

**Timothy Burch, Administrator**

Jill Marano, Assistant Director • Judy Tudor, Assistant Director • Margaret LeBlanc, Assistant Director • Debbie Croshaw, Assistant Director • Abigail Frierson, Assistant Director

---

This document represents effective Clark County Department of Family Services' policy related to Caseworker/Specialist Contacts and Visitation.

References to Case Manager, Caseworker, and Specialist within this document are synonymous.

## **Parents/Caregivers**

### **In-home Family Services Policy**

#### **4610. Direct Service to Families**

The in-home case manager's role is complex and includes far more than simply linking family members to service and observing their progress. The core of in-home services is the professional casework service provided by the in-home case manager. This service is based on the relationship the in-home case manager has formed with members of the family and on the in-home case manager's role as an agent of change. The in-home case manager's relationship with family members is critical in their ability to make the changes necessary to enhance their parenting capacity.

#### Documentation

##### **a. Frequency of Family Visits**

In order to form this alliance with the family, the in-home case manager must have frequent contact with the family, especially at the beginning of the in-home services process. The in-home case manager must have in-person contact with family members – in addition to CFT meetings and court hearings – according to the following minimal requirements:

- *Engagement Stage (During the First Two [2] Weeks Following the Transitional CFT)* – The in-home case manager must have in-person contact with the custodial parent(s) and all children twice per week. At least one (1) of these four (4) contacts must be an unannounced home visit.
- *Initial Service Provision (During the Third and Fourth Week Following the Transitional CFT)* – The in-home case manager must have in-person contact with the custodial parent(s) and all children once per week.
- *Ongoing Service Provision (Beginning the Fifth Week Following the Transitional CFT)* – The in-home case manager must have in-person contact with the custodial parent(s) and all children on a biweekly (every other week) basis. Some of these contacts – as determined by the in-home supervisor – must be unannounced home visits.
- *At Any Time a Safety Plan Is in Place* – Any time a child has been assessed as unsafe, and a safety plan has been put into place, the in-home case manager must have in-person contact with the custodial parent(s) and all children twice per week. At least one (1) of these contacts must be an unannounced home visit.
- *Case Closure Stage (During the Final Planned Thirty [30] Days of In-Home Services Provision)* – The in-home case manager is required to have one (1) unannounced in-person contact with the custodial parent(s) and all children.
- *School Visits* – The in-home case manager must visit any school-age children at school at least once every sixty (60) days during the provision of in-home services. During school visits, the in-home case manager must contact teachers and/or other school personnel as applicable.

In order to gain the best understanding of the family's functioning and assure the safety and well-being of children, it is important that the majority of the in-person contacts occur in the family's home. During the engagement stage and whenever a safety plan is in effect, required visits must all take place in the home

where the involved children live. This does not preclude additional in- person contact outside the home (e.g., at the child(ren)'s school, at the office of an external service provider, at the Court).

It is recognized that some family members may not be present for every home visit. The in-home case manager is required have in-person contact with all adults and children living in the home at least once in every thirty (30) -day period.

Based on the circumstances presented by individual cases, the in-home supervisor may alter the required frequency of the in-home case manager's in-person contact with family members. Any such alteration must be based on considerations related to the safety of the involved children (e.g., age of child, access of the perpetrator to the child[ren], nature of maltreatment, presence of a family crisis). The in-home supervisor must document the reason for any reduction of the frequency of in- person contact with family members in a UNITY case note. Under no circumstances may family visits be reduced to a frequency of less than one (1) in-person contact per thirty (30) -day period.

#### **b. Family Visits: Special Circumstances**

There are certain circumstances that warrant additional action by the in-home case manager/supervisor:

##### **(i) Parent Incarceration**

If reasonably possible, the in-home case manager may have in-person contact with incarcerated parents. The frequency of this contact must be determined by the in-home supervisor and will depend upon:

- The regulations of the facility in which the parent is incarcerated,
- The proximity of the facility in which the parent is incarcerated, and
- The present and future role of the incarcerated parent in the family as it relates to child safety.

The in-home case manager must send a letter to the incarcerated parent at a minimum of once every three (3) months to inquire about progress with the parent's case plan, unless the supervisor or DA of the in-home case manager directs him/her to do otherwise.

*NOTE:* The frequency of contact may be affected by the length of sentence, where the parent is incarcerated (in state or out of state, jail or prison), and the permanency plan.

Documentation

##### **(ii) Unknown Whereabouts of Parent**

No later than thirty (30) days after the parent is known to be missing, the in-home case manager must make a referral to the Business Center/diligent search, which must conduct a search for the missing parent(s), by using the *Diligent Search Request* form. When a parent's (parents') whereabouts continue to be unknown, this referral for diligent search must be completed at least every six (6) months and at least sixty (60) days prior to any upcoming Court hearing.

Known relatives must be contacted by the in-home case manager by telephone, by letter, or in person every thirty (30) days to inquire about the parent's (parents') whereabouts.

Documentation

##### **(iii) Parent Who Resides Out of State**

The in-home case manager must have contact every thirty (30) days by telephone, e-mail, or certified letter.

Documentation

##### **(iv) Putative Father**

The in-home case manager must:

- Arrange paternity testing at a medical facility as part of the case plan, and/or
- Facilitate the completion of a Paternity Affidavit that may also be used to establish paternity.

Once paternity is established, case planning, client contact, and all other services must occur according to the requirements for parents.

## Documentation

### **C. Purposes of Family Visits**

The purposes of family visits will vary somewhat, depending on the nature of individual cases and on the stage of service provision. During every home visit, the in-home case manager must interview the child(ren) privately to determine whether there has been a recurrence of maltreatment. In addition, the purposes of the in-home case manager's visits to family members are:

- To facilitate engagement of family members in the in-home services process,
- To continuously assess child safety (including observation of the child[ren]'s body, as applicable),
- To continuously assess child well-being (education, mental health),
- To monitor and evaluate any safety plans,
- To identify evidence of continued or repeated maltreatment (see *Section 4620.b: Observation of the Bodies of Children in Families Receiving In-Home Services*),
- To continuously assess the family's strengths,
- To continuously assess the family's needs,
- To continuously assess the family's progress in addressing the conditions and behaviors that led to the need for in-home services,
- To identify and address new or continuing family issues including, but not limited to:
  - » New or continuing family stress.
  - » Any indication of interpersonal violence within the home/family.
  - » The parent's current mental health status. If previous issues were identified, the parent's perception of progress of treatment should be documented.
  - » The parent's current substance abuse status, including the results of any drug tests since the last contact.
  - » The parent's current health status, including any current conditions requiring treatment.
  - » The physical condition of the home.
- To assess the parent(s) status in achieving case plan tasks and objectives, and
- To discuss and address any obstacles or barriers to the family's progress.

### **d. Uncooperative Parent(s)/Caregiver(s)**

It is the nature of in-home services that families will often resist or refuse to cooperate with services. When families are resistant or uncooperative, the in-home case manager must work to engage the family in the in-home services process without losing focus on the safety of the involved children. This effort requires that the in-home case manager have persistent and frequent contact with the family. The fact that a family is initially uncooperative does not, in and of itself, indicate that it will not be possible for the family to be engaged in a productive working relationship.

Situations in which families are or become uncooperative must be staffed with the in-home supervisor. In some situations, it may be determined that safety threats require that Family Court involvement to compel cooperation be requested (see *Section 4700: Working With the Family Court*) or that children be removed (see *Section 4800: Removals During In-Home Services*). When it is determined that removal is not necessary, the following actions must be considered:

- Convene a CFT. Consider attendance of the supervisor.
- Explore alternative approaches (i.e., amended case plan tasks) to attain the case plan objectives with the family.
- Inform the family of the potential consequences of continued resistance/noncooperation.
- Increase the frequency of family visits by the in-home case manager.
- Increase the frequency of unannounced family visits by the in-home case manager.
- If the Family Court has not been involved, seek Family Court intervention.

If persistent efforts to engage the family are not successful, the in-home case manager must conduct a safety assessment and, in conjunction with the in-home supervisor and the CFT members, consider the following options:

- If the issues requiring in-home services threaten the child(ren)'s safety, seek removal through the Family Court, or
- If the issues requiring in-home services do not threaten the child(ren)'s safety, close the case.

#### **4630. Documentation of In-Home Service Visits With Parent(s)/Caregiver(s) and Child(ren)**

The in-home case manager must document all visits with children and parent(s)/caregiver(s) in UNITY case notes within three (3) business days of the visit. Documentation must include:

- The date and time of the visit.
- The duration of the visit.
- The location of the visit.
- The identity of all persons present during the visit (if persons present are not family members, information regarding their relationship to the family should be included).
- A brief description of the condition of the home (if the visit occurred there).
- A brief description of the condition, behavior, and affect of the child(ren).
- The description of the child(ren)'s medical status, according to the parent(s)/caregiver(s), including:
  - » The currency of medical/dental care and care related to any specific conditions),
  - » Any medical appointments that occurred since the prior visit, including the date, the type/purpose of visit, any medical issue that requires monitoring, and any pertinent well-being information (e.g., parent's report of height and weight of child, immunizations received, medication prescribed), and
  - » Any hospitalizations or emergency room visits since the last contact. These must be documented as to the reason and result. A contact with administering medical personnel is required to verify a caretaker's explanations of the hospital visit.
- The description of the child(ren)'s educational status, according to the parent(s)/caregiver(s), including:
  - » Enrollment status,
  - » Attendance,
  - » Grades,
  - » School behavior issues, and
  - » The status of any special educational issues (e.g., IEP).
- A description of the condition, behavior, and affect of the parent(s)/caregiver(s) including, but not limited to, any indication of parental:
  - » Substance abuse.
  - » Interpersonal violence.
  - » Mental illness.
- Stress level of parent(s)/caregiver(s). *NOTE:* This can be assessed using a scaling question such as, "On a scale of one (1) to ten (10), where ten (10) is more stress than you can bear, how much stress do you feel in your life now?" If the parent gives a response of six (6) or higher, the in-home case manager must document the sources of the stress and what is being done to cope with or alleviate the stress.
- A brief description of the interaction between the child(ren) and the parent(s)/caregiver(s).
- A detailed summary of what was discussed with the parent(s)/caregiver(s).
- A detailed summary of what was discussed during the interview of the child(ren).
- Information related to the family's perception of progress related to case plan tasks and objectives.
- Information related to the in-home case manager's perception of progress related to case plan tasks and objectives.
- Any other specific needs of the child as identified by the parent(s)/caregiver(s).

## **Out-of-home Family Services Policy**

### **5280. Service Provision**

During the provision of out-of-home services, the family receives support and services from three (3) sources:

- Direct Permanency Services – The permanency case manager must, at defined intervals, visit the:
  - » Child(ren) in out-of-home care.
  - » Out-of-home caregiver.
  - » Out-of-home placement facility (e.g., foster home group home, relative caregiver).
  - » Parent(s) (for whom parental rights are intact) and other potential caregivers living with the parent(s) (a parent's paramour, a stepparent, etc.).
  - » Home(s) of birth parents (for whom parental rights are intact).

During these visits, the permanency case manager must work with children, family members, and out-of-home care providers to identify and respond to issues affecting the child(ren)'s safety, permanency, and well-being while (s)he is in out-of-home care and, prospectively, if (s)he were to be reunified with his/her parent(s)/caregiver(s).

- Child and Family Team (CFT) – Nonprofessional members of the CFT (e.g., extended family members, friends) provide support and may oversee family functioning.
- Collateral Services – The permanency case manager links the family with professional specialized services (e.g., substance abuse assessment/treatment, mental health evaluation/therapy, domestic violence service, family support worker) that are included in the case plan.

NOTE: In cases where at least one (1) child is in out-of-home care and other children remain at home with their parent(s)/caregiver(s), the permanency case manager is responsible for the provision of in-home services. These services must be provided according to the requirements of the In-Home Services Policies (see Section 4000: In-Home Services Policies).

### **5740. Direct Permanency Service to Parents/Caregiver(s)**

The permanency case manager's role is complex and includes far more than simply linking family members to service and observing their progress. The core of permanency services is the professional casework service provided by the permanency case manager. This service is based on the relationship the permanency case manager has formed with members of the family and on the permanency case manager's role as an agent of change. The permanency case manager's relationship with family members is critical in their ability to make the changes necessary to enhance their parenting capacity.

#### **a. Frequency of the Permanency Case Manager's Visits With Parents/ Caregivers**

In order to form the necessary alliance with the family and other caregivers (e.g., a parent's significant other, other adults living in the parent[s]' home), the permanency case manager must have frequent contact with the family, especially at the beginning of the permanency services process. When parental rights have not been terminated, the permanency case manager must have in-person contact – in addition to Child and Family Team (CFT) meetings, visitation, and Court hearings – with parents/caregivers according to the following minimal requirements:

- Engagement Stage (During the First Four [4] Weeks Following the Transitional CFT) – The permanency case manager must have in-person contact with the custodial parent(s) once per week. At least one (1) of these four (4) contacts must be an unannounced visit to the parent's (parents') home.
- Ongoing Service Provision (Beginning the Fifth Week Following the Transitional CFT) – The permanency case manager must have contact with a parent(s)/caregiver(s) biweekly (every other week) with an in-person contact once a month. One (1) home visit every ninety (90) days must be unannounced.

- During Unsupervised Visitation – When a parent(s) has unsupervised visitation with a child(ren) placed in out-of-home care, the permanency case manager and supervisor must develop a specialized plan for in-person family contact during visitation. When unsupervised visitation extends for more than two (2) calendar days, the specialized visitation plan must include unannounced visits during a time that the child is with the parent(s)/caregiver(s).
- When the Court Has Terminated Parental Rights or Found That No Reasonable Efforts Are Required – No visits to the parent(s) are required unless there are children living in the parent’s (parents’)/caregiver’s (caregivers’) home who are:
  - » The subjects of substantiated child abuse/neglect allegations.
  - » The subjects of current orders from Family Court.
  - » Identified as being unsafe or at risk according to the most recent Nevada Safety Assessment or NCFAS-G+R (LV).

(See Section 5730: Services to Children Living With the Parent(s)/Caregiver(s) of Children in Out-of-Home Care.)

In order to gain the best understanding of the family’s functioning, it is important that the majority of the in-person family contact occur in the family’s home. During the engagement stage and whenever the parent(s)/caregiver(s) has been granted unsupervised visits, at least one (1) visit each month must take place in the parent’s (parents’)/caregiver’s (caregivers’) home. This does not preclude additional in-person contact outside the home (at the office of an external service provider, at the Court, etc.).

It is recognized that some family members may not be present for every home visit. The permanency case manager is required to have in-person contact with parents every thirty (30) days and with all other adults and children living in the parent’s (parents’)/caregiver’s (caregivers’) home at least once in every sixty (60) day period.

Based on the circumstances presented by individual cases, the permanency supervisor may alter the required frequency of the permanency case manager’s in-person contact with family members. Any such alteration must be based on considerations related to the safety and permanency of the involved children. If circumstances present a need for a change in the frequency of contact, the permanency case manager must staff the case with his/her supervisor. The permanency supervisor may alter the frequency of the parent contact, and (s)he must document the following in a UNITY case note as “case staffing”:

- Date request made.
- Staff making the request.
- Reason/justification for the request.
- Past frequency.
- Requested new frequency.
- How this will affect the child(ren)’s safety, permanency, and well-being.
- Supervisor’s approval/denial and reason.

Under no circumstances may family visits be reduced to a frequency of less than one (1) in-person contact per thirty (30) day period.

#### Documentation

##### **b. Uncooperative Parent(s)/Caregiver(s)**

It is the nature of child welfare services that a parent(s)/caregiver(s) will often resist or refuse to cooperate with services. When families are resistant or uncooperative, the permanency case manager must work to engage the parent(s)/caregiver(s) in the permanency services process without losing focus on the child(ren)’s need for a timely permanent living arrangement. This effort requires that the permanency case manager have persistent and frequent contact with the family. The fact that a parent/caregiver is initially uncooperative does not, in and of itself, indicate that it will not be possible for the family to be engaged in a productive working relationship.

Situations in which a parent(s)/caregiver(s) is or becomes uncooperative must be staffed with the permanency supervisor. In some situations, it may be determined that the parents’/caregivers’

inability to cooperate necessitates a change in the permanency goal from reunification to another permanency option. Before determining that it is necessary to change the permanency goal, the following actions must be considered:

- Convene a Child and Family Team (CFT). Consider attendance of the supervisor.
- Explore alternative approaches (i.e., amended case plan tasks) to attain the case plan objectives with the family.
- Inform the family of the potential consequences of continued resistance/noncooperation.
- Increase the frequency of family visits by the permanency case manager.
- Increase the frequency of unannounced family visits by the permanency case manager.

If persistent efforts to engage the family are not successful, the permanency case manager must, in conjunction with the permanency supervisor and the CFT members, consider the following courses of action:

- Changing the permanency goal from reunification to another permanency option.
- Initiating termination of parental rights (TPR).

Documentation

**c. Visits With Parent(s)/Caregiver(s): Special Circumstances**

When parents whose parental rights are intact are unavailable, the following regulations must be followed:

**(v) Parent Incarceration**

If reasonably possible, the permanency case manager may have in-person contact with incarcerated parents. The frequency of this contact must be determined by the permanency supervisor and will depend upon:

- The regulations of the facility in which the parent is incarcerated.
- The proximity of the facility in which the parent is incarcerated.
- The present and future role of the incarcerated parent in the family as it may affect child safety and potential reunification.

The permanency case manager must send a letter to the incarcerated parent at a minimum of once every three (3) months to inquire about progress with the parent's case plan, unless the permanency supervisor or district attorney (DA) directs otherwise.

NOTE: The frequency of contact may be affected by the length of sentence, where the parent is incarcerated (in-state or out-of-state jail or prison), and the permanency plan.

Documentation

**(vi) Unknown Whereabouts of Parent**

No later than thirty (30) days after the parent is known to be missing, the permanency case manager must make a referral to the Business Center/Diligent Search which must conduct a search for the missing parent(s), by using the Diligent Search Request form. When a parent's (parents') whereabouts continue to be unknown, this referral for diligent search must be completed at least every six (6) months and at least sixty (60) days prior to any upcoming Court hearing.

Known relatives must be contacted by the permanency case manager by telephone, by letter, or in person every thirty (30) days to inquire about the parent's whereabouts.

Documentation

**(vii) Parent Who Resides Out of State**

Every thirty (30) days, the permanency case manager must have contact, by telephone, e-mail, or certified letter, with a parent residing out of state.

Documentation

#### **d. Purposes of Visits With Parent(s)/Caregiver(s)**

The purposes of family visits will vary somewhat, depending on the nature of individual cases and on the stage of service provision. The purposes of the permanency case manager's visits to family members are:

- To facilitate engagement of family members in the permanency services process.
- To continuously assess the parent's (parents')/caregiver's (caregivers') capacity to ensure child safety if reunification were to occur.
- To continuously assess the family's strengths.
- To continuously assess the family's needs.
- To continuously assess the family's progress in addressing the conditions and behaviors that led to the need for permanency services.
- To identify and address new or continuing family issues that affect the potential for reunification, including but not limited to:
  - » New or continuing family stress.
  - » Any indication of interpersonal violence within the home/family.
  - » The parent's current mental health status. If previous issues were identified, the parent's perception of progress of treatment must be documented.
  - » The parent's current substance abuse status.
  - » The parent's current health status, including any current conditions requiring treatment.
  - » The physical condition of the home.
- To inform the parent(s) about the child's progress.
- To discuss upcoming activities (e.g., Court hearings, visits, service interventions, Child and Family Team [CFT] meetings).
- To assess the parent's status in achieving case plan tasks and objectives.
- To discuss and address any obstacles or barriers to the family's progress

### **Children**

#### **In-home Services Policy**

##### **4620. Direct Services to Children**

The in-home case manager must provide professional casework service to all children living with the family. As with parents/caregivers, this service is based on the relationship the in-home case manager has formed with involved children and on the in-home case manager's role as an agent of change.

From the child(ren)'s perspective, the in-home case manager represents an important source of protection. The relationship between the in-home case manager and the child(ren) is, therefore, a key component of in-home service. The in-home case manager must engage the child(ren) in a relationship that:

- Demonstrates the in-home case manager's commitment to the child(ren)'s safety and well-being and to enhancing the child(ren)'s sense of emotional security.
- Establishes the child(ren)'s trust so the child(ren) will feel free to honestly discuss his/her (their) situation in the family.
- Consistently supports **reasonable** attempts on the part of the out-of-home caregivers and the child(ren)'s parent(s) to set limits on the child(ren)'s behavior.

In addition to the in-home case manager's primary focus on child safety, in-home services must address the well-being of involved children. This includes, but is not limited to, children's:

- Physical health,
- Mental health,
- Psychosocial development,
- Education, and
- For children fifteen (15) years of age and older, preparation for self-sufficiency.

In addition, when the Family Court places children in the custody or wardship of the Department, the in-home case manager is responsible for arranging/providing legal consent in certain situations.



### **a. In-Home Services Contact With Involved Children**

Since the purpose of in-home services is to assure the safety and well-being of children, in-person contact with involved children is a critical component of in-home services. To (1) ensure their safety and (2) establish and maintain the appropriate relationship with children, the in-home case manager must spend sufficient time with the children so the case manager and children know each other. The case manager must be available to the children and must be obviously and reliably responsive to issues that are important to child safety and well-being. The in-home case manager's efforts to engage the child(ren) will be more effective if they are made with obvious regard and respect for the family and with sensitivity to the child(ren)'s culture.

The in-home case manager must conduct an in-person interview/observation of every child residing in the family home according to the time frame requirements in *Section 4610.a: Frequency of Family Visits* and the observation requirements in *Section 4620.b: Observation of the Bodies of Children in Families Receiving In-Home Services*. During in-person contact with involved children:

- The in-home case manager must interview the child(ren) outside of the presence of the child(ren)'s parent(s)/caregiver(s), if at all possible.
- The in-home case manager must interview all involved children individually.
- Another person whom the child trusts but who is not the alleged perpetrator or another alleged child victim (e.g., the child's teacher) may be present during the interview if the in-home case manager determines that it will make the child more comfortable.
- Contact with involved children may be made either in the child's home environment or at another location (e.g., the child's school).
- School-age children must be contacted at school at least once every sixty (60) days during the provision of in-home services.

All interviews with children must be conducted taking the child's age, development level, culture, and emotional state into account. An important purpose of the interview is to establish a meaningful rapport with the child. The in-home case manager must, to the extent possible, put the child at ease at the beginning of the interview.

After greeting the child, the in-home case manager must, in age-appropriate language:

- Explain the purpose of the visit and of the in-home case manager's role (i.e., to be sure the child is safe).
- Engage the child by discussing neutral issues not necessarily related to maltreatment (i.e., extracurricular activities, friends, sports, and pets.).
- Observe the child's behavior (i.e., whether the child's behavior and social skills are consistent with the child's age, developmental status, and circumstances). Identify any inconsistencies from expected behavior.
- Discuss issues related to the child's well-being, including:
  - » School attendance and progress, including a discussion of any identified educational issues,
  - » Medical status, including discussion of any recent medical care/appointments, and
  - » Discussion of any other identified special needs.
- Explore with the child whether there has been any recurrence of maltreatment (e.g., in cases where physical abuse has been substantiated, ask the child how he/she has been disciplined recently).
- Observe the child's body, as applicable. (See *Section 4620.b Observation of the Bodies of Children in Families Receiving In-Home Services*).
- Determine whether the child meets reasonable expectations for height and weight, as well as speech and motor skills.
- Explore whether there has been any recurrence of previously identified dangerous behavior (i.e., safety factors) on the part of the parent(s)/caregiver(s).
- Explore whether individuals identified as posing danger to the child (e.g., sex abuse or serious physical abuse perpetrators) have had access to the child.
- Determine whether the child is fearful of anyone who lives in or visits the home.

- Gather information about any other risk or safety concerns described by the child.
- End the interview by encouraging the child to contact the in-home case manager, and/or another protective adult (e.g., a teacher or extended family member) if the maltreatment recurs or if he/she is afraid.

*NOTE:* If the child is hearing-impaired or does not speak English, the mode of communication that the child uses shall be employed (sign language interpreter, foreign language interpreter, etc.).

## **Out-of-home Permanency Services Policy**

### **5710. Direct Services to Children Placed in Out-of-Home Care**

The permanency case manager must provide professional casework service to all children living in out-of-home care. In addition to interventions designed to ensure safety and timely permanency, direct services to children in out-of-home care focus on the child(ren)'s well-being. Well-being services address issues that affect the child as (s)he lives in out-of-home care, as well as issues that will affect the child in his/her permanent living arrangement. These child well-being issues include, but are not limited to, issues related to the child(ren)'s:

- Physical health.
- Mental health.
- Psychosocial development.
- Education.
- For children fifteen (15) years of age and older, preparation for self-sufficiency.

From the child(ren)'s perspective, the permanency case manager is the lifeline keeping the child connected with his/her family and to services necessary to his/her safety and well-being. The relationship between the permanency case manager and the child is, therefore, a key component of permanency service. The permanency case manager must engage children in a relationship that:

- Demonstrates the permanency case manager's commitment to the child(ren)'s safety and well-being and to enhancing the child(ren)'s sense of emotional security.
- Establishes the child(ren)'s trust so that the child(ren) will feel free to honestly discuss his/her situation in the family.
- Consistently supports reasonable attempts on the part of the out-of-home caregivers and the child(ren)'s parent(s) to set limits on the child(ren)'s behavior.

#### **Documentation**

##### **a. Permanency Case Manager Contact With Children in Out-of-Home Care**

To establish and maintain the appropriate relationship with children in out-of-home care and to ensure their safety, the permanency case manager must spend sufficient time with the children so that the case manager and children know each other. The case manager must be available to the children and must be obviously and reliably responsive to issues that are important to children in out-of-home care. The permanency case manager's efforts to engage the child(ren) will be more effective if they are made with obvious regard and respect for the family and with sensitivity to the child(ren)'s culture. The permanency case manager must also have regular and frequent in-person contact with children in out-of-home care in order to detect threats to their safety in their out-of-home living arrangements.

#### **Documentation**

## **(i) Frequency of In-Person Visits With Children in Out-of-Home Care**

In addition to contact with children at Child and Family Team (CFT) meetings, family visits, and Court hearings, the permanency case manager must visit a child(ren) in out-of-home care as follows:

- If at all possible, within twenty-four (24) hours, and no longer than seventy-two (72) hours, of the Transitional CFT meeting or any change of placement, the permanency case manager must visit the child in the out-of-home caregiver's home, to:
  - » Meet the child(ren), if applicable.
  - » Discuss any placement change with the child, including:
    - The reason for the placement change in an age-appropriate manner and in a language that the child can understand.
    - The child's feelings, fears, and expectations related to the change.
  - » Begin to assess the suitability of the placement.
  - » Begin to evaluate the child(ren)'s adjustment to placement.
  - » Assess the child(ren)'s safety in the out-of-home setting.
  - » Identify and address any immediate needs.
- During the first three (3) weeks following the Transitional CFT meeting or any change of placement (excluding planned respite), the permanency case manager must visit the child(ren) once per week at the placement setting or elsewhere to:
  - » Continue to engage the child(ren).
  - » Assess the suitability of the placement.
  - » Evaluate the child(ren)'s adjustment to placement.
  - » Assess the child(ren)'s safety in the out-of-home setting.
  - » Identify and address any well-being needs.
  - » Provide support to the out-of-home caregiver.
- After the first three (3) weeks following the Transitional CFT meeting or change in placement, the permanency case manager must visit the child(ren) at the out-of-home placement setting once every thirty (30) days. The permanency case manager must also attempt to visit the child(ren) in a setting other than the out-of-home placement setting (school, day care, etc.) at least once every other month. The permanency supervisor may alter the required frequency and location of the visits.

NOTE: Federal regulations require that a minimum of fifty-one (51) percent of visits with children placed in out-of-home care take place in their out-of-home care placement.

Based on the circumstances presented by individual cases, the permanency supervisor may alter the required frequency of the permanency case manager's in-person contact with children in out-of-home care. Any such alteration must be based on considerations related to the safety, permanency, and well-being of the involved child(ren).

If circumstances present a need for the frequency of child contacts to change, the permanency worker must staff the case with his/her supervisor. The permanency supervisor may alter the frequency of the child's contact and (s)he must document the following in UNITY case notes:

- Date request made.
- Staff making the request.
- Reason/justification for the request.
- Past frequency.
- Requested new frequency.
- How this will affect the child(ren)'s safety, permanency, and well-being.
- Supervisor's approval/denial and reason.

Under no circumstances may visits to children in out-of-home care be reduced to a frequency of less than one (1) in-person contact per thirty (30) -day period.

Documentation

## **(ii) Purposes of Visits With Children in Out-of-Home Care**

The purposes of the permanency case manager's in-person contact with a child(ren) in out-of-home care are:

- To build and maintain a trusting/caring relationship with the child(ren) by:
  - » Becoming acquainted with him/her.
  - » Learning about, and demonstrating the permanency case manager's interest in, the child(ren)'s interests, likes, and dislikes.
  - » Demonstrating responsiveness to any well-being needs identified by the child(ren).
  - » As appropriate given the child(ren)'s age, development, and the nature of the case situation, openly and honestly addressing the progress toward achievement of a permanent living situation for the child(ren).
- To monitor the child(ren)'s ongoing safety in the out-of-home setting by:
  - » Observing the child(ren) to identify any signs of maltreatment (e.g., suspicious marks or weight loss).
  - » Observing the child(ren)'s interaction with the caregiver.
  - » Observing the child(ren)'s environment to identify safety hazards.
  - » Privately talking with the child(ren) to elicit information about any maltreatment.
- To give the child(ren) the opportunity to speak about any issues, problems, or concerns related to the placement situation.
- To discuss the child(ren)'s reaction to any visits with his/her birth parents.
- To identify any apparent emotional, psychological, or developmental issues needing professional assessment.
- To assess whether the caregiver and child(ren) are well matched.
- To let the child(ren) know that the permanency case manager is always available to address issues confronted by the child.

## **(iii) Conducting Visits With Children in Out-of-Home Care**

When having in-person contact with an involved child(ren):

- The permanency case manager must interview verbal children outside of the presence of the child(ren)'s out-of-home caregiver.
- The permanency case manager must interview child(ren) individually.
- If reasonably possible (e.g., the child is not an infant or severely developmentally delayed), contact with the involved child(ren) must be made both in the child(ren)'s out-of-home placement and at another location (e.g., the child's school or child care).

All interviews with a child(ren) must be conducted taking the child(ren)'s age, development level, culture, and emotional state into account. An important purpose of the interview is to establish a meaningful rapport with the child(ren). The permanency case manager must, to the extent possible, put the child(ren) at ease at the beginning of the interview. After greeting the child(ren), the permanency case manager must, in age-appropriate language:

- Explain the purpose of the visit and of the permanency case manager's role (i.e., to be sure the child[ren] is safe and that [s]he is getting any help that [s]he needs).
- Engage the child(ren) by discussing neutral issues not necessarily related to out-of-home care (i.e., extracurricular activities, friends, sports, and pets).
- Observe the child(ren)'s behavior (i.e., whether the child's behavior and social skills are consistent with the child[ren]'s age, developmental status, and circumstances). Identify any inconsistencies from expected behavior.
- Determine whether the child(ren) meets reasonable expectations for height and weight, as well as speech and motor skills.
- Discuss issues related to the child(ren)'s well-being, including:
  - » School attendance and progress, including a discussion of any identified educational issues.
  - » Medical status, including discussion of any recent medical care/appointments.
  - » Any other identified special needs.
- Help the child(ren) identify and express his/her feelings about his/her placement in out-of-home

- care.
- Help the child(ren) understand his/her continued need for placement and upcoming placement-related activities (e.g., Court hearings, visits, Child and Family Team [CFT] meetings).
- Talk with the child(ren) about any siblings (if placed apart).
- Determine whether the child(ren) is fearful of anyone who lives in or visits the out-of-home setting.
- In a neutral and nonspecific way, explore with the child whether there has been any maltreatment (e.g., ask the child if and how [s]he has been disciplined recently).
- Observe the child(ren) to determine whether any signs of abuse or neglect are present (e.g., a child has injuries or marks, is inordinately dirty, or appears undernourished).
- If any signs of abuse/neglect are observed, ask the child(ren) about them (e.g., ask how injuries/marks were received; why the child is so dirty; or when, what, and how much is (s)he fed).
- If, during the visit to the child(ren), any of the following take place, the permanency case manager must observe those parts of the child's body necessary to refute or confirm the presence of evidence of maltreatment:
  - » The child reports the presence of marks,
  - » The permanency case manager observes marks on uncovered portions of the child's body, or
  - » The permanency case manager otherwise develops a reasonable suspicion of maltreatment.
- When it is necessary to remove or lift the child's clothing in order to make this observation, the permanency case manager must adhere to the following procedure:
  - » As often as is reasonably possible, another professional person, preferably of the same sex as the child, must be present when a permanency case manager observes a child by lifting or removing clothing, regardless of the child's age.
  - » The permanency case manager shall not observe any part of a child's body which would normally be covered by a bikini bathing suit if the child is ten (10) years of age or above, unless the permanency case manager is of the same sex as the child.
  - » Children who are verbal shall be told the purpose of the observation and the necessity for it in words that they can understand. If the child is hearing-impaired or does not speak English, the mode of communication that the child uses shall be employed (sign language, foreign language, etc.).
  - » The permanency case manager shall never attempt to physically examine a child for alleged sexual abuse.

NOTE: Whenever the permanency case manager has reasonable cause to believe that any child has been abused or neglected, (s)he must contact the Hotline. Although the permanency case manager may consult with the permanency supervisor prior to calling the Hotline, supervisory consultation shall not unreasonably delay the call. Under no circumstance shall the call be delayed for more than one (1) hour. (See Section 5900: New Allegations of Child Abuse and Neglect.)

- Discuss activities in which the child participates or would like to participate.
- End the interview by encouraging the child to contact the permanency case manager if there is anything (s)he needs to discuss.

NOTE: If the child is hearing-impaired or does not speak English, the mode of communication that the child uses shall be employed (sign language, foreign language, etc.), and any other accommodations required for effective communication will be made.

#### **(iv) Documentation of In-Person Contact With Children In Out-Of-Home Care**

Documentation of contact with children in out-of-home care must accurately summarize the contact in narrative form. At a minimum, the permanency case manager must gather and document the following information on a monthly basis:

- The date and time of the contact.
- The nature of the contact (in person, telephone, etc.).

- The duration of the contact, including start and end times (for in-person contacts only).
- The location of the contact (for in-person contacts only).
- The identity of all persons present during the contact (if persons present are not family members, information regarding their relationship to the family must be included).
- A description of the condition of the child(ren), including notation of any evidence of possible maltreatment identified (e.g., bruises, filth, significant weight loss) (for in-person contacts only).
- A brief general description of the behavior and affect of any child(ren) present at the visit.
- A detailed summary of what was discussed during the interview of the child(ren).
- A description of the child(ren)'s medical status, according to the child(ren) (if verbal) and the out-of-home caregiver(s), including:
  - » The current state of medical/dental care and care related to any specific conditions.
  - » Any medical appointments that occurred since the prior visit, including the date of the visit, the type/purpose of the visit, any medical issue that requires monitoring, and any pertinent well-being information (e.g., parent's report of height and weight of child, immunizations received, medication prescribed).
    - » Any hospitalizations or emergency room visits since the last contact. These must be documented as to the reason and result. Contact information of the administering medical personnel is required to verify a caretaker's explanations of the hospital visit.
- A description of the child(ren)'s educational status, as reported by the child(ren), including:
  - » Enrollment status.
  - » Attendance.
  - » Grades.
  - » School behavior issues.
  - » The status of any special educational issues (e.g., Individualized Education Plan [IEP]).
  - » Mental health concerns and the status of any recent evaluations and current treatment progress, if applicable.
  - » Physical, emotional, and social development, including reasonable expectations for height, weight, speech, motor skills, and social skills.
- The child(ren)'s current adjustment to the placement and the permanency case manager's observation of the interaction/relationship with the caregiver(s) and other children in the home.
- The child(ren)'s reaction to visits with parents.
- Any needs identified by the child(ren).

## **Out-of-home Caregivers**

### **Out-of-home Permanency Services Policy and Procedure**

#### **5210.c. Engagement With Out-of-Home Caregivers**

The out-of-home caregiver (e.g., foster parent, relative caregiver) is a critically important member of the team. While children live in out-of-home care, no one is more important to their safety and well-being than the out-of-home caregiver. It is important that the out-of-home caregiver be engaged as a partner in the permanency service process. The permanency case manager must:

- Involve the out-of-home caregiver in planning for services and interventions necessary to meet the child(ren)'s needs.
- Inform the out-of-home caregiver about important events concerning the child(ren) (e.g., Court hearings, visitation changes).
- Be continuously available (or ensure the availability of other Permanency Unit professionals) to respond to issues confronted by out-of-home caregivers. This includes always returning telephone calls or responding to other communication from out-of-home caregivers in a timely manner.
- Provide the out-of-home caregiver with relevant information (e.g., medical, developmental, psychological) about the child(ren) placed in his/her home.
- In general terms, and in accordance with confidentiality requirements (see Section 5230:

Confidentiality), keep the out-of-home caregiver informed about the family's progress toward reunification and about the Department's permanency plans for the child(ren).

The effort to engage the out-of-home caregiver in the permanency service process will be more effective if the permanency case manager demonstrates obvious respect for the caregiver's role in the process.

## **5750. Support and Service for Out-of-Home Caregivers**

Out-of-home caregivers fulfill a critically important and very difficult role as they provide out-of-home care to children in Department of Family Services (DFS) custody. The permanency case manager must work closely and collaboratively with out-of-home caregivers in order to best ensure that children are safe in out-of-home care, that their well-being needs are identified and met, and that their transition to their permanent living arrangement is smooth. It is important that the permanency case manager understand that the out-of-home caregiver is a reliable and valuable source of information about the child's day-to-day behavior and needs and is a key member of the permanency service team.

In order for children to receive high-quality out-of-home care, the permanency case manager must:

- Ensure that out-of-home caregivers feel that they are a part of the permanency service team. An important component of imparting this sense to the out-of-home caregiver is accomplished by giving out-of-home caregivers information about the child(ren) in their care and about the circumstances of the child(ren)'s case. This includes, but is not limited to:
  - » General information about the reason(s) the child(ren) entered out-of-home care (see Section 5230: Confidentiality).
  - » Information about any special needs (e.g., medical, dietary, psychological, developmental, educational) pertaining to the child(ren).
  - » Information about any cultural, religious, or linguistic issues/preferences related to the child(ren) and the child(ren)'s family.
  - » Any known information about the child(ren)'s interests, hobbies, likes, and dislikes.
  - » Information about any upcoming events/appointments (e.g., visitation, Court, medical appointments).
  - » Information about any decisions about the case (permanency goal changes, changes in visitation, changes in medical treatment, etc.) made by the Department or the Court.
  - » General information about the child(ren)'s permanency status. The out-of-home caregiver does not need to know specific details of the child(ren)'s parent's (parents')/caregiver's (caregivers') problems or about the parent's (parents')/caregiver's (caregivers') progress in resolving them. The permanency case manager may not provide such specific information. Out-of-home caregivers need general information about the likelihood of reunification so that they can work to prepare children (and themselves) for their permanent living arrangement in a realistic way. The permanency case manager must provide general information about the likelihood of achieving various permanency goals (e.g., reunification or adoption) with general time frames within which the permanency goals are likely to be achieved. The permanency case manager must ensure that the out-of-home caregiver understands that there is no certainty with regard to the final permanency outcome.
- Respond to child-related issues and needs in a timely way. Out-of-home caregivers spend more time than anyone else with children in out-of-home care. They are, therefore, among the best sources of information about issues/needs affecting children. Similarly, they play a major role in addressing the issues/needs of children in their care. When the out-of-home caregiver informs the permanency case manager of any perceived issue/need potentially affecting the safety,

permanency, or well-being of a child in out-of-home care, the permanency case manager must immediately:

- » Evaluate the issue/need, involving the permanency supervisor if necessary.
  - » Determine whether any intervention is necessary and, if so, identify a specific course of intervention.
  - » In a timely way (in most cases within one [1] day), inform the out-of-home caregiver whether any intervention will be made and, if so, specify the intervention.
  - » If the out-of-home caregiver disagrees with the permanency case manager's decision related to an issue/need identified by the out-of-home caregiver, arrange a conversation or, if necessary, a meeting of the permanency case manager, the permanency supervisor, the out-of-home caregiver, and, if applicable, staff from caregiver support (in person or by telephone) to discuss the issue/need and the Department's response.
  - » In conjunction with the out-of-home caregiver, assertively pursue any intervention decided upon.
  - » Communicate as appropriate with the out-of-home caregiver about the progress and effect of the intervention.
- Coordinate case-related activities. The permanency case manager must ensure that case-related activities involving the child(ren) and/or the out-of-home care provider(s) are scheduled in a way that minimizes disruption to the daily routine. This includes:
    - » Considering the schedule of collateral activities from the perspective of the out-of-home caregiver's schedule.
    - » Considering helping with transportation as appropriate/necessary.
    - » Avoiding scheduling activities during the child's school day or during other activities important to the child (e.g., little league practice, Girl Scouts).
    - » Considering the effect of an activity on the child(ren). For example, if a child is regularly upset and acts out after family visits, the permanency case manager should avoid scheduling them immediately before the child's first day at a new school.
  - Provide ongoing support to the efforts of the out-of-home caregiver. Caring for a child(ren) in out-of-home care can be difficult and a source of stress for out-of-home caregivers. It is important that the permanency case manager create a context in which the out-of-home caregiver understands that the permanency case manager shares responsibility. In large part, this will be accomplished when the permanency case manager keeps the out-of-home caregiver informed and responds to issues/needs identified by the out-of-home caregiver as described above. In addition, it is important that the permanency case manager and supervisor be readily available to the out-of-home caregiver as a source of support. This includes:
    - » Promptly responding to telephone calls or other communications from the out-of-home caregiver.
    - » Acting as a "sounding board" in order to help the out-of-home caregiver with day-to-day child care issues.
    - » Giving the out-of-home caregiver the opportunity to express frustration related to the often inherent difficulty of providing out-of-home care.
    - » Remaining open to considering respite or other concrete supports for out-of-home caregivers as appropriate.
      - » Ensure that foster care providers are compensated at the appropriate rate, taking into account any special requirements for the child's emotional care, physical or personal care, and auxiliary care.

#### **a. Contact With Out-of-Home Caregivers**

In order to develop and maintain a productive working relationship with the out-of-home caregiver(s), the permanency case manager must have regular, frequent, and purposeful contact with the him/her, including both foster parents and relative caregivers, if applicable, as follows:



- Within twenty-four (24) hours of the Transitional Child and Family Team (CFT), the permanency case manager must give the out-of-home caregiver the following contact information:
  - » Permanency case manager's office telephone number.
  - » Permanency case manager's e-mail address.
  - » Permanency supervisor's office telephone number.
  - » Permanency supervisor's e-mail address.
  - » Method of contacting the Department in an emergency (i.e., the on-call worker).
  - » Permanency case manager's work schedule.

When an out-of-home caregiver calls a permanency case manager, the telephone call must be returned as soon as possible but always within seventy-two (72) hours of the call.

At a minimum, the permanency case manager must have contact with the out-of-home caregivers with the following frequency:

- Within twenty-four (24) hours of the Transitional CFT meeting or no later than one (1) business day following a change of placement (excluding planned respite), the permanency case manager must telephone the out-of-home caregiver to:
  - » Introduce himself/herself to the out-of-home caregiver and provide required contact information.
  - » Determine the child(ren)'s initial adjustment to the placement.
  - » Identify any outstanding needs/issues, including but not limited to: The child(ren)'s Medicaid number. Assistance with obtaining day care. The child(ren)'s clothing needs.
  - » Discuss plans for family and any sibling visitation with the out-of-home caregiver.
  - » Set an appointment to visit the child and out-of-home caregiver.
- Within three (3) working days of the Transitional CFT meeting or change of placement, the permanency case manager must visit the out-of-home caregiver in the home in which the child(ren) is placed to:
  - » Meet the child(ren), if applicable.
  - » Meet the out-of-home caregiver.
  - » Assess the immediate safety of the child(ren) in the out-of-home placement setting.
  - » Assess the child(ren)'s adjustment to the placement setting.
  - » Begin to assess the suitability of the placement setting for the child(ren).
  - » Begin to assess the child(ren)'s functioning.
  - » Identify and address any immediate needs affecting the child(ren)'s well-being.
  - » Provide support to the out-of-home caregiver.
- Make monthly telephone contact at a prearranged time with the out-of-home caregiver to:
  - » Discuss the child(ren)'s progress and adjustment.
  - » Discuss any planned events concerning the child(ren) in out-of-home care (family visits, sibling visits, Court hearings, medical appointments, school conferences, etc.).
  - » Discuss any outstanding issues.
  - » Provide support to the out-of-home caregiver.
- Conduct monthly in-person contact with the out-of-home caregiver to:
  - » Continuously engage the child(ren) in his/her relationship with the permanency case manager.
  - » Continuously engage the out-of-home caregiver(s) in the working relationship with the permanency case manager.
  - » Assess the safety of the child(ren) in the out-of-home setting.
  - » Assess the overall suitability of the placement for the child(ren).
    - The child(ren)'s interaction and relationship with the out-of-home caregiver.
    - The out-of-home caregiver's (caregivers') willingness/capacity to understand and address the child(ren)'s special needs.
    - The caregiver's (caregivers') willingness/capacity to support the

- child(ren)'s permanency plan.
  - » Assess the functioning of the child(ren) in the placement setting, including, but not limited to, the child(ren)'s:
    - Physical health.
    - Mental health.
    - Psychosocial development.
    - Education.
    - Other special needs.
  - » Identify and address any issues/needs related to the well-being of the child(ren).
  - » Evaluate the child(ren)'s progress in completing any case plan tasks and/or achieving any case plan objectives.
  - » Provide support to the out-of-home caregiver.
- Pay bimonthly visits to the out-of-home placement setting to:
  - » Identify any child safety hazards in the out-of-home placement setting.
  - » Observe/assess any other members of the household to determine their effect on the safety and well-being of the child(ren) in out-of-home care.
  - » Evaluate the overall suitability of the out-of-home placement setting for the child(ren) in out-of-home care.

Based on the circumstances presented by individual cases, the permanency supervisor may alter the required frequency of the permanency case manager's in-person contact with the out-of-home caregiver and/or visits to the out-of-home placement setting. Any such alteration must be based on considerations related to the safety, permanency, and well-being of the involved child(ren).

The permanency supervisor must document, in a UNITY case note, the reason for any reduction of the frequency of in-person contact with children. If circumstances present a need for a change in the frequency of contact, the permanency case manager must staff the case with his/her supervisor. The permanency supervisor may alter the frequency of the parent contact, and (s)he must document the following in a UNITY case note as "case staffing":

- Date request made.
- Staff making the request.
- Reason/justification for the request.
- Past frequency.
- Requested new frequency.
- How this will affect the child(ren)'s safety, permanency, and well-being.
- Supervisor's approval/denial and reason.

Under no circumstances may visits to children in out-of-home care be reduced to fewer than one (1) in-person contact per thirty (30) -day period or one (1) visit to the out-of-home placement setting.

## Documentation

### **b. Documentation of Contact With Out-of-Home Caregivers**

Documentation of contact with out-of-home caregivers and visits to out-of-home care settings must accurately summarize the contact in narrative form. At a minimum, the permanency case manager must gather and document the following information on a monthly basis:

- The date and time of the contact.
- The nature of the contact (in person, telephone, etc.).
- The duration of the contact, including start and end times (for in-person contacts only).
- The location of the contact (for in-person contacts only).
- The identity of all persons present during the contact (if persons present are not family members, information regarding their relationship to the family must be included).
- A detailed summary of what was discussed during the contact with the out-of-home caregiver.

- A detailed summary of the condition of the out-of-home care setting.
- The out-of-home caregiver's perception of the child's physical health, mental health, and educational needs and the extent to which they are being met.
- The out-of-home caregiver's perception of the child's developmental progress.
- Signs of any stress experienced by the out-of-home caregiver related to the child's behavior or other conditions, or other concerns about the child's placement.
- The out-of-home caregiver's perception of the child's visits with his/her parent(s) and the child's response to visits.
- If the child is receiving medical or mental health treatment, the status of the treatment.
- If the child is the subject of an Individualized Education Plan (IEP), the status of the plan.
- The child's relationship with other children in the placement.
- Any current needs identified by the caregiver and actions that will be taken to meet those needs.

## **Sibling Visitation**

### **I. Sibling Visitation Plans and Orders**

#### **A. NIA or Permanency Specialists must:**

1. Following the separation of siblings, develop a sibling visitation plan to ensure that the sibling bond is maintained.
  - a. The plan must be written and presented to the court for approval at the first hearing following the sibling separation.
  - b. The plan must be updated as necessary to reflect any changes in placement of any of the separated siblings. Any updates must be presented to the court at the first hearing following the changes.
  - c. Coordinate with the children's attorney and the assigned Deputy District Attorney (DDA) to ensure the court-approved plan is reduced to a written order.
  - d. A sibling visitation order must remain in effect until either the children are placed together, or the plan is terminated by the court.
2. When siblings are separated, and the permanency plan is termination of parental rights and adoption, the Permanency Specialist must provide a copy of the written sibling visitation order when referring the case to the Adoption Unit.

#### **B. Adoption Social Workers must:**

1. Provide the adoptions court with a copy of any sibling visitation order.
2. Complete, file and serve a copy of a notice of filing petition for adoption for any child who is the subject of a sibling visitation order.

#### **C. Permanency Supervisors must:**

1. Conduct staffing meetings with Permanency Specialists to review potential sibling visitation plans within seven (7) calendar days of siblings being separated.
2. Ensure that the sibling visitation being recommended by DFS is reduced to a written recommendation and submitted to the court the next hearing following the separation of the siblings.
3. Review the sibling visitation plan at each supervision staffing with the Permanency Specialist to ensure the plan is effective and being followed.
4. Ensure the sibling visitation plan is modified anytime there is a placement change for one (1) of the siblings.
5. Verify the sibling visitation plan is reduced to a written order once approved by the court.
6. Confirm the Permanency Specialist provided a copy of any sibling visitation order to the Adoptions Unit at time of referral.

D. If the DFS has concerns about the inclusion of the sibling visitation order in the adoption or if amendments must be made prior to the finalization of the adoption, DFS has thirty (30) calendar days to file a petition in the adoption case to exclude or amend the sibling visitation order.

1. The thirty (30) calendar day period starts from the date the adoption petition was filed.

2. If DFS has concerns, it must be staffed with the assigned DDA to determine if a Petition to amend or exclude should be filed.
3. If DFS does not take action within the required thirty (30)-day timeframe, the sibling visitation plan must be incorporated within the adoption decree.

E. All actions regarding Sibling Visitation Plans or Orders must be documented in UNITY case notes within three (3) business days of the action.