

Guide for Completing Service Plans in SWSS-FAJ

This guide was developed to assist foster care workers in identifying where current and new case specific information should be documented. The screen shots provide a quick reference on topics that are to be covered. The additional information required is identified below each screen shot.

Child Information

Description	Medical	Disabilities
Height		
Weight	Eye color	
Hair color		
Distinctive Characteristics		
The following Must be addressed:		
Describe the current status of the child including:		
- Emotional and physical development		- Hobbies, likes, and dislikes, etc
- Behavior (for the ISP, include past experiences and problems)		- Significant events since last assessment (for USP or PWSP)
- Relationship with siblings, if applicable		
- Relevant medical, dental and vision information		
Enter/Update Narrative		

The following additional information must be entered on screen 4 of 4 in the narrative tab.

- Child's perception of their medical, dental and mental health needs, if applicable.
- Summarize the activities provided by the caretaker to support the DOC.

Medical

- Current health status and medical needs.
- List prescribed medications, and regularly dispensed over-the-counter medications, including dosage, diagnosis resulting in prescribed medications and prescribing physician.
- Documentation of informed consent for each psychotropic medication.

Mental Health

- Date of referral to mental health provider for mental health screening and/or assessment (from the initial 30 day physical/medical exam).
- Description of any needed mental health treatment/assessment, if applicable. Include name of treatment provider, frequency of sessions and treatment goals.

Continuing with Medical include the following in the Medical Tab

Description	Medical	Disabilities	
Last Physical Exam	11/05/2009	Last Dental Exam	Not yet identified

Date	Type	Medical Provider	Reason for visit
11/05/2009	Medical Exam	Judith Herbert	Initial medical exam

Medical Provider	<input type="text"/>	Visit date	<input type="text" value="/"/>
Reason for visit	<input type="text"/>	Visit type	<input type="text"/>
Treatment	<input type="text"/>	<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Delete"/>	
<input type="button" value="Print Summary"/>			

Add the following information:

- Any needed emergency medical, dental and health care provided since entry into care
- Date of full medical examination.
- Description of any needed medical follow-up appointments.
- Immunization status.

Dental

- Date of dental examination or date of scheduled appointment.
- Description of any needed dental follow-up appointments.


Legal

Petition Information

Re-Refer case to adoption unit Petition Date Petition Type

Is this a mandated termination petition? Yes No Do you wish to refer this case to Adoption? Yes No

Best interest of the child to proceed with Yes No 

Court Order Requirements 

Activities Required by this Court Order

Permanent Wardship



Attitudes regarding termination of parental rights and adoption.

Possibility of adoption by kinship network or foster parents.

Preparation of child for adoption.

Recommendations for court order content for next hearing



Placement

Placement Information	Placement Selection Criteria	Discipline/ Supervision	Replacemnt Information	Replace Prep	Replace Reasons	Information Shared with Caregiver	DOC Justification	Residential Care	Caregiver Feedback
<p>The following must be addressed:</p> <ul style="list-style-type: none">- Describe the foster parent/ relative's willingness and capacity to meet the specified needs of the child, and- Why the current placement is in the child's best interest.- Any changes in the placement household during the review period. If there have been changes and new adults have moved into the placement household, include the results of central registry and criminal records checks. These checks must be completed quarterly as long as these adults reside in the home.									
<input type="button" value="Enter/Update Narrative"/>									

In the **Placement Information tab in Placement** add the following,

- Describe how this placement supports the child’s permanency plan.
- Describe any safety concerns in the home and specify how it was addressed.
- For Indian children, include the Foster Care Placement Preference for NAA 215, Place Priorities for Indian Children.
- How the child’s permanency plan was shared with the child and the child’s feelings about the plan.
- Document efforts made to prevent replacement, if applicable.
- Specify if a placement change was made during the report period, if it was planned. Does it meet the child’s permanency goal?
- Document any CPS complaints and/or investigations since the last report period, omitting any information about the referral source.

Placement Selection Criteria

Placement Information	Placement Selection Criteria	Discipline/Supervision	Replacemnt Information	Replace Prep	Replace Reasons	Information Shared with Caregiver	DOC Justification	Residential Care	Caregiver Feedback
	Rank	Selection Criteria		Criteria Met	Comment				
	1	The case plan which includes the goal of permanence.		Y					
	1	The physical, emotional, educational and safety needs of the child(r		Y					
	1	Proximity to the child(ren)'s family.		Y					
	1	Placement within kinship family network of the child(ren).		Y					
	1	Placement with siblings of the child(ren).		Y					
	1	The child(ren)'s and child(ren)'s family's religious preference.		Y					
	1	The least restrictive, i.e., most family like setting.		Y					
	1	The continuity of relationships.		Y					
	1	Availability of placement resources for the purposes of timely placel		Y					
	1	Expressed preferences for placement by the foster child.		Y					

Discipline/Supervision

Placement Information	Placement Selection Criteria	Discipline/Supervision	Replacemnt Information	Replace Prep	Replace Reasons	Information Shared with Caregiver	DOC Justification	Residential Care	Caregiver Feedback
<p>The following must be addressed:</p> <ul style="list-style-type: none">- Discipline and child handling techniques to be used while the child is in placement.- Describe plan of supervision while the child is in placement.- Describe the plan for acceptable activities for the child such as baby sitting, routine household tasks, privileges, etc.- If the youth is 14 or older, detail the independent living preparation activities the foster parent/ relative will provide to assist the youth. <p style="text-align: center;"><input type="button" value="Enter/Update Narrative"/></p>									

Residential Care

Placement Information	Placement Selection Criteria	Discipline/Supervision	Replacemnt Information	Replace Prep	Replace Reasons	Information Shared with Caregiver	DOC Justification	Residential Care	Caregiver Feedback
<p>The following must be addressed for the child in residential care:</p> <ul style="list-style-type: none">- Describe reasons for the residential placement.- Identify the plan for services that will allow the youth to be placed in a less restrictive setting.- If the youth is 10 years of age or over and is placed in a residential or institutional setting, the worker should document if Wraparound or Assisted Care efforts were made to prevent the custodial placement.- If the child under age 10 is placed in a residential or institutional setting, the worker MUST document the Wraparound or Assisted Care efforts made to prevent the custodial placement.- If there were no services provided, explain why not. <p style="text-align: center;"><input type="button" value="Enter/Update Narrative"/></p>									

In the **Residential tab in Placement** include the following,

- Date of PPC or other efforts to prevent the residential placement (regardless if the child is over or under age 10).

Foster Parent/Relative/Unrelated Caregiver Input

Placement Information	Placement Selection Criteria	Discipline/Supervision	Replacemnt Information	Replace Prep	Replace Reasons	Information Shared with Caregiver	DOC Justification	Residential Care	Caregiver Feedback
<p>If a written statement from the foster parent/ relative is not available, summarize the foster parent/ relative feedback.</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>									

Using the **Caregiver Feedback tab in Placement** include the following,

- Date Medicaid card/Medicaid number and Consent for Emergency Treatment Card (DHS-3762) was given to caregiver.
- Document how the caregiver involves the parents in decision making regarding the child(ren)'s needs and activities.
- Describe the caregiver's adjustment to the child's placement.
- Document how the permanency plan for the child was shared with the caregiver and the caregiver's comments regarding the permanency plan.

Children's Status

Reaction to Placement

Reaction to Placement	Remain Out of Home	Religious Affiliation	ISP Reasonable Efforts	USP Reasonable Efforts	Permanency Planning Efforts	Placement with Siblings	Kinship Resources	Sibling/Kinship Vis
<p>The following must be addressed:</p> <p>* Describe, for each child under court jurisdiction, his/her reaction to 1) the abuse and/or neglect that led to placement and 2) the placement out of the family home.</p>								

Remain Out of Home


Reaction to Placement	Remain Out of Home	Religious Affiliation	ISP Reasonable Efforts	USP Reasonable Efforts	Permanency Planning Efforts	Placement with Siblings	Kinship Resources	Sibling/Kinship Vis
<p>The following must be addressed:</p> <ul style="list-style-type: none">* For each child under court jurisdiction, describe whether or not the child(ren) should remain in out of home placement, should be returned home with monitoring or should be returned home and the case(s) closed.* If the child(ren) should remain in out of home placement, describe why it is not in the child(ren)'s best interest to be returned home (temporary wards only), placed for adoption or placed within the kinship network. <p style="text-align: center;">Enter/Update Narrative</p>								

Religious Affiliation

Reaction to Placement	Remain Out of Home	Religious Affiliation	ISP Reasonable Efforts	USP Reasonable Efforts	Permanency Planning Efforts	Placement with Siblings	Kinship Resources	Sibling/Kinship Visits
<p>The following must be addressed:</p> <ul style="list-style-type: none">* What is the religious affiliation of the parent(s) and child(ren)?* What is the family's history of participation?* What are the participation and attendance requirements?* Explain any special dietary requirements, grooming, dress or make-up requirements for the child(ren) in placement. <p style="text-align: center;">Enter/Update Narrative</p>								

ISP Reasonable Efforts

Reaction to Placement	Remain Out of Home	Religious Affiliation	ISP Reasonable Efforts	USP Reasonable Efforts	Permanency Planning Efforts	Placement with Siblings	Kinship Resources	Sibling/Kinship Visits
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Describe services that were provided to the child(ren) and parent(s) to prevent removal. 

If services were not provided, were not required, or if providing services to the family was not reasonable, explain why.

Likely harm to the child(ren) if s/he were to be separated from, or returned to, parents, guardian or custodian?

USP Reasonable Efforts

Reaction to Placement	Remain Out of Home	Religious Affiliation	ISP Reasonable Efforts	USP Reasonable Efforts	Permanency Planning Efforts	Placement with Siblings	Kinship Resources	Sibling/Kinship Visits
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Describe services that were provided, or offered, to the child(ren), parent(s), guardian or custodian, and non-parental adults (if applicable) to return the child(ren) home (unless the child is at home) or to finalize another permanency plan. 


List the reasons why the agency believes that providing services for reunification are not reasonable.

If services were not provided, explain the reasons why.

Likely harm to the child(ren) if separated from, or returned to, a parent, guardian, or custodian.

Permanency Planning Goal

Permanency Planning Efforts

Reaction to Placement	Remain Out of Home	Religious Affiliation	ISP Reasonable Efforts	USP Reasonable Efforts	Permanency Planning Efforts	Placement with Siblings	Kinship Resources	Sibling/Kinship
Efforts made by the Agency to place the child in a permanent placement in a timely manner.								
<input type="text"/>								
Describe the efforts made to finalize the permanency plan.								
<input type="text"/>								
If services were not provided, explain the reasons why the services were not provided.								
<input type="text"/>								

In the **Permanency Planning Efforts tab in Children's Status** include the following under "Describe the efforts made to finalize the permanency plan":

- State the permanency planning goal and the concurrent permanency planning goal, if applicable. Describe efforts made to finalize the permanency plan. If the permanency plan is not reunification, describe the reasons why the identified permanency planning goal is in the child's best interest.
- How the child's permanency plan was shared with the child's and the child's feeling about the plan, if age appropriate.

Placement with Siblings

Reaction to Placement	Remain Out of Home	Religious Affiliation	ISP Reasonable Efforts	USP Reasonable Efforts	Permanency Planning Efforts	Placement with Siblings	Kinship Resources	Sibling/Kinship Visits
<p>Is the youth placed with siblings(s)? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Siblings/Siblings with Parents/Guardian</p> <p>Reason not placed with sibling (check all that apply) Supervisor approval of split ? <input checked="" type="checkbox"/> RBC</p> <p> <input type="checkbox"/> Emergency placement <input type="checkbox"/> Lack of available bedroom space <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Sibling relationship damaged <input type="checkbox"/> Treatment needs of one or more siblings <input type="checkbox"/> Other Sib Split Date: <input type="text" value=" / /"/> </p> <p>Was a licensing variance requested ? <input type="radio"/> Yes <input checked="" type="radio"/> No Current Placement Begin Date: <input type="text" value="06/04/2010"/></p> <p>Provide an explanation of the reasons for the split.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>								

In the **Placement with Siblings** tab in **Placement** add the following in “Provide an explanation of the reasons for the split”:

- Summarize reasonable efforts made to place the siblings together.

Kinship Resources

Reaction to Placement	Remain Out of Home	Religious Affiliation	ISP Reasonable Efforts	USP Reasonable Efforts	Permanency Planning Efforts	Placement with Siblings	Kinship Resources	Sibling/Kinship Visits
<p>Have efforts made to obtain a placement with relatives been pursued ? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Regardless of the answer to the above question, the following must be addressed:</p> <ul style="list-style-type: none"> * Identify any kinship resources (in Michigan and other states) with the potential to provide placement for the child(ren) including relatives identified by the parent and child(ren). * Describe the efforts that have been made to place the child(ren) with the family or within the kinship * If a decision has been made regarding kinship care placement of the child(ren), include the decision and the rationale for the decision. <p style="text-align: center;"><input type="button" value="Enter/Update Narrative"/></p>								

Using the **Kinship Resources** tab in **Child Status** include the following:

- Identify any relative resources (in Michigan and other states, per Interstate Compact for Placement of Children—ICPC-procedures) with the potential

to provide placement or other supports for the child, as indicated by Relative Response, DHS-989.

- List all relatives who were notified of the child(ren)'s placement via Relative Notification Letter, DHS-990.
- If a decision has been made regarding relative care placement of the child, include the decision and the rationale for the decision. You must attach a copy of the DHS-31 Foster Care Placement Decision Notice to your service plan.
- Attach any completed home studies.
- A statement of the efforts that were made to place the child(ren) with the family or with the Relative Network.
- If a relative is pursuing foster care licensing, document progress made toward achieving licensing.
- If licensing waiver is being pursued, document reasons why and approval/denial date.

Sibling and Relative Visitation

Reaction to Placement	Remain Out of Home	Religious Affiliation	ISP Reasonable Efforts	USP Reasonable Efforts	Permanency Planning Efforts	Placement with Siblings	Kinship Resources	Sibling/Kinship Visits
<p>The following must be addressed:</p> <ul style="list-style-type: none">* Specifically address and evaluate visits between siblings if in separate placements.* Specifically address and evaluate any kinship visits including visits with adult siblings.* Include observations on the quality of the visits.* Include a discussion of any exceptions (missed appointments, changed appointments, suspensions of appointments and changes in supervision status) to the plan during the reporting period. <p style="text-align: center;"><input type="button" value="Enter/Update Narrative"/></p>								

Additionally, report on all sibling and relative visits. Visits between siblings are to occur at least monthly, if in separate placements. Specifically document the following:











- Dates of visits or contacts.
- Location of visits or contacts.
- Duration of visits or contacts.
- Other ongoing interactions between siblings (phone calls, letters, school activities, etc).
- Worker assessments on the quality of sibling visitation, based on personal observations, each child description of visits and any reports from others, including parent(s), relative(s) and foster parent(s), as applicable.

- Reasonable efforts made to provide frequent visitation, if sibling visitation did not occur.
- Relative visits including adult siblings and potential placements in the relative network.
- Worker assessment of relative visitation.
- Include a discussion of any exceptions (missed appointments, changed appointments, suspension of appointments and changes in supervision status) to the plan during the reporting period.

If visitation or interaction between siblings not placed together are contrary to their safety or well-being, please include one or more of the following reasons:

- The visit may be harmful to one or more of the siblings.
- The sibling is placed out of state in compliance with the Interstate Compact on Placement of Children.
- The distance between the children’s placement is more than 50 miles and the child is placed with a relative.
- One of the siblings is above the age 16 and refuses such visits, include reasons for refusal.
- Other.

Case Management Menu

	Family Information		DHS-145 Family Assessment		DHS-146 Child Assessment
	DHS-147 Reunification Assessment		DHS-149 Safety Assessment		DHS-67 Parent Agency Treatment Plan
	Child(ren)’s Status		DHS-65,DHS-66,DHS-68 Service Plans		
	Social Work Contacts		Comments		

Social Work Contacts

Under **Social Work Contacts** add the following information.

Contacts with parents, teacher(s), foster parent(s), child/youth and/or educational liaison is utilized to assess the child's educational needs and strengths.

Child Assessment Needs and Strengths

C4 . Education

Does the child have a special education plan? Yes No

Does the child need assessment for special ed./early intervention? Yes No

b. Adequate achievement... 0

Explanation

- Document child's view of need and strength if age appropriate.

In the **CANS section under the Education domain** the following must be included in the narrative:

- An initial assessment of the child's educational needs and strengths based on information obtained from the Michigan Department of Education Homeless Student Intake Form (if child is eligible for McKinney-Vento benefits), educational assessments and through contacts with the parents, teacher, foster parent/caregiver, child and educational liaison.
- Reassessment of education needs (educational assessments, report cards and contacts with the parents, teacher(s), foster parent, child/youth and/or educational liaison used to assess the child's educational needs and strengths).
- Detailed narrative of the child's academic performance. Describe all services provided to meet the child's specific identified educational needs and provide progress updates.
- For foster parents receiving a Determination of Care (DOC) supplement based on providing activities for education participation, summarize the specifics for school collaboration and actual tasks involved in the daily educational interventions required for the child in the case service plan during the report period.
- Statement documenting child/youth is attending elementary or secondary school as a full-time student, has completed secondary education or is incapable if attending school on a full-time basis due to a medical condition.

If a replacement occurred during a report period, the following additional information must be updated in the Education domain:

Determination of the preferred school for the child based on best interest factors and the input of the parent or legal guardian, along with education liaison.

- Name of the school child was attending prior to change of placement.
- Determination of the preferred school for the child (based on best interest factors) and input of the parent or legal guardian, along with the educational liaison (FOM 722-6).
- School transportation plan (include role of the school and foster parent, if applicable).
- Update Education module with date child began attending school. Full time school attendance is required within five days of replacement. If child does not start school within five days give explanation. (Note: If child does not change school this is not applicable).
- Verification from new school that child's previous school record was obtained within 30 days, please explain in narrative. (Note: If child does not change school this is not applicable).
- In determining the placement, the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time is taken into account.

Family Reunification Assessment

Describe the reasons for the assessment of individual barriers to reunification and the reasons for the assessment of overall barrier reduction

Using the narrative tab, **describe the reasons for the assessment of individual barriers to reunification and the reason for the assessment of overall barrier reduction**, include the following:

- Parent attendance at school, medical, and any required appointments for their child(ren) and/or any other activities.


PATP

PATP Menu

<u>S</u>ervices/Action Steps/Goal For Assessed Needs
<u>A</u>dditional Parent Activities
Parenting <u>T</u>ime Plan
Caregiver <u>A</u>ctivities
<u>F</u>oster Care Worker Activities


Parent/Caretaker/Non-Parent Adult Goals and Objectives

Using **Additional Parent Activities** include the following,

Describe any additional activities for the parent that are not attached to a specific service. 

- If applicable, specify parental involvement in the child's medical, dental and mental health appointments and attendance at school conferences and/or other activities.
- Indicate if employment, day care, and/or transportation is a barrier to the parent meeting any of the goals or action steps including parenting time. Indicate the plan to address barriers to these items.

Foster Parent/Relative Caregiver Activities

Caregiver Activities
Identify services to be provided by the foster parent/kinship caregivers to the - 

1. Child(ren)

2. Parent(s)

Using **Caregiver Activity** tab include the following:

- Describe the plan for acceptable activities such as babysitting, routine household tasks, privileges, etc.
- If the youth is 14 or older, detail the independent living preparation activities the foster parent/relative caregiver will provide to assist the youth.
- Outline the tasks and/or additional expenses provided by the caregiver that justifies the Determination of Care Supplement (DOC). Describe specific activities by the caregiver to meet the individual needs of the child. For foster parents receiving a DOC supplement based on providing activities for education participation, detail the specifics for school collaboration and the actual tasks required for that child.
- Describe activities to be provided by the caregiver to promote educational stability and success for the child.
- Describe all specific activities required by the caregiver to meet the individual needs of the child.
- Address sibling visitation, if siblings are split. When separated, the relationship between siblings must be maintained by detailed plan of visits, phone calls and letters. Outline the specific sibling visitation plan including:
 1. Dates of visits.
 2. Location of visits.
 3. Duration of visits.
 4. All other ongoing sibling interactions.

Foster Care Worker Activities

1. Foster Parent(s)/Relative(s)/Other
2. Parent(s)
3. Children

Using the **Foster Care Worker Activities** tab include the following:

- State proposed plan for foster care worker contacts with the family, child(ren), caretakers, and service provider if applicable.
- If the youth is 14 or older, detail the independent living preparation activities the worker will provide to assist the youth.
- Identify what the worker will do to facilitate parenting time and sibling visitation if applicable.
- If siblings are in separate placements, identify the ongoing efforts the FC worker will make to place siblings within the same home.
- Identify all required FC actions to ensure educational stability.
- Document all efforts to identify and locate absent parents and/or relatives.
- Specify FC worker's activities to ensure the parent's child's and/or caregiver's progress and feedback on provided services is obtained.
- Specify the supports to be provided to the parent(s), child(ren) and caregiver(s) by the FC worker.

Parenting Time Plan and Requirements for Expansion of Parenting Time

Parenting Time Plan

Using the **Parenting Time** tab include the following,

1. Specify the current type, frequency, location and duration of parenting time.
If less than weekly, specify why.
 - a. State how parenting time setting will assure a family friendly environment.
 - b. If location is other than parental home, specify where and what conditions must exist for in-home visits to take place.
2. If parenting time is supervised, specify by whom and what conditions must exist for unsupervised visits to take place.
 - a. If court is limiting parenting time, specify why more frequent parenting time would be harmful to the child and what parent must do to achieve weekly parenting time.
 - b. If parent is limiting parenting time, indicate parents reasons for wanting less frequent parenting time and project if/when frequency could be increased.
3. Specify behaviorally specific activities expected of the parents during parenting time.
4. Specify the requirement for expansion of parenting time. Identify the circumstances necessary for parenting time to progress in frequency and duration.