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126

127 **300.2 Purpose**

128
129 The Utah Department of Health & Human Services (DHHS), Division of Child and Family
130 Services' Out-of-Home Care Program provides short-term, culturally responsive services for a
131 child and family when the child cannot be safely maintained at home. The program is available
132 statewide.
133

134 **300.3 Philosophy**

135
136 Out-of-home care will be used only when there is no other alternative to provide for a child's
137 well-being and safety from abuse, neglect, or dependency. Out-of-home care provides a child an
138 environment where physical, emotional, medical, dental, developmental, educational, cultural,
139 and mental health needs are assessed and addressed. Child and Family Services will diligently
140 work to maintain familial connections through visitation and shared activities while a child is in
141 out-of-home care, when appropriate. The parent of a child in out-of-home care is also afforded
142 an opportunity to build on family strengths and learn essential skills to provide a safe, nurturing
143 environment to which the child may return. Out-of-home care major objectives have been
144 developed in accordance with federal and state laws including required time frames that reduce
145 the amount of time a child spends in care and provisions for an appropriate, permanent home or
146 other permanency option that is in the best interests of the child.
147

148 **300.4 Child and Family Services And Caseworker Expectations**

- 149
- 150 A. Facilitate a thorough functional assessment that defines the child and family's strengths
151 and needs and provides the framework from which to access appropriate services.
152 Evaluate progress toward goals and adjust plans and interventions accordingly.
153
 - 154 B. Identify an out-of-home care caregiver, possibly kin, who will meet the child's needs and,
155 together with the child's parents, design a transitional plan to optimize the child's
156 adjustment and maintain familial connections through visitation and shared activities.
157
 - 158 C. Engage and facilitate a Child and Family Team to support the child and family including
159 the out-of-home care caregiver and familial or community resources.
160
 - 161 D. Develop a concurrent Child and Family Plan at the time of entry into care, using the
162 strengths and needs of the family to guide the services offered and the goals of
163 permanency to be achieved.
164

165 **300.5 Safety For Lesbian, Gay, Bisexual, Transgender, And**
166 **Questioning (LGBTQ) Youth**
167 *(THIS SECTION IS BEING REVISED.)*
168

169 **300.6 Resource Family Consultants (RFCs) And Permanency**
170 **Workers – Role And Expectations**

171 Major objectives:

172 The purpose of this section is to define the role and expectations of a Resource Family Consultant
173 (RFC). The region may have additional expectations of the RFC beyond those described here;
174 however, these guidelines are the minimum requirements expected of an RFC. The RFC
175 provides support for placements with resource families that are licensed through the DHHS,
176 Office of Licensing (OL) for general foster care (LFC). This section does not pertain to support
177 for resource homes which are certified through contract providers or resource homes that are
178 licensed for a specific child (LSC). Under the conditions of the contract, contract providers are
179 responsible to provide support to the homes they certify. Child and Family Services staff, who
180 possess an LSC license, with an expertise in supporting kinship homes will provide the support
181 for families.
182

183
184 Definitions

- 185 A. Resource Family Consultant (RFC) – An employee of Child and Family Services who is
186 responsible for providing support for placements of children in out-of-home care with
187 families that are licensed with a LFC license through the OL.
188

189 Practice Guidelines

190 The following items describe the minimum role and expectations for the RFC.

- 191
192 A. The RFC will be familiar with the procedures and requirements necessary for a family to
193 become a licensed out-of-home care provider and sustain licensure. These requirements
194 include basic licensing standards outlined by the OL, Background Screening
195 Requirements, the Provider Code of Conduct, and the pre-service and ongoing training
196 requirements.
197
198 B. The RFC will assist licensed resource families with tracking their number of in-service
199 training hours in order to assist them in acquiring the required number of in-service hours
200 needed for re-licensure.
201
202 C. The RFC will be familiar with the procedures outlined in Practice Guidelines [Section](#)
203 [305](#), “Child and Family Services relationship with Out-of-Home Caregiver”, and [Section](#)
204 [306](#), “Emergencies and Serious Situations.”
205
206 D. Each RFC is responsible for becoming familiar with and forming a working relationship
207 with the resource families assigned to them. The RFC will develop knowledge of the
208 strengths and needs of each resource family in regards to caring for a child in the custody
209 of Child and Family Services. The knowledge of the resource family will assist the RFC

- 210 in facilitating a successful placement of a child in the custody of Child and Family
211 Services with the resource family.
- 212 1. The RFC is responsible for visiting newly licensed foster homes within 30 days or
213 sooner of Child and Family Services receiving the home study, in order to
214 generally assess the type of child that the resource family may be successful with.
215 Ideally, the visit should be conducted prior to the resource family having a child
216 placed in their home.
 - 217 2. The RFC is responsible for ongoing assessment of each resource family’s ability
218 to care for a child in the custody of Child and Family Services. Any significant
219 information that the RFC learns regarding the family’s ability to provide quality
220 care for a child will be documented in the Provider notes in SAFE. The RFC will
221 also assess how significant life changes that occur in a family, such as births,
222 deaths, adoption, divorce, etc., may impact the family’s ability to continue to
223 provide care for children in the custody of Child and Family Services.
 - 224 3. The RFC is responsible for ensuring that they document any relevant information
225 regarding the family they may learn from the OL and/or the Utah Foster Care
226 regarding licensure, training, etc.
 - 227 4. The RFC will provide any information that they become aware of to the OL that
228 may be relevant to or may affect the licensure of the resource family.
 - 229 a. If a foster home has not had a placement for more than 12 months after the
230 date of the last OL inspection, the RFC will notify OL in order for them to
231 conduct an inspection of the residence.
 - 232 b. RFCs will notify OL when a newly licensed home has taken their first
233 placement in order for OL to assess if an inspection is needed at that time.
 - 234 5. When the caseworker and/or RFC identifies a safety concern with the foster
235 home, the RFC will inform OL of the concerns and OL will follow up with the
236 home to determine if any conditions shall be made to the license.
 - 237 [5]6. Minimum standards of contact with the resource family:
 - 238 a. Monthly Contact: At minimum, the RFC is required to have monthly
239 contact with each resource family they oversee. This may include a phone
240 call, email, letter, or face-to-face contact with the resource family.
 - 241 b. Face-to-Face Home Visits: The RFC is required to conduct a visit in the
242 home of each resource family they oversee a minimum of once every six
243 months, being more attentive to the resource homes with current
244 placements of children. The RFC will document a summary of the home
245 visit in the Provider Module of SAFE.
 - 246 (1) Exceptions for the six-month face-to-face home visit may be made
247 for resource families that are not currently being utilized (are “on
248 hold”) due to personal issues, a recent adoption, etc. If a family
249 that is “on-hold” expresses that they want to resume taking
250 placements, the RFC must make a face-to-face visit in the home
251 prior to a child being placed there.
 - 252 c. The RFC may determine that it is necessary to have more frequent contact
253 with a resource family based on the specific needs and vulnerabilities of a
254 child placed in the home, as well as the protective capacities of the
255 resource family.

- 256 d. The region may require more than the minimum standards of contact
257 between the RFC and the resource families they serve if a determination is
258 made that the region has the resources and capacity for more frequent
259 contact.
260
- 261 E. Using the knowledge they possess of the resource families, the RFC assists the
262 caseworker in finding and facilitating a placement match for a child in the custody of
263 Child and Family Services with a licensed resource home. The placement decision
264 should take into account factors that are in the child’s best interest when making a
265 placement decision, including but not limited to the skills of the foster parent; proximity
266 to the home the child was removed from; the potential that the child may be placed with
267 kin; the ability of the resource family to maintain siblings together; the proximity to the
268 child’s home school; and the permanency goal, including enduring safety and
269 permanency for the child.
- 270 1. When possible, it is best practice for the RFC to assist the caseworker in
271 facilitating a pre-placement meeting regarding the specific needs of the child prior
272 to placement of the child in the home.
- 273 2. The RFC may assist the caseworker in providing information to the resource
274 family regarding the child prior to the placement of the child in the home. The
275 RFC will document providing the information to the resource family in the
276 activity logs of the child’s case in SAFE and will use the correct policy
277 attachment when documenting that this step was completed.
278
- 279 F. The RFC will assist the caseworker in supporting and maintaining the placement of a
280 child with a resource family. The RFC may also assist in preventing possible placement
281 disruptions.
- 282 1. The RFC is responsible for knowing what resources are available to help support
283 and maintain a child’s placement in the home of a resource family, as well as how
284 to help the resource family access those resources.
- 285 2. The RFC may attend Child and Family Team Meetings, court, and home visits
286 with the caseworker. The RFC may also assist with the process of preparing a
287 family for adoption, if appropriate.
- 288 3. The RFC will be included as an integral part of the Child and Family Team, when
289 the need arises, in order to assist the team in understanding and/or planning for
290 placement transitions and issues regarding permanency for the child.
- 291 4. The RFC may assist the resource family in developing an understanding of Child
292 and Family Services’ procedures and Practice Guidelines, especially when the
293 resource family has questions and/or concerns.
- 294 5. The RFC may assist the resource family in finding a respite provider when
295 needed.
- 296 6. In the event that a related-parties’ investigation is initiated regarding a resource
297 family, the RFC may provide answers to general questions regarding policies and
298 procedures and may listen to concerns the provider may have in order to provide
299 empathy as they go through the investigative process. The RFC may not,
300 however, provide any information to the provider regarding the specifics of the

- 301 investigation. In addition, the RFC has an obligation to provide any information
302 to the CPS investigator that they believe may be relevant to the investigation.
- 303 7. The RFC assists the caseworker in ensuring that the health care requirements for
304 the child are communicated to the resource family and may assist the caseworker
305 in following up with the family to ensure that medical and mental health
306 requirements for the child are completed in a timely manner.
- 307 8. The RFC will ensure that the Foster Care Agreement (Form 638A) is completed
308 on an annual basis, upon re-licensure of the resource family. As a part of this
309 process, the RFC will obtain an email address from each resource family and will
310 enter the email address into the provider window in SAFE.
- 311
- 312 G. The RFC is responsible for developing and maintaining appropriate and professional
313 partnerships with community partners, especially when it relates to maintaining a child in
314 the home of an appropriate resource family and/or providing services to prevent
315 placement disruption.
- 316
- 317 H. The RFC will attend, be prepared for, and actively participate in the placement committee
318 when a resource family they are assigned to is presented as a potential match for a child
319 needing placement.
- 320
- 321 I. The RFC will attend cluster meetings and other foster parents' activities when possible
322 (at a minimum once a year) in order to build relationships with the families they serve,
323 offer support to foster parents, answer questions, and understand issues faced by resource
324 families.
- 325
- 326 J. The RFC will help resource families understand how to act in a professional manner at all
327 times when representing themselves as a foster parent. This includes when they are
328 interacting with others in the community as well as on social networking sites.
- 329

300.7 Normalcy For Children And Youth In Foster Care

Major objectives:

To provide employees and caregivers with information related to the need for foster children and youth to participate in activities that non-custody children experience as part of a healthy, normal childhood. These activities include recreation, extra-curricular school activities, sports, school club participation and other activities that promote healthy development. Participating in normalizing activities helps a survivor of trauma feel less like a victim and help promote healing and well-being.

Caregivers can make a decision, on behalf of a child or youth, regarding certain types of activities a youth may participate in by using a reasonable and prudent parenting standard, without receiving prior approval from Child and Family Services. This helps promote a normal parent-child relationship between the caregiver and the child.

Applicable Laws

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Utah Code Ann. [§80-1-102](#). Juvenile Code Definitions.

Utah Code Ann. [§80-2-308](#). Division responsibilities -- Normalizing lives of children -- Requirements for caregiver decision making.

Background of House Bill 346

A. Utah Code Ann. [§80-2-308](#) requires Child and Family Services to make efforts to normalize the life of a child in Child and Family Services’ custody and to empower a caregiver to approve or disapprove a child’s participation in activities based on the caregiver’s own assessment using a reasonable and prudent parenting standard, without prior approval of Child and Family Services.

B. Utah Code Ann. [§80-2-308](#) requires Child and Family Services to verify that private agencies, providing out-of-home placement under contract with Child and Family Services, promote and protect the ability of a child to participate in age-appropriate activities.

C. Utah Code Ann. [§80-2-308](#) provides that a caregiver is not liable for harm caused to a child in out-of-home placement, if the child participates in an activity approved by the caregiver, provided that the caregiver has acted in accordance with a reasonable and prudent parenting standard.

Definitions

A. Reasonable and Prudent Parenting: The standard characterized by careful and sensible parental decisions to maintain a child's health, safety, and best interest while at the same time encouraging the child's emotional and developmental growth.

B. Activities: An extracurricular, enrichment, or social activity.

375 C. Age-Appropriate: a type of activity that is generally accepted as suitable for a child of the
376 same age or level of maturity, based on the development of cognitive, emotional,
377 physical, and behavioral capacity that is typical for the child's age or age group.
378

379 Practice Guidelines

380 A. If a child in foster care desires to participate in an activity, the caregiver must use a
381 reasonable and prudent parenting standard to determine if the activity requested is age
382 appropriate. The caregiver will use the following items to guide their decision to approve
383 or disapprove the activity:

- 384 1. The child's age, maturity, and developmental level to maintain the overall health
385 and safety of the child;
- 386 2. Potential risk factors and the appropriateness of the activity;
- 387 3. The best interest of the child based on the caregiver's knowledge of the child;
- 388 4. The importance of encouraging the child's emotional and developmental growth;
- 389 5. The importance of providing the child with the most family-like living experience
390 possible; and
- 391 6. The behavioral history of the child and the child's ability to safely participate in
392 the proposed activity.

393
394 B. If the caregiver is unsure if the child should participate in the proposed activity, the
395 caregiver will discuss the items listed above with the caseworker, and if needed, other
396 members of the child and family team to determine if the child may participate in the
397 activity.
398

399 C. If the child feels they are being denied the ability to participate in normalizing activities,
400 a Child and Family Team Meeting may be convened.
401

402 D. The caregiver will inform the caseworker of activities where the child will be away from
403 the caregiver overnight. Reasonable and prudent parenting standards will be followed.
404 Overnight activities requested by the child are not considered respite.
405

406 E. It is not necessary for a caregiver to seek permission from Child and Family Services
407 each time a child participates in a routine activity. This would include any activities that
408 the caregiver's family participates in on a regular basis, including but not limited to
409 recreational sports, camping, hiking, biking, swimming, dance, art or music lessons, etc.
410 If the activity has an inherent risk of bodily harm, injury, or death, the caregiver must
411 inform the caseworker prior to the activity.
412

413 F. For non-routine activities where bodily harm, injury, or death could occur, the caregiver
414 will consult with the caseworker to assess using the reasonable and prudent parenting
415 standard to determine if the activity is appropriate for the child to participate in. Some
416 non-routine activities include but are not limited to:

- 417 1. Off-Highway Vehicle (OHV) or All-Terrain Vehicle (ATV).
- 418 2. Water sports, including boating and white-water rafting.
- 419 4. Horseback riding.
- 420 5. Skiing, snowboarding, or snowmobiling

- 421
422 If the sponsor of a particular activity, such as an athletic league, requires informed
423 consent forms, those forms must be completed prior to the child participating in the
424 activity.
425
- 426 G. Any time a child participates in an activity that has an inherent risk of bodily harm,
427 injury, or death, every precaution must be taken to participate in the activity as safely as
428 possible. This would include wearing DOT/Snell approved helmets when riding OHV's,
429 completing OHV education (<http://stateparks.utah.gov/resources/ohv/education>) or
430 personal watercraft or boating education
431 (<http://stateparks.utah.gov/resources/boating/education>), wearing Coast Guard approved
432 lifejackets, and completing hunter's education ([http://wildlife.utah.gov/hunter-
433 education.html](http://wildlife.utah.gov/hunter-education.html)). It also includes following any applicable statute pertaining to minors
434 operating OHV's, personal watercraft, or boats and firearms.
435
- 436 H. For children placed in a group home or residential treatment setting, the provider will
437 incorporate normalcy activities into their program. The activities will be in-line with the
438 reasonable and prudent parenting standard and will help children with skills essential for
439 positive development.
- 440 1. If the activity is routine for the program, but has an inherent risk of bodily harm,
441 injury or death, the provider will notify the agency of the activity.
 - 442 2. If the activity is non-routine and the activity has an inherent risk of bodily harm,
443 injury or death, the provider will consult with the caseworker to assess using the
444 reasonable and prudent parenting standard to determine if the activity is
445 appropriate for the child to participate in.
446
- 447 I. If the activity has a cost associated with the participation in the activity, such as athletic
448 leagues, school dances, lessons, or recreation education fees, the caregiver will contact
449 Child and Family Services to determine if funds are available to pay for the activity.
- 450 1. For children under 14 years of age, the caseworker will staff the funding request
451 with their supervisor to determine what funds can be used to support the child in
452 participating in the activity. These may include:
 - 453 a. Utah Foster Care's Wishing Well Funds;
 - 454 b. Special Needs Miscellaneous; or
 - 455 c. Monthly Personal Needs Funds.
 - 456 2. If the youth is 14 years of age or older, the caseworker will also staff the funding
457 request with the regional Transition to Adult Living coordinator to determine if
458 the activity can be supported with Chafee funding.
459

460 **300.8 Missing, Runaway, And Abducted Child During An Out-**
461 **of-Home Case – Human Trafficking**

462 Major objectives:

463 Children who are missing, have run away, or have been abducted from state’s custody are at
464 an increased risk for exploitation and trauma due to having to meet their own needs in ways
465 that may be unsafe. Every effort must be taken to find missing children and to prevent
466 children from running or being abducted. It is imperative to locate children who are missing.
467 Once located, the children should be assessed for human trafficking, and provided holistic
468 services that meet their needs, including addressing any trauma that may have occurred during
469 the missing, runaway, or abduction period.

471 Children need to be placed in the least restrictive placement possible following a runaway
472 episode while their needs are assessed. Children should only be placed in detention if they
473 have committed a crime that requires a placement in a correctional facility. Running away is
474 not a chargeable offense.

476 Since 2012, there has been an increase in the awareness and prevalence of runaway and
477 homeless children, particularly children involved in child welfare systems. Increased
478 awareness includes the Commercial Sexual Exploitation of Children (CSEC), known as
479 human trafficking. These guidelines are intended to help caseworkers incorporate best
480 practices for working with runaway or missing children, homeless children, and children who
481 are victims of CSEC.

483 **Applicable Laws**

484 Federal Law: 42 U.S.C. 671(a)(35)(B)

485 Federal Law: 22 U.S.C. 7102

486 Utah Code Ann. [§80-2-301](#). Division responsibilities.

487 Utah Code Ann. [§80-2a-202](#). Warrants and removal.

488 Utah Code Ann. [§80-2a-303](#). Child missing from division custody -- Placement after locating
489 child.

490 Utah Code Ann. [§76-5-307 to 310.1](#). Definitions and human trafficking for labor, sexual
491 exploitation, and penalties.

492 Utah Code Ann. [§76-10-1302](#). Prostitution.

493 Practice Guidelines

494 A. Definitions:

- 495 1. Commercial Sexual Exploitation of Children (CSEC): Occurs when individuals
496 buy, trade, or sell sexual acts with a child. Sex trafficking is the recruitment,
497 harboring, transportation, provision, or obtaining of a person for the purposes of a
498 commercial sex act. Children who are involved in the commercial sex industry
499 are viewed as victims of severe forms of trafficking in persons, which is sex
500 trafficking in which a commercial sex act is induced by force, fraud, or coercion,
501 or in which the person induced to perform such an act has not attained 18 years of
502 age.

- 504 age. A commercial sex act is any sex act on account of which anything of value is
505 given to or received by any person.
- 506 2. Runaway: A minor, other than an emancipated minor, who is absent from the
507 home or lawfully prescribed residence of the parent or legal guardian of the minor
508 without the permission of the parent or legal guardian.
- 509 3. Homeless: An individual who lacks housing.
- 510 4. Missing: Federal law (34 U.S.C. §11292) a “missing child” is “any individual
511 less than 18 years of age whose whereabouts are unknown to such individual’s
512 parent” or legal guardian. This broad definition includes “children who may have
513 (1) been abducted by a non-family member; (2) wrongfully taken or retained by a
514 person related to them; (3) wandered away from a safe environment and become
515 lost; (4) been displaced by disaster; (5) run away from a home, foster home, or
516 state care facility; or (6) otherwise gone missing for any reason at all.”
- 517 5. Abducted: Utah Code Ann. [§78b-16-102](#): “the wrongful removal or wrongful
518 retention of a child.” For the purpose of this guideline, this term also includes
519 Child Kidnapped in Utah Code [§76-5-301.1](#) and Kidnapping in Utah Code [§76-
520 5-301](#).
- 521 6. Child Kidnapped: Utah Code Ann. [§76-5-301.1](#): “An actor commits child
522 kidnapping if the actor intentionally or knowingly, without authority of law, and
523 by any means and in any manner, seizes, confines, detains, or transports a child
524 under the age of 14 without the consent of the victim's parent or guardian, or the
525 consent of a person acting in loco parentis.”
- 526 7. Kidnapping: Utah Code Ann. [§76-5-301](#): “An actor commits kidnapping if the
527 actor intentionally or knowingly, without authority of law, and against the will of
528 the victim:
- 529 a. detains or restrains the victim for any substantial period of time;
530 b. detains or restrains the victim in circumstances exposing the victim to risk
531 of bodily injury;
532 c. holds the victim in involuntary servitude;
533 d. detains or restrains a minor without the consent of the minor's parent or
534 legal guardian or the consent of a person acting in loco parentis, if the
535 minor is 14 years of age or older but younger than 18 years of age; or
536 e. moves the victim any substantial distance or across a state line.”
537
- 538 B. Prevention of Children Running Away from Foster Care: Children in foster care run
539 away for a variety of reasons. The most significant reasons include a search for safety,
540 independence, and the least restrictive placement; conflict with their caregiver, including
541 abuse and neglect and trying to escape an unpleasant situation; being asked to run with a
542 peer or trying to find a sense of normalcy. Most often, it can be categorized as running to
543 something/someone or running from something/someone.
- 544 1. To prevent the child from running, the caseworker will ask during each monthly
545 home visit if the child has any concerns regarding the placement, including:
- 546 a. Their relationship with the caregiver.
547 b. If the child’s needs are being met by the caregiver.

- 548 2. If the child discloses there are issues with the placement, the caseworker will ask
549 the child what solutions they have thought of to address the issues and what the
550 caseworker can do to help improve the situation. If the child discloses that he or
551 she has thought about running from the placement, the caseworker will address
552 those issues with the child to problem solve by asking some of the following
553 questions:
- 554 a. What else can be done to improve things before you leave?
 - 555 b. What would make you stay in the placement?
 - 556 c. How will you survive?
 - 557 d. Is running away safe?
 - 558 e. Who can you talk to about the situation?
 - 559 f. Are you being realistic?
 - 560 g. Have you given this enough thought?
 - 561 h. What are your other options?
 - 562 i. Who will you call if you end up in trouble?
 - 563 j. What will happen when you return?
- 564 3. When needed, a Child and Family Team Meeting will be convened to discuss the
565 issues raised by the child and to develop solutions that will allow the child to
566 remain safely in their placement. Possible strategies to help prevent the runaway
567 behavior include, but are not limited to:
- 568 a. Increased support system for the child.
 - 569 b. Involve child in case planning decisions, including placement decisions.
 - 570 c. Exploration of kinship as either placement options or informal supports.
 - 571 d. Provide the child with information for the National Runaway Safeline to
572 call or live chat at 1-800-runaway or www.1800runaway.org.
 - 573 e. Identify a safe place for the child to go if they run
574 (www.nationalsafeplace.org).
 - 575 f. Provide child with the Child and Family Services Child Abuse Reporting
576 Hotline (1-855-323-3237) to make a referral if they feel unsafe in their
577 placement.
- 578
- 579 C. Response When a Child is Missing, has Run Away, or has been Abducted during an Out-
580 Of-Home Services Case:
- 581 1. The caregiver must:
 - 582 a. Immediately contact law enforcement agency where the child resides if the
583 child is believed to have been abducted, and provide any necessary
584 information to promote the safe return of the child.
 - 585 b. Notify the caseworker immediately that the child is missing, has run away,
586 or has been abducted. This includes the last time the child was seen, when
587 the caregiver noticed they were missing, had run away, or had been
588 abducted, and what they were wearing.
 - 589 c. If it is outside normal business hours and unable to contact the
590 caseworker, call Intake and report that the child is missing, has run away,
591 or has been abducted. Intake will relay the information to the on-call
592 worker and notify the assigned foster care caseworker and supervisor via
593 email. The on-call worker will also relay the information to the assigned

- 594 foster care caseworker or, if the assigned foster care caseworker is not
595 available, to the on-call supervisor.
- 596 2. Upon receiving information from the caregiver, and based on the information
597 obtained, the caseworker will determine if the child is missing, has run away, or
598 has been abducted. The caseworker will verify if a police report has been filed
599 and an Amber Alert had been issued.
- 600 3. The caseworker will immediately try to contact the child through a phone call or
601 text. If the child responds, the caseworker will gather information regarding the
602 safety and well-being of the child.
- 603 a. The caseworker will encourage the child to come back into care.
- 604 (1) This must be done with sensitivity to the child and their
605 situation, as the child may have been running from an unsafe
606 situation and may not trust Child and Family Services or the
607 caseworker.
- 608 (2) If the child indicates that they were running from an unsafe
609 situation, the caseworker will reassure the child, take steps to
610 have the child safely return, and work with the Child and
611 Family Team to arrange for an alternate placement.
- 612 b. The caseworker will document all contact between the child and the
613 caseworker in SAFE.
- 614 4. If unable to reach the child, the following steps will be completed without delay:
- 615 a. The caseworker will notify parents or guardians that the child is missing,
616 has run away, or has been abducted and will engage them to determine if
617 the child has run to a parent or guardian. If parental rights have been
618 terminated, do not disclose any information about the child or the child's
619 placement to the parents, other than that you are seeking information about
620 the child's whereabouts.
- 621 b. The caseworker will contact other members of the Child and Family Team
622 to notify them that the child is missing, has run away, or has been
623 abducted and to determine if they have any knowledge of the whereabouts
624 and safety of the child.
- 625 c. The caseworker will notify the Assistant Attorney General (AAG) or on-
626 call AAG that the child is missing, has run away, or has been abducted,
627 and request a warrant in accordance with Utah Code [§80-2a-202\(6\)](#).
- 628 (1) The caseworker will request that the child be taken to the
629 least restrictive placement (i.e., current or prior placement,
630 juvenile receiving center, Christmas Box House) once the
631 child is found. Children who have run away will not be
632 placed in detention unless by law enforcement for delinquent
633 acts. Running away is not a chargeable offense.
- 634 (2) The caseworker will also notify the GAL and child's parent or
635 guardian who has a right to family time with the child that a
636 warrant has been issued.
- 637 (3) The caseworker will contact the BCI Support Team if the
638 warrant is requested and/or approved after normal business

- 639 hours and request that a critical care message be entered
640 into the CARE system.
- 641 5. The caseworker will contact law enforcement to file a Missing Persons Report.
642 The caseworker will also:
- 643 a. Obtain a copy of the police report from the law enforcement agency.
 - 644 b. Provide the agency with a copy of the warrant when received.
 - 645 c. Request that the child be placed on the National Crime Information Center
646 (NCIC).
- 647 6. The caseworker will notify the region director, or designee, who will then notify
648 the Child and Family Services director and public information officer that a child
649 is missing, has run away, or has been abducted who is in the custody of Child and
650 Family Services. The public information officer will determine if the media
651 should be contacted to assist in locating and returning the child, after confirming
652 that media notification will not interfere with a law enforcement investigation.
- 653 7. The caseworker will report the child is missing to the National Center for Missing
654 and Exploited Children by going to <https://cmfc.missingkids.org/reportit>
655 within 24 hours of the caseworker receiving notification that the child is missing,
656 has run away, or has been abducted. The caseworker will follow the directions
657 online to create a user account. The caseworker will gather case information and
658 relevant materials before starting the report process. Basic information the
659 caseworker will be asked to provide:
- 660 a. Child's full name;
 - 661 b. Child's date of birth;
 - 662 c. Date child went missing;
 - 663 d. City and state from where child went missing;
 - 664 e. Guardian information including agency name, and telephone;
 - 665 f. Law enforcement information including agency name and telephone;
 - 666 g. A photo of the child;
 - 667 h. A description of the child's physical features, such as:
 - 668 (1) height;
 - 669 (2) weight;
 - 670 (3) gender;
 - 671 (4) ethnicity/race;
 - 672 (5) eye color.
 - 673 i. Endangerment information, such as:
 - 674 (1) pregnancy status;
 - 675 (2) prescription medications;
 - 676 (3) suicidal tendencies;
 - 677 (4) vulnerability to being sex trafficked;
 - 678 (5) other health and risk factors;
 - 679 j. Circumstances surrounding the incident; and
 - 680 k. Description of any person who may be with the child.
- 681 8. The caseworker will continue making attempts to contact the child through a
682 variety of communication means, such as phone calls, texting, email, and social
683 media at least weekly, until the child has been located or eight weeks from the

- 684 time the child was reported as runaway, whichever is sooner, to assess if the child
685 is safe and their needs are being met. All efforts to locate the child will be
686 documented in SAFE.
- 687 a. If the child responds to the outreach made by the caseworker, the
688 caseworker will gather critical information regarding the safety and well-
689 being of the child.
- 690 b. The caseworker will encourage the child to come back into care. This
691 must be done with sensitivity to the child and their situation, as the child
692 may have been running from an unsafe situation and does not trust Child
693 and Family Services or the caseworker.
- 694 c. The caseworker will document all correspondence between the child and
695 the caseworker in SAFE.
- 696 9. The caseworker will continue to seek leads regarding the child's whereabouts
697 through a variety of communication means with a parent, guardian, or other
698 family or relational contacts. Any information gained will be provided to law
699 enforcement to aid in finding the child.
- 700 a. If the caseworker suspects the child has been abducted or is being
701 harbored by anyone, and they refused to return the child to care, the
702 caseworker will notify the individual that harboring a runaway is in
703 violation of Utah Code Ann. [§80-5-601](#)) and will inform law enforcement.
- 704 b. If it is during the school year, the caseworker will contact the school and
705 request that they notify Child and Family Services if the child contacts or
706 arrives at school.
- 707 10. If a request for a ransom is received, the caseworker will notify the local FBI
708 immediately with as much detail as possible from the requested source, such as
709 letter, phone call, text, email, or social media message. (The FBI office:
710 fbi.gov/saltlakecity/, FBI SLC 257 Towers Building, Suite 1200, 257 East 200
711 South, Salt Lake City, Utah 84111-2048, 801-579-1400; or the FBI web page for
712 Crimes Against Children at <http://www.fbi.gov/hq/cid/cac/crimesmain.htm>.)
- 713 11. After 24 hours, the caseworker will update the child's placement status/code in
714 SAFE to CRW.
- 715 12. The caseworker will staff the case with their regional administrative team to
716 determine if the out-of-home caregiver should continue to be paid as outlined in
717 Administrative Guidelines Section 060.8 while the child is missing, has run away,
718 or has been abducted. The agreement to pay the out-of-home caregiver will not
719 exceed 10 days.
- 720 13. If the child is missing, has run away, or has been abducted for more than eight
721 weeks, the caseworker will contact the law enforcement agency who took the
722 initial report to give further information, including dental records, scars, marks
723 and tattoos, jewelry type, blood type, and other identifiable features in the event
724 that a deceased is discovered locally or nationwide.
- 725 14. If the child is missing, has run away, or has been abducted for more than 12
726 weeks, the caseworker will staff the case with regional administration or designee
727 to determine if the case should remain open or if a motion to close the case should
728 be filed.

- 729 a. If a motion is filed requesting the case be closed, the motion must address
730 what steps the caseworker has taken to find the child.
731 b. If the case is to remain open, the caseworker will make monthly attempts
732 to locate the child. All attempts must be documented in SAFE.
- 733 15. If the child engages in chronic runaway behavior (i.e., has run away more than
734 three times a year or more than once in a 30-day period), the caseworker will
735 assess with the Child and Family Team the reasons the child is running and
736 implement strategies to address the behavior. This could include:
- 737 a. Assessing the placement to determine if the placement best meets the
738 needs of the child. A higher or lower level of care will be considered if it
739 better meets the needs of the child.
- 740 b. Determining if the child is running to something/someone such as family,
741 peers, and/or intimate relationships. If the child is running to someone,
742 the caseworker will consider making these relationships part of the Child
743 and Family Team.
- 744 c. Assessing if there are issues at school that have an impact on the
745 placement or contribute to the runaway behavior, such as bullying or other
746 negative peer relationships or struggles with academic progress.
- 747 d. Addressing with the child’s treatment provider issues relating to the
748 runaway behavior.
- 749 e. If necessary, conducting a professional staffing with the region
750 permanency specialists.
- 751 16. If the youth in foster care is over 18 years of age, the Child and Family Team will
752 determine if the case should remain open. The team will consider:
- 753 a. Overall safety and supportive relationships.
- 754 b. Developmental level and ability to meet their own needs.
- 755 c. If the case should remain open, or if the foster care case should be closed
756 and the youth released from care.
- 757 d. If it is determined that the child can safely meet their own needs, the
758 caseworker will ask the AAG to file for an early review to close the case.
- 759
- 760 D. Return to Care:
- 761 1. Once the child is located, the caseworker will determine the primary factors that
762 caused or contributed to the child’s absence from care. The caseworker will
763 select a placement for the child that accommodates the child’s needs and takes
764 into consideration the factors and experiences that led to the child running from
765 care. The child should only be placed in detention if the child has committed a
766 crime that requires a placement in a correctional facility. Running away is not a
767 chargeable offense.
- 768 2. A court may temporarily place a child in a detention facility, who is taken into
769 custody based upon a warrant issued under Utah Code Ann. [§80-6-202](#), if the
770 court finds that detention is the least restrictive placement available to ensure the
771 immediate safety of the child. A child placed in detention may not be held in
772 detention longer than is necessary for the caseworker to identify a less restrictive,
773 available, and appropriate placement for the child.

- 774 3. The caseworker will remove the child from the National Center for Missing &
775 Exploited Children website (<https://cmfc.missingkids.org/reportit/>).
- 776 4. The caseworker will complete a return of service if the warrant was served by law
777 enforcement or a caseworker and the child is found. A motion to vacate the
778 warrant will be filed when:
- 779 a. The child returns to the placement voluntarily.
- 780 b. The child appears at court.
- 781 c. Court jurisdiction is terminated.
- 782 d. The child in custody ages out of foster care.
- 783 e. Custody has been terminated.
- 784 f. A new eWarrant is needed due to an error in the first warrant after the
785 initial warrant had been approved by a judge.
- 786 5. The caseworker will contact the original law enforcement agency (if known) to
787 have law enforcement remove the child from NCIC,
- 788 6. The caseworker will assess if the child is a victim of trafficking. The caseworker
789 will conduct an interview with the child in a neutral location, after the child is safe
790 and their physical needs have been met. It is best if the interview can be
791 conducted at a CJC. If not, the caseworker will use the forensic interviewing
792 model when interviewing the child. The caseworker will assess for the items
793 listed below during the interview: “While your whereabouts were unknown:
- 794 a, did someone control, supervise, or monitor your work/actions?”
- 795 b. could you leave your job or work situation if you want to?”
- 796 c. was your communication ever restricted or monitored?”
- 797 d. were you able to access medical care?”
- 798 e. were you ever allowed to leave the place you were living/working?”
- 799 f. under what conditions?”
- 800 g. was your movement outside of your residence/workplace ever monitored
801 or controlled?”
- 802 h. what did you think would have happened if you left the situation?”
- 803 i. was there ever a time when you wanted to leave, but felt that you could
804 not?”
- 805 j. what do you think would have happened if you left without telling
806 anyone?”
- 807 k. did you feel it was your only option to stay in the situation?”
- 808 l. did anyone ever force you to do something physically or sexually that you
809 didn’t feel comfortable doing?”
- 810 m. were you ever physically abused (shoved, slapped, hit, kicked, scratched,
811 punched, burned, etc.) by anyone?”
- 812 n. were you ever sexually abused (sexual assault/unwanted touching, rape,
813 sexual exploitation, etc.) by anyone?”
- 814 o. did anyone ever introduce you to or provide you with drugs, alcohol or
815 medications?

816 Resources: “Screening Tool for Victims of Human Trafficking,” U.S. Department of
817 Health and Human Services,
818 http://www.justice.gov/usao/ian/htrt/health_screen_questions.pdf.

- 819 7. If during the interview, the child discloses that CSEC or other human trafficking
820 has occurred and the interview is not being recorded at a CJC, discontinue the
821 interview, explaining to the child the importance of the information they are
822 sharing and the need to change the venue for the interview. Schedule an interview
823 at the CJC.
- 824 8. If the child reports that they may be victims of CSEC or other trafficking, the
825 caseworker will access the appropriate resources to address the CSEC. This is
826 including but is not limited to:
- 827 a. Reporting to law enforcement within 24 hours that the child may be a
828 victim of CSEC and assist in the investigation.
 - 829 b. Accessing the appropriate mental health care, preferably a therapist that
830 specializes in treating victims of CSEC.
 - 831 c. Informing the caregiver that the child may be a trafficking victim and
832 providing resources that may aid the caregiver in caring for the child and
833 addressing trafficking concerns.
 - 834 (1) Provide the caregiver and the child with information for the
835 National Runaway Safeline to call or live chat at 1-800-
836 runaway or www.1800runaway.org.
 - 837 (2) Identify a safe place for the child to go if they run
838 (www.nationalsafeplace.org).
 - 839 (3) Refer to <https://www.missingkids.org/> for information
840 regarding missing and exploited children.
 - 841 (4) Refer to 211 resources.
- 842 9. The caseworker will keep parents up to date on treatment and services provided to
843 address trafficking concerns, unless parental rights have been terminated.
- 844 10. Organize a Child and Family Team Meeting, if needed, to determine the need for
845 additional services or a change in placement.
846

300.9 Foster Care Bill Of Rights

Major objectives:

Children in foster care have the right to be treated with genuineness, empathy, and respect, as well as having the Practice Model Skills and Principles applied to their specific case while ensuring the children’s safety, permanency, and well-being needs are addressed while in foster care.

The State Youth Council was tasked with writing a Foster Care Bill of Rights that addresses what they feel is important to them while they are in care. This Bill of Rights pertains to all children in care, regardless of age. The Bill of Rights encompasses the Practice Model philosophy, as well as the skills and principles of Utah’s Practice Model.

Applicable Laws

Federal Act [HR4980](#), Preventing Sex Trafficking and Strengthening Families Act.

Utah Code Ann. [§80-2-301](#). Division responsibilities.

864 Practice Guidelines

- 865 A. The Foster Care Bill of Rights is a document written by youth in foster care and foster
866 care alumni that outlines the rights of a child in foster care. The Bill of Rights is as
867 follows:
- 868 1. Be treated with respect regardless of age, race, culture, gender, sexual orientation,
869 gender expression, religious beliefs, family relations, or family history.
 - 870 2. Live in a safe and healthy environment with adequate clothing, appropriate
871 hygienic items, and sufficient food of nutritional value.
 - 872 3. Have access to adequate health care services, including mental health, physical
873 health, and dental health, as well as the right to request medical appointments and
874 consistent and quality medical attention.
 - 875 4. Attend our school of origin or an appropriate school and access to transportation
876 to and from school (and/or employment and extracurricular activities, if
877 applicable).
 - 878 5. Participate in or continue to participate in healthy and appropriate activities
879 associated with school, culture, a religious organization, or within the community.
 - 880 6. Have access to vital documents (birth certificate, social security card, state
881 identification card) before aging out of foster care, as well as access to services
882 and resources regarding the transition to adulthood.
 - 883 7. Express our opinions, thoughts, needs, and feelings in a respectful, constructive
884 manner.
 - 885 8. Actively participate in case planning and be informed of changes in our case,
886 including participation in placement decisions.
 - 887 9. Be allowed to pack our own belongings in luggage or other suitable containers.
 - 888 10. Receive quality services that meet our specific needs in conjunction with a stable
889 environment and the least amount of disruptions.
 - 890 11. Be informed of our rights and have an identified person or entity to contact when
891 rights are violated, such as our Guardian ad Litem or Child Protection Ombud.
 - 892 12. Maintain healthy relationships with parents and siblings through frequent
893 visitation and contact.
 - 894 13. Have access to important adults, including caseworkers and legal representatives.
 - 895 14. Be informed of when our court hearings are and be able to attend those hearings.
896
- 897 B. The Utah Foster Care Bill of Rights can be found at
898 <https://powerdms.com/link/UTAHDHHS/document/?id=1307143>.
899
- 900 C. Children in out-of-home care will be informed of their rights while in foster care on a
901 level that is commensurate with their developmental level. For non-verbal children, the
902 Bill of Rights will be reviewed with the out-of-home caregiver.
- 903 1. During the first 30 days that a child is in care, the caseworker will review the Bill
904 of Rights with the child.
 - 905 a. The caseworker will review the Bill of Rights during a Child and Family
906 Team Meeting so all parties involved in the case are aware of the rights of
907 the child, or
 - 908 b. The caseworker will review the Bill of Rights with the child during a
909 private conversation during a home visit.

- 910 c. The caseworker will review the Bill of Rights with the out-of-home
- 911 caregiver and the child during the home visit when the child is placed in a
- 912 foster home or facility.
- 913 d. The caseworker will obtain the signatures of the foster parent or provider
- 914 and the child on the Bill of Rights document.
- 915 e. A copy of the Bill of Rights will be placed in the Home-to-Home Book,
- 916 and the caseworker will provide the child with a copy of the Bill of Rights.
- 917 f. The caseworker will upload the signed copy of the Bill of Rights into
- 918 SAFE content manager and will document in the activity log for the visit
- 919 that the Bill of Rights was reviewed and signed.
- 920
- 921 2. Children will be able to access the Bill of Rights at any time through the Home-
- 922 to-Home Book or other mechanism used by the caregiver to keep records and
- 923 documents for the child.
- 924 3. If the child requests a personal copy of the Bill of Rights, the caseworker will
- 925 deliver the document within one week of the request.
- 926
- 927 D. If a child feels their rights have been violated, the child must be given the same resources
- 928 to resolve the conflict as any other individual. This includes:
- 929 1. A meeting with the caseworker and the supervisor.
- 930 2. Contact information for the child’s Guardian ad Litem.
- 931 3. Contact information for the Child and Family Services constituent services
- 932 specialist at (801) 538-4100.
- 933 4. Contact information for the Child Protection Ombuds at (801) 538-4589.
- 934

300.10 Establishing Paternity

Major objectives:

Establishing paternity and providing parents with notice and opportunity to be heard in juvenile court cases is essential to timely permanency. Delays in locating a child’s father or establishing paternity for an alleged father can delay the establishment of permanency for the child. Establishing paternity of an alleged father can provide the child the benefit of knowing his or her heritage, expand the child’s network of supportive adults, and provide additional kinship placement options.

Applicable Laws

- 946 Utah Code Ann. [§78B-15-201](#). Establishment of parent-child relationship.
- 947 Utah Code Ann. [§78B-15-204](#). Presumption of paternity.
- 948 Utah Code Ann. [§78B-15-301](#). Declaration of Paternity.

Practice Guidelines

- 951 A. The caseworker will staff the case with the AAG to determine if any of the following
- 952 criteria are met to allege legal paternity in the verified petition. It is imperative to
- 953 complete this process at the earliest possible point in the case. If evidence of legal
- 954 paternity for the child is available, the caseworker will request that the AAG allege the

- 955 legal paternity in the verified petition. The following are considered evidence of legal
956 paternity:
- 957 1. An un rebutted presumption that a man is the father. A man is legally presumed to
958 be the father if:
- 959 a. He and the mother of the child were married to each other and the child
960 was born during the marriage.
- 961 b. He and the mother of the child were married to each other and the child is
962 born within 300 days after the marriage is terminated by death, annulment,
963 declaration of invalidity or divorce, or after a decree of separation.
- 964 c. Before the birth of the child, he and the mother of the child married each
965 other in apparent compliance with law, even if the attempted marriage is
966 or could be declared invalid, and the child is born during the invalid
967 marriage or within 300 days after its termination by death, annulment,
968 declaration of invalidity, or divorce or after a decree of separation.
- 969 d. After the birth of the child, he and the mother of the child married each
970 other in apparent compliance with law, whether or not the marriage is, or
971 could be declared, invalid, he voluntarily asserted his paternity of the
972 child, and there is no other presumptive father of the child, and:
- 973 (1) the assertion is in a record filed with the Office of Vital Records;
974 (2) he agreed to be and is named as the child's father on the child's
975 birth certificate; or
976 (3) he promised in a record to support the child as his own
- 977 2. An effective declaration of paternity by the man filed with Vital Records.
- 978 3. An adjudication of the man's paternity.
- 979 4. Adoption of the child by the man.
- 980 5. The man consented to assisted reproduction by a woman, which resulted in the
981 birth of the child.
- 982 6. An adjudication confirming the man as a parent of a child born to a gestational
983 mother if the agreement was validated or is enforceable under other law.
- 984
- 985 B. Genetic Testing: A genetic test showing a man is the father creates a presumption of
986 paternity. If the alleged father does not rebut the presumption through another test that
987 shows he is not the father, the judge can then use the genetic test to adjudicate a man as
988 the father. A paternity test is evidence that can establish a presumption. However, a
989 judge must still issue an order establishing paternity.
- 990
- 991 C. The following assertions are not sufficient evidence of legal paternity
- 992 1. The mother says the man is the father.
- 993 2. The man claims he is the father.
- 994 3. Everyone knows the man is the father.
- 995 4. The man lives with the mother and the child.
- 996 5. The man pays child support for the child.
- 997 6. The man's name is on the birth certificate (unless he has also complied with all
998 other requirements for establishing legal paternity, as described in section A(1)(d)
999 above).
- 1000

- 1001 D. If legal paternity cannot be established by the evidence listed above, the caseworker will
1002 ask the AAG for paternity to be established by adjudication in the juvenile court if the
1003 following conditions are met:
- 1004 1. Establishing paternity is in the child’s best interests; and
 - 1005 2. The man has a significant relationship with the child that should be legally
1006 established. To establish that a significant relationship exists, the caseworker and
1007 the AAG must gather evidence to document the significant relationship. The
1008 evidence may include:
 - 1009 a. Exercising family time prior to Child and Family Services involvement.
 - 1010 b. Providing monetary and other support.
 - 1011 c. Communicating, acknowledging or celebrating special occasions.
 - 1012 d. Facilitating healthful relationship with extended family.
 - 1013 e. Engaging in other behaviors that demonstrate a normal, healthy parenting
1014 relationship between the alleged father and the child.
 - 1015 f. Providing primary care for the child.
 - 1016 g. The child reports he or she considers the individual their father.
 - 1017 h. The child’s behaviors toward the alleged father include but are not limited
1018 to: recognizing or acknowledging the father, showing interest or affection
1019 or expressing a desire to be with the father.
 - 1020 3. The man has relatives who have a significant relationship with the child or could
1021 be potentially supportive placements or provide legal permanency for the child.
1022
- 1023 E. Paternity may still be established even if no relationship between the alleged father and
1024 the child exists. Caseworkers will determine if it is in the best interest of the child that
1025 paternity be legally established. Caseworkers will need to establish one or more of the
1026 following:
- 1027 1. No other father figure is available;
 - 1028 2. The alleged father's extended family (the biological family) is safe, appropriate,
1029 and willing to care for the child;
 - 1030 3. The absence of a significant relationship is excusable (such as the mother was
1031 hiding the child from the father); or
 - 1032 4. Child support from the father is important enough to justify establishing parental
1033 rights, or other evidence that "this" child needs "this" father.
1034
- 1035 F. Once Child and Family Services has determined it is in the best interests of a child to
1036 establish paternity and sufficient evidence is documented to establish best interests, the
1037 AAG will allege in the petition that the named man is the alleged father and that it is in
1038 the child’s best interests to require paternity be established even though legal paternity
1039 has not been previously established.
1040
- 1041 G. Once paternity is established, the caseworker will engage the father in the Child and
1042 Family Team, assessments, case planning, and interventions. All requirements regarding
1043 legal parents are applicable. This includes monthly contacts, visitation, and permanency
1044 planning.
1045

1046 **301 Preparation For Placement In Out-Of-Home Care**

1047

1048 **301.01 Opening A Foster Care Case**

1049

1050 Practice Guidelines

1051 A. The “earliest removal/custody date” is the foster care case start date. According to
1052 Federal Regulations 1355.20, “A State may use a date such as the date the child is
1053 physically removed from the home. This definition determines the date used in
1054 calculating all time period requirements for the periodic reviews, permanency hearings,
1055 termination of parental rights provisions, and for providing time-limited reunification
1056 services. The definition has no relationship to establishing initial title IV-E eligibility.”

1057

1058 The earliest removal/custody date is the date that the child was initially removed from the
1059 custody of their legal guardians by Child and Family Services (protective custody), the
1060 court (temporary or adjudicated), or by voluntary written consent (voluntary custody). A
1061 foster care case will not be opened on a CPS removal unless Child and Family Services is
1062 granted temporary custody, adjudicated custody, or voluntary custody. If Child and
1063 Family Services has protective custody as the result of a CPS removal and the child is
1064 either returned home or temporary custody is granted to relatives at the shelter hearing, a
1065 foster care case should not be opened in SAFE. However, if a removal is done during the
1066 course of an In-Home Services case without a CPS case being opened to document the
1067 removal, then an SCF case should be opened to document the custody and placements
1068 during the removal time frame.

- 1069 1. Using the earliest removal/custody date as the start date, the foster care case
1070 should be opened in SAFE by midnight of the second business day after
1071 receiving:
- 1072 a. Court-ordered temporary custody after a CPS removal, usually granted at
1073 the shelter hearing;
 - 1074 b. Court-ordered adjudicated custody; this is usually the date of the court
1075 finding or direct order into custody;
 - 1076 c. Voluntary custody by a parent or legal guardian;
 - 1077 d. Protective custody taken during the course of an In-Home Services case
1078 when there is no CPS case or other documentation of the removal.
- 1079 2. If there is an open case (such as CPS, PAT, PSS, PFP, etc.) at the time of the
1080 earliest removal/custody date, then the current primary caseworker is responsible
1081 for opening the foster care case in SAFE. If a foster care caseworker has not been
1082 identified, the current primary caseworker will assign the foster care case to
1083 himself or herself, pending case transfer. The current primary caseworker is
1084 responsible for all foster care case action items and activities until a new primary
1085 caseworker is identified and assigned to the foster care case.

1086

1087 **301.1 Engaging, Teaming, And Assessing**

1088 Major objectives:

1089 The caseworker will engage the child and family to develop positive working relationships,
1090 partner with the child and family to create a Child and Family Team, work with the Child and
1091 Family Team to assess strengths and needs of the child and family, as well as plan for the child’s
1092 permanency and long-term view.
1093

1094
1095 **Applicable Law**

1096 Administrative Rule [R512-300](#). Out of Home Services.
1097

1098 Practice Guidelines

- 1099 A. The primary caseworker will initiate or update the Child and Family Assessment of the
1100 child and family within 45 days of removal.
- 1101 1. To begin assessment of needs, engage the child’s family, identify permanency-
1102 planning options, begin planning for placement and visitation, and establish the
1103 Child and Family Team. Engage the child in a manner consistent with the child’s
1104 developmental level to address concerns, explain the system process and the
1105 caseworker's role, and begin to discuss with the child issues of separation and
1106 loss.
 - 1107 2. The use of genograms, ecomaps, timelines, and other assessment tools is
1108 recommended in gathering information.
 - 1109 3. The type of assessment will be determined by the unique needs of the child and
1110 family, such as cultural considerations, special medical or mental health needs,
1111 and permanency goals.
1112
- 1113 B. The primary caseworker will assist in identifying key Child and Family Team
1114 members. The primary caseworker will hold the initial Child and Family Team Meeting,
1115 continue building upon the Child and Family Assessment, and plan for subsequent
1116 meetings and planning sessions.
- 1117 1. Assist the family in identifying informal (family, friends, church affiliations, club
1118 affiliations, etc.) and formal supports (teachers, therapists, tutors, medical
1119 professionals, etc.) that may be part of the Child and Family Team.
 - 1120 2. Contact the Assistant Attorney General and Guardian ad Litem to provide
1121 information and involve these partners in any planning that affects the interests of
1122 the child.
 - 1123 3. Provide information gathered as part of the assessment to the Child and Family
1124 Team.
- 1125 C. For youth age 14 years and older, the youth must be an integral member of the Child and
1126 Family Team. Youth age 14 years and older will also contribute to developing the Child
1127 and Family Team.
- 1128 1. Youth age 14 years and older must be given the opportunity to invite two
1129 individuals to be members of their Child and Family Team. These members
1130 cannot be paid professionals or other service providers. The caseworker will

- 1131 engage the youth in determining who the youth would like to invite to the Child
1132 and Family Team.
- 1133 2. If a youth chooses a minor to be a member of the Child and Family Team, the
1134 caseworker has the discretion on whether to obtain a release of information from
1135 the youth to seek permission from the invited minor's parent and/or guardian to
1136 participate on the Child and Family Team. Regardless of whether there is a
1137 release of information, the minor is held to the same confidentiality standards as
1138 other members of the Child and Family Team.
- 1139 3. Any individuals identified by the youth to be members of the Child and Family
1140 Team will need to be approved by the Child and Family Team prior to the
1141 individual attending a Child and Family Team Meeting. The Child and Family
1142 Team will make the determination by assessing if the individual will advocate for
1143 the safety, permanency, and well-being of the child.
- 1144 4. When working with a youth age 14 years and older, support the youth to take the
1145 lead role in the Child and Family Team. Consider the youth's developmental age,
1146 increasing their role as a Child and Family Team leader as their skill level
1147 increases.
- 1148
- 1149 D. Assessment is ongoing and service goals and plans are modified when indicated by
1150 changing needs, circumstances, progress toward achievement of service goals, or the
1151 wishes of the child, family, or Child and Family Team members.
- 1152 1. Continue to engage the child and family to gather all pertinent health, social,
1153 educational, psychological, and cultural (religion, significant others, daily
1154 schedule, and history) information and other specifics needed to thoroughly assess
1155 the child and family's strengths and needs.
- 1156 2. Identify each child who is of American Indian decent by ensuring that
1157 the child and family are specifically asked about this heritage. When this
1158 determination is made, refer to [Section 705](#) Indian Child Welfare Act (ICWA),
1159 and follow all requirements. Also, if the child is a member of the Navajo Nation
1160 or Ute Tribe, comply with the intergovernmental agreements that the state of Utah
1161 has with these Tribes.
- 1162 3. Determine if the child is a United States citizen or qualified alien. [See: [Section](#)
1163 [303.10](#), Children in Foster Care Who Are Not U.S. Citizens.]
- 1164 4. When a youth is 14 years and older, the Casey Life Skills Assessment will be
1165 used to help identify skills needed for their transition to adulthood.
- 1166
- 1167 E. The primary caseworker will complete the application and provide necessary supporting
1168 documentation for Title IV-E and Medicaid eligibility determination. [See: [Section 303.9](#),
1169 Federal Benefits And Eligibility.]
- 1170
- 1171 F. If the child is receiving SSI or SSA payments, apply to manage the benefits as the
1172 payee. If the child has a disability but is not receiving SSI, apply for benefits. If the
1173 child has a deceased parent and is not receiving SSA survivor benefits, apply for benefits,
1174 if eligible. [See: [Section 303.9](#), Federal Benefits And Eligibility.]
- 1175

- 1176 G. The primary caseworker will begin collecting information to be included in the Child’s
1177 Placement Information Record (Home-to-Home Record). [See: [Section 303.3](#),
1178 Maintaining The Home-To-Home Book.]
1179
- 1180 H. At any time, the child’s family or other team members may request a Child and Family
1181 Team meeting to discuss concerns, changes to the Child and Family Plan, visitation, or
1182 the need for clinical interventions or conflict resolution.
1183

301.2 Identifying Permanency Goals And Concurrent Planning

Major objectives:

A child in out-of-home care will have a primary permanency goal and a concurrent plan identified by the Child and Family Team and submitted to the court for approval. The primary permanency goal will be reunification unless the court has authorized in accordance with state statute that no reunification efforts will be offered. Concurrent planning involves working towards reunification while at the same time establishing and implementing an alternative permanency plan. Concurrent rather than sequential planning efforts help move children more quickly from the uncertainty of out-of-home care to the security of a safe and stable permanent family when they cannot safely be reunited with their parents.

Permanency goals and concurrent planning include:

- A. Reunification.
- B. Adoption.
- C. Guardianship (Relative).
- D. Guardianship (Non-Relative).
- E. Individualized Permanency.

Applicable Laws

- 1205 Utah Code Ann. [§80-1-102](#). Juvenile Code Definitions.
- 1206 Utah Code Ann. [§80-3-406](#). Permanency Plan – Reunification services.
- 1207 Utah Code Ann. [§80-3-409](#). Permanency hearing -- Final plan -- Petition for termination of
1208 parental rights filed -- Hearing on termination of parental rights.
- 1209 Federal Regulations: 45 CFR 1356.21 (h)(3)(i), (ii), (iii).

Practice Guidelines

- A. Key Factors of Permanency and Concurrent Planning:
 - 1. Strengthens family functioning and prevents unnecessary out-of-home placements when possible.
 - 2. Provides the needed goal-oriented family support, educational, medical, and therapeutic services aimed at timely decisions about family reunification.
 - 3. When reunification is not possible, timely decisions about other permanent family options for children in out-of-home care are made.

- 1219 4. Views the child’s behavior and reactions to the separation as expression of LOSS
1220 and GRIEF, rather than pathology; and avoids labeling them as “bad,” “troubled,”
1221 “emotionally disturbed,” etc.
1222 5. Understands what stage the child is experiencing in the grief and loss continuum--
1223 shock, denial, bargaining, anger, depression, and acceptance.
1224 6. Identifies those children who have the greatest likelihood of spending long
1225 periods of their childhood in out-of-home care. Determines if intensive
1226 reunification efforts would lead to faster decisions about return to family or
1227 relatives or if a faster decision can be made about other permanent family options.
1228

1229 B. Permanency Planning: All children require security, love, acceptance, connectedness, a
1230 moral/spiritual framework, and lifetime families for their healthy growth and
1231 development. All children also need stable families and supportive communities,
1232 especially in the early years of life to form the secure attachments so vital to positive self-
1233 esteem, meaningful relationships, positive school achievement, and success in the adult
1234 world of family and work. For best practice, permanency for children implies
1235 strengthening or finding families that can provide:

- 1236 1. Intent: While a permanent home or family may not be certain to last forever, it is
1237 one that is intended to last indefinitely and offers the hope of lifetime connections
1238 and support.
1239 2. Commitment and continuity in family relationships: A permanent family is meant
1240 to survive geographic moves and the vicissitudes of life because it involves
1241 commitment and sharing a common future--whether with the family of origin,
1242 adopted family, or a guardianship family.
1243 3. Sense of “belonging” to a family: Evolved from commitment, continuity, and
1244 social/legal status, is crucial to security and positive self-esteem, and paves the
1245 way to healthy growth and development.
1246 4. Legal and social status: There is a need to legitimize a child’s place in a legally
1247 permanent family; a family that offers a child a “definitive legal status” separate
1248 from the child welfare system, protects his or her rights and interests, and
1249 promotes a sense of belonging.
1250

1251 C. Permanency Planning Outcomes:

- 1252 1. Children remain safely with their parents or relatives.
1253 2. Children are reunited safely with their parents or relatives.
1254 3. Children are safely adopted by relatives or other families.
1255 4. Children are placed with relatives or other families as legal guardians.
1256 5. Children are safely placed in an individualized planned permanent living
1257 arrangement.
1258 a. This goal can only be selected if the child is 16 years old or older and
1259 intensive, ongoing efforts to reunify the child with the child’s parent(s)
1260 have been unsuccessful. All of the following conditions must be met
1261 before choosing a goal of individualized permanency:
1262 (1) There have been intensive ongoing efforts to find a permanent
1263 family, which have been unsuccessful. These efforts include, but
1264 are not limited to:

- 1265 (a) Permanency Roundtables (*see*: [Section 303.17](#)),
- 1266 (b) Wendy’s Wonderful Kids referral,
- 1267 (c) Intensive search for kin relatives including CLEAR search
- 1268 and notification, and
- 1269 (2) The child prefers to have a permanency goal of individualized
- 1270 permanency, and
- 1271 (3) Child and Family Services has made efforts to normalize the life of
- 1272 the child, and
- 1273 (4) There is a compelling reason why reunification, guardianship with
- 1274 a relative or non-relative, or adoption is not in the child’s best
- 1275 interest.
- 1276
- 1277 D. Concurrent Planning: Concurrent planning involves the parallel process of working
- 1278 towards a primary permanency goal, such as reunification, while at the same time
- 1279 actively establishing and implementing an alternative permanency plan. A concurrent
- 1280 permanency goal is required if the primary permanency goal is reunification. When the
- 1281 primary permanency goal is adoption or individualized permanency, the concurrent goal
- 1282 may be the same as the primary goal if allowed by the judge. Best practice for concurrent
- 1283 planning involves:
- 1284 1. Frequent parent/child visits from the moment a child is placed in out-of-home
- 1285 care are encouraged unless restricted by the court.
- 1286 2. Focused intensive services are provided with birth families, giving reunification
- 1287 every chance to work.
- 1288 3. Maintaining continuity in children’s family, sibling, cultural, and community
- 1289 relationships.
- 1290 4. Using the crisis of placement as a motivator to engage families in case planning
- 1291 and to make behavioral changes.
- 1292 5. Identifying relatives and Tribal resources that can be placement and permanency
- 1293 resources early on in the case planning process.
- 1294 6. Engaging families in culturally competent, early assessments, case planning, case
- 1295 review, and decision-making about permanency options to meet children’s urgent
- 1296 need for stability and continuity in their family relationships as well as services
- 1297 needed to achieve permanency--reunification or the concurrent plan.
- 1298 7. Holding Child and Family Team Meetings as they increase options and
- 1299 partnerships for out-of-home caregivers, parents, extended family members, and
- 1300 other significant family resources to be involved early on in formulating plans for
- 1301 children as well as support timely case planning and decision making.
- 1302 8. Respectfully using full disclosure with birth families, relatives, and out-of-home
- 1303 caregivers throughout the life of the case.
- 1304 9. Early on, informing birth families of the importance of their involvement and
- 1305 actions in planning for the return of the child and also informing them of the legal
- 1306 consequences should they not succeed in preparing for the child’s return home in
- 1307 a timely manner.
- 1308 10. Developing a network of out-of-home caregivers (relatives and non-relatives)
- 1309 who are actively engaged in supporting family reunification efforts but are also

- 1310 willing to serve as a permanency resource for children who may not return to their
1311 birth parents.
- 1312 11. Utilizing concurrent permanency planning to encourage the adults who care about
1313 the child to become collaborators rather than adversaries as they care for and plan
1314 where that child will grow up and the long-term view for the child.
- 1315 12. Collaborating with courts, attorneys, and service providers to better serve
1316 children, youth, and families.
- 1317 13. Should reunification seem unlikely, determining when to pursue the concurrent
1318 permanency plan such as adoption or guardianship when it is clear the parent(s)
1319 cannot or will not care for their children.
- 1320
- 1321 E. Concurrent Planning Outcomes:
- 1322 1. To support the safety and well-being of children, youth, and families.
- 1323 2. To promote early permanency decisions for children in out-of-home care.
- 1324 3. To reduce the number of moves and relationship disruptions that children
1325 experience in out-of-home care.
- 1326 4. To decrease children's length of stay in out-of-home care.
- 1327
- 1328 F. Selecting a Primary Permanency Goal and Concurrent Planning: The following steps
1329 should be completed by the out-of-home care caseworker during the selection process of
1330 a primary permanency goal and concurrent planning for a child in out-of-home care:
- 1331 1. Discuss with the Child and Family Team the long-term view for the child and
1332 family.
- 1333 2. Assess the child's physical, emotional, social, and educational needs and how
1334 these needs may be met in planning for the primary and concurrent permanency
1335 goals.
- 1336 3. Discuss the primary goal selection in the context of a Child and Family Team
1337 Meeting. The meeting should include the out-of-home caregiver if one has been
1338 identified.
- 1339 4. The primary permanency goal will always be reunification unless the court has
1340 authorized in accordance with state statute that no reunification efforts will be
1341 offered.
- 1342 5. Select a concurrent goal by identifying the next best permanency goal for the
1343 child.
- 1344 a. Assess the appropriateness of adoption as a concurrent goal. If adoption is
1345 ruled out, document compelling or justifiable reasons not to terminate
1346 parental rights and pursue adoption.
- 1347 b. Determine if guardianship (relative) or guardianship (non-relative) is the
1348 next best permanency goal to the primary goal. Guardianship and legal
1349 custody should not be selected if parental rights have been terminated.
- 1350 (1) Identify potential guardians who are fit and willing to be ongoing
1351 caregivers for the child, and who will support the safety,
1352 permanency, and well-being of the child.
- 1353 (2) Potential guardians may be either relatives or non-relatives. If the
1354 potential guardian is a non-relative, the child must be currently
1355 placed in their home or be a sibling of a child placed in the home.

- 1356 For relative placement, Kinship Practice Guidelines must be
1357 followed prior to selecting guardianship as a primary goal.
- 1358 c. When adoption, guardianship (relative), and guardianship (non-relative)
1359 have all been ruled out as concurrent goals, individualized permanency is
1360 the only other permanency option.
- 1361 6. Discuss with out-of-home caregivers the long-term view for the child and their
1362 ability and willingness to be an ongoing caregiver if the current primary
1363 permanency goal is discontinued.
- 1364 7. Provide full disclosure of requirements and responsibilities of the out-of-home
1365 caregivers and child’s parent(s) (see Full Disclosure section below).
- 1366 8. Once the primary goal and concurrent goal have been identified, collaborate with
1367 the Assistant Attorney General, Guardian ad Litem, and court to ensure that they
1368 are court ordered.
- 1369 9. Update the primary and concurrent goal on the Child and Family Assessment and
1370 Child and Family Plan with input from the Child and Family Team. Update the
1371 goals in SAFE.
- 1372 10. If reunification services are discontinued, the Child and Family Team will
1373 determine if it is in the best interest of the child for the concurrent goal to become
1374 the primary permanency goal.
- 1375 11. The Child and Family Team may select another goal for the child’s new
1376 concurrent permanency goal if it is in the child’s best interest, but it is not
1377 required. If the child’s new primary permanency goal is the best and only option
1378 for this child, then selecting one permanency goal as the primary AND concurrent
1379 goal is acceptable. For example, if individualized permanency is selected as the
1380 new primary permanency goal because none of the other options are appropriate,
1381 then it makes sense to select it as the concurrent goal as well.
- 1382 12. The team will identify factors that must be considered for transition planning if
1383 the concurrent goal becomes the primary permanency goal.
- 1384 13. The team will discuss the appropriateness of the child maintaining a relationship
1385 with parents if reunification efforts are discontinued and parental rights are not
1386 terminated, including continuing visitation and residual parental rights.
- 1387 14. Once the new primary goal and concurrent goal have been identified, collaborate
1388 with the Assistant Attorney General, Guardian ad Litem, and court to ensure that
1389 they are court ordered.
- 1390 15. Update the new primary permanency and concurrent goal on the Child and Family
1391 Assessment and Child and Family Plan with input from the Child and Family
1392 Team. Update the goals in SAFE.
- 1393
- 1394 G. Reunification: The Child and Family Team will use the following criteria to determine
1395 whether to make a recommendation to the court for reunification services:
- 1396 1. The risk factors that led to the placement were acute rather than chronic.
- 1397 2. The Child and Family Assessments (including factors such as the initial risk
1398 assessment, level of informal and formal supports available to the family, and the
1399 family history including past patterns of behavior) conclude that the parent
1400 appears to possess or have the potential to develop the ability to ensure the child’s
1401 safety and provide a nurturing environment.

- 1402 [3. The parent is committed to the child and indicates a desire to have the child
1403 returned home.
- 1404 4. The child has a desire for reunification and is determined using age appropriate
1405 assessments.
- 1406 5. Members of the Child and Family Team support a reunification plan.
- 1407 6. If the parent is no longer living with the individual who severely abused the
1408 minor, reunification may be considered if the parent is able to implement a plan
1409 that ensures the child’s ongoing safety.
- 1410 7. Court requirements for ordering reasonable services to reunify if the parent is
1411 incarcerated or institutionalized. The court is required by law to order
1412 reunification services to an incarcerated or institutionalized parent unless it
1413 determines that those services would be detrimental to the minor. In determining
1414 detriment, the court must consider the following:
- 1415 a. The age of the child.
- 1416 b. The degree of parent-child bonding.
- 1417 c. The length of the sentence.
- 1418 d. The nature of the treatment.
- 1419 e. The nature of the crime or illness.
- 1420 f. The degree of detriment to the minor if services are not offered.
- 1421 g. For minors 10 years of age and older, the child’s attitude towards
1422 reunification services and any other appropriate factors.
- 1423 8. If Child and Family Services is recommending no reunification due to parent
1424 mental illness of such magnitude that it renders the parent incapable of utilizing
1425 reunification services, this recommendation will be based on competent evidence
1426 from two medical or mental health professionals, who are not associates,
1427 establishing that even with provision of services, the parent is not likely to be
1428 capable of adequately caring for the child within 12 months from the day on
1429 which the court finding is made.
- 1430 9. Child and Family Services will provide additional relevant facts, when available,
1431 to assist the court in making a determination regarding the appropriateness of
1432 reunification services such as:
- 1433 a. The parent’s failure to respond to previous services or service plan.
- 1434 b. The child being abused while the parent was under the influence of drugs
1435 or alcohol.
- 1436 c. Continuation of a chaotic, dysfunctional lifestyle.
- 1437 d. The parent’s past history of violent behavior.
- 1438 e. The testimony of a competent professional (expert witness) that the
1439 parent's behavior is unlikely to be successfully changed.
- 1440 f. The parent is the child’s birth mother and the child has fetal alcohol
1441 syndrome or was exposed to illegal or prescription drugs that were abused
1442 by the child’s mother while the child was in utero, if the child was taken
1443 into custody for this reason, unless the mother agrees to enroll in, is
1444 currently enrolled in, or has recently and successfully completed a
1445 substance abuse treatment program approved by Child and Family
1446 Services.

- 1447 10. As outlined in Utah Code Ann. [§80-3-406](#), timelines for reunification and
1448 extensions of reunification services are as follows:
1449 a. Reunification services may be granted for 12 months.
1450 b. The juvenile court judge may grant up to two extensions for reunification
1451 services. The extensions are for a maximum time period of 90 days each,
1452 for a total of 180 days. In order to grant an extension, the judge must
1453 make a finding that:
1454 (1) The parent has substantially complied with the Child and Family
1455 Plan.
1456 (2) It is likely that the reunification will occur within the 90-day
1457 period
1458 (3) The extension is in the best interest of the child.
1459 c. The court takes into consideration the status of the minor siblings of the
1460 child.
- 1461 11. If the court does not order reunification services a permanency hearing will be
1462 conducted within 30 days after the dispositional hearing, If reunification services
1463 are terminated during the course of the case a permanency hearing will be
1464 conducted the day on which the provision of reunification services end,. At that
1465 hearing, an alternative permanency plan will be presented to the court.
1466 a. If reunification services are not ordered, and the whereabouts of a parent
1467 becomes known within six months of the out-of-home placement of the
1468 minor, the court may order Child and Family Services to provide
1469 reunification services. Statutory time frames for reunification (outlined in
1470 10 above) still apply. Reunification services may be granted for 12
1471 months, with a possible extension of three months if objectives that can be
1472 achieved in the time frame are not sacrificed by the parent's absence.
1473 b. When reunification efforts have ceased or are not appropriate, a primary
1474 permanency goal of adoption, guardianship (relative), guardianship (non-
1475 relative), or individualized permanency may be selected.
- 1476 12. The court may determine that efforts to reunify a child with the child's family are
1477 not reasonable, based on individual circumstances, and that reunification services
1478 need not be provided to a parent or other caregiver. The criteria will be used by
1479 the Child and Family Team in determining whether to make a recommendation to
1480 the court that reunification services not be offered.
1481 a. The parent's whereabouts are unknown, based on a verified affidavit
1482 indicating a reasonable diligent search has failed to locate the parent.
1483 b. The parent is suffering from a mental illness of such magnitude that it
1484 renders the parent incapable of utilizing services provided by Child and
1485 Family Services. This will be assessed by a licensed mental health
1486 professional.
1487 c. The minor has been previously adjudicated as an abused child due to
1488 physical or sexual abuse, and that following the adjudication, the child
1489 was removed from the custody of his or her parent, was subsequently
1490 returned home to the custody of that parent, and the minor is being
1491 removed due to additional physical or sexual abuse.

- 1492 d. The parent has been convicted of causing the death of another child
- 1493 through neglect or abuse.
- 1494 e. The minor child is under the age of five and has suffered severe abuse by
- 1495 the parent or by persons known by the parent, if the parent knew or
- 1496 reasonably should have known that the person was abusing the minor.
- 1497 f. The minor has been adjudicated as an abused child as a result of severe
- 1498 abuse by the parent, and the court finds that it would not be beneficial to
- 1499 the child to pursue reunification services with the offending parent or
- 1500 caregiver.
- 1501 g. The child has been removed from home on at least two previous occasions
- 1502 and reunification services were offered or provided to the family at those
- 1503 times. It is a presumption under the law that reunification services are not
- 1504 appropriate and should not be ordered under these circumstances. In these
- 1505 cases, a permanency goal/plan other than reunification will be pursued.
- 1506 h. Any other circumstances that the court determines should preclude
- 1507 reunification efforts or services.
- 1508

301.3 Placement Requirements

Major objectives:

To provide safety and maintain family ties, the child will be placed in the least restrictive/most family-like placement that meets the child’s special needs, according to the following priorities:

- 1514 A. Placement with non-custodial parent.
- 1515
- 1516 B. Placement with siblings, unless there is a documented safety concern.
- 1517
- 1518 C. Placement with kin or extended family who are invested in preserving the child’s kinship
- 1519 ties.
- 1520
- 1521 D. Placement with a family who resides within reasonable proximity to the child’s family
- 1522 and community if the goal is reunification.
- 1523 1. “Reasonable proximity” includes placing the child within the neighborhood of the
- 1524 family home so that family contact, continued school placement, church
- 1525 involvement, and friendships may be maintained.
- 1526 2. Any placement beyond school district or county lines must be discussed with the
- 1527 Child and Family Team.
- 1528 3. If a placement in close proximity was not selected, document in the Child and
- 1529 Family Plan reasons why the chosen placement is in the best interests of the child.
- 1530

Applicable Law

Utah Code Ann. [§80-3-302](#). Shelter hearing -- Placement of a child.

1536 Practice Guidelines

- 1537 A. Every effort is made for the “first placement to be the best placement.”
- 1538
- 1539 B. Kinship options are explored at the onset of the out-of-home intervention. [*See*: Kinship
- 1540 Major objectives, [Section 500](#).]
- 1541
- 1542 C. Every effort will be made to place siblings together in out-of-home care. Siblings are
- 1543 required to be placed together unless contrary to the safety or well-being of any of the
- 1544 siblings. Any issue that prevents siblings from being placed together must be
- 1545 documented in SAFE. Siblings not placed together in out-of-home care must have
- 1546 frequent visitation and/or other ongoing contact (at least monthly) unless there is a
- 1547 documented safety or well-being issue that prevents the siblings from having visitation or
- 1548 ongoing interaction.
- 1549
- 1550 D. Decisions about where a child is placed will be made in the context of a Child and Family
- 1551 Team and will include steps to facilitate the child’s transition to that placement.
- 1552
- 1553 E. When assistance is needed in locating a placement, contact the local resource family
- 1554 consultant, the placement screening committee, or the residential screening committee to
- 1555 explore placement options.
- 1556
- 1557 F. For an American Indian child for placement preferences, refer to [Section 705](#), ICWA
- 1558 Major objectives.
- 1559
- 1560 G. For children needing or in an out-of-state placement, refer to [Section 700](#), General
- 1561 Practice Guidelines--Section 703, Interstate Compact On The Placement Of Children
- 1562 Major objectives.
- 1563
- 1564 H. For children who are currently in a crisis placement, refer to [Section 700](#), General
- 1565 Practice Guidelines--Section 704, Placement Of A Child In Protective Custody, Major
- 1566 objectives.
- 1567
- 1568 I. For parents requesting a voluntary placement for their child, refer to [Section 700](#), General
- 1569 Practice Guidelines--Section 704.2, Voluntary Placement Major objectives.
- 1570
- 1571 J. For information on emergency foster care placements, refer to [Section 700](#), General
- 1572 Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives.
- 1573
- 1574 K. Based on the level of care needed (i.e., basic, specialized, structured, or other), refer to
- 1575 [Section 301.6](#), Basic, Specialized, And Structured Out-Of-Home Care Placement
- 1576 Options.
- 1577
- 1578 L. For children under the age of five years, screen for placement in a foster-adoptive home,
- 1579 refer to [Section 301.5](#), Foster-Adoptive Placements.
- 1580

- 1581 M. For children with more intensive needs than a family setting can provide, screen for
1582 residential services. Each region will establish and maintain a utilization review
1583 committee that consists of the contract specialist for the region, an administrative
1584 representative, a clinical consultant, a budget specialist, and a placement expert. Other
1585 members may be added to the committee at the discretion of the region. [See: [Section](#)
1586 [301.13](#), Regional Screening Committee For Residential Care.]
1587

1588 **301.4 Selecting An Out-Of-Home Caregiver**

1589 Major objectives:

1590 When choosing an out-of-home caregiver, the caseworker will provide relevant information about
1591 the child’s permanency goal, family visitation schedule, and needs such as medical, educational,
1592 mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed
1593 decision about acceptance of caring for the child. In addition, all of the following will apply:
1594

- 1595 A. Keeping in mind the best interest of the child, an out-of-home caregiver will be selected
1596 according to the caregiver’s skills and abilities to meet the child’s individual needs. When
1597 appropriate, the caseworker may also take into account the caregiver’s ability to support
1598 reunification efforts while considering the option of becoming a permanent home for the
1599 child if reunification is not achieved.
1600
- 1601 B. Each placement will be staffed and will be made in accordance with placement
1602 requirements.
1603
- 1604 C. A child in the custody of Child and Family Services will be placed with an out-of-home
1605 caregiver who is fully licensed. A child may be placed in a home that is licensed with a
1606 90-day initial license only if the out-of-home caregiver is pursuing licensure as a
1607 placement for that specific child.
1608

1609
1610
1611 **Applicable Law**

1612 Utah Code Ann. [§80-2-301](#). Division responsibilities.

1613 Utah Code Ann. [§26B-2-128](#). Numerical limit of foster children in a foster home.

1614 Administrative Rule [R512-302-4](#). Out of Home Services, Responsibilities Pertaining to an Out of
1615 Home Caregiver.

1616
1617 Practice Guidelines

- 1618 A. The number of children that can be placed in the home of a licensed out-of-home
1619 caregiver shall be within the capacity of the license granted to the caregiver by the OL
1620 and/or in accordance with the definition of a foster home in Utah Code Ann. [§26B-2-101](#).
1621
- 1622 B. When placing *a sibling group* into a foster home, capacity may be exceeded if:
1623 1. no other foster children reside in the foster home;
1624 2. only one other foster child resides in the foster home at the time of a sibling
1625 group's placement into the foster home; or

- 1626 3. a sibling group re-enters foster care and is placed into the foster home where the
1627 sibling group previously resided.
1628
- 1629 C. When placing a child into a foster home, capacity may be exceeded:
1630 1. to place a child into a foster home where a sibling of the child currently resides; or
1631 2. to place a child in a foster home where the child previously resided.
1632
- 1633 D. The out-of-home caregiver will be selected based on their willingness and ability to
1634 implement the child's primary and concurrent plans, which may include willingness and
1635 ability to adopt or take guardianship of the child if reunification is not possible.
1636
- 1637 E. The out-of-home caregiver must be willing and able to interact with the child's family
1638 and assist the child in maintaining and strengthening family connections.
1639
- 1640 F. The out-of-home caregiver will be selected according to the caregiver's skills and
1641 abilities to meet a child's individual immediate and long-term needs, including medical,
1642 educational, mental health, social, behavioral, and emotional needs.
1643
- 1644 G. The out-of-home caregiver will be selected based on their willingness and ability to keep
1645 sibling groups together. If it is not possible to keep siblings together in the same home,
1646 the out-of-home caregiver will need to communicate a willingness to help facilitate
1647 frequent visitation and contact between the child and the siblings when appropriate.
1648
- 1649 H. The out-of-home caregiver will be selected based on their willingness and ability to
1650 respect and support the child's religious and cultural practices and, where practical,
1651 appropriate, and where no denial or delay of placement will occur, are of the same
1652 religious faith and cultural background as the child.
1653
- 1654 I. The child will be placed with an out-of-home caregiver sensitive to the child's cultural
1655 heritage and linguistic needs. At least one out-of-home caregiver in the home must
1656 demonstrate effective communication in the language of the child placed in care.
1657
- 1658 J. The out-of-home caregiver must be willing or able to learn to proactively respond to
1659 challenges and conflicts associated with placement.
1660
- 1661 K. If a child has been in out-of-home care previously and reenters protective custody, the
1662 child's former out of-home caregiver will be notified if still licensed. (Relatives and other
1663 kinship options will be given preference.) Child and Family Services will make a
1664 determination of the former out of-home caregiver's willingness and ability to safely and
1665 appropriately care for the child. If the former foster home is determined by Child and
1666 Family Services to be appropriate, the former out of-home caregiver will be given a
1667 preference over other out-of-home caregivers for placement of the child. [See: Utah Code
1668 Ann. [§80-3-302.](#)]
1669
- 1670 L. Prior to placement, detailed information about the child should be provided to the
1671 prospective out-of-home caregiver from either the regional resource family consultant or

- 1672 out-of-home caseworker so they can make an informed decision regarding placement of
1673 the child in their home. When relevant, the caseworker will encourage the out-of-home
1674 caregiver to consult with other family members living in the home in making the
1675 decision.
- 1676 1. Child and Family Services will provide relevant information regarding the child
1677 and information regarding Child and Family Services procedures in order to
1678 address the following issues:
 - 1679 a. Maintaining a child’s connections to their past, present, and future;
 - 1680 b. Giving first preference to a prospective adult relative caregiver and
1681 assessing their capacity to serve as a temporary placement and a possible
1682 permanent placement for a child;
 - 1683 c. Acknowledging a parent’s residual rights and responsibilities for their
1684 child;
 - 1685 d. Explaining permanency planning timeframes as well as the range of
1686 permanency planning options including primary and concurrent
1687 permanency goals;
 - 1688 e. Discussing with the out-of-home caregiver their willingness to support and
1689 assist with reunification efforts,
 - 1690 f. Discussing with the out-of-home caregiver their willingness to adopt or
1691 take guardianship if the child is unable to reunify with their birth family,
 - 1692 g. Discussing with the out-of-home caregiver their willingness and ability to
1693 keep the sibling group together; or if siblings not placed together,
1694 discussing with the out-of-home caregiver the importance of facilitating
1695 and allowing for frequent visitation and contact between siblings when
1696 appropriate.
 - 1697 h. Explaining expectations the agency has for the out-of-home caregiver in
1698 regards to the Child and Family Plan, Child and Family Team Meetings,
1699 visitation, court, health and mental health appointment, etc.;
 - 1700 i. Maintaining the child’s needs, including connections to culture, family,
1701 frequent contact through visitation with parents and siblings, continuity of
1702 care as well as information about the child’s medical, dental, mental
1703 health, educational, social, behavioral, and emotional needs;
 - 1704 j. Disclosing the reason for Child and Family Services intervention and out-
1705 of-home care placement, such as threats and risks to the child’s safety and
1706 how they can be addressed.
 - 1707 2. The Child and Family Services staff that provided the information to the caregiver
1708 will document that the information has been provided to the caregiver in the
1709 SAFE activity logs and will add the policy attachment “Placement – Child info
1710 Given to caregiver prior to placement”.
- 1711
- 1712 M. Child and Family Services File Review Guidelines: Best practice is allowing the
1713 prospective or current out-of-home caregiver an opportunity to review the child’s file
1714 before making any long-term decisions regarding the care of a child. Licensed foster
1715 parents are contracted by Child and Family Services as a provider to care for the child.
1716 Thus, they may view any parts of the child’s file that help them understand the child and
1717 the child’s background for purposes of parenting the child. The file may contain

1718 information that will help the family decide if they have the necessary skills and support
1719 to meet the needs of a particular child in out-of-home care. Once a child is placed with
1720 the out-of-home caregiver, the file also has important documents that the family may
1721 want to copy if not in the Home-of-Home Book, for example immunization records and
1722 school placement information.

1723
1724 When a kinship provider is not a licensed foster parent, refer to Kinship Practice
1725 Guidelines [Section 503.1 H](#) for guidelines regarding kinship caregivers reviewing the
1726 information in the child's file.

1727
1728 The following guidelines should be followed when a prospective out-of-home caregiver
1729 reviews a child's Child and Family Services file:

- 1730 1. The caseworker should inform the out-of-home caregiver that the information in
1731 the child's file is one way to help them determine whether or not they have the
1732 resources and skills to meet the child's needs.
- 1733 2. The caseworker should inform the out-of-home caregiver that the information in
1734 the file consists of subjective opinions made by the caseworker or therapist
1735 written at one time in the child's life. Circumstances and the child's development
1736 can change the way a child behaves and adjusts to current life situations. For
1737 instance, the child may have received many different mental health diagnoses.
1738 The mental health diagnoses in a child's file is affected by each therapist's
1739 interpretation, the child's developmental stage, factors in the child's environment,
1740 and different life circumstances.
- 1741 3. The confidentiality agreement must be signed by the out-of-home caregiver prior
1742 to allowing them to review the file. [SAFE form DCFS02.]
- 1743 4. The caseworker should orient the prospective out-of-home caregiver to the
1744 structure of the files and the location of information.
- 1745 5. The caseworker should counsel an out-of-home caregiver to consider specific
1746 types of information, such as medical conditions, developmental delays,
1747 disabilities, mental health diagnoses, placements and transfers, educational needs,
1748 and other considerations for the child.
- 1749 6. The caseworker should advise the out-of-home caregiver to look for specific
1750 information they need to parent the child and identify information to copy once a
1751 child is placed in their home, if not found in the child's Home-to-Home Book.
1752 [*Red italic script* identifies information to copy if not found in the child's Home-
1753 to-Home Book.]
 - 1754 a. Medical Information: *Immunizations, all allergies including food*
1755 *allergies, any disabilities and treatments, current medications and*
1756 *implications of discontinuing medications, history of illnesses,* conditions
1757 from abuse or neglect, *serious accidents, surgeries, past doctors, and*
1758 *hospital of birth;*
 - 1759 b. Dental Information: Dental records, *past dentists,* and orthodontic work,
1760 and *orthodontist;*
 - 1761 c. Educational Information: *Schools and grades, evaluations, special*
1762 *education plans such as Individual Education Plans (IEP) or Student*

- 1763 *Education and Occupational Plans (SEOP), learning disabilities including*
1764 *specific disability and tests results;*
1765 d. Mental Health Information: *Current and prior therapists* and history of
1766 treatment, diagnoses, and the current diagnosis; what the diagnosis means
1767 in raising a child, what behaviors are connected with the diagnoses, and
1768 how the consequences of these behaviors are the best way to deal with the
1769 behaviors. The resource parent should be encouraged to talk directly with
1770 the child’s mental health therapist when possible;
1771 e. Family History: *Health Data Report from SAFE*, family situation, moves
1772 or stability factors, abuse and neglect history, domestic violence, reason
1773 for the child’s removal from their biological family, culture, *genogram*
1774 *including the siblings (with their birth dates), timelines*. Family member's
1775 talents, hobbies and interests. *Family photos and letters, if available*.
1776 f. Child’s Personal Information: Developmental history, when available.
1777 Placement history including the child’s adaptation. Photos of the child, of
1778 pets, of foster parents, or of other significant caregivers. The child's art
1779 work, creations, or projects. Stories about the child's birth and early life.
1780 Religious records such as baptismal, christening, Bar mitzvah, and
1781 confirmation records. Activities such as scouts, sports, choir, etc.
1782 Favorite foods, favorite toys or stories, names of friends, and other things
1783 that may help the child feel more secure, such as chores and house rules or
1784 bedtime routines.
- 1785 7. After the out-of-home caregiver has looked through the file, the caseworker
1786 should talk with them about what they found. The caseworker may also give
1787 them health and mental health diagnoses summary sheets, and answer questions
1788 they may have.
- 1789 a. Helpful websites include:
1790 (1) American Academy of Child & Adolescent Psychiatry:
1791 www.aacap.org;
1792 (2) American Psychological Association: www.apa.org;
1793 (3) American Academy of Pediatrics: www.aap.org;
1794 (4) Internet Mental Health: www.mentalhealth.com;
1795 (5) Substance Abuse and Mental Health Services Administration:
1796 www.samhsa.gov
1797
- 1798 b. The caseworker will respond to questions or concerns of the out-of-home
1799 caregiver and give the family time to think about all they have learned.
- 1800 c. The caseworker should also encourage the out-of-home caregiver to set
1801 another appointment to talk and ask other questions;
- 1802 d. The caseworker should help the out-of-home caregiver to understand the
1803 importance of keeping the child's information and history.
- 1804
- 1805 N. The caseworker should encourage the out-of-home caregiver to review the child’s file
1806 several times and especially after the child has been with the family for a couple of
1807 months.

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301.5 Placement Of A Child In Out-of-Home Care In An Adoptive Home

- Major objectives:
- A. A child in out-of-home care needs to be placed in a potential adoptive family when:
 - 1. The child enters protective custody under circumstances (listed below) that may allow an initial permanency goal of adoption.
 - 2. The child’s permanency goal changes to adoption and the child is not with the family who will be their permanent family.

 - B. When a child enters protective custody, Child and Family Services will give preference to kinship for the initial placement of the child. If, after diligent search and engagement of kin, there are no kinship options available, preference will be in a resource home of a family that has already expressed a desire to adopt a child. When possible and if time permits, the child’s needs should be screened with the Adoption Committee. However, if time does not permit, the caseworker and/or RFC may place in a resource home without screening with the Adoption Committee. The home should be willing to keep the child while reunification is still in progress. If the child’s goal changes to adoption, the family that the child is placed with will be given first consideration for adoption. If the family does not desire to adopt the child, the child may remain there until another potential permanent placement can be located (kinship placement or another adoptive family). The resource family will then assist with the transition of the child to the adoptive and/or permanent home. (Please refer to Practice Guidelines Section 704 for more information regarding placement of a child in protective custody.)

 - C. Permanency planning will continually be assessed by the caseworker and the Child and Family Team.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. When a child enters protective custody, if time permits, the caseworker will make efforts for the first placement of the child to be in the home of a resource family that is willing to adopt the child in circumstances where the child has a permanency goal other than reunification, due to one of the following reasons:
 - 1. The parent’s whereabouts are unknown, based on a verified affidavit indicating a reasonable diligent search has failed to locate the parent.
 - 2. The parent is suffering from a mental illness of such magnitude that it renders them incapable of utilizing services provided by Child and Family Services as assessed by a licensed mental health professional.
 - 3. The minor has been previously adjudicated as an abused child due to physical or sexual abuse, and that following the adjudication, the child was removed from the custody of his or her parent, was subsequently returned home to the custody of

- 1853 that parent, and the minor is being removed due to additional physical or sexual
1854 abuse.
- 1855 4. The parent has been convicted of causing the death of another child through
1856 neglect or abuse.
- 1857 5. The minor child is under the age of five years and has suffered severe abuse by
1858 the parent or by persons known by the parent if the parent knew or reasonably
1859 should have known that the person was abusing the minor.
- 1860
- 1861 B. A child whose permanency goal changes to adoption and who is not with the family who
1862 will be their permanent family is to be screened by the designated region Adoption
1863 Committee for placement in an adoptive home.
- 1864 1. The protocol in Practice Guidelines [Section 401.7](#) Adoption Committee will be
1865 followed when screening a child for an adoptive placement.
- 1866
- 1867 C. When the child’s permanency goal changes to adoption and the child is not with the
1868 family who will be their permanent family, permanency planning will continually be
1869 assessed and explored by the caseworker and the Child and Family Team. Child and
1870 Family Services will work with the resource family to provide them with support and
1871 services in order to maintain the child in the placement to minimize the number of
1872 placement moves the child experiences. The resource family will then assist with the
1873 transition of the child into the permanent home.
- 1874
- 1875 D. Following the screening and selection of the adoptive family, the caseworker and the
1876 Child and Family Team will continue to assess the viability of the placement for
1877 permanency.
- 1878

1879 **301.6 Basic (Level I), Specialized (Level II), And Structured**
1880 **(Level III) Out-Of-Home Care Placement Options**

1881
1882 (This section has been replaced by [Section 310.](#))

1884 **301.7 Children With Specialized Health Care And**
1885 **Developmental Needs**

1886 Major objectives:

1887 A child’s specialized health care and developmental needs, as determined by a health care
1888 provider, will be taken into account in the selection of an out-of-home caregiver. Specialized
1889 health care and developmental needs include, but are not limited to, physical or developmental
1890 disabilities, special medical needs, or technology dependence, drug dependency, or testing HIV
1891 positive. For a child whose disability cannot be adequately addressed in a traditional family
1892 setting, services from both Child and Family Services and the Division of Services to People with
1893 Disabilities (DSPD) may be explored.

1894

1895

1896 **Applicable Law**

1897 Utah Code Ann. [§80-2-301](#). Division responsibilities.

1898

1899 Practice Guidelines

1900 A. The following must be considered in placement selection:

- 1901 1. Access and availability to appropriate medical resources.
- 1902 2. Appropriate facilities in the home to meet the needs of the child.
- 1903 3. The skill level and nurturing ability of the out-of-home caregiver.
- 1904 4. A family composition that allows sufficient time to meet the needs of the child
- 1905 with specialized health care challenges.
- 1906 5. The ability to transport and coordinate with various agencies that may be serving
- 1907 the child and family.
- 1908 6. Adherence to the principle of normalization including placement in the least
- 1909 restrictive most appropriate placement within the community.
- 1910 7. Availability of education services specific to the child's needs.

1911

1912 B. The out-of-home caregiver and the child's parent will receive instruction from a

1913 qualified health care provider on the operation of any medical equipment required for a

1914 child's care.

1915

1916 C. The Child and Family Team will include medical, social work, and rehabilitation

1917 personnel who will coordinate a program of interventions designed to meet the child's

1918 needs.

1919

1920 D. The Child and Family Plan will:

- 1921 1. Address the child's current and anticipated medical and rehabilitative needs.
- 1922 2. Specify the child's condition and provide appropriate short-term and long-term
- 1923 medical and rehabilitation interventions.

1924

1925 **301.8 Children With Medically Fragile Or Medically Needy**

1926 **Conditions**

1927 Major objectives:

1928 A child who is medically fragile or medically needy, as determined by a physician, and the

1929 child's out-of-home caregiver will receive support and services in accordance to their needs.

1930

1931

1932 **Applicable Law**

1933 Utah Code Ann. [§80-2-301](#). Division responsibilities.

1934

1935 Practice Guidelines

1936 A. Children who are Medically Fragile or Medically Needy (MFC): Children who are

1937 Medically Fragile or Medically Needy and their out-of-home caregivers will receive

1938 support and services in accordance to their needs. The MFC code will be used for both

1939 Medically Fragile and Medically Needy children. This code could serve to enhance the

1940 foster care payment for the child's additional health care needs, as providers may receive

- 1941 an additional payment for children who are deemed Medically Needy or Medically
1942 Fragile.
1943
- 1944 B. When a child meets the Medically Needy or Medically Fragile criteria, it is not a
1945 guarantee that an additional payment will be deemed appropriate. This determination for
1946 any additional payment for a Medically Needy or Medically Fragile child will need to be
1947 determined within the context of the Child and Family Team.
- 1948 1. Medically Needy: This code can be used with Foster Care Levels II, III, and III
1949 Step-Down. Medically Needy children are those who fall within category four of
1950 the Health Status Outcome Measures. Medically Needy children may have an
1951 acute illness or chronic condition that requires regular ongoing follow-up. This
1952 can include substance abuse, pregnancy, and daily medications that are not
1953 preventative.
 - 1954 2. Medically Fragile: This code can be used with Foster Care Levels II, III, and III
1955 Step-Down. Medically Fragile children are those who fall within category five of
1956 the Health Status Outcome Measures. A Medically Fragile child has multiple
1957 and/or debilitating condition(s) that require assistance with activities of daily
1958 living, requires daily monitoring, or is at risk for developing an acute condition.
 - 1959 3. The child must have a diagnosis that meets the Medically Fragile or Medically
1960 Needy criteria from a physician or from his/her medical records.
 - 1961 4. The Fostering Healthy Children Nurse will review Medically Fragile and
1962 Medically Needy cases as part of the Health Status Outcome Measure (HSOM)
1963 and document this in SAFE to determine the appropriateness of the MFC code.
1964 HSOM category four medically needy are reviewed every four months, and
1965 HSOM category five medically fragile are reviewed every two months. The nurse
1966 will keep the out-of-home caseworkers informed of the child's MFC Code status.
 - 1967 5. The Child and Family Team for children who are Medically Fragile or Medically
1968 Needy will include the caseworker, resource family consultant, Fostering Healthy
1969 Children nurse, out-of-home caregiver, biological parents, and child. The Child
1970 and Family Team may also include the medical practitioners and rehabilitation
1971 therapists.
 - 1972 6. Medically Fragile and Medically Needy cases should be reviewed on a quarterly
1973 basis by the Child and Family Team or more frequently as needed. The
1974 caseworker is responsible for coordinating the Child and Family Team Meetings.
1975 A report on the child's condition should be included on the Out-of-Home Progress
1976 Summary.
 - 1977 7. If the child meets the Medically Fragile or Medically Needy criteria, additional
1978 monies can be added to the daily rate. The caseworker will ensure that if the child
1979 meets either the Medically Fragile or Medically Needy criteria, that the MFC
1980 code will be opened for services.
 - 1981 8. Designate in the meeting the person responsible for opening the MFC code. This
1982 person will submit the MFC code for payment to the eligibility technician.
 - 1983 9. The resource family consultant or other designated staff will open the approval for
1984 the MFC code on the PR07 screen and update the R198B for auditing purposes.
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301.9 Children With Severe Mental Health Needs

Major objectives:
Children under age 18 years with a formal DSM IV diagnosis that interferes with areas of daily functioning and has existed or is likely to for one year or longer and requires intensive mental health treatment will be evaluated by a regional committee for placement options. The Child and Family Team will provide recommendations regarding the child’s needs. Assistance with individualized Child and Family Plans may also be requested from the Division of Mental Health. In extreme circumstances, when a child’s severe mental health needs cannot be met by an out-of-home caregiver in the community, placement in the Utah State Hospital will be considered.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. The following factors must be considered in placing children with severe mental health needs:
 1. The composition and skills of out-of-home caregivers if placement is being made in a family setting.
 2. The ability of the out-of-home caregivers to maintain both the child and others safely.
 3. The risks to the child and the community.
 4. Access and availability of appropriate treatment.
 5. Whether the placement is the least restrictive setting in which the child's needs can be met.
- B. If the child requires placement in the Utah State Hospital:
 1. Clearly document in the Child and Family Plan how the child or youth will benefit from the placement in the State Hospital.
 2. This placement option will only be considered for latency-age children and adolescents.
 3. Document the community mental health center involved in making the placement.

301.10 Children Who Are Sexually Reactive

Major objectives:
For a child who exhibits inappropriate sexual behavior, usually as a result of sexual victimization, a placement will be selected that meets the needs of the child and maintains safety in the home and community.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

2029 Practice Guidelines

- 2030 A. To facilitate appropriate placement, placement screening committees or the regional
2031 screening committee will address the special treatment needs of the child and identify
2032 potential placement problems and solutions. The Child and Family Team will provide
2033 recommendations regarding the child's needs.
2034
- 2035 B. Meetings may include professionals from the community that are providing services to
2036 the child or could help assess the child's placement and treatment needs.
2037
- 2038 C. The following factors will be considered in placing these children:
2039 1. The child's treatment needs and the availability of resources.
2040 2. The skill level of the out-of-home care provider.
2041 3. The child's supervision needs.
2042 4. The out-of-home caregiver's ability to appropriately manage this type of behavior.
2043 5. Composition of the kin or out-of-home caregiver's family. Children who are
2044 sexually reactive will not be placed with families who have younger or otherwise
2045 vulnerable children.
2046 6. Risks to the neighborhood and school.
2047
- 2048 D. The caseworker must fully disclose all known information to the prospective out-of-home
2049 caregiver of the child's known history as a victim and/or perpetrator prior to placement.
2050 Additional information obtained at any time throughout the placement will also be
2051 disclosed to the out-of-home caregiver.
2052
- 2053 E. There may be situations where it is in the best interest of the child and the community for
2054 placement to be outside of a family setting.
2055
- 2056 F. Documentation must be in the child's case record as to the staffings on the case and the
2057 appropriateness of the child's placement.
2058

301.11 Youth In Out-Of-Home Care With Children

2060 Major objectives:

2061 When a young woman in Child and Family Services custody is mother to a child, Child and
2062 Family Services will only take custody of the young woman's child if there are concerns of
2063 abuse, neglect, or dependency. If the mother plans to continue parenting, the child will remain in
2064 the out-of-home placement with the mother.
2065

2066

2067 **Applicable Law**

2068 Utah Code Ann. [§80-2-301](#). Division responsibilities.
2069

2070 Practice Guidelines

- 2071 A. Explore placement options with the Child and Family Team. If it is determined that the
2072 foster youth is not able to remain in her current out-of-home placement with her child,
2073 other alternatives such as teen mother programs may need to be explored.

- 2074
- 2075 B. The mother (foster youth) is the primary caregiver of her child. Where applicable, the
- 2076 out-of-home caregiver will mentor appropriate parenting and household management
- 2077 skills.
- 2078
- 2079 C. The Child and Family Plan will reflect the type of mentoring needed by the mother
- 2080 (youth) in caring for her child.
- 2081
- 2082 D. Additional payments may be made for necessities needed for day-to day care and to cover
- 2083 room and board costs for the baby. If the foster youth is placed in a foster home, a
- 2084 supplemental daily payment may be made to the out-of-home caregiver to cover the
- 2085 baby’s room and board costs (using the BAB code). The Child and Family Team may
- 2086 recommend that the foster youth be given responsibility to use a portion of that payment
- 2087 for the baby’s needs.
- 2088

If the foster youth is placed in an independent living placement, a supplemental daily payment may be made to the foster youth to cover the baby’s room and board costs (using the BAB code).

In addition, special needs of the foster youth’s child may be covered through relevant payment categories identified for foster children. Each payment on behalf of the child will be made under the foster youth’s name.

301.12 Qualified Residential Treatment Program (QRTP)

2097 Major objectives:

2098 This section outlines the process for placing a child in a Qualified Residential Treatment Program

2099 (QRTP), means a program that has a trauma-informed treatment model that is designed to address

2100 the needs, including clinical needs as appropriate, of children with serious emotional or behavioral

2101 disorders or disturbances and, with respect to a child, is able to implement the treatment identified

2102 for the child by the assessment.

2103

2104

2105

Applicable Law

- 2106 Utah Code Ann. [§80-2-301](#). Division responsibilities.
- 2107 Utah Code Ann. [§80-3-501](#). Placement in a qualified residential treatment program -- Review
- 2108 hearings.
- 2109 Social Security Act Sections 472(k); 475(c), and 475A(c).
- 2110
- 2111

Practice Guidelines

- 2112 A. Children who qualify to be screened for a residential placement will meet the following
- 2113 requirements:
- 2114 1. A Child and Family Team Meeting is held to:
- 2115 a. Review the most recent Utah Family and Children Engagement
- 2116 (UFACET) and update, if needed.
- 2117

- 2118 b. Identify the child’s short- and long-term mental and behavioral health
2119 goals.
2120 c. Identify the child’s strengths and needs.
2121 d. Determine if the needs of the child can be met by the family of the child or
2122 in a foster family home. A shortage or lack of foster family homes is not
2123 an acceptable reason for determining that the needs of the child cannot be
2124 met in a foster family home.
2125 The child and family team will consist of all appropriate biological family
2126 members, relatives, and fictive kin of the child, as well as other formal and
2127 informal supports. This may include appropriate professionals who are a
2128 resource to the family of the child, such as teachers, medical or mental
2129 health providers who have treated the child, or clergy. In the case of a
2130 child age 14 or older, members of the team selected by the child shall also
2131 be included.
2132
- 2133 B. If the Child and Family Team is in agreement that the child cannot be placed with family
2134 or in a foster family home, then the caseworker will submit a request for the case to be
2135 reviewed by the region residential screening committee.
2136
- 2137 C. The residential screening committee will take into consideration the following
2138 information in determining if the child should be placed in a QRTP:
2139 1. UFACET.
2140 2. Child’s short- and long-term mental and behavioral health goals.
2141 3. Child’s strengths and needs.
2142 4. Permanency plan.
2143 5. Family and youth voice.
2144
- 2145 D. If the residential screening committee determines a QRTP is the most effective,
2146 appropriate, and least-restrictive setting consistent with the child’s short- and long-term
2147 goals in their permanency plan, they will assist the caseworker in:
2148 1. Finding the most appropriate residential placement. Best practice is to place the
2149 child in the residential facility AFTER the Qualified Individual Assessment is
2150 completed and the placement is recommended. The child can be placed BEFORE
2151 the assessment is completed, but only if the case has been staffed with the region
2152 designee and the Qualified Individual Assessor to get a preliminary idea if the
2153 placement will be recommended.
2154 2. Submitting the request for a 30-day Qualified Individual Assessment to the Office
2155 of the DHHS Office of Quality and Design (OQD).
2156 3. Setting a 90-day residential screening committee review.
2157 4. Notifying the Assistant Attorney General (AAG) that the child will be placed in a
2158 residential placement and requesting a court hearing. The court hearing must be
2159 held within 60 days of the child being placed in a residential placement.
2160
- 2161 E. Qualified Individual Assessment

- 2162 1. The 30-day Qualified Individual Assessment will be completed by licensed
2163 clinicians or trained professionals in the OQD, as approved under a waiver by the
2164 Federal Children’s Bureau.
- 2165 2. The OQD assessor conducting the 30-day assessment will work with the family
2166 and the Child and Family Team to complete the assessment, in conjunction with
2167 the caseworker’s documentation in SAFE.
- 2168 3. UFACET is the evidence-based, validated, functional assessment tool utilized for
2169 conducting the Qualified Individual Assessment.
- 2170 4. The Protective Risk Assessment may be completed as the functional assessment
2171 tool for youth in the custody of or involved with juvenile justice in conjunction
2172 with or instead of the UFACET.
- 2173

- 2174 F. The caseworker will assist the OQD assessor conducting the Qualified Individual
2175 Assessment in gathering the information needed to complete the assessment. The
2176 caseworker will document in the child’s case record the following items:
 - 2177 1. The reasonable and good faith effort to identify and include all the individuals
2178 described as being a part of the Child and Family Team.
 - 2179 2. All contact information for members of the family and the Child and Family
2180 Team, as well as contact information for other family members and fictive kin
2181 who are not a part of the Child and Family Team.
 - 2182 3. Document that meetings of the Child and Family Team, including meetings
2183 associated with the 30-day assessment, are held at a time and place convenient for
2184 the family.
 - 2185 4. If reunification is the goal, document evidence demonstrating that the parent of
2186 the child provided input on the members of the Child and Family Team.
 - 2187 5. Evidence that the Qualified Individual Assessment is determined in conjunction
2188 with the family, the child, and all Child and Family Team members.
 - 2189 6. The placement preferences of the family, the Child and Family Team, and the
2190 child relative to the assessment that recognizes children should be placed with
2191 their siblings unless there is a finding by the court that such placement is contrary
2192 to their best interest.
 - 2193 7. If the placement preferences of the family, the child, and the Child and Family
2194 Team are not the placement setting recommended by the OQD assessor
2195 conducting the assessment, the reasons why the preferences of the Child and
2196 Family Team and the child were not recommended.

- 2198 G. If the OQD assessor determines that a child should not be placed in a foster family home,
2199 the assessor shall specify in writing the reasons why the needs of the child cannot be met
2200 by the family of the child or in a foster family home. A shortage or lack of foster family
2201 homes is not an acceptable reason for determining that the needs of the child cannot be
2202 met in a foster family home.

2204 The OQD assessor shall also specify in writing why the recommended placement in a
2205 QRTP is the setting that will provide the child with the most effective and appropriate
2206 level of care in the least restrictive environment, and how that placement is consistent

2207 with the short- and long-term goals for the child, as specified in the permanency plan for
2208 the child.

2209 1. The region designee and caseworker will receive the final assessment and do the
2210 following:

2211 a. If the placement is “recommended” in the Qualified Individual
2212 Assessment by the OQD assessor, the caseworker will share the report
2213 with the Child and Family Team and discuss any considerations
2214 mentioned in the report.

2215 b. If the placement is “not recommended” in the Qualified Individual
2216 Assessment by the OQD assessor, the caseworker will notify the
2217 residential screening committee and Child and Family Team
2218 immediately.

2219 (1) The case will need to be staffed to determine if the child may
2220 remain in the placement or be moved.

2221 (2) If the team decides to move the child, then the child must be
2222 moved within 30 days.

2223 (3) If the team decides the child should remain in the placement, then
2224 the region director or designee must approve it.

2225 c. Upload the assessment into SAFE into the content management folder:
2226 Residential Treatment Documents and select the correct type:

2227 (1) QRTP Independent Report is Appropriate
2228 (used if Qualified Individual Assessment recommends QRTP
2229 placement); or

2230 (2) QRTP Independent Report is NOT Appropriate
2231 (used if Qualified Individual Assessment does not recommend
2232 QRTP placement).

2233 d. Create an activity log dated the SAME DATE as the signature date on the
2234 assessment and attach one of the policy buttons:

2235 (1) 30 day QRTP is Appropriate
2236 (used if Qualified Individual Assessment recommends QRTP
2237 placement); or

2238 (2) 30 day QRTP is NOT Appropriate
2239 (used if Qualified Individual Assessment does not recommend
2240 QRTP placement).

2241
2242 H. The caseworker will e-file a court report, residential treatment plan, and the Qualified
2243 Individual Assessment to the court at least 10 days before the court hearing.
2244

2245 I. The judge will determine if the child can safely be in a family-based setting, and if not, if
2246 a QRTP is the most appropriate placement. The court review must occur no later than 60
2247 days after placement. The court will review the court report, Qualified Individual
2248 Assessment, and provider treatment recommendations, and must approve the placement
2249 for IV-E payments to continue.
2250

2251 The court will continue to make the determination at subsequent court hearings, which
2252 are held at least once every six months. At each subsequent hearing, the court will make

- 2253 a determination if the placement is still appropriate. The court report and case record
2254 will need to include the following items:
- 2255 1. Strengths of the child and what needs/services cannot be met in a family-based
2256 setting.
 - 2257 2. Explanation of why a QRTP is the most appropriate and least restrictive
2258 placement.
 - 2259 3. Explanation as to why the child cannot be placed in a family-based home.
 - 2260 4. Specific treatment or service needs that will be met for the child in the placement.
 - 2261 5. Length of time the child is expected to need the treatment in a QRTP.
 - 2262 6. Efforts being made to prepare the child to step down into a family based setting.
2263
- 2264 J. The caseworker will attend the court hearing and review the assessments that support the
2265 child being placed in a residential setting.
- 2266 1. If the court “approves” the placement, the caseworker will document the approval
2267 in the case plan.
 - 2268 2. If the court “does not approve” the placement, the team will need to determine if
2269 the child can remain in the placement or be moved to a more appropriate
2270 placement. The child must be moved within 30 days in order to continue to
2271 receive IV-E funding.
2272
- 2273 K. A region-level status review will occur at minimum every 90 days. The region designee
2274 will review the case and complete the DCFS Residential 90 Day Status Review
2275 form. This form will be uploaded into SAFE into the content management folder:
2276 Residential Treatment Documents.
2277
- 2278 L. The region designee may staff complex situations with OQD. OQD will be able to assist
2279 with DHHS level collaboration (high level staffings).
2280
- 2281 M. If the child remains in the same placement setting for an extended length of time,
2282 continued placement in the QRTP must be reviewed at the executive level.
- 2283 1. Child age 12 and under:
 - 2284 a. Six months consecutive or non-consecutive in same QRTP setting.
 - 2285 2. Child age 13 and older:
 - 2286 a. Twelve months consecutive in the same QRTP setting.
 - 2287 b. Eighteen months non-consecutive in the same QRTP setting
2288
- 2289 N. The process for the executive level review consists of the following:
- 2290 1. A region designee will run a report in SAFE monthly to monitor which children
2291 are due for an executive level review.
 - 2292 2. Sixty days before the time frame ends, the region designee will schedule a region
2293 level status review and complete the DCFS Residential 90 Day Status Review
2294 form.
 - 2295 3. Sixty days before the time frame ends, the caseworker will receive a SAFE
2296 reminder: “QRTP extended stay review must be completed.”

- 2297 4. All the prior DCFS Residential 90 Day Status Review forms as well as any
2298 current supporting documents (e.g. treatment plans) will be submitted to the
2299 agency head for review.
- 2300 5. The paperwork for the executive review needs to be submitted no later than 30
2301 days before the time frame ends.
- 2302 6. If the child can be stepped down and will be out of the QRTP before the
2303 designated time frame, the executive review will be cancelled.
- 2304
- 2305 O. The caseworker will coordinate with the QRTP to develop a detailed discharge plan and
2306 to determine what type of aftercare support is needed to transition the child to the next
2307 placement. The QRTP is required to offer six months of aftercare, if the child is
2308 transitioned into a family-based setting or return home. The placement is required at
2309 minimum to make bi-weekly contact with the child and family the first three months and
2310 then monthly contact for the following three months.
- 2311

301.13 Regional Screening Committee For Residential Care

Major objectives:

If a child requires a screening for a change in placement level, the caseworker will present an assessment of the child’s current strengths and needs to the regional screening committee.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

The regional screening committee will:

- 2324 A. Review placement options available for the child.
- 2325
- 2326 B. Assess current budget and placement cap restrictions in the region.
- 2327
- 2328 C. Set the date for the next review. Reviews must occur at a minimum of every 90 days
2329 while the child is in a high cost setting. Regions with a high number of children in
2330 residential placements may have difficulty achieving this; however, it should be a priority
2331 of the region to facilitate these reviews.
- 2332
- 2333 D. A provider will be selected on the basis of ability and willingness to include the family in
2334 the service process, treatment, and discharge planning from the beginning.
- 2335
- 2336 E. The committee will complete the residential screening form and the purchase service
2337 authorization at the conclusion of the screening.
- 2338

301.14 Transition To Approved Placement

Major objectives:

In order to minimize the risk of trauma or potential future crisis to children, a transition plan will be developed and implemented for all children moving into or between any type of placement. Prior to any placement, all children will be prepared for the move using developmentally appropriate intervention strategies.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. The child’s family must be informed whenever there is a need for the child to change or transition to a placement. Engage the family to determine the child’s needs and prepare them for the child’s move.
- B. Explain the reason for the move, the current situation, and what comes next in the process. Some of the following strategies may be helpful:
 - 1. Drawing pictures.
 - 2. Acting out the removal and subsequent move with small play figures.
 - 3. Creating a time line.

This type of preparation can range from a minimum of one hour for emergency removal situations to several weeks for more gradual transitions, dependent upon the child’s needs and situation.

- C. Identify and obtain familiar supports including people, toys, blankets, and other items, learning style, coping mechanisms, daily schedule, habits, likes/dislikes, social, emotional, cognitive (including school needs, fears, and successful parenting methods for both comforting and disciplining the child), physical (including acute or chronic medical conditions, nutritional requirements or restrictions, food preferences/dislikes, medications, immunizations, and allergies), and cultural information including religious preference. It is highly recommended that a familiar adult (a family member or friend where appropriate) and the caseworker assist with the move.
- D. Validate the child and family’s fears, reactions, and concerns.
- E. Plan the placement in accordance with placement requirements. [See: [Section 301](#), Preparation For Placement In Out-Of-Home Care.]
- F. To eliminate the child experiencing rejection, transition activities are never to be initiated as a “trial” attempt to place with a family. Transition activities are utilized when families have expressed a commitment to the child’s care prior to placement.

- 2383 G. It is best practice for children to have pre-placement visits to gradually orient them to the
2384 new home and caregivers. Pre-placement visits may include:
2385 1. A tour of the new home.
2386 2. Activities such as day visits, mutual activities, or overnight visits.
2387
2388 H. Prepare and/or update the Child’s Home-to-Home Book. [See: [Section 303.3](#),
2389 Maintaining The Home-To-Home Book.]
2390

2391 **301.15 Guardianship And Legal Custody With A Relative And** 2392 **Non-Relative**

2393 (This section has been moved to [Section 308.2](#).)
2394
2395

2396 **301.16 Obtaining Birth Certificates From The Office Of Vital** 2397 **Statistics For Children In Out-Of-Home Care**

2398 Major objectives:

2399 This process will ensure that caseworkers are able to apply for and obtain, in a timely manner, a
2400 birth certificate for a child in out-of-home care that needs that document to register for school or
2401 apply for and receive a State or Federal benefit or service.
2402

2403
2404 Practice Guidelines

- 2405 A. Process for obtaining a birth certificate from the Office of Vital Statistics:
2406 1. Region administration will identify senior assistant caseworkers or other
2407 designees responsible for submitting birth certificate applications for children in
2408 their region in an out-of-home placement and will disseminate that list to workers
2409 in their region.
2410 2. When a birth certificate for a child is needed, caseworkers will contact one of
2411 their regional representatives that have the responsibility to submit a request for a
2412 birth certificate to the Office of Vital Statistics and will provide all information
2413 needed on the application form.
2414 3. The designated worker responsible for applying for birth certificates will
2415 document all information provided by the caseworker on the Child and Family
2416 Services birth certificate request template supplied by the Office of Vital Statistics
2417 and will submit the completed form to Office of Vital Statistics at
2418 DCFSbirthreq@utah.gov. The Office of Vital Statistics uses that form to search
2419 for and print the required birth certificate and mails an official copy of the birth
2420 certificate to the individual in the region that submitted the request.
2421 4. Once the region designee receives the birth certificate, that individual will provide
2422 the original or a copy to the child’s caseworker.
2423 5. The caseworker or designee will be responsible for documenting when a birth
2424 certificate application has been made, when a birth certificate has been received,
2425 and for placing the child’s birth certificate in the child’s case file once it is

2426 received.

- 2427
- 2428 B. Payment for birth certificates to the Office of Vital Statistics: Each month the Office of
- 2429 Vital Statistics issues an invoice to the Child and Family Services state office that lists
- 2430 the names of all children for whom a birth certificate was issued, the region that made the
- 2431 request, and the cost associated for each birth certificate. The Child and Family Services
- 2432 state office budget and accounting manager will submit a single payment to the Office of
- 2433 Vital Statistics for all birth certificates issued during the month and will transfer costs for
- 2434 each birth certificate to the region that made the request.
- 2435

2436 **301.17 Child Placement With Parent In A Licensed Family-**

2437 **Based Residential Substance Use Treatment Program**

2438

2439 Major objectives:

2440 Family-based residential substance use treatment programs are highly effective in supporting

2441 parent-child bonding and reducing parent substance use relapses. A foster child may be placed

2442 with a parent in a licensed family-based residential substance use treatment program while the

2443 child remains in foster care. A foster care maintenance payment may be made for the child.

2444 In addition to providing substance use disorder treatment, the program will provide parenting

2445 skills training, parenting education, and individual and family counseling under an organizational

2446 structure and trauma framework that involves understanding, recognizing, and responding to the

2447 effects of trauma and will use a trauma-informed approach and trauma-specific interventions to

2448 address the consequences of trauma and facilitate healing.

2449

2450

2451 **Applicable Law**

2452 [Title VII of Public Law 115-123](#) (Family First Prevention Services Act) Subtitle A. Part I Sec.

2453 50712

2454

2455 **Practice Guidelines**

- 2456 A. The Child and Family Team will determine if placement of the child with the parent in a
- 2457 licensed family-based residential substance use treatment program is appropriate.
- 2458
- 2459 B. The recommendation for placing the child in the licensed family-based residential
- 2460 substance use treatment program will be specified in the child’s case plan prior to the
- 2461 placement start date.
- 2462 1. The recommendation for placement will be documented in the Child Placement
- 2463 Record portion of the child’s case plan in SAFE.
- 2464 2. The caseworker will enter the date, prior to placement, that the Child and Family
- 2465 Team decided that placement of the child with a parent in a licensed family-based
- 2466 residential substance use treatment program is the plan.
- 2467
- 2468 C. The DCP placement code is used for this service. This code requires the child to remain
- 2469 in foster care to be eligible for the foster care maintenance payment.
- 2470

- 2471 D. The Child and Family Team will carefully plan for key transitions, such as the parent and
2472 child leaving the facility or legal custody being returned to the parent. The team will
2473 consider how the child's needs will continue to be met if custody of the child is returned
2474 to the parent while still in the residential treatment program, which requires the child's
2475 maintenance payment to be discontinued. Post maintenance payment support could
2476 include TANF or some other source of ongoing family income.
2477

2478 **302 Planning And Interventions**

2479
2480 **302.1 Child And Family Plans**

2481 Major objectives:

- 2482 A. The Child and Family Team will create a plan based on the assessment of the child and
2483 family’s strengths and needs, which will enable them to work toward their goals. The
2484 Child and Family Team will also oversee progress towards completion of the plan and
2485 provide input into adaptations needed in the plan.
2486
2487 B. The initial plan will be developed and finalized no later than 45 days after a child’s
2488 removal from the home or placement in Child and Family Services custody, whichever
2489 occurs first. A plan is finalized on the date that it is finalized in SAFE.
2490
2491 C. In every case, a concurrent plan will be in place from the inception of the out-of-home
2492 care intervention to ensure a permanent family for the child within a timely framework.
2493

2494
2495 **Applicable Law**

2496 Utah Code Ann. [§80-3-307](#). Child and family plan developed by division -- Parent-time and
2497 relative visitation.

2498
2499 Practice Guidelines

- 2500 A. To facilitate permanency, the Child and Family Plan will include:
- 2501 1. The current strengths and Protective Factors of the child and family, as well as the
2502 threats to safety need to be addressed. In addition, a primary permanency goal
2503 and concurrent goal to provide the child with a permanent home within 12 months
2504 of the date of removal.
 - 2505 2. If the goal is reunification, the plan will specify a projected return home date and
2506 a description of steps and services offered to the parent to achieve reunification.
 - 2507 3. Description of the type of placement appropriate for the child’s special needs and
2508 best interests, in the least restrictive setting available and in close proximity to the
2509 parents, when the goal is reunification. If the child with a goal of reunification
2510 has been placed a substantial distance from the parents, the plan will describe
2511 reasons why the placement is in the best interests of the child.
 - 2512 4. If the goal is not reunification, the plan will include steps to finalize the
2513 placement, including child-specific recruitment efforts if the goal is adoption.
 - 2514 5. Safety agreement, if needed.
 - 2515 6. Plan for crisis, if needed.
 - 2516 7. Plan for next age-appropriate transition.
 - 2517 8. A plan for transition from foster care to independent living, if a child is 14 years
2518 or older. TAL services will be available to youth ages 14 and older.
 - 2519 9. Plan to assure the child receives safe and proper care including the provision of
2520 medical, dental, mental health, educational, recreational, or other specialized
2521 services and resources.

- 2522 a. If a child is placed in residential treatment and has medical or mental
2523 health issues that need to be addressed, the Child and Family Plan will
2524 include a specialized assessment of the medical and mental health needs of
2525 the child.
- 2526 b. If parental rights have not been terminated, the parents retain the right to
2527 seek a separate medical or mental health diagnosis of their child from a
2528 licensed practitioner of their choice.
- 2529 10. A visitation plan for the child, parents, and siblings, and grandparents if it is in the
2530 child's best interest.
- 2531 11. Steps for monitoring the placement and providing support to the out-of-home
2532 caregiver, including plan for visitation of the child and support to the caregiver
2533 when placed out of state.
- 2534 12. Methods by which the child's significant relationships can be maintained
2535 regardless of the permanency goals.
- 2536
- 2537 B. Child and Family Services will make substantial efforts to develop the Child and Family
2538 Plan with which the child's parents agree. If the parents do not agree with the Child and
2539 Family Plan, Child and Family Services will strive to resolve the disagreement with the
2540 parents. If the disagreement is not resolved, Child and Family Services will inform the
2541 court of the disagreement.
- 2542
- 2543 C. Parent/child involvement in the development of the Child and Family Plan. Child and
2544 Family Team Meetings and/or monthly interviews between the caseworker and parent
2545 may provide the parent with the opportunity to provide input into the development of the
2546 plan. Child and Family Team Meetings or private interviews between the child and the
2547 caseworker or other team members may provide opportunities for the child to contribute
2548 to planning.
- 2549 1. All parents will have the opportunity to participate in the development of the
2550 Child and Family Plan.
- 2551 2. For the purpose of planning, parent is defined as:
- 2552 a. The legally recognized birth mother regardless of physical custody or
2553 current level of involvement in the child's life.
- 2554 b. The legally recognized father regardless of physical custody or current
2555 level of involvement in the child's life.
- 2556 c. The legally recognized adoptive mother and/or father.
- 2557 d. The legally recognized guardian.
- 2558 e. The caregiver with whom the child was living with at the time Child and
2559 Family Services became involved AND with whom the child may remain
2560 or be reunited. This may include relative caregivers and non-relative
2561 caregivers such as stepparents.
- 2562 f. A stepparent who is living in the home where the child was residing and
2563 will be returned.
- 2564 g. The substitute caregiver(s) that has been identified as the person(s) who
2565 will be imminently providing enduring permanency for the child;
- 2566 3. Exceptions for parental involvement include:
- 2567 a. The parent is deceased.

- 2568 b. Parental rights are terminated.
- 2569 c. Parent's active or passive refusal to participate.
- 2570 (1) Active Refusal: Parent expresses verbally or in writing that they
- 2571 are not interested in participating in the development of the plan. In
- 2572 this case, the caseworker must verify with the parent that they still
- 2573 decline participation before every new plan is finalized.
- 2574 (2) Passive Refusal: Parent indicates a passive refusal to participate in
- 2575 the plan development through their actions or inactions, such as
- 2576 failing to keep appointments or returning messages. In this case,
- 2577 the caseworker must make at least two attempts to contact the
- 2578 parent face-to-face, by phone, or by correspondence every time a
- 2579 new plan is developed to provide them opportunity to participate in
- 2580 the development of the plan.
- 2581 (3) The caseworker will document the dates and efforts to involve the
- 2582 parent, methods of interaction between the caseworker and the
- 2583 parent, and the parent's expressed desire.
- 2584 d. The parents' whereabouts are unknown despite concerted efforts to locate
- 2585 them. Concerted efforts means a monthly attempt at locating the parent
- 2586 using one of the following:
- 2587 (1) Interviews with Child and Family Team members.
- 2588 (2) Interviews with extended family.
- 2589 (3) Interviews with the child.
- 2590 (4) Checking allied agency records (Department of Workforce
- 2591 Services, Office of Recovery Services, law enforcement, etc.).
- 2592 (5) On-line person locator searches.
- 2593 (6) Other sources not listed here that the caseworker or the team
- 2594 becomes aware of.
- 2595 e. Parental involvement in the planning process is detrimental to the safety or
- 2596 best interest of the child and is supported by court order or clinical
- 2597 recommendation.
- 2598 4. All children listed on the plan who are developmentally appropriate will have the
- 2599 opportunity to participate in the development of the plan to the degree that they
- 2600 are capable of contributing to the plan.
- 2601 a. A developmentally appropriate child means they have the ability to
- 2602 understand and offer relevant contributions to the plan or express
- 2603 preferential considerations within the selection of services or objectives.
- 2604 As a general guideline, children who are elementary school aged are
- 2605 regarded as being capable of contributing to the plan to some extent unless
- 2606 otherwise developmentally incapable.
- 2607 b. Contributions offered by the child will be considered by the team and
- 2608 included in the plan based on the Child and Family Team's determination
- 2609 of the appropriateness of the request.
- 2610 5. The child's court appointed Guardian ad Litem will be involved in the
- 2611 development of a child's Child and Family Plan. The Guardian ad Litem will be
- 2612 invited to any Child and Family Team Meeting held to develop, review, or modify
- 2613 the Child and Family Plan.

- 2614 a. Caseworkers will continue to schedule Child and Family Team Meetings
2615 around the needs of the child and family and will invite the Guardian ad
2616 Litem.
- 2617 b. It is not required that the Guardian ad Litem be in attendance in order to
2618 hold the Child and Family Team Meeting.
- 2619 6. Other parties may be involved in the development of the Child and Family Plan,
2620 as determined appropriate by the Child and Family Team. Child and Family
2621 Services may not prohibit others, such as the parent's attorney, from being
2622 involved in the development of the plan. Utah Code Ann. [§80-3-307](#) allows
2623 parties and their legal counsel to participate in the development of the plan if their
2624 participation is otherwise permitted by law. Before prohibiting anyone from
2625 participating in the development of a Child and Family Plan, the caseworker will
2626 staff the situation with an Assistant Attorney General to see if this is permissible.
2627
- 2628 D. Upon finalization of the Child and Family Plan, both the caseworker and supervisor will
2629 sign the plan. The caseworker will obtain signatures from the parents, child, and out-of-
2630 home caregiver. If any party refuses to sign the plan, reasons will be documented in the
2631 activity logs of the case file. Once all signatures have been obtained, copies of the plan
2632 will be sent to the Juvenile Court, Assistant Attorney General, Guardian ad Litem, legal
2633 counsel for the parents, parents, child, and out-of-home caregiver.
2634
- 2635 E. Concurrent permanency planning ensures that the child and family are prepared for both
2636 the child's primary and secondary permanency goals. Every Child and Family Plan must
2637 include a primary and secondary goal.
2638
- 2639 F. Tracking and adapting the Child and Family Plan/team review/progress summaries:
2640 1. With input from Child and Family Team members, the plan will be reviewed to
2641 track progress made and progress will be reported at least every 90 days.
2642 a. The progress summary will outline the current situation and progress
2643 towards the permanency goal.
2644 b. The progress summary will be signed by both the caseworker and
2645 supervisor and will be submitted to the Juvenile Court, Assistant Attorney
2646 General, Guardian ad Litem, legal counsel for the parents, parents, and
2647 out-of-home caregiver.
- 2648 2. The plan will be adapted:
2649 a. When the team identifies that new steps are needed to make progress.
2650 b. When the team identifies a new need.
2651 c. When needs are met.
2652 d. When there is a significant change with the child and family, including a
2653 placement change.
2654 e. At least every six months from date of removal.
2655

2656 **302.2 Purposeful Visiting With The Child, Out-Of-Home**
 2657 **Caregivers, And Parents**

2658 Major objectives:

2659 Regular visiting with a child enables the out-of-home caseworker to assess how well a child’s
 2660 placement is meeting their needs for safety, permanency, and well-being. The out-of-home
 2661 caseworker, the out-of-home caregivers, and the child work together to provide a safe, stable,
 2662 nurturing home. Visiting with parents enables an out-of-home caseworker to assess how well
 2663 they will be able to promote safety, permanency, and well-being for their children. The out-of-
 2664 home caseworker will visit with the child, out-of-home caregivers, and parents no less than once
 2665 every month.
 2666

2667
 2668 **Applicable Law**

2669 Utah Code Ann. [§80-2-301](#). Division responsibilities.
 2670

2671 Practice Guidelines

2672 A. Out-of-home caseworker visits help assure safety, permanency, and well-being. Using
 2673 face-to-face visits with children, out-of-home caregivers, and parents provides out-of-
 2674 home caseworkers an opportunity to deepen the helping relationship. Findings from the
 2675 Child and Family Services Review (CFSR) found that there is a significant positive
 2676 relationship between out-of-home caseworker visits with children and a number of other
 2677 indicators for safety, permanency, and well-being. These indicators include:

- 2678 1. Providing services to protect children in the home.
- 2679 2. Preventing removal.
- 2680 3. Managing the risk of harm to children.
- 2681 4. Establishing permanency goals.
- 2682 5. Achieving reunification, guardianship, and permanent placement with relatives.
- 2683 6. Achieving the goal of other planned living arrangements.
- 2684 7. Placement with siblings.
- 2685 8. Preserving children’s connections while in out-of-home care.
- 2686 9. Maintaining the child’s relationship with parents.
- 2687 10. Assessing needs and providing services to children and families.
- 2688 11. Involving children and parents in case planning.
- 2689 12. Visiting with parents.
- 2690 13. Meeting the educational needs of the child.
- 2691 14. Meeting the physical health needs of the child.
- 2692 15. Meeting the mental health needs of the child.

2694 B. Caseworker contact with the child: The caseworker will visit with the child. Visit is
 2695 defined as a face-to-face meeting between the child and the caseworker and must include
 2696 the following elements:

- 2697 1. Frequency - visits must occur as frequently as the conditions of the case require
 2698 and no less frequently than at least monthly.
- 2699 2. Location - the environment of the location of the visits must be conducive to open
 2700 and honest conversation. At least one monthly caseworker contact with the child

- 2701 must take place in the out-of-home placement. The interview between the
2702 caseworker and the child must be conducted away from the parent or substitute
2703 caregiver unless the child refuses or exhibits anxiety. Siblings may be
2704 interviewed together or separately, depending on the comfort level of the children
2705 or if there are safety considerations.
- 2706 3. Duration - the length of the visit must be of sufficient duration to address key
2707 issues.
 - 2708 4. Quality discussion - the content of the interview should focus on key issues
2709 pertinent to safety (including threats of harm, child vulnerabilities, and protective
2710 capacities of the caregiver), permanency, and well-being, as well as promotes the
2711 achievement of case goals. When the child is nonverbal or unable to
2712 communicate, the caseworker will document that the child is nonverbal and
2713 instead report observations regarding the child's appearance pertaining to physical
2714 well-being.
 - 2715 5. In working with an older youth, empower the youth by helping them to address
2716 their desires or needs. This enables the youth to have an opportunity to practice
2717 skills necessary for adulthood. It is also important to include youth as active
2718 members of the team. Youth should be included in all decisions that affect their
2719 lives. These will help to make it more likely that the youth's needs will be met
2720 and that they will be able to establish positive relationships.
 - 2721 6. As needed, the out-of-home caseworker and other members of the Child and
2722 Family Team develop the specifics of the visitation plan as well as to decide who
2723 will make additional visits and contacts with the child. Document this in the
2724 Child and Family Plan.
 - 2725 7. If the child is placed outside the state, the out-of-home caseworker will have at
2726 least one telephone conversation per month with the child (if the child is verbal)
2727 and with the child's out-of-home caregiver. In addition, the out-of-home
2728 caseworker will request through the Interstate Compact Placement Agreement
2729 that a courtesy caseworker have a monthly face-to-face visit with the child and
2730 provide a written report of the visit to the Utah out-of-home caseworker each
2731 quarter.
2732
- 2733 C. Caseworker contact with the out-of-home caregiver: The caseworker will visit with the
2734 out-of-home caregiver on a monthly basis. Visiting with the out-of-home caregivers will
2735 help to establish and maintain a working relationship.
- 2736 1. At a minimum, the caseworker will conduct one monthly face-to-face contact
2737 with the substitute caregiver with whom the child is living. The caseworker will
2738 assess with the substitute caregiver the safety (including threats of harm, child
2739 vulnerabilities, and protective capacities of the caregiver), permanency, and well-
2740 being needs of the child and the substitute caregiver's needs as it pertains to the
2741 child's needs.
 - 2742 2. Reviewing on a quarterly basis with the out-of-home caregiver the child's Home-
2743 to-Home Book. (See [Section 303.3](#) Maintaining The Home-To-Home Book.)
2744

- 2745 D. Monthly caseworker contact with the child’s parents: The caseworker will have regular
2746 contact with each parent to assess safety, permanency, and well-being of the children and
2747 to promote achievement of case goals.
- 2748 1. For the purpose of monthly caseworker contact with parent, parent is defined as:
2749 a. The legally recognized birth mother regardless of physical custody or
2750 current level of involvement in the child’s life.
2751 b. The legally recognized father regardless of physical custody or current
2752 level of involvement in the child’s life.
2753 c. The legally recognized adoptive mother and/or father.
2754 d. The legally recognized guardian.
2755 e. The caregiver with whom the child was living with at the time Child and
2756 Family Services became involved AND with whom the child may be
2757 reunited. This may include relative caregivers and non-relative caregivers
2758 such as stepparents.
2759 f. The substitute caregiver(s) that has been identified as the person(s) who
2760 will be imminently providing enduring permanency for the child.
- 2761 2. Contact is defined as a face-to-face meeting between the parent and the
2762 caseworker and must include the following elements:
2763 a. Frequency - visits must occur at least monthly.
2764 b. Location - the environment of the location of the visits must be conducive
2765 to open and honest conversation.
2766 c. Duration - the length of the visit must be of sufficient duration to address
2767 key issues.
2768 d. Quality discussion - the content of the interview should focus on issues
2769 pertinent to case planning, service delivery, and goal achievement.
- 2770 3. Exceptions for caseworker contact with parent include:
2771 a. The parent is deceased.
2772 b. Parental rights are terminated.
2773 c. Parent’s active or passive refusal to participate.
2774 (1) Active Refusal: Parent expresses verbally or in writing that they
2775 are not interested in having monthly contact with the caseworker.
2776 In this case, the caseworker must periodically verify with the
2777 parent that they still decline contact. Periodic means that the
2778 caseworker attempts to make some type of contact whether it be
2779 face-to-face, phone, or correspondence with the parent at a
2780 minimum of a quarterly basis if reunification is the goal. If
2781 reunification has been terminated but parental rights are still in
2782 place, periodic contact means every six months.
2783 (2) Passive Refusal: Parent indicates a passive refusal to have monthly
2784 contact with the worker through their actions or inactions, such as
2785 failing to keep appointments or returning messages. In this case,
2786 the caseworker must make at least two attempts a month to contact
2787 the parent face-to-face, by phone or correspondence, while
2788 reunification services are provided to that parent. When
2789 reunification is terminated but parental rights are still in place,

- 2790 periodic attempts to contact the parent may be reduced to every six
2791 months.
- 2792 (3) The caseworker will document the dates and efforts to contact the
2793 parent, methods of interaction between the caseworker and the
2794 parent, and the parent’s expressed desire or actions/inactions.
- 2795 d. The parents’ whereabouts are unknown despite concerted efforts to locate
2796 them. Concerted efforts means a monthly attempt at locating the parent
2797 using one of the following:
- 2798 (1) Interviews with Child and Family Team members.
2799 (2) Interviews with extended family.
2800 (3) Interviews with the child.
2801 (4) Checking allied agency records (Department of Workforce
2802 Services, Office of Recovery Services, law enforcement, etc.).
2803 (5) On-line person locator searches.
2804 (6) Other sources not listed here that the caseworker or the team
2805 becomes aware of.
- 2806 e. Parental involvement in the planning process is detrimental to the safety or
2807 best interest of the child and is supported by court order or clinical
2808 recommendation.
- 2809 f. When the parent resides out of the county, face-to-face contact may be
2810 replaced by other means of contact such as BY phone or correspondence.
2811
- 2812 E. Monthly Home Visit: The caseworker will check on the residence where the child is
2813 living and observe and document the general conditions pertaining to threats of harm,
2814 child vulnerabilities, and protective capacities of the caregivers. The caseworker will not
2815 enter a home for the purpose of a visit without a caregiver present, unless the child’s
2816 caregiver has granted permission. This approval should be documented. The caseworker
2817 may enter the family’s home in an emergency without a caregiver’s permission. **If the**
2818 **home environment provides a threat of harm to the child, address the threat with the**
2819 **caregiver and report the concern to the Resource Family Consultant (RFC) assigned**
2820 **to the home.**
- 2821
- 2822 F. The outcomes of out-of-home caseworker visitation include:
- 2823 1. Assessing safety, permanency, well-being, strengths, and needs. A series of
2824 developmentally appropriate checklists and questions developed by the National
2825 Resource Center for Family-Centered Practice and Permanency Planning
2826 (NRCFCPPP) can be used by the out-of-home caseworker with the child, out-of-
2827 home caregivers, or parents during their face-to-face visits. (To view these
2828 checklists and questions, go to
2829 [http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-
2831 visiting.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-
2830 visiting.html)).
- 2831 2. Addressing and planning for any immediate needs and concerns.
2832 3. Reviewing progress and completion of steps of the Child and Family Plan,
2833 including the identified permanency goal for the child, out-of-home caregivers, or
2834 parents.

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4. Planning toward the child’s permanency goal, concurrent plan, and long-term view.
 5. Identifying any challenges and developing solutions.
 6. Providing an opportunity for the child, out-of-home caregivers, or parents to share events, successes, feelings, and issues such as those related to the family and child’s education, health, behavior (including separation, grief, and loss), relationships, and any items of special interest or concern for the child.
 7. Engaging the child, out-of-home caregivers, or parents in an active dialogue that promotes the change process. It may be useful to use solution-focused questions.
 8. Providing information about resources and linking necessary supports and services for the child, out-of-home caregivers, or parents. Assisting the parents in attaining needed resources (i.e., securing housing, transportation, etc.).
Examining other issues related to the delivery of services to identify and remove or reduce barriers to the attainment of those services.
 9. Discussing and monitoring current appointments and issues pertaining to the child such as medical, dental, mental health, school, culture, court, and parent and sibling visitation.
 10. Providing opportunities for the child, out-of-home caregivers, and parents to make choices about next steps.
 11. Making suggested changes and modifications to the Child and Family Plan in partnership with the team.
- G. In addition to the monthly visit, the out-of-home caseworker will be available to provide ongoing counsel to address any immediate concerns or issues that the child, out-of-home caregivers, or parents may have.

2861 **303 Services And Interventions**

2862 Major objectives:

2863 Determination of interventions and service modalities will be matched to the assessed needs of
2864 the family. Only interventions deemed as best practice and approved by Child and Family
2865 Services will be utilized.

2866
2867 In order to provide services to promote successful reunification or other permanency options for
2868 the child, the family will be seen as the center of case management and Child and Family
2869 Planning. Services will be delivered according to the individualized assessed needs of the family
2870 as early in the intervention process as possible.
2871

2872
2873 **303.1 Visitation With Familial Connections**

2874 Major objectives:

2875 Purposeful and frequent visitation with parents and siblings is a child’s right, not a privilege or
2876 something to be earned or denied based on behavior of the child or the parent. Children also have
2877 the right to communicate with other family members, their attorney, physician, clergy, and others
2878 except where documented to be clinically contraindicated. Intensive efforts will be made to
2879 engage biological parents in continuing contacts with their child, through visitation and
2880 supplemented with telephone calls and written correspondence unless contraindicated by court
2881 order for the child’s safety or best interests.
2882

2883
2884 **Applicable Law**

2885 Utah Code Ann. [§80-1-102](#). Definitions.

2886 Utah Code Ann. [§80-2-301](#). Division responsibilities.
2887

2888 Practice Guidelines

2889 A. Visitation plans between the child, parent, and siblings will be individualized to meet the
2890 needs of the family. Visitation plans will be facilitated by joint planning between the
2891 members of the Child and Family Team. Visits will occur as often as possible with once
2892 per week as the general guideline. Frequent visitation and contact between siblings not
2893 placed together in out-of-home care is required unless there is a safety or well-being issue
2894 that prevents the siblings from having visitation or ongoing interaction.

2895 1. Visitation between siblings who have been separated by adoption or foster care
2896 placement may occur if it is the best interest of the child and the caseworker has
2897 obtained consent from the parent, guardian, or adoptive parents to have their child
2898 participate in visitation with the sibling who they have been separated from.

2899 a. Example: Two children are in foster care, but have been placed with
2900 separate families. One family adopts, the other has not. The caseworker
2901 will need to gain the consent of the adoptive family for sibling visitation to
2902 continue.

2903 b. Example: A child is placed in foster care and the child’s siblings remain in
2904 the home the child was removed from. The caseworker will need to gain
2905 the consent of the parent/guardian for sibling visitation to occur.

- 2906
2907 B. The Child and Family Team will consider and approve visitation and/or other forms of
2908 contact with relatives for children in state custody if it is determined that contact will be
2909 in the best interest of the child, there are no safety concerns, and allowing contact would
2910 not compete with or undermine reunification goals. [See: Kinship Practice Guidelines
2911 Section 502.3a and Out-of-Home Care Practice Guidelines [Section 300.7.](#)]
2912
- 2913 C. Visitation with parents, siblings, and grandparents will occur in the most natural setting,
2914 such as family's home, library, church, or community center, neighborhood park,
2915 shopping center, etc.
2916
- 2917 D. Supervised visits will only occur in situations where safety or emotional well-being of the
2918 child is in question and will be conducted by caseworkers, kin or out-of-home caregivers,
2919 trained assistants, or other qualified individuals.
2920
- 2921 E. Visitation plans with parents, siblings, and grandparents will be outlined in the Child and
2922 Family Plan and specific arrangements will be made between the parents and out-of-
2923 home caregivers, with consultation by the Child and Family Team, and may include
2924 suggested locations, dates, times, and individuals responsible to transport and attend.
2925
- 2926 F. In situations where distance or other circumstances present difficulty for the family,
2927 alternative transportation arrangements will be explored with the team, such as bus, light-
2928 rail, or meeting at the half-way point between locations. If, after creative exploration of
2929 all options by the Child and Family Team, weekly visits are still not feasible, schedule
2930 longer visits as frequently as possible, with other means of communication encouraged
2931 between visits.
2932
- 2933 G. Kin or out-of-home caregivers may only censor or monitor a child's mail or phone calls
2934 by court order.
2935
- 2936 H. Contacts with family for children placed out-of-state:
2937 1. A child who is placed out-of-state in out-of-home care may make two trips home
2938 a year at the state's expense. The region may make exceptions to this in
2939 emergencies, such as the serious illness or death of a parent or family member. If
2940 the parent has moved out-of-state and the permanency goal is to return the child to
2941 the parent, the child may also make two trips per year to visit the parent at the
2942 state's expense if the parent cannot afford to purchase the necessary tickets.
2943 2. Children who are placed out-of-state or out of the area will be encouraged to
2944 maintain written and telephone contact with their parents as negotiated by the
2945 Child and Family Team.
2946

303.2 Caseworker Visitation With The Child

(This section has been replaced with [Section 302.2.](#))

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2948
2949
2950

2951 **303.3 Maintaining The Home-To-Home Book**

2952 Major objectives:

2953 The child’s Home-to-Home Book will be initially created by the caseworker and maintained by
2954 the out-of-home caregiver to preserve vital information about the child’s events and activities
2955 during the time the child spent in care and relevant information contained therein to be shared
2956 with appropriate health care and educational providers during visits to ensure continuity of care.
2957

2958
2959 **Applicable Law**

2960 Utah Code Ann. [§80-2-301](#). Division responsibilities.
2961

2962 Practice Guidelines

- 2963 A. The child’s Home-to-Home Book will contain all information about the child while in
2964 out-of-home care, including:
- 2965 1. Names and addresses of providers, an inventory of belongings, a behavior
2966 checklist, information about the child’s needs and habits, visitation information,
2967 and a section for the safe-keeping of mementos and photographs.
 - 2968 2. Health history, current health status, medications, immunization record, copies of
2969 medical reports, and names and addresses of health care providers.
 - 2970 3. School records, including school name and address, preschool information as well
2971 as educational information, the names of teachers and counselors familiar with the
2972 child, the child’s grade level performance, and special education needs.
 - 2973 4. Records and contact persons from any other public and private health, mental
2974 health, or social service agencies that have worked with the child.
 - 2975 5. Past mental health problems and special needs of the child.
 - 2976 6. Documentation and receipts for any items or services purchased for the child
2977 while in out-of-home care.
 - 2978 7. Name, address, and phone number of the child’s Guardian ad Litem and the
2979 Guardian’s ad Litem role in protecting the child’s interest. Out-of-home
2980 caregivers are encouraged to contact the child’s Guardian ad Litem with any
2981 concerns that the child’s needs are not being met.
2982
- 2983 B. Print the forms from SAFE. Existing forms are to be kept in the Home-to-Home Book to
2984 serve as a history while the child is in care. At time of each placement, new forms are
2985 generated to serve as updates, but do not replace existing forms and information.
2986
- 2987 C. The Home-to-Home-Book is to be reviewed, updated, and supplied to the out-of-home
2988 caregiver at the time of placement. If not, the caseworker will deliver and review the
2989 record with the out-of-home caregiver no later than 10 working days from date of
2990 placement.
2991
- 2992 D. The caseworker will explain to the out-of-home care provider during the review of the
2993 Home-to-Home Book that medical care must be obtained only from an approved
2994 Medicaid provider, which means that if an HMO is designated on the child’s card, the
2995 health care provider must participate in that HMO.

- 2996
- 2997 E. The out-of-home caregiver must take health care history information from the Home-to-
- 2998 Home Book to health care visits to assure continuity of care and prevent unnecessary
- 2999 duplication of medical care (such as immunizations).
- 3000
- 3001 F. The out-of-home caregiver is to keep current records of the child’s vital information and
- 3002 important events in the Home-to-Home Book.
- 3003
- 3004 G. The caseworker will review the Home-to-Home Book at least quarterly with the out-of-
- 3005 home caregiver and the child, when appropriate, to discuss the child’s school progress,
- 3006 medical needs, use of clothing allowance and other special needs payments, and other
- 3007 issues related to the placement.
- 3008
- 3009 H. Upon case closure, the caseworker will retrieve the Home-to-Home Binder from the out-
- 3010 of-home caregiver and do the following:
- 3011 1. Give the items contained in the mementos and photograph packets to the parent, if
- 3012 the child is returned home, or to the permanent placement provider.
- 3013 2. Remove any forms or information contained in the remaining packets and place in
- 3014 the green out-of-home binder, to be archived upon case closure.
- 3015 3. Place the emptied Home-to-Home binder and packets into the designated area for
- 3016 reuse.
- 3017

3018 303.4 Educational Services

3019 Major objectives:

3020 The caseworker will make every effort to ensure that all children placed in out-of-home care
3021 receive appropriate educational services consistent with their needs. Child and Family Services
3022 staff will work with the Child and Family Team to help the child achieve his or her full
3023 educational potential. Child and Family Services will ensure that children in out-of-home care
3024 have educational stability, when possible and appropriate. The guide for "[Educating Youth in](#)
3025 [State Care](#)" contains information regarding frequently asked questions.
3026

3027

3028 **Applicable Law**

3029 Utah Code Ann. [§80-2-301](#). Division responsibilities.
3030 Utah Code Ann. [§53G-6-402](#). Open enrollment options -- Procedures -- Processing fee --
3031 Continuing enrollment.

3032 Practice Guidelines

- 3033
- 3034 A. If a child in the custody of Child and Family Services has attained the minimum age for
- 3035 school attendance, the caseworker will ensure that the child is enrolled in school on a
- 3036 full-time basis. Educational information, including the child’s educational placement,
- 3037 will be documented in SAFE on the Education Tab by the caseworker.
- 3038 1. If the child has a medical condition and is incapable of attending school on a full-
- 3039 time basis, the caseworker will document the condition in SAFE in the comments
- 3040 section of the Education tab. The caseworker will also document in the comments

- 3041 section of the Education tab any alternate arrangements made to provide
3042 educational services for a child unable to attend school full time.
- 3043 2. Educational information for a child unable to attend school on a full-time basis
3044 will be updated in the in the comments section of the Education tab in SAFE
3045 when a Child and Family Plan is updated or as changes in the child’s medical
3046 condition or educational placement occur.
3047
- 3048 B. When a child is placed in the custody of Child and Family Services, and whenever a child
3049 changes placement, efforts will be made to maintain the child’s enrollment at their
3050 existing school. If safety, transportation, and other issues can be adequately addressed, a
3051 child should remain in their existing school in order to allow consistency in their
3052 education. The process for determining the child’s educational placement is as follows:
- 3053 1. The caseworker will assess any safety concerns that exist and determine if the
3054 child can safely remain in the school where they were originally enrolled when
3055 they came into custody. Any safety concerns regarding the educational placement
3056 will, at a minimum, be documented in the Child and Family Assessment and in
3057 the comments section of the Education tab in SAFE.
- 3058 2. While assessing whether the child may remain in their school placement, the
3059 caseworker will gather and take into account input from educational staff and
3060 Child and Family Team members.
- 3061 3. Utah Code Ann. [§53G-6-402](#) allows the child in state custody to remain in the
3062 school they were enrolled in prior to coming into custody, and whenever a child
3063 changes placement. The caseworker and Child and Family Team will determine
3064 whether it is in the best interest of the child to remain in the school they are
3065 currently enrolled in and will consider proximity to the school when making
3066 placement decisions. If it is in the child’s best interest, the caseworker will give
3067 significant consideration to placements that will facilitate the child to continue to
3068 attend the school they were enrolled in when the child entered custody.
- 3069 4. If the child remains in the school they were enrolled in when they entered
3070 custody, the caseworker will inform the school that the child has entered state
3071 custody and will work with educational staff to ensure that any safety concerns
3072 are addressed.
- 3073 a. If there is a protective order or no-contact order in place for the child
3074 against any individual, the caseworker will provide a copy of the order to
3075 the school.
- 3076 5. When a child in Child and Family Services custody must be transferred to a new
3077 school, the caseworker will do the following:
- 3078 a. Make every effort to cause the least disruption with the child’s education
3079 (e.g., waiting until the end of a semester or year to move a child from the
3080 school).
- 3081 b. Document in the Education tab in SAFE why it was not in the best interest
3082 of the child to remain in the school they were enrolled in at the time they
3083 came into custody.
- 3084 c. Consult with staff at the former school about how to minimize disruptions
3085 of the child's education.
- 3086 d. Inform the new school that the child in state custody will be enrolled.

- 3087 (1) Within three school days of a child’s placement in foster care or in
3088 a new out-of-home placement, the caseworker or caregiver will
3089 enroll the child in school.
- 3090 e. Obtain and complete all fee waiver forms from the school and authorize
3091 payment of school fees not waived; and will refer the child to the Youth in
3092 Custody (YIC) program and will fill out the necessary forms to enroll the
3093 child. This is required if a YIC program exists. If a child is in a school
3094 district that does not have an applicable YIC program, the caseworker or
3095 out-of-home caregiver will refer the child to the appropriate school
3096 principal or staff for assessment of educational needs.
- 3097 (1) The caseworker, out-of-home caregiver, and the child will meet
3098 with the YIC program staff and/or school administration from the
3099 new school. Other members of the Child and Family Team may be
3100 included in this process.
- 3101 f. Ensure that the new school specifically requests special education records
3102 from the former school. Special education records are not transmitted to
3103 the receiving school with the general educational file unless specifically
3104 requested. (Special education records are kept in a separate location than
3105 other general education records.)
- 3106 g. Provide copies of any educational records they have to the new school
3107 when a child is changing schools to facilitate the immediate enrollment of
3108 a child into the appropriate academic placement.
- 3109
- 3110 C. The caseworker will gather any available educational information and provide it to the
3111 out-of-home caregivers for placement in the Home-to-Home Book within ten days from
3112 the date of placement.
- 3113
- 3114 D. At any time during the child's placement, if any member of the Child and Family Team
3115 has reason to suspect that the child may have a disability requiring special education
3116 services, the child will be referred for assessment for specialized services.
- 3117
- 3118 E. The caseworker will maintain contact with educational staff to monitor the child’s
3119 ongoing educational status, including grades, attendance, and credits toward graduation.
3120 Educational staff or input will be included in Child and Family Team Meetings when
3121 appropriate.
- 3122
- 3123 F. In order to cause the least amount of disruption to the child’s education, caseworkers and
3124 other Child and Family Services’ staff will make active efforts to minimize school
3125 interruptions and should avoid taking the child out of school for visits and appointments.
3126 Appointments will be made after school hours when at all possible. When court hearings
3127 require a child to be present for the hearing, caseworkers and/or foster parents will make
3128 arrangements with the school beforehand to obtain school work and assignments for the
3129 time the child will be excused.
- 3130
- 3131 G. It is always allowable for CPS caseworkers to take a child out of class for the purposes of
3132 conducting an interview regarding an allegation of abuse or neglect.

- 3133
- 3134 H. Pursuant to Utah Code Ann. [§53G-9-604](#), a school must notify a parent or guardian
- 3135 when a student threatens to commit suicide and/or a student is involved in an incident of
- 3136 bullying, cyber-bullying, harassment, hazing, or retaliation
- 3137 1. When a school notifies a caseworker that a child in out-of-home care was
- 3138 involved in one of the above types of incidents, the caseworker will:
- 3139 a. Notify the parent or guardian if parental rights have not been terminated
- 3140 and the parent’s whereabouts are known.
- 3141 b. Notify the foster parent and other relevant members of the Child and
- 3142 Family Team (such as the therapist, treatment providers, etc.).
- 3143 c. Request a written report from the school regarding the incident
- 3144 d. Notify and staff the situation with the supervisor.
- 3145 e. If region protocol directs, notify designated regional administrative staff.
- 3146 f. Notify the Guardian ad Litem and Assistant Attorney General of the
- 3147 situation as soon as possible.
- 3148 g. Record all known details of the emergency situation and action taken in
- 3149 the SAFE activity logs.
- 3150 2. If an out-of-home caregiver receives notification from a school that the child was
- 3151 involved in one of the above incidents, the out-of-home caregiver will notify the
- 3152 caseworker by phone or email within 24 business hours.
- 3153 a. Upon receiving notification that the child was involved in one of the above
- 3154 incidents, the caseworker will ensure that they complete the steps listed in
- 3155 subsection 1 above.
- 3156

303.5 Health Care

Major objectives:
 All children placed in out-of-home care will receive health care services according to the requirements of Child and Family Services whether they are Medicaid eligible or not. The Child and Family Services caseworker will notify parents of any medical, dental, or mental health needs or appointments for their child.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

The following health care services will be provided:

- 3170
- 3171 A. If there is any sign of abuse or neglect or if the child is ill, the child will be seen by a
- 3172 health care provider within 24 hours.
- 3173
- 3174 B. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever
- 3175 occurs first, the child will receive:
- 3176 1. Well Child CHEC (Child Health Evaluation and Care) exam.

- 3177 a. If the child has been seen by a physician within 30 days prior to removal
3178 or court-ordered custody and additional concerns are identified, the child
3179 should be seen again within 30 days after removal or court-ordered
3180 custody.
- 3181 b. A Well Child CHEC should be scheduled with the child’s Primary Care
3182 Physician (PCP).
- 3183 c. If a child does not have a PCP, the RN assigned to the case should be
3184 consulted with to identify a provider that is on the child’s insurance plan
- 3185 d. If the PCP does not have an available appointment within 30 days, a
3186 provider that accepts the child’s health insurance plan should see the child
3187 and the report should be forwarded to the PCP.
- 3188 e. For children under the age of two years, the Periodicity Schedule will be
3189 followed. The Periodicity Schedule is:
- 3190 (1) Birth.
- 3191 (2) Two weeks of age.
- 3192 (3) Two months of age.
- 3193 (4) Four months of age.
- 3194 (5) Six months of age.
- 3195 (6) Nine months of age.
- 3196 (7) Twelve months of age.
- 3197 (8) Fifteen months of age.
- 3198 (9) Eighteen months of age.
- 3199 (10) Twenty-four months of age.
- 3200 (11) Annually after 24 months of age.
- 3201
- 3202 C. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever
3203 occurs first, the child will receive:
- 3204 1. Dental exam:
- 3205 a. Required for children three years of age and older.
- 3206 b. Children under age three will be followed by their PCP and referred to a
3207 dentist with any identified problems.
- 3208 c. If the child has been seen by a dental provider or PCP if under age three
3209 within 30 days prior to removal or court-ordered custody and additional
3210 concerns are identified, the child should be seen again within 30 days after
3211 removal or court-ordered custody.
- 3212 2. Mental Health Assessment:
- 3213 a. Children five years of age and older will receive a mental health
3214 assessment.
- 3215 b. If the child has been seen by a mental health provider within 30 days prior
3216 to removal or court-ordered custody and additional concerns are identified,
3217 the child should be seen again within 30 days after removal or court-
3218 ordered custody.
- 3219
- 3220 D. Developmental and Social Emotional Assessment:
- 3221 1. PCPs will follow developmental progress for infants.

- 3222 2. For children 4 months to 5 years of age who are removed or court-ordered into
3223 custody, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages
3224 Questionnaire-Social Emotional (ASQ-SE) Screening Tools will be mailed to the
3225 foster parent for completion based on the child’s current age and the following
3226 schedule: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60
3227 months.
- 3228 3. Infants and children 4 months to 36 months (3 years): The ASQ and ASQ-SE
3229 will be used in determining the need for further developmental/mental health
3230 assessment.
- 3231 a. The ASQ and ASQ-SE will be completed with the child by the current
3232 out-of-home caregiver. Upon completion, the questionnaires are sent back
3233 to the FHC Program staff to be scored.
- 3234 b. If a child scores below the recommended level, FHC staff will coordinate
3235 a referral for Early Intervention within 30 days of the return of the
3236 questionnaire.
- 3237 4. Children ages 37 months to 60 months (3 years and one month to 5 years): The
3238 ASQ and ASQ-SE will be used in determining the need for further mental health
3239 assessment.
- 3240 a. The ASQ and ASQ-SE will be completed with the child by the current
3241 out-of-home caregiver. Upon completion, the questionnaires are sent back
3242 to the FHC Program staff to be scored.
- 3243 b. If a child scores below the recommended level, FHC staff will coordinate
3244 a referral to the local school district or mental health care provider where
3245 the child resides within 30 days of the return of the questionnaire.
3246
- 3247 E. Immunizations and Vaccinations: All children in out-of-home care will receive
3248 immunizations and vaccinations as recommended by the Center for Disease Control
3249 (CDC).
- 3250 1. Those children behind the recommended CDC schedule of immunizations and
3251 vaccinations when entering out-of-home care will be caught up as recommended
3252 by their PCP.
- 3253 2. Families who have medical or religious beliefs that exempt them from
3254 immunizations or vaccinations will have this information documented in the
3255 Health screen and activity log in SAFE.
3256
- 3257 F. Medical, Dental, and Mental Health Referrals: Referral and follow-up appointments will
3258 be completed within 90 days from the receipt of the health visit report (HVR) or as
3259 otherwise specified by the referring and/or treating health care professional.
3260
- 3261 G. Second Opinions for Health Care: Children requiring specialized medical services may
3262 receive a second opinion from a provider that specializes in the area of need.
3263
- 3264 H. Concerns that Arise Prior to the Scheduled Exams:
3265 1. A child with medical, dental, or mental health concerns that arise prior to the
3266 required scheduled exams will be immediately referred to the appropriate health
3267 care professional.

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2. The referral will be documented in the activity logs in SAFE. Concerns may include uncontrollable behavior, sleep disturbances, suicide ideation/thoughts, harming self or others, enuresis/encopresis, illness, fever, aches/pains, vomiting, diarrhea, bleeding, etc.
 3. PCPs of children entering custody with chronic medical conditions such as epilepsy, diabetes, respiratory, metabolic conditions, congenital anomalies, etc. will be notified of their current custody status. Communication will originate with the caseworker and will include the regional FHC staff.
- 3277 I. Identifying and Addressing Unresolved Trauma for Children in Foster Care:
- 3278 1. The caseworker will use the assessment tool provided by Child and Family
3279 Services to assess if unresolved traumatic experiences are making it difficult for
3280 the child to function in daily life. The current assessment tool[s] used to assess
3281 for trauma adjustment symptoms is the Utah Family and Child Engagement Tool.
 - 3282 2. If the caseworker identifies on the assessment that the child's daily functioning is
3283 being adversely affected by unresolved issues of trauma, the caseworker will
3284 provide the information to a mental health professional for further assessment and
3285 treatment of the child. If the child is currently receiving mental health treatment,
3286 the caseworker will provide the information to the mental health professional
3287 working with the child.
3288
- 3289 J. For Youth Temporarily Placed in Detention Facilities: The initial or annual Well Child
3290 CHEC must be completed within 30 days of release, if not completed while in detention.
3291
- 3292 K. Re-entry into Out-of-Home Care: When a child re-enters custody or returns from
3293 runaway status, a Well Child CHEC must be completed within 30 days. Unless there are
3294 health and safety concerns identified, the dental exam and mental health assessment can
3295 be waived if one was completed within the past year while in out-of-home care.
- 3296 1. If it has been less than one year since completion of the dental exam or mental
3297 health assessment, the next exams will be prompted in SAFE as an annual
3298 occurrence from the last completed date.
 - 3299 2. If it has been over one year since completion of the dental or mental health exams,
3300 an exam must be completed within 30 days. Prompting for the next annual exams
3301 will begin in SAFE from the removal or court-ordered custody date, whichever
3302 occurs first.
3303
- 3304 L. Annually: While in out-of-home care, all children will receive an annual Well Child
3305 CHEC according to the Periodicity Schedule, dental exam, and mental health assessment
3306 or developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will
3307 be completed within 30 days of the annual due date.
3308
- 3309 M. Psychotropic Medication Overview Panel:
- 3310 1. Pursuant to Utah Code Ann. [§80-2-503.5](#), Child and Family Services is required
3311 to establish and operate a psychotropic medication oversight panel for children in
3312 foster care to ensure that foster children are being prescribed psychotropic
3313 medication consistent with their needs.

- 3314 2. The review panel shall be comprised, at minimum, of an Advanced Practice
3315 Registered Nurse (APRN) and a child psychiatrist. Other individuals may be
3316 added to the panel as resources permit and when Child and Family Services
3317 determines it to be necessary.
- 3318 3. The children shall be referred to the oversight panel by the Fostering Healthy
3319 Children nurse. The oversight panel shall monitor foster children that meet the
3320 following criteria:
- 3321 (a) Six years old or younger who are being prescribed one or more
3322 psychotropic medications; and
- 3323 (b) Seven years old or older who are being prescribed two or more
3324 psychotropic medications.
- 3325 4. The oversight panel may request information and/or records related to the foster
3326 child's health care history, including psychotropic medication history and mental
3327 and behavioral health history, from the foster child's current or past caseworker;
3328 the foster child; the foster parents; the natural parents, and/or the foster child's
3329 current or past health care provider. The caseworker and/or nurse shall assist in
3330 obtaining the information and records requested by the oversight panel and
3331 provide it to the oversight panel within 15 working days of the request.
- 3332 5. The caseworker may also provide any additional information regarding the child
3333 that may provide insight or inform the oversight panel in making a determination
3334 regarding whether the psychotropic medication is consistent with the child's
3335 needs.
- 3336 6. The oversight panel may make recommendations to the foster child's health
3337 care providers concerning the foster child's psychotropic medication or the foster
3338 child's mental or behavioral health.
- 3339 7. After discussing the recommendations with the current health care provider, the
3340 oversight panel shall provide a copy of the written recommendations to the nurse,
3341 who will inform the foster child's caseworker, out-of-home caregiver, and other
3342 relevant team members of the recommendations.
- 3343 8. The oversight panel will also establish a procedure, such as a "help" telephone
3344 number, that a current health care provider may access when they need assistance
3345 for prescribing medication to children in foster care.
- 3346
- 3347 N. Working with Youth: When working with youth and when appropriate, encourage them
3348 to make their own health care appointments and become active participants in learning
3349 about their health care services and needs.
- 3350
- 3351 O. Including parents/guardians in child's health treatment:
- 3352 1. Caseworkers will make reasonable measures to notify a parent/guardian of any
3353 non-emergency health treatment or care scheduled for a child. Reasonable
3354 measures include notifying the parent/guardian of scheduled health care
3355 appointments a minimum of 24 hours prior to the health care appointment through
3356 phone call, text message, email, written letter, or face-to-face contact. Out-of-
3357 home caregivers may also assist the caseworker in providing notification to the
3358 parent/guardian of medical appointments. If there are no legal restrictions
3359 regarding contact between the parent/guardian and the child due to safety issues,

- 3360 the parent/guardian will be invited to attend all health care appointments for the
3361 child.
- 3362 2. The caseworker will document in the SAFE activity logs the method that was
3363 used to inform the parent/guardian of the health care appointments.
- 3364 3. Health care decisions will be discussed with the parent during health care
3365 appointments and/or in Child and Family Team Meetings, in order for the
3366 caseworker to include the parent/guardian as fully as possible in making health
3367 care decisions for the child.
- 3368 a. The caseworker will defer to the parent/guardian's reasonable and
3369 informed decisions regarding the child's health care to the extent that the
3370 child's health and well-being are not unreasonably compromised by the
3371 parent/guardian's decision.
- 3372 b. If a caseworker feels that the decision made by the parent/guardian
3373 compromises the child's health or well-being, the caseworker will provide
3374 the information to the court, along with the recommendation from the
3375 child's health care provider, and ask that the court make a decision
3376 regarding how to proceed with the child's health care.
- 3377 4. The caseworker will notify the parent/guardian of a child within five business
3378 days after a child in the custody of Child and Family Services receives emergency
3379 health care or treatment. This includes when the child is sick or injured.
3380

3381 **303.5.1 Signing Consent For Medical Procedures**

3382 Major objectives:

3383 The purpose of this section is to describe who can sign consent on medical forms for children
3384 placed in out-of-home care. The individual designated to sign consent depends on whether Child
3385 and Family Services has custody only or has custody and guardianship of the child. In all cases,
3386 parents who retain parental rights should be included in medical decisions for a child in out-of-
3387 home care unless doing so would constitute a threat of harm to the child or a court order that
3388 indicates otherwise. When possible, caseworkers should share information regarding the medical,
3389 dental, and mental health needs of the child with the parents and members of the Child and Family
3390 Team prior to any procedures being completed.

3391
3392 A. When a child is placed in out-of-home care, the court either grants Child and Family
3393 Services both legal custody and guardianship of a child, or grants Child and Family
3394 Services legal custody while the parent retains guardianship. Legal custody includes the
3395 right to consent to ordinary medical care and the right, in an emergency, to authorize
3396 surgery or other extraordinary care. If Child and Family Services is granted legal custody
3397 while the parent retains guardianship, guardianship entitles parents to consent to major
3398 medical, surgical, or psychiatric treatment.

3400 B. At times the court grants Child and Family Services custody and guardianship of a child,
3401 which means a parent does not retain the right to consent to major medical, surgical, or
3402 psychiatric treatment while their child is placed in out-of-home care. That authority is
3403 vested in Child and Family Services as guardian of the child.

3404
3405 C. If there has been a termination of parental rights (TPR), the parent does not retain any
3406 parental rights.

3407
3408 For further information regarding parental rights, refer to the definitions found in Utah Code Ann.
3409 [§80-1-102](#).

3410
3411
3412 Practice Guidelines

3413 A. Regular medical/dental/mental health procedures: A caseworker or out-of-home
3414 caregiver can sign consent forms giving permission for a child in out-of-home care to be
3415 seen by a medical provider for regular medical, dental, mental health assessments,
3416 screenings, check-ups, testing, or follow-ups.

3417
3418 B. Major Medical, Surgical, Psychiatric Treatment, or Psychotropic Medication: Some
3419 medical procedures carry risks of complications and even death. The following are
3420 considered to be major medical, surgical, or psychiatric treatment: administration of
3421 general anesthesia; IV sedation with any type of treatment; Electroconvulsive therapy
3422 (ECT); inpatient hospitalization for any reason; or an involuntary commitment of a child.
3423 Caseworkers should consult with the child’s medical, dental, or mental health provider
3424 recommending the treatment, as well as the Fostering Healthy Children nurse team
3425 member for clarification of whether a recommended treatment meets these criteria. If a

- 3426 child is being prescribed psychotropic medication, it shall be in consultation with the
3427 Child and Family Team and include documentation of informed consent.
3428
- 3429 C. For questions regarding the guardianship status of a child placed in out-of-home care,
3430 caseworkers will refer to the court order that places the child in Child and Family
3431 Services custody or consult the Assistant Attorney General assigned to the case.
- 3432 1. A parent that retains guardianship: If a parent retains guardianship, the parent
3433 must consent to major medical, surgical, and psychiatric treatment. The parent
3434 should be asked to sign consent if the child requires any of the major medical,
3435 surgical, or psychiatric treatments defined above.
 - 3436 2. If custody and guardianship has been granted to Child and Family Services: It is
3437 not legally required for the parent to give consent for major medical, surgical, or
3438 psychiatric treatment (even in instances when parental rights have not been
3439 terminated). For these types of situations, a Child and Family Services caseworker
3440 is the most appropriate person to sign consent. However, it is an expectation and
3441 best practice that caseworkers will discuss necessary medical procedures with the
3442 parents prior to treatment, when possible. In most cases this should be done
3443 within the context of a Child and Family Team Meeting. If a parent objects to
3444 the proposed medical treatment, the caseworker should consult with the Assistant
3445 Attorney General.
 - 3446 3. If a parent’s rights have been terminated: Child and Family Services is not
3447 required to gain parental consent for major medical, surgical, or psychiatric
3448 treatment. The caseworker may sign the consent form OR they may consult with
3449 the Assistant Attorney General and have the procedure court ordered.
 - 3450 4. Parent refuses to sign: If it is recommended that the child needs a major medical,
3451 surgical, or psychiatric treatment, and the parent refuses to sign the consent form,
3452 the caseworker is to consult the Assistant Attorney General. Depending on the
3453 type of treatment required, it may be determined that there is a need to have the
3454 major medical, surgical, or psychiatric treatment court ordered.
 - 3455 5. Emergency situations: In emergency type situations, Child and Family Services is
3456 not required to gain parental consent for major medical, surgical, or psychiatric
3457 procedures. Utah state statute clarifies that whoever has legal custody has the
3458 right, in an emergency, to authorize surgery or other extraordinary care.
3459 However, when parental rights remain in place and time permits, it is best practice
3460 for Child and Family Services to attempt to inform the parent prior to the
3461 procedure regardless of who has guardianship.
 - 3462 a. During regular business hours, when a child requires medical attention
3463 which includes a major medical, surgical, or psychiatric treatment, and a
3464 parent retains guardianship, the Child and Family Services caseworker or
3465 other appropriate Child and Family Services staff member should be
3466 contacted and should attempt to locate the parents to sign consent. If the
3467 child’s parents cannot be located in time to sign and give consent, the
3468 caseworker will attempt to contact the Assistant Attorney General and
3469 request that the procedure be court ordered.
 - 3470 b. If time does not allow for the parent to sign or for the procedure to be
3471 court ordered due to the urgency of the child’s medical needs, the

- 3472 caseworker will need to sign consent and inform the child’s parents,
 3473 Assistant Attorney General, Guardian ad Litem, and judge as soon as
 3474 possible.
- 3475 c. Although very rare, if time does not allow for the caseworker or other
 3476 Child and Family Services staff to appear to sign consent for the major
 3477 medical, surgical, or psychiatric treatment due to the seriousness of the
 3478 emergency, Child and Family Services may give verbal consent for the
 3479 treatment and permission for the out-of-home caregiver to sign consent.
- 3480 d. In regards to an emergency during after-hours, weekends, or holidays, if
 3481 the Child and Family Services caseworker is not able to be contacted by
 3482 the out-of-home caregiver to sign consent, the out-of-home caregiver will
 3483 contact Intake to locate the primary caseworker or the on-call worker for
 3484 their area. If unable to locate the primary caseworker, the Child and
 3485 Family Services on-call worker will be asked to appear and sign consent
 3486 for the major medical, surgical, or psychiatric treatment. If time does not
 3487 allow for the Child and Family Services on-call worker to sign consent,
 3488 the Child and Family Services on-call worker may give verbal consent and
 3489 permission for the out-of-home caregiver to sign consent. The out-of-
 3490 home caregiver is to inform the caseworker of the emergency as well as
 3491 who signed consent (Child and Family Services on-call worker or out-of-
 3492 home caregiver), as soon as possible. The caseworker will inform the
 3493 child’s parents, Assistant Attorney General, Guardian ad Litem, and judge
 3494 about the emergency as soon as possible.
- 3495 e. In all cases, if it is necessary in an emergency for the out-of-home
 3496 caregiver to sign consent for major medical, surgical, or psychiatric
 3497 treatment, the out-of-home caregiver will only sign consent after receiving
 3498 verbal consent from the primary caseworker or the Child and Family
 3499 Services on-call worker. The primary caseworker will then have the
 3500 responsibility to inform the child’s parents, the Assistant Attorney
 3501 General, Guardian ad Litem, and judge as soon as possible.
- 3502 6. If a child in out-of-home care has been recommended to participate in any
 3503 research trials or protocols, the caseworker will refer to Administrative Guidelines
 3504 [Section 080.7](#) for the correct protocol.
 3505

303.6 Specific Medical Services

3507 Major objectives:
 3508 When children in foster care have specific medical needs such as substance abuse, HIV (Human
 3509 Immunodeficiency Virus) or STI (Sexually Transmitted Infections) testing, family planning
 3510 including birth control methods, sex education, prenatal care, pregnancy, education on caring for
 3511 a child, abortion, and life sustaining medical treatment, Child and Family Services will ensure
 3512 that these needs are met.
 3513

Applicable Law

3514
3515 Utah Code Ann. [§80-2-301](#). Division responsibilities.
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Practice Guidelines

A. Substance Abuse Interventions:

1. The Child and Family Services caseworker may refer the child for a one-time drug test if there is “reasonable belief” that the foster child is using inappropriate or illegal substances. The Child and Family Services caseworker will refer the child for a substance abuse treatment assessment if the child is not already involved in substance abuse treatment.
2. When referring the child for a substance abuse assessment or drug test, the caseworker should consult with the child’s health care provider to ensure that the cause for concern is not being caused by another medical or mental health diagnosis.
3. If substance abuse treatment is recommended, the caseworker will ensure that treatment recommendations are followed and will amend the Child and Family Plan to include this treatment.
4. The drug testing may not be continued on a regular or random basis without a court order.
5. A drug test should never be used as punishment.
6. An out-of-home caregiver must request the caseworker’s permission prior to taking a child for drug testing.
7. The results of all substance abuse assessments and drug tests will be kept confidential.

B. HIV, STIs, and other Communicable Diseases: When the caseworker has “reasonable belief” that a foster child may be infected with HIV, STI, or another communicable disease, the caseworker will immediately consult with the child’s health care provider and seek the necessary medical testing and medical treatment.

1. The Child and Family Services caseworker will ensure the confidentiality of the medical testing results. Random HIV or STI testing is prohibited.
2. Standards for consultation with a health care provider to determine for HIV or STI testing:
 - a. An infant born to a mother with unknown risk and serological status.
 - b. The child has a history of risky behaviors, symptoms, or physical findings that suggest HIV, STI, or another communicable disease such as:
 - (1) Unprotected sexual contact;
 - (2) Multiple sexual partners;
 - (3) IV drug use .
 - c. The child has symptoms or physical findings as determined by health care providers that may suggest HIV, STI, or another communicable disease.
 - d. The child has a parent or sibling who is HIV-infected or has a STI or communicable disease and is at an increased risk of HIV, STI, or another communicable disease infection.
 - e. The child has a current or past sexual partner who is HIV-infected, has an STI or another communicable disease, or is at increased risk for HIV, STI, or other communicable disease infection.
 - f. The child has a history of sexual abuse or a history of STI.

- 3563 3. Standards for minors taken into custody for committing a sexual offense:
3564 a. HIV testing may be conducted on a minor who is taken into custody after
3565 having been adjudicated to have violated state law prohibiting a sexual
3566 offense under Title 76, Chapter 5, Part 4, Sexual Offenses, upon the
3567 request of the victim or the parent or guardian of a minor victim.
3568 b. HIV tests may not be performed on a sexual offender younger than 14
3569 years of age without the consent of the court. [See: Utah Code Ann. [§80-](#)
3570 [6-608.](#)]
- 3571 4. If testing is indicated or recommended by a health care professional, the Child and
3572 Family Services caseworker will consent and sign for the testing. An out-of-
3573 home caregiver is not allowed to sign for HIV testing unless recommended by a
3574 health care provider.
- 3575 5. If the out-of-home caseworker cannot provide written consent, consent will be
3576 given by the caseworker’s supervisor or other Child and Family Services
3577 administrator that has knowledge of the child’s medical history.
- 3578 6. When the caseworker becomes aware of an HIV, STI, or other communicable
3579 disease infected foster child, the out-of-home caregiver will be informed. It will
3580 be the caregiver’s responsibility to receive appropriate education from a health
3581 care provider or the local health department. The Child and Family Services
3582 caseworker should amend the Child and Family Plan to include the following:
3583 a. Measures needed to protect the child, siblings, foster family, and other
3584 contacts they may have.
3585 b. Education for the out-of-home caregiver on care of a child with HIV, STI,
3586 or another communicable disease.
- 3587 7. The Child and Family Services caseworker and out-of-home caregiver will not
3588 disclose information regarding the child’s HIV, STI, or other communicable
3589 disease testing or treatment to any third party other than the child’s medical or
3590 dental provider if the HIV test is positive.
3591
- 3592 C. Family Planning [see: Utah Code Ann. [§76-7-322](#), [§76-7-323](#), [§76-7-324](#), and [§76-7-](#)
3593 [325](#)]:
- 3594 1. All persons caring for children in the custody of Child and Family Services will
3595 follow the general Practice Guidelines and established Utah Codes when dealing
3596 with issues of family planning. These codes state that, “no agency of the state or
3597 its political subdivisions will approve any application for funds of the state or its
3598 political subdivisions to support, directly or indirectly, any organization or health
3599 care provider that provides contraceptive or abortion services to an unmarried
3600 minor without the prior written consent of the minor’s parent or guardian.”
- 3601 2. Utah Code also states that in the area of sex education, “instruction will stress
3602 importance of abstinence from all sexual activity before marriage and fidelity
3603 after marriage as methods for preventing certain communicable diseases.” This
3604 education is applicable to grades 8 through 12. Child and Family Services
3605 provides sex education through its Independent Living, Basic Life Skills Class.
- 3606 3. Where the issues of prenatal care and caring for a child is concerned, the Child
3607 and Family Services caseworker has many community resources to link the client

- 3608 with in order to receive this education. [See: [Section 306.1](#), Foster Youth
3609 Pregnancy.]
3610 4. Caseworkers will not offer personal information or opinions to the client on
3611 family planning, birth control, sexual activity, or personal choice where any of
3612 these matters are concerned. The caseworker will refer the client to the
3613 appropriate community agency to receive education and information on family
3614 planning.
3615 5. For certain types of birth control, Medicaid will cover the costs.
3616 6. An out-of-home caregiver or caseworker cannot force a child to get on birth
3617 control, but should encourage a youth who is sexually active to receive the proper
3618 education about their choices.
3619

3620 D. Pregnancy of Youth in Out-of-Home Care:

- 3621 1. Verify the pregnancy.
3622 2. Notify the parents/legal guardian, supervisor, and Guardian ad Litem.
3623 3. Coordinate a Child and Family Team Meeting to develop a plan to support and
3624 counsel the youth in all possible options. The Child and Family Team will:
3625 a. Develop a plan regarding prenatal appointments and the birth of the baby.
3626 b. Collect and provide a list of community programs (such as “Baby Your
3627 Baby”) for information and resources.
3628 c. Arrange for the youth to seek counseling to allow her the opportunity to
3629 explore options such as adoption, parenting the child herself, or other
3630 alternatives.
3631 d. Encourage the youth to remain in school. If the youth is unable to remain
3632 in a regular school program, assist her in enrolling in an alternative school
3633 program.
3634 e. If appropriate, contact a teen home/teen mom program as a potential
3635 placement or for resources, review placement needs for possible teen
3636 mother programs (refer to services to child, placement requirements, youth
3637 in Out-of-Home Care with children).
3638 4. Notify the region eligibility caseworker of the pregnancy so that the unborn child
3639 can be added to the youth’s Medicaid card, if eligible.
3640

- 3641 E. Abortion: A minor can choose whether to seek consent from a parent or guardian or to
3642 bypass that consent and try to get a court order. In addition, a minor is not required to
3643 seek or obtain parental or guardian consent if the minor is pregnant as a result of incest to
3644 which the parent or guardian was a party; or the parent or guardian has abused the minor.
3645

3646 If the youth is pregnant and requests an abortion, the caseworker will do the following:

- 3647 1. Seek legal guidance from the AAG to understand the current law.
3648 2. May convene a Child and Family Team Meeting once Child and Family Services
3649 has determined whether the parents abused the minor and whether the pregnancy
3650 is a result of incest, and to discuss the minor’s request with the minor’s health
3651 care provider, Guardian ad Litem, and therapist.

- 3652 3. The minor’s parent or guardian will not be invited or notified to attend the Child
3653 and Family Team Meeting if the following circumstances described in Utah Code
3654 Ann. [§76-7-304](#) exist:
- 3655 a. the minor is pregnant as a result of incest to which the parent or guardian
3656 was a party;
 - 3657 b. the parent or guardian has abused the minor; or
 - 3658 c. the minor wants to bypass parental consent and seek a court order.
- 3659 4. The caseworker will not provide counseling or health information, or give consent
3660 to an abortion without a court order. However, the caseworker will assist in
3661 arranging these services.
- 3662 5. Child and Family Services will not make any payments for an abortion.
- 3663 6. The out-of-home caregivers are not authorized to make any decisions or provide
3664 consent to an abortion procedure for a child in out-of-home care.
- 3665 7. If the abortion meets the standards of state law, the procedure can only be
3666 reimbursed by Medicaid. It is the responsibility of the health care provider to
3667 counsel the minor concerning all aspects of pregnancy and the decision to have or
3668 not to have an abortion.
- 3669 8. In addition to the other requirements of this statute, a physician may not perform
3670 an abortion on a minor unless:
- 3671 a. the physician obtains the informed written consent of a parent or guardian
3672 of the minor, in accordance with Utah Code Ann. [§76-7-305](#) and [§76-7-](#)
3673 [305.5](#);
 - 3674 b. the minor is granted the right, by court order, to consent to the abortion
3675 without obtaining consent from a parent or guardian; or
 - 3676 c. a medical condition exists that, on the basis of the physician's good faith
3677 clinical judgment, so complicates the medical condition of a pregnant
3678 minor as to necessitate the abortion of her pregnancy to avert:
 - 3679 (i) the minor's death; or
 - 3680 (ii) a serious risk of substantial and irreversible impairment of a major
3681 bodily function of the minor, and there is not sufficient time to
3682 obtain the consent in the manner chosen by the minor before it is
3683 necessary to terminate the minor's pregnancy in order to avert the
3684 minor's death or impairment.
 - 3685 d. A minor who wants to have an abortion may choose to seek:
 - 3686 (i) consent from the minor's parent or guardian; or
 - 3687 (ii) a court order.
 - 3688 e. The statute does not require the minor to seek or obtain consent from the
3689 minor's parent or guardian if the circumstances described in Utah Code
3690 Ann. [§76-7-304](#) exist.
 - 3691 f. If a minor does not obtain the consent of the minor's parent or guardian,
3692 the minor may file a petition with the juvenile court to obtain a court
3693 order.
- 3694
- 3695 F. Forgoing Life Sustaining Medical Treatment (LSMT) When a Child in Out-of-Home
3696 Care is Terminally Ill: Upon the recommendations of the primary care provider and/or
3697 health care professional, and after a Child and Family Team meeting, a caseworker may

- 3698 only consent to withholding or withdrawing any LSMT interventions with consent from
3699 the child's parent(s), with residual rights, and consent from the Guardian ad Litem, or
3700 when a court order has been issued for withholding or withdrawing medical
3701 interventions. LSMT includes all medical interventions that can be utilized to prolong
3702 the life of the patient: Removal from life support, do not resuscitate orders, CPR,
3703 mechanical ventilation, and therapeutic drugs.
- 3704 1. When a child has been diagnosed by the child's physician and documented in the
3705 child's medical records, and the child's physician or health care provider has
3706 recommended or is recommending forgoing LSMT, the caseworker will
3707 coordinate a Child and Family Team Meeting to devise a plan of action.
 - 3708 2. The parent(s) or immediate family members should make any decision regarding
3709 whether or not to donate organs. Child and Family Services will not make
3710 decisions regarding organ donation.
 - 3711 3. Foregoing LSMT can occur even when homicide charges are pending, if there is
3712 sufficient medical evidence that the child is brain dead. The child's caseworker
3713 should inform the police of the decision to forego LSMT.
 - 3714 4. The decision to forego LSMT can be changed by the legal guardian of the child
3715 and should be reviewed when medical assessments suggest an improved
3716 prognosis for the child.
 - 3717 5. If the child has two legal parents both must agree to forgo LSMT.
 - 3718 6. The Guardian ad Litem may not make the final decision to forgo LSMT unless:
3719 (a) the child has no other legal guardian; and (b) the Guardian ad Litem has
3720 specific authorization from the court to forgo LSMT.
 - 3721 7. The child's caseworker will formulate or amend the child's service plan to include
3722 the following, if needed:
 - 3723 a. Education for the family in regards to grief and loss issues.
 - 3724 b. Arrangements for funeral service.
 - 3725 c. Autopsy, medical evaluation, or fatality review as needed.
 - 3726 d. Out-of-home caregivers, legal parent, sibling, and religious support.
 - 3727 8. The caseworker should request a copy of the child's medical records including the
3728 documented decision reached to forgo LSMT for the child.
3729

3730 **303.7 Transition to Adult Livingg**

3731 Major objectives:

3732 “Youth who exit out-of-home care will live successfully as adults” is the vision of Child and
3733 Family Services. Youth will be able to build and maintain healthy relationships. Permanent
3734 relationships are paramount in achieving success for youth. Transition to Adult Living (TAL)
3735 services will be provided to youth 14 years and older to meet the challenges of transitioning to
3736 adulthood in accordance with Federal Chafee Foster Care Independence Program requirements
3737 [42 USC 677 (b)(2)].
3738

3739 TAL services are to be provided to all youth in Child and Family Services custody who are 14
3740 years and older in accordance to an assessment of their individual strengths and needs. Youth
3741 will be offered TAL services regardless of permanency goal.
3742
3743

3744 **Applicable Law**

3745 TAL services, which includes the Education and Training Voucher Program (ETV), is authorized
3746 by the John H. Chafee Foster Care Independence Program, 42 USC 677 (1999), incorporated by
3747 reference.
3748

3749 The National Youth in Transition Database (NYTD) is authorized by Public Law 106-16 9
3750 section 477 of the John H. Chafee Foster Care Independence Program. The NYTD law requires
3751 states to collect information on transition to adult living services paid for or provided by the state
3752 agency. Additionally, it requires states to survey a sample of youth in foster care at age 17
3753 regarding their status and then to survey them again at 19 and 21 regarding their outcomes at
3754 those ages. The data collected is then de-identified and transmitted to the Children’s Bureau
3755 twice per year.
3756

3757 Utah Administrative [Rule 512-305](#), Out of Home Services, Transition to Adult Living Services
3758 provides a detailed overview.
3759

3760 Utah Administrative [Rule 512-306](#), Transition to Adult Living Services, Education and Training
3761 Voucher Program provides a detailed overview.
3762

3763 Practice Guidelines

3764 TAL services are implemented with all youth age 14 years and older in the custody of Child and
3765 Family Services as a way to prepare the youth with the skills necessary to transition to
3766 adulthood. It is also possible to provide TAL services to other youth that are involved with Child
3767 and Family Services but may not be in custody. This includes youth being served through In-
3768 Home Services. However, youth receiving In-Home Services are not eligible to receive funds
3769 through the John H. Chafee Foster Care Independence Program. TAL services build on the
3770 youth’s individual strengths and assists the youth to develop personal assets in order to help them
3771 acquire the motivation and the means to be successful throughout their lives.
3772

3773 TAL services are not to be used as a substitute for Permanency Planning (see Practice Guidelines
3774 [Section 301.2](#) Identifying Permanency Goals and Concurrent Planning, and Practice Guidelines

3775 [Section 302.1](#) Child and Family Plan). Child and Family Services has an obligation to focus on
3776 attaining permanency for youth through reunification with their family, adoption, or
3777 guardianship while also assisting in the youth's development of age appropriate skills that will
3778 facilitate the transition from adolescence to adulthood. Permanency planning, which includes
3779 helping the youth find and make enduring connections, should be a primary concern of the
3780 caseworker.

3781
3782 TAL services are provided in addition to permanency planning, and are meant to help expand the
3783 youth's supports and services to include the Child and Family Team's innovative approaches that
3784 help prepare youth for adult responsibilities. TAL services help the youth gain the knowledge
3785 they need to become invested in their future and help the youth to understand the array of
3786 supports and services available to assist them in making a smooth transition to adulthood.

3787
3788 TAL is a continuum of services that generally begin while youth are in care and continue after
3789 the youth exits care. While in care youth prepare for self-sufficiency and begin to operationalize
3790 the skills they have been learning. After youth exit care, DCFS provides resources that support
3791 youth in the areas of information and referral, personal support during transition, help
3792 establishing and maintaining personal living arrangements, providing peer-support opportunities,
3793 and temporary financial assistance.

3794
3795 Each region will provide leadership opportunities for youth participating in the TAL program.
3796 Regional Youth Advisory Councils will be an avenue that provides training and skills
3797 development for youth in care to ensure that they learn self-determination and self-advocacy
3798 skills. The regional councils will provide an opportunity for youth to evaluate and examine the
3799 implementation and impact of its regional programs and services. The regional councils will
3800 provide youth representation for the State Youth Advisory Council. As representatives, youth
3801 can be the voice between the system and foster care youth by educating, supporting, and
3802 advocating for change. Councils are an avenue that should empower youth in providing input
3803 into the policies and procedures for out-of-home care; to provide meaningful leadership training
3804 and experiences for Council members; and to empower Council members who, in turn, can
3805 empower children who have experienced out-of-home care.

3806
3807 Child and Family Team/Caseworker Responsibility – Caseworkers will follow the guidelines
3808 found in [Section 301.1](#) when developing the Child and Family Team. Preparing youth for a
3809 successful transition to adulthood is a team effort. The Child and Family Team must consider
3810 the youth's goals and the youth must be a contributing member of the Child and Family Team.
3811 Working with the Child and Family Team to develop resources and promote the youth's
3812 successes is critical. For all youth being offered TAL services, the Child and Family Plan must
3813 reflect the focus areas that are being targeted for youth.

3814
3815 303.7.1 Transition to Adult Living Services

3816 TAL services are provided to youth ages 14 years and older until the youth is released from
3817 custody. These services are for youth who are currently in an out-of-home placement and are
3818 also sometimes offered to other youth who are involved with Child and Family Services but are
3819 not in out-of-home care. Chafee-funded services are only available to youth who have been in
3820 out-of-home care after the age of 14 years.

3821
3822 The TAL portion of the Child and Family Plan must be finalized in SAFE for all youth age 14
3823 years and over in Child and Family Services custody. TAL UFACET is an assessment that is
3824 completed by the youth as well as members of the Child and Family Team. The TAL UFACET
3825 helps identify the domains the youth needs to concentrate on as the youth transitions to
3826 adulthood. The results of the TAL UFACET are used to assist the caseworker and the Child and
3827 Family Team in planning for the services the youth needs and are incorporated into the TAL
3828 focus areas of the Child and Family Plan. These TAL focus areas are:

3829

3830 A. Work/Career Planning and Education:

3831 TAL UFACET NYTD

3832 Service Areas: Academic Support, Post-Secondary Educational Supports, Career

3833 Preparation

3834

3835 Includes the following skills and services: making short and long term employment,
3836 vocational, and/or educational goals including goals for post-secondary education);
3837 decision making skills; study habits and skills; searching for and maintaining
3838 employment; applying for a job; creating a resume; completing a job application;
3839 interviewing for a job and following-up; job shadowing and/or coaching; receiving job
3840 referrals; using career resource libraries; understanding basic workplace technology;
3841 understanding employee wages, benefits, and rights; knowing how to change jobs;
3842 knowing the rights and protections in place for employees; appropriate communication
3843 skills and other workplace values (timeliness and appearance, etc.); understanding
3844 authority and customer relationships; academic supports and counseling; preparation for a
3845 GED, including assistance in applying for or studying for a GED exam; test preparation
3846 for SAT or ACT; tutoring; help with homework; literacy training; help accessing
3847 educational resources; counseling about college; information about financial aid and
3848 scholarships; help completing college or loan applications; or tutoring while in college.

3849

3850 B. Housing & Money Management:

3851 TAL UFACET Domain: Housing & Money Management

3852 NYTD Service Areas: Budget & Financial Management, Housing Education / Home

3853 Management Training

3854

3855 Includes the following skills and services: finding and maintaining appropriate housing;
3856 filling out a rental application and acquiring a lease; handling security deposits and
3857 utilities; understanding tenants' rights and responsibilities; handling landlord complaints;
3858 transportation issues; accessing community resources; healthy beliefs about money;
3859 understanding the benefits of saving; understanding income tax and preparing tax forms;
3860 understanding banking and credit; how to create a budgeting/spending plan; opening and
3861 using a checking and savings account; balancing a checkbook; developing consumer
3862 awareness and smart shopping skills; accessing information about credit, loans and taxes;
3863 and how income effects spending.

3864

3865 C. Home Life/Daily Living:

3866 TAL UFACET Domains: Daily Living

3867 NYTD Service Areas: Housing Education / Home Management Training
3868
3869 Includes the following skills and services: meal and menu planning; grocery shopping;
3870 home clean up and storage; home management; home safety; legal issues; properly using
3871 kitchen equipment and other home appliances; proper clothing care; basic home
3872 maintenance and repairs; how to handle emergency situations; keeping a healthy and safe
3873 home; safe and proper food preparation; laundry; housekeeping; and living cooperatively.
3874

3875 D. Self-Care/Health Education:
3876 TAL UFACET Domain: Self Care
3877 NYTD Service Areas: Health Education / Risk Prevention
3878

3879 Includes the following skills and services: personal hygiene; nutrition; health, dental, and
3880 mental health issues; understanding the effects and consequences of alcohol, drug, and
3881 tobacco use; substance avoidance and intervention; understanding issues regarding
3882 sexuality; pregnancy prevention and family planning; education regarding HIV, AIDS,
3883 and other sexually transmitted diseases, including their prevention; fitness and exercise;
3884 basic first aid; and medical and dental care benefits and insurance.
3885

3886 E. Communication/Social Relationships/Family & Marriage:
3887 TAL UFACET Domains: Communication and Relationships; Permanency
3888 NYTD Service Areas: Family Support / Health Marriage Education
3889

3890 Includes the following skills and services: developing self-esteem; knowing and
3891 understanding personal strengths and needs; understanding the benefits of ethical, caring,
3892 respectful behavior; clearly communicating in different settings; safely using electronic
3893 communication; being appropriately assertive; anger management; conflict management
3894 and resolution; developing and using a support system; maintaining appropriate and
3895 healthy friendships and relationships; having cultural awareness; appropriate etiquette;
3896 parenting and marriage issues; childcare skills; teen parenting; responsible fatherhood;
3897 domestic and family violence prevention; and proper social communication.
3898

3899 303.7.2 Process for Providing TAL Services

- 3900 A. TAL Assessment and Plan:
- 3901 1. The caseworker ensures that the youth and caregiver will complete an assessment,
3902 utilizing the TAL UFACET, to identify the strengths and needs of youth who
3903 reach the age for TAL services. This assessment should be incorporated into the
3904 youth’s plan and is part of the Child and Family Assessment. This assessment
3905 will be reviewed and updated in the Child and Family Team Meeting. The
3906 caseworker may invite a TAL caseworker or the regional TAL coordinator to be
3907 part of the assessment process and Child and Family Team.
 - 3908 2. Foster youth need opportunities to participate in decisions about their lives and to
3909 be active members of the team of caring adults who help develop the youth’s TAL
3910 plan. The Child and Family Team works in collaboration with the youth at age 14
3911 following [Section 301.1](#). Once a youth turns 16 years old and when

- 3912 developmentally appropriate, the Child and Family Team is led and facilitated by
3913 the youth with support and guidance of the Child and Family Team.
- 3914 3. The Child and Family Team uses the results of the TAL UFACET to develop with
3915 the youth a plan for skills development that will be incorporated on the TAL
3916 portion of the Child and Family Plan. The plan will be specific and
3917 individualized for the youth according to their age and developmental level.
3918 Services will also incorporate normal activities appropriate to the youth's age.
3919 The TAL services identified for the youth will be incorporated into the Child and
3920 Family Plan within 30 days of the youth's 14th birthday. When a youth 14 years
3921 of age or older enters out-of-home care, the TAL UFACET will be completed by
3922 the youth and the Child and Family Team within 90 days.
- 3923 4. The Child and Family Team and the youth will complete the TAL UFACET 45
3924 days before or after the youth's birthday, beginning at age 14 and completed
3925 annually.
- 3926 5. The Child and Family Team will place emphasis on completing educational goals
3927 and discuss the availability of ETV funding when the youth meets eligibility
3928 requirements.
- 3929 6. To prepare youth for their transition from out-of-home care, all youth will receive
3930 a continuum of training and services as identified through the Child and Family
3931 Team. These services will include classroom work, work in the foster home,
3932 work in the school system, work with the therapist and in the mental health area,
3933 building of supports, and connections to community-based resources and
3934 programs.
- 3935 7. Any youth who turns 17 years old while in out-of-home care or enters care within
3936 45 days following their 17th birthday will complete a survey for the National
3937 Youth in Transition Database (NYTD).
- 3938 a. Thirty days prior to the youth's 17th birthday, the caseworker will receive
3939 a prompt in SAFE notifying them that the survey will need to be
3940 completed between the youth's 17th birthday and within 45 days
3941 following the youth's 17th birthday.
- 3942 b. The caseworker must ensure that the youth completes the survey. The
3943 caseworker must enter the survey into SAFE within 45 days following the
3944 youth's 17th birthday. At this time the caseworker should inform the
3945 youth that they will be surveyed at 19 and 21 years of age to gather
3946 information regarding how they are doing and to keep Child and Family
3947 Services informed of their contact information.
- 3948 c. The NYTD survey can be found on the Person tab in SAFE.
- 3949 8. The caseworker will ensure that contact information for the youth is kept updated
3950 in SAFE annually while the youth is still in care. Contact information is
3951 necessary as follow-up surveys will be administered to these youth at the age of
3952 19 and 21 years. If the caseworker obtains updated contact information after the
3953 youth leaves care this must also be updated in SAFE and should include:
- 3954 a. Phone number.
3955 b. Email.
3956 c. Social Media accounts.
3957 d. Connections that are connected to the youth.

3958 9. The Child and Family Plan will include all TAL services identified for the youth
3959 age 14 years and older in custody. If a youth enters out-of-home care after their
3960 14th birthday, services should be built upon annually as the team continues to
3961 work toward permanency through reunification, guardianship, or adoption. The
3962 continuum of training and services are identified by the Child and Family Team,
3963 based upon the needs of the youth, and should include additional services. The
3964 following services, dependent upon age and developmental level, will be offered,
3965 but not limited to:

3966
3967 **Age 14:**

- 3968 a. Re-visit family search for family connections.
- 3969 b. Explore significant safe and healthy relationships for youth such as family,
3970 school counselor, family friend, neighbors, mentors, and others as
3971 identified by the youth. This can be completed by using the “Permanency
3972 Pact” with the youth. The Permanency Pact can be found here:
3973 https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf
- 3974 c. Initial completion of the TAL UFACET Assessment.
- 3975 d. Obtain a birth certificate.
- 3976 e. TAL plan will focus on skills needed based on results from the TAL
3977 UFACET Assessment that are developmentally appropriate for the youth.
- 3978 f. If the youth is more than one year behind academically, make a referral to
3979 the Workforce Innovation and Opportunity Act (WIOA) program for
3980 services. Referral forms can be found here:
3981 https://jobs.utah.gov/services/360_3.pdf.
- 3982 e. Review credit reports received from Credit Reporting Agency with the
3983 youth to determine accuracy of report. If inaccurate, contact the State
3984 Office to resolve any discrepancy.
- 3985 f. Begin Milestone workshops and review the Milestone Guideline with the
3986 youth and region transitional coordinator.
- 3987 g. Review Permanency with youth.
- 3988 h. Update contacts in SAFE.
 - 3989 (1) Phone number.
 - 3990 (2) Email.
 - 3991 (3) Social Media accounts.
 - 3992 (4) Connections that are connected to the youth.

3993
3994 **Age 15:**

- 3995 a. Re-visit family search for family connections.
- 3996 b. Explore significant safe and healthy relationships for youth such as family,
3997 school counselor, family friend, neighbors, mentors, and others as
3998 identified by the youth. This can be completed by using the “Permanency
3999 Pact” with the youth. The Permanency Pact can be found here: https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf
- 4000 c. TAL UFACET.
- 4001 d. TAL plan will focus on skills needed based on results from the TAL
4002 UFACETs Assessment that are developmentally appropriate for the youth.
4003

- 4004 i. Develop a plan for earning and saving money. Consider opening a
- 4005 savings/checking account if there is an appropriate co-signer
- 4006 identified.
- 4007 ii. If the youth is more than one year behind academically, make
- 4008 referral to the DWS WIOA program for services. Referral forms
- 4009 can be found here: https://jobs.utah.gov/services/360_3.pdf.
- 4010 e. Review credit reports received from Credit Reporting Agency with the
- 4011 youth to determine accuracy of report. If inaccurate, contact the State
- 4012 Office to resolve any discrepancy.
- 4013

Age 16:

- 4015 a. Re-visit family search for family connections.
- 4016 b. Explore significant safe and healthy relationships for youth such as family,
- 4017 school counselor, family friend, neighbors, mentors, and others as
- 4018 identified by youth. This can be completed by using the “Permanency
- 4019 Pact” with the youth. The Permanency Pact can be found here:
- 4020 https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf
- 4021 At least five personal connections will be identified.
- 4022 c. Be current with school credits and prepare for high school graduation, or
- 4023 have an alternate plan in place for GED or vocational training.
- 4024 d. Youth planning post-secondary education should be preparing for and
- 4025 completing testing such as ACT, SAT, ASVAB, etc.
- 4026 e. TAL UFACET Assessment.
- 4027 f. Make a referral to the WIOA program for services for education and
- 4028 employment supports. Youth may access job search resources available
- 4029 through DWS. WIOA referral forms can be found here:
- 4030 https://jobs.utah.gov/services/360_3.pdf.
- 4031 g. Explore employment opportunities and get a part-time job, if appropriate.
- 4032 h. Sign up for and complete drivers’ education and receive driver license as
- 4033 per [Section 303.14](#)
- 4034 i. Obtain a state identification card if youth cannot get a driver license.
- 4035 j. Youth begin to facilitate Child and Family Team Meetings per [Section](#)
- 4036 [301.1](#).
- 4037 k. Put name on waiting list at Housing Authority, if appropriate.
- 4038 l. Review credit report received from Credit Reporting Agency with the
- 4039 youth to determine accuracy of report. If inaccurate, contact the State
- 4040 Office to resolve any discrepancy.
- 4041 m. Review Permanency with child.
- 4042 n. Update contacts in SAFE.
- 4043 (1) Phone number.
- 4044 (2) Email.
- 4045 (3) Social Media accounts
- 4046 (4) Connections that are connected to the youth.
- 4047

Age 17:

- 4048 a. Re-visit family search for family connections.
- 4049

- 4050 b. Explore significant safe and healthy relationships for youth such as family,
- 4051 school counselor, family friend, neighbors, mentors, and others as
- 4052 identified by the youth.
- 4053 c. Continue to be current with school credits and prepare to graduate or have
- 4054 an alternate plan in place for GED or vocational training.
- 4055 d. TAL UFACET Assessment.
- 4056 e. Six months prior to 18th birthday, if a youth has not completed drivers’
- 4057 education classes, they will receive the opportunity to enroll in a course.
- 4058 It is the youth’s responsibility to complete the course requirements
- 4059 successfully. Youth must have the opportunity to obtain their driver
- 4060 license prior to exiting care if it is developmentally appropriate.
- 4061 f. Youth should begin making applications for school, training, Pell grants,
- 4062 and ETV.
- 4063 g. Refer youth to DWS for enrollment in WIOA during the semester they are
- 4064 expected to complete their high school graduation requirements or GED.
- 4065 This will pave the way for the youth to receive ETV to support their post-
- 4066 secondary education goals or access WIOA Youth services for
- 4067 employment supports. Referral for DWS WIOA/ETV can be found here:
- 4068 <https://jobs.utah.gov/services/360-etv.pdf>, with instructions on how to
- 4069 complete the WIOA form here: <https://jobs.utah.gov/services/360-etvi.pdf>.
- 4070 h. Assist youth in making connections to a health provider and insure youth
- 4071 are connected to their local mental health authority. Make sure the youth
- 4072 are enrolled in their aftercare Medicaid program.
- 4073 i. Review credit report received from Credit Reporting Agency with the
- 4074 youth to determine accuracy of report. If inaccurate, contact the State
- 4075 Office to resolve any discrepancy.
- 4076 j. Review permanency with the youth.
- 4077 k. Update contacts in SAFE.
- 4078 (1) Phone number.
- 4079 (2) Email.
- 4080 (3) Social Media accounts.
- 4081 (4) Connections that are connected to the youth.

Prior to Exiting:

- 4084 a. The caseworker and the youth will convene a Child and Family Team
- 4085 Meeting to develop a plan for transitioning the youth from state custody as
- 4086 soon as the Child and Family Team determines the youth is exiting care.
- 4087 The exit plan will include personal connections, continuing support
- 4088 services, housing, health insurance, vocational and educational goals,
- 4089 workforce supports, and employment. The Child and Family Team will
- 4090 update this plan at least every 90 days until the youth is released from
- 4091 custody.
- 4092 (1) Refer youth to DWS for enrollment in WIOA Youth during the
- 4093 semester they are expected to complete their high school
- 4094 graduation requirements or GED. This will pave the way for the

- 4095 youth to receive ETV to support their post-secondary education
4096 goals or access WIOA Youth services for employment supports.
4097 b. The Child and Family Plan will be updated in SAFE to reflect the long-
4098 term view with specific timeframes, objectives, and steps to be taken to
4099 successfully transition the youth out of state custody.
4100 c. Caseworkers are responsible for carrying out the following tasks to help
4101 the youth prepare to exit out of foster care:
4102 (1) Ensure that each youth meets with a nurse to learn skills of self-
4103 management regarding their individualized health care needs,
4104 medication management, and use of the Medicaid card and how to
4105 access medical, dental, and mental health services. In addition, the
4106 nurse will provide information and education about the importance
4107 of having a health care power of attorney or health care proxy. If
4108 desired, the nurse can provide the youth with assistance in
4109 executing the document.
4110 (2) Assist a youth who turns 18 years old while in foster care who is
4111 receiving Medicaid to complete the Medicaid review and provide
4112 necessary supporting documentation to the regional eligibility
4113 caseworker so that Medicaid coverage can continue uninterrupted.
4114 (3) Ensure that each youth has important documents, including an
4115 official birth certificate, Social Security card, driver license or
4116 other state-issued identification card, and “Proof of Foster Care
4117 Status” letter (SAFE Form TAL02) that can be used to verify
4118 eligibility for benefits such as Medicaid or FAFSA.
4119 (4) If the youth is existing foster care by reason of having attained the
4120 age of majority, give the youth a copy of the youth’s health and
4121 education records at no cost.
4122 (5) Explain services available to the youth after leaving care and help
4123 ensure that the youth understands how to access these services.
4124 Each youth should know about the Youth Services website
4125 (<https://dcfs.utah.gov/services/youth-services/>) and how to find
4126 contact information for the Transition to Adult Living
4127 coordinators.
4128 (6) Provide information to the youth on the National Youth in
4129 Transition Data Base and incentives available to youth for
4130 completing surveys after leaving care. This includes that we will
4131 be surveying them at 19 and 21 years of age for the purposes of
4132 seeing how they are doing and gathering information that may
4133 assist us in improving outcomes for future foster children
4134 transitioning to adulthood.
4135 (7) Gather information from the youth on the best ways to keep in
4136 touch with them. This could be through keeping their address and
4137 phone number updated with Child and Family Services, identifying
4138 social network sites used by the youth, and obtaining email
4139 addresses. Update contact information in SAFE.

- 4140 e. If a youth is in care past their 18th birthday, caseworkers will assist the
- 4141 youth in obtaining his or her free credit report by visiting the website
- 4142 <https://www.annualcreditreport.com/cra/index.jsp>.
- 4143 f. Caseworkers will assist youth in filling out all needed information
- 4144 required by the Credit Reporting Agency (CRA) to obtain the credit
- 4145 report.
- 4146 g. If the returned credit report has fraudulent activity the following steps are
- 4147 necessary to resolve the discrepancy:
- 4148 (1) Assist the youth in contacting the CRA that issued the report.
- 4149 Inform the CRA the accounts were created when the youth was a
- 4150 minor.
- 4151 (2) Assist the youth in contacting every company where an account is
- 4152 fraudulently opened or misused. Explain the accounts were
- 4153 established when the youth was a minor. Assist the youth in
- 4154 asking the company to close the account. Assist the youth in
- 4155 asking for a letter from the company stating the account is closed.
- 4156 (3) If necessary, assist the youth in filing a report with the Federal
- 4157 Trade Commission (FTC) by visiting www.ftc.gov or calling 1-
- 4158 877-IDTHEFT (1-877-438-4338). Print a copy of the report. This
- 4159 is called an Identify Theft Affidavit.
- 4160 (4) If necessary, assist the youth in filing a police report. Be sure to
- 4161 include the Identity Theft Affidavit.
- 4162 (5) Assist the youth in submitting copies of all of the information to
- 4163 the CRA if necessary to resolve the discrepancy.
- 4164 (6) Document in the SAFE activity logs that the report was requested
- 4165 and received. Also document any steps that were taken to clear the
- 4166 youth's credit if needed.
- 4167 h. Any youth 18 years of age or older can refuse to participate in the process
- 4168 of getting their credit report. This must be documented in the activity
- 4169 logs.
- 4170
- 4171 B. Milestone Training: Each youth who turns 16 years old is eligible for the Milestone
- 4172 Class offered through Child and Family Services. Individual caseworkers refer these
- 4173 youth to regional TAL coordinators. The youth will be screened by the TAL coordinator,
- 4174 upon the approval of the Child and Family Team, to assess for admission to the Milestone
- 4175 Classes. TAL coordinators s may use Chafee funds to pay for dinner and/or refreshments
- 4176 for the youth if the class is held for two or more hours.
- 4177 1. The training that a youth can receive and that will be taught in the Milestone
- 4178 Classes must include training in daily living skills, training in budgeting and
- 4179 financial management skills, substance abuse prevention, and preventive health
- 4180 activities (including smoking avoidance, nutrition education, and pregnancy
- 4181 prevention). Based on the results from the TAL UFACET TOOL, the following
- 4182 standards may be included, but not be limited to:
- 4183 a. Participate in activities that help increase their self-awareness and values,
- 4184 and use rational decision-making or problem-solving processes to set and
- 4185 implement goals.

- 4186 b. Understand sources of income and the relationship between income and
- 4187 career preparation and career decisions to reach financial goals.
- 4188 c. Identify effective social skills including communication in interpersonal
- 4189 relationships and ways to develop meaningful relationships for support,
- 4190 resiliency, in the family unit, and for effective crisis planning.
- 4191 d. Identify consumer rights and responsibilities, and identify effective
- 4192 practices for purchasing consumer goods and services.
- 4193 e. Understand the functions and purposes of responsible dating.
- 4194 f. Discuss the purposes, uses, and costs of credit, insurance, and risk
- 4195 management.
- 4196 g. Identify the aspects and importance of marriage preparation, and identify
- 4197 behaviors that strengthen marital and family relationships.
- 4198 h. Understand taxes, saving, investing, and retirement planning.
- 4199 i. Identify the various skills and responsibilities of parenting.
- 4200 j. Understand rights and responsibilities associated with community living as
- 4201 well as resources available in the community.
- 4202 k. Understand and demonstrate skills needed for independent living. When
- 4203 the class involves teaching meal preparation, the TAL coordinator may
- 4204 use Chafee funds to purchase the food to be cooked in class.
- 4205 l. Understand proper health and mental health awareness and maintenance.
- 4206 Ensure that youth receiving TAL services and/or ETVs and those who are
- 4207 aging out of out-of-home care have information and education about the
- 4208 importance of having a health care power of attorney or health care proxy
- 4209 and to provide the youth with the option to execute such a document.
- 4210 m. Demonstrate basic technology skills and explain educational resources
- 4211 available.
- 4212 2. Youth in out-of-home care who complete the Milestone Class will be entitled to
- 4213 receive an incentive for participation in Milestone classes. This is Code SIL.
- 4214
- 4215 C. Transitional Living Needs: Transitional Living Needs may be supported through
- 4216 transitional support funds (TLN) and will be individualized to cover unique needs and
- 4217 focus on short and long-term needs that will assist a youth to become a successful adult.
- 4218 Funds will assist eligible youth in the following four areas: 1) Education, Training,
- 4219 Career Exploration; 2) Physical, Mental Health, and Emotional Support; 3)
- 4220 Transportation; and 4) Housing. These funds are designed to work in conjunction with
- 4221 the youth's TAL plan. The definition of how these funds are used is broad in scope, and
- 4222 is meant to assist youth in becoming successful adults. Examples of appropriate use of
- 4223 these funds include, but are not limited to:
- 4224 1. Education, Training, Career Exploration – field trips, college visits, job uniforms,
- 4225 work tools, incentives, graduation expenses, clothing for jobs, trainings, job
- 4226 coaching, tutors, and ACT/SAT testing.
- 4227 2. Physical, Mental Health, and Emotional Support – Pregnancy prevention
- 4228 (excluding abortion), nutrition education, extracurricular classes, mentoring
- 4229 expenses, preventative health activities, smoking cessation, physical fitness, and
- 4230 family visits.

- 4231 3. Transportation – drivers’ education, driver license fees, bus passes, taxi fees,
4232 reasonable automotive repairs, matching funds for car insurance paid for by a
4233 youth, or participation with a youth in their purchase of a car up to \$1,000 based
4234 on the region budget.
- 4235 4. Housing – risk sharing with landlords, deposits, household furnishings such as
4236 linens, dishes, appliances, or supplies, and household repairs.

4237
4238 **TLN funds may not be used for any costs that would normally be paid for as part of**
4239 **the foster care maintenance payment, including room and board. This includes**
4240 **costs for shelter and food such as rent, groceries, utilities, etc.** If emergency rent
4241 payments are needed, process them using special needs funds.
4242

4243 Youth who are in custody and over 14 years of age are eligible for these funds. Needs
4244 are identified by the youth, caseworker, family team meetings, or the TAL coordinator.
4245 A “Request for TLN Funds” is completed and turned in to the TAL coordinator for
4246 approval. Transitional living needs are met through the TLN payment code.
4247

4248 D. TAL Placement:

- 4249 1. A TAL placement may be used as an alternative to out-of-home care when it is
4250 determined that such a placement is in the best interest of the youth. This
4251 recommendation will be presented to the Child and Family Team, who will work
4252 to ensure that this type of placement is appropriate and that the following are met:
 - 4253 a. The youth is at least 16 years of age.
 - 4254 b. The placement has been approved by the region director or designee.
 - 4255 c. An assessment has been completed by the caseworker and reviewed in the
4256 Child and Family Team addressing the appropriateness of the placement,
4257 taking into consideration the youth’s:
 - 4258 (1) Community and informal supports, including family and out-of-
4259 home caregiver.
 - 4260 (2) Progress in educational and vocational pursuits.
 - 4261 (3) Medical condition.
 - 4262 (4) Demonstrated progress in TAL skills.
 - 4263 (5) History of substance abuse and risk of future use.
 - 4264 (6) Criminal record and risks posed to society.
 - 4265 (7) Mental health stability.
 - 4266 d. The youth should provide documentation that demonstrates an ability to
4267 maintain stable employment. The youth has taken the housing life skills
4268 classes and can demonstrate they understand what they need to gain and
4269 maintain housing.
 - 4270 e. A referral to DWS has been made to begin preparation for employment or
4271 educational services provided through the ETV program once eligible.
 - 4272 f. SAFE will need to be updated to identify the ILP placement.
- 4273 2. The appropriate types of living arrangements for youth in this situation include:
 - 4274 a. Living with kin.
 - 4275 b. Living with former out-of-home caregivers while paying rent.
 - 4276 c. Living in the community with roommates of the same sex.

- 4277 d. Living alone.
- 4278 e. Living in a group facility, YWCA, boarding house, or dorm.
- 4279 f. Living with an adult who has passed a background check or the placement
- 4280 was assessed and approved by the region director or designee.
- 4281 3. The caseworker and the youth will complete a contract outlining the
- 4282 responsibilities and expectations of such a placement, which may include:
- 4283 a. Contact with the caseworker.
- 4284 b. An emergency and safety plan.
- 4285 c. Plan for education and employment that includes follow-up with DWS.
- 4286 d. Plan for use of state funding and payments.
- 4287 e. Progress toward self-sufficiency.
- 4288 f. Staying within a budget.
- 4289 4. While in a TAL placement, the Child and Family Service caseworker will visit
- 4290 with the child a minimum of two times a month or otherwise as deemed
- 4291 appropriate by the Child and Family Team. The Child and Family Services
- 4292 caseworker will make arrangements for the TAL stipends to be paid to the youth
- 4293 and will mentor the youth to ensure that an account is established at a credit union
- 4294 or bank and that these funds are being used as required.
- 4295 5. In order for youth to receive payments, they must be opened as a provider. One-
- 4296 Time Payment (OTP) forms are used when paying for SIL, ILP (N), and TLN
- 4297 services. 520's will print and be sent on the 28th of every month for youth who
- 4298 are open as providers and who have an ILP placement open to them in SAFE.
- 4299
- 4300 E. Codes: The codes that are used for youth under age 18 in the TAL program are as
- 4301 follows:
- 4302 1. The case will remain open in SAFE as SCF.
- 4303 2. The ILP "D" payment code will be used when a youth is the same as the basic
- 4304 transitional living apartment. This payment is the same as the basic foster care
- 4305 rate relevant to the child's age. Funds are from the foster care budget. Eligibility
- 4306 code for this payment is FB.
- 4307 3. ILP "N" (need) is used to set up an apartment (i.e., gas/electric deposits, buying
- 4308 items to furnish apartment, etc.).
- 4309 4. The SIL payment code is used to pay for incentives for completing the Milestone
- 4310 Class and is a non-maintenance code. SIL may be used with any placement code.
- 4311 Eligibility code for this payment will be IL.
- 4312 5. The TLN payment code is used to pay for transitional support funds that will
- 4313 assist eligible youth in the following four areas: 1) Education, Training, Career
- 4314 Exploration; 2) Physical, Mental Health, and Emotional Support; 3)
- 4315 Transportation; and 4) Housing. These transitional support funds will be
- 4316 individualized to cover unique needs and will focus on short and long-term needs
- 4317 that will assist a youth to become a successful adult. (TNV is used if paying
- 4318 directly to a vendor, and TNC is used if being paid through Reliacard.)
- 4319
- 4320 303.7.4 Youth Who Exit Care
- 4321 Upon leaving state's custody, many youth struggle to make the transition to adulthood. Time-
- 4322 limited support may be provided to youth who meet the eligibility requirements and need

4323 temporary assistance. This assistance can be provided to youth who exit care through support,
4324 financial aid, or Milestone Classes and is for housing, counseling, employment, education, and
4325 other appropriate support and services to complement their own efforts to achieve self-
4326 sufficiency and to assure that participants recognize and accept their personal responsibility for
4327 preparing for and then making the transition from adolescence to adulthood.
4328

4329 A. Assistance for Former Foster Youth

- 4330 1. Youth may receive services if they have exited care and are not yet 23 years old,
4331 and the youth:
- 4332 a. Exited foster care at age 18, or
 - 4333 b. Adopted at age 16 years or older, or obtained legal guardianship.
- 4334 2. Payments can be made directly to the youth or to providers as needed. In order
4335 for youth to receive payments, they must be opened as a provider. One-Time
4336 Payment forms are used when paying for SIL, ILP (N), TLP, or TLR services.
4337 520's will print and be sent every month to youth still in care who are open as
4338 providers and have an ILP placement open in SAFE.
- 4339 3. Codes: The codes that are used for youth are as follows:
- 4340 a. The case will be opened in SAFE as CIS.
 - 4341 b. The payment code that will be used to make payments to this youth is TLP
4342 for expenses other than room and board costs.
 - 4343 c. The payment code TLR will be used for rent or housing assistance or other
4344 room and board costs.
 - 4345 d. All other means of support have been explored and are utilized in concert
4346 with these payments and services.
 - 4347 e. There is a yearly maximum payment of \$5,000.
- 4348

4349 B. Education Training Vouchers Program (ETV): The purpose of ETV is to assist youth in
4350 foster care or who have exited foster care to obtain further education to support the
4351 transition to self-sufficiency in adulthood. ETV provides financial resources for
4352 postsecondary education and vocational training necessary to obtain employment or to
4353 support the individual's employment goals.

- 4354 1. A referral is made to the Department of Workforce Services (DWS) to enroll the
4355 youth in the Utah WIOA (Work Force Innovative Opportunities Act). If the
4356 referral is made within the semester that the youth will graduate from high school
4357 or complete a GED, this allows ETV funding to be available once the youth
4358 becomes eligible. Caseworkers and TAL coordinators, through Milestone
4359 Classes and the use of the TAL plan, will work with the youth to develop a viable
4360 plan for the youth to transition into adulthood through educational or employment
4361 goals. Administrative Rule R512-306 gives a detailed description of the scope of
4362 the ETV program.
- 4363 2. Eligibility for ETV funding is:
- 4364 a. Age requirements:
 - 4365 (1) An individual currently in foster care age 14-21, or
 - 4366 (2) An individual who reached 18 years of age while in foster care, but
4367 has exited foster care and who has not yet attained 26 years of age,
4368 or

- 4369 (3) An individual adopted from foster care or obtained legal
- 4370 guardianship after attaining 16 years of age and who has not yet
- 4371 attained 26 years of age;
- 4372 b. Have an individual educational assessment and individual education plan
- 4373 completed by Child and Family Services or their designee;
- 4374 c. Submit a completed application for the ETV program;
- 4375 d. Be accepted to a qualified college, university, or vocational program;
- 4376 e. Apply for and accept available financial aid from other sources before
- 4377 obtaining funding from the ETV program;
- 4378 f. Enroll as a student in the college, university, or vocational program; and
- 4379 g. Maintain a 2.0 cumulative grade point average on a 4.0 scale or equivalent
- 4380 as determined by the educational institution.
- 4381

C. Human Trafficking Screening

- 4382 1. When working with a former foster youth, the caseworker should screen for risk
- 4383 of human trafficking. (See Definitions in Practice Guidelines Section 300.8.)
- 4384 2. The caseworker should discuss items that are risks or indicators of human
- 4385 trafficking, particularly if the former foster youth has been homeless or financially
- 4386 vulnerable. For example, screening questions may include:
- 4387 “While you were homeless or otherwise in a vulnerable position:
- 4388 a. did someone control, supervisor, or monitor your work/actions?”
- 4389 b. could you leave your job or work situation if you want to?”
- 4390 c. was your communication ever restricted or monitored?”
- 4391 d. were you able to access medical care?”
- 4392 e. were you ever allowed to leave the place you were living/working?”
- 4393 f. under what conditions?”
- 4394 g. was your movement outside of your residence/workplace ever monitored
- 4395 or controlled?”
- 4396 h. what did you think would have happened if you left the situation?”
- 4397 i. was there ever a time when you wanted to leave, but felt that you could
- 4398 not?”
- 4399 j. what do you think would have happened if you left without telling
- 4400 anyone?”
- 4401 k. did you feel it was your only option to stay in the situation?”
- 4402 l. did anyone ever force you to do something physically or sexually that you
- 4403 didn’t feel comfortable doing?”
- 4404 m. were you ever physically abused (shoved, slapped, hit, kicked, scratched,
- 4405 punched, burned, etc.) by anyone?”
- 4406 n. were you ever sexually abused (sexual assault/unwanted touching, rape,
- 4407 sexual exploitation, etc.) by anyone?”
- 4408 o. did anyone ever introduce you to or provide you with drugs, alcohol, or
- 4409 medications?”
- 4410 Resources: “Screening Tool for Victims of Human Trafficking,” U.S. Department
- 4411 of Health and Human Services,
- 4412 http://www.justice.gov/usao/ian/htrt/health_screen_questions.pdf.
- 4413

- 4414 3. If the young adult reports that they may be victims of human trafficking, the
- 4415 caseworker will assist them to access the appropriate resources to address their
- 4416 needs. This may include:
- 4417 a. Reporting to law enforcement that the young adult may be a victim of
- 4418 human trafficking and assisting in the investigation.
- 4419 b. Accessing the appropriate mental health care, preferably providing a
- 4420 therapist that specializes in treating victims of human trafficking.
- 4421 c. Provide the youth with information for the National Runaway Safeline to
- 4422 call or live chat at 1-800-runaway or www.1800runaway.org.
- 4423 d. Identify a safe place for the youth to go if they run
- 4424 (www.nationalsafeplace.org).
- 4425 e. Refer to <https://www.missingkids.org/> for information regarding
- 4426 missing and exploited children.
- 4427 f. Refer to 211 resources.
- 4428

303.7a Youth Access To Technology

Major objectives:

- 4430 A. Youth in Child and Family Services' custody will be provided the opportunity to have
- 4431 access to technology. This includes access to the internet, and Wi-Fi. This can also include
- 4432 appropriate use of smart phones, tablets, and other wireless devices. For youth who do not
- 4433 have access to technology in their placement, they will be offered opportunities to use
- 4434 technology through use of publicly accessible computers in a public library, school, or other
- 4435 locations.
- 4436
- 4437
- 4438 B. Youth in Child and Family Services' custody will not be restricted access to technology for
- 4439 educational use such as accessing school postings of assignments, research, news,
- 4440 information, and knowledge sources that may be related to homework assignments.
- 4441
- 4442 C. Use of technology is a privilege. Violations of this privilege may result in consequences
- 4443 approved by the Child and Family Team and could include a loss of or limits to technology.
- 4444
- 4445
- 4446

Practice Guidelines

- 4447 A. Roles and Responsibilities:
- 4448 1. Youth in the custody of Child and Family Services will be allowed (with
- 4449 appropriate supervision) access to technology and will be taught to use it
- 4450 responsibly.
- 4451
- 4452 2. Youth must be responsible for his or her own actions, online and otherwise, if the
- 4453 youth is provided access to technology. This includes following all state and
- 4454 federal laws governing the sharing of information.
- 4455 3. The Child and Family Team will develop, at a minimum, an understanding of the
- 4456 benefits and challenges of technology most used by youth, including social
- 4457 networks, email, and texting. This also includes internet safety and protecting
- 4458 personal information.

- 4459 4. The Child and Family Team will designate a responsible and knowledgeable adult
4460 to discuss internet safety with the youth and assess the youth's ability to use
4461 technology in a responsible manner.
- 4462 5. The level of supervision for using technology is based on a youth's age, maturity,
4463 and trustworthiness. Supervision of a youth's online use may fall to many
4464 members of the Child and Family Team including teachers and caseworkers, and
4465 primary responsibility rests with the out-of-home caregiver.
- 4466 6. Rules for a particular youth will not be based on the actions of another youth or
4467 group of youth. Each youth is to be viewed as an individual and not barred from
4468 technology based on the inappropriate actions of others.
- 4469 7. Caseworkers will check in with out-of-home caregivers and refer them to training
4470 on internet safety if needed. Below are links to well-known authoritative guides
4471 with advice for safety on the Internet:
- 4472 a. <http://www.microsoft.com/protect/parents/childsafety/age.aspx>
4473 b. <http://www.safetynet.aap.org>
4474 c. <http://www.wiredsafety.org>
4475
- 4476 B. Internet Usage Agreement for Out-of-Home Caregivers:
- 4477 1. Out-of-home caregivers are encouraged to use a written technology usage
4478 agreement with youth to establish safe boundaries for the use of the Internet. A
4479 sample agreement is available at
4480 <http://www.protectkids.com/parentsafety/pledge.htm>.
- 4481 2. A copy of the usage agreement will be kept in the Home-to-Home Book and be
4482 accessible to the caseworker.
4483
- 4484 C. Electronic Communication:
- 4485 1. Youth 14 years of age and older will be permitted to have an email address. This
4486 will allow for completion of the Casey Life Skills Assessment and NYTD surveys
4487 by the youth but is not limited to this purpose. If there is ever a concern about
4488 safety, appropriate supervision needs to be implemented.
- 4489 2. Electronic communication sent to and received from a caseworker, TAL service
4490 provider, GAL, CASA, or therapist is private and will only be read by the youth.
- 4491 3. An adult approved to screen the youth's private electronic communication needs
4492 to be decided by the Child and Family Team. Youth in custody have a reasonable
4493 expectation of privacy. In instances where there is reasonable cause to suspect
4494 misuse or inappropriate activity, a youth's electronic communication will be
4495 checked by the designated adult.
- 4496 4. Caseworkers will encourage youth who have a likelihood of being in care on their
4497 17th birthday to share their email address with the caseworker so the caseworker
4498 can post it in SAFE. This will allow for direct access to the youth for the NYTD
4499 surveys.
4500
- 4501 D. Social Networks:
- 4502 1. Youth who are involved in social networking sites (SNS) such as Facebook,
4503 Twitter, MySpace, etc. will be advised to set privacy settings to private or semi-
4504 private to protect against interaction with strangers.

- 4505 2. If there is ever a concern about safety, appropriate supervision needs to be
- 4506 implemented. Caregivers and caseworkers may make a condition of use of a
- 4507 social networking site to have the youth provide access to them, allowing access
- 4508 to view photos, messages, videos, and other activities.
- 4509 3. Caseworkers who connect with a youth through a social networking site must
- 4510 maintain professional boundaries.
- 4511

303.8 Placement Prevention/Disruption Fund (Special Needs Funding)

Major objectives:

Child and Family Services will maintain a placement prevention/disruption fund for the purpose of assisting families in meeting immediate financial needs, when meeting those needs will directly contribute to the goal of maintaining children in their homes.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

Request for and approval of funding

These processes apply in both emergency and non-emergency situations. The nature of a need and the urgency of a request should be specified when a request is made.

- 4529 A. The caseworker identifies the need of an out-of-home caregiver and determines if it is an
- 4530 eligible service for the program.
- 4531
- 4532 B. The case manager completes the payment authorization form prescribed by Child and
- 4533 Family Services and obtains the supervisory approval.
- 4534
- 4535 C. The supervisor obtains approval from the program manager.
- 4536
- 4537 D. The program manager obtains approval from the region director or designee.
- 4538
- 4539 E. The program manager may issue a check directly to the vendor of services. Checks will
- 4540 not be issued to the family.
- 4541
- 4542 F. The program manager forwards a copy of the payment authorization to the Child and
- 4543 Family Services Finance Office.
- 4544
- 4545 G. The program manager will conduct a monthly reconciliation of the fund according to the
- 4546 fiscal Practice Guidelines approved by the Child and Family Services Finance Office.
- 4547

Identifying need and eligibility for funding:

- 4550 A. Caseworkers may intervene when necessary to prevent removal or placement disruption
4551 to provide “allowable” services when the cost does not exceed \$500.
4552
- 4553 B. Child and Family Services will consider requests for fund expenditures defined as
4554 “allowable.” Other expenses will be considered on an individual basis.
4555
- 4556 C. “Allowable services” include the following:
4557 1. Rent.
4558 2. Housing deposit.
4559 3. Utility deposit.
4560 4. Utility bills.
4561 5. Automobile repairs.
4562 6. Gasoline.
4563 7. Food.
4564 8. Clothing.
4565 9. Child care supplies.
4566 10. Household supplies.
4567 11. Child day care.
4568 12. Homemaker services.
4569 13. Language interpreters.
4570 14. Psychotherapy for child and parents.
4571 15. Psychological testing/drug screening for child/parents.
4572 16. Educational fees.
4573 17. Doctor visits and/or prescription drugs.
4574 18. Transportation for educational or medical services.
4575 19. Special short-term counseling or treatment not otherwise available through
4576 current contracts.

4577
4578 Payment for other services must be approved by the region director prior to the
4579 expenditure.
4580

4581 Service Delivery Guidelines

4582 Generally, caseworkers will be expected to access current contracted sources for child and family
4583 needs. When it is determined a need exists for a continuing service that is not available on
4584 current Child and Family Services contracts, the caseworker and their supervisor will consult
4585 with the regional contract specialist to develop the resource.
4586

- 4587 A. Immediate need for supplies or services can be obtained by accessing the funding
4588 available to the regions for the appropriations or activities listed below.
4589
- 4590 B. When a contract is available for continuing needs, the source of funding for the contract
4591 will be determined by the region director and the Administrative Services manager.
4592
- 4593 C. Funding is available to regions for special needs payments from the identified funding
4594 sources for the identified needs and activities:
4595 1. **KHD -- In home services**

- 4596 **PIHS – In home services**
4597 Can be used for any special need determined by the caseworker and/or the region
4598 director to stabilize a family in their home or to eliminate the need for a child to
4599 be brought into Child and Family Services custody.
- 4600 2. **KHH – Minor grants**
4601 **PFPR – Family Reunification**
4602 Can be used for special needs to assist in reunification of a child with parents and
4603 to provide for child and/or family treatment needs.
- 4604 3. **PFPP – Family Preservation**
4605 Can be used for special needs required to maintain the family structure and to
4606 keep a child with their family.
- 4607 4. **KHL – Special Needs**
4608 Can be used for funding for transportation, medical services not covered by
4609 Medicaid, or any other needs not otherwise available through established
4610 contracted sources for children in the custody of Child and Family Services.

4611
4612 Data Collection and Fund Accounting Processes

- 4613 A. Each region is responsible for obtaining service data and submitting monthly fiscal
4614 information to the Child and Family Services Director of Finance. Service and financial
4615 data must be submitted in the standard format approved by the Child and Family Services
4616 Director of Finance.
- 4617
4618 B. Each region will submit a plan for the system delivery of placement prevention/disruption
4619 funds. The plan must be approved by the Child and Family Services Director of Finance.
4620 The funds will be distributed through a special account based on a local population-
4621 served formula. The funds will be disbursed through a special account with local warrant
4622 capability.
- 4623
4624 C. The Child and Family Services Director of Finance will oversee disbursement of the
4625 funds.
4626

303.9 Federal Benefits And Eligibility

Major objectives:

The caseworker will be responsible to identify and secure financial resources or benefits for which a child in the custody of Child and Family Services may qualify. This includes, but is not limited to, Title IV-E, Medicaid, Supplemental Security Income (SSI), Social Security (SSA), private health insurance, and tribal or private trust funds. These resources will be used to help support the child’s care before state general funds are used, to the extent allowable by law.

Child and Family Services will be responsible to determine Title IV-E eligibility for foster children in accordance with federal law and regulations and the state’s Title IV-A plan that was in effect on July 16, 1996, as specified in the Child and Family Services’ Title IV-E Eligibility Manual. The Division of Integrated Healthcare delegates responsibility to Child and Family Services to determine Medicaid eligibility for most foster children in accordance with established Medicaid major objectives.

The caseworker will be responsible to become payee for a foster child who receives SSI benefits as a result of the child’s own disability or SSA benefits from the death or disability of the child’s parent and to perform payee duties in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.

The regional trust account custodian will be responsible to process and maintain client trust account records in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

A. Title IV-E and Medicaid Eligibility Determination.

1. An initial Title IV-E and Medicaid eligibility determination must be completed for every child in foster care by a Child and Family Services eligibility worker, and must be reviewed annually. An eligibility determination should also be completed for children removed from home for which medical services were provided while in protective custody, even if the child does not remain in custody after the shelter hearing.
2. Within 30 days of removal, the caseworker is responsible for completion of the Title IV-E/Medicaid Information Form for Foster Child. Extension of the application time frame may be justified by circumstances outside of the caseworker’s control (such as delay in verification of citizenship from the INS, inability to locate parents to obtain income and asset information, or need for out-of-state birth certificate).

- 4671 3. The caseworker is responsible to ensure that the eligibility worker receives
4672 necessary supporting documentation required to complete the application and
4673 review process, such as warrant for removal, petition for removal, initial removal
4674 court order and subsequent orders with “reasonable efforts to prevent removal” or
4675 “reasonable efforts to finalize the permanency plan language,” verification of
4676 parent income and assets, deprivation in removal home, and completed annual
4677 review forms.
- 4678 4. The caseworker is responsible to notify the eligibility worker of changes that may
4679 affect a child’s ongoing eligibility for Title IV-E or Medicaid benefits, such as
4680 changes in placement, change in parental marital status or household composition
4681 in the removal home, incarceration of a parent, increase in child income or assets
4682 including amount in the child’s trust account for which the caseworker is payee,
4683 runaway, return home, or trial home placement, and custody end.
4684
- 4685 B. Title IV-E Benefits.
- 4686 1. When a child is determined “Title IV-E eligible,” the federal government will
4687 reimburse a portion of the agency’s administrative and training costs applicable to
4688 that child. When a child is also “Title IV-E reimbursable,” the federal
4689 government will reimburse a portion of costs for foster care maintenance
4690 payments while the child is placed in a qualified, licensed foster family home,
4691 group home, or residential facility.
- 4692 2. Foster care maintenance payments for a child in foster care may cover the costs of
4693 food, clothing, shelter, daily supervision, school supplies, a child’s personal
4694 incidentals, liability insurance with respect to the child, and reasonable travel to
4695 the child’s home for visitation with family or other caretakers. In the case of
4696 group homes or residential facilities, it may also include the reasonable costs of
4697 administration and operation required to provide for the normal maintenance
4698 needs for the child.
- 4699 3. Foster care maintenance payments made on behalf of a youth placed in foster
4700 care, who is the parent of a child in the same foster home or facility, may also
4701 include supplemental funding to cover costs incurred on behalf of the foster
4702 youth’s child who resides in the same placement. If the foster youth is Title IV-E
4703 eligible and reimbursable, the child’s supplemental payment will come from Title
4704 IV-E. If the foster youth is not Title IV-E eligible and reimbursable, the child’s
4705 supplemental payment will come from state general funds or another allowable
4706 funding source. The Child and Family Team must determine if it is in the best
4707 interests of the foster youth to cover the child’s expenses with supplemental
4708 maintenance payments and whether payments will be paid to the foster youth or
4709 foster care provider. Supplemental funding for costs for the foster youth’s child
4710 are paid for through the daily reimbursement code of BAB, which pays at the
4711 basic foster care rate. This code is opened under the name of the foster youth
4712 (mother). Any special needs costs required for the foster youth’s child are also
4713 paid under the foster youth.
- 4714 4. Title IV-E funds will be utilized for allowable expenses for an eligible and
4715 reimbursable foster child prior to state general funds or funds from other federal
4716 grants when the child is placed in a qualified, licensed foster home, group home,

4717 or residential facility. Title IV-E claims will be reduced by revenue collected
4718 from cost of care payments from a child’s trust account or from child support
4719 collections.

4720

4721 C. Medicaid Benefits and Coverage for Health Care Needs through Custody Medical
4722 Program.

4723 1. The caseworker is responsible to notify the eligibility worker as soon as a child is
4724 placed in protective custody so that the eligibility worker can ensure that the
4725 child’s health care needs can be covered immediately.

4726 2. The eligibility worker will first determine if the child entered care with Medicaid
4727 coverage. If so, documentation of Medicaid eligibility will be provided to the
4728 caseworker and foster care provider to be taken with the foster child to any
4729 medical, dental, or mental health appointments. If the child is not Medicaid
4730 eligible, the eligibility worker will generate a Custody Medical Program to
4731 establish a payment process for medical expenses through the Division of
4732 Integrated Healthcare eligibility can be determined. Normally, the Custody
4733 Medical Program will be authorized for 30 days. The eligibility worker will
4734 provide documentation of Custody Medical eligibility, and this verification must
4735 be taken with the foster child to any medical, dental, or mental health
4736 appointments.

4737 3. The Medicaid State Plan specifies covered medical, dental, and mental health
4738 services for children in foster care. In most areas of Utah, medical needs of a
4739 foster child must be provided through a designated Health Maintenance
4740 Organization (HMO). The caseworker must ensure that the foster care provider
4741 understands the need to have the child’s medical services addressed by a provider
4742 within the designated HMO and of the importance of taking the child’s health
4743 history information to all health care appointments.

4744 4. If a Medicaid eligible child needs health care services not normally covered
4745 through Medicaid, the foster care provider or caseworker should coordinate with
4746 the regional fostering healthy children nurse to request a review through the
4747 health care provider and Division of Integrated Healthcare, Health Program
4748 Representative to see if the service can be covered through Medicaid under CHEC
4749 (Utah’s version of the EPSDT program). Through CHEC, medical service needs
4750 for children under the age of 21 years that have been diagnosed by a qualified
4751 provider should be able to be covered by Medicaid.

4752 5. If it is not possible to get the needed non-Medicaid service covered under CHEC,
4753 the regional fostering health children nurse will prepare a Prior Authorization for
4754 the needed service. If the costs for the service will exceed \$500, the region
4755 director must approve the Prior Authorization.

4756 6. If a foster child receives medical services that are not covered by Medicaid, or
4757 that are provided outside of an HMO or without required pre-authorization, and
4758 there is no Prior Authorization from the regional fostering health children nurse,
4759 the caseworker is responsible to obtain region director authorization for the
4760 expense. Either the eligibility worker may issue a Custody Medical Program or
4761 the nurse may approve a Prior Authorization. This will be decided on a case-by-
4762 case basis, as approved by the region director.

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7. If a foster child cannot qualify for Medicaid upon entry into foster care, such as a child not meeting citizenship requirements, the eligibility worker will authorize a Custody Medical Program for six months. The Custody Medical Program can be extended for an additional six months, throughout the custody episode to ensure continuous health care coverage. If a child loses Medicaid eligibility after entering foster care, such as a child on a trial home placement, the regional fostering healthy children nurse staff will prepare Prior Authorization for specific medical needs if the child does not have another resource to cover the costs, such as a client trust account or private health insurance.
 8. A child leaving a placement that receives a foster care maintenance payment, such as a trial home placement, no longer qualifies for Foster Care Medicaid, but may qualify for another Medicaid program. The Child and Family Team should plan for coverage for the child’s health care needs prior to placement changes that affect Medicaid eligibility, including communicating with the eligibility worker early so that necessary information may be obtained from the parents to determine ongoing eligibility for Medicaid and so that the case may be transferred to eligibility staff in the Department of Workforce Services if the child’s eligibility can continue.
- D. DHHS has established a separation of duties between the Title IV-E/Medicaid program manager and the Title IV-E/Medicaid Eligibility worker.
1. The **DHHS eligibility supervisor/lead** (program manager) access has the authority to approve and revoke eligibility worker access to both the SAFE & eREP. They are responsible for reviewing weekly system audit reports. This includes the Surname report, Trace report, and After Hours report which are accessed through Cognos. They initiate incident response when inappropriate or unusual activity is detected.
- *Surname Report –**
The Surname Report is used to identify employees who work on customers' cases with matching Surnames. Like all exception reports, this report is not necessarily an indication of system or resource misuse; however, it can identify potential problems or trends. The calculations made in this report consider the problem arising from employees with more common last names, as well as those who share uncommon last names. An eligibility specialist who shares a surname with a customer of the case they own is excluded from being identified in this exception report. Any team members sharing a surname with cases associated with their teams are also excluded.
- *Trace Report –** ~~[Team Content – Shared – ER-M-MP-105 eREP Trace Report]~~
The Trace Report is used to track the activity of staff in eREP and to review specific activity during any given time period.
- *After Hours Report –** ~~[Team Content – Eligibility – Security/Exceptions – ER-M-MP-125 After Hours Report]~~
The After Hours Report is used to identify eREP usage after normal business hours. The report allows the user to prompt for a date range and show all users that logged into eREP before 6:30 am, stayed logged into eREP after 6:30 pm on normal business days, or logged into eREP on non-business days. Workers are

4809 ranked into low (1-4), medium (5-9), and high (10+) incident levels. Workers will
4810 also be rated by their time in eREP: low (0-30 minutes), medium (31 minutes - 59
4811 minutes), and high (1+ hours). This report is not necessarily an indication of
4812 resource misuse; however, it can identify potential problems. The login time
4813 shows either the beginning time logged in prior to the threshold or the first time
4814 after hours the user changed screens in eREP. It does not necessarily indicate
4815 actually logging in to eREP. Similarly, the log out time shows either the last
4816 screen changes in eREP prior to the normal workday hours or the actual time the
4817 user logged out at the end of the day.

4818 2. The **DHHS eligibility worker** access provides the ability to perform all functions
4819 required to determine Title IV-E eligibility, Foster Care Medicaid, and Subsidized
4820 Adoption Medicaid eligibility. **All data used to determine eligibility will remain**
4821 **in eREP. SSA data will not be stored outside of the eREP system. eREP will**
4822 **only be accessed on a state-encrypted secure network with remote access**
4823 **acceptable through VPN.**

4824 3. The **SAFE Helpdesk staff** have CustomerDirectExtSysHelpDesk of “read only”
4825 access to eREP for the purpose of managing the Customer Directory and
4826 managing a workflow process to maintain interface functions between SAFE and
4827 eREP.

4828
4829 E. Foster Children with SSI or SSA Income

4830 1. When a child enters foster care, the caseworker must ask the child’s parent or
4831 caregiver if the child is receiving SSI or SSA benefits. (SSI is received as a result
4832 of the child’s own disability. SSA may be received due to the death or disability
4833 of the child’s parent.)

4834 2. The caseworker should also ask the parents about other sources of support
4835 designated for the child that could assist with the child’s care such as Veteran’s
4836 benefits, Railroad benefits, Indian Trust funds, insurance funds including health
4837 insurance coverage, or other private trust funds.

4838 3. The caseworker is responsible to apply for benefits for a child who may qualify
4839 but is not receiving them. If a child is disabled, application should be made for
4840 SSI benefits. If a child’s parent is deceased or disabled, application should be
4841 made for SSA-dependent child benefits. Application is made through the Social
4842 Security Administration.

4843 4. The caseworker is responsible to apply for the DHHS to become representative
4844 payee for a foster child receiving SSI or SSA benefits. Payee application forms
4845 are available through the local Social Security Office and may also be available in
4846 the local Child and Family Services office. The caseworker should also apply for
4847 the Department to become payee for other regular benefit payments.

4848 5. If a foster child is receiving services from both the Division of Services for People
4849 with Disabilities (DSPD) and the Division of Child and Family Services, the
4850 Child and Family Services caseworker will apply for the DHHS to be the
4851 representative payee for the child. The DSPD provider will not be the payee
4852 (even though that is normal DSPD practice). In circumstances in which DSPD is
4853 paying for the treatment portion of the placement through Medicaid, such as
4854 under a Medicaid waiver, Child and Family Services must establish a process to

4855 pay for room, board, and special needs costs to the DSPD provider. The standard
4856 practice will be for the out-of-home caseworker to authorize the full SSI payment
4857 to go to the DSPD provider. The DSPD provider will be required to use the
4858 child's SSI funds in accordance with DSPD major objectives for use of child's
4859 SSI. The provider will document use of all funds in the Home-to-Home record,
4860 which the caseworker will review quarterly. When the annual report to the Social
4861 Security Administration is required to document use of the child's SSI, the
4862 caseworker will obtain the information for the report from the DSPD provider. If
4863 circumstances in which the out-of-home caseworker determines that it is not
4864 appropriate to forward SSI funding to the DSPD provider, an individual provider
4865 contract will be established to pay for room, board, and special needs. The
4866 caseworker will then authorize Child and Family Services to be reimbursed for
4867 cost of care payments from the child's trust account on a monthly basis.
4868

4869 F. Caseworker Responsibility when Representative Payee for SSI or SSA Recipient

- 4870 1. The caseworker is responsible to provide the regional trust account custodian with
4871 a written request to establish a new client trust account, on a form provided by the
4872 custodian, and a copy of the letter of approval of benefits from the granting
4873 agency, such as the Social Security Administration.
- 4874 2. The caseworker is responsible to oversee use of funds in the child's client trust
4875 account and to request and authorize any payments made from the account on a
4876 form provided by the custodian. Caseworkers may not request payments from a
4877 child's client trust account exceeding the amount of funds available in the
4878 account.
- 4879 3. The caseworker will follow Department client trust account major objectives and
4880 Practice Guidelines and Child and Family Services fiscal client trust account
4881 Practice Guidelines in requesting and authorizing payments from the trust
4882 account.
- 4883 4. Funds from the account may be used only for the child's support while in Child
4884 and Family Services custody and for the child's personal needs and incidentals.
4885 The caseworker is responsible to request and authorize payments each month
4886 using the following precedence: (1) SSI payment to DSPD provider, when
4887 required; (2) payment for spend-down for Medicaid, if regional eligibility worker
4888 had indicated it is required and the child's medical expenses are in excess of the
4889 spend-down amount; or if spend-down is not justified and child is not Medicaid
4890 eligible, payment for the child's medical expenses; (3) personal needs funds of
4891 \$35, maintained in the account until needed; (4) payment for cost of care for costs
4892 specified in fiscal client trust account Practice Guidelines; and (5) any remaining
4893 funds to be maintained in the account for additional client needs allowable by the
4894 funding source and recommended by the Child and Family Team. The region
4895 director or designee will approve in advance any expense from a client trust
4896 account exceeding \$500, other than payment for a DSPD provider, medical bill,
4897 Medicaid spend-down, or cost of care payment.
- 4898 5. The caseworker is responsible to review the client's trust account monthly to
4899 ensure that the balance stays within limits for federal benefits. The child loses
4900 Medicaid eligibility for any month in which the balance exceeds \$2,000. When

4901 Medicaid eligibility is lost, in addition to cost of care, any medical costs or other
4902 special needs or incidentals for the child must be paid from the client trust account
4903 until the balance is below \$2,000.

4904 6. If casework responsibility or court jurisdiction is being transferred for the foster
4905 child, it is the responsibility of the sending office to ensure that the benefits are
4906 transferred. A change of address for payee must be submitted to the appropriate
4907 agency (e.g., Social Security Administration, Veteran’s Administration) notifying
4908 the agency of the address to which future checks should be mailed. In addition,
4909 funds and records from the existing account must be sent to the new region as
4910 specified in fiscal client trust account Practice Guidelines.

4911
4912 G. Trust Account Custodian Responsibility.

4913 1. The regional trust account custodian will open a new client trust account in the
4914 Department Trust Accounting System when necessary documentation is received
4915 from the caseworker.

4916 2. The custodian will maintain all trust account records and issue checks in
4917 accordance with Department client trust account major objectives and Practice
4918 Guidelines and Child and Family Services client trust account fiscal Practice
4919 Guidelines.

4920 3. The custodian will provide a monthly report on each foster child’s client trust
4921 account to the caseworker that is protective payee and to the eligibility worker.
4922

4923 **303.10 Children In Foster Care Who Are Not U.S. Citizens**

4924 Major objectives:

4925 Child and Family Services will seek to meet the support and health care needs of children in
4926 foster care and state custody regardless of their citizenship status.
4927

4928
4929 **Applicable Law**

4930 A. The citizenship status of a child in foster care may affect the child’s eligibility for federal
4931 benefits such as Title IV-E foster care or adoption, Medicaid, and SSI.

4932
4933 B. A child who is born outside of the United States (U.S.) to parents who are not U.S.
4934 citizens must have entered the U.S. prior to August 22, 1996 or meet qualified alien
4935 requirements in order to receive federal benefits.

4936
4937 C. For certain immigration categories, a child must have lived in the U.S. for five years
4938 before qualifying for Medicaid. Health care needs for a child with a five-year waiting
4939 period for Medicaid must be covered through MI706 authorization until the five-year
4940 requirement is met.

4941
4942 D. A child who is born outside of the U.S. to parents who are not U.S. citizens, and who
4943 entered the U.S. under an immigration category that does not meet qualified alien
4944 requirements, or who entered this country as an undocumented immigrant cannot qualify
4945 for federal benefits, including Medicaid, while in foster care or upon adoption, unless

- 4946 lawfully admitted to this country under a qualified alien, lawful permanent resident
4947 category.
4948
4949 E. A child is a citizen if:
4950 1. Born in the U.S., the District of Columbia, Puerto Rico, Guam, Virgin Islands,
4951 Northern Mariana Islands, American Samoa, or Swain's Islands.
4952 2. The child is also a citizen if born outside of the U.S. to a parent who is a U.S.
4953 citizen.
4954 3. A child is naturalized through the INS after an adoption, or who met qualified
4955 alien (lawful, permanent resident) criteria when adopted by a U.S. citizen parent
4956 after February 27, 2001.
4957
4958 F. U.S. citizenship can be verified by such records as a birth certificate, hospital records,
4959 church records, or tribal records.
4960

Practice Guidelines

- 4961 A. Citizenship of the child is a factor that must be considered in the eligibility determination
4962 process.
4963
4964 B. The caseworker is responsible to verify a foster child's citizenship upon entry into foster
4965 care.
4966
4967 C. The regional eligibility caseworker will verify if the child meets qualified alien
4968 requirements based upon immigration documentation from Immigration and
4969 Naturalization Services provided by the caseworker.
4970
4971 D. Health care needs must be covered through MI706 authorization for these children while
4972 in foster care.
4973
4974 E. For a child born outside the U.S., the caseworker is responsible to obtain a copy of
4975 immigration documentation from the child's parents or caretakers and to provide it to the
4976 regional eligibility caseworker. The following information is needed:
4977 1. Copy of both sides of INS Form I-94 (often called green card).
4978 2. Documentation of date of entry into the U.S.
4979
4980 F. For issues pertaining to immigration other than verification of qualified alien status by
4981 regional eligibility caseworkers, contact the Immigration and Naturalization Service.
4982
4983

303.11 Facilitating Out-Of-State Travel For A Foster Child

Major objectives:

During the time the child is in the custody of the state, Child and Family Services has limited authority to act for the child and provide approval for travel. Under some circumstances, Child and Family Services must obtain approval from the DHHS before the child travels.

Out-of-state travel is one such instance. Child and Family Services will support appropriate out-of-state travel for children in out-of-home placements with out-of-home caregivers for vacation, visiting relatives, or other social, enrichment, or extra-curricular activities.

Under some circumstances, Child and Family Services must obtain approval from the DHHS executive director or designee before the child travels (i.e., international travel with costs incurred to the state).

Applicable Law

Utah Code Ann. [§80-1-102](#). Juvenile Code definitions.

Practice Guidelines

- A. Every child in foster care traveling out of state or out of the country requires form F15 (Out of State Travel) to be completed and approved in advance. The caseworker will work with the regional travel coordinators to complete the form on behalf of the youth. Upon region director or the designee approval, the regional travel coordinator will submit the form and any backup documents to the state office for approval.
 - 1. The FI5 will be approved by the division director or assistant director as delegated and division budget officer for travel requests with costs incurred.
 - 2. The FI5 will be approved by the division director or assistant director as delegated for travel requests with zero costs.
 - 3. International travel of a client, with cost to the state, will also require the approval of the DHHS executive director or designee in addition to division-level approval.
 - 4. International travel of a client, with no cost to the state, does not require DHHS executive director or designee approval.
- B. When a child is visiting in another state, the caseworker will update the placement code to OSV (out-of-state visit). Out-of-state visits will last no longer than 30 days.
- C. The caseworker will inform the child’s parents, if parental rights are intact, that their child will be traveling out of the state. Parental permission is not required for the child to be able to travel.
- D. The out-of-home caregiver will take the child’s Medicaid card when taking the child out of state to ensure that any urgent medical needs can be met. The out-of-home caregiver should also take an adequate supply of any medications the child needs and the phone numbers for the child’s regular or primary care physician.

- 5029
- 5030 E. The caseworker will inform the out-of-home caregiver that if the child has an emergency
- 5031 medical need while outside of Utah, the out-of-home caregiver will obtain treatment
- 5032 immediately from a qualified health care provider. Follow Medicaid and HMO rules to
- 5033 notify the HMO, and/or Medicaid, as soon as possible, but no later than one week after
- 5034 the child received the treatment.
- 5035
- 5036 F. The caseworker will inform the out-of-home caregiver that if the child has a non-
- 5037 emergency medical need while outside of Utah, the out-of-home caregiver will follow
- 5038 Medicaid and HMO rules to obtain prior authorization for the service from the HMO
- 5039 and/or Medicaid and identify a qualified provider willing to accept Utah Medicaid in
- 5040 order for Medicaid to cover the costs.
- 5041
- 5042 G. The out-of-home caregiver may request assistance from the Fostering Healthy Children
- 5043 nurse to complete the prior authorization process and identify an appropriate health care
- 5044 provider.
- 5045
- 5046 H. The caseworker will inform the out-of-home caregiver that the child will not be taken
- 5047 outside of Utah for medical treatment unless the specific treatment has been approved by
- 5048 Medicaid and arranged for by the Fostering Healthy Children nurse.
- 5049
- 5050 I. For children who travel outside of the country, the caseworker will follow the same
- 5051 procedure for children who are only traveling outside of the state. The caseworker will
- 5052 also follow the same processes to ensure the child has medical coverage while traveling
- 5053 abroad.
- 5054
- 5055 J. If a child travels outside of the country, the caseworker or caregiver will also determine if
- 5056 a passport, additional immunizations, or other documentation (e.g., Travel Visa) is
- 5057 needed for the child to travel safely. This can be done by visiting
- 5058 <http://travel.state.gov/content/travel/english.html> for all up-to-date information regarding
- 5059 travel requirements to foreign countries. Child and Family Services requires international
- 5060 travel insurance coverage for children in the custody of Child and Family Services.
- 5061

303.12 Transportation

Major objectives:

Children in Child and Family Services custody will be transported in safe, insured vehicles with seat belts and car seats.

Applicable Law

Utah Code Ann. [§41-6a-1802](#). Definitions.

Utah Code Ann. [§41-6a-1803](#). Driver and passengers -- Seat belt or child restraint device required.

5073 Practice Guidelines

5074 If an out-of-home care provider does not have an appropriate restraint device for a child given
5075 their age, one may be loaned to them. They may not be allowed to transport a child in the
5076 custody of Child and Family Services without an appropriate restraint device.

5077
5078 Before a Child and Family Services caseworker transports a child in a vehicle, they must ensure
5079 that the proper restraint device is in the vehicle and is installed correctly.

5080

5081 **303.12a Transporting Youth – Safety Of Caseworker And Youth**

5082

5083 Major objectives:

5084 To provide guidelines to employees who need to arrange transportation for youth that may
5085 display behavior that could result in injury to the caseworker or the youth.

5086

5087 Background Information

5088 Caseworkers may be called upon to transport youth for a variety of reasons. Some episodes of
5089 transportation may require more caution than other episodes. Transportation has been divided
5090 into three categories to assist caseworkers in determining when it might be appropriate to utilize
5091 the support of another caseworker or a caged Juvenile Justice Services (JJS) state vehicle for the
5092 transport of a youth. The Child and Family Team will assist with making these decisions.

5093

5094 Practice Guidelines

5095 A. STANDARD TRANSPORTATION – A situation in which a caseworker transports a
5096 youth to visits, medical appointments, or other routine occurrences.

5097

5098 There will be many situations in which a caseworker feels comfortable and appropriate in
5099 transporting a youth. When doing so, a caseworker will assure the following:

- 5100 1. That the vehicle is insured and safe to drive (use a state vehicle and avoid the use
5101 of personal vehicles if possible).
- 5102 2. That the youth is properly restrained in a safety device appropriate for the age of
5103 the youth. In addition, appropriate child locks will be utilized.
- 5104 3. That the youth is not allowed to sit behind the caseworker who is driving the
5105 vehicle.
- 5106 4. That a supervisor or colleague knows where you are going and when you will
5107 return as a safety precaution.
- 5108 5. That you take another caseworker with you if you feel it is appropriate or
5109 necessary for any reason.

5110

5111 B. TRANSPORTATION TO A PROGRAM – A situation in which a youth is being
5112 transported to a facility or program.

5113

5114 The caseworker should first contact the program to request the program transport the
5115 youth if this service/resource is available.

5116

5117 If a caseworker must transport the youth, it is best practice for two
5118 caseworkers/employees to transport the youth when the youth is going to a facility;
5119 however, the caseworker should use their discretion. Assuming the youth does not
5120 display behaviors associated with a high risk transportation need, the caseworker will
5121 consider utilizing another person to complete the transport.

- 5122 1. The caseworker will review the case thoroughly prior to the transport and be
5123 aware of any potential triggers that may cause the youth to display volatile or
5124 aggressive behavior toward him or herself or others.
- 5125 2. The caseworker will assure that the vehicle is insured and safe to drive (use a state
5126 vehicle and avoid the use of personal vehicles if possible).
- 5127 3. Two caseworkers will transport the child; one caseworker will drive and one
5128 caseworker will sit in the backseat with the youth. The youth will not be allowed
5129 to sit behind the caseworker who is driving the vehicle.
- 5130 4. The youth will be properly restrained in a safety device appropriate for the age of
5131 the youth. In addition, appropriate child locks will be utilized.
- 5132 5. Neither the youth nor the caseworkers will use a cell phone to make phone calls
5133 or texts while driving unless an emergency situation arises.

5134
5135 C. **HIGH RISK TRANSPORTATION** – A situation in which a caseworker or youth may be
5136 at risk of displaying behaviors associated with a high risk transportation need.

5137
5138 A situation for high risk transportation may be identified if the youth exhibits any of the
5139 following behaviors:

- 5140 1. Current assaultive behavior, assaultive history, serious aggression toward self or
5141 others, past history of jumping from a vehicle in motion, a suicide attempt, serious
5142 and current self-mutilization, homicidal thoughts or behavior, current psychosis,
5143 serious inability to regulate emotions, serious anti-social behavior, current verbal
5144 or physical threats of harm to self or caseworker, or other similar and serious
5145 behaviors.

5146
5147 Hint: If the youth rates a 3 on the CANS on any of the following items, the youth
5148 most likely meets the criteria to utilize a caged JJS state vehicle:

- 5149 a. Suicide risk;
- 5150 b. Self-mutilization;
- 5151 c. Other self-harm;
- 5152 d. Danger to others;
- 5153 e. Judgment decision-making (make decisions that put them in dangerous
5154 situations);
- 5155 f. Psychosis;
- 5156 g. Oppositional (threat of physical harm to others);
- 5157 h. Conduct (serious crime, aggression, anti-social child, or community at
5158 risk);
- 5159 i. Anger control.

5160
5161 The process for requesting assistance with a high risk transportation is as follows:

- 5162 1. Call the facility that you are taking the youth to and ask if they can transport the
5163 youth for you. If they are unable to do so, move to step 2.
5164 2. Staff the case with the region clinical consultant and review all possible
5165 transportation options. The clinical consultant will determine if a caged JJS state
5166 vehicle is the only safe option. If a caged JJS vehicle is necessary, then complete
5167 the following steps to request one:
5168 (1) The clinical consultant will send an email to Mike Butkovich, Program
5169 Director, Office of Correctional Programs, Utah Division of Juvenile
5170 Justice Service at mbutkovi@utah.gov and include the caseworker in the
5171 email. The email should include the pick-up and drop-off time needed for
5172 the vehicle and the current location of the child.
5173 (2) The JJS Program Director will respond to both the clinical consultant and
5174 caseworker with the availability and location of the vehicle.
5175 (3) The caseworker will pick up and drop off the vehicle at the assigned
5176 locations. If a vehicle is no longer needed, the caseworker will notify the
5177 JJS Program Director immediately.
5178
5179 D. If a JJS caged vehicle is not available, contact the region director for potential use of
5180 further professional transport services.
5181

303.13 Courtesy Worker And Region-To-Region Case Transfers

Major objectives:

Region-to-region placements will be planned to minimize transition difficulties and prevent a disruption of services.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- 5192 A. Courtesy Supervision:
5193 1. To request courtesy supervision, the caseworker will email the initial request to
5194 the sending region’s associate region director.
5195 2. Attach the completed Courtesy Supervision Request Form. Include a brief
5196 description of history on the case and the current situation along with other
5197 information requested on the form.
5198 3. The sending region’s associate region director will forward the request to the
5199 appropriate associate region director in the prospective receiving region for
5200 approval.
5201 4. The receiving region’s associate region director will notify the sending region’s
5202 associate region director of the decision to accept the request for courtesy
5203 supervision and provide the name of the courtesy caseworker and supervisor.
5204 5. The primary caseworker will contact the courtesy caseworker within five working
5205 days to provide case information. If the courtesy caseworker needs additional
5206 information, the courtesy caseworker may contact the primary caseworker.

- 5207 6. The primary caseworker will add the courtesy caseworker to the case on SAFE.
5208 7. As soon as the case has been assigned to the courtesy caseworker, the primary
5209 caseworker will arrange for a Child and Family Team Meeting. Both the primary
5210 caseworker and courtesy caseworker will be present at the Child and Family
5211 Team Meeting. At this meeting the primary and courtesy caseworker's visitation
5212 plan with the child will be arranged. The roles of the primary and courtesy
5213 caseworker will also be discussed. [See: [Section 303.2](#), Caseworker Visitation
5214 With The Child.]
5215 8. Throughout the duration of the case, the primary and courtesy caseworker will be
5216 present at all Child and Family Team Meetings that may be held.
5217 9. The primary caseworker is responsible for contacting on a monthly basis the
5218 courtesy caseworker and out-of-home caregiver as well as other professional
5219 members of the Child and Family Team, such as the child's mental health
5220 therapist and educators.
5221
5222 B. Region-to-Region Case Transfers:
5223 1. The caseworker will email the initial request to the sending region's associate
5224 region director.
5225 2. Attach the completed Case Transfer Request Form. Include a brief description of
5226 history on the case and the current situation along with other information
5227 requested on the form.
5228 3. The sending region's associate region director will forward the request to the
5229 appropriate associate region director in the prospective receiving region for
5230 approval.
5231 4. The receiving region's associate region director will notify the sending region's
5232 associate region director of the decision to accept the request for case transfer and
5233 provide the name of the caseworker and supervisor.
5234 5. A face-to-face transfer meeting between the two caseworkers and their
5235 supervisors will be conducted on all case transfers
5236 6. To assist with a smooth transition from region to region, a Child and Family
5237 Team meeting will be conducted on all case transfers. The sending caseworker is
5238 responsible for arranging this meeting.
5239 7. If possible, the new caseworker will attend the last Child and Family Team
5240 Meeting in the sending region to become acquainted with the existing team.
5241 8. The caseworker will notify the eligibility caseworker of the transfer in advance to
5242 ensure continuous Medicaid coverage of the child, if eligible.
5243 9. Within 30 days of the case being transferred to the new region, the new
5244 caseworker will arrange for a Child and Family Team Meeting, including any new
5245 team members.
5246 10. The case will be reviewed via the qualitative assurance process (QA) on the
5247 Internet just before the transfer meeting and a printed copy of the QA form
5248 included with the case file. The hard file will be ready to hand off at the transfer
5249 meeting. The sending caseworker is responsible for all case activities until the
5250 transfer is completed and all signatures are in place.
5251 11. The sending region is responsible for ensuring that all work is completed and up-
5252 to-date prior to the case transfer.

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303.14 Youth Obtaining A Driver License

Major objectives:

- A. Youth in Child and Family Services’ custody should be provided the opportunity to complete driver education and obtain a driver license.

- B. Foster parents who are willing to sign a youth’s application for a learner permit and driver license may be reimbursed for the additional cost incurred on their automobile insurance when they provide insurance coverage for the youth.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.
Utah Code Ann. [§80-2-307](#). Division reimbursement of motor vehicle insurance coverage for foster child.

Practice Guidelines

- A. Overview and Preparation
 - 1. Youth in the custody of Child and Family Services should have an opportunity to complete driver education training while in foster care.
 - 2. Obtaining a driver license may be an objective of the Child and Family Plan that has been developed for the youth with Transition to Adult Living (TAL) Services.
 - a. Youth may be enrolled in driver education at their local high school when they have reached 15 years of age or older. A parent’s signature is not required for a youth to participate in a driver education course.
 - b. Youth, after the age of 17 years and 6 months, should be encouraged to take driver education whether or not they have an adult willing to authorize a learner permit or driver license or have appropriate insurance coverage.
 - c. Youth who attend a driver education course in public high schools are eligible for a school fee waiver.
 - d. A private driving school may be used for youth who are unable to attend driver education at the local high school due to scheduling conflicts, lack of availability of classes, or other reasons. Special Needs Funds or Chafee Funds (TLN or TLP) can be used to pay for the driver education course (\$250.00 maximum).

- B. Learner Permit
 - 1. Caseworkers are *not* authorized to sign for a learner permit.
 - 2. To obtain a learner permit, a parent, foster parent, or responsible adult’s signature is required for a youth to obtain a driver license. A parent, foster parent, or responsible adult who is willing to assume the liability of a minor driver and provide for motor vehicle insurance for the youth may sign the minor’s application for a driver license. Foster parents need to provide Form Letter TR01:

- 5297 Placement Verification and Medical Authorization Letter when signing for the
5298 driver license.
- 5299 3. A learner permit allows the youth to drive with a licensed adult and receive the 40
5300 hours of practice driving required for a license. When a parent or responsible
5301 adult signs the application for the learner permit, they are assuming joint liability
5302 with the youth for damages resulting from the youth driving a motor vehicle.
5303 Those under 18 years of age will be limited to driving with a licensed parent, legal
5304 guardian, driving instructor, or the adult who signed the application for the learner
5305 permit sitting in the passenger seat.
- 5306 4. When applying for the learner permit, the youth will need to have their Social
5307 Security card plus two acceptable types of proof of residency. A \$15.00 fee is
5308 required to obtain the learner permit from the Department of Motor Vehicle
5309 (DMV), and the learner permit is only valid for one year.
- 5310 5. Utah requires an applicant 17 years of age or younger to have the learner permit
5311 for six months before applying for a driver license. The six-month learner permit
5312 holding requirement does not apply to an applicant who is age 18 years or older at
5313 the time of application for the learner permit.
5314
- 5315 C. Driver License
- 5316 1. Caseworkers are *not* authorized to sign for a driver license.
- 5317 2. To obtain a driver license, a parent, foster parent, or responsible adult's signature
5318 is required for a youth to obtain a driver license. A parent or responsible adult
5319 who is willing to assume the liability of a minor driver and provide for motor
5320 vehicle insurance for the youth may sign the minor's application for a driver
5321 license. Foster parents need to provide Form Letter TR01: Placement Verification
5322 and Medical Authorization Letter when signing for the driver license.
- 5323 3. Youth, after the age of 17 years and 6 months, and after completion of a driver
5324 education course, may obtain a driver license without a parent's signature when
5325 they turn age 18 years old. They will need to provide their own auto insurance.
- 5326 4. Youth can practice taking the driver license test on the Internet. The 22 questions
5327 are typical of the questions asked when obtaining a driver license. The practice
5328 test can be found on the following website: [http://www.dmv.org/practice-permit-
5329 test.php](http://www.dmv.org/practice-permit-test.php).
- 5330 5. The caseworker will coordinate with the foster parent or responsible adult to
5331 develop a parent-teen driving contract. The contract can help outline key driving
5332 responsibilities, decide on the consequences associated when those
5333 responsibilities are not met, and define the Child and Family Team's role in
5334 helping the youth succeed. There are several insurance websites that have driving
5335 contracts; examples can be found on the following websites:
- 5336 a. Allstate Parent-Teen Contract at: www.allstateteedriver.com/contract
- 5337 b. AAA Parent-Teen Driving Agreement at:
5338 [www.aaexchange.com/assets/files/2007214956500.parent_teencontract.p
5339 df](http://www.aaexchange.com/assets/files/2007214956500.parent_teencontract.pdf)
- 5340 c. Safer Child Driving Contract at: www.saferchild.org/driving.htm
- 5341 d. Lowest Price Teen Driving School Teen Driving Contract at:
5342 www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/

- 5343
- 5344 D. Insurance Requirements
- 5345 1. Foster parents who provide automobile insurance for youth in foster care will be
- 5346 required to carry at the minimum requirement of Utah's No-Fault Law insurance
- 5347 liability limits.
- 5348
- 5349 E. Reimbursement Process
- 5350 1. Reimbursement applies only to Resource Families that are licensed to provide
- 5351 care for children in Child and Family custody.
- 5352 2. Foster parents who are willing to sign and authorize a youth's application for a
- 5353 learner permit and driver license may be reimbursed *only* for the additional cost at
- 5354 the minimum requirement of Utah's No-Fault Law insurance liability limits.
- 5355 3. Foster parents may choose to carry additional automobile insurance at their own
- 5356 expense, such as liability coverage that exceeds the minimum of Utah's No-Fault
- 5357 insurance liability limits, collision insurance, or comprehensive insurance.
- 5358 4. Foster parents will not be reimbursed for any deductibles associated with collision
- 5359 or comprehensive insurance in the event of an accident or other damage to their
- 5360 vehicle.
- 5361 5. All reimbursements will be coordinated through the Child and Family Services
- 5362 Administration Office, Financial Analyst II.
- 5363 6. The caseworker will confirm that the foster parent is willing to exercise their
- 5364 option to provide youth in their care an opportunity to obtain a learner permit and
- 5365 driver license, and that the foster parent understands their responsibility of
- 5366 providing automobile insurance coverage for the youth.
- 5367 7. The foster parent will obtain a quote from their automobile insurance provider for
- 5368 the additional costs of adding a youth to their personal insurance policy.
- 5369 Reimbursement will *only* be for additional costs to the foster parent's current
- 5370 liability insurance coverage. The foster parent must provide acceptable
- 5371 documentation from the insurance agent or agency of increased costs.
- 5372 8. In order to assist the foster parent in obtaining reimbursement for insurance costs,
- 5373 the caseworker will contact the Child and Family Services State Financial Analyst
- 5374 II and inform them of the foster parent's intention to sign for the driver license.
- 5375 9. The caseworker will provide the insurance quote from the foster parent to the
- 5376 Child and Family Services Administration Office, State Financial Analyst II.
- 5377 10. Caseworkers will provide the foster parent with the following:
- 5378 a. Information informing them of their option to provide youth in their care
- 5379 an opportunity to obtain a learner permit and driver license by assuming
- 5380 the responsibility of providing automobile insurance coverage for the
- 5381 youth.
- 5382 b. Information regarding the liability they assume in authorizing a youth to
- 5383 obtain a learner permit and driver license.
- 5384 c. Information how they may qualify for reimbursement for their additional
- 5385 expenses incurred by providing automobile insurance coverage for a youth
- 5386 in their care.
- 5387 d. An informed consent, waiver and release for foster parents who provide
- 5388 automobile insurance for youth in foster care.

- 5389 11. The foster parent will sign the informed consent and waiver document. The
5390 caseworker will give a copy to the foster parent, place a copy in the youth’s file
5391 under “correspondence,” and send a copy to the Child and Family Services State
5392 Financial Analyst II.
- 5393 12. The foster parent must provide acceptable insurance documentation every three
5394 months in order to receive reimbursement.
- 5395
- 5396 F. Cancellation or Termination of Driver License
- 5397 1. A parent, foster parent, or responsible adult who has signed and authorization for
5398 a learner permit or driver license will notify the Department of Motor Vehicles
5399 (DMV) **in writing** and send a copy to Child and Family Service if they decide
5400 that they are no longer willing to assume responsibility and insurance coverage
5401 for the youth. The written request will be placed in the youth’s case file under
5402 “correspondence”.
- 5403 2. The parent, foster parent, or responsible adult will receive **in writing** notification
5404 from the DMV that the youth learner permit or driver license has been cancelled
5405 and send a copy of the official cancellation to the Child and Family Services
5406 caseworker. The letter will be placed in the youth’s case file under
5407 “correspondence.”
- 5408 3. The caseworker will verify **in writing** to the parent, foster parent, or responsible
5409 adult that they have received verification of the cancellation of the learner permit
5410 or driver license for the youth and that they are aware that the parent, foster
5411 parent, or responsible adult are relieved from liability for that youth operating a
5412 motor vehicle subsequent to the cancellation.
- 5413

303.15 Casey Life Skills Assessment

5414
5415 Major objectives:

5416 All youth over age 14 years and their caregiver will complete a Casey Life Skills Assessment
5417 (CLSA) annually to measure the skills and knowledge needed to prepare the youth to transition to
5418 adulthood.
5419

5420
5421 **Applicable Law**

5422 Administrative Rule [R512-305](#). Out of Home Services, Transition to Adult Living Services.
5423

5424 Purpose

5425 The purpose of Transition to Adult Living (TAL) services is to help youth, age 14 years and
5426 older, who are receiving services acquire the skills needed to successfully transition to
5427 adulthood.
5428

5429 Practice Guidelines

- 5430 A. The CLSA tool is intended to assist in the planning of services for youth as they
5431 transition from childhood to adulthood.
5432

- 5433 B. Results from the CLSA tool will be used to evaluate the youth’s strengths, needs, and
5434 current functioning in areas of life skills. After the CLSA is completed by a youth, the
5435 areas identified on the CLSA where the youth may need instruction and personal growth
5436 will be used to focus and guide the Child and Family Team in the case planning process
5437 with the youth. The case planning decisions developed by the team will then be included
5438 in the Child and Family Plan.
5439
- 5440 C. The caseworker will ensure that the following is accomplished:
5441 1. The CLSA is completed by the youth and the caregiver, at a minimum. The
5442 CLSA may also be completed by additional individuals who are familiar with the
5443 youth.
5444 2. Meet with the youth to review the youth and caregiver’s assessments, choose the
5445 areas to work on, identify individualized goals, and outline strategies for the
5446 growth and improvement of the youth.
5447 3. Convene the Child and Family Team to review the CLSA results, update the
5448 Child and Family Assessment, and develop or update the TAL section of the
5449 youth’s Child and Family Plan.
5450
- 5451 D. The caseworker will assist the youth and the caregiver(s) in completing the CLSA:
5452 1. When a youth 14 years of age and older enters out-of-home care, the CLSA will
5453 be completed by the youth and the caregiver within 45 days, in conjunction with
5454 the development of the Child and Family Plan.
5455 2. When a youth turns 14 years old in foster care, the first CLSA must be completed
5456 when the next Child and Family Plan is due. If the next plan is due in less than 90
5457 days after the youth’s 14th birthdate, the CLSA will not be required until the
5458 following plan.
5459 3. An annual CLSA is due within a year of the previous one. The caseworker will
5460 be prompted 90 days prior to the due date to give the youth and caregiver ample
5461 time to complete the assessment.
5462 4. The caregiver’s assessment and youth’s assessment must be completed and
5463 entered on the CLSA website within 30 days of each other. The CLSA can be
5464 completed electronically via the Internet at: <http://www.caseylifeskills.org>.
5465 5. The caseworker has the following options for assisting the youth in taking the
5466 CLSA:
5467 a. The youth can take the assessment on the caseworker’s computer.
5468 b. The caseworker can send a link to the youth via the youth’s email address
5469 inviting them to take the assessment.
5470 c. The caseworker can give the youth a printed assessment. The caseworker
5471 will need to enter the answers of the assessment into the website.
5472 d. The youth can create his or her own profile on the website. This option
5473 will only work if the youth has already taken an assessment using option a
5474 or b.
5475 6. The caseworker has the following options to assist the caregiver in taking the
5476 assessment:
5477 a. The caregiver can take the assessment on the caseworker’s computer.

- 5478 b. The caseworker can send a link to the caregiver via email inviting them to
- 5479 take to the assessment.
- 5480 c. The caseworker can give the caregiver a printed assessment. The
- 5481 caseworker will need to enter the answers of the assessment into the
- 5482 website.
- 5483 7. The caseworker will provide the youth and the caregiver with a copy of both the
- 5484 youth and caregiver’s reports from the CLSA.
- 5485 8. The original CLSA assessment will be placed in the assessment section of each
- 5486 youth’s case file.
- 5487
- 5488 E. Each caseworker will convene the Child and Family Team to review the youth and
- 5489 caregiver(s) assessments, identify areas of strengths and opportunities for improvement,
- 5490 share feedback on the youth’s chosen areas on which to work, and look for ways to
- 5491 support the individualized goals of the youth. The team will then outline strategies to
- 5492 implement the plan.
- 5493
- 5494 F. The goals, services, and needs identified by the youth, caregiver, and Child and Family
- 5495 Team will be used to develop and update the TAL portion of the youth’s Child and
- 5496 Family Plan. The TAL portion of the plan requires each youth to have at least one area
- 5497 of focus determined by the CLSA and Child and Family Team to enhance their life skills.
- 5498 The regional TAL coordinator or a TAL supervisor will attend the Child and Family
- 5499 Team Meeting when possible. If the regional TAL coordinator or a TAL supervisor is
- 5500 not able to attend the Child Family Team Meeting, they should attempt to be available for
- 5501 consultation with members of the Child and Family Team prior to or following the
- 5502 meeting.
- 5503

303.16 Foster Child Representative Payee Accounts

Major objectives:

- 5506 A. DHHS and Child and Family Services will act as representative payee for each foster
- 5507 child receiving unearned income, such as Social Security Dependent (SSD) Benefits,
- 5508 Supplemental Security Income (SSI), and other income sources while the child is in
- 5509 agency custody.
- 5510 B. Unearned income from a foster child will be used to offset costs of care and for the child’s
- 5511 personal needs, as allowable.
- 5512 C. Representative payee functions and use of a child’s income will comply with established
- 5513 policies, procedures, and guidelines pertaining to the unearned income source, Medicaid,
- 5514 and DHHS and Child and Family Services representative payee account requirements.
- 5515

1. Child and Family Services Philosophy on Use of Unearned Income for a Foster Child

- 5518
- 5519 A. When a child is in the custody of Child and Family Services or in the custody of the
- 5520 DHHS with Child and Family Services acting as primary case manager, responsibility for
- 5521 payment for the costs for the child’s care in priority order belongs to:

- 5522 (1) Parents through child support paid to the Office of Recovery Services (OSR), as
5523 required by state and federal law.
5524 (2) The child's unearned income, designated for the child's care, maintenance, and/or
5525 medical needs, within the allowable framework of the income source.
5526 (3) Other source of funds designated for the child's care, maintenance, and/or
5527 medical needs, within the allowable framework of the funding source.
5528 (4) Federal revenue available to Child and Family Services for foster care services.
5529 (5) State revenue available to Child and Family Services for foster care services.
5530
5531 B. Any child entering foster care is entitled to services and goods necessary to meet the
5532 child's basic needs. A child entering state custody with unearned income should
5533 generally not receive any goods or services that a child without unearned income would
5534 not also receive while in foster care.
5535

5536 **2. What is a Foster Child Representative Payee Account?**

5537 A foster child representative payee account is a financial account established on behalf of a child
5538 in Child and Family Services custody or in DHHS custody when Child and Family Services is
5539 designated as the primary case manager. Child and Family Services must receive authorization
5540 from the funding agency, such as the Social Security Administration, to serve as representative
5541 payee. The Child and Family Services caseworker acts as representative payee for the client.
5542

5543 **3. Sources of Unearned Income**

5544 The most common types of federal unearned income received by foster children are SSI and SSD
5545 benefits. The Social Security Administration administers both of these income sources, and use
5546 of these funds for a foster child must be in accordance with Social Security Administration
5547 requirements.
5548

- 5549 A. **SSI Benefits for Children.** SSI benefits are payable to blind or disabled children under
5550 age 18 who have limited or no income and resources or who come from homes with
5551 limited or no income and resources. A review is conducted when an individual reaches
5552 age 18 to determine if benefits may continue into adulthood. SSI checks are generally
5553 distributed the first day of the month (or the preceding bank day if a weekend or holiday)
5554 for benefits due for the current month.
5555
5556 B. **SSD Benefits (may also be referred to as SSA).** SSD benefits may be paid to a dependent
5557 child under age 18 through the Retirement, Survivors and Disability Insurance Program
5558 based upon the work record of a child's parent. For example, a child may receive these
5559 dependent benefits as a result of a parent's disability or death. Benefits may be extended
5560 beyond age 18 for full-time students. SSD benefit checks are generally distributed the
5561 third week of the month for benefits due for the prior month.
5562
5563 C. **Other Sources.** Foster children may also receive other sources of unearned income, such
5564 as Veteran's benefits, Railroad Retirement benefits, Tribal benefits, or insurance
5565 settlement funds. All unearned income sources must be used in accordance with
5566 purposes for which the funding is provided and in conjunction with established policies,
5567 procedures, and guidelines pertaining to the unearned income source.

5568

5569 **4. Roles and Responsibilities Pertaining To Representative Payee Accounts**

- 5570 A. General Region Responsibilities. Regional staff are responsible for oversight,
5571 supervision, and implementation of the representative payee account process for foster
5572 children under the jurisdiction of the region. Key regional responsibilities include:
5573 (1) Applying for unearned income benefits for children who may qualify.
5574 (2) Applying for DHHS to be designated as representative payee.
5575 (3) Complying with funding agency requirements.
5576 (4) Managing fiscal accounts in accordance with DHHS fiscal procedures.
5577 (5) Ensuring separation of duties as required by DHHS for check receipting, deposits,
5578 payment authorization, and check preparation.
5579 (6) Authorizing allowable payments and issuing checks.
5580 (7) Calculating cost of care.
5581 (8) Maintaining required records and reporting.
5582 (9) Completing bi-annual internal representative payee account audit and other
5583 quality assurance processes.
5584 (10) Coordinating with other regions, divisions, and providers on representative payee
5585 process.
5586
- 5587 B. Child and Family Services State Office Responsibilities. Primary Child and Family
5588 Services state office staff responsibilities in the foster child representative payee process
5589 include:
5590 (1) Overseeing process statewide for consistency and compliance.
5591 (2) Maintaining written Practice Guidelines.
5592 (3) Providing resources, training, technical assistance, and support to regional staff.
5593 (4) Identifying services and costs to be included in cost of care calculation.
5594 (5) Assisting regions in developing and implementing internal quality assurance
5595 processes.
5596 (6) Coordinating and acting as liaison with DHHS finance staff.
5597 (7) Assisting in doing research on requirements for funding agencies and
5598 incorporating requirements into Child and Family Services Practice Guidelines.
5599
- 5600 C. DHHS Fiscal Operations Responsibilities. DHHS finance staff responsibilities in the
5601 foster child representative payee process include:
5602 (1) Ensuring that state fiscal procedures are followed.
5603 (2) Reconciling payee accounts statewide and posting to financial system.
5604 (3) Providing software for financial tracking system.
5605 (4) Providing training and technical support on State Finance and DHHS
5606 requirements and on use of fiscal tracking system.
5607 (5) Completing independent review of account records.
5608
- 5609 D. Initial Caseworker Responsibilities.
5610 (1) When a child enters foster care, the caseworker is responsible to ask the child's
5611 parent or caregiver if the child is receiving SSD or SSI benefits.
5612 (2) The caseworker should also ask the parents about other sources of support
5613 designated for the child that could assist with the child's care such as Veteran's

- 5614 benefits, Railroad benefits, Indian Trust funds, insurance funds including health
5615 insurance coverage, or other private trust funds.
- 5616 (3) The caseworker is responsible to apply for benefits for a child who may qualify
5617 but is not receiving them. For example, if a child is blind or disabled, application
5618 should be made for SSI benefits. If a child's parent is deceased, application
5619 should be made for SSD benefits. Application is made through the Social
5620 Security Administration.
- 5621 (4) The caseworker is responsible to apply for the DHHS to become representative
5622 payee for a foster child receiving SSI or SSD benefits. Payee application forms
5623 are available through the local Social Security Office and may also be available in
5624 the local Child and Family Services office. The caseworker should also apply for
5625 DHHS to become payee for other regular benefit payments.
5626

5627 E. Caseworker Responsibility After Representative Payee Has Been Established.

- 5628 (1) The caseworker is responsible to provide the regional representative payee
5629 account custodian with a written request to establish a new representative payee
5630 account, on a form provided by the custodian, and a copy of the letter of approval
5631 of benefits from the granting agency, such as the Social Security Administration.
- 5632 (2) The caseworker is responsible to oversee use of funds in the child's representative
5633 payee account and to request and authorize any payments made from the account
5634 through the 'funds request' link located in the trust account list within the SAFE
5635 Trust Account module. The caseworker's supervisor must approve any fund
5636 requests over \$499.99. The caseworker is responsible to obtain receipts for all
5637 expenditures from the child's payee account, excluding Cost of Care.
- 5638 (3) The caseworker will follow DHHS representative payee account policies and
5639 Child and Family Services representative payee account Practice Guidelines in
5640 requesting and authorizing payments from the representative payee account.
- 5641 (4) The caseworker is responsible to review an SSI client's representative payee
5642 account monthly to ensure that the balance stays within limits for federal benefits.
5643 The child becomes ineligible for SSI for any month in which the balance exceeds
5644 \$2,000.
- 5645 (5) The caseworker may not request payments from a child's representative payee
5646 account exceeding the amount of funds available in the account and will not
5647 request the regional account custodian to issue a check for unallowable expenses
5648 or to inappropriate recipients.
- 5649 (6) The caseworker is responsible to obtain the written approval of his or her
5650 supervisor for any representative payee account expense that is \$500 or higher
5651 and is responsible to obtain region director or designee approval for any expense
5652 that is \$500 or higher from the client's personal needs allotment. (See Section
5653 5.E.)
- 5654 (7) The caseworker is responsible to notify the regional account custodian in advance
5655 when custody termination is being requested from the court for a foster child.
5656

- 5657 F. Representative Payee Account Custodian and Supervisor Responsibilities.
5658 (1) The regional account custodian will open a new representative payee account in
5659 the SAFE Trust Accounting System when necessary documentation is received
5660 from the caseworker and notify DHHS Finance representative of the new account.
5661 (2) The account custodian will accurately maintain all account records and issue
5662 checks in accordance with DHHS representative payee account policies and Child
5663 and Family Services representative payee account Practice Guidelines.
5664 (3) The account custodian will assist the caseworker and eligibility worker in viewing
5665 the monthly report in SAFE on each foster child’s representative payee account as
5666 needed
5667 (4) The account custodian will alert the caseworker when the representative payee
5668 account approaches \$2,000 to avoid loss of SSI eligibility.
5669 (5) The account custodian’s supervisor will review and sign monthly reconciliation
5670 statements.
5671 (6) The account custodian will not issue a check for unallowable expenses or to
5672 inappropriate payees.
5673 (7) The account custodian will maintain separate records on each child’s
5674 representative payee account.
5675 (8) The representative payee is responsible to provide expenditure reports to the
5676 responsible funding agency, as required by the funding agency.
5677

5678 **5. Use of a Foster Child’s Unearned Income**

- 5679 A. Appropriate Use of Funds. A child’s unearned income must be used as designated by the
5680 funding agency and within the scope of what a “prudent person” would do. Social
5681 Security Administration policies state that SSI and SSD benefits are provided first to
5682 meet the child’s day-to-day needs for food and housing. Benefits may also be used for
5683 clothing, medical care not covered by Medicaid or personal insurance (such as eyeglasses
5684 and hearing aids), recreation, personal incidentals, and comfort items. In addition, funds
5685 may be used for training programs, school tuition, or daily school expenses if other needs
5686 have been met. The Social Security Administration may require treatment for a disabling
5687 condition for a child receiving SSI.
5688
- 5689 B. Precedence for Use of Foster Child Unearned Income. The caseworker is responsible to
5690 request and authorize payments each month using the following precedence:
5691 (1) Payment for spenddown for Medicaid, when determined appropriate. (See
5692 Section 5.C.)
5693 (2) Personal needs funds of \$35, maintained in the account for current or future
5694 needs.
5695 (3) Cost of care payment to Child and Family Services for current maintenance costs
5696 (food, housing, and personal needs). (See Section 5.D.)
5697 (4) Reimbursement for medical costs paid by Child and Family Services for medical
5698 costs not covered by Medicaid, when allowed by the funding source.
5699 (5) Any remaining funds to be maintained in the account for additional child needs as
5700 allowed by the funding agency and recommended by the Child and Family Team.
5701

- 5702 C. Medicaid Spenddown. When a regional eligibility caseworker determines that a foster
5703 child's monthly unearned income exceeds the amount allowable for Medicaid eligibility,
5704 the caseworker, nurse, eligibility caseworker, and others as appropriate will review the
5705 child's anticipated medical costs to determine if a spenddown is appropriate. If the
5706 child's medical expenses are expected to exceed the spenddown amount, the spenddown
5707 amount will be paid prior to the cost of care calculation according to eligibility team
5708 procedures and Medicaid requirements.
5709
- 5710 The spenddown should be paid no later than the 20th of the month for which the Medicaid
5711 card is being issued. In no event may the spenddown be made after the 10th of the
5712 following month. Medicaid requires that any case requiring a spenddown be closed if the
5713 spenddown has not been cleared by the 10th of the following month. If the case is closed,
5714 a new Medicaid application is required to reopen Medicaid.
5715
- 5716 SSD benefits from one month may be used to pay the spenddown for the following
5717 month.
5718
- 5719 D. Cost of Care. The amount of the child's unearned income that is allowable for food,
5720 housing, and personal needs is considered cost of care. The amount of the cost of care to
5721 be paid from a child's representative payee account is calculated and paid to Child and
5722 Family Services at the regional level under the supervision of the regional finance unit.
- 5723 (1) *Costs included in calculating costs of care*. The state office revenue team is
5724 responsible to identify which services and what portion of costs is included in the
5725 calculation of cost of care. Service code and applicable rate table identify these
5726 services.
- 5727 (2) *When cost of care is processed*. Cost of care is processed for children for whom
5728 Child and Family Services has received unearned income as the child's
5729 representative payee. The cost of care amount should be calculated and paid as
5730 soon as possible after costs have been incurred for a given month. If there is a
5731 significant delay in receipt of a billing from a provider and a child is at risk of
5732 losing benefits due to excess resources in the representative payee account, cost of
5733 care may be estimated based upon the child's known placement. Cost of care that
5734 was estimated must be reconciled and any adjustments made within 30 days after
5735 receipt of actual billing from provider. Regional finance staff must review and
5736 approve all estimated costs of care prior to payment and verify accuracy of
5737 reconciliations and payment adjustments.
- 5738 (3) *How Cost of Care is Calculated*. Cost of Care is determined in the SAFE Trust
5739 Account Module by calculations specified by Department/Agency policy.
- 5740 a. SAFE will determine the unearned income applicable for a given month.
5741 Regional rep payee account custodian will enter into SAFE the spenddown
5742 paid from the monthly amount, if applicable.
- 5743 b. Compare cost of care total to unearned income received (or available after
5744 spenddown) and document.
- 5745 c. If total cost of care is greater than unearned income received, authorize
5746 preparation of check(s) to Child and Family Services for total unearned
5747 income amount, minus personal needs allowance.

- 5748 d. If cost of care is less than unearned income amount, authorize preparation
5749 of check(s) to Child and Family Services for cost of care, leaving personal
5750 needs allotment and any additional remaining unearned income in account
5751 to be used for current and future needs of the child.
5752 e. When applicable, adjust cost of care for prior months when there is
5753 retroactive unearned income or when additional costs are incurred for
5754 prior months that may not have already been included in cost of care
5755 calculation.
- 5756 (4) *How Cost of Care is Deposited and Credited.* The following procedures apply
5757 when depositing cost of care reimbursements and other funds from foster child
5758 representative payee accounts.
- 5759 a. After cost of care reimbursements have been identified, identify costs that
5760 were reimbursed by Title IV-E and non IV-E. (Note: Payments with
5761 corresponding eligibility code of FT were reimbursed by Title IV-E.
5762 Payments with corresponding eligibility code of FB were not reimbursed
5763 by Title IV-E.) (See Service Code List.)
- 5764 b. Identify the Finet Activities that costs were originally charged to (for both
5765 IV-E and non IV-E cost of care reimbursements).
- 5766 c. Deposit funds from client trust accounts (including special needs and cost
5767 of care reimbursements) as a refund of expenditures. (These funds should
5768 be credited to the Finet Activities identified in b. above.) This will ensure
5769 claims for FFP are net of applicable credits.
5770
- 5771 F. Personal Needs. Funds set aside for a child’s personal needs and any additional unearned
5772 income remaining after payment of cost of care may be used for additional needs of the
5773 child, as allowed by the funding agency.
5774
- 5775 The caseworker will initiate a Personal Needs fund request from the Trust Account List
5776 within the SAFE Trust Account module. When appropriate, the Child and Family Team
5777 will be consulted about use of personal needs funds. The region director or designee will
5778 approve in advance any expense from a representative payee account that is \$500 or over,
5779 other than payment for a medical bill, Medicaid spenddown, cost of care payment, or
5780 reimbursement check to the funding agency when the account is being closed.
5781
- 5782 G. Lump Sum Payments. The Social Security Administration or other funding agency may
5783 make a lump sum payment for a child to cover benefit payments for multiple previous
5784 months. The lump sum may or may not be designated as requiring a dedicated account.
5785 The representative payee is responsible to follow the instructions of the funding agency
5786 for use of the lump sum payment. Child and Family Services should request approval to
5787 apply the funds to cost of care for the months for which the funding was granted.
5788
- 5789 When approved, the lump sum payment will be applied to costs of care for the months for
5790 which the funding was granted.
5791
- 5792 If the representative payee is instructed that the lump sum must be placed in a dedicated
5793 account, the funds will be placed in an account separate from the child’s current

5794 representative payee account. These dedicated funds may only be used for costs
5795 authorized by the Social Security Administration and may only be used for past cost of
5796 care when approval is specifically granted by the Social Security Administration.
5797

5798 **6. Foster Child Representative Payee Accounts Relationship to Other Federal Benefits**

5799 Federal and state law and policies require a foster child’s income and assets to be considered
5800 when determining eligibility for Title IV-E and income only when determining Medicaid
5801 benefits. Unearned income benefits are considered income in the month received. Any funds
5802 remaining in the representative payee account carried over into the following month must be
5803 counted as an asset.
5804

5805 *(Note: Lump sum payments are addressed separately in Title IV-E and Medicaid eligibility*
5806 *policies. Consult with eligibility caseworker for questions regarding lump sum payments and*
5807 *impact on eligibility.)*
5808

5809 For an SSI recipient, the balance in the account must remain below \$2,000 or the child is at risk
5810 of losing SSI eligibility. If an SSI recipient’s account exceeds \$2,000, the Social Security
5811 Administration must be notified for review of continuing eligibility.
5812

5813 The account custodian is responsible to provide monthly reports on account balances to
5814 caseworkers and regional eligibility caseworkers to ensure children receive benefits only when
5815 eligible.
5816

5817 **7. Foster Child Placement or Living Arrangement and Payee Accounts**

- 5818 A. Kinship/Caregiver.
- 5819 When a foster child receiving unearned income is placed with a non-custodial parent,
5820 unlicensed relative, or friend not eligible for a foster care payment (hereinafter
5821 “caregiver”), Child and Family Services will assess whether a Kinship Caregiver
5822 Maintenance Reimbursement will be issued to the caregiver from the child’s trust
5823 account. This reimbursement is to be used for the maintenance and basic needs of the
5824 child (such as housing, utilities, food, supervision, and personal incidentals).
- 5825 1. The caregiver will complete the “Division of Child and Family Services Kinship
5826 Caregiver Maintenance Reimbursement Agreement” form at the time the child is
5827 placed with them. Each caregiver placement will require a newly completed and
5828 signed form.
 - 5829 2. The caseworker will give the signed form to their regional Representative Payee
5830 to maintain in the child’s trust account file.
 - 5831 3. Child and Family Services Representative Payee will issue the kinship caregiver
5832 maintenance reimbursement to the caregiver from the available funds in the
5833 child’s trust account, minus the \$35 personal needs allowance, up to a maximum
5834 of the basic daily foster care rate. The rate paid to the caregiver will be based on
5835 the child’s age and the number of days in the caregiver’s home.
 - 5836 4. The maintenance reimbursement must be requested and approved each month by
5837 the Child and Family Services caseworker in the SAFE web system.

5838 5. The Child and Family Services Representative Payee will pay the kinship
5839 caregiver maintenance reimbursement as a Personal Needs Fund Request from the
5840 SAFE web system.

5841 6. The Representative Payee will not require receipts for this reimbursement.
5842

5843 [Refer to: Kinship Practice Guidelines [Section 502.12.A.3](#) for caseworker practice
5844 guidelines.]
5845

5846 B. Services through Division of Services for People with Disabilities (DSPD) Providers.

5847 When a foster child receiving unearned income is placed with a DSPD provider, Child
5848 and Family Services will remain the representative payee as long and the child remains in
5849 Child and Family Services custody (even though normal DSPD practice is to have the
5850 provider become the representative payee).
5851

5852 In circumstances in which DSPD is paying for the treatment portion of the placement
5853 through Medicaid, such as under a Medicaid waiver, Child and Family Services must pay
5854 for food, housing, and special needs costs to the DSPD provider through a maintenance
5855 payment contract using a designated, unique placement and service code. The
5856 caseworker will then authorize Child and Family Services to be reimbursed for cost of
5857 care payments from the child's account on a monthly basis.
5858

5859 If the primary caseworker is a DSPD employee, that caseworker may request special
5860 needs funds on behalf of the child following Child and Family Services procedures. The
5861 regional account custodian will not issue a check for unallowable expenses or to
5862 inappropriate payees if requested by the DSPD caseworker.
5863

5864 C. Trial Home Placement. When a foster child receiving unearned income is placed at home
5865 on a trial home placement, Child and Family Services will remain the representative
5866 payee as long and the child remains in Child and Family Services custody. As part of the
5867 transition plan home, the Child and Family Team should determine the amount of the
5868 child's unearned income to be provided to the parent for the child's current maintenance
5869 while in the trial home placement. Each time funds are provided from the child's
5870 account, the parent is required to report to Child and Family Services how funds were
5871 used so that expenditures may be reported to the Social Security Administration, when
5872 required. The parent may apply to become representative payee after the court has
5873 returned custody to them.
5874

5875 D. Runaway. When a foster child receiving unearned income runs away, no cost of care
5876 payment will be made to Child and Family Services or provider from the child's account.
5877 The caseworker is responsible to notify the Social Security Administration that the
5878 child's whereabouts are unknown, after a reasonable period of time, so that any necessary
5879 action to defer payments may be made.
5880

5881 E. Independent Living/Transition to Adult Living. A foster child preparing for the transition
5882 to adult living should be made aware of unearned income being received on the child's
5883 behalf and included in decisions about use of funds (in excess of cost of care) when

5884 deemed appropriate by the Child and Family Team as part of mentoring for successful
5885 adult living. In addition, the child’s transition plan should include plans for use of the
5886 funding to help prepare for moving to an independent living setting or consulting with the
5887 funding agency regarding how to transition any balance in the account to the youth after
5888 custody is terminated. When approved by regional administration, a portion of the
5889 benefits for a youth age 17 or older may be saved to help with the transition to adulthood;
5890 however, the representative payee account must be maintained at a level that enables the
5891 child to continue to receive Medicaid and SSI benefits.

5892
5893 For an older blind or disabled child receiving SSI, a disability review will be conducted
5894 by the Social Security Administration to determine eligibility to continue receiving funds
5895 after age 18. The transition to adult living plan should include plans for the child to
5896 become recipient of the funds after age 18 or transfer to an appropriate representative
5897 payee after leaving Child and Family Services custody if funding will continue.

5898
5899 For a child receiving SSD benefits, funding may continue after age 18 if the child is a
5900 full-time student.

5901
5902 When a child in custody reaches age 18, the Social Security Administration will begin
5903 sending the benefit checks directly to the youth. If Child and Family Services believes it
5904 is in the youth’s best interest for Child and Family Services to continue as representative
5905 payee, justification will need to be provided to the Social Security Administration.
5906 Otherwise, the caseworker and Child and Family Team should work with the youth to
5907 appropriately plan for the use of the funds to help prepare for the transition to adulthood.

5908
5909 *(Note: Funds paid to a youth transitioning to adult living (ILP payments) are NOT to be*
5910 *managed through a representative payee account. Youth should be selected to receive*
5911 *ILP payments only when they are ready to learn to maintain their own checking or*
5912 *savings account, with the support of the caseworker, foster parent, or other appropriate*
5913 *mentor, in preparation for successful adult living.)*

5914
5915 F. Adoption. When a foster child receiving unearned income is placed for adoption, Child
5916 and Family Services will remain the representative payee as long and the child remains in
5917 Child and Family Services custody. As part of the transition plan, the child’s unearned
5918 income (remaining after any monthly cost of care payment) may be provided for the
5919 child’s needs in the pre-adoptive home. Each time funds are provided from the child’s
5920 account, the adoptive parent is required to report to Child and Family Services how funds
5921 were used so that expenditures may be reported to the Social Security Administration,
5922 when required.

5923
5924 The funding agency must be notified of the adoption. If funding will continue after the
5925 adoption, the child’s unearned income is also considered when assessing need and
5926 determining the amount for a monthly subsidy.

5927
5928 When custody is terminated, representative payee account closure procedures will be
5929 followed. Any funds remaining in the child’s account at case closure will be returned to

5930 the funding agency and not sent to the adoptive parents.

5931

5932 The adoptive parent may apply to become representative payee after the adoption has
5933 been finalized.

5934

5935 *(Note: A child who is receiving SSD benefits will generally continue to receive those*
5936 *benefits after the adoption is finalized until age 18. Funding may extend beyond age 18 if*
5937 *the child is a full-time student. SSI benefits are based upon the child's disability and*
5938 *also the income and assets of the child's family. In most cases, SSI benefits will be*
5939 *discontinued after the adoption is finalized because the adoptive family's income and*
5940 *assets will be too high.)*

5941

5942 G. Guardianship. When Child and Family Services is requesting the court to grant custody
5943 of a foster child receiving unearned income to a guardian, Child and Family Services will
5944 remain the representative payee until custody is terminated. The funding agency must be
5945 notified of the termination of foster care.

5946

5947 If the unearned income will continue after custody is given to a guardian, the child's
5948 unearned income must also be considered when assessing the appropriateness and
5949 amount of a guardianship subsidy. In many cases, the availability of unearned income
5950 may make a guardianship subsidy unnecessary or inappropriate.

5951

5952 *(Note: A child who is receiving SSD benefits will generally continue to receive those*
5953 *benefits while in a guardianship placement until age 18. Funding may extend beyond*
5954 *age 18 if the child is a full-time student. SSI benefits will generally be reduced by the*
5955 *amount of a guardianship subsidy provided for the child, because the guardianship*
5956 *payment is considered income for the child. This may result in loss of the SSI funding,*
5957 *which could have been available to the child into adulthood; therefore, a guardianship*
5958 *subsidy is generally not recommended for a child receiving SSI.)*

5959

5960 Representative payee account closure procedures will be followed when Child and
5961 Family Services custody has been terminated. Any funds remaining in the child's
5962 account will be returned to the funding agency and not sent to the guardian.

5963

5964 The guardian may apply to become representative payee after custody has been obtained.

5965

5966 **8. Record-keeping and Reporting**

5967 A. Representative Payee Account Record. The regional account custodian must keep a
5968 record of all actions taken with the representative payee account, including income
5969 received, authorization for payments, checks issued, cost of care monthly records,
5970 correspondence, reports, internal audits, and monthly and final account reconciliation.

5971

5972 B. Reporting Use of Funds to Funding Agency. The representative payee is responsible to
5973 provide expenditure reports to the responsible funding agency, as required by the funding
5974 agency.

5975

5976 For funds received from the Social Security Administration, an annual report must be
5977 submitted when requested. Child and Family Services will report funds received and
5978 expenditures as requested by the Social Security Administration, traditionally in the
5979 following three categories:

- 5980 (1) Food and housing.
- 5981 (2) Needs. Clothing, education, medical/dental not covered by Medicaid, personal
5982 items, recreation, and miscellaneous
- 5983 (3) Savings.

5984
5985 If the caseworker authorizes payment from the account for the child’s current
5986 maintenance needs directly to a foster parent, or parent or guardian during a trial home
5987 placement, documentation must be obtained from the recipient detailing use of the funds
5988 for inclusion in the report to the Social Security Administration.
5989

5990 C. Reporting of Events or Changes in Circumstances to Funding Agency. The caseworker is
5991 responsible to ensure that the funding agency is notified of any events or changes in
5992 circumstances that may affect the child’s receipt of funding or Child and Family Service’s
5993 ability to continue as representative payee, according to reporting requirements provided
5994 by the funding agency. Notification may be made by telephone, mail, or in person, as
5995 allowed by the funding agency.
5996

5997 Examples of events or changes in circumstances that may need to be reported include:

- 5998 (1) Child leaves Child and Family Services or DHHS custody.
- 5999 (2) Change of address of representative payee (including transfer to another region).
- 6000 (3) Change of address of the child, when required by funding agency.
- 6001 (4) Death of a foster child.
- 6002 (5) School attendance changes, if age 18 or over and entitled to child’s benefits as a
6003 full-time student.
- 6004 (6) Child is confined to a public institution by court order in connection with a crime.
- 6005 (7) Child is confined to jail, prison, penal institution, or correctional facility for
6006 conviction of a crime or is in violation of a condition of probation or parole.
- 6007 (8) A disabled child’s medical condition improves.
- 6008 (9) A disabled child starts working.
- 6009 (10) A blind child’s vision improves.
- 6010 (11) Child is discharged from or enters a hospital, skilled nursing facility, nursing
6011 home, intermediate care facility, or other institution.
- 6012 (12) The income or assets of an SSI recipient changes.
- 6013 (13) The representative payee account level of an SSI recipient is above \$2,000 after
6014 all expenses have been paid at the end of a month.

6015
6016 D. Record Retention. The representative payee account records are part of the child’s
6017 permanent record. After the account has been closed, representative payee account
6018 records are placed in the child’s family file under the SSI tab and will be archived with
6019 the full case record in accordance with the foster child file retention schedule. The
6020 electronic account record will be maintained in accordance with DHHS fiscal
6021 requirements.

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9. Account Transfer and Closure

A. Cross-Region Placement. If a foster child receiving unearned income is placed in another region, but jurisdiction remains with the original region, no change is made in the representative payee process. However, if jurisdiction is transferred, the representative payee responsibilities are also transferred. (Note: DHHS continues as payee, but the payment address changes.)

The new region caseworker is responsible to submit a representative payee change of address form to the Social Security Administration or other funding agency. The account will be closed in the originating region in accordance with DHHS account closure procedures, and any remaining funds sent by check to the new region. The entire representative payee account record will also be sent to the new region along with the family file.

B. Transfer of Custody to Division of Juvenile Justice Services. If the court transfers custody of a child between Child and Family Services and the Division of Juvenile Justice Services (JJS), Child and Family Services will treat the representative payee case as with any other foster care case. If the child is leaving Child and Family Services care, any funds remaining in the account when the case is closed will be returned to the applicable funding agency. The original account records will be filed under the SSI tab in the family file. JJS will be responsible to apply for representative payee status.

If the court transfers custody from JJS to Child and Family Services, treat the case the same as any other new foster care case.

C. Transfer of Benefits to Parent or Guardian. Child and Family Services will remain the representative payee as long as the child remains in Child and Family Services custody. Except as described in Section 7.B., Trial Home Placement, funds in the child’s account will not be transferred to the parent or guardian. The parent or guardian must apply directly to the Social Security Administration to become representative payee after Child and Family Services custody is terminated.

D. Death of Foster Child. If a child receiving SSD or SSI benefits dies while in Child and Family Services custody, any remaining funds in the child’s account belong to his or her estate. After any outstanding cost of care payments have been made, the remaining funds should be given to the legal representative of the estate or otherwise handled according to state law. (Probate court or an attorney may provide guidance about provisions of state law.) Funds from the child’s account are not returned to the Social Security Administration.

When a person who receives Social Security dies, no check is payable for the month of death, even if he or she dies on the last day of the month. Return any check received for the month of death or later to Social Security.

- 6067 An SSI check is payable for the month of death. Return any SSI checks that come after
6068 the month of death to the Social Security Administration.
6069
- 6070 If a child receiving other types of unearned income dies while in Child and Family
6071 Services custody, contact the funding agency for guidance about use of any remaining
6072 funds in the child's account.
6073
- 6074 E. Representative Payee Account Closure Process. The caseworker is responsible to notify
6075 the regional account custodian in advance when custody termination is being requested
6076 from the court for a foster child. A copy of the court order terminating custody must be
6077 provided to the account custodian. (If the court is transferring custody of the child to JJS,
6078 follow procedures described in Section 9.B.)
6079
- 6080 Outstanding cost of care payments should be processed as soon as possible following cost
6081 of care procedures. The account must then be audited and reconciled according to DHHS
6082 procedures.
6083
- 6084 If the child's unearned income is SSD or SSI benefits, the Social Security Administration
6085 must be notified that the child is no longer in DHHS/Child and Family Services custody.
6086 Any remaining funds in the child's account must be returned to the Social Security
6087 Administration. The remaining funds may not be sent to a parent or guardian to whom
6088 custody has been granted by the courts.
6089
- 6090 If the child is age 18 years or older, per SSA regulations [GN00603.055](#), the conserved
6091 funds may be paid directly to the child to facilitate transition into adult life. Child and
6092 Family Services will require the child to show picture verification and sign a receipt
6093 when claiming the check from the agency.
6094
- 6095 If the child is mentally incapable then the funds must be returned to the Social Security
6096 Administration. A child's incapacity will be determined by the Child and Family Team
6097 with appropriate documentation and/or knowledge.
6098
- 6099 If the child is receiving other types of unearned income, contact the funding agency for
6100 guidance for returning remaining funds in the child's account.
6101
- 6102 After the representative payee account is closed and the final audit is completed, account
6103 records must be filed in the child's family file under the SSI tab.
6104

303.17 Permanency Round Table (PRT) Process

Major objectives:

A Permanency Round Table or PRT is a tool to work out-of-home care cases that are “stuck” in regards to the achievement of enduring safety and permanency. These children have a greater likelihood of emancipating from the system and not achieving legal permanency or permanent connections.

Preferred permanency outcomes for children are Reunification, Adoption, Guardianship Relative, or Guardianship Non-Relative. Emancipation is the least preferred outcome but in the event that it becomes inevitable, youth aging out of care should have an array of informal permanent connections, healthy relationships, and access to formal resources.

Practice Guidelines

- A. Selecting cases for PRT: Cases involving children who are likely to remain in out-of-home care until the age of majority should be considered for a PRT. Characteristics of cases that could be prioritized for PRTs might include cases open of longer duration, cases with primary and concurrent goals of Independent Permanency, and cases with older youth.
- B. Training: All participants in a PRT must complete both Permanency Values training and Permanency Skills training.
- C. PRT documents to be used in the PRT process:
 - 1. Case Summary Sheet.
 - 2. Oral case presentation.
 - 3. Action Plan, which concludes at 90 days.
 - 4. Picture of youth.
 - 5. Genogram (optional).
 - 6. Timeline (optional).
- D. PRT participants and definition of roles: Limiting participation is intended to engender an environment of openness without reprisal (applicable exceptions are allowed under the role of Other).
 - 1. Caseworker: The caseworker assigned to the case. The caseworker is responsible to be prepared with the oral case presentation and answer questions from the group.
 - 2. Supervisor: The supervisor of the caseworker attends the PRT and may also be asked to provide case history and information.
 - 3. Master practitioner: The master practitioner is an expert in permanency work and/or an expert in navigating unique challenges that may exist in specific types of cases. There can be more than one master practitioner involved in a PRT.
 - 4. Neutral facilitator: A person outside of the administrative chain of command for the case selected for a PRT. The facilitator will not lead the discussion in a particular direction but will take an active role in establishing an environment that

- 6150 stimulates and promotes the free exchange of ideas. The facilitator is responsible
6151 to make sure that all parties are focused on looking for solutions rather than
6152 getting caught up in the past. The facilitator is also responsible for keeping the
6153 PRT team on schedule, following the structure of the PRT process, and ensuring
6154 that an Action Plan is developed. The facilitator may enlist another member of
6155 the PRT team to be a time keeper.
- 6156 5. External permanency consultant: A person who is outside of the administrative
6157 chain of command for the case selected. It is preferred that the consultant be
6158 outside of the region where the case management is conducted. The consultant is
6159 primarily responsible to provide suggestions during brainstorming and action
6160 planning.
- 6161 6. Scribe: The scribe manages all the record keeping for the PRT process, which
6162 includes completing the PRT Action Plan documents.
- 6163 7. Others: On rare occasions, the situation may require a specialist from outside of
6164 the agency to provide specific knowledge, skills, and expertise, which will assist
6165 the work of permanency. In these situations, the participant should have
6166 completed the Values training. Others may also be Child and Family Services
6167 staff not otherwise designated in any of the other PRT roles.
- 6168
- 6169 E. PRT process:
- 6170 1. Welcome, Overview of PRT, and Working Agreement (5 Minutes): Establishing
6171 rules for the PRT. Some rules that should be considered include no electronics
6172 and maintain permanency focus.
- 6173 2. Case Presentation (20 Minutes): Caseworker presents the case using the Oral
6174 Case Presentation outline. The caseworker's presentation is uninterrupted. At the
6175 conclusion, the supervisor may also be given an opportunity to add information to
6176 the presentation. No questions from the group are allowed in this portion of the
6177 PRT.
- 6178 3. Clarify and Explore (15 Minutes): This is the opportunity for the PRT team
6179 members to ask questions that will add clarity to the presentation. No
6180 brainstorming or solution finding is allowed in this portion of the PRT.
- 6181 4. Brainstorm Session (25 Minutes): Free-flowing generation of ideas.
- 6182 5. Action Planning (35 Minutes): Group brainstorm into key strategic themes,
6183 develop measureable action steps, identify barriers and solutions for barriers,
6184 assign responsible parties, and establish deadlines. Responsibility of Action Steps
6185 should be shared by all participants of the PRT team.
- 6186 6. Debrief (5 Minutes): Check-in with the caseworker and supervisor regarding the
6187 implementation of the Action Plan, lessons learned, etc.
- 6188
- 6189 F. Accessing Casey Grant dollars for barrier busting: Casey Family Programs has provided
6190 money to assist caseworkers in overcoming barriers to achieving permanency.
- 6191 1. All approved requests must comply with rules for procurement.
- 6192 2. Requests for money for services and resources should be accompanied by a
6193 request form (TBD).
- 6194 3. All requests must include a rationale for how this will promote legal permanency
6195 or permanent connections for the youth.

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4. All requests exceeding \$500 (excluding travel, lodging, or per diem) must be screened by the Program and Practice Improvement Team (PPIT).

6199 **304 Services To Family**

6200 Major objectives:

6201 Child and Family Services provides services to parents or guardians to facilitate the child’s return
6202 home or placement with a permanent family. These services will be designed to maintain and
6203 enhance parental functioning, care, and familial connections.
6204

6205
6206 **304.1 Initial Contact With Parents**

6207 Major objectives:

6208 During the initial contact with the parents, the out-of-home caseworker will explain the process of
6209 working with the parent while the child is in out-of-home care. This includes explaining the
6210 parent’s residual rights, the rights of visitation or family time with the child, the Child and Family
6211 Team, the functional assessment, the Child and Family Plan, the transition plan, concurrent goals,
6212 long-term view, and non-negotiables. The out-of-home caseworker will also explain to the
6213 parents the role of the agency, the caseworker, the out-of-home caregiver, the team, and the court
6214 process.
6215

6216 **Applicable Law**

6217 Utah Code Ann. [§80-2-301](#). Division responsibilities.
6218
6219

6220 Practice Guidelines

6221 The caseworker will contact the parents within five working days of receiving the case.

6222 While the child is in Child and Family Services custody, beginning when the child first comes
6223 into care, information will be provided to the child’s parents which includes:

- 6224
- 6225 A. Orientation to the out-of-home service and the child’s need for a permanent, stable home.
 - 6226
 - 6227 B. The importance of parental involvement and contact with the child and Child and Family
6228 Services.
 - 6229
 - 6230 C. Expectations and time lines associated with participation or non-participation in service.
6231
 - 6232 D. Parental rights and responsibilities while the child is in care, including financial support.
6233

6234 When applying the above major objectives and Practice Guidelines, the following definitions
6235 should be kept in mind:
6236

6237 **Child and Family Team Meeting:** A Child and Family Team Meeting is a gathering of family
6238 members, friends, community specialists, agency staff, and other interested people who join
6239 together to strengthen a family and protect its children.
6240

6241 **Teaming:** The process of developing, having, and maintaining a Child and Family Team with
6242 families, resource systems, and agencies to assist families in solving their problems and
6243 addressing their challenges through a strengths-based program.
6244

6245 **Functional Assessment:** The definition taken from the Qualitative Review Protocol is: Assess
6246 current, obvious, and substantial strengths and needs of the child and family that are identified
6247 through existing assessments, both formal and informal. This collection of information should
6248 form a big picture understanding of the child and family and how to provide effective services
6249 for them. A functional assessment also identifies critical underlying issues that must be resolved
6250 for the child to live safely with his/her family independent of agency supervision or to obtain an
6251 independent and enduring home.
6252

6253 **Permanency Plan:** A permanency plan is a written guide to obtaining specific outcomes and
6254 objectives for a child and family. A permanency plan assembles supports, services, and
6255 interventions into a holistic and coherent service process that provides a mix of elements
6256 uniquely matched to the child and family situation and preferences. The Permanency Plan will
6257 reflect the rebuttable presumption that placement of a child with the child's relative during a
6258 child welfare proceeding is in the best interest of the child.
6259

6260 **Transition Plan:** A transition plan documents the process to achieve the Child and Family
6261 Plan's long-term view, anticipate transitions, and consider the necessary steps to achieve
6262 successful change. Transitions are internal processes that a family experiences and must manage
6263 in order to be successful as they move through the process of change. Examples of typical
6264 transitions include: removal, change in placement, change in school, change in caseworker,
6265 change in therapist, reunification, case closure, graduation, independent living, agency transfers,
6266 loss of family, and adoption.
6267

6268 **Concurrent Permanency Goal:** Utah statute requires a concurrent permanency goal for the
6269 child, and the reason for selecting that goal in every "treatment plan" when the child enters the
6270 temporary custody of Child and Family Services. [See: Utah Code Ann. [§80-3-406.](#)]
6271

6272 **Long-Term View:** Long-term view is looking at the current situation and seeing how it will
6273 affect the whole picture now and in the future. It includes considering how the current picture
6274 needs to be changed or altered to achieve the future circumstances that are needed or desired.
6275

6276 **Non-negotiables:** Those issues dealing with the child's safety and well-being, orders from the
6277 court or statutes that prescribe specific actions by Child and Family Services.
6278

6279 **304.2 Child And Family Contact**

6280 Major objectives:

6281 Child and Family Services will make efforts to engage parents in continuing contacts with their
6282 child, whether through visitation, phone, or written correspondence. This will include efforts to
6283 engage the parents in appropriate parenting tasks such as attending school meetings, etc. Child
6284 and Family Services staff will recognize child and family contact as a right for both the parent
6285 and the child.
6286

6287
6288 **Applicable Law**

6289 Utah Code Ann. [§80-2-301](#). Division responsibilities.
6290

6291 Practice Guidelines

6292 A. Refer to [Section 303.1](#), Visitation With Familial Connections.
6293

6294 B. Exceptions to contact are limited to:

- 6295 1. When contraindicated by the law, court finding, the child’s safety, or the child’s
6296 best interests.
- 6297 2. When parental rights are terminated.
- 6298 3. When the biological parent’s declining health precludes such efforts in the case of
6299 a terminally ill, unresponsive parent. However, engagement of the parents is to
6300 occur whenever possible and may still occur in some cases where the parents are
6301 in declining health or when rights have been terminated.
6302

6303 **304.3 Ongoing Contact Between Parents And Caseworker**

6304
6305 (This section has been replaced with [Section 302.2](#).)
6306

6307 **304.4 Wrap-Around Services**

6308 Major objectives:

6309 Wrap-around services will be provided to the child and family and will be crafted by the Child
6310 and Family Team based on the assessed needs and resources.
6311

6312
6313 **Applicable Law**

6314 Utah Code Ann. [§80-2-301](#). Division responsibilities.
6315

6316 Practice Guidelines

6317 The Child and Family Team will explore with the family different levels of support such as
6318 informal, formal, and use of flexible funding to craft and meet the needs of the family. Examples
6319 of wrap-around services are:

- 6320
6321 A. Peer parenting. [See: [Section 309](#), Peer Parenting Services.]
6322
- 6323 B. Child care.

- 6324
- 6325 C. Home health aide services.
- 6326
- 6327 D. Parenting education.
- 6328
- 6329 E. Respite care.
- 6330
- 6331 F. Transportation services for visitation.
- 6332
- 6333 G. Vocational or educational assistance.
- 6334
- 6335 H. Mental health and/or substance abuse assessment and treatment.
- 6336
- 6337 I. Housing referral and assistance.
- 6338

304.5 Financial Support For Children In Out-Of-Home Care

Major objectives:

To encourage parental responsibility and involvement, families are expected contribute financially to the support of their children while in out-of-home care as required by state and federal law [USC 671(a)(17)].

Applicable Law

Utah Code Ann. [§78A-6-356](#). Child support obligation when custody of a minor is vested in an individual or institution.

Practice Guidelines

- 6351 A. Utah law mandates that all parents are responsible for the support of their minor children.
- 6352
- 6353 B. The parent or guardian is to meet with the Office of Recovery Services within 10 days of the shelter hearing to begin the process of providing financial support while their child is in out-of-home care.
- 6354
- 6355
- 6356
- 6357 C. The caseworker should verify that this occurs.
- 6358
- 6359 D. In cases where the court has permanently terminated the parent’s rights to their children,
- 6360 the parents have no obligation to pay child support.
- 6361

6362 **304.6 Good Cause Deferral/Waiver Process**

6363 Major objectives:

6364 In situations in which the present family has been encumbered by an unpreventable loss of
6365 income or extraordinary and necessary expenses not considered at the time the order of child
6366 support was established, the caseworker may join with the family to request the Office of
6367 Recovery Services to postpone or waive collection of current or past-due child support.
6368

6369
6370 **Applicable Law**

6371 Utah Code Ann. [§26B-9-304](#). Office procedures for income withholding for orders issued or
6372 modified on or after October 13, 1990.

6373
6374 Practice Guidelines

6375 Please refer to the following link to access the form (DHHS Form 602) and instructions through
6376 the Office of Recovery Services in order to complete this process:

6377 http://www.ors.utah.gov/cic_goodcause.htm . The form may also be accessed from the main
6378 page in SAFE.
6379

6380 **305 Child and Family Services Relationship With Out-Of-**
6381 **Home Caregivers**

6382 Major objectives:

6383 Out-of-home caregivers have the responsibility of providing daily care, supervision, protection,
6384 and experiences that enhance the child’s development. Individuals approved and selected to
6385 provide out-of-home care will have the experience, personal characteristics, and temperament
6386 necessary to work with children and their biological families.
6387

6388
6389 **Applicable Law**

6390 Utah Code Ann. [§80-2-301](#). Division responsibilities.
6391

6392 Practice Guidelines

- 6393 A. Out-of-home Caregiver Responsibilities. For all types of placement, to provide for the
6394 health, well-being, and safety of children in their home, out-of-home caregivers will:
- 6395 1. Integrate children into their household as equal members by providing a pleasant,
6396 safe, and nurturing family atmosphere.
 - 6397 2. Provide activities that enhance physical, cognitive, social, and emotional
6398 development; teach problem solving skills; and act as positive role models.
 - 6399 3. Commit to keep the child without disruption until permanency has been
6400 accomplished by using available supports to prevent disruption.
 - 6401 4. Use constructive discipline as approved by the Child and Family Team. Use of
6402 corporal punishment, physical or chemical restraint, infliction of bodily harm or
6403 discomfort, deprivation of meals, rest, or visits with family, or humiliating or
6404 frightening methods to control the actions of children is never allowed.
 - 6405 5. Maintain confidential information that is disclosed within the Child and Family
6406 Team. Out-of-home caregivers may share information with team members
6407 providing services to the child such as medical professionals, therapists, school
6408 personnel, etc.
 - 6409 6. Out-of-home care providers who participate in cluster support groups must also
6410 abide by the cluster confidentiality agreement. Violation of confidentiality may
6411 result in corrective action, suspension, or revocation of foster care licensure.
 - 6412 7. Furnish nutritious meals and snacks.
 - 6413 8. Plan orderly daily schedules that promote positive participation in appropriate
6414 developmental, school, and community activities.
 - 6415 9. Provide the opportunity for religious observance in the faith of the child and
6416 family’s choice.
 - 6417 10. Arrange culturally responsive opportunities for participation in activities
6418 consistent with the child’s ethnic and cultural heritage.
 - 6419 11. Actively participate in the development and the implementation of the Child and
6420 Family Plan.
 - 6421 12. Make the child available for parent-child visits and/or sibling visits with the
6422 schedule negotiated by the Child and Family Team. Visitation may not be
6423 contingent upon the child’s behavior.

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13. Encourage children to maintain and develop positive relationships and connections with parents as determined by the permanency goal and help prepare children for their court-ordered permanency goal.
 14. Keep informed of all pertinent information regarding the child's current medical or dental status, mental health, educational progress, and social skills, and observe and document information regarding the child's behavior, problems, feelings, and adjustment in the foster home. All information will be kept in the Home-to-Home Binder.
 15. Keep records of dates of placement, billings, payments, any receipts for items and services purchased for the child, and other financial matters.
 16. Maintain and keep current the Home-to-Home Book and take medical records from the book for medical appointments to assure continuity of health care.
 17. In conjunction with the caseworker and health care team, see that medical treatment is properly provided, accompany the child to all medical examinations, encourage the child's parent to attend health care visits, consult with health care providers, and ensure that health care, treatment, and follow-up care are provided according to the schedule recommended by the child's health care providers.
 18. Secure, administer, and maintain medications for the child. Ensure medication is properly disposed.
 19. Document the use of medication including when it is administered and by whom, missed doses, and appointments related to medication management, including missed or cancelled visits, in the Home-to-Home Book. Ensure medication information is provided to a new caregiver or the parent if the child is returning home.
 20. Keep prescribed and over-the-counter medication locked and properly labeled (name of person, dosage, name of medication, physician, expiration date, and prescription number).
 21. Document the effects of medications and share with the child's doctor and family team.
 22. Follow universal precautions when dealing with blood, urine, saliva, and feces and follow written instructions for the disposal of medication, syringes, or medical waste.
 23. Be involved in the planning and monitoring of the child's mental health treatment.
 24. Be responsible for monitoring and assisting in children's educational process including helping with homework, attending parent/teacher conferences, participating in the development of Individual Education Plans (IEPs), and alert the caseworker to any unmet educational needs.
 25. Give input, attend and participate in the Child and Family Team, reviews and other important meetings; *or* provide written comments prior to the review date or participate by telephone if unable to attend reviews or meetings.
 26. Provide transportation to school and related activities, medical and dental appointments, mental health therapy, visitations, court hearings, reviews, religious activities, and other routine personal or family activities as negotiated by the Child and Family Team.
 27. Use clothing allowance and monthly out-of-home payments as allocated for new and gently used clothing or new diapers. It is acceptable for an out-of-home

- 6470 caregiver to sew the child's clothing if there is no charge for the labor. A child's
6471 wardrobe may be supplemented with previously worn clothing if in good repair
6472 and it is purchased through a used clothing store and a receipt is provided.
- 6473 28. Be an advocate for children in their care.
- 6474 29. Alert the caseworker of any special or unmet needs of the child.
- 6475 30. Report any significant change in the child or parent's circumstances, or of any
6476 serious or repeated behavioral problems of the child.
- 6477 31. Immediately report any accidents, injuries, criminal and delinquent activities, or
6478 other emergency situations.
- 6479 32. Report substantial changes in the home composition to the caseworker and OL.
- 6480 33. Actively seek in-service training opportunities that promote the development of
6481 parenting skills and keep a record of in-service training attended.
- 6482
- 6483 B. Out-of-Home Caregiver Training Requirements.
- 6484 1. An out-of-home caregiver will successfully complete:
- 6485 a. An initial consultation to orient out-of-home caregivers prior to
6486 participation in the pre-service training program through the Contractor that
6487 Child and Family Services utilizes for the Training, Recruitment, and Retention
6488 Services of Foster Parents.
- 6489 b. For initial licensure, completion of the pre-service training required by
6490 Child and Family Services for all prospective out-of-home caregivers prior
6491 to licensure. Any pre-service training hours completed within the previous 24
6492 months of an individual seeking licensure may be accepted as long as there is no
6493 documentation or evidence that there were concerns regarding the caregiver.
6494 Child and Family Services reserves the right to require any caregiver to re-take
6495 part or all of pre-service classes if deemed necessary. Special situations:
- 6496 (1) If a prospective caregiver applying for either a Licensed Foster
6497 Care (LFC) or Licensed Specific Child (LSC) license has
6498 completed comparable training (with another state or agency), a
6499 request for an exception to complete the training will be submitted
6500 in writing by the Resource Family Consultant (RFC) to the foster
6501 care program administrator or other designated staff at the State
6502 Office. The foster care program administrator or other designated
6503 staff will assess the training completed by the prospective
6504 caregiver and the specific case information (if applicable), and will
6505 provide a decision in writing to the RFC as to whether or not the
6506 training can be accepted within 30 working days of receiving the
6507 request.
- 6508 (2) If a caregiver applying for an LSC license is deemed unable to
6509 complete the Child and Family Services approved pre-service
6510 training within the required timeframe of the probationary license,
6511 the RFC and the potential foster parent will work with the current
6512 Child and Family Services Contractor for Training, Recruitment,
6513 and Retention Services of Foster Parents on alternative ways to
6514 complete the pre-service training. A request for an exception will
6515 be submitted in writing by the RFC (or KFC) to the foster care

- 6516 program administrator or other designated staff at the Child and
6517 Family Services State Office. The request for training exception
6518 must include the reason that the caregiver is unable to complete the
6519 training in the required timeframe; what attempts were made, if
6520 any, to complete the training; and what the alternative plan
6521 (including timeframes) is for the caregiver to complete the pre-
6522 service training. The foster care program administrator or other
6523 designated staff will assess the information and will provide a
6524 decision in writing to the RFC as to whether or not the alternative
6525 plan is accepted within 30 working days of receiving the request.
- 6526 c. Pre-service classes include information about:
- 6527 (1) Orientation and Team Building; Child and Family Services Major
6528 objectives and Procedure, Licensing Rules, and Medical
6529 Requirements for Children in Out-of-Home Care; Abuse and Neglect,
6530 Child Sexual Abuse; Impacts of Abuse on the Child Development;
6531 Attachment, Separation, Grief, and Loss; Discipline & Effects of
6532 Caregiving on the Family; Cultural Issues, Primary Families; and
6533 Adoption Issues;
 - 6534 (2) Rights and responsibilities as caregivers and the partnership role
6535 with Child and Family Services in providing services to the child
6536 and family;
 - 6537 (3) Responding to the individual needs of children placed in their
6538 home, including the needs of abused and neglected children and
6539 the importance of the cultural and ethnic contexts for service;
 - 6540 (4) Sensitive and responsive practices to use with the biological
6541 parents, which address issues such as involving them in decisions
6542 about their children’s lives, encouraging visits, and ways to
6543 maintain the parent-child relationship (unless contraindicated by
6544 the service plan);
 - 6545 (5) The use of out-of-home care as a temporary intervention, except
6546 when planned alternative living arrangements have been clearly
6547 determined to be the appropriate plan for therapeutic reasons, or
6548 when adoption or guardianship by the kin or out-of-home
6549 caregivers has become the plan;
 - 6550 (6) Circumstances that terminate the caregiving relationship and
6551 informs them regarding appeal Practice Guidelines, which gives
6552 them notice and opportunity to be heard in any review or hearing
6553 regarding the child;
 - 6554 (7) Accessing, via the Child and Family Services eligibility process
6555 and staff, government payments on behalf of the child, including
6556 Medicaid cards, social security, and other public assistance; and
 - 6557 (8) The organization’s major objectives on compensation for damages
6558 done by children placed in their care.
 - 6559 (9) Other training topics deemed appropriate by Child and Family Services.
- 6560 d. For ongoing licensure, completion of 16 hours of in-service training hours
6561 annually prior to re-licensure is required. If there are two caregivers in the

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household, the 16 hours is the total number of in-service training hours required for both caregivers combined, with neither caregiver having less than four hours. A minimum of four hours of in-service training per caregiver must be completed in a face-to-face or classroom setting. Three hours may be completed through other multimedia sources, as outlined below (pre-recorded online courses, parenting instruction videos, or other publications). The remainder of the hours may be completed in person or via live facilitated interactive online training. The following chart is a guide for acceptable combinations of training hours between two caregivers.

First Caregiver	Second Caregiver
4	12 (up to 3 hours multimedia)
5 (up to 1.5 hours multimedia)	11 (up to 3 hours multimedia)
6 (up to 1.5 hours multimedia)	10 (up to 2.5 hours multimedia)
7 (up to 2 hours multimedia)	9 (up to 2.5 hours multimedia)
8 (up to 2 hours multimedia)	8 (up to 2 hours multimedia)

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- (1) In-service training hours may be completed through the current Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents. If a foster parent repeats any amount of pre-service training, the full amount will count towards the in-service training requirement. Training completed through the Contractor will be entered into the SAFE database by the Contractor. Foster parents should also maintain copies of verification (attendance rolls, certificates, etc.) that they have attended training through the Contractor.
- (2) Training hours may also be completed through foster parent attendance and participation in any classes or trainings offered to out-of-home caregivers by Child and Family Services.
- (3) Other in-service training hours may be completed by the out-of-home caregiver through the following process:
 - (a) Community-based trainings and conferences: The Child and Family Services State Office will maintain a list of pre-approved community-based trainings or conferences for in-service training credit. Any other trainings or conferences not on the pre-approved list must be pre-approved by the RFC or other designated Child and Family Services staff in order for the caregiver to receive in-service training hours. Community-based training and conferences must be provided by well renowned institutions or collaborations and/or should be based on evidence-based practices that will increase the knowledge and skills of the caregivers. The training/conference may cover general topics that can be related to parenting children in foster care, or it may be specific to the needs of a particular child being cared for by the caregiver. The caregiver must obtain verification of

- 6601 attendance in order to receive credit for in-service training
6602 hours. The caregiver will keep a copy of the verification of
6603 attendance and will provide a copy to the RFC or other
6604 designated staff.
- 6605 (b) The RFC will forward the verification of training to the
6606 designated person with the Child and Family Services
6607 Contractor for Training, Recruitment, and Retention
6608 Services of Foster Parents for entry into the SAFE
6609 database. The designated person will enter completed
6610 trainings attended by out-of-home caregivers into the SAFE
6611 database within 10 business days of receiving the training
6612 documentation.
- 6613 (c) Training through other multimedia sources, such as on-line
6614 courses, parenting instructional videos, or other
6615 publications (such as books): Out-of-home caregivers may
6616 complete a portion of their in-service training hours
6617 through pre-approved online courses (including those
6618 provided through the Child and Family Services Contractor
6619 for Training, Recruitment, and Retention Services of Foster
6620 Parents) parenting instructional videos, or other
6621 publications. The training may be general or it may be
6622 specific to the needs of a particular child, and should be
6623 based on evidence-based practices. The Child and Family
6624 Services State Office will maintain a list of pre-approved
6625 sources for in-service training credit through these
6626 methods. The list of pre-approved resources will also
6627 outline how many hours of training credit may be received
6628 from each source.
- 6629 (d) In order for out-of-home caregivers to receive in-service
6630 training credit from completion of an online course,
6631 parenting instructional video, or other publications, the
6632 caregiver must provide a typed summary of the training to
6633 the RFC or other designated Child and Family Services
6634 staff. A standardized form can be obtained from the RFC
6635 for the summary. The summary will include knowledge
6636 and skills that the caregiver gained from the training and
6637 how the caregiver will apply the knowledge and skills
6638 when parenting children in care. If an online course has a
6639 post-test component that tests the knowledge of the
6640 caregiver following course completion, the caregiver may
6641 provide verification of passing the post-test for training
6642 credit rather than the summary. The RFC or designated
6643 staff will review the summary or documentation provided
6644 by the caregiver and determine whether the information
6645 meets the requirements for in-service training. If it meets
6646 the requirements for in-service training, the information

- 6647 will be forwarded to the designated staff member at the
6648 current Child and Family Services Contractor for Training,
6649 Recruitment, and Retention Services of Foster Parents for
6650 entry into SAFE.
- 6651 (e) The designated staff member at the Child and Family
6652 Services Contractor for Training, Recruitment, and
6653 Retention Services of Foster Parents will enter completed
6654 trainings into the SAFE database within 10 business days
6655 of receiving the training documentation.
- 6656 (f) Any person wanting to add a source to the pre-approved list
6657 of in-service training sources will forward a request to the
6658 Child and Family Services foster care program
6659 administrator or other designated staff at the Child and
6660 Family Services State Office. The request will provide any
6661 relevant information regarding the source, including a
6662 summary of the information covered along with any
6663 indication that it is evidence-based practice (if known).
- 6664 (4) Tracking annual in-service training hours:
- 6665 (a) One hundred and twenty days prior to foster care licensure
6666 renewal for an out-of-home caregiver, the RFC assigned to
6667 the caregiver or other designated Child and Family Services
6668 staff will review the completed in-service training hours in
6669 SAFE and determine whether the caregiver has the required
6670 amount of in-service training hours.
- 6671 (b) If the caregiver has already received credit for the required
6672 number of training hours, no further action is required.
- 6673 (c) If the caregiver has a deficiency in the number of in-service
6674 training hours needed for re-licensure, the RFC or staff will
6675 contact the caregiver to determine if they will be renewing
6676 their foster care licensure. If the caregiver will be
6677 renewing, the RFC or staff will do the following:
- 6678 i. Provide written notification to the caregiver
6679 regarding the number of hours still needed prior to
6680 re-licensure, including what will happen if they do
6681 not obtain the required number of training hours.
- 6682 ii. Coordinate with the caregiver to determine if there
6683 are hours of in-service training that they have not
6684 yet been credited and assist them in the process of
6685 ensuring those hours are entered into SAFE.
- 6686 iii. Assist the caregiver in identifying potential training
6687 sources to help them obtain the required number of
6688 training hours.
- 6689 iv. Make monthly contact with the caregiver to
6690 determine their progress on completing in-service
6691 training. The RFC or designated staff will

- 6692 document monthly contacts in the provider notes in
6693 SAFE.
- 6694 v. If the caregiver is unable to obtain the required
6695 number of hours needed for in-service training and
6696 still desires to maintain licensure, the RFC or staff
6697 will help them identify what steps they must take in
6698 order to obtain re-licensure.
- 6699 (d) If the caregiver informs the RFC or designated staff that
6700 they will not be pursuing re-licensure, this information will
6701 be documented in the provider notes in SAFE.
- 6702 e. An affirmation of compliance with Administrative Rule [R512-302](#).
- 6703 f. Child and Family Services may identify or require a specific training for all
6704 foster parents. Child and Family Services may also require a specific training
6705 for an individual foster parent to help them provide for the needs of a particular
6706 child.
- 6707
- 6708 C. All other licensing requirements for the home must be met and maintained. Refer to the
6709 OL Rules, Child Foster Care [R501-12](#). Requirements for licensure may include but are
6710 not limited to:
- 6711 1. A BCI criminal records check and a check of the state’s child abuse registry for
6712 all adults, 18 years or older, residing in the home.
- 6713 2. A Resource Family Assessment and/or homestudy will be completed by the OL or
6714 other approved contractor using the standardized family assessment format. This
6715 includes references, a medical reference letter completed by a licensed health care
6716 professional, and a mental health evaluation if needed.
- 6717
- 6718 D. Reimbursement for services commensurate with the cost of maintaining the child will be
6719 provided to the out-of-home caregiver at the rate established by the Utah State
6720 Legislature, and also based on the needs of the child.
- 6721
- 6722 E. Foster Care Agreement:
- 6723 1. The Foster Care Agreement (Form 638A) must be signed annually by each
6724 licensed out-of-home caregiver. If there are two licensed out-of-home caregivers
6725 in a home, they may sign on the same form. For kin caregivers, the Foster Care
6726 Agreement will be signed at the time of licensure and will replace the Kinship
6727 Caregiver Preliminary Placement Agreement (KBS04).
- 6728 2. The RFC assigned to the foster parent, or other assigned Child and Family
6729 Services staff will review the Foster Care Agreement and address any concerns
6730 with the out-of-home caregiver. The RFC will obtain a signed Foster Care
6731 Agreement from the licensed out-of-home caregiver annually.
- 6732 a. Once signed, the Foster Care Agreement is effective until the end of the
6733 licensure period or one year from the time of signing the agreement,
6734 whichever is sooner.
- 6735 b. For newly licensed foster parents, the Foster Care Agreement should be
6736 obtained within 30 days of receiving the home study, unless the Child and

- 6737 Family Services region has made the determination that the home will not
6738 be used for placements.
- 6739 c. For foster parents who have been licensed more than a year, a signed copy
6740 of the Foster Care Agreement should be obtained within the 30 days prior
6741 to expiration of the former Foster Care Agreement. This can be done in
6742 person, through the mail, or through electronic methods (such as a scanned
6743 version of the signed agreement sent through email).
- 6744 d. Copies of the signed Foster Care Agreement will be kept in the Out-of-
6745 Home Caregiver's file.
- 6746
- 6747 F. Placement Agreement:
- 6748 1. The Placement Agreement (Form 638B) must be signed each time a child is
6749 placed in the home of an out-of-home caregiver. If there are two licensed out-of-
6750 home caregivers in a home, they may sign on the same form.
- 6751 2. The caseworker or supervisor assigned to the child will review the Foster Care
6752 Agreement and address any concerns with the out-of-home caregiver, and obtain a
6753 signed copy from the caregiver. The RFC assigned to oversee the home may
6754 assist in obtaining the signed Placement Agreement, if necessary.
- 6755 3. A signed copy of the Placement Agreement should be obtained within 30 days of
6756 placing the child in the home. This can be done in person, through the mail, or
6757 through electronic methods (such as a scanned version of the signed agreement
6758 sent through email).
- 6759 4. Once signed, the Placement Agreement is effective for the duration of the child's
6760 placement of the child with the out-of-home caregiver, or until Child and Family
6761 Services custody of the child ends.
- 6762
- 6763 G. Claims for Property Damage: Child and Family Services will, when circumstances
6764 warrant, help foster parents and kinship placements deal with property damaged by a
6765 foster child placed in the home. This aid covers only physical loss or damage that is
6766 caused by the direct action of any foster child in the care of the foster care provider or
6767 kinship placement.
- 6768 1. Claims must be filed within 90 days of the initial incident date. Exceptions to the
6769 90-day limit may be granted on a case-by-case basis.
- 6770 2. With proper approval, Child and Family Services may provide financial help up
6771 to but not to exceed \$1,500 per claim. For the first claim in a fiscal year (July 1
6772 through June 30), a \$150 deductible will first be applied. For any additional
6773 claims filed within the same fiscal year, the deductible will be reduced to \$50.
6774 The calculation of the financial aid will take into account the age, condition, and
6775 depreciation of the property at the time of the incident. Financial aid will not
6776 necessarily be based on replacement value. The dollar value of replacement items
6777 or repairs must be supported with independent documentation.
- 6778 3. It is the intention of this program to help with material claims. Damaged items
6779 whose value is below \$150 will not be covered.
- 6780 4. In order to start the claim process, the foster care provider will work with the
6781 region Resource Family Consultant (RFC) and the caseworker utilizing the [305-](#)

6782 [Damage Letter and Claim Form](#), and email it to the Child and Family Services
6783 state office at fosterparentclaim@utah.gov.
6784

305.1 Services To Out-Of-Home Caregivers

6785
6786 Major objectives:

6787 Child and Family Services will provide support to the out-of-home caregiver to ensure that the
6788 child(s) needs are met, prevent unnecessary placement disruption, and address needs of the out-
6789 of-home caregiver. The out-of-home caregiver is a member of the Child and Family Team.
6790

6791
6792 **Applicable Law**

6793 Utah Code Ann. [§80-2-301](#). Division responsibilities.
6794

6795 Practice Guidelines

6796 A. (This section has been replaced with [Section 302.2](#).)
6797

6798 B. Facilitating Caregiver/Family Contact. The caseworker will assist the out-of-home
6799 caregiver in developing and maintaining a working relationship with the child(s) parents,
6800 in accordance with the Child and Family Plan and permanency goals.

6801 1. Out-of-home caregivers, the caseworker, the child, and the family will engage in a
6802 private face-to-face meeting within the first two weeks of placement and at least
6803 once a month thereafter or as needed to build the relationship.

6804 2. The caseworker will encourage the out-of-home caregiver to initiate and maintain
6805 contact with the child(s) parents to share information about the child and facilitate
6806 familial connections.
6807

6808 C. Access to Major objectives and Practice Guidelines. Out-of-home caregivers will have
6809 access to review the Child Welfare Manual and have any relevant major objectives
6810 explained by agency personnel.

6811 1. During pre-service training, all families will receive a Resource Family Major
6812 objectives and Practice Guidelines.

6813 2. Annually, to renew their license, all resource families will participate in a major
6814 objectives “refresher” course and receive a current Resource Family Major
6815 objectives and Practice Guidelines.

6816 3. Child and Family Services will make available, in any office, the Child Welfare
6817 Manual, and offer an explanation of any major objectives requested.

6818 4. The Child and Family Services Child Welfare Manual will be available over the
6819 DHHS Internet web page.
6820

6821 D. Mileage Reimbursement. Licensed out-of-home caregivers will be reimbursed for the
6822 mileage incurred for the following activities:

6823 1. Visitation: Mileage will be reimbursed to transport a child in out-of-home care to
6824 and from visits with parents, siblings, or other relatives/ caregivers.

- 6825 2. Case-Related Activities: Mileage will be reimbursed to and from Child and
6826 Family Team meetings, reviews, court activities, case planning, staffings, and
6827 placement transitions.
- 6828 3. Routine trips are not reimbursable, i.e., travel to the store, shopping center, a
6829 friend’s house, the school, or to recreational activities.
- 6830 4. If transporting more than one child at the same time, mileage will only be
6831 submitted for one child.
- 6832 5. Medical and Other Essential Activities: Reimbursement is also available for
6833 mileage to and from caseworker approved essential, extraordinary activities such
6834 as school attendance outside of neighborhood boundaries, for youth bus pass, and
6835 for agency payments to parents to visit their child in foster care. Mileage will be
6836 reimbursed to transport the child to and from medical, dental, and mental health
6837 appointments.

6838
6839 The out-of-home caregiver will document all reimbursable mileage claims on the
6840 appropriate Child and Family Services form that includes odometer readings, purpose of
6841 travel, and destination.

6842
6843 Mileage claims will be submitted monthly for reimbursement.

6844 **305.2 Respite, Child Care, And Incidental Care For Children**

6845 **In Out-Of-Home Care**

6846
6847 Major objectives:

6848 Out-of-home caregivers will have temporary relief from the day-to-day parenting responsibilities
6849 of the child placed in their care to prevent placement disruption and/or burnout. Options for
6850 temporary relief include paid respite, non-paid respite, child care, and incidental care.

6851
6852
6853 **Applicable Law**

6854 Utah Code Ann. [§80-2-301](#). Division responsibilities.

6855
6856 Definitions:

- 6857 A. Incidental Care: Occasional care, not in excess of five hours per week and never
6858 including overnight stays. Examples of this would be babysitting for five hours or less
6859 per week or transporting the child on behalf of the foster parent for a duration of time
6860 totaling less than five hours per week. Incidental care does not have to take place in the
6861 out-of-home caregiver’s home
- 6862
6863 B. Child care: Ongoing care to the child in the out-of-home caregiver’s home on a
6864 continual, regular basis (such as when the out-of-home caregiver is at work), OR care for
6865 a child in out-of-home care in excess of five hours a week. Child care does not include
6866 overnight stays with the child.
- 6867
6868 C. Respite care: Any arrangement that requires the individual caring for the child to stay
6869 with the child overnight. It may also be for multiple overnight stays. A person providing

6870 respite care in their own home for a child in foster care must be a licensed foster care
6871 provider and may not exceed the capacity they are licensed for. However, an unlicensed
6872 person may provide respite care for a child in foster care in the home of the out-of-home
6873 caregiver, as long as the requirements outlined below are met.

6874
6875 D. Other options for temporary relief:

- 6876 1. Visitation with the child’s non-licensed relative in order to maintain
6877 connections. [See: Kinship Practice Guidelines [Section 502.3a](#) for requirements
6878 for unsupervised access to a child in care.]
- 6879 2. In rare instances where the Child and Family Team has explored all other options
6880 and consulted with the RFC and there is still a need, babysitting outside of the
6881 licensed foster home over the five hours may occur. The OL will require a
6882 variance [see: Admin. Rule [R501-12-5\(9\)](#)] and complete the background
6883 check. Child and Family Services will complete a safety walk-through of the
6884 home using the DCFS KBS16 Limited Home Inspection checklist.

6885
6886 E. “Short-term relief care provider” means an individual who provides short-term and
6887 temporary relief care to a foster parent;

- 6888 1. for less than six consecutive nights;
- 6889 2. in the short-term relief care provider's home;
- 6890 3. is an immediate family member or relative, as those terms are defined in Utah
6891 Code Ann. [§80-3-102](#), of the foster parent;
- 6892 4. is direct access qualified, as that term is defined in Utah Code Ann. [§26B-2-120](#);
- 6893 5. has been approved to provide short-term relief care by Child and Family Services;
- 6894 6. is not reimbursed by Child and Family Services for the temporary relief care
6895 provided; and
- 6896 7. is not an immediate family member or relative, as those terms are defined in Utah
6897 Code Ann. [§80-3-102](#), of the foster child.

6898
6899 **[E]E.** Emergency Care: Care provided to a child in out-of-home care, when an approved child
6900 care or respite provider is not available, which enables the out-of-home caregiver to
6901 respond to an urgent situation. Emergency care can only be provided when there is a
6902 death, hospitalization, or serious illness of the out-of-home caregiver or anyone in the
6903 caregiver’s immediate family; or when another child placed in the caregiver’s home has
6904 attempted or succeeded in seriously harming themselves or others.

6905
6906 Practice Guidelines

- 6907 A. Respite care is used to provide short-term relief for the out-of-home caregiver from the
6908 responsibilities of caring for a child in foster care. It may include multiple occurrences of
6909 overnight care. Respite care may be paid or non-paid and may be provided for any child
6910 who is in the custody of Child and Family Services.
 - 6911 1. For children placed with contracted providers, the contract agency is responsible
6912 for making arrangements for respite care and to comply with respite care
6913 requirements outlined in their contract.

- 6914 2. Prior approval must be obtained from the caseworker or Resource Family
6915 Consultant (RFC) when an out-of-home caregiver chooses to make arrangements
6916 for respite care.
- 6917 3. The respite caregiver must meet the qualifications of a respite provider (outlined
6918 below) in order to provide respite care for children in care.
6919
- 6920 B. Respite care may be provided in the following ways:
- 6921 1. The temporary placement of a foster child with another licensed out-of-home
6922 provider that is not the primary out-of-home caregiver for the child. The licensed
6923 home must be pre-approved by the RFC. A placement made for respite purposes
6924 is meant to be short term (12 days or less) with the intent that the child will return
6925 to the current foster home and does not count as a placement change for the child.
6926 If an out-of-home caregiver requests respite care for a duration of time over 12
6927 days (such as for a longer vacation or for other extenuating circumstances), the
6928 request will be staffed with the RFC supervisor or other region designee and, if
6929 approved, the approval will be documented in the activity logs for the case and
6930 the provider notes. It must still be the intent that the child will return to the
6931 current foster home for a respite placement over 12 days to be approved.
- 6932 2. Temporary placement of a foster child in a licensed facility, with the intent that
6933 the child will return to the current foster home.
- 6934 3. Overnight care in the home of the out-of-home caregiver by an individual
6935 certified by Child and Family Services as an In-home Respite caregiver (see
6936 requirements in paragraph F below).
- 6937 4. Temporary care in the home of a state licensed child care provider. The licensed
6938 daycare provider must be licensed through the DHHS, Child Care Licensing
6939 Program.
- 6940 5. Child and Family Services Paid Respite Care: Respite providers that will be paid
6941 by Child and Family Services will be opened under the RE code that corresponds
6942 with the level of care that the child is currently placed at for payment.
- 6943 6. If a licensed out-of-home caregiver will be used for respite care but is not
6944 approved to provide the level of care that the child is placed at, then the case must
6945 be staffed by the RFC or through another regionally approved process prior to the
6946 respite occurring, in order to ensure that the provider has the skills necessary to
6947 care for that child. If approved to provide respite, the staffing and approval must
6948 be documented in the provider notes in SAFE and the required payment approvals
6949 (under the corresponding RE codes) will be opened in order to pay the respite
6950 provider the correct amount. The payment will be made using the One Time
6951 Payment Form (Form 295).
- 6952 7. Respite care not paid by Child and Family Services: Licensed out-of-home
6953 providers may make arrangements to exchange children with another licensed
6954 out-of-home caregiver for short periods of time for respite purposes after
6955 obtaining approval from the RFC or the child's caseworker. An out-of-home
6956 caregiver may directly pay for those services if they desire.
6957
- 6958 C. Accrual of Child and Family Services Paid Respite Days:

- 6959 1. All licensed out-of-home caregivers will receive one paid respite day per calendar
6960 month for every month they have a child placed in the home. Out-of-home
6961 caregivers must have at least one foster child/youth in their home for a period of
6962 15 days during a calendar month to accrue one respite day.
- 6963 2. Regardless of the number of children placed in the home, a maximum of 12
6964 respite days can be accrued by a licensed out-of-home caregiver at any given
6965 time. The accrued respite days do not expire and can be used at any time. After
6966 accrued respite days have been used, the out-of-home caregiver must re-accrue
6967 respite days through the process described in C.1.
- 6968 3. The RFC will document in the provider notes in SAFE the number of paid respite
6969 days accrued and used by the out-of-home caregiver a minimum of once every six
6970 months. The documentation will coincide with the required RFC face-to-face
6971 home visits and at any other time the RFC deems necessary or appropriate.
6972
- 6973 D. Extenuating Circumstances for Paid Respite: Though more than 12 days of respite can be
6974 approved (see B1), the region director or designee must be consulted if the out-of-home
6975 caregiver requests that more than 12 respite days be paid. The region director or designee
6976 may approve more than 12 paid respite days in extenuating circumstances. It is up to the
6977 region to staff these circumstances and ensure that the situation and approval of respite
6978 are documented in the provider notes.
6979
- 6980 E. Qualifications of a Respite Caregiver:
- 6981 1. A licensed foster home with openings, or a licensed respite care home/facility.
6982 The licensed home is limited to the amount of children they are approved to
6983 provide care for on their foster care license. The total number of children in their
6984 home, including those they are providing respite for, may not exceed the amount
6985 of children they are licensed for unless the home is granted a variance. The
6986 licensed home must also be able to meet the child's needs.
- 6987 2. A state-licensed day care provider. The day care provider must be in compliance
6988 with the ratios specified on their child care license.
- 6989 3. In-Home Respite provider. A respite caregiver who is qualified by Child and
6990 Family Services to provide care in the out-of-home caregiver's home. An In-
6991 Home Respite provider must meet the following requirements:
- 6992 a. Will be at least 18 years of age or older.
- 6993 b. Will be approved by the RFC to provide respite in the home of the out-of-
6994 home caregiver.
- 6995 c. Will not be on probation, parole, or under indictment for a criminal
6996 offense and will have not have a history of crimes against children, which
6997 will be verified by background checks as described below in F.
- 6998 4. A respite provider is subject to the same confidentiality requirements as other
6999 foster care providers and will keep verbal or written information shared with them
7000 confidential.
- 7001 5. The out-of-home caregiver will provide the respite caregiver with medical and
7002 other critical information about the child and specific instructions for the care and
7003 supervision of the child on a completed Respite Care Fact Sheet (SAFE form PR
7004 21). If the child is going to be with a respite caregiver for more than one day, the

- 7005 out-of-home caregiver will also provide the respite caregiver with a copy of the
7006 Medicaid card.
7007
- 7008 F. Process for approving an In-Home Respite provider:
- 7009 1. The individual will complete an In-Home Respite provider packet (available in
7010 SAFE) which includes the following:
- 7011 a. OL Background screening application: The following background
7012 screenings are required on an annual basis for all In-Home Respite
7013 providers before being allowed unsupervised access to the child in foster
7014 care:
- 7015 (1) Utah Criminal History Bureau of Criminal Identification (BCI): A
7016 non- fingerprint-based Utah BCI criminal history check.
- 7017 (2) Child and Adult Abuse and Neglect History Checks through SAFE
7018 (LIS): SAFE background checks for child and adult abuse and
7019 neglect must be approved.
- 7020 (3) Federal Bureau of Investigation (FBI) Fingerprint-Based Criminal
7021 History must be approved.
- 7022 (4) Utah Juvenile Criminal History: A name-based check of the respite
7023 provider’s juvenile criminal history must be approved for the
7024 respite provider.
- 7025 b. A DHHS Provider Code of Conduct must be read and signed.
- 7026 c. An Out-of-home Caregiver Confidentiality Form must be read and signed.
- 7027 d. A Safety and Behavioral Intervention Fact Sheet must be read and signed.
- 7028 2. The RFC, out-of-home caregiver, or the prospective In-Home Respite provider
7029 will provide the respite packet to the licensur assigned to the out-of-home
7030 caregiver. Copies of the forms must be kept by the RFC. The OL licensur will
7031 provide the BCI form to the background screening unit within OL to complete the
7032 background screening.
- 7033 3. Once the licensur indicates that the In-Home Respite provider has an approved
7034 background screening application, the following must also be completed for each
7035 child in out-of-home care, prior to the individual providing respite care:
- 7036 a. The RFC will conduct a further check of SAFE to determine if there is any
7037 history of child abuse or neglect. If information is found in SAFE, the
7038 RFC must staff the circumstances with a supervisor to determine whether
7039 the individual may be approved for In-Home Respite care.
- 7040 b. The out-of-home caregiver will fill out the Respite Care Fact Sheet (PR21)
7041 and provide it to the In-Home Respite provider. The out-of-home
7042 caregiver will inform the In-Home Respite provider where the Medicaid
7043 card for each child is located.
- 7044 c. When possible and if appropriate, the respite arrangements and all relevant
7045 issues will be discussed in a Child and Family Team Meeting so that all
7046 parties are aware of the arrangement.
7047
- 7048 G. Requesting Planned Respite:

- 7049 1. To facilitate continuity of care and minimize disruption for the child, whenever
7050 possible respite care is to be planned in advance using providers known to the
7051 child and family.
- 7052 2. Each out-of-home caregiver for Child and Family Services will identify at least
7053 two individuals who agree to provide respite when needed. The names should
7054 include at least one In-Home Respite provider. The names of the potential respite
7055 providers will be provided to the RFC, who will then assist the out-of-home
7056 caregiver in the process to obtain approval for any In-Home Respite provider.
7057 The RFC will document the names of the respite providers in the SAFE provider
7058 module notes for the out-of-home caregiver.
- 7059 3. The out-of-home caregiver may not place a child in respite care without first
7060 informing the RFC and the child's caseworker at least 72 hours in advance and
7061 receiving approval.
- 7062 4. If the out-of-home caregiver is unable to find a respite provider, they may contact
7063 the RFC for assistance in finding a respite provider. The out-of-home caregiver
7064 will request assistance from the RFC at least 72 hours in advance unless an
7065 emergency situation exists (as described below in L).
7066
- 7067 H. Responsibilities of Respite Providers:
- 7068 1. The respite provider will ensure that the child attends all necessary appointments
7069 while in respite care such as school, visitation with parents, court, and medical
7070 and mental health appointments.
- 7071 2. The respite provider will inform the primary out-of-home caregiver and the
7072 caseworker of any issues or concerns relating to the child. If the child has a
7073 medical or other emergency, the respite provider will contact the out-of-home
7074 caregiver and the caseworker immediately.
- 7075 3. The respite provider will ensure that they have a copy of and have reviewed the
7076 Respite Care Fact Sheet.
- 7077 4. The skills of the respite provider will match the needs of the child that is in their
7078 care, including medical, transportation, and behavioral needs.
7079
- 7080 I. Responsibilities of Child and Family Services:
- 7081 1. In situations where out-of-home caregivers are unable to identify their own respite
7082 provider, the RFC will assist in identifying an appropriate respite option upon
7083 receipt of a written or verbal request.
- 7084 2. The RFC will ensure that the respite caregiver is licensed or meets standards and
7085 requirements as outlined above.
- 7086 3. It is best practice for the respite caregivers to be introduced to the child prior to
7087 placing the child in respite. If respite is to take place outside the child's current
7088 placement, then the child should be given the opportunity to take a tour of the
7089 respite home and ask questions prior to the respite experience.
- 7090 4. The RFC will verify that the out-of-home caregiver provides instruction and
7091 information to the respite caregiver.
7092
- 7093 J. Responsibilities of the Out-Of-Home Caregiver:

- 7094 1. Obtain approval from the RFC and caseworker to utilize respite and/or inform
7095 them of the respite plans. The out-of-home caregiver will provide written or
7096 verbal notification to the RFC at least 72 hours in advance. Notification not
7097 given at least 72 hours in advance may result in respite not being approved.
- 7098 2. Provide the respite provider with the Respite Care Fact Sheet (PR21), including
7099 ensuring that the respite provider has emergency contact information for the out-
7100 of-home caregiver, caseworker, and any other relevant staff.
- 7101 3. Ensure that the caseworker has the contact information for the respite provider
7102 and emergency contact information for the out-of-home caregiver.
- 7103 4. If utilizing an In-Home Respite provider, ensure that they have an approved BCI
7104 prior to utilizing them for In-Home Respite.
- 7105 5. Provide a copy of the Medicaid card to the respite provider.
- 7106
- 7107 K. Each Child and Family Services region is responsible to track the use of respite care and
7108 expenditures.
- 7109
- 7110 L. Emergency Care:
- 7111 1. At times, it may be necessary for the out-of-home caregiver to utilize emergency
7112 care for a child placed in their home in order to enable the out-of-home caregiver
7113 to respond to an urgent situation. In these situations, it is preferable for the
7114 caregiver to utilize an identified and pre-approved respite or child care provider to
7115 care for the children; however, it may not always be possible. Emergency care
7116 may only be used in situations where there is a death, hospitalization, or serious
7117 illness of the out-of-home caregiver or anyone in the caregiver's immediate
7118 family; or when another child placed in the caregiver's home has attempted or
7119 succeeded in seriously harming themselves or others.
- 7120 2. If one of the approved respite or child care providers is not available, emergency
7121 care can be provided by anyone with whom the out-of-home caregiver feels the
7122 child would be safe for a short period of time, until the emergency can be
7123 mediated and/or the caregiver, caseworker, or RFC has the ability to make another
7124 approved arrangement for the care of the child.
- 7125 3. If an out-of-home caregiver has to utilize emergency care, the caregiver will
7126 contact the RFC and caseworker to inform them of the situation as soon as
7127 possible and not longer than 24 hours after the child is placed in emergency care.
7128 Upon receiving information that the child is in emergency care, the RFC is
7129 responsible for ensuring that the caseworker is informed. The caseworker and
7130 RFC will work together to ensure that the child is placed in an approved respite
7131 placement.
- 7132 4. If the emergency occurs after normal business hours and the out-of-home
7133 caregiver is not able to contact the RFC or caseworker, the out-of-home caregiver
7134 will contact the Child Protective Services (CPS) Intake number and inform them
7135 of where the child is placed. Intake will contact the regional designee when these
7136 situations arise.
- 7137 5. In emergency situations, it is allowable for the out-of-home caregiver or Child
7138 and Family Services to place with an out-of-home caregiver that may be over
7139 capacity of their license. The RFC and/or caseworker will then ensure that the

7140 child is placed in another allowable and approved respite placement by the end of
7141 the next business day.
7142

7143 M. Child Care and Incidental Care:

- 7144 1. Child and Family Services does not pay for child care or incidental care for
7145 children in an out-of-home placement. Out-of-home caregivers are responsible
7146 for the cost of child care or incidental care for the children placed in their home.
- 7147 2. In special circumstances and if funding is available, region directors may grant
7148 approval to pay for child care and/or incidental care, when a written request is
7149 made by the caseworker or the RFC.
- 7150 3. As with respite care, out-of-home caregivers will provide specific instructions to
7151 anyone providing incidental care or child care to a child in out-of-home care on
7152 how to care for the child's specific needs prior to the child care or incidental care
7153 being utilized. Sharing information regarding the child's needs is particularly
7154 critical in cases where the foster child is medically fragile, on medication, or
7155 experiencing behavioral or emotional problems that require special care and
7156 supervision.
- 7157 4. Incidental care: Out-of-home caregivers are responsible to ensure that children in
7158 their care are always under proper supervision. The out-of-home caregiver must
7159 use reasonable and prudent judgement to select individuals to provide incidental
7160 care for the foster child. Those providing incidental care must be capable of
7161 providing the care and supervision appropriate to the individual need of each child
7162 in out-of-home care that they are providing incidental care for.
 - 7163 a. It is best practice to ensure that the RFC, the child's caseworker, and the
7164 Child and Family Team are aware of and approve of incidental care
7165 arrangements in advance of the care being provided.
 - 7166 b. Incidental care provided by a youth under the age of 18 years may be
7167 approved on a case-by-case basis and should be discussed and approved at
7168 minimum by the RFC and caseworker and, when possible, the Child and
7169 Family Team.
 - 7170 c. It is best practice for the caseworker or RFC to assess whether an
7171 individual approved to provide incidental care has the ability and skills to
7172 care for the needs of the child.
- 7173 5. Child Care:
 - 7174 a. Child care providers who are licensed through the DHHS Child Care
7175 Licensing Program are approved to provide ongoing child care to children
7176 in out-of-home care. The out-of-home caregiver, caseworker, or RFC
7177 should verify that the license is current by asking to review a copy of the
7178 child care provider's license.
 - 7179 b. Child care providers who are not licensed through the Department of
7180 Health and who will be providing child care on a continual, regular basis
7181 (such as when the foster parent is working) OR care for a child in out-of-
7182 home care in excess of five hours a week, must have an approved
7183 background check. When child care is being provided in a location other
7184 than the licensed out-of-home caregiver's home, a home safety
7185 walkthrough is required to ensure they can safely care for the child. The

- 7186 home safety walkthrough will be completed by the caseworker or RFC
- 7187 using the KBS16 Limited Home Inspection form.
- 7188 c. The following requirements will be completed for a potential child care
- 7189 provider for a licensed out-of-home caregiver (not licensed through the
- 7190 DHHS) by the OL on an annual basis, before the child care provider is
- 7191 allowed unsupervised access to the child in out-of-home care:
- 7192 (1) Utah Criminal History BCI: A non-fingerprint-based Utah BCI
- 7193 criminal history check.
- 7194 (2) Child and Adult Abuse and Neglect History Checks through
- 7195 SAFE: SAFE background checks for child and adult abuse and
- 7196 neglect must be approved.
- 7197 (3) FBI Fingerprint-Based Criminal History: An FBI fingerprint-
- 7198 based criminal history check must also be approved.
- 7199 (4) Utah Juvenile Criminal History: A name-based check of the respite
- 7200 provider’s juvenile criminal history must be approved for the
- 7201 respite provider.
- 7202 d. Copies of the forms must be kept by the RFC. The OL licensor will
- 7203 provide the BCI form to the background screening unit within the OL to
- 7204 complete the background screening. The RFC will document in the
- 7205 provider notes when a child care provider has been approved.
- 7206

305.3 Rights Of Out-Of-Home Caregivers

Major objectives:

As described in Utah Code Ann. [§80-2a-304](#), an out-of-home caregiver has a right to due process when a decision is made to remove a child from an out-of-home care home if the out-of-home caregiver disagrees with the decision, except:

- 7213 A. If the child is being returned to the parent or legal guardian.
- 7214
- 7215 B. The child is removed for immediate placement in an approved adoptive home.
- 7216
- 7217 C. The child is placed with a relative as defined in Utah Code Ann. [§80-3-302](#) who
- 7218 obtained custody or asserted an interest in the child within the 120-day preference period.
- 7219
- 7220 D. A Native American child placed in accordance with U.S. Code 25 Chapter 21 Subchapter
- 7221 1915 Placement of Indian Children.
- 7222

Applicable Law

Utah Code Ann. [§80-2a-304](#). Removal of a child from foster family placement -- Procedural due process.

Administrative Rule [R512-31](#). Foster Parent Due Process.

7229 **305.4 Confidentiality And The Use Of Foster Child Information**
7230 **And Images In Social Networking Mediums And Public Forums**

7231 Major objectives:

7232 Child and Family Services and all out-of-home care providers will strive to maintain the
7233 confidentiality of the families and children being served. Information regarding the DHHS
7234 clients, including verbal and written information, as well as images and digital information
7235 (such as digital photographs and video clips, etc.) is confidential and will be safeguarded.
7236 This includes release of information in social networking mediums and other public forums.

7237 Practice Guidelines

- 7238 A. Need for confidentiality: Confidentiality is essential when working with sensitive
7239 information in the form of verbal communication, written communication, and the
7240 general use of data. This adherence to confidentiality protects against identification,
7241 exploitation, or embarrassment that could result from the release of information which
7242 would identify individuals or families as having applied for or having received services
7243 or assistance from Child and Family Services. Unauthorized release of information could
7244 have a detrimental effect on the relationship with the child and/or family.
- 7245 1. The DHHS Code of Ethics, which all DHHS employees and out-of-home care
7246 providers are required to review and sign in order to provide services, requires
7247 ethical behavior and protection of the confidentiality of clients. (DHHS Code of
7248 Ethics can be found in the DHHS Policies located at
7249 <http://www.hspolicy.utah.gov>.)
7250
- 7251 B. Use of information and images of a client in social networking mediums or other public
7252 forums:
- 7253 1. Social networking mediums and other public forums include, but are not limited
7254 to blogs; email; Facebook, MySpace, GoFundMe, and other social networking
7255 sites; letters and newsletters; video clips; etc.
 - 7256 2. Out-of-home care providers, such as foster parents, proctor parents, and contract
7257 agency staff may use images and other general information regarding the child in
7258 public forums when the following protocol is followed:
 - 7259 a. If a parent retains parental rights in regards to the child, any form of
7260 written parental permission will be obtained prior to any images or
7261 information regarding the child client being used in social networking
7262 mediums or other public forums. If the parent's whereabouts are
7263 unknown, contact with the parent cannot be made, or if parent does not
7264 retain parental rights, approval to use images or other information
7265 regarding the child in a social networking or other public forum will be
7266 sought from the caseworker and should also be discussed with members of
7267 the Child and Family Team.
 - 7268 b. Permission to use the child's information and/or image must also be
7269 obtained from the child, if the client is over the age of eight years and has
7270 the capacity to understand what they are agreeing to.

- 7271 c. Permission from the child, parent, and/or caseworker will be documented
- 7272 in the SAFE activity logs and/or the Child and Family Team Meeting
- 7273 minutes.
- 7274 d. When parental permission is obtained and/or the decision is made to allow
- 7275 the out-of-home care provider to use information or images in a public
- 7276 forum, the information or images will only use client's first names and
- 7277 will NOT identify them as a DHHS client or foster child.
- 7278 e. In accordance with the DHHS Code of Ethics, out-of-home care providers
- 7279 will use caution in public forums and will refer to the child as a child
- 7280 currently living with them or with whom they are working with. Only
- 7281 general information regarding the child may be shared. No information
- 7282 may be shared that is case specific or that informs other parties with
- 7283 regard to DHHS involvement or the child's treatment issues or history.
- 7284

305.5 Process For Approving, Limiting, Or Denying Licensed Out-Of-Home Caregivers For Placement

Major objectives:

Families are licensed for foster care through the DHHS, Office of Licensing (OL). Child and Family Services subsequently receives and reviews the information regarding the family from OL. However, at times OL may license a family for foster care that Child and Family Services, through the authority given to Child and Family Services as a child placing agency, may decide not to utilize for placement of a child in foster care. Child and Family Services will have a process in place for approving or denying a foster family for placement of a child and informing a licensed resource family when Child and Family Services makes a decision not to utilize them as a placement for children in foster care.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- 7302 A. The identified committee in the region that reviews home studies will review each home
- 7303 study provided by OL, and any other detailed information regarding the foster family. As
- 7304 a result of the review, the region committee will determine if the foster family is
- 7305 approved to receive placements, if the foster family is denied for placements, or if more
- 7306 information is needed from the foster family. **In cases where the foster family has**
- 7307 **previously had a revoked license and OL has reinstated their license; the committee will**
- 7308 **ensure that all safety issues that resulted in the revoking of their previous license have**
- 7309 **been remedied and no current safety issues remain.**
- 7310
- 7311 B. Approved families: If the foster family is approved for placement, the committee (or
- 7312 region designee) will send a letter to the foster family to let them know that they are
- 7313 approved for placement. They will also give them the name of their assigned Resource
- 7314 Family Consultant (RFC) and identify the role of the RFC, including a phone number the

- 7315 foster family may call. The letter will also inform the foster family that the RFC will be
7316 contacting them to schedule a time to visit.
7317
- 7318 C. When Child and Family Services determines through the region committee not to use a
7319 foster family who is licensed for placement of a child in foster care:
- 7320 1. The RFC will record the Placement Status in the provider record of the foster
7321 family in SAFE as being “On-Hold – Agency decision”.
- 7322 2. The region committee will provide their concerns in writing to the RFC or other
7323 designated region staff. The concerns will include any steps a foster family may
7324 take in order remedy concerns.
- 7325 3. Two designated region staff members will meet with the foster family and review
7326 the concerns outlined by the region committee, including whether the concerns
7327 can be resolved.
- 7328 4. The region designees will take clarifying information and/or steps that the foster
7329 family has taken to remedy concerns back to the region home study committee.
- 7330 5. If the foster family has been able to remedy the concerns to the satisfaction of the
7331 region committee, the region committee will approve the foster family to receive
7332 placements and the RFC will document the action taken and the committee
7333 decision in the Provider notes in SAFE. The RFC will also change the Placement
7334 status in SAFE to “No restrictions” and follow the process outlined in ‘B’ above.
- 7335 6. If the foster family is unable or unwilling to remedy the concerns, a formal,
7336 written letter will be sent to the foster family explaining that Child and Family
7337 Services will not be placing with them. The letter must include language that
7338 states that although they are licensed to provide foster care in Utah, the region
7339 committee has decided that significant enough concerns exist that Child and
7340 Family Services will not be placing with the family at this time.
- 7341 7. If at any time after the letter is sent to the foster family informing them that Child
7342 and Family Services will not be placing with them, Child and Family Services
7343 would like to re-evaluate the foster family for the placement of a child in foster
7344 care, the information leading to the decision to place the foster family “on hold”
7345 will be reviewed by the Child and Family Services region director, who will make
7346 the decision on whether the “on-hold” decision will be overturned. Only the
7347 Child and Family Services region director may then edit or change the placement
7348 status in SAFE.
7349
- 7350 D. A family that has been denied for placement of a child in foster care in one region will be
7351 denied in all Child and Family Services regions.
7352
- 7353 E. The RFC will include documentation about why the family was denied for placement,
7354 along with a copy of the denial letter in the Provider module in SAFE in the Provider
7355 notes.
7356
- 7357 F. The RFC may also assess a foster family and decide to limit the types of placement that a
7358 licensed out-of-home caregiver may receive, such as respite care only or adoption only,
7359 or to limit the number of children that can be placed with a caregiver. The decision to
7360 place a limit on a foster family must be staffed and approved with a supervisor. Child

7361 and Family Services will send a letter to the foster family to inform them that the decision
7362 has been made to limit the types of placements and/or number of children that the foster
7363 family may receive. The foster parent may request to meet with the RFC and supervisor
7364 to discuss the rationale for the limitation. If requested, the RFC and supervisor will meet
7365 with the foster parent within 14 business days and will assist the foster parent in
7366 understanding whether any steps can be made to address the concerns that led to the
7367 limitation.
7368

7369 G. A licensed out-of-home caregiver may contact the RFC and request that their home be
7370 placed “on hold” or “limited” due to family circumstances, because they have recently
7371 adopted, or due to out-of-home caregiver concerns. The RFC has two weeks from the
7372 time the licensed out-of-home caregiver contacts them to record the licensed out-of-home
7373 caregiver request in SAFE. [See: Administrative Guidelines [Section 080.4.](#)]

- 7374 1. If the Placement Status is “on hold” or “limited” due to a foster family’s own
7375 request, they may contact the RFC at any time and request that the status be
7376 changed back to “no restrictions”.
- 7377 2. Within two weeks of the request, the RFC will assess the foster family’s situation
7378 and make a determination if the change is appropriate. If the RFC determines that
7379 the foster family may take further placements, they will create a new placement
7380 status of “no restrictions” in SAFE.
7381

7382 H. If the foster family is approved for placements without limits, the RFC will ensure that
7383 the Placement Status for the foster family in SAFE is recorded as “No Restrictions”.
7384

7385 I. If concerns arise regarding a foster family that has been previously approved by the
7386 region committee for placement of a child, and the RFC or other Child and Family
7387 Services staff determine that the concerns may be significant enough to preclude the
7388 foster family from receiving further placements, the RFC that oversees the home, a
7389 supervisor, or other Child and Family Services administrator will record the Placement
7390 Status in the provider record of the foster family in SAFE as being “On-Hold – Agency
7391 decision”. The RFC will then staff the concerns with the region committee that reviews
7392 home studies.

- 7393 1. Caseworkers and/or other Child and Family Services staff that have identified
7394 concerns with the foster family will be invited by the committee to provide input
7395 regarding their concerns in person, by phone, or in writing if they desire.
- 7396 2. The region committee will consider the information presented and will determine
7397 whether the foster family is still approved to receive children into the home for
7398 placement.
- 7399 3. If the region committee determines that the foster family is not approved, Child
7400 and Family Services will follow the steps outlined in ‘C’ above.
- 7401 4. If a region places a child in a different region and subsequently identifies
7402 concerns with the foster family and would like the foster family to be reviewed by
7403 the region committee, the Associate Region Director (ARD) of that region will
7404 communicate the concerns about the foster family to the ARD of the region where
7405 the foster family resides. The ARD where the foster family resides will then
7406 ensure that the concerns are communicated to the RFC that oversees the foster

7407 family. The RFC will follow through with the process of having the foster family
7408 reviewed by the region committee.

7409
7410 J. To record in SAFE that a licensed out-of-home caregiver is on hold or has been limited to
7411 a certain type of placement, the RFC or designated region staff must choose the following
7412 indicator in SAFE on the “Placement Status” indicator that applies:

- 7413 1. For “on hold” the RFC will select 1) Agency Decision, 2) Foster Parent Request,
7414 or 3) Recently Adopted.
7415 2. For “limited”, the RFC will select 1) Respite only, 2) Adoption only, 3) Foster
7416 only.

7417
7418 K. The RFC will ensure that an accurate history of the placement status is kept in SAFE, and
7419 that there is only one active placement status per licensed out-of-home caregiver. If the
7420 placement status must change, the RFC will add an end date to the current placement
7421 status and create a new placement status.

7422

7423 305.6 Release Of Home Studies For The Purpose Of Adoption

7424

Major objectives:

7425 At times, Child and Family Services will receive a request from an out-of-home caregiver to
7426 provide their home study to another agency or state for the purposes of adoption. Home studies
7427 that are completed by the Office of Licensing (OL) or by Child and Family Services require a
7428 significant amount of time and resources to complete. These guidelines are to clarify the
7429 circumstances under which a home study may be released.

7430

7431

7432 **Applicable Law**

7433 Utah Code Ann. [§80-2-301](#). Division responsibilities.

7434

7435 Practice Guidelines

7436 A. When a request is received by Child and Family Services staff from an out-of-home
7437 caregiver to provide their home study, which was completed by Child and Family
7438 Services or OL, to an agency for the purpose of adoption, the following steps shall be
7439 completed:

- 7440 1. The Resource Family Consultant (RFC) will determine whether the family
7441 requesting the home study release is in good standing by reviewing the placement
7442 status in SAFE and the provider logs.
7443 a. If the documentation in SAFE regarding the placement status reflects “On-
7444 Hold – Agency Decision,” the home study shall not be released.
7445 b. If the documentation in SAFE regarding the placement status reflects that
7446 the home is on-hold for any other reason OR if the placement status
7447 reflects that the home is limited to “respite only” or “foster only”, the RFC
7448 will inform the caregiver that the hold or limitation shall be remedied prior
7449 to the home study being released to another agency.
7450 2. The RFC will remind caregivers of the following statement in the Foster Care
7451 Agreement, which they are required to sign on an annual basis: “To not utilize

- 7452 the home study provided through the OL licensing process for any purpose other
7453 than to adopt a child from a public child welfare system, unless the DCFS region
7454 where they reside provides a written exception."
7455 3. The RFC will discuss with the out-of-home caregiver the purpose of the home
7456 study release and determine what agency the caregiver wants the home study to
7457 be sent to.
7458 a. If the caregiver is requesting the home study for the purpose of adopting a
7459 child from a public child welfare system or for placement of a child in
7460 their home to whom they are related, Child and Family Services may
7461 release the home study to the designated agencies (i.e., to adopt children
7462 from foster care, whether in state or out-of-state, or to have a kin child
7463 placed with them).
7464 b. If the caregiver is requesting the home study for the purposes of a private
7465 adoption, the RFC will staff the request with their supervisor and/or other
7466 region designee to determine if the family has made good faith efforts to
7467 be a resource for placement of children in foster care, for a minimum of
7468 one year. Other exceptions will be approved by the region director or
7469 designee in writing and documented in the Provider logs.
7470 c. Requests will be staffed on a case-by-case basis. Requests will not be
7471 denied because of circumstances beyond the control of the caregivers,
7472 such as kinship placements, court orders, permanency considerations, and
7473 other extenuating circumstances.
7474 d. The RFC will assess with the caregivers whether the caregivers want to
7475 continue to be a placement resource for Utah children in foster care.
7476 e. If after review the region makes a determination not to release the home
7477 study, they will provide the caregiver with written documentation of the
7478 decision.
7479
7480 B. When approved, Child and Family Services will release up to three home studies per
7481 month per caregiver.
7482

7483 **306 Emergencies And Serious Situations**

7484 Major objectives:

7485 Serious and potentially dangerous situations require an appropriate and timely response to protect
7486 children and ensure the safety of all parties involved.
7487

7488
7489 **Applicable Law**

7490 Utah Code Ann. [§80-2-301](#). Division responsibilities.
7491

7492 Practice Guidelines

7493 The caseworker will take the following actions for all emergency or serious situations:
7494

- 7495 A. Notify and staff the situation with the supervisor and regional administration.
- 7496
- 7497 B. Notify parents/guardians of the situation immediately.
- 7498
- 7499 D. Notify Constituent Services at the state office regarding the situation as soon as possible
- 7500
- 7501 E. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as
- 7502 possible.
- 7503
- 7504 F. If calls from the media are received, refer them to the Public Relations Officer for the
- 7505 Department. The caseworker will not give information about the situation to the press.
- 7506
- 7507 G. Advise out-of-home caregivers that they may also refer the media to the Public Relation’s
- 7508 Officer for the Department.
- 7509
- 7510 H. Record all details of the emergency situation and action taken in the child’s case record to
- 7511 meet best practice standards and reduce liability.
7512

7513 **306.1 Pregnancy Of Youth In Out-Of-Home Care**

7514 Major objectives:

7515 If a youth in out-of-home care becomes pregnant while in out-of-home care, Child and Family
7516 Services will coordinate and facilitate all necessary medical care, counseling, and services. This
7517 includes services to youth who are the mother or father of an unborn child. [See: [Section 303.5](#),
7518 Health Care.]
7519

7520
7521 **Applicable Law**

7522 Utah Code Ann. [§80-2-301](#). Division responsibilities.

7523

306.2 Immediate Removal Of A Child From A Placement

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Major objectives:

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When there is a need to immediately remove a child from an out-of-home placement, in emergency situations, if there is reasonable basis to believe that the child is in danger or that there is substantial threat of danger to the health or welfare of the child, notification to the out-of-home caregiver may occur after removal of the child ([R512-31-3](#)). [See: [Section 700](#), General Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives, and [Section 305.3](#), Rights Of Out-Of-Home Caregivers.]

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Applicable Law

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Utah Code Ann. [§80-2-301](#). Division responsibilities.

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Practice Guidelines

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A. Notification will be provided through personal communication on the day of removal.

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B. The Notice of Agency Action will be sent by certified mail, return receipt requested, within three working days of removal of the child.

7540

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7542

306.3 Allegations Of Abuse Against Out-Of-Home Caregiver

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Major objectives:

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Reports of abuse against an out-of-home caregiver, or an employee of Child and Family Services, will be investigated thoroughly by a contracted agency to ensure that no conflict of interest exists between the caregiver and Child and Family Services. [See: [Section 700](#), General Practice Guidelines--Section 701.1, Right To Hearing For Alleged Perpetrators Of Non-Severe Abuse And Neglect.]

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306.4 Death Or Serious Illness Of A Parent Or Sibling Of A Child In Out-Of-Home Care

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Major objectives:

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In the event of a death or serious illness or injury of a parent, sibling, extended family member, or close friend of a child in out-of-home care, the caseworker will notify immediately in person the out-of-home caregiver and child of these events.

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Applicable Law

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Utah Code Ann. [§80-2-301](#). Division responsibilities.

7561

7562

Practice Guidelines

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A. The caseworker will consult with the out-of-home caregiver and the child's family to plan how the information will be shared with the child. The contact will always be made in person. If the child has a therapist, it may be helpful to have the therapist assist with the situation.

7564

7565

7566

7567
7568 B. The caseworker will offer support to the out-of-home caregiver and child to assist with
7569 grief and loss issues.

7570
7571 C. The caseworker will arrange counseling for the child as appropriate.
7572

306.5 Death And Burial Of A Child In Out-Of-Home Care

Major objectives:

Child and Family Services staff will take the necessary steps to ensure the death of a child in out-of-home care is handled in an appropriate manner and will be sensitive to the feelings of the family members and out-of-home caregivers of the child.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

A. Notify the supervisor, regional and state administration, Assistant Attorney General, Constituent Services representative, juvenile court judge, and the Guardian ad Litem.

B. Immediately notify the parents/guardian in person.

C. The parents/guardians will be contacted and requested to arrange the funeral and, if possible, to pay the burial expenses. If the parents' whereabouts are unknown, parental rights have been terminated, or parents are unable to financially provide for the burial, then other resources will be contacted (i.e., relatives, church, insurance, community, or county). The county their parents reside in may provide cremation or burial free of charge if the parents are indigent.

D. If funds are not available from resources as listed above, the burial expense will come from the regional foster care budget. Consult with the supervisor and regional administrators regarding expenses.

E. Contact Crime Victim Reparation if the death is a result of abuse or violence. The burial expenses may be paid for from the State of Utah Office of Crime Reparation. A police report will have been filed within seven days of the occurrence. Claim forms can be obtained at the Office of Crime Victims Reparation.

F. Child and Family Services staff will attend the funeral whenever possible.

G. Notify the Fatality Review Coordinator within three days of the death. Complete the Deceased Client Report form and send it to the Fatality Review Coordinator.

H. Contact the physician to determine the cause of death.

- 7612 I. Notify police to investigate the foster care home/facility if the cause of death seems
7613 suspicious or other factors such as the child’s age, health, and mental conditions played a
7614 role in the child’s death, or the circumstances surrounding the death are suspicious.
7615
- 7616 J. Notify the Office of Recovery Services using the appropriate form.
7617
- 7618 K. Notify Social Security Administration, Veterans’ Administration, or other source of
7619 entitlement benefits.
7620
- 7621 L. Obtain a copy of the death certificate and place in the child’s case record and close the
7622 case. The case must have a QA form completed prior to closure.
7623
- 7624 M. Acknowledge the need for ongoing support to the family, out-of-home caregivers, and
7625 caseworkers. Seek assistance from other resources as needed. Child and Family Services
7626 employees may seek assistance from the following: region administration, clinical
7627 consultants, resource family consultants, and the Employee Assistance Program.
7628

306.5a Fatality In A Foster Home

Major objectives:

To assure that the fatality is reported immediately, the safety of other children in the home is properly assessed, and no further placements are approved until the Child and Family Services and/or law enforcement investigation is complete.

Applicable Law

Utah Code Ann. [§26B-2-104](#). Office responsibilities.
Administrative Rule [R501-1](#). General Provisions for Licensing.

Practice Guidelines

- 7641 A. When a fatality involving any child in a foster home is identified, the caseworker will:
7642 1. Immediately report it to Child and Family Services’ Intake to see if there is a need
7643 for CPS investigation or law enforcement involvement.
7644 2. Report the fatality to both region administration and the director of Child and
7645 Family Services.
7646 3. Complete a High Profile form. A copy of this form automatically routes to the
7647 OL and shall result in a license suspension until resolved to the satisfaction of OL.
7648 4. Encourage the provider to complete the Incident Report Form found at
7649 <https://hslic.utah.gov/incident-report-form>. A provider who experiences a fatality
7650 or critical incident of any kind should report to OL within one business day, or
7651 they will be found in violation of their license requirements.
7652 5. Assure safety of other children in the home, including foster children, who may
7653 require placement elsewhere.
7654

- 7655 B. If Child and Family Services approves and elects to allow the foster child to remain in the
7656 placement, a suspended foster care provider may continue caring for a foster child
7657 currently placed at the time of suspension.
7658 1. All new placements will be suspended pending the outcome of the investigation.
7659 2. Child and Family Services shall determine whether or not to leave other children
7660 in the home during the investigation based on administrative and attorney
7661 staffing.
7662

306.6 Children In Out-Of-Home Care On Runaway Status

(This section has been replaced by [Section 300.8](#).)

306.7 Law Enforcement Interviews Of Children In State Custody

Major objectives:

Requests for interviews by law enforcement of children in the custody of Child and Family Services will be referred to the Guardian ad Litem (GAL) assigned to the child. If there is no GAL appointed for the child, the caseworker will refer the request to region administration.

Applicable Law

Utah Code Ann. [§80-2-705](#). Law enforcement interview of a child in division’s custody.

Practice Guidelines

- 7679 A. The caseworker or other Child and Family Services staff is prohibited by Utah statute
7680 from providing consent when law enforcement identifies the need to interview a child in
7681 the custody of Child and Family Services.
7682 1. If a GAL is appointed for the child, the caseworker will contact the GAL and
7683 notify him or her that law enforcement has requested an interview with the child.
7684 The GAL will ask for the following information:
7685 a. Name of the child.
7686 b. Name, agency, and phone number(s) of the requesting officer.
7687 c. Brief reason why the interview is being requested. It is important to
7688 explain if the client is being viewed as a victim or a perpetrator. If a
7689 victim, be prepared to give information on the alleged perpetrator
7690 including if they are an adult or child.
7691 d. How soon the anticipated interview is to take place.
7692 2. Once the GAL is notified, he or she will be the point of contact for law
7693 enforcement.
7694
7695 B. If there is no GAL appointed for the child, the caseworker will contact region
7696 administration for instructions.
7697

- 7698 C. Region administration must keep the child’s best interest a priority. If there is concern
7699 that the interview is not in the child’s best interest, the request should be denied. The
7700 following information is important to remember:
- 7701 1. If the child is believed to be the perpetrator, a public defender must be secured as
7702 quickly as possible. Until the public defender can be appointed and meet with the
7703 child, the request for the interview should be denied.
 - 7704 2. If the child is believed to be the victim of an adult perpetrator and law
7705 enforcement is attempting to set up a CJC interview, this type of request can
7706 normally be granted.
 - 7707 3. If there are both victim and perpetrator issues, or more than one child is involved
7708 (whether or not both they are in state’s custody), the request for an interview
7709 should be denied and a public defender requested.
 - 7710 4. A limited consent for an interview may also be given by region administration,
7711 and law enforcement will be instructed that if the victim interview turns into a
7712 perpetrator interview, the consent for the interview is withdrawn and the interview
7713 must be stopped.
7714

306.8 Dually Involved Youth

Major objectives:

A dually involved youth is a minor in the custody of Child and Family Services who has also been charged with a delinquent offense. This requires communication and collaboration between the Child and Family Services caseworker and a probation officer employed with the Juvenile Court.

Child and Family Services staff will assist the child in navigating through the juvenile justice system by assuring that the child completes dispositional requirements in the time frame allotted. This will be accomplished through collaboration with the probation officer in an effort to address the youth’s risk to re-offend and to access programs that will decrease recidivism.

Practice Guidelines

- 7729 A. When the youth in custody has been cited for delinquency, a Juvenile Court probation
7730 officer will contact the Child and Family Services caseworker.
7731
7732
- 7733 B. A “preliminary inquiry” (PI) will be set. The PI is a meeting set by the probation officer
7734 to explain the court process and assess the risk of the youth to re-offend. The Child and
7735 Family Services caseworker and youth are required to attend. The biological parents
7736 should be encouraged to attend. Anyone from the Child and Family Team may be invited
7737 to attend including, but not limited to foster parents, Guardian ad Litem, or anyone else
7738 deemed appropriate by the Child and Family Services caseworker. The PI will result in
7739 the decision to either handle the charge non-judicially or to have the youth appear before
7740 the judge for an arraignment.
7741 1. Diversion (Non Judicial):

- 7742 a. If the delinquency offense is diverted and not sent directly to court, the
7743 Child and Family Services caseworker and probation officer will outline
7744 sanctions such as classes, community service hours, etc. for the youth to
7745 complete in a non-judicial diversion agreement. This is called Diversion.
7746 If a caseworker is not offered Diversion for the youth, the caseworker can
7747 contact the probation worker to ask about this option. Diversion is offered
7748 in every court district. The probation officer will determine if the youth
7749 qualifies for Diversion.
- 7750 b. The Child and Family Services caseworker is responsible for ensuring the
7751 youth's compliance with the non-judicial diversion agreement.
- 7752 c. At the next child welfare review hearing, the Child and Family Services
7753 caseworker will report that the youth received a delinquency offense, what
7754 decisions were made regarding the youth, and progress made on the
7755 diversion agreement.
- 7756 d. If the youth completes the diversion process, the delinquency offense will
7757 not be reflected as an adjudication on the youth's juvenile record.
- 7758 e. If the youth fails to follow through with the non-judicial diversion
7759 agreement, the Child and Family Services caseworker will communicate
7760 with the probation officer about the non-compliance. The probation officer
7761 may file a petition with the youth's judge, causing the delinquent offense
7762 to be heard by the court.
- 7763 f. Examples of delinquency offenses that could be eligible for Diversion
7764 depending on prior charges may be smoking, a first alcohol ticket, simple
7765 assault, disorderly conduct, shoplifting, etc.
- 7766 2. Appearance Before the Judge (Judicial):
- 7767 a. If the youth must appear before the judge on a delinquent offense, the
7768 Child and Family Services caseworker and probation officer will
7769 collaborate on recommendations to the court regarding community service
7770 hours, restitution, placement of youth, etc.
- 7771 b. If the judge finds the allegation to be true, it will appear as an adjudication
7772 on the child's juvenile record. The child will not be eligible for Diversion.
- 7773 c. The Child and Family Services caseworker will continue to be responsible
7774 to address abuse, neglect, and safety issues.
- 7775 d. The probation officer will make recommendations regarding
7776 accountability for the juvenile's delinquent offense.
- 7777 e. The Child and Family Services caseworker and probation officer will
7778 follow progress of compliance with court orders and both will report
7779 progress to the judge at each review hearing.
- 7780
- 7781 C. Child and Family Services caseworkers should ensure that the probation officer is part of
7782 the Child and Family Team.
- 7783
- 7784 D. Child and Family Services' involvement can be terminated once child welfare issues have
7785 been resolved and prior to completion of delinquency sanctions. The probation/intake
7786 officer will follow through with compliance on delinquency matters once Child and
7787 Family Services has terminated their case.

- 7788
- 7789 E. The delinquency portion of the case can be terminated once all delinquency sanctions
- 7790 have been completed and prior to resolution of child welfare issues. The Child and
- 7791 Family Services caseworker will continue to follow compliance with the child welfare
- 7792 service plan and court orders once the delinquency case has been closed.
- 7793
- 7794 F. Court jurisdiction is only terminated when all delinquency and child welfare matters are
- 7795 concluded.
- 7796

306.8a Electronic Monitoring Of Children Working With Juvenile Justice Services

Major objectives:

Educate Child and Family Services employees as to the protocol involving children in Child and Family Services custody who are dually involved with Juvenile Justice & Youth Services (JJYS) wherein the court is seeking the use of an ankle monitor.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- 7809 A. Child and Family Services’ Stance on the Use of Ankle Monitors With Children in
- 7810 Custody:
 - 7811 1. It is not the practice of Child and Family Services to request or approve the use of
 - 7812 an ankle monitor.
 - 7813 a. It may be traumatizing to the child due to the fact that they are bulky and
 - 7814 difficult to conceal, displaying their wearers’ potential involvement with
 - 7815 the juvenile justice system.
 - 7816 b. It may stigmatize a child in custody.
 - 7817 c. Work with the Assistant Attorney General (AAG) to approach the court
 - 7818 for an alternative to the use of an ankle monitor.
 - 7819 2. Children not considered appropriate for electronic monitoring:
 - 7820 a. Children 12 years of age and under.
 - 7821 b. Children pending competency.
 - 7822 c. Severe mental health or SUD issues that would contribute to non-
 - 7823 compliance.
 - 7824 d. Currently placed in a residential program.
 - 7825 e. Chronic absconder.
 - 7826 f. History of unsuccessful use of electronic monitoring devices.
 - 7827 3. If a child may need an ankle monitor or the court orders one:
 - 7828 a. Hold a Child and Family Team Meeting (CFTM) to talk about why one
 - 7829 may be needed and what will be required to remove the device.
 - 7830 b. Set parameters for the child and help them understand what that means.
 - 7831 c. Outline in the Child and Family Plan (CFP) what will need to happen to
 - 7832 remove the ankle monitoring device.

- 7833 d. Discuss what factors led to the believe that a child well be kept safe if
7834 monitored with an ankle monitor, and does it outweigh any potential risks
7835 or trauma if not used.
- 7836 e. Consider the history of engaging in high risk behavior like self-
7837 harm/suicide ideation, substance abuse, trafficking, and felony charges.
- 7838 f. Discuss other interventions that can or have been used instead of an
7839 electronic monitoring device.
- 7840 g. Discuss what behaviors need to happen to have the electronic monitoring
7841 device removed.
- 7842 4. Complete a request for electronic monitoring that is approved by the Assistant
7843 Program Director/Probation Department (APD/DP), which will include a plan for
7844 removal based on positive behavior change the child needs to show to have the
7845 electronic monitoring device removed.
- 7846 5. The CFT and child will be given a copy of the plan for removal.
- 7847 6. Monitor the use of the electronic monitoring monthly at the CFTM.
- 7848 7. Maintain the app on the caseworker’s phone to respond to notifications during
7849 business hours.
- 7850 8. Code will be opened on CARE XEM.
- 7851 9. Complete the form for electronic monitoring and submit it for approval.
- 7852 10. Consider if the use prevents abuse, neglect, or other trauma.
- 7853 11. Determine if there is an alternative method to safety monitor the child.
- 7854 12. Recommend that children with electronic monitoring devices be seen in court
7855 every 30 days, in order to address removal of the device if court is set out to a
7856 later date.
- 7857
- 7858 B. How to Set up and Monitor an Electronic Monitoring Device:
- 7859 1. Region administration will talk with the APD/PD about the court-ordered device.
- 7860 2. Work with the child’s probation officer and assigned JJYS case manager on the
7861 availability to set up an electronic monitoring device.
- 7862 3. JJYS will help in getting and setting up the equipment, as well as providing any
7863 necessary training.
- 7864 4. Work with JJYS on setting up parameters for the monitoring
- 7865 a. Caseworker name and contact.
- 7866 b. Supervisor name and contact.
- 7867 c. On-call contact information.
- 7868 (1) What needs to be done if the child is out of compliance after
7869 hours, weekend, or holidays.
- 7870 (2) Who needs to be contacted.
- 7871 (3) What steps need to be taken.
- 7872 d. Placement contact information.
- 7873 e. Any other required contact information.
- 7874
- 7875 C. After the Child Receives an Electronic Monitoring Device:
- 7876 1. CFTM held to inform the team of the need and use of the device and set
7877 parameters to meet the child and team’s needs.

- 7878 2. CFT will be made aware of the parameters of the device and the child’s limits
- 7879 while wearing the device.
- 7880 3. CFT will be informed of what needs to happen for the removal of the electronic
- 7881 monitoring device.
- 7882 4. CFT will work diligently to help the child meet the criteria for removal of the
- 7883 electronic monitoring device.
- 7884 5. The caseworker will work with the AAG and Guardian ad Litem (GAL) to set a
- 7885 court date if the child has met the criteria for the removal of the electronic
- 7886 monitoring device if no prior order exists.
- 7887 6. The caseworker will establish in the CFP the criteria for removal and will
- 7888 regularly check in with the child as to the progress they are making.
- 7889
- 7890 D. Removal of the Device:
- 7891 1. Once the child has met the criteria for removal, set a court order allowing the
- 7892 removal.
- 7893 2. Work with JJYS on removing the device.
- 7894 3. CFT and community partners will be made aware that the child has met the
- 7895 criteria for removal and the court has ordered its removal.
- 7896

306.9 Notification Related To Student Safety

Major objectives:

Pursuant to Utah Code Ann. [§53G-9-604](#), a school must notify a parent or guardian when a student threatens to commit suicide and/or a student is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.

Applicable Law

Utah Code Ann. [§53G-9-604](#). Parental notification of certain incidents and threats required.

Practice Guidelines

Caseworkers will refer to [Section 303.4](#) Educational Services when the caseworker is notified by a school or foster parent that a child they are working with has threatened to commit suicide and/or the child is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.

307 Court And Case Reviews

Major objectives:

Child and Family Services will seek to ensure that each child in out-of-home care has timely and effective case reviews and that the case review process:

- A. Expedites permanency for children placed in out-of-home care.
- B. Assures that the permanency goal, Child and Family Plan, and services are appropriate.
- C. Promotes accountability of the parties involved in the treatment planning process.
- D. Monitors the care for children in out-of-home care.

Applicable Law

- Utah Code Ann. [§80-3-108](#). Opportunity for a child to testify or address the court -- Consideration of a minor’s statement outside of court.
- Utah Code Ann. [§80-3-301](#). Shelter hearing -- Court considerations.
- Utah Code Ann. [§80-3-401](#). Pretrial and adjudication hearing -- Time deadlines.
- Utah Code Ann. [§80-3-402](#). Adjudication -- Dispositional hearing time deadlines -- Scheduling of review and permanency hearing.
- Utah Code Ann. [§80-3-406](#). Permanency Plan -- Reunification services.
- Utah Code Ann. [§80-3-408](#). Periodic review hearings -- Dispositional reports.

[See also: CPS Major objectives [Section 205.6](#).]

Practice Guidelines

- A. Reunification timeframes and services will incorporate the requirements of the court order and be documented in the family services plan.
- B. Child and Family Services Responsibilities for Case Reviews:
 - 1. Court Reviews: The caseworker will ensure that a court review has been scheduled. If a court review has not been scheduled, contact the Assistant Attorney General.
 - 2. Seek input from Child and Family Team members prior to preparation for every review.
 - 3. The caseworker will develop a court report, outlining the current situation, progress towards the permanency goal, and recommendations in regards to the future direction of the case. The court report will be signed by both the caseworker and supervisor and will be provided to the court via e-filing 10 working days prior to the court review.
 - a. In regards to placement, if the child is of sufficient maturity to state where they want to be placed and Child and Family Services has made a placement decision that differs from the child’s express wishes, the caseworker is required to explain in writing in the court report the reasons

- 7958 why the placement decision made by Child and Family Services differs
7959 from the child’s wishes.
- 7960 b. Assistant Attorney General, Parental Defense, and Guardian ad Litem will
7961 have access to the court report once the report has been e-filed.
- 7962 c. If a party in the case does not have access to the online court system
7963 (CARES), the caseworker will distribute the court report.
- 7964 4. Keep the court updated with the names and addresses of members of the Child
7965 and Family Team who need to be in attendance.
- 7966 5. Encourage members of the Child and Family Team to attend the review. If a team
7967 member cannot attend, he/she may participate by written correspondence or by
7968 telephone.
- 7969 a. The caseworker is responsible to invite the child’s out-of-home caregiver
7970 to each post-adjudication hearing. If the caregiver cannot attend in person,
7971 but would like to participate by phone, the caseworker will make
7972 arrangements with the court.
- 7973 6. The child will be present at any post adjudication hearing unless the court
7974 determines that:
- 7975 a. Requiring the child to be present at the hearing would be detrimental to
7976 the child, or is impractical; or
- 7977 b. The child is not sufficiently mature to articulate the child’s wishes in
7978 relation to the hearing.
- 7979 7. If a youth age 14 years or older desires an opportunity to address the court or
7980 testify at a shelter, post adjudication, or permanency hearing, they will be allowed
7981 to do so. The youth will also be permitted to testify specifically regarding their
7982 placement or permanency wishes.
- 7983 a. Utah Code Ann. [§80-3-302](#) and [§80-3-409](#) requires the court to give the
7984 youth’s desires added weight, but not be the single controlling factor in a
7985 hearing. The statutes also state that if the court findings differ from where
7986 the youth wishes to be placed, the court findings will explain why the
7987 court’s decision differs from the youth’s wishes.
- 7988 8. A child shall be represented at each hearing by the Guardian ad Litem appointed
7989 to the child's case by the court.
- 7990 a. Only the Guardian ad Litem can request that the court make a finding
7991 regarding any possible detriment to the child; whether it is impractical for
7992 the child to attend, or the child is not sufficiently mature to articulate their
7993 wishes in relation to the hearing.
- 7994 (1) The caseworker will correspond with the child’s Guardian ad
7995 Litem to determine whether the Guardian ad Litem will request the
7996 court to make a finding to excuse the child based on subparagraph
7997 6.
- 7998 (2) If the Guardian ad Litem will not be requesting that the child be
7999 excused from the hearing, the caseworker will arrange for the child
8000 to attend the hearing.
- 8001 9. Child and Family Services will be responsible for ensuring that the orders from
8002 court reviews are implemented and the Child and Family Team is updated.

- 8003 10. There is a rebuttable presumption that placement of a child with the child's
8004 relative during a child welfare proceeding is in the best interest of the child. It
8005 requires Child and Family Services and the juvenile court to consider the
8006 rebuttable presumption at certain times throughout a child welfare proceeding,
8007 and requires the juvenile court to:
- 8008 a. determine whether Child and Family Services considered the rebuttable
8009 presumption and preferential consideration for placement of a child with a
8010 relative at the child welfare review hearing;
 - 8011 b. provide preferential consideration to a relative's request for placement of a
8012 child at the permanency hearing; and
 - 8013 c. requires a court to consider whether a child's relative was given due
8014 weight as a placement for the child during the child welfare proceeding
8015 before entering a final order of adoption for the child.
- 8016

8017 **307.1 Voluntary Relinquishment**

8018 Major objectives:

8019 When it is determined to not be in the child's best interest to be reunified with his/her parents,
8020 Child and Family Services will explore with the parents the option of voluntary relinquishment.

8021

8022

8023 **Applicable Law**

8024 Utah Code Ann. [§80-4-307](#). Voluntary relinquishment -- Irrevocable.

8025

8026 Practice Guidelines

8027 A. Voluntary Relinquishment

- 8028 1. The caseworker should provide information to the parents regarding the voluntary
8029 relinquishment process. However, the parents should be referred to their attorney
8030 for legal questions regarding the petition.
- 8031 2. If the child is Native American, refer to General Major objectives and the Indian
8032 Child Welfare Act.
- 8033 3. An adoption cannot take place unless both parents' rights have been terminated.
- 8034 4. If one parent decides to relinquish his/her parental rights, the caseworker must
8035 notify the other parent and discuss permanency options for the child with that
8036 parent before any relinquishment can be done. If the whereabouts of the other
8037 parent is unknown, the caseworker will contact the Assistant Attorney General to
8038 arrange to publish a notification for the missing parent.
- 8039 5. If the parent relinquishing her parental rights is an unmarried woman, the
8040 caseworker must contact the following agencies to attempt to locate the father of
8041 the child:
 - 8042 a. Bureau of Health Statistics and Vital Records to find out if the father has
8043 registered and has claimed paternity rights;
 - 8044 b. The Office of Recovery Services to find out if there is a record of a father
8045 paying child support and claiming paternity through the Office of
8046 Recovery Services;
 - 8047 c. Federal Parent Locator Service to search for the absent parent;

- 8048 d. The Assistant Attorney General to consult on termination of parental
8049 rights of the missing parent.
- 8050
- 8051 B. Preparing for the court hearing for voluntary relinquishments:
- 8052 1. A petition must be filed with the court to initiate termination proceedings. The
8053 caseworker, Assistant Attorney General, Guardian ad Litem, or other legal
8054 counsel may assist in the preparation of the petition. The caseworker should
8055 discuss the relinquishment with the Assistant Attorney General and request that a
8056 petition be filed with the court and a hearing be scheduled in a timely manner.
- 8057 2. Under Utah Code Ann. [§80-4-307](#), voluntary relinquishments or consent for
8058 termination of parental rights will be signed or confirmed under oath before a
8059 judge of any court that has jurisdiction over proceedings for termination of
8060 parental rights.
- 8061 3. The court will certify that the person executing the consent or relinquishment has
8062 read and understands the consent or relinquishment and has signed it freely and
8063 voluntarily.
- 8064 4. A voluntary relinquishment or consent for termination of parental rights is
8065 effective when it is signed by the parent and approved by the court and may not
8066 be revoked.
- 8067 5. Before the court can grant a voluntary relinquishment of parental rights, the court
8068 must find that the termination is in the best interest of the child.
- 8069
- 8070 C. Child and Family Services will ensure that the rights of the father to a child born outside
8071 of marriage are considered prior to the relinquishment of all parental rights.
- 8072 1. A person who is the father or claims to be the father of a child born outside of
8073 marriage must file a notice of his claim of paternity and of his willingness and
8074 intent to support the child with the state registrar of vital statistics at the
8075 Department of Health. This notice must be filed prior to the time the child is
8076 relinquished to a licensed child placing agency or prior to the filing of a petition
8077 by a person with whom the mother has placed the child for adoption.
- 8078 2. Any putative father who fails to file his notice of paternity is barred from
8079 thereafter bringing or maintaining any action to assert any interest in the child
8080 unless he proves by clear and convincing evidence that: it was not possible for
8081 him to file a notice of paternity within the period of time specified above, his
8082 failure to file a notice was through no fault of his own, and he filed a notice of
8083 paternity within 10 days after it became possible for him to file a notice.
- 8084 3. Except as provided above, failure to file a timely notice of paternity will be
8085 deemed to be a waiver and surrender of any right to notice of any hearing in any
8086 judicial proceeding for adoption of the child and the consent of that person to the
8087 adoption of the child is not required.
- 8088 4. If there is no showing that a putative father has consented to or waived his rights
8089 regarding the proposed adoption, it will be necessary to file a certificate from the
8090 Department of Health, signed by the state registrar of vital statistics, stating that a
8091 diligent search has been made of the registry of notices from putative fathers and
8092 that no filing has been found pertaining to the father of the child in question. This
8093 certificate must be filed prior to the entering of a final decree of adoption.

- 8094 5. When a child is conceived or born during a marriage, termination of the parental
8095 rights of the married woman’s husband must be obtained even if he is not the
8096 biological father of the child, before the child is legally available for adoption.
8097 This can be accomplished by the voluntary relinquishment of his parental rights or
8098 by court action that results in the court terminating his parental rights.
- 8099 6. If the putative father cannot be located, the caseworker will contact the Assistant
8100 Attorney General and discuss further attempts to locate the father, which can
8101 include publishing in the local newspaper.
- 8102

307.2 Termination Of Parental Rights

Major objectives:

A petition for termination of parental rights will be filed when the parameters of state statute are met, when compelling reasons exist that the child may not be safely returned home, when a child is not being cared for by kin, and when reunification services have been adequately provided.

Applicable Law

Utah Code Ann. [§80-4-301](#). Grounds for termination of parental rights -- Findings regarding reasonable efforts by division.

Practice Guidelines

- 8115 A. In calculating when to file a petition for the termination of parental rights, the caseworker
8116 will:
 - 8117 1. Calculate the 15 out of the most recent 22-month period from the date the child
8118 was removed.
 - 8119 2. Include periods of time in care if there have been multiple entrances and exits into
8120 out-of-home care.
 - 8121 3. Will not include trial home visits or runaway episodes in calculating the 15
8122 months in out-of-home care.
- 8124 B. This requirement only applies once for a specific child if Child and Family Services does
8125 not file a petition because an exception to this requirement applies.
- 8126
- 8127 C. The caseworker will discuss termination of parental rights with the Assistant Attorney
8128 General and request a petition be filed with the court and a hearing date be set. The
8129 petition will include all necessary legal information related to the case along with the
8130 reasons for termination of parental rights, which are:
 - 8131 1. The child has been abandoned by the parent or parents.
 - 8132 2. The parent or parents have neglected or abused the child.
 - 8133 3. The parent or parents are unfit or incompetent.
 - 8134 4. The parent was convicted of a sexual offense as defined in Utah Code Ann. §77-
8135 37-2, or comparable offense under the laws of the state where the offense
8136 occurred, against the other parent of the child:
 - 8137 a. the offense resulted in the conception of the child; and
 - 8138 b. termination is in the best interest of the child.

- 8139 [4]5. The child is being cared for in an out-of-home placement under the supervision of
8140 the court and/or Child and Family Services and Child and Family Services or
8141 another responsible agency has made diligent efforts to provide appropriate
8142 services and the parent has substantially neglected, willfully refused, or has been
8143 unable or unwilling to remedy the circumstances that caused the child to be in an
8144 out-of-home placement, and there is a substantial likelihood that the parent will
8145 not be capable of exercising proper and effective parental care in the near future.
- 8146 [5]6. Failure of parental adjustment as defined in Utah Code Ann. [§80-4-102](#), that
8147 parent or parents are unable or unwilling within a reasonable time to substantially
8148 correct the circumstances, conduct, or conditions that led to placement of their
8149 child outside the home, notwithstanding reasonable and appropriate efforts made
8150 by Child and Family Services to return the child to that home.
- 8151 [6]7. That only token efforts have been made by the parent or parents to support or
8152 communicate with the child, prevent neglect of the child, to eliminate the risk of
8153 serious physical, mental, or emotional abuse of the child, or to avoid being an
8154 unfit parent.
- 8155 [7]8. The parent or parents have voluntarily relinquished their parental rights to the
8156 child and the court finds that relinquishment is in the child’s best interest.
- 8157 [8]9. The parent or parents, after a period of trial during which the child was returned to
8158 live in his/her own home, substantially and continuously or repeatedly refused or
8159 failed to give the child proper parental care or protection.
- 8160 [9]10. The terms and conditions of safe relinquishment of a newborn child have been
8161 complied with pursuant to Utah Code Ann. [§80-4-502](#), safe relinquishment of a
8162 newborn child.
- 8163 [40]11. As referenced in Utah Code Ann. [§80-4-201](#), any interested party including an
8164 out-of-home caregiver may file a petition of the parent-child relationship with
8165 regard to a child. The Assistant Attorney General will file a petition for
8166 termination of parental rights under this part on behalf of Child and Family
8167 Services.
- 8168
- 8169 D. In order to be appropriately prepare for the court hearing to terminate parental rights, the
8170 caseworker should:
- 8171 1. Determine that permanent termination of parental rights is in the child’s best
8172 interest and that there is evidence on which to file the petition. The caseworker
8173 should facilitate a Child and Family Team Meeting to assist in the decision-
8174 making process and permanency planning.
 - 8175 2. The caseworker will review the case with the Assistant Attorney General to
8176 determine if the case meets the legal grounds for termination.
 - 8177 3. If it is determined that there are sufficient grounds under the law for terminating
8178 parental rights and it is in the child’s best interest, the caseworker will request that
8179 the Assistant Attorney General prepare a petition to terminate the parental rights
8180 and file the petition with the court.
 - 8181 4. The caseworker will assist the Assistant Attorney General’s office in collecting
8182 and presenting the evidence to the juvenile court judge as defined in above.
 - 8183 5. The caseworker will collect the names and addresses of witnesses and the
8184 allegations to which the witnesses can and will testify to. This may include

8185 therapists, out-of-home caregivers, medical providers, school personnel, etc. This
8186 information will be given to the Assistant Attorney General. Examples of needed
8187 information include: medical and/or psychological information regarding the
8188 parents and/or child, police reports, documentation of efforts and services to
8189 rehabilitate the parents and to facilitate a reunion with the child, the physical,
8190 mental, or emotional condition of the child and his or her desires regarding
8191 termination of parental rights, the effort the parents have made to adjust their
8192 circumstances, conduct, or conditions to make it in the child’s best interest to
8193 return the child home, contact/visits between parents and child, emotional ties
8194 between the child and parents, the child’s ties with the out-of-home care provider,
8195 etc.

- 8196
- 8197 E. Termination of parental rights may be ordered by the court only after a hearing is held
8198 specifically on the question of terminating the rights of the parents. The grounds for
8199 termination of parental rights include (*see*: Utah Code Ann. [§80-4-302](#)):
- 8200 1. In determining whether a parent or parents have abandoned a child there must be
8201 evidence that:
- 8202 a. The parent or parents had legal custody of the child but surrendered
8203 physical custody and for a period of six months have not manifested a firm
8204 intention to resume physical custody or to make arrangements for the care
8205 of the child.
- 8206 b. The parent or parents failed to communicate with the child by mail,
8207 telephone, or otherwise for six months.
- 8208 c. The parent or parents have failed to show the normal interest of a natural
8209 parent without just cause.
- 8210 d. The parent or parents have abandoned an infant, as described in Utah
8211 Code Ann. [§80-4-203](#).
- 8212 2. Determining whether a parent or parents are unfit or have neglected a child, the
8213 court will consider but is not limited to the following,
- 8214 a. Emotional illness, mental illness, or mental deficiency of the parent that
8215 renders him/her unable to care for the immediate and continuing physical
8216 or emotional needs of the child for extended periods of time.
- 8217 b. Conduct toward a child of a physically, emotionally, or sexually cruel or
8218 abuse nature.
- 8219 c. Habitual or excessive use of intoxicating liquors, controlled substances, or
8220 dangerous drugs that render the parents unable to care for the child.
- 8221 d. Repeated or continuous failure to provide the child with adequate food,
8222 clothing, shelter, education, or other care necessary for his/her physical,
8223 mental, and emotional health and development by parents who are capable
8224 of providing that care. However, a parent who is legitimately practicing
8225 his/her religious beliefs does not provide specified medical treatment for
8226 child is not for that reason alone a negligent or unfit parent.
- 8227 e. With regard to a child who is in the custody of Child and Family Services,
8228 if the parent is incarcerated as a result of conviction of a felony and the
8229 sentence is of such length that the child will be deprived of a normal home
8230 for more than one year.

- 8231 f. Evidence of a conviction of a felony, if the facts of the crime are of such a
8232 nature as to indicate the unfitness of the parents to provide adequate care
8233 to the extent necessary for the child’s physical, mental, or emotional
8234 health and development
- 8235 g. Evidence of a history of violent behavior.
- 8236 h. The parent intentionally, knowingly, or recklessly causes the death of
8237 another parent of the child, without legal justification. [See: Utah Code
8238 Ann. [§80-4-302.](#)]
- 8239 3. If a child has been placed in the custody of Child and Family Services and the
8240 parent or parents fail to comply substantially with the terms and conditions of a
8241 plan within six months after the date the child was placed or the plan was
8242 commenced, whichever occurs later. That failure to comply is evidence of failure
8243 of parental adjustment.
- 8244 4. The following circumstances constitute evidence of unfitness:
- 8245 a. Sexual abuse, injury, or death of a sibling of the child, or of any child, due
8246 to known or substantiated abuse or neglect by the parent or parents.
- 8247 b. Conviction of a crime, if the facts surrounding the crime are of such a
8248 nature as to indicate the unfitness of the parent to provide adequate care to
8249 the extent necessary for the child’s physical, emotional, mental, health,
8250 and development.
- 8251 c. A single incident of life threatening or gravely disabling injury to or
8252 disfigurement of the child.
- 8253 d. The parent has committed, aided, abetted, attempted, conspired, or
8254 solicited to commit murder or manslaughter of a child or child abuse
8255 homicide.
- 8256
- 8257 F. At the conclusion of the hearing in which the court orders termination of the parent/child
8258 relationship, the court will order that a review hearing be held within 90 days following
8259 the date of termination if the child has not been placed in a permanent adoptive home. At
8260 that review hearing, Child and Family Services or the individual vested with custody of
8261 the child will report to the court regarding the plan for permanent placement for the child.
8262 The Guardian ad Litem will also submit to the court a written report with
8263 recommendations, based on an independent investigation, for disposition meeting the best
8264 interest of the child. The court may order Child and Family Services or individual vested
8265 with custody of the child to report, at appropriate intervals, on the status of the child until
8266 the plan for a permanent placement of the child has been accomplished. [See: Utah Code
8267 Ann. [§80-4-306.](#)]
8268

8269 **307.2a Exceptions And Compelling Reasons Not To Terminate**
8270 **Parental Rights**

8271 Major objectives:

8272 When a child has been placed in out-of-home care for 15 of the most recent 22 months, the Child
8273 and Family Team will determine whether or not it is in the child’s best interest for parental rights
8274 to be terminated. If it is not in the best interest of the child, the team will determine the exception
8275 or “compelling reason” that makes termination of parental rights contrary to the best interests of
8276 the child. The caseworker must document in the case plan the exact nature of the circumstances
8277 that make termination of parental rights not in the child’s best interest.
8278

8279
8280
8281 **Applicable Law**

8282 Utah Code Ann. [§80-4-301](#). Grounds for termination of parental rights -- Findings regarding
8283 reasonable efforts by division.

8284 Utah Code Ann. [§80-4-203](#). Mandatory petition for termination of parental rights.
8285

8286 Practice Guidelines

- 8287 A. In calculating when to file a motion not to terminate parental rights, the caseworker will:
8288 1. Calculate 15 months out of the most recent 22-month period from the date the
8289 child was removed.
8290 2. Include periods of time in care if there have been multiple entrances and exits into
8291 out-of-home care.
8292 3. Not include trial home visits or runaway episodes in calculating the 15 months in
8293 out-of-home care.
8294
8295 B. Upon calculating the 15 months out of the most recent 22 months, the caseworker will
8296 coordinate with the Child and Family Team to determine whether or not it is in the
8297 child’s best interest for parental rights to be terminated. If the team determines that it is
8298 contrary to the child’s best interest, the team will identify the exception or “compelling
8299 reason” to justify not terminating parental rights.
8300
8301 C. Once the Child and Family Team identifies the exception or “compelling reason,” the
8302 caseworker will discuss not terminating parental rights with the Assistant Attorney
8303 General. The Assistant Attorney General will follow through with notifying the court as
8304 well as addressing all necessary legal proceedings related to the case.
8305
8306 D. According to [§80-4-203](#), Child and Family Services is not required to file a petition for
8307 termination of parental rights if:
8308 1. The child is being cared for by a relative.
8309 2. The court has previously determined that Child and Family Services has not
8310 provided, within the time period specified in the Child and Family Plan, services
8311 that had been determined to be necessary for the safe return home of the child.
8312 3. Documented in the Child and Family Plan is a “compelling reason” for
8313 determining that filing a motion for termination of parental rights is not in the

8314 child’s best interest; and the Child and Family Plan is made available for the court
8315 to review. The “compelling reason” may be one of the following, but is not
8316 limited to:

8317 Adoption is not the appropriate permanency goal for the child,

8318 Child is 12 or older and objects to being adopted,

8319 a. An older adolescent who has requested staying in the system and
8320 participating in the Transition to Adult Living Services Program.

8321 b. The child has severe emotional or behavioral problems or a serious
8322 medical condition, and reunification remains an appropriate goal.

8323 c. The parent is terminally ill, does not want parental rights terminated, and
8324 has designated the child’s present caregiver, with the caregiver’s
8325 agreement, as the child’s permanent caregiver.

8326 d. The child is an unaccompanied refugee minor as defined in 45 Code of
8327 Federal Regulations 400.11, which is a child who is not yet 18 years of
8328 age who entered the United States unaccompanied by and not destined to a
8329 parent or a close adult relative who is willing and able to care for the child
8330 or an adult with a clear and court-verifiable claim to custody of the child
8331 and who has no parents in the United States.

8332 e. Insufficient grounds exist for termination of parental rights.

8333 f. There are international legal obligations or compelling foreign policy
8334 reasons that would preclude termination of parental rights, such as the
8335 foreign country in which the parents are citizens does not support
8336 termination of parental rights.

8337 g. If the child is an Indian child under the Indian Child Welfare Act (ICWA),
8338 and the child’s tribe is opposed to adoption and has another permanency
8339 plan for the child (in accordance with ICWA).

8340 h. Other compelling reasons documented for determining that filing for
8341 termination of parental rights is not in the child’s best interest.

8342
8343 E. Since the child is not able to safely return home and adoption is not a permanency option
8344 at this time due to the fact that parental rights are not being terminated, the Child and
8345 Family Team will determine the next best permanency and concurrent plan for the child,
8346 such as guardianship with a relative, guardianship with a non-relative, or individualized
8347 permanency. Even though parental rights have not been terminated, continue to explore
8348 and support positive connections for the child that will endure, and continue to keep them
8349 connected to their past, present, and future.

8350
8351 F. In order to appropriately prepare for the court hearing to not terminate parental rights, the
8352 caseworker should:

8353 1. Determine that terminating parental rights is not in the child’s best interest and
8354 that there is evidence on which to file the motion.

8355 2. Facilitate a Child and Family Team Meeting to assist in the decision-making
8356 process and permanency planning.

8357 3. Review the case with the Assistant Attorney General to determine if the case
8358 meets the legal grounds to not terminate parental rights. The caseworker will also
8359 inform the Assistant Attorney General of the child’s permanency and concurrent

- 8360 plan. If it is determined that there are sufficient grounds under the law for not
8361 terminating parental rights and it is in the child’s best interest, the caseworker will
8362 request that the Assistant Attorney General prepare a motion and file it with the
8363 court to not terminate parental rights as well as to change the child’s permanency
8364 and concurrent plan.
- 8365 4. Assist the Assistant Attorney General in collecting and presenting the evidence to
8366 the juvenile court judge as defined in above.
- 8367
- 8368 G. After the court has ordered that termination of parental rights is not in the child’s best
8369 interest, the caseworker must document in the Child and Family Plan the exception or
8370 “compelling reason” as well as the exact nature of the circumstances that make
8371 termination of parental rights not in the child’s best interest
- 8372
- 8373 H. Once the court has approved the child’s new permanency and concurrent plan, the
8374 caseworker will update the Child and Family Plan in SAFE to reflect the new goals and
8375 permanency planning.
8376

307.3 Appeal For Termination Of Parental Rights

Major objectives:

8378 Child and Family Services will not give approval to finalize an adoption until the period to appeal
8379 the termination of parental rights has expired.
8380
8381

Applicable Law

8382
8383
8384 Parents have 15 days from the date of final judgment and order to file an appeal to the
8385 termination of their parental rights. (Rule [4] 52, Rules of Appellate Procedure.)
8386

Practice Guidelines

- 8387
- 8388 A. During the appeal period, the child may be placed in a foster/adoptive placement and
8389 remain in that placement.
8390
- 8391 B. The appeal process can take over one year. Parents do not retain residual parental rights
8392 while the case is on appeal unless the juvenile court stays the decision terminating
8393 parental rights.
8394
- 8395 C. Child and Family Services, through the Assistant Attorney General or the Guardian ad
8396 Litem, has the authority to petition the juvenile court to restrict parents’ residual rights
8397 during the time the termination decision is being appealed. The residual rights includes
8398 visitation.
8399

8400 **307.4 Request For A New Hearing**

8401 Major objectives:

8402 A caseworker or some other person may request a new hearing as specified in Utah Code Ann.
8403 [§78A-6-357](#).

8405
8406 **Applicable Law**

8407 Utah Code Ann. [§78A-6-357](#). New hearings -- Modification of order or decree -- Requirements
8408 for changing or terminating custody, probation, or protective supervision.

8409
8410 Practice Guidelines

- 8411 A. A parent, guardian, custodian, or next friend of any minor adjudicated under this chapter,
8412 or any adult affected by a decree in a child’s proceeding under this chapter may at any
8413 time petition the court for a new hearing on the grounds that new evidence that was not
8414 known and could not, with due diligence, have been made available at the original
8415 hearing and which might affect the decree, has been discovered.
- 8416
8417 B. This request will be made by a Child and Family Services caseworker only after
8418 consultation with an Assistant Attorney General.

8419
8420 **307.5 Petition To Restore Parental Rights**

8421 Major objectives:

- 8422 A. To provide a permanent, safe living arrangement for a child who has been placed in the
8423 custody of Child and Family Services or the DHHS by court order for whom restoration
8424 of parental rights is a viable option.
- 8425
8426 B. To create or recreate an enduring and self-sustaining relationship for the child with their
8427 biological family, when safe and appropriate.
- 8428
8429 C. To normalize and stabilize family life for the child.
- 8430
8431 D. To transfer legal responsibility for the child from Child and Family Services to the
8432 child’s former parent(s) when it is safe and in the best interests of the child.
- 8433
8434 E. To provide for a thorough assessment of the viability of restoration of parental rights.

8435
8436
8437 **Applicable Law**

8438 Utah Code Ann. [§80-4-401](#). Petition to restore parental rights – Division duties.

8440 Guiding Principles

8441 A parent may have their parental rights restored in one of two ways: Either by the child who is
8442 12 years of age or older, or an authorized representative acting on behalf of a child of any age; or
8443 by the request of the former parent.

- 8444
- 8445 A. A child's need for a normal family life in a permanent home, and for positive, nurturing
8446 family relationships is usually best met by the child's natural parents.
- 8447
- 8448 B. If, 24 months after termination of parental rights, a child is still in out-of--home care and
8449 there is no prospective adoptive placement; or, if an adoption fails and the child returns to
8450 out-of-home care, the child or a representative for the child may file for restoration of
8451 parental rights.
- 8452

8453 Practice Guidelines

- 8454 A. Utah statute states that a child who is 12 years of age or older, or an authorized
8455 representative acting on behalf of a child of any age, may file a petition to restore
8456 parental rights if:
- 8457 1. Twenty-four months have passed since the court ordered termination of the
8458 parent-child legal relationship; and
- 8459 2. The child has not been adopted and is not in an adoptive placement, or is unlikely
8460 to be adopted before the child is 18 years of age.
- 8461 3. The child was previously adopted following a termination of a parent-child legal
8462 relationship, but the adoption failed and the child was returned to the custody of
8463 Child and Family Services.
- 8464
- 8465 B. When any child in the custody of Child and Family Services fits the criteria above, the
8466 caseworker will notify and inform the child that they are eligible to petition the court for
8467 restoration of parental rights.
- 8468 1. The caseworker will work with the Child and Family Team to decide how and
8469 when to discuss the option of restoring parental rights with the child. If the
8470 parent's whereabouts are known and the parent can be located, the parent will be
8471 invited to participate in the discussion with the Child and Family Team.
- 8472 2. The Child and Family Team will assess the following:
- 8473 a. Can the former parent be located through the kinship locator process?
- 8474 b. What significant changes have occurred in the former parent's
8475 circumstances and/or behavior since the termination of parental rights?
- 8476 c. What is the willingness of the former parent to resume contact with the
8477 child and have parental rights restored?
- 8478 d. What is the former parent's ability to be involved in the life of the child
8479 and accept physical custody of and responsibility for the child?
- 8480 e. What are the child's feelings and thoughts about restoration of parental
8481 rights?
- 8482 f. Any other information the caseworker or Child and Family Team
8483 considers appropriate and determinative, such as the extended family
8484 support for the former parent and the extent to which the former parent has

8485 rehabilitated from the behavior that resulted in the termination of parental
8486 rights.

8487

8488 C. A former parent who remedies the circumstances that resulted in the termination of the
8489 former parent’s rights and who is capable of exercising proper and effective parental care
8490 will notify the region director or designee. The region director or designee will staff the
8491 case with the current caseworker to determine if the current caseworker should be the
8492 person to assess whether or not the parent has met the criteria for the restoration of
8493 parental rights. Once the decision has been made regarding who will complete the
8494 assessment, the caseworker will assess the following information:

- 8495 1. Twenty-four months have passed since the court-ordered termination of the
8496 parent-child legal relationship.
- 8497 2. The child has not been adopted and is not in an adoptive placement, or is unlikely
8498 to be adopted before the child is 18 years of age.
- 8499 3. The child was previously adopted following a termination of a parent-child legal
8500 relationship, but the adoption failed and the child was returned to the custody of
8501 Child and Family Services.

8502

8503 If the above criteria have been met, the caseworker will open an IHS case and asses the
8504 following information:

- 8505 1. What significant changes have occurred in the former parent’s circumstances
8506 and/or behavior since the termination of parental rights?
- 8507 2. What is the willingness of the former parent to resume contact with the child and
8508 have parental rights restored?
- 8509 3. Does the former parent have the ability to be involved in the life of the child and
8510 accept physical custody of and responsibility for the child?
- 8511 4. What are the child’s feelings and thoughts about restoration of parental rights?
- 8512 5. Any other information the caseworker or Child and Family Team considers
8513 appropriate and determinative, such as the extended family support for the former
8514 parent and the extent to which the former parent has rehabilitated from the
8515 behavior that resulted in the termination of parental rights.

8516

8517 After the assessment, the caseworker will staff the case with the region director or
8518 designee, as well as the Child and Family Team, to determine if filing for a petition for a
8519 restoration of parental rights is in the best interest of the child. Once that determination is
8520 made, a full home study will be completed on the parent who desires to have their
8521 parental rights restored. Once the home study is completed, the caseworker will consult
8522 with the Assistant Attorney General (AAG) to file the petition for the restoration of
8523 parental rights.

8524

8525 D. After Child and Family Services receives or is served with a petition to restore parental
8526 rights, filed by a child or an authorized representative, or when the Child and Family
8527 Team have determined that filing a petition for the restoration of parental rights is in the
8528 best interest of the child, the caseworker will consult with the AAG to file the petition.

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- 8530 E. After Child and Family Services receives or is served with a petition to restore parental
8531 rights, filed by a child or an authorized representative, the caseworker will:
- 8532 1. Contact the Assistant Attorney General (AAG) assigned to the case to notify them
8533 that Child and Family Services has received a petition to restore parental rights.
- 8534 2. Use existing processes to locate the former parent if the former parent's
8535 whereabouts are not known. This will include web searches, social media, former
8536 contact information, and asking other known family members for the contact
8537 information of the parent. The effort to locate the parent must constitute a
8538 diligent effort.
- 8539 3. If the former parent is found, notify the former parent of the legal effects of
8540 restoration of parental rights and the time and date of the hearing on the petition.
- 8541
- 8542 F. The court will set a hearing on the petition at least 30 days but no more than 60 days after
8543 the day on which the petition was filed with the court.
- 8544 1. Before the hearing, the caseworker may submit a confidential report to the court
8545 containing the following information:
- 8546 a. Material changes in circumstances since the termination of parental rights;
8547 b. Summary of the reasons why parental rights were terminated;
8548 c. The date on which parental rights were terminated;
8549 d. The willingness of the former parent to resume contact with the child and
8550 have parental rights restored;
8551 e. The ability of the former parent to be involved in the life of the child and
8552 accept physical custody of, and responsibility for, the child; and
8553 f. Any other information the caseworker or Child and Family Team
8554 considers appropriate and determinative such as the extended family
8555 support for the former parent and the extent to which the former parent has
8556 rehabilitated from the behavior that resulted in the termination of parental
8557 rights.
- 8558
- 8559 G. The hearing for the restoration of parental rights may have one or more of the following
8560 results:
- 8561 1. Continue status quo.
- 8562 a. The caseworker will continue to search for other permanency options for
8563 the child.
- 8564 2. Allow contact between the former parent and the child and describe conditions
8565 under which contact may take place.
- 8566 a. The caseworker will facilitate the contact pursuant to the court order and
8567 monitor the effect of contact between the child and the former parent. The
8568 caseworker, in consultation with the Child and Family Team, will provide
8569 a report to the court with recommendations as to whether the contact
8570 should continue and increase in frequency and duration, or whether the
8571 contact should discontinue.
- 8572 3. Order that the child be placed with the former parent in a temporary custody and
8573 guardianship relationship to be reevaluated six months from the day on which the
8574 child is placed.

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- a. The caseworker will open a PSS case and provide services to the family to assist in achieving permanency and will provide court reports evaluating the family's progress.
 4. Restore parental rights to the parent.
 - a. The caseworker will close the out-of-home care case.

8580 **308 Transitions From Child and Family Services Custody**

8581 Major objectives:

8582 The Child and Family Team will determine what plan for transition is in the child’s best interest.

8583 The transition from Child and Family Services custody will seek to ensure that:

- 8584 A. The child will be in a safe and appropriate environment that will endure until the child
- 8585 reaches maturity.
- 8586 B. The child and his/her caregivers will have access to services and resources that will
- 8587 sustain permanency.
- 8588 C. The child has connections to their past, present, and future.

8594 **308.1 Trial Home Placement And Return Of The Child**

8595 **Home**

8596 Major objectives:

8597 When a child and family’s safety needs have been met in that the original reasons and risks have

8598 been reduced or eliminated, the child can return home.

8601 **Applicable Law**

8602 Utah Code Ann. [§80-2-301](#). Division responsibilities.

8603 Utah Code Ann. [§80-3-306](#). Outstanding arrest warrant check before return of custody.

8604 Practice Guidelines

- 8605 A. The Child and Family Team will assess if a Trial Home Placement (THP) is appropriate
- 8606 for the circumstances of the case. Assess through the following:
- 8607 1. Update the UFACET. Ensure that the Visitation section of the UFACET reflects
- 8608 scores that would support a THP or return home.
- 8609 2. Complete a SDM safety assessment and risk reassessment to help determine if the
- 8610 child can be safely reunified to a caregiver.
- 8611 3. Team by facilitating a Child and Family Team Meeting to review the Child and
- 8612 Family Plan to ensure that the child and family’s safety needs have been reduced
- 8613 or resolved in order for the child to be safely reunified to a caregiver. Consider
- 8614 the recommendations of the Child and Family Team. The objection of any one
- 8615 person should not automatically prevent the child from being returned home.
- 8616 4. Assess the children’s feelings and desires about a THP and readiness to return
- 8617 home.
- 8618 5. Contact the Assistant Attorney General (AAG) to ensure the legal steps are in
- 8619 place to begin a THP.
- 8620 a. If a review hearing is needed, request that the AAG contact the juvenile
- 8621 court for a date.

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1. Assessing: Once the child is returned home and it is determined that the child and family is still in need of services and supervision, in-home services will be provided based on the needs of the family.
 - a. The services may be either be by court order (PSS) or on a collaborative services (PSC).
 - b. The current caseworker will either provide these services directly or can make a request to refer the family to the in-home program team, to arrange for ongoing services.
 - c. Refer to In-Home Services Major objectives, [Section 102](#).

8678 **308.2 Identifying Custody and Guardianship With A Relative**
8679 **And Non-Relative As The Permanency Goal**

8680
8681 (This section was previously numbered 301.15.)

8682 Guiding principles:

- 8683 A. Protection and safety of a child are always the first priorities. Services are provided in the
8684 context of the Practice Model and the Child and Family Team, and are child-centered and
8685 family-focused.
8686
8687 B. Child and Family Services seeks this permanency option **only if other permanency**
8688 **goals, including a return to the parents or adoption**, are determined not to be in the
8689 child’s best interest.
8690
8691 C. Child and Family Services supports permanency for children and recognizes that in a few
8692 situations neither family reunification nor termination of parental rights and adoption best
8693 serve the permanency needs of the child.
8694

8695 Major objectives:

8696 The purpose of custody and guardianship with a relative or non-relative is:

- 8697 A. To provide a permanent, safe living arrangement for a child who has been placed in the
8698 custody of Child and Family Services or the DHHS and for whom return home or
8699 adoption is not a legal option.
8700
8701 B. To create an enduring and self-sustaining relationship for the child.
8702
8703 C. To normalize and stabilize family life for the child.
8704
8705 D. To transfer legal responsibility for the child from the state to an out-of-home caregiver
8706 who is either a licensed caregiver or a relative, empowering the caregiver to completely
8707 assume the role of parent and make important decisions on the child’s behalf.
8708
8709 E. To minimize the level of involvement with Child and Family Services for the child and
8710 caregiver.
8711
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8713
8714
8715 **Applicable Law**

- 8716 A. Section 475(5)(C) of the Social Security Act allows for legal guardianship and placement
8717 with a fit and willing relative among the permanency options for foster children who are
8718 unable to be reunified with their families.
8719
8720 B. Utah Code Ann. [§80-1-102](#) defines guardianship and legal custody and associated
8721 authority and responsibility.
8722

- 8723 C. Utah Code Ann. [§80-2-301](#) authorizes Child and Family Services to make expenditures
8724 necessary for the care and protection of children who are abused, neglected, dependent,
8725 runaway, or ungovernable.
8726

8727 Practice Guidelines

- 8728 A. When guardianship is being considered as the primary permanency goal for a child,
8729 adoption must be ruled out. The caseworker will staff the child with the regional
8730 Adoption Team.
- 8731 1. To determine if there are no grounds to terminate parental rights.
 - 8732 2. To determine if ongoing contact and relationship with the parents is best for the
8733 child.
 - 8734 3. To determine if the child and prospective guardians understand the differences
8735 between adoption and guardianship in terms of financial supports, available
8736 services, and legal ramifications in the child's adult years.
 - 8737 4. For children whose parents' rights have been terminated or voluntarily
8738 relinquished, guardianship is rarely an appropriate permanency goal.
 - 8739 5. Children with high needs, including those who qualify for disabilities such as SSI,
8740 may not be appropriate for a permanency goal of guardianship because there are
8741 limited or no services available after case closure. They will not qualify for out-
8742 of-home treatment services or DSPD services.
 - 8743 6. If adoption is ruled out, document compelling or justifiable reasons not to
8744 terminate parental rights and pursue adoption.
 - 8745 7. Region director approval will be required to pursue a permanency goal of
8746 guardianship for children whose parents' rights have been terminated or
8747 voluntarily relinquished or for children with high needs and will require services
8748 after case closure.
8749
- 8750 B. Guardianship and Legal Custody.
- 8751 1. Guardianship is the transfer of legal responsibility for a minor child from the state
8752 to a licensed out-of-home caregiver who is a non-relative caregiver or to a relative
8753 caregiver who may or may not be a licensed out-of-home caregiver until the child
8754 reaches the age of 18 years.
 - 8755 2. Guardianship involves the legal assumption of authority for another individual to
8756 consent to marriage, to enlist in the armed forces, and to consent and authorize
8757 major medical, surgical, or psychiatric treatment; and to legal custody, if legal
8758 custody is not vested in another person, agency, or institution.
 - 8759 3. Legal custody means a relationship embodying the following rights and duties:
 - 8760 a. The right to physical custody of the minor;
 - 8761 b. The right and duty to protect, train, and discipline the minor;
 - 8762 c. The duty to provide the minor with food, clothing, shelter, education, and
8763 ordinary medical care;
 - 8764 d. The right to determine where and with whom the minor will live; and
 - 8765 e. The right, in an emergency, to authorize surgery or other extraordinary
8766 care.

- 8767 4. The guardian is responsible for ensuring that parents have an opportunity to visit
8768 their children in accordance with the court order.
8769
- 8770 C. Residual Rights of Natural Parents. The residual rights of the natural parents remain in
8771 effect unless restricted by the court when custody and guardianship is granted to an out-
8772 of-home caregiver. Residual parental rights include:
8773 1. Responsibility for support.
8774 2. The right to consent to adoption.
8775 3. The right to determine the child's religious affiliation.
8776 4. The right to reasonable visitation.
8777
- 8778 D. Guardianship and Legal Custody as a Permanency Option.
8779 1. There are two types of guardianship permanency goals:
8780 a. Guardianship with a Non-Relative;
8781 b. Guardianship with a Relative.
8782 2. These permanency options may be selected as concurrent permanency goals or
8783 primary permanency goals. [See: [Section 301.2](#), Identifying Permanency Goals
8784 And Concurrent Planning.]
8785 3. It is not necessary for a prospective guardian to be identified when selecting
8786 guardianship as a primary or concurrent goal.
8787 a. When selecting this goal the Child and Family Plan must support this goal,
8788 including but not limited to steps to finding, contacting, and involving a
8789 prospective guardian to support the transition and placement of the child
8790 with the prospective guardian until the court grants permanent
8791 guardianship.
8792
- 8793 E. Guardianship as a Primary Goal. The following steps should be completed by the
8794 permanency caseworker during the selection process while choosing guardianship as a
8795 primary goal for a child in foster care:
8796 1. Discuss guardianship as a primary goal in the context of a Child and Family Team
8797 Meeting. If available, include the regional guardianship subsidy caseworker as a
8798 participant in the planning process.
8799 2. Assess the child's physical, emotional, social, and educational needs and how
8800 these needs may be met if under the care of a guardian, including specific sources
8801 of support, such as:
8802 a. Availability of financial support for the child (such as Supplemental
8803 Security Income, Social Security benefits, or other benefits), as well as the
8804 prospective guardian resources, specified relative payment (if a qualifying
8805 relative), or guardianship subsidy for non-relatives.
8806 b. Ability to address health care needs through health care coverage, such as
8807 the guardian's insurance or Medicaid, if the child qualifies.
8808 c. Need for ongoing services from Child and Family Services or the DHHS.
8809 d. Child's citizenship and legal residency status, and if an undocumented
8810 alien, how the child's medical needs can be met without Medicaid
8811 coverage.
8812

- 8813 F. Identifying Prospective Guardian.
- 8814 1. When selecting guardianship as the primary permanency goal, the caseworker
- 8815 will explore potential caregivers to become legal guardians. The child does not
- 8816 need to be in the prospective guardian’s home prior to selecting this goal.
- 8817 2. Identify prospective guardians who are fit and willing to be ongoing caregivers
- 8818 for the child, and who will support the safety, permanency, and well-being of the
- 8819 child. Prospective guardians may be either relatives or non-relatives. If the
- 8820 prospective guardian is a non-relative, they must be licensed out-of-home
- 8821 caregivers or willing to become licensed. For relative placement, Kinship
- 8822 Practice Guidelines [Section 500](#) must be followed.
- 8823 3. Ensure that the identified caregiver or relative are able to meet the qualifying
- 8824 factors to become a guardian (see Section C, Guardianship Qualifying Factors)
- 8825 and that long-term placement with the caregiver or relative is in the child’s best
- 8826 interest.
- 8827 4. Obtain commitment of the prospective caregiver to become guardian of the child
- 8828 and provide for the child’s long-term needs.
- 8829 5. Discuss the appropriateness of the child maintaining a relationship with parents
- 8830 despite discontinuation of reunification efforts, including continuing visitation
- 8831 and residual parental rights.
- 8832 6. Discuss with the prospective guardian the long-term view for the child.
- 8833 7. Provide information about the child, responsibilities of guardianship, and the
- 8834 residual rights of the child’s parents to the prospective guardian and child’s
- 8835 parent(s).
- 8836 8. Ensure that the guardian understands the guardianship agreement.
- 8837 9. If the child is not currently with the prospective guardian, prepare a transition plan
- 8838 with the Child and Family Team, including parental visitation, safety planning,
- 8839 and identification of community resources available to support the needs of the
- 8840 child and guardian. Ensure that the regional guardianship subsidy worker is
- 8841 invited to participate in the team planning process.
- 8842
- 8843 G. Legal Guardianship Qualifying Factors.
- 8844 1. General Qualifying Factors. Legal guardianship can be granted if the following
- 8845 qualifying factors are met. These factors apply to both relatives and non-relatives
- 8846 who are seeking legal guardianship.
- 8847 a. The child cannot safely return home. This requirement is met if the court
- 8848 determines that reunification with the child’s parents is not possible or
- 8849 appropriate and the Child and Family Team and regional screening
- 8850 committee agree that adoption is not an appropriate plan for the child,
- 8851 including informing the prospective guardian of the limited services
- 8852 available through guardianship.
- 8853 b. There are insufficient legal grounds to terminate the parents’ rights or the
- 8854 parent and child have a significant bond but the parent is unable to provide
- 8855 ongoing care for the child (such as, but not limited to, an emotional,
- 8856 mental, or physical disability) and the child’s current caregiver has
- 8857 committed to raising the child to the age of majority and to facilitate
- 8858 visitation with the parent.

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- c. There are compelling reasons why the child cannot be adopted, such as when the child's Tribe has exclusive jurisdiction or the Tribe has chosen to intervene in the adoption proceedings. Under ICWA, a Tribe has the right to determine the child's permanency, for this reason the Tribe has the authority to approve guardianship with the current caregiver.
 - d. If the child is age 14 years or over, the child consents to the guardianship; or, if the child does not consent, just cause as to why the guardian should be appointed.
 - e. The prospective guardian must:
 - (1) Be able to maintain a stable relationship with the child.
 - (2) Have a strong commitment to providing a safe and stable home for the child on a long-term basis.
 - (3) Have a means of financial support and connections to community resources.
 - (4) Be able to care for the child without Child and Family Services supervision.
2. Non-Relative Qualifying Factors. In addition to general qualifying factors, the following apply to non-relatives who are seeking guardianship. In order for guardianship to be granted:
- a. The prospective guardian is a licensed out-of-home caregiver.
 - b. The child has lived for at least six months in the home of the prospective guardian before the court can grant legal guardianship. The region director or designee may waive the six-month placement requirement for sibling groups if at least one sibling has been in the home for six months and the prospective guardian meets all other eligibility criteria.
 - c. A Child and Family Team has formally assessed the placement and found that continuation with the caregiver is in the child's best interest and supports the safety, permanency, and well-being of the child.
 - d. Child and Family Services has no concerns with the care the child has received in the home.
 - e. The child has a stable and positive relationship with the prospective guardian.
3. Relative Qualifying Factors. In addition to general qualifying factors, the following apply for relative guardianship:
- a. The child's prospective guardian is a relative who meets the relationship requirements of the Department of Workforce Services Policy 223 Household Composition - Specified Relative Program, effective June 1, 2005, which currently includes:
 - (1) Grandfather or grandmother;
 - (2) Brother or sister;
 - (3) Uncle or aunt;
 - (4) First cousin;
 - (5) First cousin once removed (a first cousin's child);
 - (6) Nephew or niece;
 - (7) Persons of preceding generations as designated by prefixes of grand-, great-, great-great-, or great-great-great;

- 8905 (8) Spouses of any relative mentioned above even if the marriage has
8906 been terminated;
- 8907 (9) Persons that meet any of the above mentioned relationships by
8908 means of a step relationship;
- 8909 (10) Relatives that meet one of these relationships by legal adoption;
8910 b. If not licensed as an out-of-home caregiver, the relative has completed
8911 kinship screening, including a home study and background checks, in
8912 accordance with Kinship Practice Guidelines, [Section 500](#).
- 8913 c. In order to be considered for a guardianship subsidy, the prospective
8914 relative guardian must be a licensed out-of-home caregiver and
8915 demonstrate that they cannot qualify for a Specified Relative Grant. The
8916 caseworker must be provided with a copy of a denial letter from the
8917 Department of Workforce Services or written proof that the relationship
8918 requirements do not apply (such as through relevant birth certificates).
- 8919 (1) Approval from the regional guardianship screening committee and
8920 regional administration is required in making this determination.
- 8921 (2) If a relative guardian is found to be receiving both a Specified
8922 Relative Grant and guardianship subsidy for the same child, the
8923 caseworker will notify the Department of Workforce Services and
8924 appropriate actions may be taken for repayment.
8925
- 8926 H. Preparing for the Court to Grant Guardianship.
- 8927 1. Provide an explanation to the parents of their responsibility to continue payment
8928 for the child’s care until the child reaches the age of 18 years. The Office of
8929 Recovery Services will continue to collect these child support payments until all
8930 obligations are met.
- 8931 2. Notify the parents that for tax purposes, their child is considered a dependent of
8932 the guardian.
- 8933 3. Notify the regional eligibility worker of the pending foster care case closure and if
8934 guardianship with a relative subsidy is planned.
- 8935 a. If subsidy is planned, obtain a Medicaid review form (61MR) from the
8936 eligibility worker. Have the prospective guardian complete the form 30
8937 days prior to custody and guardianship being transferred to the guardian.
8938 Give the completed form to the eligibility worker.
- 8939 b. If no subsidy is planned and the prospective relative guardian will be
8940 seeking a Specified Relative payment, refer them to the local Department
8941 of Workforce Services office to apply for the Specified Relative Grant and
8942 Medicaid.
8943
- 8944 I. Guardianship as a Concurrent Goal. The following steps should be completed by the
8945 permanency caseworker when choosing guardianship as a concurrent goal for a child in
8946 foster care:
- 8947 1. Discuss guardianship as a concurrent goal in the context of a Child and Family
8948 Team Meeting.
- 8949 a. Assess the child’s physical, emotional, social, and educational needs and
8950 how these needs may be met if under the care of a guardian.

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- b. Consider the appropriateness of the child maintaining a relationship with parents if reunification efforts are discontinued.
 - c. Assess the appropriateness of adoption as a concurrent goal. If adoption is ruled out, document compelling or justifiable reasons not to terminate parental rights and pursue adoption.
 - d. Determine if guardianship is the next best permanency goal to the primary goal.
 - e. Identify prospective guardians who are fit and willing to be ongoing caregivers for the child, and who will support the safety, permanency, and well-being of the child. Prospective guardians can be either relatives or non-relatives. If the prospective guardian is a non-relative, they must be licensed out-of-home caregivers or be willing to become licensed.
 - f. Discuss with prospective guardians the long-term view for the child and ability and willingness to be an ongoing caregiver if the current primary permanency goal is discontinued.
 - g. Provide full disclosure of requirements and responsibilities of guardianship to the prospective guardians and child's parents, including continuation of parental visitation and residual parental rights.
 - h. Identify factors that must be considered for transition planning if the concurrent goal becomes the primary goal.
- 8972 J. Court Orders. Once approved by the regional guardianship subsidy screening committee, the caseworker will request an Assistant Attorney General to file a petitioner with the juvenile court to:
- 8973
8974
8975 1. Terminate Child and Family Services custody.
8976 2. Grant permanent custody and guardianship to the new guardian.
8977 3. Address the child's visitation with the parents.
8978
- 8979 K. Post-Guardianship Placement Social Supports and Services.
- 8980 1. Each region will designate a caseworker who will respond to requests for information and assistance and will provide crisis intervention for guardians.
8981
8982 2. Child and Family Services may provide voluntary home-based or youth advocate services to help maintain the guardianship placement, within available region resources designated for this purpose.
8983
8984
8985 3. Child and Family Services may work with the Assistant Attorney General to request a petition for court-ordered services when appropriate.
8986
8987

8988 **308.2a Guardianship Assistance With A Non-Relative**

8989 Major objectives:

- 8990 A. Non-relative guardians may be eligible to receive state-funded guardianship assistance.
8991 These guidelines apply to non-relative guardians.
8992
8993 B. Relatives who are granted permanent guardianship may apply for the Specified Relative
8994 Grant and Medicaid through the Department of Workforce Services. [*Refer to: [Section](#)*
8995 *[500.](#)*]
8996
8997 C. Relatives who do not qualify for the Specified Relative Grant may be eligible to receive
8998 the state-funded guardianship assistance as described in these guidelines.
8999

9000
9001 **Applicable Law**

- 9002 A. Section 475(5)(C) of the Social Security Act identifies legal guardianship and placement
9003 with a fit and willing relative among appropriate permanency options for foster children
9004 who are unable to be reunified with their families.
9005
9006 B. Utah Code Ann. [§80-1-102](#) defines guardianship and legal custody and associated
9007 authority and responsibility.
9008
9009 C. Utah Code Ann. [§80-2-301](#) authorizes Child and Family Services to make expenditures
9010 necessary for the care and protection of children who are abused, neglected, dependent,
9011 runaway, or ungovernable.
9012

9013 Practice Guidelines

9014 A Guardianship Subsidy

9015 1. Availability/Scope/Duration

- 9016 a. Guardianship subsidies are available to meet the care and maintenance
9017 needs for children in out-of-home care:
9018 (1) For whom guardianship has been determined as the most
9019 appropriate primary goal;
9020 (2) Who do not otherwise have adequate resources available for their
9021 care and maintenance;
9022 (3) Who meet the qualifying factors described in Section 3B, Non-
9023 Relative Qualifying Factors; and
9024 (4) Who cannot qualify to receive a Specified Relative grant from the
9025 Department of Workforce Services as described in Section 3C-4,
9026 Relative Qualifying Factors.
9027 b. Guardianship subsidies are available through the month in which the child
9028 reaches age 18 years.
9029 c. Each region may establish a limit to the number of eligible children who
9030 may receive guardianship subsidies.
9031 d. Guardianship subsidies are subject to the availability of state funds
9032 designated for this purpose.

- 9033 2. Regional Guardianship Subsidy Screening Committee:
9034 a. Each region will establish at least one regional guardianship subsidy
9035 screening committee. This committee may be combined with another
9036 appropriate committee, such as the adoption subsidy committee or
9037 placement committee.
9038 b. The regional guardianship subsidy screening committee will be comprised
9039 of at least five members, and a minimum of three members must be
9040 present for making decisions regarding a guardianship subsidy. Decisions
9041 will be made by consensus.
9042 c. Members of the committee may include the following:
9043 (1) Chairperson;
9044 (2) Clinical consultant or casework supervisor;
9045 (3) Regional budget officer or fiscal representative;
9046 (4) Resource Family Consultant;
9047 (5) Allied agency representative from agencies, such as a community
9048 mental health center, fostering healthy children nurse, or other
9049 agencies within the department;
9050 (6) Regional administrator or other staff with relevant responsibilities;
9051 and
9052 (7) Adoptive or out-of-home caregiver or guardian.
9053 d. The regional guardianship subsidy screening committee is responsible to:
9054 (1) Verify that a child qualifies for a guardianship subsidy;
9055 (2) Approve the level of need and amount of monthly subsidy for
9056 initial requests, changes, and renewals;
9057 (3) Document committee decisions; and
9058 (4) Coordinate supportive services to prevent disruptions and preserve
9059 permanency.
9060
9061 B. Medicaid Coverage.
9062 1. The caseworker is responsible to notify the eligibility caseworker that
9063 guardianship is the child's permanency plan and the approximate date for custody
9064 to be terminated. This will help ensure that Medicaid coverage can continue
9065 without interruption for an eligible child. The caseworker will also let the
9066 eligibility caseworker know if a guardianship subsidy is planned for the child.
9067 2. The eligibility worker will provide the permanency caseworker with a Medicaid
9068 review form (61MR) to be completed prior to termination of Child and Family
9069 Services custody.
9070 3. The caseworker will work with the prospective guardian to complete the review
9071 form within 30 days prior to guardianship being granted by the court. The
9072 guardian's name and address must be specified on the form. Income and asset
9073 information of the child will be reported on the form. (Guardian income and
9074 assets are not required.)
9075 4. The caseworker is responsible to provide the eligibility caseworker with the
9076 following information soon after the court has granted custody and guardianship
9077 but before the SCF case is closed in SAFE:
9078 a. Completed Medicaid review form.

- 9079 b. Copy of Guardianship Subsidy Agreement (if applicable).
9080 c. Copy of court order terminating DHHS/DCFS custody.
9081 5. The eligibility worker will review the child’s Medicaid eligibility and take the
9082 appropriate action based on the instruction received by the State IV-E Medicaid
9083 Eligibility Specialist.
9084
- 9085 C. Unearned Income and Guardianship Subsidies.
9086 1. Unearned Income and Guardianship: Unearned income sources must be
9087 considered when determining if a guardianship subsidy is appropriate for a child
9088 and in determining the amount of the subsidy. The most common types of federal
9089 unearned income received by children in out-of-home care are Supplemental
9090 Security Income and Social Security Dependent benefits. The Social Security
9091 Administration administers both of these income sources.
9092 2. Supplemental Security Income Benefits for Children (SSI): SSI benefits are
9093 payable to blind or disabled children under 18 years of age who have limited or
9094 no income and assets/resources or who come from homes with limited or no
9095 income and assets/resources. The Social Security Administration conducts a
9096 review when an individual reaches 18 years of age to determine if benefits may
9097 continue into adulthood. SSI will generally continue for a child when in the care
9098 of a guardian. However, SSI income will be reduced if other income becomes
9099 available to the child, including a guardianship subsidy. A guardianship subsidy
9100 is not recommended for an SSI recipient because the subsidy will result in the
9101 reduction or loss of SSI income (which might have continued to be available
9102 when the child reaches adulthood).
9103 3. Social Security Dependents Benefits (SSD – *may also be referred to as SSA*):
9104 Social Security benefits may be paid to a dependent child under age 18 years
9105 through the Retirement, Survivors and Disability Insurance Program based upon
9106 the work record of a child’s parent. For example, a child may receive these
9107 dependent benefits as a result of a parent’s disability or death. Benefits may be
9108 extended beyond age 18 years for full-time students. Social Security benefits
9109 will generally continue for a child when in the care of a guardian and will not be
9110 reduced by other earnings, including a guardianship subsidy. The amount of
9111 Social Security benefits must be taken into account when determining the amount
9112 of a guardianship subsidy.
9113 4. Other Sources: Children in out-of-home care may also receive other sources of
9114 unearned income, such as Veteran’s benefits, Railroad Retirement benefits, Tribal
9115 benefits, or insurance settlement funds. The caseworker should contact the
9116 benefit source prior to termination of state custody to determine the impact on
9117 receipt and amount of the benefit if the child enters into custody and guardianship
9118 of a caregiver. Any benefits that will continue in guardianship should be taken
9119 into account when determining the amount of a guardianship subsidy.
9120
- 9121 D. Determining Guardianship Subsidy Amounts.
9122 1. The regional screening committee will determine the subsidy amount by
9123 considering the special needs of the child and the circumstances of the guardian
9124 family. The caseworker presents to the committee information regarding the

- 9125 special needs of the child, the guardian family income and expenses, and/or the
9126 guardian family’s special circumstances (Forms OH60 and OH61).
- 9127 2. The following factors must be considered when determining the amount of the
9128 monthly subsidy to be granted: All sources of financial support for the child
9129 including Supplemental Security Income, Social Security benefits, and other
9130 benefits. (The subsidy committee may require verification of financial support.)
9131 If a child is receiving benefit income and the income can continue after
9132 guardianship is granted, this amount will be deducted from the guardianship
9133 subsidy amount. The guardianship subsidy should not replace other available
9134 income (such as Supplemental Security Income).
- 9135 3. The guardianship subsidy will not exceed the levels indicated below, and may be
9136 less based on the ongoing needs of the child and the needs of the guardians.
- 9137 a. Guardianship Level I: Guardianship Level I is for a child who may have
9138 mild to moderate medical needs or medically needy, psychological,
9139 emotional, or behavioral problems, and who requires parental supervision
9140 and care. The amount of guardianship subsidy for a child whose needs are
9141 within Level I may be any amount up to the lowest basic foster care rate.
- 9142 b. Guardianship Level II: Guardianship Level II is for a child who may be
9143 physically disabled, developmentally delayed, medically needy or
9144 medically fragile, or have a serious emotional disorder (SED). The
9145 amount of the guardianship subsidy may range from the lowest basic
9146 foster care rate to the lowest specialized foster care rate.
- 9147 c. Children who are receiving the structured foster care rate in foster care or
9148 who are in a group or residential setting are considered for the
9149 Guardianship Level II rate.
- 9150 (1) Children who may qualify for Guardianship Level II will be staffed
9151 with a clinical consultant or other region designee to assess
9152 whether a guardian can meet the child’s needs with community
9153 services and without Child and Family Services interventions after
9154 case closure.
- 9155 (2) The staffing will be documented and included in the guardianship
9156 assistance file.
- 9157 d. Guardianship subsidies may not exceed the Guardianship Level II rate.
- 9158 e. Guardianship subsidies are funded with state general funds within regional
9159 foster care budgets. A region has the discretion to limit the number of
9160 guardianship subsidies or reduce guardianship subsidy rates based on the
9161 availability of funds.
- 9162
- 9163 E. Guardianship Subsidy Agreement.
- 9164 1. A Guardianship Subsidy Agreement specifies the terms for financial support for
9165 the child’s basic needs.
- 9166 2. A guardianship subsidy caseworker will complete the Guardianship Subsidy
9167 Agreement (GA03).
- 9168 3. The effective date of the initial agreement is the date of the court order granting
9169 guardianship.
- 9170 4. A Guardianship Subsidy Agreement must:

- 9171 a. Be signed by the guardian and Child and Family Services prior to any
- 9172 payments being made.
- 9173 b. Identify the reason a subsidy is needed.
- 9174 c. List the amount of the monthly payment.
- 9175 d. Identify dates the agreement is in effect.
- 9176 e. Identify responsibilities of the guardian.
- 9177 f. Identify under what circumstances the agreement may be amended or
- 9178 terminated and the time period for agreement reviews.
- 9179 g. Include a provision for a reduction or termination in the amount of the
- 9180 guardianship subsidy in the event a legislative or executive branch action
- 9181 affects the Child and Family Services' budget or expenditure authority,
- 9182 making it necessary for Child and Family Services to reduce or terminate
- 9183 Guardianship Subsidies or if a regional office determines that reduction is
- 9184 necessary due to regional budget constraints.
- 9185 h. Include a provision for assignment of benefits to the Office of Recovery
- 9186 Services in accordance with the Office of Recovery Services requirements.
- 9187 i. Include a provision for repayment of any financial entitlement made by
- 9188 DHHS/Child and Family Services to the guardian that were incorrectly
- 9189 paid.
- 9190
- 9191 F. Notification Regarding Changes.
- 9192 1. The guardian must notify Child and Family Services if:
- 9193 a. There is no longer a need for a guardianship subsidy.
- 9194 b. The guardian is no longer legally responsible for the support of the child.
- 9195 c. The guardian is no longer providing any financial support to the child or is
- 9196 providing reduced financial support for the child.
- 9197 d. The child no longer resides with the guardian.
- 9198 e. The guardian has a change in address.
- 9199 f. The child has run away.
- 9200 g. The guardian is planning to move out of state.
- 9201
- 9202 G. Reviews.
- 9203 1. A guardianship subsidy caseworker will review each guardianship subsidy
- 9204 agreement annually. The family situation, child's needs, and amount of the
- 9205 guardianship subsidy payment may be considered.
- 9206 2. The guardian must complete the Guardianship Subsidy Re-certification form
- 9207 provided by Child and Family Services to verify that the guardian continues to
- 9208 support the child. If the re-certification is not received after adequate notice, the
- 9209 guardianship subsidy may be delayed or face possible termination.
- 9210 3. Renewals and Re-certifications:
- 9211 a. Renewals: In order for guardianship assistance payments to continue, this
- 9212 Agreement will be renewed at intervals of up to three years until the
- 9213 child's 18th birthday.
- 9214 b. Renewal Procedure: DHHS/Child and Family Services will provide
- 9215 written notification to the guardians before the next renewal date and will
- 9216 supply the guardian with the appropriate forms.

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- c. Amendment Prior to Next Renewal Date: The parties (DHHS/Child and Family Services and the guardian) may negotiate the terms of a new agreement at any time. In order to be effective, all new agreements will be in writing, on a form approved by DHHS/Child and Family Services, and signed by the parties. Oral modifications or agreements will bind neither DHHS/Child and Family Services nor the guardian.
 - d. Re-certification: In order for guardianship assistance payments to continue, the guardian must re-certify annually by completing and submitting the Annual Guardianship Subsidy Re-certification form (GA04) to DHHS/Child and Family Services.
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- I. Changing the Amount of the Guardianship Subsidy.
 - 1. The amount of a guardianship subsidy does not automatically increase when there is a foster care rate change or as the child ages.
 - 2. A guardian may request a guardianship subsidy review when seeking an increase in the guardianship subsidy amount, not to exceed the maximum amount allowable for the child’s level of need. The guardian must complete the Request for Subsidy Increase Form to provide documentation to justify the request (Form GA05).
 - 3. The request must be reviewed and approved by the Regional Guardianship Subsidy Screening Committee. If approved, a new guardian subsidy agreement will be completed.
 - 4. Child and Family Services must provide written notice of agency action by certified mail at least 30 days in advance if a guardianship subsidy rate is going to be reduced.
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- H. Appeals/Fair Hearings.
 - 1. The guardian may appeal a DHHS/Child and Family Services decision to deny, reduce, or terminate a child’s guardianship subsidy awarded through the guardianship subsidy agreement by filing a written request for an Administrative Hearing with the DHHS Office of Administrative Hearings (OAH). The hearing request must be filed within 10 working days of receiving the DHHS/Child and Family Services decision in writing. For further instructions regarding Administrative Hearings, contact OAH. [See Utah Administrative Rule 497-100, Adjudicative Proceedings.)
 - 2. Child and Family Services will send by certified mail a written Notice of Agency Action when a decision is made to deny, reduce, or terminate a guardianship subsidy. The notice will also include information about how to request a fair hearing
 - 3. A fair hearings officer from OAH may overturn a Child and Family Services decision to deny, reduce, or terminate a child’s guardianship subsidy when the following apply:
 - a. Child and Family Services incorrectly determined that the qualifying factors were not met;
 - b. Child and Family Services incorrectly determined the appropriate guardianship subsidy level for the child;

- 9263 c. Child and Family Services terminated the subsidy without an applicable
9264 termination reason existing.
9265
- 9266 I. Termination.
- 9267 1. A guardianship subsidy agreement will be terminated if any of the following
9268 circumstances occur:
- 9269 a. The terms of the agreement are concluded.
9270 b. The guardian requests termination.
9271 c. The child reaches age 18 years.
9272 d. The child dies.
9273 e. The guardian parent dies (in a two-parent family if both guardian parents
9274 die).
9275 f. The guardian parent’s legal responsibility for the child ceases.
9276 g. DHHS/Child and Family Services determines that the child is no longer
9277 receiving financial support from the guardian parent.
9278 h. The child marries.
9279 i. The child enters the military.
9280 j. The child is adopted.
9281 k. The child is placed in foster care.
9282 l. DHHS/Child and Family Services determines that funding restrictions
9283 prevent continuation of subsidies for all guardians.
- 9284 2. A guardianship subsidy payment may be terminated or suspended, as appropriate,
9285 if any of the following occur. The decision to terminate or suspend must be made
9286 by the regional guardianship subsidy screening committee.
- 9287 a. The child is incarcerated for more than 30 days.
9288 b. The child is out of the home for more than a 30-day period or is no longer
9289 living in the home.
9290 c. The guardian fails to return the annual certification or to complete the
9291 renewed guardianship subsidy agreement within five working days of the
9292 renewal date.
9293 d. There is a supported finding of child abuse or neglect against the guardian.
9294
- 9295 J. Closure of the Foster Care (SCF) Case When Termination is for Guardianship Without a
9296 Guardianship Subsidy. The caseworker will close the SCF case following normal SAFE
9297 procedures using the closure wizard. The caseworker does not need to enter the guardian
9298 or parent as a placement in the foster care case. After the court has terminated Child and
9299 Family Services custody, no other placements are entered in SAFE.
9300
- 9301 K. Foster Care Case Record Transition and Process for Guardianship (With Guardianship
9302 Subsidy Case).
- 9303 1. Guardianship Subsidy Screening Committee
- 9304 1. Schedule a Guardianship Subsidy Screening Committee meeting.
9305 b. Complete Form GA01 - Guardianship Subsidy Program Application.
9306 c. Prepare Form GA02 - Guardianship Subsidy Screening/Approval Form.
9307 d. Attend the Guardianship Subsidy Screening Committee meeting.

- 9308 e. Complete form GA02 - Guardianship Subsidy Screening/ Approval Form
- 9309 at the committee meeting.
- 9310 2. Attend the court hearing granting custody to the guardian.
- 9311 a. Enter an Activity Record in SAFE detailing the outcome of the hearing;
- 9312 b. Navigate to the child's current placement record (Placement Window);
- 9313 select the Permanency Tab and enter the Guardianship Date.
- 9314 3. Open a GAM Case in SAFE.
- 9315 a. Create a GAM Case through the Case Creation module (utilize the SCF
- 9316 case number as the prior case id). Designate a caseworker or technician to
- 9317 track the case, make the monthly payments to the guardian, and keep the
- 9318 information updated on the case.
- 9319 b. Complete the GAM Setup Wizard by navigating to the General Tab of the
- 9320 Case Window and selecting the Case Setup Wizard button.
- 9321 c. Create the Guardianship Agreement Form - Form GA03 in the GAM case.
- 9322 d. Mail/deliver agreement for signatures.
- 9323 4. Close Foster Care Case (SCF). Do not enter the guardian or parent as a placement
- 9324 in the foster care case when closing the case in SAFE. After the court has
- 9325 terminated Child and Family Services custody, no other placements are entered in
- 9326 the foster care case.
- 9327 a. Navigate to the General Tab of the SCF Case Window; select the Case
- 9328 Closure Wizard button.
- 9329 b. Enter Closure Reason = Custody/Guardianship to Foster Parent.
- 9330 c. Enter Case End Date = [Date Custody granted to Foster Parent].
- 9331 d. Complete Closure Wizard.
- 9332 5. Create Provider Record/Provider Approval in SAFE. Most providers will already
- 9333 be opened as a licensed provider in SAFE. If they are not, the following steps
- 9334 must be done:
- 9335 a. Fax a "Request for 9-character Provider Record Creation" to BCM along
- 9336 with a copy of the provider's social security card.
- 9337 b. Once BCM creates the provider record in SAFE, they will notify the office
- 9338 to create provider approvals.
- 9339 c. SAFE provider tech will need to go to PR07 and open the provider
- 9340 approval. Form GA03, attachment A will have the start/end dates along
- 9341 with the rate that the provider needs to be open. If there is more than one
- 9342 child, with more than one rate, open the approval for the highest rate.
- 9343 e. The provider information will download nightly into SAFE. PSAs can be
- 9344 open in the GAM case the following day.
- 9345 6. Create Purchase Service Authorization in SAFE.
- 9346 a. Navigate to the Purchase Service Authorization Window in SAFE (GAM
- 9347 case context).
- 9348 b. Enter the following information:
- 9349 (1) Provider ID.
- 9350 (2) Start Date.
- 9351 (3) Service = GAR.
- 9352 (4) Kind = Month.
- 9353 (5) Units = 1.

- 9354 (6) Rate = [amount determined in agreement].
9355
9356 7. Payment Process.
9357 a. Once the provider approval and PSA has been opened in SAFE, the direct
9358 checks for the GAR payment will start the following month.
9359 b. A handwritten 520 will need to be filled out for the first month if the start
9360 date was after the 1st. The rate for the first month will need to be pro-
9361 rated (i.e., if the foster care payment ends on the 20th, the GAR payment
9362 will start the 21st).
9363 c. Take the provider monthly approval rate and divide by number of days in
9364 that particular month. Then times this rate by the number of days that
9365 need to be paid for remainder of the month. (Providers do not have to sign
9366 these handwritten 520's for GAR payments for the first month of service.)
9367 d. The automatic check run for GAR will be on the 1st of each month.
9368 Exceptions to this rule will be if the 1st is a Wednesday (day of regular
9369 check run), or a Saturday/Sunday. If the 1st falls on a Wednesday, the
9370 check run will be the next day. If it falls on a weekend, the check run will
9371 be on the following Monday. If there are any check runs that fall on a
9372 holiday Monday, they will run on Tuesday.
9373 e. If a provider approval has ended and the client authorization is still open, a
9374 direct check will not be issued to the provider. The agreement/approval
9375 needs to be updated before any payments can be issued.
9376 8. Create Guardianship Subsidy File in the Child's Name.
9377 a. Create a new file using approved subsidy tabs. If provider is getting
9378 custody and guardianship of a sibling group, all names can be added and
9379 maintained in the same guardianship file.
9380 b. Copies of GA01 (Guardianship Program Application), and GA02
9381 (Guardianship Screening/Approval Form) will be placed in both the foster
9382 care file and the guardianship subsidy file. If copies of the birth certificate
9383 and social security card are available from the family file, copies should
9384 be placed in the guardianship subsidy file also.
9385 c. Forms GA03 (Guardianship Subsidy Agreement) and GA04 (Annual
9386 Recertification Letter), along with any other correspondence, will be
9387 maintained in the guardianship subsidy file.
9388 9. Annual Guardianship Subsidy Re-certification Letter.
9389 a. Mail Form GA04 - Annual Guardianship Subsidy Re-certification Letter
9390 60 days or more prior to the end date of the agreement.
9391 b. Request that the GAR provider complete and return the re-certification
9392 letter 30 days prior to the end date of the agreement.
9393 c. Upon receipt of the re-certification letter, enter an Activity Record in
9394 SAFE.
9395 d. Extend GAR provider approval in SAFE (do not create a new GAR line
9396 unless the rate is changing).
9397 e. If a provider fails to return the re-certification letter 30 days prior to the
9398 end date of the agreement, mail out a final 30-day notice. This notice will
9399 notify them that their case will be closed in 30 days if the re-certification
letter is not received. If after the final 30-day notice the re-certification

9400 letter is not received, close the PSA to stop the GAR direct checks from
9401 running.

9402

9403 L. Closure of a Guardianship Subsidy Case.

9404 1. Navigate to the General Tab of the GAM Case Window; Select the Case Closure
9405 Wizard Button.

9406 a. Enter appropriate Closure Reason based on the child’s situation. Select
9407 the closure reason value that most closely applies.

9408 2. Complete Closure Wizard.

9409 3. At closure of the GAM case, the hardcopy of the guardianship subsidy file will be
9410 closed and archived according the retention for guardianship subsidies.

9411

9412 308.3 Transition To Adoptions And Adoption Finalization

9413 Major objectives:

9414 If the child’s permanency goal is adoption and the child is not already in the adoptive home,
9415 Child and Family Services will make intensive efforts to place the child with an adoptive family.

9416 [See: [Section 400](#), Adoption, subsections 401.3 through 401.9.]
9417

9418

9419 **Applicable Law**

9420 Utah Code Ann. [§80-2-301](#). Division responsibilities.

9421

9422 308.3a Contact Between Adopted Child And Birth Family 9423 Members

9424 Philosophy:

9425 Help children stay connected with birth family members after adoption to help relieve loss,
9426 cultivate a pride in their heritage, and answer questions about family histories of medical and
9427 mental health conditions.

9428

9429 Major objectives:

9430 Child and Family Services will help children who are adopted benefit from contact with birth
9431 family members when all parties agree it is safe and appropriate. Contact with birth family
9432 members may help a child:

9433

9434 A. Relieve grief and loss. Children have often lost connections with birth family members
9435 through being in out-of-home care and further lose connections after they are adopted.

9436 B. Cultivate pride in their biological heritage to develop self-worth and good self- esteem.
9437 Contact with appropriate birth family members can help an adopted child understand
9438 their biological heritage.

9439

9440 C. Explain things like their genetic traits and possible inherited medical and mental health
9441 conditions.

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9444

9445 **Applicable Laws**

9446 Utah Code Ann. [§80-2-804](#). Adoptive placement time frame -- Division contracts with child-placing agencies.

9448 Utah Code Ann. [§78B-6-146](#). Post Adoption Contact Agreement.

9449 **Practice Guidelines**

9451 [See: Practice Guidelines [Section 401.8a](#).]

9452

9453 **308.4 Transition To Independent Living**

9454

9455 (This section has been replaced by [Section 303.7](#).)

9456

9457 **308.5 Transfer To Other Agencies**

9458

Major objectives:

9459 Child and Family Services will team with other agencies to ensure each foster child receives
9460 appropriate services from other agencies as needed.

9461

9462

9463 **Applicable Law**

9464 Utah Code Ann. [§80-2-301](#). Division responsibilities.

9465

9466 **Practice Guidelines**

9467 A. The caseworker should screen the case with the appropriate agency to determine if the
9468 child is eligible for services from another agency such as Youth Corrections, DSPD, or
9469 Division of Aging and Adult Services.

9470

9471 B. If the child is under age 18 years and is eligible for DSPD services, DSPD will not
9472 assume full responsibility for the case until the child is age 18 years or in some cases age
9473 21 years. Therefore, Child and Family Services must work in conjunction with DSPD.
9474 However, once a child reaches age 18 or 21 years, the case may be transferred to DSPD.

9475

9476 C. Once it is determined a child is eligible for service from another agency and the case has
9477 been accepted for services by the agency, the caseworker will meet with the child and
9478 necessary family members and explain the transfer of services to the new agency. The
9479 caseworker will assist the child and new caseworker in making a smooth transition.

9480

9481 D. Once the transition is complete, Child and Family Services may close the foster care case.

9482

9483 **308.6 Termination Of Out-Of-Home Services**

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Major objectives:

9485 When a child's permanency goal is achieved, Child and Family Services out-of-home services
9486 will be terminated.

9487

9488

9489 **Applicable Law**

9490 Utah Code Ann. [§80-2-301](#). Division responsibilities.

9491

9492 Practice Guidelines

9493 No later than 30 days after the issuance of the court order to terminate Child and Family Services
9494 custody and guardianship of a child, the caseworker will:

9495

9496 A. Complete the risk assessment, which shows the child will be safe in the permanent
9497 placement.

9498

9499 B. Update the Functional Assessment.

9500

9501 C. If parental rights have not been terminated, notify the parents, in writing, that the case is
9502 being closed. A copy of the letter should be sent to the Guardian ad Litem.

9503

9504 D. Notify the Office of Recovery Services with a closure date.

9505

9506 E. Notify the regional eligibility caseworker for reassessment or referral of Medicaid
9507 eligibility.

9508

9509 F. If the child is receiving SSI or SSA or some other entitlement benefit, notify the Social
9510 Security Administration or other entitlement source in writing of the change in payee and
9511 notify the business office at the regional office to close out the child's trust fund.

9512

9513 G. Write a termination summary addressing the original risk factors, achievement of the
9514 service plan goals and the reason for closing the case, etc.

9515

9516 H. Complete the closure wizard on SAFE.

9517

9518 I. The case must have a copy of the court order terminating Child and Family Services
9519 custody and involvement in the record before the case can be closed.

9520

9521 J. The case should be reviewed by the caseworker's supervisor and a QA review completed
9522 and put in the record to ensure all documentation is complete on the case before it is
9523 closed.

9524

9525 K. If the child is from another state, refer to [Section 703](#) Interstate Compact On The
9526 Placement Of Children.

9527

9528 **308.7 Foster Youth Petitioning The Court For Release From**
9529 **Child and Family Services Custody**

9530
9531 Major objectives:

9532 Minors over the age of 18 who are in the custody of Child and Family Services may petition the
9533 court to be released from the custody of Child and Family Services if the minor came into
9534 custody based on abuse, neglect, or dependency.
9535

9536
9537 **Applicable Law**

9538 Utah Code Ann. [§80-2-301](#). Division responsibilities.
9539

9540 Practice Guidelines

9541 A. If a minor over the age of 18 years requests to be released from the custody of Child and
9542 Family Services, the caseworker will inform the minor of the process.

9543 1. The minor may petition the juvenile court to be released from the custody of
9544 Child and Family Services if the minor came into custody based on grounds of
9545 abuse, neglect, or dependency.

9546 2. The minor is responsible to file the petition, which must include:

- 9547 a. A statement from the parent or guardian if rights are not terminated,
9548 agreeing that a release from custody should occur, and
9549 b. Both the child and the parents' signature on the petition.
9550

9551 B. Prior to the review of the minor's petition by the court, the caseworker will provide the
9552 following information, if applicable, to the court to assist the court in determining if it is
9553 appropriate to grant the release from custody:

9554 1. That the minor does not pose an imminent threat to self or others. This includes,
9555 but is not limited to:

- 9556 a. Substance abuse issues.
9557 b. Threat of homelessness or human trafficking.
9558 c. Mental health impairment.
9559 d. Ability to live independently as an adult, including work and education.
9560 e. Disability.
9561 f. Threat of exploitation due to disability.
9562

9563 C. If the court grants the petition, the minor may petition the court to re-enter Child and
9564 Family Services custody within 90 days of the original petition being granted. If the
9565 court does grant the petition to have the minor re-enter Child and Family Services
9566 custody, the caseworker will:

9567 1. An SCF case will be opened on the date the court granted the petition to re-enter
9568 Child and Family Services custody.

9569 2. Determine if the minor should be considered for an Independent Living
9570 Placement (ILP) (*see: [Section 303.7](#)*). If it is determined the minor should be
9571 placed in an ILP, the caseworker will follow [Section 303.7](#).

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3. If the minor is assessed to need a higher level of care, the caseworker will staff the case with the regional contract manager to determine if there are placements available that can serve a minor over the age of 18.
4. The caseworker will assess for possible kinship connections, as well as other permanent connections following [Section 301.2](#) to determine appropriate permanency goals for the minor.

9579 **309 Peer Parent Services**

9580 Major objectives:

9581 Peer Parent services may be appropriate for families who have parenting or household
9582 management challenges. Peer Parent services are also appropriate for families who are at risk of
9583 having their children removed (as a preventative measure) or whose children have been removed.
9584 Families will be assigned a peer parent who is a specially trained individual, who may be a
9585 licensed out-of-home caregiver or an individual from the community, to work intensively with
9586 the parents to provide information; to teach and provide an opportunity to practice positive
9587 parenting and household management skills; and to model the skills.
9588

9589 Peer Parent services are not designed to ensure safety of the children in the home or to monitor
9590 the family's compliance with court orders or Child and Family Services requirements.
9591
9592

9593 **Applicable Law**

9594 Utah Code Ann. [§80-2-301](#). Division responsibilities.
9595

9596 Practice Guidelines

- 9597 A. Eligibility requirements for families to be referred by a caseworker to Peer Parent
9598 services are:
- 9599 1. Families or caregivers in need of extra help or support in order to maintain the
9600 child in the home.
 - 9601 2. Families whose child has been removed from the home due to insufficient
9602 parenting skills.
9603
- 9604 B. The role and responsibilities of the peer parent is:
- 9605 1. To teach parenting skills by engaging the parent and the child in interactive
9606 experiences.
 - 9607 2. To teach and model household management skills needed by the parent.
 - 9608 3. To fully document all sessions as they work with the family.
 - 9609 4. To submit documentation to both the peer parent area coordinator and the
9610 caseworker on a monthly basis.
9611
- 9612 C. All peer parents will use a skills-based curriculum approved by Child and Family
9613 Services as a basis for working with the family. The peer parent may supplement the
9614 curriculum, when needed, with other materials approved by the peer parent area
9615 coordinator.
9616
- 9617 D. A manual, and/or other materials used by the peer parent when working with the family,
9618 will remain with the family as a resource when peer parenting has ended.
9619
- 9620 E. Accessing, Initiating, and Terminating Peer Parent services:
- 9621 1. The caseworker will staff all referrals to Peer Parent services with the peer parent
9622 area coordinator, who will determine if the referral is appropriate for Peer Parent
9623 services.

- 9624 2. Peer Parent services will not be provided simultaneously with homemaker, family
9625 preservation, or parent advocate services.
- 9626 3. The caseworker will include Peer Parent services in the Child and Family Plan.
9627 4. Peer Parent services will begin with an initial meeting between the peer parent,
9628 caseworker, and parent to clarify expectations and the skills to be addressed, and
9629 to formally include Peer Parent services in the Child and Family Plan.
- 9630 5. The caseworker will ensure that correct service codes are entered into SAFE in
9631 order to provide the requisite compensation to the peer parent.
- 9632 6. The caseworker will assist the potential peer parent and/or the peer parent area
9633 coordinator in completing other forms required in order to initiate services.
- 9634 7. The caseworker will ensure that the service codes are closed in a timely manner
9635 upon completion or termination of Peer Parent services.
9636
- 9637 F. Time Requirements and Limitations: Peer parents will engage the parent in hands-on,
9638 practical parenting opportunities for a minimum of 20 hours per month with a maximum
9639 or 40 hours per month. Peer Parent services are not to exceed 120 days unless staffed for
9640 an exception. Exceptions to this time frame include court orders or approval from the
9641 region director.
9642
- 9643 G. Payment code:
9644 1. The payment code of PPO will be used when Peer Parent services are initiated on
9645 a case where the child is currently in state custody. The PPI code is utilized when
9646 the child remains in the custody of the parent or guardian and Peer Parent services
9647 are being offered.
- 9648 2. Peer Parent services will be opened with the parent or guardian identified as the
9649 primary client (not the child). In most cases only one parent may be opened for
9650 the service.
- 9651 3. The peer parent will receive a standard reimbursement rate. In order for the
9652 payment to be processed, Child and Family Services must receive completed
9653 documentation for total hours billed and a signed form 520 from the peer parent
9654 who is providing the services. Documentation must be received prior to the
9655 payment being issued.
9656
- 9657 H. Peer Parent Program Staff:
9658 1. Peer parents are specially trained individuals, who may be licensed out-of-home
9659 caregivers or an individual from the community, who work intensively with the
9660 parents to provide information, to teach and provide an opportunity to practice
9661 positive parenting and household management skills, and to model the skills.
- 9662 2. Peer parent area coordinators administer the Peer Parent services in the regions.
9663 The peer parent area coordinators recruit, train, supervise, and assist individual
9664 peer parents.
- 9665 3. A program administrator from the State Office is assigned to manage Peer Parent
9666 services statewide and inform the peer parent area coordinators of Practice
9667 Guidelines and procedures of Child and Family Services pertaining to Peer Parent
9668 services.
9669

- 9670 I. Requirements for being a peer parent:-
9671 1. Peer parents will be certified by Child and Family Services to provide Peer Parent
9672 services.
9673 2. Peer parents will have completed basic peer parent training delivered by the peer
9674 parent area coordinator and maintain a working knowledge of the competencies
9675 outlined in the current Peer Parenting Manual.
9676 3. Peer parents will be current with their required advanced training hours delivered
9677 by the peer parent area coordinator.
9678 4. Peer parents must show an understanding of the major objectives and procedures
9679 of Child and Family Services.
9680
- 9681 J. Peer Parents Certification:
9682 1. Peer parents may be licensed Child and Family Services out-of-home caregivers
9683 who have received training and certification specific to providing Peer Parent
9684 services.
9685 2. Peer parents may also be individuals from the community that are not licensed
9686 out-of-home caregivers, but who have gone through the peer parent training and
9687 certification process and are approved to provide Peer Parent services by the
9688 region director.
9689 3. The peer parent area coordinator will facilitate the certification process by
9690 documenting that the prospective peer parent has:
9691 a. Passed the background screening process,
9692 b. Completed the necessary training, and
9693 c. Gained an understanding of Child and Family Services processes.
9694 4. The peer parent area coordinator will notify the region of all certified peer parents
9695 and their status as either licensed out-of-home care providers or certified peer
9696 parents.
9697
- 9698 K. Role of the Peer Parent Area Coordinators: The peer parent area coordinator will:
9699 1. Recruit and train peer parents throughout the region as needed.
9700 2. Receive referrals from caseworkers for Peer Parent services, make a
9701 determination of the appropriateness of the family for services, and assign a peer
9702 parent to the family.
9703 3. Meet quarterly with Child and Family Services staff, throughout the region they
9704 serve, to assess the needs of the region in regards to Peer Parent services and to
9705 educate staff regarding the Peer Parent services.
9706 4. Assess the Peer Parent services in the region they serve and make needed
9707 improvements and changes.
9708 5. Attend statewide meetings in regards to the Peer Parent services, coordinate with
9709 the program administrator assigned to Peer Parent services, and prepare program
9710 utilization reports as requested by Child and Family Services.
9711
- 9712 L. Role of the program administrator assigned to Peer Parent services:
9713 1. The program administrator will manage and evaluate the Peer Parent services.
9714 The program administrator works to improve the Peer Parent services and ensure
9715 that the program is being implemented effectively in the regions.

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2. The program administrator manages Peer Parent services statewide and informs the peer parent area coordinators of Practice Guidelines and procedures in regards to Peer Parent Services.
 3. The program administrator will assist the peer parent area coordinators, region directors, and Child and Family Services staff as needed.

9722 **310 Levels Of Care Evaluation Model**

9723 Major objectives:

9724 A child will be placed in a placement consistent with the child’s needs, first taking into
9725 consideration preference of placement found in Practice Guidelines [Section 700](#). The type of
9726 out-of-home placement for the child, either the initial placement or change in placement, will be
9727 determined within the context of the Child and Family Team. Placement level decisions will be
9728 made based upon the needs, strengths, and best interests of the child according to the following
9729 criteria (these are in no particular order, rather they should be considered in the context of each
9730 case and situation):

- 9731 A. Safety factors in regards to the potential placement, including the threats of harm to the
9732 child or that the child poses to others, the protective capacities of the caregiver, and the
9733 child’s vulnerabilities.
- 9734 B. Reasonable proximity to the child’s home.
- 9735 C. Placing siblings together unless there is a safety concern.
- 9736 D. Educational needs, including proximity to the child’s school and child’s need for
9737 maintaining connections to school.
- 9738 E. Needs specific to the child’s age, including developmental level.
- 9739 F. Cultural factors, language, and religion specific to the child.
- 9740 G. Existing relationships between the child and a caregiver or other significant individuals in
9741 the child’s life.
- 9742 H. Health and mental health needs.
- 9743 I. Potential for ongoing care or permanency with the caregiver to prevent unnecessary
9744 changes in placement.

9755 **Applicable Law**

9756 Utah Code Ann. [§80-2-301](#). Division responsibilities.

9760 Practice Guidelines

9761 General Philosophy:

9762 Child and Family Services has the responsibility to determine the least restrictive and most
9763 appropriate placement based on the child's needs. The placement provides for the safety of the
9764 child and others, as well as assists in maintaining the child's connections with their family. For
9765 children who are unable to return home, the placement will have the capacity to prepare a child
9766 for another planned permanent relationship and/or provide for connections to relationships that
9767 will endure through adulthood.

9768

9769 A. The Levels of Care Evaluation Model promotes the belief that children should live in
9770 family settings, not in a treatment program.

9771

9772 B. The Levels of Care Evaluation Model is designed to allow flexibility in meeting the
9773 needs of children while keeping safety, permanency, and well-being at the forefront
9774 throughout the decision-making processes used by the Child and Family Team.

9775

9776 C. The Levels of Care Evaluation Model is designed to identify the level of care,
9777 supervision, and services that a child requires and NOT identify a specific placement.

9778

9779 D. Services will be outcome driven and provided in the most cost effective manner within
9780 available resources.

9781

9782 Levels of Care - General Description:

9783 A. The Levels of Care Evaluation Model is based on a continuum of care with seven levels
9784 of care. As the levels of care progress, each level is designed to provide more intensive
9785 services and supervision than the prior level of care.

9786

9787 B. The first three levels (Level I, Level II, and Level III) are most frequently provided in
9788 foster family homes licensed by the OL. Occasionally these services are provided to
9789 children in proctor homes, such as when foster family homes are not available or when
9790 siblings of a child in proctor care are placed together.

9791

9792 1. Level I is family-based care that provides safe, adequate, standard parental
9793 supervision and care. Children in this level of care may have mild to moderate
9794 medical or mental health treatment needs and mild behavioral problems.

9795

9796 2. Level II is family-based care that provides a safe environment with adequate
9797 parental supervision that may be slightly or moderately more intense than that of a
9798 child in Level I care. Children at this level may be physically disabled,
9799 developmentally delayed, medically needy or medically fragile, or have a serious
9800 emotional disorder (SED), and may require outpatient treatment services more
9801 frequently than once a week, such as day treatment and/or special education
9802 services.

9803

9804 3. Level III is family-based care that provides intensive treatment services and
9805 constant supervision in a family living environment by a well-trained,
9806 experienced out-of-home care provider. Children at this level may have severe
9807 behavioral, emotional, or medical problems that can still be managed in a foster
9808 home. Level III care is for children who are unable to be successful in placements

- 9806 with a lower level of services and supervision. Children in Level III care have
9807 behaviors, medical concerns, or other needs that could generally be improved by
9808 working with skilled, experienced out-of-home care providers that have
9809 completed advanced training through the Utah Foster Care and have demonstrated
9810 skills in working with the issues. A Level III placement is a safe intervention
9811 phase to help stabilize and improve the behavior of a child ages eight to 18 years
9812 and to teach them skills to help them form healthy relationships and achieve goals
9813 congruent with their age and developmental level.
- 9814 a. Level III care is based on the needs of the child, not the level of training
9815 the out-of-home care provider has received.
 - 9816 b. The out-of-home care provider may be required to participate in
9817 supplemental training to learn how to deal with the specific needs and
9818 behaviors of a child assessed for Level III placement. Level III placement
9819 may also include a specific, individualized plan (which may be
9820 incorporated into the Child and Family Plan) tailored to improving
9821 problematic behaviors of the child and/or meeting the child's specific
9822 needs.
 - 9823 c. Screening for placement in Level III:
 - 9824 (1) A child who is recommended for a Level III placement will be
9825 screened by the Placement Screening Committee or equivalent
9826 committee in the region to determine if a Level III placement is the
9827 most appropriate placement for meeting the child's needs.
 - 9828 (a) The region director or designee is required to approve
9829 placing a child under the age of eight years in a Level III
9830 placement.
 - 9831 (2) Level III is to assist in preparing the child for transition into a
9832 permanent family setting, such as returning the child home;
9833 adoption; custody and guardianship to kin or with an out-of-home
9834 care provider; or another planned, permanent living arrangement.
 - 9835 d. Requirements for prospective Level III out-of-home care providers: Out-
9836 of-home care providers must meet the following requirements before they
9837 can be approved to provide Level III care:
 - 9838 (1) A minimum of six months experience as an out-of-home care
9839 provider OR the Resource Family Consultant (RFC) or other
9840 designated regional staff determines that the family has the skills
9841 and abilities to successfully parent a child placed in their care that
9842 would qualify as a child that requires a Level III placement;
 - 9843 (2) One parent available in the home full-time when the child is
9844 present;
 - 9845 (3) Complete the training designated by Child and Family Services
9846 through the Utah Foster Care for Level III out-of-home care
9847 providers;
 - 9848 (4) Successful demonstration of the skills taught in the training;
 - 9849 (5) Successful completion of an evaluation by the RFC or other staff
9850 designated by the region at the end of a six-month probationary
9851 period;

- 9852 (6) Completion of any additional requirements as outlined by the
9853 region.
- 9854 e. The RFC or other staff designated by the region will monitor the out-of-
9855 home care provider to assess their ability to provide Level III care. A
9856 formal, written evaluation of the out-of-home care provider’s abilities will
9857 be completed annually and documented in SAFE or in the out-of-home
9858 care provider’s file in order to determine that they are able to provide care
9859 and structure at an appropriate level for the child placed in their home.
- 9860 g. If needed, the RFC or other designated regional staff will identify or
9861 provide additional training and/or assistance to the family to help the out-
9862 of-home care provider in meeting the specific needs of the child placed in
9863 their home.
9864
- 9865 C. Children with severe emotional or behavioral difficulties that cannot be managed in
9866 traditional family settings because of a need for more intensive supervision and treatment
9867 may be placed in higher levels of care through contracts with licensed providers.
- 9868 1. Level IV is proctor family care through a private licensed child-placing agency.
9869 The proctor agency generally has access to highly skilled caregivers as well as a
9870 variety of wraparound services needed for the higher, intensive needs of the child.
9871 It also includes Transition to Adult Living services in a supervised apartment
9872 setting.
- 9873 2. Level V is residential support or residential treatment, generally for children with
9874 moderate level treatment and supervision needs, requiring 1:6 staff to client ratio.
- 9875 3. Level VI is residential treatment for children with high level treatment and
9876 supervision needs, generally requiring 1:4 staff to client ratio with awake night
9877 staff. This is the highest level of care before institutional care at a psychiatric or
9878 acute care hospital.
- 9879 4. Level VII is institutional care at a psychiatric or acute care hospital, such as the
9880 Utah State Hospital.
9881
- 9882 D. Categories of primary treatment needs for Levels IV, V, and VI: Children entering a
9883 higher level of care provided by a contract provider (Levels IV, V, or VI) will have
9884 behavioral concerns. These levels are based on the intensity of supervision required by
9885 direct care staff and/or proctor parents. It is what is behind the behaviors that will
9886 indicate primary treatment needs of the child.
9887
- 9888 Within the Levels of Care Evaluation Model, Levels IV, V, and VI contain five
9889 categories of service that are designed to address specific treatment needs of a child. For
9890 children entering higher levels of care, an assessment and determination must be made
9891 regarding which treatment category is appropriate for the child.
- 9892 1. Sexual Behaviors: Children who have sexual behaviors that have not been
9893 managed while living with their families or while living in lower levels of care.
- 9894 2. Mental Health: Children whose negative behaviors are a result of a mental illness
9895 (such as seriously emotionally disturbed, bipolar disorder, major depression,
9896 PTSD, etc.).

- 9897 3. Substance Dependent: Children who have been diagnosed as being substance
9898 dependent through a psychological or substance abuse assessment.
- 9899 4. Behavioral Disorders: Children whose presenting problems are behavioral in
9900 nature such as non-compliance, acts of physical aggression, property offending, or
9901 substance abuse. Children placed in this category have been ruled out of the
9902 sexual behavior, mental health, and substance dependent treatment categories.
- 9903 5. Individual Residential Treatment for Severe Needs (IRTS): Children with a
9904 combination of cognitive impairments or other significant physical disabilities
9905 AND severe emotional or behavioral disorders that cannot be served in the other
9906 treatment categories due to their intensive needs. Children placed in the IRTS
9907 category require a more intensive staff to client ratio from 1:1 to a maximum of
9908 1:3 client ratio and other intensive services, which are based on the individual
9909 needs of the child. The treatment plan for a child placed in this category is highly
9910 individualized and based on the child’s needs.
- 9911 a. The IRTS category is a 24-hour individual residential program. Highly
9912 trained staff provide an intensely structured environment, general
9913 guidance, supervision, behavior management, and other rehabilitation
9914 services designed to improve the child’s condition or prevent further
9915 regression so that services of this intensity will no longer be needed. The
9916 program has the capacity to significantly increase or decrease the intensity
9917 of services and supervision for the child, depending on their needs,
9918 without a change in the placement setting. There are two types of IRTS
9919 placements:
- 9920 (1) Community living residential support: This service is available to
9921 those persons who live alone or with roommates in an apartment-
9922 like setting based on an individualized staff to client ratio ranging
9923 from 1:1 to 1:3. This is a residential service designed to assist the
9924 child to gain and/or maintain skills to live as independently as
9925 possible and fully participate in a community setting. The type,
9926 frequency, and amount of required support in these settings are
9927 based on the individual client’s needs.
- 9928 (2) Professional parent home: A family home-like setting for one
9929 child with IRTS qualifying needs. This service provides
9930 individualized habilitation, supervision, training, and assistance in
9931 a certified private home for no more than one child client at a time.
9932 This service includes daily supports to maintain individual health
9933 and safety, and assistance with activities of daily life.
- 9934 b. Requirements for IRTS professional parent homes:
- 9935 (1) The provider will place no more than one child client in the home
9936 of a professional parent.
- 9937 (2) The provider will ensure there is no more than one child client in
9938 the professional parent home who is unrelated to the professional
9939 parents, including the child client who is being served.
- 9940 (3) One professional parent will be in the home at all times when the
9941 child client is in the home, or the caseworker will need to approve
9942 other agency staff to provide supervision. A professional parent

9943 will be available for immediate contact when the child client is not
9944 in the home.
9945

9946 E. General Requirements for all treatment providers in Levels IV, V, and VI:

- 9947 1. No Mixing of Treatment Populations: Child populations in different treatment
9948 categories may not be mixed in the same residential facility or proctor home.
9949 Providers will have residential programs that specifically target the population
9950 they are working with. In addition, low supervision need children generally
9951 should not mix with moderate to high-risk children, unless they are stepping down
9952 and the caseworker and Child and Family Team make a determination that
9953 placement of the children together is safe and appropriate.
- 9954 2. Gender Considerations: Male and female children need to be housed and treated
9955 separately. There may be an exception granted in family-based placements for
9956 siblings or for a child in custody who has a child of their own. It is also expected
9957 that any program working with female clients, even where there is a mixed gender
9958 population in the program, will implement gender-responsive best practices.
9959 Training and guidance will be given to providers regarding gender responsive
9960 practices.
- 9961 3. Multiple Diagnoses: For children with multiple diagnoses, the diagnosis of
9962 greatest concern will dictate the treatment needs and, ultimately, the placement
9963 (though the provider will still be required to address all of the treatment needs).
- 9964 4. Changes in Placement: Before a provider requests to change a child’s placement,
9965 the provider must first attempt to stabilize the placement through adjusting
9966 treatment and wrap services based on the child's variable needs.
- 9967 5. Requirement for Written Authorization: The provider must obtain written
9968 authorization from the caseworker prior to providing services or increasing
9969 services for a child.
9970

9971 Process for Making Placement Decisions:

9972 A. Child and Family Assessment (CFA): Caseworkers will complete a CFA on each child
9973 in order to assist in making an appropriate determination for the level of care the child
9974 will be placed in. The CFA will include a Levels of Care Evaluation.

- 9975 1. CFA: The CFA is developed through a process of teaming and assessing each
9976 child in Child and Family Services custody. Information available from formal
9977 assessments (health, mental health, psychiatric, school, etc.) and informal
9978 assessments (client interviews, family history, etc.) is brought together and
9979 synthesized into the CFA. Through the Child and Family Team process, the
9980 caseworker completes the CFA by gathering information about the child in the
9981 following areas:
 - 9982 a. Threats of harm that can affect the safety of the child;
 - 9983 b. Placement and treatment history;
 - 9984 c. Child’s family history, including the family’s strengths, concerns, and
9985 protective capacities;
 - 9986 d. Child’s strengths, motivations, and interests;
 - 9987 e. Health issues/concerns, including medication history;
 - 9988 f. Developmental and educational levels;

- 9989 g. Behavioral/emotional concerns about the child, including those that pose a
- 9990 risk to self and others;
- 9991 h. Mental health issues and history, including psychotropic medication;
- 9992 i. History of delinquent behavior;
- 9993 j. Permanency goal, including enduring relationships that can provide safety
- 9994 and permanence.
- 9995

9996 B. Levels of Care Evaluation tool: Caseworkers will use input and information from the

9997 Child and Family Team and from other known assessments to complete a Levels of Care

9998 Evaluation on every child to determine the appropriate level of care and services needed

9999 to promote stabilization for the child. The Levels of Care Evaluation will inform the

10000 CFA. Children will be placed in the level and category of treatment and supervision that

10001 is best suited to meet individualized needs based on the conclusions drawn in the CFA

10002 and the Levels of Care Evaluation tool.

- 10003 1. The Child and Adolescent Needs and Strengths (CANS) assessment will serve as
- 10004 the Levels of Care Evaluation tool for children in the custody of Child and Family
- 10005 Services. The CANS assessment is meant to be completed using information that
- 10006 is contributed by the members of the Child and Family Team. The result of the
- 10007 CANS assessment is a recommendation for a level of care, as well as a
- 10008 recommended treatment category for Levels IV, V, and VI.
- 10009 2. The CANS assessment results may be superseded by recommendations of other
- 10010 assessments (such as a NOJOS assessment or Mental Health Assessment) or by
- 10011 the decision of the Child and Family Team or the Placement Screening
- 10012 Committee when determining the appropriate level of care for the child.
- 10013 3. When a decision is made to place a child at a level of care that differs from the
- 10014 recommendation of the CANS assessment, the rationale for the placement
- 10015 decision will be documented in the SAFE database in the CFA.
- 10016

10017 C. When the placement recommendation indicates the need for a Level III placement and

10018 above, the caseworker will take the completed CANS assessment and the CFA, and will

10019 present the information to the region Placement Screening Committee. The Placement

10020 Screening Committee will ask clarifying questions and assist the caseworker in refining

10021 the evaluation in order to determine an appropriate recommendation for a level of care for

10022 the child. The placement will be within the least restrictive environment for the shortest,

10023 appropriate duration to help the child achieve the outcomes defined for that child and to

10024 help the child progress towards enduring safety and permanency in a family setting.

10025

Ongoing Assessment of Progress:

10026 In order to assess for progress, the caseworker will hold regular reviews to determine whether the

10027 child is making progress and/or needs to remain at the current level of care. The review should

10028 include the completion of a new CANS assessment, review of other assessments that have been

10029 completed since the last review, input from the Child and Family Team, and any other relevant

10030 case information.

10031

- 10032
- 10033 A. For placements at Level I, II, and III, reviews will be conducted a minimum of every six
- 10034 months or more frequently as needed.

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- B. For each child placed at a Level IV or higher, reviews will be conducted a minimum of every three months or more frequently as needed.
 - C. For children in Level III placements and above, these reviews must be done with the region Placement Screening Committee.
 - 1. Review of Level III placement: The review process of a Level III placement will follow the region protocol, but at a minimum will be staffed with the supervisor and the caseworker.
 - 2. For all placements, the review will include input from the Child and Family Team members regarding the effectiveness and appropriateness of the placement, and should address the child’s underlying needs, strengths, behaviors, progress toward goals, permanency, long-term view, and barriers to progress. A new Level of Care Evaluation tool (the CANS) should also be completed as a part of the review.
 - 3. If the child has been in a Level III or higher placement for 12 months or longer without making significant progress, the Child and Family Team will determine:
 - a. Whether the child may need to be screened by the Placement Screening Committee or equivalent placement committee in the region for a higher level of care;
 - b. Whether the child may be in need of additional supports or wrap-around services, or their behavior goals may need to be re-defined.
 - 4. If after 12 months it is determined that the child would benefit from continuation in their current placement, the caseworker will document this information on the CFA and forward the information to the Placement Screening Committee.
 - D. Stepping a child down will be based on the stabilization and improvement of the child’s behaviors and conditions as based upon the CANS. This decision will be a collaborative decision by the Child and Family Team and/or the Placement Screening Committee.
 - E. Children who are placed in Level III and Level IV family-based care may be stepped down in intensity of wrap services provided while remaining in the same family placement to allow for stability.
 - F. If at all possible, children who are assessed for needing a higher level of care will remain in their current placement with increased intensity of services.

10072 **311 Research Involving Children In Child And Family**
10073 **Services Custody**

10074 Major objectives:

10075 Child and Family Services will cooperate with bona fide research by providing information on or
10076 allowing recruitment of children in the custody of Child and Family Services as long as the
10077 research is approved in accordance with the standards and procedures of the DHHS Institutional
10078 Review Board, which may be found on their website at

10079
10080 Applicable Law

10081 FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46.

10082 Utah Code Ann. [§52-4 et seq.](#) Open and Public Meetings.

10083 Utah Code Ann. [§63G-2 et seq.](#) GRAMA.

10084 Utah Code Ann. [§26B-6-202.](#) Purpose of Adult Protective Services Program.

10085 Utah Code Ann. [§80-2-602.](#) Child abuse and neglect reporting requirements -- Exceptions.

10086
10087 Practice Guidelines

10088 A. When a researcher proposes a research study that involves children in Child and Family
10089 Services custody, the following steps must be taken to grant informed consent prior to the
10090 researcher being given any confidential information or having contact with clients or their
10091 private data. Federal regulations define “research” as “*a systematic investigation,*
10092 *including research development, testing, and evaluation, designed to develop or*
10093 *contribute to generalizable knowledge.*” This may include, but is not limited to,
10094 accessing individual client records, interviewing the child or others about the child,
10095 observing the child, or treating a child as part of the research study.

- 10096 1. The Child and Family Services research representative to the DHHS Institutional
10097 Review Board (IRB) must review and approve the research. The Child and
10098 Family Services research representative will consult with the division director
10099 and/or region directors when the research impacts regional workload or is of
10100 greater than minimal risk. Risk level is determined by the DHHS IRB or the
10101 research representative. Minimal risk means that the probability and magnitude of
10102 harm or discomfort anticipated in the research are not greater in and of themselves
10103 than those ordinarily encountered in daily life or during the performance of
10104 routine physical or psychological examinations or tests. The review will consist
10105 of evaluating whether or not the research is in the best interests of Child and
10106 Family Services and its clients (including the children), the researcher has made
10107 adequate provision for obtaining all required informed consents and informed
10108 assents, the research protocols and procedures are designed to ensure
10109 confidentiality, respect, and ethical treatment during the researcher’s gathering of
10110 the data, storage, retrieval of the data, and publication of the data, the research
10111 study involves no more than minimal risk to subjects or the direct benefits to the
10112 subjects outweigh the risks, the research methodology is sufficiently sound to
10113 yield results that offer a potential benefit to the Department or Child and Family
10114 Services, and the research protocol protects individual privacy rights and
10115 complies with the Department’s Vision and Mission Statements, the Department

- 10116 Code of Ethics, and any applicable rules or statutes, including Utah Code Ann.
10117 [§63G-2-202](#). Approval will be documented on the Division Level Approval of
10118 Research Form (see [Section 311](#)--Foster Children Research Involvement -
10119 Caseworker Consent Form).
- 10120 2. The DHHS IRB must review and approve the research in accordance with DHHS
10121 policy “Protecting the Rights of Human Research Subjects Policy and
10122 Procedures”, FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46; Utah Code
10123 Ann. §52-4 et seq Open and Public Meetings; Utah Code Ann. [§63G-2 et seq](#)
10124 GRAMA; Utah Code Ann. [§26B-6-202](#) Purpose of Adult Protective Services
10125 Program; Utah Code Ann. [§80-2-602](#). Child abuse and neglect reporting
10126 requirements -- Exceptions.
- 10127 3. Informed consent for children in Child and Family Services custody (unless
10128 written consent has been waived by the DHHS IRB):
- 10129 a. The Child and Family Services caseworker for the child will consult with
10130 the foster parents (adoptive parents in research with adoptive children) and
10131 may contact therapists, school personnel, and others who work closely
10132 with the child to determine if the child will be available and ready to
10133 participate in the proposed research, and to consider if there are any
10134 concerns about the child participating in the research. If it is decided that
10135 the child can participate, the caseworker must sign the informed consent
10136 and document on the “Foster Children Research Involvement –
10137 Caseworker Consent Form” who they consulted prior to deciding to give
10138 consent.
- 10139 b. If the research is greater than minimal risk and the child is under 18 years
10140 of age and the goal of the child is ‘Return Home’ or ‘Custody to Relative
10141 Guardian’ or if parental rights have not been terminated, the parents or
10142 relatives must be consulted and give their permission for the child to
10143 participate. If they give their permission they must also sign the informed
10144 consent form. If they do not give their consent the child cannot participate
10145 in the research.
- 10146 c. If the child has the maturity to understand the implications of participating
10147 in research, they must be consulted about their potential participation. It
10148 must be explained that participation is voluntary, if they do not assent it
10149 will not in any way affect services they or their families receive from
10150 Child and Family Services, and if they do assent they can withdraw from
10151 the research project at any time without penalty. Evaluation of the child’s
10152 level of maturity is done by the Child and Family Services caseworker
10153 after consultation with foster or adoptive parents and other appropriate
10154 collateral contacts (i.e., education representatives, a therapist, caretaker,
10155 etc.). If the child (younger than 18 years of age) agrees to participate, he
10156 or she must sign an informed assent form. If the child is 18 years or older
10157 they must sign the informed consent form. If the child does not agree they
10158 cannot participate in the research.
- 10159 d. If the research is greater than minimal risk, the office of the Guardian ad
10160 Litem (GAL) must be contacted. The GAL representing the child must be
10161 given a description of the research project. If the GAL expresses concerns

- 10162 regarding the child’s participation in the research, the child cannot
10163 participate. The GAL may be contacted via phone or certified mail. They
10164 need to be provided the anticipated start date for the research. They also
10165 need to be provided a date by which response is required so that they can
10166 express any concerns they have prior to then. The GAL must be given at
10167 least 10 days to review and respond to the research proposal. Contact with
10168 the GAL must be documented for each child.
- 10169 e. Copies of consent forms, assent forms, and the “Foster Children Research
10170 Involvement – Caseworker Consent Form” will then be sent to the Child
10171 and Family Services research representative to be stored with the research
10172 proposal.
- 10173
- 10174 B. Once these steps have been completed and if proper consent and assent have been given,
10175 the Child and Family Services research representative may release information to the
10176 researcher or the caseworkers may allow participation of foster children and the
10177 researcher may proceed with their research project.
10178