in flight between the database and application server it is encrypted to AES256 standard. When the data is delivered to the user's browser from the application server, it is delivered via HTTPS.

All MDHHS computers and systems are held to the security standards established by the Department of Technology, Management and Budget (DTMB). All MDHHS computers are held to the encryption standards in the DTMB Electronic Data and Encryption Technical Standard 1340.00.07. All computers and digital media are disposed of according to DTMB's Secure Disposal of Installed and Removable Digital Media Standard (former Ad Guide 1350.90) Technical Standard 1340.00.13. Both of the above technical standards can be found at:

[http://inside.michigan.gov/dtmb/wr/psp/Pages/2\\_DTMB\\_IT\\_PSP.aspx](http://inside.michigan.gov/dtmb/wr/psp/Pages/2_DTMB_IT_PSP.aspx)

All licensed CPAs will be required to meet all computer encryption and destruction standards defined in CJIS.

#### **Controlled Area Requirements**

Electronic and physical CW-CHRI media must be securely stored within physically secure locations or controlled areas. Access to such media is restricted to authorized personnel only and secured at all times when not in use or under the supervision of an authorized personnel.

Controlled area is defined as a physically secure location where CHRI is stored and processed. If a secure location cannot be established then access to the area where CHRI is stored must be limited to authorized personnel. CHRI must be locked and secured when unattended and computer screens will be positioned in such a way to prevent unauthorized access or view.

#### **Physical CW-CHRI Media**

Physical CW-CHRI media must be stored in a separate file designated for CW-CHRI.

	<p>Physical media is defined as any physical/paper copies of documents that contain CHRI including but not limited to the physical results of the fingerprint-based criminal history, description and assessment of the fingerprint-based criminal history in the BCAL-3130 Initial Foster Home/Adoption Evaluation or the DHS-612, Adoptive Family Assessment Addendum.</p> <p>Physical CW-CHRI media must be maintained in a secure location such as within a lockable filing cabinet, closet, office, safe or vault.</p> <p>CW-CHRI should only be in the adoptive families file and the foster home licensing file. It is NOT required to be stored in any other files.</p> <p><b>Physical Media in Transit</b></p> <p>Physical CHRI media must be transported from the LASO within DCWL at MDHHS central office to individuals determined to be <i>authorized personnel</i> in CPAs.</p> <p>Transportation (the movement of physical CHRI media) of physical CHRI media from one office to another must occur through State of Michigan ID mail system or through the United States Postal Service in a sealed envelope..</p>

### CI 16-019 Placements in the City of Flint Water Catchment Area

This Communication Issuance (CI) is being released for several purposes:

- To provide instruction regarding children who are currently placed in the Flint water catchment area or were placed there from April 2014 to January 2016.
- To provide guidance regarding children who may be placed in the Flint water catchment area in the future.
- To provide guidance for licensing and adoption workers working with families in the Flint water catchment area.
- To provide a statewide update regarding the ongoing efforts to ensure the safety and wellbeing of the children and families whom we work with in the Flint water catchment area.

As new information becomes available regarding the water situation in Flint, the MDHHS Children’s

Services Agency (CSA) will provide updated communications. MDHHS CSA is committed to assisting those residing in the Flint water catchment area. Public and private child welfare staff who are working with families affected have been equipped with supplies and resources to assist families and they are doing a tremendous job.

**Current placements and/or children who resided in the Flint water catchment area from April 2014 to January 2016:**

In order to verify the well-being of children placed in the Flint water catchment area from April 2014 to current, MDHHS is requiring child welfare workers to complete and document specific action steps:

- All caregivers utilizing city of Flint water must have their unfiltered water tested and results must be documented in MiSACWIS and the licensing file (if applicable). The assigned foster care or licensing worker is responsible to ensure that each family who has not already had their unfiltered water tested, has submitted their water for testing by 2/10/16.
- All children under the age of 6 who live in the city of Flint water catchment area must see their primary physician for Blood Lead Level (BLL) testing unless the physician does not advise BLL testing. This action must be completed by March 18, 2016.
- All caregivers for children age 6 or over, who reside in the city of Flint water catchment area, must inform the child's physician of the child's possible lead exposure at their next primary care appointment. Unless a child is showing any symptoms or concerns, then an appointment should be made immediately.
- For children who no longer reside in the Flint water catchment area but were placed there sometime between April 2014 to January 2016 and continue to be under MDHHS care and supervision:
  - The caregiver must be notified of the child's possible exposure to lead.
  - For children under the age of 6: The child must see their primary physician for BLL testing unless the physician does not advise BLL testing. This action must be completed by March 18, 2016.
  - For children age 6 and over: The caregiver must inform the primary care physician of the child's possible lead exposure at their next primary care appointment. Unless a child is showing any symptoms or concerns, then an appointment should be made immediately.

For children who were placed in the city of Flint water catchment area sometime between April 2014 to January 2016 and are no longer under MDHHS care and supervision:

- A letter will be sent by CSA alerting the caregiver of the child's possible exposure to lead and will include the recommendation that the child's physician be informed of the child's possible lead exposure at their next primary care appointment or sooner depending on the age of the child.

Following this communication, two spreadsheets will be sent to all county directors who currently have or had children placed in the city of Flint water catchment area who require immediate and ongoing attention. If the county did NOT have a child placed in the Flint water catchment area during this time, they will NOT receive a spreadsheet. If a county believes

that they should have received a spreadsheet and did not, please contact [MDHHS-Childwelfare-Flintwater@michigan.gov](mailto:MDHHS-Childwelfare-Flintwater@michigan.gov). The county director receiving the spreadsheet is responsible for the dissemination of case specific information to private agency partners for follow-up and for weekly progress reporting on all cases identified on their specific spreadsheets. Directions on follow-up will be included for those that receive a spreadsheet.

**Ongoing requirements for all placements using city of Flint water:**

Until further notice, during monthly home visits with all placement providers utilizing city of Flint water, assigned child welfare workers must have a safety planning conversation with unlicensed/licensed caregivers and the conversation must include the following:

- Caregivers utilizing city of Flint water must have their unfiltered water tested and results must be documented in MiSACWIS and the licensing file (if applicable). Bottled water must be used until testing results are received and testing must occur within 5 days of all new placements.
- Caregivers will follow instructions provided in the attachment “Frequently Asked Questions About Lead in Your Home’s Water” and use bottled water when filtered water is not available. The “Frequently Asked Questions” document can be found at:  
[http://www.michigan.gov/documents/deq/2015-10-21\\_-\\_Lead\\_-\\_Flint\\_Water\\_FINAL\\_504265\\_7.pdf?20160121105933](http://www.michigan.gov/documents/deq/2015-10-21_-_Lead_-_Flint_Water_FINAL_504265_7.pdf?20160121105933)
- Caregivers must view online training including proper water filter installation and review the “Letter to Flint Parents.” The instruction video on proper filter installation is found at:  
[www.Michigan.gov/flintwater/](http://www.Michigan.gov/flintwater/) and the letter can be found at [http://www.michigan.gov/documents/deq/deq-flintwater-Parent-Letter\\_-\\_FINAL\\_505194\\_7.pdf?20160126091024](http://www.michigan.gov/documents/deq/deq-flintwater-Parent-Letter_-_FINAL_505194_7.pdf?20160126091024)
- Caregivers must ensure that a water filter(s) has been installed and when necessary, a replacement cartridge(s) has been changed according to water filter instructions.
- Caregivers are responsible for ensuring that all substitute care providers using city of Flint water have installed water filters or are using bottled water.

The safety planning conversation is required to be documented in MiSACWIS social work contacts, the licensing file (if applicable) and the attached form “Safety Planning Verification: City of Flint Water” must be signed and included in the associated file(s). See further instructions on the bottom of the form. A PDF and a Microsoft Word copy are attached.

**Future placements in the city of Flint water catchment area:**

All child welfare workers who are considering placing a child in any placement that uses city of Flint water must verify the placement has tested their water, received confirmation of the test results and observe that the placement has a clean water supply (installed water filter or filtered water pitcher and has a replacement filter cartridge). The child welfare worker

must also ensure that the placement provider is aware of available resources (<http://www.michigan.gov/flintwater>). Note: If the placement has not had water testing and/or does not have an installed filter, the caregiver must sign the attached “Safety Planning Verification: City of Flint Water” which states they will have their water tested, only use bottled water until test results are received, and install proper filters within 5 days.

Child welfare workers are required to document the observation and resource discussion in the social work contacts section of MiSACWIS and complete the attached “Safety Planning Verification: City of Flint Water.” For any new relative placements who utilize city of Flint water, the child welfare worker completing the screen/assessment must also document this information on the DHS-588 and/or DHS-3130a. All identified substitute caretakers must also have a clean water supply.

**Guidance for licensing and adoption workers working with families in the Flint water catchment area:**

For families in the licensing process or being studied for adoption, verification that the home water supply is from a source that is approved for a private home by the health authority is required to be documented in the BCAL-3130 and DHS-612. Updated child specific medical information is also to be included in the DHS-612. Licensing and adoption workers must ensure that families receive information on available resources located at <http://www.michigan.gov/flintwater>.

All currently licensed foster home providers who reside in the city of Flint water catchment area must complete the attached Foster Parent Agency Agreement Addendum by February 19, 2016; (Licensing Rules for Child Placing Agencies, R400.12311 (3) Foster parent/agency agreement).

The foster parents agree:

To have and use a clean water source. Available resources are located at <http://www.michigan.gov/flintwater>.

- To follow instructions provided in the attachment “Frequently Asked Questions About Lead in Flint Water” and use bottled water when filtered water is not available. The “Frequently Asked Questions” document can be found at: [http://www.michigan.gov/documents/deq/2015-10-21\\_-\\_Lead\\_-\\_Flint\\_Water\\_FINAL\\_504265\\_7.pdf?20160121105933](http://www.michigan.gov/documents/deq/2015-10-21_-_Lead_-_Flint_Water_FINAL_504265_7.pdf?20160121105933)
- To view online training including proper water filter installation and review the “Letter to Flint Parents.” The instruction video on proper filter installation is found at: [www.Michigan.gov/flintwater/](http://www.Michigan.gov/flintwater/) and the letter can be found at [http://www.michigan.gov/documents/deq/deq-flintwater-Parent-Letter\\_-\\_FINAL\\_505194\\_7.pdf?20160126091024](http://www.michigan.gov/documents/deq/deq-flintwater-Parent-Letter_-_FINAL_505194_7.pdf?20160126091024).
- To ensure that my substitute care provider, if located within the Flint water catchment area have installed water filters or are using bottled water.
- To submit an unfiltered water sample for testing and view the video entitled “How to Properly Test Your Water” at <http://www.mi.gov/flintwater/0,6092,7-345--374459--,00.html>

- For children placed in my home under the age of 6, medical appointments with their primary physician will be scheduled for BLL testing unless the physician does not advise BLL testing. This action must be completed by March 18, 2016 and documentation of the appointment and results provided the child's caseworker.
- For children placed in my home ages 6 or over, the child's physician will be informed of the child's possible lead exposure at their next primary care appointment. If testing was not recommended, this information will be provided to the child's caseworker.

The child placing agency agrees:

- To provide assistance in accessing available water and medical resources. Resources are available at <http://www.michigan.gov/flintwater>.
- To document "completion of proper filter installation" on-line training in the foster parent record.
- To document in the foster parent record verification that the foster home as an approved water source available and water testing kits have been provided.
- To document water testing results in the foster parent record.
- To provide the foster parent with a signed copy of the updated Foster Parent Agency Agreement.
- To review the <http://www.michigan.gov/flintwater> for updated information which will be provided to the foster parents as information becomes available.

### **Resources/questions:**

Additional information and resources can be found at <http://www.michigan.gov/flintwater> and/or by contacting your local 2-1-1. MDHHS is committed to ensuring the safety and well-being of all children under our care and supervision, if you have questions please contact your local county office director or email [MDHHS-Childwelfare-Flintwater@michigan.gov](mailto:MDHHS-Childwelfare-Flintwater@michigan.gov).

Attachments:

Form: Safety Planning Verification: Regarding City of Flint Water (PDF Copy)  
 Form: Safety Planning Verification: Regarding City of Flint Water (Word Copy)  
 Form: Foster Parent Agency Agreement Addendum (PDF Copy)  
 Form: Foster Parent Agency Agreement Addendum (Word Copy)  
 Frequently Asked Questions About Lead in Your Home's Water  
 Letter for Flint Parents

## View or update subsidy eligibility determination records

After entering a subsidy eligibility determination record, you can view and update the record. Supervisors review and approve or deny the eligibility determination.

To view or update subsidy eligibility determination records:

1. From the Home Screen, click Financial > eligibility. The Program Eligibility/Reimbursability screen appears.
2. Click Subsidy Determination in the left hand menu. The Subsidy Program History screen appears.
3. Click **Person Search** to search and select the child whose eligibility you want to determine. You are returned to the Subsidy Program History screen.
4. Click select beside the subsidy eligibility determination record. The summary details screen for the associated subsidy type appears.
5. (Optional) If the record was created in error, invalidate the record by selecting the **Created in Error** check box.
6. Click each tab to view or update the necessary information.
7. Click **Save**. You are returned to the Subsidy Program History screen.

### See also:

[Determine subsidy eligibility for Adoption Assistance](#)

[Determine subsidy eligibility for Adoption Assistance Medical](#)

[Determine continuing subsidy eligibility](#)

### ISEP 4.22 MiSACWIS (Commitment 22).

<b>ISEP 4.22 (Commitment 22).</b>	<b>MiSACWIS</b>
	DHHS will maintain an operational statewide automated child welfare information system (“ <b>MiSACWIS</b> ”) which will be the primary tracking system and satisfy federal reporting requirements.

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**DHS Policy FOM 722-06H p 15 TIMELY ENTRY OF CASEWORKER CONTACTS**

<b>DHS Policy FOM 722-06H p 15</b>	<b>TIMELY ENTRY OF CASEWORKER CONTACTS</b>
	<p>All caseworker contacts must be entered in MiSACWIS; this includes attempted contacts and missed appointments, and all pertinent information obtained must be summarized and included in the appropriate section of the case service plan.</p> <p>All face-to-face contacts must be entered in MiSACWIS, <u>within five business days of the contact</u>. This includes the following:</p> <ul style="list-style-type: none"> <li>• Any face-to-face contacts with children, parents, or caregivers made by any of the following: <ul style="list-style-type: none"> <li>•• Foster care worker.</li> <li>•• CPS worker.</li> <li>•• Adoption worker.</li> <li>•• Permanency resource monitors.</li> </ul> </li> <li>• Parent/child face-to-face contacts.</li> <li>• Sibling/child face-to-face contacts.</li> </ul> <p>All other social work contacts must be entered prior to the report period end date on the applicable case service plan.</p>

**FOM 722-03 Page 17 Placement Selection and Standards- Placement Change**

<b>FOM 722-03</b> <b>Page 17</b>	<b>Placement Selection and Standards- Placement Change</b>
	<p>When it is necessary to move a child, the original placement selection criteria and standards apply. First consideration must be given to returning the child to the parent or placing the child with siblings or with a suitable relative. If a child's needs have changed, written re-evaluation of the placement selection criteria is <u>required on the DHS-69, Foster Care/Juvenile Justice Action Summary</u>, and summarized in the case service plan.</p>

**FOM 722-09C Page 1-2 FOSTER CARE ACTION SUMMARY REQUIREMENTS**

<b>FOM 722-09C</b> <b>Page 1-2</b>	<b>FOSTER CARE ACTION SUMMARY REQUIREMENTS</b>
	<p>The Foster Care/Juvenile Justice (FC/JJ) Action Summary, DHS-69 (RFF 69), is used whenever there is "action" on a case. The foster care action summary is generated from SWSS FAJ. The DHS worker must complete the DHS-69, Action Summary (RFF 69) in SWSS. Child placing agencies will continue to use the DHS-69, Action Summary template. This form also serves as notice to the courts of changes in placements, parent's living situation and the FC worker/agency, as identifying information is indicated. The FC/JJ action summary meets licensing requirements for replacement documentation (See FOM 722-03) and in most cases, agency transfer and case closing summary (see below).The FC/JJ action summary must also be used for foster care transfer to adoption.</p> <p><b>Which Cases/When:</b></p>

All foster care cases where there is:

1. A replacement.
2. Termination from foster care placement.
3. A change in FC worker.
4. Agency change/transfer to another FC agency (if less than 30 days of completion of last case service plan).
5. A change in the parent's living situation.
6. Case closing (if less than 30 days of completion of last case service plan).
7. Foster care transfer to adoption.

In cases where there is a case transfer to another agency or the case is closed by the court, the FC/JJ action summary may be used to document the necessary information for the case action provided less than 30 days have transpired since the completion of the last case service plan. The FC/JJ action summary must accurately document all case service delivery from the report period end date of the last service plan through the closing or transfer date on SWSS FAJ.

The FC/JJ action summary cannot be substituted for a case service plan to document the agency transfer or case closure if the report period end date of the last case service plan is greater than 30 days. In each case a new case service plan must be completed.

**Note:** The FC/JJ Action Summary (DHS 69), must be completed when a child is transferred from foster care to adoption, even if the adoptive placement is the same as the foster care placement.

Currently SWSS FAJ functionality does not support this action, therefore the DHS-69 (RFF 69) word template is used for this purpose. The assigned FC worker completes the DHS-69 word template for adoption case transfer with a copy for the case file.

**DHS-69, Action Summary, Appropriate Completion and Instructions**

Indicate the type of action reported (child replacement, parent move, FC worker change, agency transfer, termination from foster care placement, foster care transfer to adoption or foster care case closure) as appropriate, the effective date of the action and the child information.

Complete all requested information as appropriate.

- If the action reported is a replacement, indicate in IVA and B the reason foster care continues to be appropriate and the reasons for replacement.
- If the child move is a return to the parent, indicate so in IVB.
- Briefly indicate how replacement or termination preparation was conducted with the child.
- In V, indicate how information on the change was communicated to the parent, provider, family members or new FC worker and the type of information.
- In VI, briefly answer the questions if the case action is termination from foster care or case closure. If the information is available in other documentation, attach the document.